Exclusive Provider Organization (EPO) Quick Reference Guide

BlueCross BlueShield of Texas

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Utilization Management - Prior Authorizations and Referrals	Laboratory and Radiology Services	Behavioral Health Services (Mental Health and Chemical Dependency)
• Benefits vary by plan type. • The **Exclusive Provider Organization (EPO)** utilizes the Blue Choice PPO^SM network. No additional contract is necessary. • Blue Choice PPO physicians and professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. • To receive benefits, **EPO** members must receive medical care from within their Blue Choice PPO network. No referrals are required. • To receive benefits, referrals to out-of-network physicians and professional providers must be authorized by the Medical Care Management Dept. Unless an out-of-network physician or professional provider is authorized by the Medical Care Management Dept., there are no benefits available for the **EPO** member.	• Eligibility and benefits information may be obtained through availity.com or a web vendor of your choice or call Provider Customer Service at **1-800-451-0287*** • Claim Status may be obtained through the Availity Claim Status Tool or a web vendor of your choice. • To adjust a claim, submit a **Claim Review Form** or call **Provider Customer Service:** **1-800-451-0287**** • **Claim Verifications do not apply to EPO members**. • **All claims should be submitted electronically**. BCBSTX Electronic Payor ID: **84980** • If the physician or professional provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 • EPO claims must be submitted within **365** days of the date of service. Claims that are not submitted within **365** days from the date of service are not eligible for reimbursement. Physicians and professional providers must submit a complete claim for any services provided to a member. Blue Choice PPO physicians and professional providers may not ek payment from the member for claims submitted after the 365 day filing deadline. ** To access eligibility and benefits, you must have full member information, i.e., member's ID, date of birth, etc.* ***To adjust a claim, you must have a document control number (claim number)*	• Claim Reviews/ Correspondence should be sent to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 • The Claim Review Form with instructions is located on the BCBSTX provider website: bcbstx.com/provider Select the **Education and Reference** tab, then select **Forms**	• Providers should verify through Availity® or their preferred vendor if prior authorization or referrals are required for select outpatient or inpatient services and determine if they are managed by BCBSTX Utilization Management or AIM Specialty Health® (AIM). Refer to Utilization Management on the provider website for additional information. • Submit requests managed by BCBSTX Medical Management: (1) Online using Availity Authorization & referrals ✓ Log in to Availity.com ✓ Select **Patient Registration** menu option, choose **Authorizations & Referrals**, then Authorizations* ✓ Select Payer BCBSTX, then choose your organization ✓ Select **Inpatient Authorization** or **Outpatient Authorization.** ✓ Review and submit your authorization. ✓ Refer to Availity Authorizations & Referrals under Provider Tools on the provider website. *Choose **Referrals** instead of **Authorizations** if you are submitting a referral request. (2) By Phone: **1-855-896-2701.** • Submit requests managed by AIM: - Online at aimspecialtyhealth.com - Phone - **1-800-859-5299** • Current listings of providers and their NPI numbers are available online through Provider Finder. • For case management or to contact the Medical Care Management Dept., call **1-855-896-2701**.	**Laboratory Services** • Providers should refer outpatient lab services to in-network participating Blue Choice PPO lab providers. • To locate participating labs in the **Blue Choice PPO** network, visit the Provider Finder. **Radiology Services** • Providers should verify through Availity or their preferred vendor if prior authorization or a Radiology Quality Initiative (RQI) is needed for Radiology services and managed by AIM Specialty Health® (AIM). • Refer to Utilization Management column for services requiring prior authorization through AIM. • For services requiring an RQI, ordering physicians and professional providers must contact AIM for the following **services** when performed in a physician's or professional provider's office, outpatient department of a hospital or a freestanding imaging center: - CT/CTA scans - MRI/MRA scans - SPECT/Nuclear Cardiology studies - PET scans • Submit RQIs: **Online:** aimspecialtyhealth.com **Phone 1-800-859-5299** **Fax 1-800-610-0050** • For routine radiology services not requiring prior authorization or an RQI, refer to the Blue Choice PPO and Blue HPN - Provider Manual (Section B)	**Important: Not all plans include Behavioral Health Benefits** • Blue Cross and Blue Shield of Texas (BCBSTX) manages all behavioral health services (mental health and chemical dependency). • Members are responsible for requesting prior authorization, although behavioral health professionals and physicians or a family member may request prior authorization on behalf of the patient. All services must be medically necessary. Prior authorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. • To obtain prior authorization,call **BCBSTX 1-800-528-7264** • Prior authorization must be obtained **before** the delivery of behavioral health services. • Refer to the online Blue Choice PPO and Blue HPN Provider Manual (Section I) • **All claims should be submitted electronically.** BCBSTX Electronic Payor ID: **84980** • If the provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 • For claims status inquiries, contact Availity or your electronic connectivity vendor, or call Provider Customer Service: **1-800-451-0287*** **To access eligibility and benefits, you must have full member information, i.e., member's ID, date of birth, etc.*

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the Blue Choice PPO and Blue HPN – Provider Manual online at bcbstx.com/provider/gri/bluechoice_manual.html

BlueCross BlueShield of Texas

Claims Submission: an emergency hospital admission. Use aimspecialtyhealth.com for AIM managed authorizations. For case management, call the Medical Care Management Department at 1-**855-896-2701**.

