

Major Characteristics	Eligibility & Benefits, Claims Status or Verification	Claim Reviews, All Correspondence	Precertification	Laboratory & Radiology Services	Behavioral Health Services (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> Benefits vary by plan type. If the ID number includes an alpha prefix, BCBSTX will be your primary contact for claims filing and customer service. If the ID number does not include an alpha prefix, you will need to contact the Home Plan directly. Please follow the instructions on the back of the ID card. Physicians & other professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. 	<ul style="list-style-type: none"> To check eligibility & benefits, call: 800-676-BLUE (2583)* Verification does not apply to Out-of-State Plans. Claims for all subscribers whose ID cards indicate an alpha prefix should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician & other professional provider must file a paper claim and the ID Card number includes an alpha prefix, mail claim to: BCBSTX P.O. Box 660044 Dallas, Texas 75266-0044 For claim status inquiries, contact your electronic connectivity vendor, i.e. Availity®, RealMed®, eCare/NDAS or other electronic connectivity vendor or call BCBSTX Provider Customer Service: 800-451-0287* Claims for all subscribers whose ID cards do not indicate an alpha prefix should be submitted to the address on the back of the subscriber's ID card. Services not covered under the BlueCard program include stand alone Dental and Prescription Drug programs. Please contact the patient's Home Plan for information about these services. <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/subscriber's ID, patient date of birth, etc.)</i></p>	<ul style="list-style-type: none"> If the member ID number includes an alpha prefix on the member/subscriber ID card, 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 <p>click on the Education & Reference tab, then click on Forms</p> <ul style="list-style-type: none"> If the member ID number does not include an alpha prefix on the member/ subscriber ID card, contact Customer Service utilizing the phone number on the back of the member/ subscriber ID card for instructions on where to send correspondence, claim reviews, etc. 	<ul style="list-style-type: none"> Please contact the telephone number for precertification listed on the back of the ID card. 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. <p>To schedule a Patient Service Center (PSC) appointment, log onto QuestDiagnostics.com/patient or call 888-277-8772.</p> <ul style="list-style-type: none"> To locate other participating labs in the BlueChoice network, visit the Online Provider Directory (<i>Provider Finder</i>) through the BCBSTX website: bcbstx.com <p>Radiology Services</p> <ul style="list-style-type: none"> Please contact Customer Service utilizing the phone number on the back of the member's/subscriber's ID card to determine if the American Imaging Management (AIM) Radiology Quality Initiative (RQI) program applies. 	<ul style="list-style-type: none"> Please contact the telephone number for Behavioral Health or Customer Service listed on the back of the subscriber's ID card for instructions.

