

Traditional/Indemnity Quick Reference Guide

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Prior Authorization	Laboratory and Radiology Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<ul style="list-style-type: none"> • Benefits vary by plan type. • Referrals are not required • Par Plan physicians and professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. 	<ul style="list-style-type: none"> • Eligibility and benefits information may be obtained through availability.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 Availability Claim Status Tool or a web vendor of your choice. <p>To adjust a claim, call Provider Customer Service at 800-451-0287*</p> <ul style="list-style-type: none"> • Verification does not apply To Traditional/Indemnity plans. • 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 • Traditional/Indemnity 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 subscriber. Blue Choice PPO physicians and professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <p><small>* To access eligibility and benefits, you must have full member information, i.e., member's ID, patient date of birth, etc.</small></p> <p><small>**To adjust a claim, you must have a document control number (claim number)</small></p>	<ul style="list-style-type: none"> • 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 website: bcbstx.com/provider click on the Education and Reference tab, then click on Forms 	<ul style="list-style-type: none"> • Prior authorization and online approval of medical benefits for Select Outpatient Services and Inpatient Admissions does not apply to Traditional/Indemnity subscribers. 	<p>Laboratory Services</p> <ul style="list-style-type: none"> • Providers should refer outpatient lab services to in-network participating Traditional/Indemnity (ParPlan) lab providers. • To locate other participating labs in the Traditional/Indemnity (ParPlan) network, visit the Online Provider Directory (Provider Finder) through the BCBSTX website at bcbstx.com. <p>Radiology Services</p> <ul style="list-style-type: none"> • The AIM Specialty Health® Radiology Quality Initiative (RQI) program does not apply to Traditional/Indemnity subscribers. 	<p>Important: Not all plans include Behavioral Health Benefits.</p> <ul style="list-style-type: none"> • 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 member. 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 800-528-7264 • Prior authorization must be obtained prior to the delivery of behavioral health services. • 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 your electronic connectivity vendor, i.e., Availability or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* • <i>To access, you must have full member's information, i.e., member's ID, patient date of birth, etc.)</i>



Claims Submission:

- 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 subscribers 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 subscribers for covered services which are not medically necessary.

For Traditional/Indemnity plans, BCBSTX encourages the provider's office to:

- Ask for the subscriber's ID card at the time of a visit;
- Copy both sides of the subscriber'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 subscriber's ID card.
- Claim status may be obtained through the Availity Claim Status Tool or a web vendor of your choice.
- 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 date the Provider Onboarding Form 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 the 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 **800-676-BLUE (2583)***;
- File all claims that include a 3-character prefix on the member ID card to BCBSTX (**Note:** The subscriber'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 subscriber'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 subscriber's ID card.

** To access eligibility and benefits, you must have full member information, i.e., member's ID, patient date of birth, etc.*

***To adjust a claim, you must have a document control number (claim number)*

By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to Blue Cross and Blue Shield of Texas.