

BlueCard® Quick Reference Guide

MAIN CHARACTERISTICS

- BlueCard benefits vary by plan type.
- If the BlueCard ID number includes a three-character prefix., Blue Cross and Blue Shield of Texas will be your primary contact for claims filing and customer service.
- If the BlueCard ID number does not include a three-character prefix, you will need to contact the Home Plan directly. Please the instructions on the back of the ID card.
- Providers may only bill for copayments, cost share (coinsurance) and deductibles where applicable.
- For more information refer to the [BlueCard Program](#) page on the provider website.
- Services not covered under the **BlueCard** program include Dental and Prescription Drug programs. Please contact the patient's Home Plan for information about these services.

BENEFITS AND ELIGIBILITY

- Eligibility and benefit information may be obtained through [Availity® Essentials](#) or an electronic web vendor of your choice or call **1-800-676-BLUE (2583)**.
Note: To access eligibility and benefits, you must have full member's information, i.e., member's ID, patient date of birth, etc.

CLAIM SUBMISSIONS

- Claims for all subscribers whose ID cards indicate a three-character prefix should be submitted electronically. **BCBSTX Choice PPO Electronic Payor ID: 84980**
- If the provider must submit a paper claim, mail claim to
BCBSTX, P.O. Box 660044 Dallas, TX 75266-0044.
- Claims for all subscribers whose ID cards *do not* indicate a three-character prefix should be submitted to the address on the back of the subscriber's ID card.

CLAIMS STATUS AND PROCESSING

- Claim Status may be obtained through the [Availity Claim Status Tool](#) or a web vendor of your choice.
- To request a 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 **Blue Choice PPO Provider Customer Service** at **1-800-451-0287**.
- Claim Reviews and Correspondence or all subscribers whose ID cards indicate a three-character prefix should be sent to:
BCBSTX
PO Box 660044 Dallas, TX
75266-0044
- If the ID number *does not* indicate a three-character prefix, contact Customer Service utilizing the phone number on the back of the subscriber's ID card for instructions on where to send correspondence, claim reviews, etc.

UTILIZATION MANAGEMENT - Prior Authorization

Please contact the telephone number for prior authorization listed on the ID card.

LABORATORY AND RADIOLOGY SERVICES

- Providers should refer outpatient lab and radiology to in-network participating **Blue Choice PPO** providers. To locate participating providers in the **Blue Choice PPO** network, visit [Provider Finder®](#).
- For BlueCard subscribers, please contact Customer Service utilizing the phone number on the member's ID card to determine if lab or radiology services requires prior authorization.

BEHAVIORAL HEALTH (Mental Health and Substance Use Disorder)

Please contact the telephone number for Behavioral Health or Customer Service listed on the subscriber's ID card for instructions.

This guide is intended to be used for quick reference and may not contain all of the necessary information.

ADDITIONAL INFORMATION

For all plans/products, BCBSTX encourages the provider's office to:

- Ask for the member's ID card at the time of a visit;
- Copy the member ID card and keep the copy with the patient's file;
- Eligibility, benefits, and/or verification requests, contact [availity.com](#) or 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.
- For Claim Adjustments, call BCBSTX Provider Customer Service at 1-800-451-0287. To adjust a claim, you must have a document control number.

ParPlan is a Blue Cross and Blue Shield of Texas 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.

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.

ADDITIONAL INFORMATION

Provider Record and Network Effective Dates, cont.:

- 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-BLUE (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.
- Refer to [BlueCard Program](#) for more information.

***Interactive Voice Response (IVR) system. To access, you must have full member's information, i.e., member's ID, patient date of birth, etc.)**

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 BCBSTX.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSTX to provide utilization management services for members with coverage through BCBSTX.

BCBSTX makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

This guide is intended to be used for quick reference and may not contain all the necessary information. For detailed information, refer to the applicable online provider manual at <https://www.bcbstx.com/provider/standards/standards-requirements/manuals>