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Major Characteristics	Eligibility & Benefits, Claims Status or Verification	Claim Reviews, All Correspondence	Referrals & Inpatient Precertification	Laboratory & Radiology Services	Behavioral Health Services (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> BlueChoice physicians & other professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. <p>PPO</p> <ul style="list-style-type: none"> To receive Network benefits, BlueChoice subscribers must receive medical care from BlueChoice physicians & other professional providers. No referrals are required. To receive Network benefits, referrals to out-of-network physicians & other professional providers must be authorized by the Utilization Management (UM) Dept. <p>POS</p> <ul style="list-style-type: none"> To receive Network benefits, subscribers must select a BlueChoice Primary Care Physician (PCP). To receive Network benefits, all medical care must be directed by the subscriber's selected BlueChoice PCP. A PCP referral is required to all BlueChoice Specialty Care Physicians & other Professional Providers (SCP). To receive Network benefits, referrals to out-of-network physicians & other professional providers must be authorized by the Utilization Management (UM) Dept. Some services may be self-referred to a BlueChoice physician & other professional provider (i.e. annual well woman exam, annual routine eye exam) as indicated by the subscriber's benefit plan. 	<ul style="list-style-type: none"> To check eligibility & benefits, to request verification or claims status inquiries, contact your electronic connectivity vendor, i.e. Availity®, RealMed®, eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* Verification does not apply to administrative services only (ASO) plans. All BCBSTX POS plans are administered on an ASO or self-funded basis and are not eligible for verification. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician & other professional provider must file a paper claim, mail claim to: <p style="text-align: center;">BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</p> BlueChoice (PPO & POS) claims must be submitted within 365 days of the date of service. Claims that are not submitted within 365 days of the date of service are not eligible for reimbursement. Physicians & other professional providers must submit a complete claim for any services provided to a subscriber. BlueChoice physicians & other professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></p>	<ul style="list-style-type: none"> Claim Reviews/ Correspondence should be sent to: <p style="text-align: center;">BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</p> The Claim Review form with instructions is located on the BCBSTX website: bcbstx.com/provider <p>click on the Education & Reference tab, then click on Forms</p>	<ul style="list-style-type: none"> Access the iEXCHANGE Web application through the BCBSTX website: bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System at 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 at 800-441-9188. For case management or to contact the Utilization Management (UM) Dept., call 800-441-9188. For referrals (POS) and inpatient precertifications (POS & PPO) information, refer to the BCBSTX website: bcbstx.com/provider or refer to the BlueChoice Provider Manual (Sections D & E). 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. To schedule a Patient Service Center (PSC) appointment, log onto QuestDiagnostics.com/patient or call 888-277-8772. To locate other participating labs in the BlueChoice network, visit the Online Provider Directory (<i>Provider Finder</i>) through the BCBSTX website: bcbstx.com <p>Radiology Services</p> <ul style="list-style-type: none"> Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician's & other 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 - SPECT/Nuclear Cardiology studies - PET scans To obtain a RQI number, contact AIM as follows: <p>Call Center: 800-859-5299</p> <p>Internet: americanimaging.net</p> <p>Fax: 800-610-0050 - Note: <i>Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.</i></p> For routine radiology services not part of the RQI, refer to the BlueChoice Provider Manual (Section B). 	<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 & chemical dependency). Members are responsible for requesting preauthorization, although behavioral health professionals and physicians or a family member may request preauthorization on behalf of the member. All services must be medically necessary. Preauthorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. To obtain preauthorization, call: <p style="text-align: center;">BCBSTX 800-528-7264</p> Preauthorization must be obtained prior to the delivery of behavioral health services. Refer to the online BlueChoice Physician & Other Professional Provider – Provider Manual (Section I) for more detailed information. bcbstx.com/provider All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the provider must file a paper claim, mail claim to: <p style="text-align: center;">BCBSTX P.O. Box 660044 Dallas, TX 75266-0044</p> For claims status inquiries, contact your electronic connectivity vendor, i.e. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></p>