- All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980**.
  - For support relating to claims that are being sent to the Availity platform, submitters should contact Availity Client Services at **1-800-282-4548**.
  - For support relating to claims and/or other transactions available on the Availity portal or other Availity platforms, submitters should contact Availity Client Services at **1-800-282-4548.**
  - For information on electronic filing, access the website at availity.com .
- Paper claims must be submitted on the Standard CMS-1500 (02/12) or UB-04 claim form.
- All claims must be filed with the insured's complete unique ID number including any letter or 3-character prefix.
- Duplicate claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period.
- If services are rendered directly by the physician or professional provider, the services may be billed by the physician or professional provider. However, if the physician or professional provider does not directly perform the service and the service is rendered by another provider, only the rendering provider can bill for those services. **Note**: This does not apply to services provided by an employee of a physician or professional provider, e.g. Physician Assistant, Surgical Assistant, Advanced Practice Nurse, Clinical Nurse Specialist, Certified Nurse Midwife and Registered Nurse First Assistant, who is under the direct supervision of the billing physician or professional provider.

ParPlan is a Blue Cross and Blue Shield of Texas (BCBSTX) payment plan under which health care professionals agree to:

- File all claims electronically for BCBSTX patients;
- Accept the BCBSTX allowable amount;
- Bill members only for deductibles, cost-share (coinsurance) and medically necessary services which are limited or not covered; either at the time of service or after BCBSTX has reimbursed the provider;
- Not bill BCBSTX for experimental, investigative or otherwise unproven or excluded services; and
- Not bill either BCBSTX or members for covered services which are not medically necessary.

For All Blue Choice PPO products and Traditional/Indemnity plans, BCBSTX encourages the provider's office to:

- Ask for the member's ID card at the time of a visit;
- Copy both sides of the member's ID card and keep the copy with the patient's file;
- Eligibility, benefits and/or verification requests, contact availity.com or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the member's ID card.
- Claim status may be obtained through the Availity Claim Status tool or a web vendor of your choice.
- Utilize Availity Authorization and Referrals at availity.com to obtain approval of benefits for select outpatient services and inpatient admissions, maternity notifications or for notification within 48 hours of an emergency hospital admission. Use aimspecialtyhealth.com for AIM managed authorizations. For case management, call the Medical Care Management Department at **1-855-896-2701**.
- For Claim Adjustments, call Provider Customer Service at 1-**800-451-0287.**

Provider Record ID and Network Effective Dates:

- A minimum of 30 days advance notice is required when making changes affecting the provider's BCBSTX status, especially in the following areas:
  (1) Physical address (primary, secondary, tertiary); (2) Billing address; (3) NPI and Provider Record ID changes; (4) Moving from Group to Solo practice; (5) Moving from Solo to Group practice; (6) Moving from Group to Group practice; and (7) Backup/covering providers.

- *New* Provider Record effective dates will be established when the request is received in the BCBSTX corporate office. This applies to all additions, changes and cancellations.
- BCBSTX will not add, change or cancel information related to the Provider Record ID on a retroactive basis.
- Retroactive Provider Record ID effective dates will not be issued.
- Retroactive network participation will not be issued.
- Delays in status change notifications will result in reduced benefits or non-payment of claims filed under the new Provider Record ID.
- If the physician or professional provider files claims electronically and their Provider Record ID changes, the physician or professional provider must contact Availity at **1-800-282-4548** to obtain a new EDI Agreement.
- Submit a **Provider Onboarding form** to obtain a Provider Record ID. Please visit the Network Participation tab on our website for more information.

BlueCard (Out-of-State Claims):

- To check benefits or eligibility, call **1-800-676-BLUE (2583)***;
- File all claims that include a 3-character prefix on the member ID card to BCBSTX (**Note**: The member's unique ID number may contain alpha characters which may or may not directly follow the 3-character prefix);
- File all other claims directly to the Home Plan's address as it appears on the back of the member's ID card;
- For status of claims filed to BCBSTX, contact availity.com or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the member's ID card.

Blue Choice PPO - Outpatient, Non-Emergency Diagnostic Imaging Services (Statewide)**:**

- AIM Specialty Health (AIM) may be responsible for managing prior authorizations for outpatient, non-emergency diagnostic imaging services for **Blue Choice PPO** (EPO) members.
- Ordering physicians or professional providers (PCPs and specialists) may need to contact AIM to obtain a **Radiology Quality Initiative** (RQI) number for the following services when performed in a physician's or professional provider's office, outpatient department of hospital or a freestanding imaging center: CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies and PET scans.
- To obtain a n AIM Prior Authorization or RQI, contact AIM as follows: Online: aimspecialtyhealth.com , Call Center: 1-**800-859-5299**, or by Fax : **1-800-610-0050 (Note:** Fax option is available only for physicians or professional providers who are submitting clinical information for existing requests.)
- For routine radiology services not requiring prior authorization or RQI, refer to the Blue Choice PPO and Blue HPN – Provider Manual (Section B).

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