BlueCross BlueShield of Texas

MyBlue Health℠ Quick Reference Guide

Effective Jan. 1, 2024, MyBlue Health is expanding to **Comal, McLennan and Rockwall Counties** and will continue to be offered to members living in **Bexar, Cameron, Collin, Dallas, Denton, El Paso, Harris, Hidalgo, Tarrant, Travis and Williamson counties.**

MAIN CHARACTERISTICS

- **MyBlue Health** members are required to select one of the following Primary Care Provider types; family practitioner, internist, pediatrician, physician assistant or advanced practice registered nurse and/or obstetrician/ gynecologist.
    - Depending on the plan, some **MyBlue Health members** may choose a MyBlueHealth Select PCP* based on their benefits.
    - Other independent community physicians may be eligible to serve as a **MyBlue Health Select Primary Care Physician** and will be indicated as a **MyBlue Health Select PCP** in the Provider Directory.
    - **Note**: In Dallas and Harris counties only, **Innovista Medical Center (formerly Sanitas Medical Center) Members** have the option to see a Innovista Medical Center APN/PA, if their Innovista Medical Center PCP is unavailable within a Innovista Medical clinic.
      *Full list effective Jan. 1, 2024
- To receive benefits, all medical care must be directed by the selected **MyBlue Health Select PCP**. A PCP referral is required to all **MyBlue Health** Specialty Care Physicians and Professionals Providers.
- Physicians and professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable.
- Some services may be self-referred to a **MyBlue Health** physician or professional provider (i.e. annual well woman exam, annual routine eye exam) as indicated by the member's benefit plan.
- EyeMed is the preferred pediatric Vision Vendor

BENEFITS AND ELIGIBILTY

- Eligibility and benefit information may be through Availity® Essentials or an electronic web vendor of your choice or call **MyBlue Health** Provider Customer Service at **1-800-451-0287.**
  Note: *To access eligibility and benefits, you must have full member information, e.g., member's ID, patient date of birth, etc.*
- Verification of benefits process does not apply to administrative services only plans.

CLAIMS SUBMISSIONS

- All claims should be submitted electronically. **BCBSTX Electronic Payor ID: 84980**
- If the provider must file a paper claim, mail claim to:

  MyBlue Health, PO Box 660044 Dallas, TX 75266-0044
- 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 or reimbursement. Providers must submit a complete claim for any services provided to a member. **MyBlue Health** providers may not seek payment from the member for claims submitted after the 180 day filing deadline.

CLAIMS STATUS AND PROCESSING

- Claim Status may be obtained through the Availity Claim Status Tool or a web vendor of your choice.
- To request claim reconsideration, you must have a document control number (claim number) then submit:
  - Electronically via the Claim Reconsideration Request when available.
  - Mail the **Claim Review** form which is located on the BCBSTX provider website. Select **Education & Reference** then select **Forms.**
  - Call **MyBlue Health Provider Customer Service** at **1-800-451-0287**.
- Claim Reviews and Correspondence should be sent to:

  MyBlue Health, PO Box 660044 Dallas, TX 75266-0044

UTILTIZATION MANAGEMENT- Prior Authorization, Recommended Clinical Review and Referrals

- Providers should verify through Availity® or their preferred vendor if prior authorization or referrals are required or recommended clinical review is applicable for select outpatient or inpatient services and determine if they are managed by Medical Care Management with BCBSTX or Carelon Medical Benefit Management.
- Some services may be subject to a Prior Authorization Exemption.
- Refer to Utilization Management on the provider website for additional information.
- For case management or to contact the Medical Management Dept., call **1-800-441-9188**.
- For Behavioral Health services managed by **Magellan -** see **Behavioral Health** section below.

To submit referrals for specialty care and prior authorizations requests for inpatient and outpatient services managed by:

- **Medical Management with BCBSTX:**

  (1) Submit online using BlueApprovR℠
  - ✓ Log into Availity
  - ✓ Select **Payer Spaces** from the navigation menu and choose **BCBSTX** within **Payer Spaces**
  - ✓ Select the **Applications** tab and then **Blue ApprovR**
  - ✓ For more information, refer to **Blue ApprovR** under **Provider Tools** on the provider website.

  (2) Submit online using Availity Authorizations & Referrals Tool
  - ✓ Log in to Availity
  - ✓ Select **Patient Registration** menu option, choose **Authorizations & Referrals**, then **Authorizations** (choose **Referrals** instead of **Authorizations** if you are submitting a referral request)
  - ✓ Select **Payer BCBSTX**, then choose your organization
  - ✓ Select I**npatient Authorization** or **Outpatient Authorization**
  - ✓ Review and submit your authorization
  - ✓ For more information, refer to Availity Authorizations & Referrals under Provider Tools on the provider website.

  (3) By Phone: **1-855-896-2701**

- **Carelon Medical Benefit Management:**

  (1) Submit online using Carelon Provider Portal

  (2) By Phone: **1-800-859-5299**

LABORATORY AND RADIOLOGY SERVICES

- Providers should refer outpatient lab and radiology services to in-network participating **MyBlue Health** providers. To locate participating providers in the **MyBlue Health** network, visit Provider Finder.
- Lab and radiology services may require prior authorization or referrals through **BCBSTX Medical Management** or **Carelon**. See **Utilization Management** section above for more information.

BEHAVIORAL HEALTH (Mental Health and Chemical Dependence)

- **Magellan Behavioral Health Providers of Texas, Inc.** coordinates all behavioral health (mental health and chemical dependency) services for **MyBlue Health** members.
- Call **Magellan** at **1-800-729-2422** to obtain prior authorization, check benefits, eligibility, claims status/ problems or verification.
- PCP or behavioral health professional must contact **Magellan** to prior authorize when required inpatient, partial hospitalization and outpatient behavioral health services.
- Prior authorization must be obtained when required before the delivery of care for behavioral health services.
- The physician or professional provider is responsible for filing claims. Claims should be submitted electronically as indicated in your **Magellan** contract agreement. If you are unable to submit electronically contact the number on the back of the member's ID card for appropriate paper filing instructions.

ADDITITIONAL INFORMATION

For MyBlue Health products, 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.
- Check eligibility and benefits and prior authorization requirements, via availity.com/essentials or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the member's ID card.
- Request prior authorization or referrals when required.

Claims Submission:

- All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980**.
- 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 Availity website at availity.com.
- If you must submit paper claims, submit 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.

Provider Record and Network Effective Dates:

- The Consolidated Appropriations Act requires name, address, phone, specialty and digital contact information in the provider directory be verified every 90 days. Refer to Verify and Update Your Information on how to submit.
- A minimum of 30 days advance notice is required when making changes affecting the provider's BCBSTX status, especially in the following areas: Physical address (primary, secondary, tertiary); Billing address; NPI and Provider Record ID changes; moving from Group to Solo practice or vice versa; and moving from Group to Group practice. Utilize the Demographic Change Form to submit these requests.
- New Provider Record ID 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 provider files claims electronically and their Provider Record ID changes, the 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. Review the Network Participation on our website for more information.

BlueCard® (Out-of-State Claims):

• To check benefits or eligibility, call 1-800-676-2583.
• File all that include a 3-character prefix on the member's 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 or as listed on the previous pages for the appropriate plan type.
• Refer to BlueCard Program for more information.

This guide is intended to be used for quick reference and may not contain all the necessary information. For detailed information, refer to the **Blue Essentials®, Blue Advantage HMO℠, Blue Premier® and MyBlue Health® Provider Manual** online at: https://www.bcbstx.com/provider/standards/standards-requirements/manuals/hmo-manual.