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Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Referrals & Precertification	Laboratory & Radiology Services	Behavioral Health Services (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> BlueChoice physicians & other professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. <p>PPO</p> <ul style="list-style-type: none"> To receive Network benefits, BlueChoice subscribers must receive medical care from BlueChoice physicians & other professional providers. No referrals are required. To receive Network benefits, referrals to out-of-network physicians & other professional providers must be authorized by the Utilization Management (UM) Dept. <p>Annual Maximum Plan</p> <ul style="list-style-type: none"> A select number of Annual Benefit Maximum plans are now available to group sizes 2-50. The Annual Benefit Maximum limit of \$100,000 does not have inside benefit limits. It applies only to an annual limitation. An identifier is included on the Annual Maximum plan ID Card. Refer to sample ID card in the BlueChoice Physician & Other Professional Provider – Provider Manual. 	<ul style="list-style-type: none"> To check eligibility & benefits, to request verification or claims status inquiries, contact your electronic connectivity vendor, i.e. Availity®, RealMed®, eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980. If the physician & other professional provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 BlueChoice (PPO & POS) 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. /Professional Providers must submit a complete claim for any services provided to a subscriber. BlueChoice physicians & other professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/subscriber's ID, patient date of birth, etc.)</i></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 & Reference tab, then click on Forms 	<ul style="list-style-type: none"> Access the iEXCHANGE Web application through the BCBSTX website: bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System at 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 at 800-441-9188. For case management or to contact the Utilization Management (UM) Dept., call 800-441-9188. For precertification information, refer to the BCBSTX website: bcbstx.com/provider or refer to the BlueChoice Provider Manual (Sections D & E). 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. To schedule a Patient Service Center (PSC) appointment, log onto QuestDiagnostics.com/patient or call 888-277-8772. To locate other participating labs in the BlueChoice network, visit the Online Provider Directory (<i>Provider Finder</i>) through the BCBSTX website: bcbstx.com <p>Radiology Services</p> <ul style="list-style-type: none"> Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician's & other 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 - SPECT/Nuclear Cardiology studies - PET scans To obtain a RQI number, contact AIM as follows: Call Center: 800-859-5299 Internet: americanimaging.net Fax: 800-610-0050 - Note: <i>Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.</i> For routine radiology services not part of the RQI, refer to the BlueChoice Provider Manual (Section B). 	<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 & chemical dependency). Members are responsible for requesting preauthorization, although behavioral health professionals and physicians or a family member may request preauthorization on behalf of the member. All services must be medically necessary. Preauthorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. To obtain preauthorization, call: BCBSTX 800-528-7264 Preauthorization must be obtained prior to the delivery of behavioral health services. Refer to the online BlueChoice Physician & Other Professional Provider – Provider Manual (Section I) for more detailed information. bcbstx.com/provider 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. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/subscriber's ID, patient date of birth, etc.)</i></p>

