

Blue Medicare PPO Facility Quick Reference Guide

Major Characteristics	Benefits, Eligibility or Claims Status	Correspondence & Claim Disputes	Preauthorization	Laboratory & Radiology Services – High Tech Procedures	Behavioral Health (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> Blue Medicare PPO Participating Facilities may only collect for co-payments, cost share (coinsurance) and deductibles, where applicable. To receive in-network benefits, Blue Medicare PPO Members must receive medical care from Blue Medicare PPO Participating Facilities. (No referrals are required) 	<ul style="list-style-type: none"> To check benefits, eligibility or claims status, call Blue Medicare PPO Provider Customer Service: 1-866-706-7745 Blue Medicare PPO claims should be submitted electronically to Blue Medicare PPO. Blue Medicare PPO Electronic Payor ID #: 84980 If the Facility must file a paper claim, mail claim to: Blue Medicare PPO P.O. Box 3567 Scranton, PA 18503 Blue Medicare PPO claims must be submitted within 95 days of the date of service. Claims that are not submitted within 95 days from the date of service are not eligible for reimbursement. Blue Medicare PPO Participating Facility Professional Providers may not seek payment from the Member for claims submitted after the 95 day filing deadline. 	<p>Correspondence</p> <ul style="list-style-type: none"> All correspondence should be sent to: Blue Medicare PPO P.O. Box 3567 Scranton, PA 18503 <p>Claim Disputes</p> <ul style="list-style-type: none"> For a claim dispute, call Blue Medicare PPO Provider Customer Service at: 1-866-706-7745 	<ul style="list-style-type: none"> BlueLINK On-line may be accessed at: www.bcbstx.com/provider or by calling the BlueLINK Interactive Voice Response System 1-800-413-0869, 24 hours a day, 7 days a week. Current listings of Blue Medicare PPO Participating Physicians/Professional Providers and Facilities, BlueLINK ID numbers are available through BlueLINK On-line and are included in the Blue Medicare PPO Provider Directory. For questions or problems, call the BlueLINK Help Desk: 1-800-441-9188 For Case Management/ Disease Management Programs, call: 1-800-462-3275 For the Utilization Management (UM) Department, call: 1-800-441-9188 For preauthorization call: <i>(If BlueLINK is unavailable)</i> 1-800-441-9188 <p>or access BlueLINK On-line at: www.bcbstx.com/provider or refer to the BlueChoice Facility Manual and the Blue Medicare PPO Supplement.</p>	<p>Laboratory Services</p> <ul style="list-style-type: none"> Laboratory Corporation of America (LabCorp) is the participating lab for outpatient clinical reference laboratory services. For LabCorp locations or questions, contact LabCorp at 1-888-LABCORP or visit LabCorp's Web site: www.labcorp.com <p>Radiology Services - High Tech Procedures</p> <ul style="list-style-type: none"> American Imaging Management, Inc. (AIM) will be responsible for managing outpatient, non-emergency diagnostic high tech imaging services for Blue Medicare PPO Members. Ordering physician for Blue Medicare PPO must contact American Imaging Management (AIM) to obtain a preauthorization number for the following outpatient, non-emergency diagnostic high tech imaging services when performed in a physician's/ professional provider's office, outpatient department of a hospital or a freestanding imaging center: <ul style="list-style-type: none"> CT Scans MRA Scans MRI Scans Nuclear Cardiology Studies PET Scans <p>NOTE: Whether the services are Medically Necessary must be determined before an authorization number will be issued. Claims received that do not have a preauthorization number will be denied. Blue Medicare PPO Facility Providers may not seek payment from the Member when a claim is denied for lack of a preauthorization number.</p> <ul style="list-style-type: none"> The performing provider must ensure the pre-authorization was complete prior to the service by: <ul style="list-style-type: none"> the pre-authorization number on the orders, or accessing the AIM website www.americanimaging.net or Call Center: 1-800-859-5299 Note: Imaging studies performed in conjunction with emergency room services, inpatient hospitalization, outpatient surgery (hospitals and freestanding surgery centers), or 23-hour observation are excluded from this requirement. <p>For more detailed information, refer to the enclosed Blue Medicare PPO Supplement or access on-line @ www.bcbstx.com/provider (click on Blue Medicare PPO).</p>	<ul style="list-style-type: none"> Magellan Behavioral Health, Inc. coordinates the behavioral health (mental health & chemical dependency) services for Blue Medicare PPO Members. The Member's Participating Facilities or behavioral health professional must contact Magellan Behavioral Health, Inc. to obtain a preauthorization for inpatient and outpatient behavioral health services. NOTE: Whether the services are Medically Necessary must be determined before an authorization number will be issued. Claims received that do not have a preauthorization number will be denied. Blue Medicare PPO Facilities may not seek payment from the Member when a claim is denied for lack of a preauthorization number. Preauthorization must be obtained prior to the delivery of inpatient and outpatient behavioral health services. To obtain preauthorization, call Magellan Behavioral Health, Inc. at: 1-800-528-7264 To obtain benefits and eligibility, call Blue Medicare PPO Provider Customer Service at: 1-866-706-7745 Blue Medicare PPO claims should be submitted electronically to Blue Medicare PPO. Blue Medicare PPO Electronic Payor ID #: 84980 If the behavioral health facility I must file a paper claim, mail claim to: Blue Medicare PPO P.O. Box 3567 Scranton, PA 18503 For claims processing questions or status, call Blue Medicare PPO at: 1-866-706-7745

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, access the BlueChoice Facility Manual on-line at www.bcbstx.com/provider (password "manual") and access the Blue Medicare PPO Supplement on-line at www.bcbstx.com/provider (click on Blue Medicare PPO).

