



Blue Medicare PPO Quick Reference Guide

Major Characteristics	Benefits, Eligibility or Claims Status	Correspondence & Claim Disputes	Precertification	Laboratory & Radiology Services	Behavioral Health (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> Blue Medicare PPO Participating Physicians/Professional Providers may only collect for copayments, cost share (coinsurance) and deductibles, if applicable. To receive in-network benefits, Blue Medicare PPO Members must receive medical care from Blue Medicare PPO Participating Physicians/Professional Providers. Referrals are not required if Blue Medicare PPO Members receive medical care from Blue Medicare PPO Participating Physicians/Professional Providers. NOTE: Blue Medicare PPO Members may self-refer to Blue Medicare PPO Participating Specialty Care Physicians/Professional Providers. For Blue Medicare PPO Members to receive in-network benefits, referrals to out-of-network physicians/professional providers which are necessary due to network inadequacy or continuity of care must be authorized by the Utilization Management (UM) Department prior to the services being rendered. BlueCard does not apply to Blue Medicare PPO. However, if a New Mexico Blue Medicare PPO Member sees a Texas Blue Medicare PPO physician/professional provider, the claim will process at the in-network benefit level. Similarly, if a Texas Blue Medicare PPO Member sees a New Mexico Blue Medicare PPO physician/professional provider, the claim will process at the in-network benefit level. 	<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 #: TXPPO If the Physician/Professional Provider 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 180 days of the date of service. Claims that are not submitted within 180 days from the date of service are not eligible for reimbursement. Blue Medicare PPO Physicians/Professional Providers must submit a complete claim for any services provided to a member. Blue Medicare PPO Physicians/Professional Providers may not seek payment from the member for claims submitted after the 180 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"> Access the iEXCHANGE Web application through the BCBSTX Web site: www.bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System 1-800-413-0869, 24 hours a day, 7 days a week. Current listings of providers and their NPI numbers are available online through iEXCHANGE Web or Provider Finder®. For questions or problems, call the iEXCHANGE Support Desk 1-800-441-9188, select 1, then select 4 For case management or to contact the Utilization Management (UM) Dept., call: 1-800-441-9188, select 1, then select 3 For precertification information, access the iEXCHANGE Web application through the BCBSTX Web site: www.bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System 1-800-413-0869, 24 hours a day, 7 days a week. For additional information, refer to the BlueChoice Provider Manual (Section E) and to the Blue Medicare PPO Supplement. 	<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</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. The ordering Physician/Professional Provider must contact American Imaging Management (AIM) to obtain a precertification 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/CTA scans - MRI/MRA scans - MRI Scans - SPECT/Nuclear Cardiology studies - PET scans <p><i>(NOTE: Whether the services are Medically Necessary must be determined before an precertification number will be issued. Claims received that do not have a precertification number will be denied. Blue Medicare PPO Physicians/Professional Providers may not seek payment from the Member when a claim is denied for lack of a precertification number.)</i></p> <ul style="list-style-type: none"> To obtain a precertification number, contact AIM as follows: Call Center: 1-800-859-5299 Internet: www.americanimaging.net Fax: 1-800-610-0050 For a listing of imaging provider locations, contact AIM @ (800) 859-5299 or www.americanimaging.net For routine radiology services that are not part of the precertification process above, refer to the BlueChoice Provider Manual. 	<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 Physician/Professional Provider must contact Magellan Behavioral Health, Inc. to obtain a precertification for inpatient and outpatient behavioral health services. <i>(NOTE: Whether the services are Medically Necessary must be determined before an certification number will be issued. Claims received that do not have a precertification number will be denied. Blue Medicare PPO Physicians/Professional Providers may not seek payment from the Member when a claim is denied for lack of a precertification number.)</i> Precertification must be obtained prior to the delivery of inpatient and outpatient behavioral health services. To obtain precertification, 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 #: TXPPO If the behavioral health professional 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 Physician & other Professional Provider Manual and the Blue Medicare PPO Supplement online at www.bcbstx.com/provider.



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Additional Information Page

Claims Submission/Claim Disputes:

- Blue Medicare PPO claims must be submitted within **180** days of the date of service. Claims that are not submitted within **180** days from the date of service are not eligible for reimbursement. Blue Medicare PPO Participating Physicians/Professional Providers may not seek payment from the Member for claims submitted after the **180** day filing deadline.
- Blue Medicare PPO claims should be submitted electronically to Blue Medicare PPO. The Electronic Payor ID for Blue Medicare PPO is **TXPPO**. Contact the Availity Health Information Network at **1-800-282-4548** for information on electronic filing.
- Blue Medicare PPO paper claims must be submitted on the current version of the applicable CMS claim forms 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.
- If services are rendered directly by the physician/professional provider, the services may be billed by the physician/professional provider. However, if the physician/ 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/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/professional provider.
- For Claim Disputes, contact Blue Medicare PPO Provider Customer Service at **1-866-706-7745**.

Blue Medicare PPO Participating Physicians/Professional Providers 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 on claims status and/or claim problems
- Access the iEXCHANGE Web application through the BCBSTX Web site: www.bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System **1-800-413-0869**, 24 hours a day, 7 days a week.
 - to obtain precertifications,
 - 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 Provider Manual on-line at www.bcbstx.com/provider.

Provider Record & Network Effective Dates:

- A minimum of 30 days advance notice is required when making changes affecting the Physician's/Professional Provider's BCBSTX status, especially in the following areas:
 - (1) Physical address (primary, secondary, tertiary); (2) Billing address; (3) Tax Identification Number and NPI number 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 Physicians/Professional Providers.
- Physician/professional provider record effective dates will be established as of the date the complete applications are received in the BCBSTX corporate office. This applies to additions, changes and cancellations.
- BCBSTX will not add, change or cancel information related to the provider record on a retroactive basis.
- Retroactive provider record 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.
- If the Physician/Professional Provider files claims electronically and their provider record changes, the physician/professional provider must contact the Availity Health Information Network at **1-800-282-4548** to obtain a new EDI Agreement.
- For provider record questions or to obtain a provider record application, please contact the Provider Services Department at **1-972-996-9610, press 3**.

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

Radiology Services – Outpatient, Non-Emergency Diagnostic High Tech Imaging Services:

- American Imaging Management, Inc. (AIM) will be responsible for managing outpatient, non-emergency diagnostic high tech imaging services for Blue Medicare PPO Members.
- The ordering Physician/Professional Provider must contact American Imaging Management (AIM) to obtain a precertification 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: CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies and PET scans (**NOTE: Whether the services are Medically Necessary must be determined before a precertification number will be issued. Claims received that do not have a precertification number will be denied. Blue Medicare PPO Physicians/Professional Providers may not seek payment from the Member when a claim is denied for lack of a precertification number.**)
- To obtain a precertification number, contact AIM as follows: **Call Center:** 1-800-859-5299, **Internet:** www.americanimaging.net or by **Fax:** 1-800-610-0050.
- For a listing of imaging provider locations, contact AIM @ (800) 859-5299 or www.americanimaging.net.
- For routine radiology services that are not part of the precertification process above, refer to the BlueChoice Provider Manual on-line at www.bcbstx.com/provider.
- For more detailed information, access the Blue Medicare PPO Supplement on-line at 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 Provider & other Professional Provider Manual and Blue Medicare PPO Supplement online at www.bcbstx.com/provider.