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Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Precertification	Laboratory & Radiology Services	Behavioral Health Services (Mental Health & Chemical Dependency)
<p>BCBSTX offers two Consumer Driven Health Plans (CDHP) to choose from – BlueEdge HCA (Health Care Account) and BlueEdge HSA (Health Savings Account).</p> <p>Both of these options include:</p> <ul style="list-style-type: none"> • A PPO plan utilizing the BlueChoice[®] network of physicians & other professional providers. • A high deductible – which is offset by the HCA/HSA. • An account (HCA or HSA) established from which the first of any services incurred may be paid on a 100% basis. • No copayments for office visits – office visits are subject to the deductible and coinsurance. • Preventive/Wellness services from in-network physicians & other professional providers paid at 100% of the allowable fee, separate from the HCA/HSA (services may include: physicals, diagnostic tests including lab, radiology and mammograms, and well child care and immunizations). • After HCA or HSA funds are depleted, the subscriber is responsible for any remaining deductible or coinsurance. • The Provider Claim Summary (PCS) will notify you of any patient responsibility – following receipt of the PCS, the subscriber may be billed for any deductible and coinsurance amount. <p>To receive network benefits, BlueEdge subscribers must receive medical care from a physician or other professional provider within their applicable network.</p> <p>Network physicians & other professional providers may only bill BlueEdge subscribers for deductibles, coinsurance and non-covered services.</p> <p>If the subscriber has BlueEdge HCA (Health Care Account), here are some important features:</p> <ul style="list-style-type: none"> • HCA is employer funded • Amounts paid from the HCA may be applied to meeting the deductible • Claims are paid by BCBSTX from the HCA account until the account is depleted. • After HCA funds are depleted, the subscriber is responsible for any remaining deductible or coinsurance. <p>If the subscriber has BlueEdge HSA (Health Savings Account), here are some important features:</p> <ul style="list-style-type: none"> • HSA can be funded from employer, subscriber or both • Amounts for PPO-eligible expenses are applied to meeting the deductible • If subscriber elects, claims are paid by BCBSTX using available HSA account balance until the account is depleted. • The subscriber may also access their available funds by use of a debit card or checkbook issued by the HSA administrator. 	<ul style="list-style-type: none"> • To check eligibility & benefits, to request verification or claim status inquiries, contact your electronic connectivity vendor, i.e. Availity[®], RealMed[®], eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* • Verification does not apply to administrative services only (ASO) or out-of-state plans; however, verification will apply to fully insured groups. Contact Provider Customer Service: 800-451-0287* • All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 • If the physician or other professional provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 • BlueEdge 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 & other professional providers must submit a complete claim for any services provided to a subscriber. BlueChoice physicians & other professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/subscriber's ID, patient date of birth, etc.)</i></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 & Reference tab, then click on Forms 	<ul style="list-style-type: none"> • Access the iEXCHANGE Web application through the BCBSTX website: bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System at 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 at 800-441-9188. • For case management or to contact the Utilization Management (UM) Dept., call 800-441-9188. • For precertification information, refer to the BCBSTX website: bcbstx.com/provider or refer to the BlueChoice Provider Manual (Section E). 	<p>Laboratory Services</p> <ul style="list-style-type: none"> • Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. To schedule a Patient Service Center (PSC) appointment, log onto QuestDiagnostics.com/patient or call 888-277-8772. • To locate other participating labs in the BlueChoice network, visit the Online Provider Directory (<i>Provider Finder</i>) through the BCBSTX website: bcbstx.com <p>Radiology Services</p> <ul style="list-style-type: none"> • Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician's or other professional provider's office, outpatient department of a hospital or a freestanding imaging center: - CT/CTA scans - MRI/MRA scans - SPECT/Nuclear Cardiology studies - PET scans • To obtain a RQI number, contact AIM as follows: Call Center: 800-859-5299 Internet: americanimaging.net Fax: 800-610-0050 - <i>Note: Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.</i> • For routine radiology services not part of the RQI, refer to the BlueChoice Provider Manual (Section B). 	<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 & chemical dependency). • Members are responsible for requesting preauthorization, although behavioral health professionals and physicians or a family member may request preauthorization on behalf of the member. All services must be medically necessary. Preauthorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. • To obtain preauthorization, call: BCBSTX 800-528-7264 • Preauthorization must be obtained prior to the delivery of behavioral health services. • Refer to the online BlueChoice Physician & Other Professional Provider – Provider Manual (Section I) for more detailed information. bcbstx.com/provider • 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. Availity, RealMed, eCare/ NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/subscriber's ID, patient date of birth, etc.)</i></p>

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Exclusive Provider Organization (EPO) Quick Reference Guide

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Precertification	Laboratory & Radiology Services	Behavioral Health Services (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> Benefits vary by plan type. The Exclusive Provider Organization (EPO) utilizes the BlueChoice® network. No additional contract is necessary. BlueChoice physicians & other professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. To receive benefits, EPO subscribers must receive medical care from within the BlueChoice network. No referrals are required. To receive benefits, referrals to out-of-network physicians & other professional providers must be authorized by the Utilization Management (UM) Dept. Unless an out-of-network physician & other professional provider is authorized by the UM Dept., there are no benefits available for the EPO subscriber. 	<ul style="list-style-type: none"> To check eligibility & benefits, to request verification or claims status inquiries, contact your electronic connectivity vendor, i.e. Availity®, RealMed®, eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* Verification does not apply to EPO subscribers. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician & other professional provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 EPO 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 & other professional providers must submit a complete claim for any services provided to a subscriber. BlueChoice physicians & other professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></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 <p>click on the Education & Reference tab, then click on Forms</p>	<ul style="list-style-type: none"> Access the iEXCHANGE Web application through the BCBSTX website: bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System at 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 at 800-441-9188. For case management or to contact the Utilization Management (UM) Dept., call 800-441-9188. For precertification information, refer to the BCBSTX website: bcbstx.com/provider or refer to the BlueChoice Provider Manual (Section E). 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. To schedule a Patient Service Center (PSC) appointment, log onto QuestDiagnostics.com/patient or call 888-277-8772. To locate other participating labs in the BlueChoice network, visit the Online Provider Directory (<i>Provider Finder</i>) through the BCBSTX website: bcbstx.com <p>Radiology Services</p> <ul style="list-style-type: none"> Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician's & other 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 - SPECT/Nuclear Cardiology studies - PET scans To obtain a RQI number, contact AIM as follows: Call Center: 800-859-5299 Internet: americanimaging.net Fax: 800-610-0050 - Note: <i>Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.</i> For routine radiology services not part of the RQI, refer to the BlueChoice Provider Manual (Section B). 	<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 & chemical dependency). Members are responsible for requesting preauthorization, although behavioral health professionals and physicians or a family member may request preauthorization on behalf of the member. All services must be medically necessary. Preauthorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. To obtain preauthorization, call: BCBSTX 800-528-7264 Preauthorization must be obtained prior to the delivery of behavioral health services. Refer to the online BlueChoice Physician & Other Professional Provider – Provider Manual (Section I) for more detailed information. bcbstx.com/provider 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. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/ subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></p>