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Additional Information Page

Claims Submission/Claim Disputes:

- Blue Medicare PPO claims must be submitted within **95** days of the date of service. Claims that are not submitted within **95** days from the date of service are not eligible for reimbursement. Blue Medicare PPO Participating Facilities may not seek payment from the Member for claims submitted after the **95** day filing deadline.
- Blue Medicare PPO claims should be submitted electronically to Blue Medicare PPO. The Electronic Payor ID for Blue Medicare PPO is **84980**. Contact The Health Information Network (THIN) at **1-877-EDITHIN** or **1-877-334-8446** for information on electronic filing.
- Blue Medicare PPO paper claims must be submitted on the Standard CMS-1500 or UB92 - Facility (CMS 1450) claim form to **Blue Medicare PPO, P.O. Box 3567, Scranton, PA 18503**.
- Blue Medicare PPO claims must be filed with the Member's complete ID number – exactly as shown on the Member's ID card including the 3-digit alpha prefix - **ZGD**.
- Blue Medicare PPO duplicate claims may not be submitted prior to the applicable 30-day (electronic) or 45-day (paper) claims payment period.
- For Claim Disputes, contact Blue Medicare PPO Provider Customer Service at **1-866-706-7745**.

Blue Medicare PPO Facilities are encouraged to do the following:

- Ask for the Member's ID card at the time of each office visit;
- Copy both sides of the Member's ID card and keep the copy with the patient's file;
- Call the toll-free Blue Medicare PPO Provider Customer Service number indicated on the Member's ID card or as listed on the previous page to:
 - check benefits and eligibility
 - inquire about claim status or a claim problem
- Call BlueLINK or the Utilization Management (UM) Department toll-free numbers indicated on the previous page for the following:
 - to obtain preauthorization,
 - to contact Case Management/Disease Management Programs, or
 - to notify Blue Medicare PPO within one (1) business day of an emergency hospital admission
- In-Network benefits for an out-of-network provider due to extenuating circumstances such as network inadequacy or continuity of care must be preauthorized by UM. Please call the UM Department directly at 1-800-441-9188.
- For detailed information, access the BlueChoice Facility Manual on-line at www.bcbstx.com/provider (password "manual") and access the Blue Medicare PPO Supplement on-line at www.bcbstx.com/provider (click on Blue Medicare PPO).

Laboratory Services

- Laboratory Corporation of America (LabCorp) is the **participating** lab for outpatient clinical reference laboratory services.
- For LabCorp locations or questions, contact LabCorp at **1-888-LABCORP** or visit LabCorp's Web site: www.labcorp.com

High Tech Procedures:

- American Imaging Management, Inc. (AIM) will be responsible for managing outpatient, non-emergency diagnostic high tech imaging services for Blue Medicare PPO Members.
- Ordering physicians for Blue Medicare PPO Members must contact American Imaging Management (AIM) to obtain a preauthorization number for the following outpatient, diagnostic, nonemergency high tech procedures when performed in a physician's/professional provider's office, outpatient department of a hospital or a freestanding imaging center for: CT Scans, MRI Scans, MRA Scans, Nuclear Cardiology Studies, PET Scans. Scans **NOTE**: Whether the services are Medically Necessary must be determined before an authorization number will be issued. Claims received that do not have a preauthorization number will be denied. Blue Medicare PPO Facility Providers may not seek payment from the Member when a claim is denied for lack of a preauthorization number.
- The performing provider must ensure the pre-authorization was complete prior to the service by: the pre-authorization number on the orders, or accessing the AIM website www.americanimaging.net or **Call Center**: 1-800-859-5299
- Hospitals and Freestanding Imaging providers cannot obtain a preauthorization. However, a preauthorization number must be on the performing provider's claim form in Box 63 for UB-92s and Box 23 for CMS-1500s.
 - **Exception**: If a Radiologist has a patient on the table and feels it is necessary to ask for an additional exam, AIM will issue an RQI. (example: the Radiologist is performing a CT of Abdomen and sees something which would require a CT of the Pelvis, the Radiologist can call in and receive and RQI for the added procedure).
- **NOTE**: Imaging studies performed in conjunction with emergency room services, inpatient hospitalization, outpatient surgery (hospitals and freestanding surgery centers), or 23-hour observation are excluded from this requirement.
- For more detailed information, refer to the enclosed Blue Medicare PPO Supplement or access on-line @ www.bcbstx.com/provider (click on Blue Medicare PPO).

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, access the BlueChoice Facility Manual on-line at www.bcbstx.com/provider (password "manual") and access the Blue Medicare PPO Supplement on-line at www.bcbstx.com/provider (click on Blue Medicare PPO).