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Federal Employee Program - FEP (PPO Plan Type) - Quick Reference Guide

Note: Subscriber ID# begins with the letter "R"

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<ul style="list-style-type: none"> To receive Network benefits, FEP subscribers must receive medical care from BlueChoice[®] physicians & other professional providers. No referrals are required. To receive Network benefits, referrals to out-of-network physicians & other professional providers must be authorized by the Utilization Management (UM) Dept. BlueChoice physicians & other professional providers may only bill patients for copayments, cost share (coinsurance) and deductibles, where applicable. 	<ul style="list-style-type: none"> To check eligibility & benefits or claims status inquiries, contact your electronic connectivity vendor, i.e. Availity[®], RealMed[®], eCare/NDAS or other electronic connectivity vendor or call FEP Provider Customer Service: 800-442-4607* Verification does not apply to the Federal Employee Program. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician & other professional provider must file a paper claim, mail claim to: Federal Employee Program P.O. Box 660044 Dallas, TX 75266-0044 FEP 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 & other professional providers must submit a complete claim for any services provided to a subscriber. BlueChoice physicians & other professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/ subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></p>	<ul style="list-style-type: none"> Claim Reviews/ Correspondence should be sent to: BCBSTX - FEP 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 & Reference tab, then click on Forms 	<ul style="list-style-type: none"> Access the iEXCHANGE Web application through the BCBSTX website: bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System at 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 at 800-441-9188. For case management or to contact the Utilization Management (UM) Dept., call 800-441-9188. For precertification information, refer to the BCBSTX website: bcbstx.com/provider or refer to the BlueChoice Provider Manual (Section E). 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. To schedule a Patient Service Center (PSC) appointment, log onto QuestDiagnostics.com/patient or call 888-277-8772. To locate other participating labs in the BlueChoice network, visit the Online Provider Directory (<i>Provider Finder</i>) through the BCBSTX website: bcbstx.com <p>Radiology Services</p> <ul style="list-style-type: none"> Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician's & other 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 SPECT/Nuclear Cardiology studies PET scans To obtain a RQI number, contact AIM as follows: Call Center: 800-859-5299 Internet: americanimaging.net Fax: 800-610-0050 - Note: <i>Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.</i> For routine radiology services not part of the RQI, refer to the BlueChoice Provider Manual (Section B). 	<ul style="list-style-type: none"> Blue Cross and Blue Shield of Texas (BCBSTX) manages all behavioral health services (mental health & chemical dependency). Members are responsible for requesting preauthorization, although behavioral health professionals and physicians or a family member may request preauthorization on behalf of the member. All services must be medically necessary. Preauthorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. To obtain preauthorization, call: BCBSTX 800-528-7264 Precertification must be obtained prior to the delivery of care for behavioral health services. Refer to the online BlueChoice Physician & Other Professional Provider – Provider Manual (Section I) for more detailed information. bcbstx.com/provider 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. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call FEP Customer Service: 800-442-4607* <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/ subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></p>

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the BlueChoice Physician & Other Professional Provider – Provider Manual online at bcbstx.com/provider.

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Referrals & Precertification	Laboratory & Radiology Services	Behavioral Health Services (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> To receive Network benefits, subscribers must select a BlueChoice[®] Primary Care Physician (PCP). To receive Network benefits, all medical care is directed by the subscriber's selected BlueChoice PCP. A PCP referral is required to all Specialty Care Physicians & other Professional Providers (SCP). To receive Network benefits, referrals to out-of-network physicians & other professional providers must be authorized by the Utilization Management (UM) Dept. Some services may be self-referred to a BlueChoice physician & other professional provider (i.e. annual well woman exam, annual routine eye exam) as indicated by the subscriber's benefit plan. BlueChoice physicians & other professional providers may only bill patients for copay-ments, cost share (coinsurance) and deductibles, where applicable. Indemnity benefits may apply to some HealthSelect subscribers who reside outside Texas, or are age 65 and over, retired with Medicare. ID cards that do not list a PCP or Specialist copayment indicate that indemnity benefits apply. 	<ul style="list-style-type: none"> To check eligibility & benefits or claims status inquiries, contact your electronic connectivity vendor, i.e. Availity[®], RealMed[®], eCare/NDAS or other electronic connectivity vendor or call HealthSelect Customer Service: 800-451-0287* Verification does not apply to HealthSelect. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician & other professional provider must file a paper claim, mail claim to: HealthSelectSM P.O. Box 660044 Dallas, TX 75266-0044 HealthSelect 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 & other professional providers must submit a complete claim for any services provided to a subscriber. BlueChoice Physicians & other professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/ subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></p>	<ul style="list-style-type: none"> Claim Reviews/ Correspondence should be sent to: BCBSTX - HealthSelect 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 & Reference tab, then click on Forms 	<ul style="list-style-type: none"> Access the iEXCHANGE Web application through the BCBSTX website: bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System at 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 at 800-441-9188. For case management or to contact the Utilization Management (UM) Dept., call 800-441-9188. For referral and precertification information, refer to the BCBSTX website: bcbstx.com/provider or refer to the BlueChoice Provider Manual (Sections D & E). 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. To schedule a Patient Service Center (PSC) appointment, log onto QuestDiagnostics.com/patient or call 888-277-8772. To locate other participating labs in the BlueChoice network, visit the Online Provider Directory (<i>Provider Finder</i>) through the BCBSTX website bcbstx.com <p>Radiology Services</p> <ul style="list-style-type: none"> Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician's & other 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 - SPECT/Nuclear Cardiology studies - PET scans To obtain a RQI number, contact AIM as follows: Call Center: 800-859-5299 Internet: americanimaging.net Fax: 800-610-0050 - Note: <i>Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.</i> For routine radiology services not part of the RQI, refer to the BlueChoice Provider Manual (Section B). 	<ul style="list-style-type: none"> Blue Cross and Blue Shield of Texas (BCBSTX) manages all behavioral health services (mental health & chemical dependency). Members are responsible for requesting preauthorization, although behavioral health professionals and physicians or a family member may request preauthorization on behalf of the member. All services must be medically necessary. Preauthorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. To obtain preauthorization, call: BCBSTX 800-528-7264 Precertification must be obtained prior to the delivery of care for behavioral health services. Refer to the online BlueChoice Physician & Other Professional Provider – Provider Manual (Section I) for more detailed information. bcbstx.com/provider 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. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call HealthSelect Customer Service: 800-451-0287* <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></p>

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the BlueChoice Physician & Other Professional Provider – Provider Manual online at bcbstx.com/provider.



IMPORTANT NOTE: Physicians & other professional providers contracted/affiliated with a capitated IPA/Medical Group must contact IPA/Medical Group for instructions regarding referral process/providers, outpatient lab & radiology services, precertification, reimbursement, and contracting and claims questions. Additionally, physicians & other professional providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions.

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Referrals & Recertifications (See "Important Note" above)	Laboratory & Radiology Services (See "Important Note" above)	Behavioral Health Services (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> Members must select an HMO Blue Texas Primary Care Physician (PCP). HMO Blue Texas physicians & other professional providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. Some services may be self-referred to an HMO Blue Texas physician & other professional provider (i.e. annual well woman exam, annual routine eye exam) as indicated by the member's benefit plan. To receive benefits, all medical care must be directed by the selected HMO Blue Texas PCP. A PCP referral is required to all HMO Blue Texas Specialty Care Physicians & Other Professional Providers (SCP). To receive benefits, referrals to out-of-network physicians & other professional providers must be authorized by the Utilization Management (UM) Dept. 	<ul style="list-style-type: none"> To check eligibility & benefits, to request verification or claims status inquiries, contact your electronic connectivity vendor, i.e. Availity®, RealMed®, eCare/NDAS or other electronic connectivity vendor or call HMO Blue Texas Provider Customer Service: 877-299-2377* Verification does not apply to administrative services only (ASO) plans. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician & other professional provider must file a paper claim, mail claim to: HMO Blue Texas, P.O. 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 for reimbursement. Physicians & other professional providers must submit a complete claim for any services provided to a member. HMO Blue Texas physicians & other professional providers may not seek payment from the member for claims submitted after the 180 day filing deadline. <i>*Interactive Voice Response (IVR) system. To access, you must have full member/ subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i> 	<ul style="list-style-type: none"> Claim Reviews/ Correspondence should be sent to: BCBSTX - HMO Blue Texas 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 & Reference tab, then click on Forms 	<ul style="list-style-type: none"> Access the iEXCHANGE Web application through the BCBSTX website: bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System at 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 at 800-441-9188. For case management or to contact the Utilization Management (UM) Dept., call 800-441-9188. For referral and precertification information, refer to the BCBSTX website: bcbstx.com/provider or refer to the HMO Blue Texas Provider Manual (Sections D & E). 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Quest Diagnostics, Inc. is the exclusive lab for HMO Blue Texas for all outpatient clinical reference laboratory services. For locations or questions, contact Quest at 888-277-8772, or visit Quest's website at: QuestDiagnostics.com/patient (IPAs/Medical Groups, see "IMPORTANT NOTE" above.) For physicians & other professional providers located in the counties listed on the Additional Information page, the lab services/procedures that will be reimbursed on a fee-for-service basis if performed in the physician's & other professional provider's office, are included on the Reimbursable Lab Services list located on the BCBSTX website at: bcbstx.com/provider or located in Section B of the HMO Blue Texas Provider Manual. <p>Radiology Services <i>*Austin, Dallas-Fort Worth & San Antonio* Areas Only</i> <i>*Effective November 1, 2007</i></p> <ul style="list-style-type: none"> For outpatient, non-emergency diagnostic imaging services, physicians & other professional providers in the counties referenced on the Additional Information page must call American Imaging Management (AIM) to obtain a precertification before scheduling or performing the following services: <ul style="list-style-type: none"> - CT/CTA scans - MRI/MRA scans - SPECT/Nuclear Cardiology studies - Pet Scans To obtain a RQI number, contact AIM as follows: Call Center: 800-859-5299 Internet: americanimaging.net Fax: 800-610-0050 - <i>Note: Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.</i> 	<ul style="list-style-type: none"> Magellan Behavioral Health Providers of Texas, Inc. (Magellan) coordinates all behavioral health (mental health & chemical dependency) services for HMO Blue Texas members. To obtain precertification, check benefits, eligibility, claims status/problems or verification, call Magellan at 800-729-2422 The patient, Primary Care Physician (PCP) or behavioral health professional must contact Magellan to precertify all inpatient, partial hospitalization and outpatient behavioral health services. Precertification must be obtained prior to the delivery of care for behavioral health services. Physician, other professional provider & behavioral health professional is responsible for filing claims. Mail claims to: Magellan Behavioral Health Providers of Texas, Inc. Attn: Claims P.O. Box 1659 Maryland Heights, MO 63043

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the HMO Blue Texas Physician & Other Professional Provider - Provider Manual online at bcbstx.com/provider.



Traditional / Indemnity Plan (ParPlan Providers)
Quick Reference Guide

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Precertification	Laboratory & Radiology Services	Behavioral Health Services (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> • Benefits vary by plan type. • Referrals are not required. • ParPlan physicians & other professional providers may only bill for deductibles, cost-share (coinsurance) and medically necessary services which are limited or not covered. 	<ul style="list-style-type: none"> • To check eligibility & benefits or claims status inquiries, contact your electronic connectivity vendor, i.e. Availity®, RealMed®, eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* • Verification does not apply to Traditional & Indemnity Plans. • The physician & other professional provider must file claims for all BCBSTX patients. • All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 • If the physician & other professional provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 • ParPlan 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 & other professional providers must submit a complete claim for any services provided to a subscriber. BlueChoice physicians & other professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/ subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></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 <p>click on the Education & Reference tab, then click on Forms</p>	<ul style="list-style-type: none"> • Access the iEXCHANGE Web application through the BCBSTX website: bcbstx.com/provider • or call the iEXCHANGE Interactive Voice Response (IVR) System at 800-413-0869, 24 hours a day, 7 days a week. • For questions or problems, call the iEXCHANGE Support Desk at 800-441-9188. • For case management or to contact the Utilization Management (UM) Dept., call 800-441-9188. • For precertification information, refer to the BCBSTX website: bcbstx.com/provider 	<p>Laboratory Services</p> <ul style="list-style-type: none"> • Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. <p>To schedule a Patient Service Center (PSC) appointment, log onto QuestDiagnostics.com/patient or call 888-277-8772.</p> <ul style="list-style-type: none"> • To locate other participating labs in the Traditional/Indemnity (ParPlan) network, visit the Online Provider Directory (<i>Provider Finder</i>) through the BCBSTX website: bcbstx.com <p>Radiology Services</p> <ul style="list-style-type: none"> • The American Imaging Management (AIM) 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 & chemical dependency). • Members are responsible for requesting preauthorization, although behavioral health professionals and physicians or a family member may request preauthorization on behalf of the member. All services must be medically necessary. Preauthorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. • To obtain preauthorization, call: BCBSTX 800-528-7264 • Precertification must be obtained prior to the delivery of care for behavioral health services. • Refer to the online BlueChoice Physician & Other Professional Provider – Provider Manual (Section I) for more detailed information. bcbstx.com/provider • 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. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* <p><i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/ subscriber's ID, patient date of birth, etc.)</i></p>

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the applicable online BlueChoice Physician & Other Professional Provider – Provider Manual at bcbstx.com/provider.

TRS-ActiveCare (Teacher Retirement System of Texas – Active Employees) Quick Reference Guide (PPO Plan Type, Group 085000)

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Precertification	Laboratory & Radiology Services	Behavioral Health Services (Mental Health & Chemical Dependency)
<ul style="list-style-type: none"> To receive Network benefits, TRS subscribers must receive medical care from BlueChoice[®] physicians & other professional providers. No referrals are required. To receive Network benefits, referrals to out-of-network physicians & other professional providers must be authorized by the Utilization Management (UM) Dept. BlueChoice physicians & other professional providers may only bill patients for copayments, cost share (coinsurance) and deductibles, where applicable. 	<ul style="list-style-type: none"> To check eligibility & benefits or claims status inquiries, contact your electronic connectivity vendor, i.e. Availity[®], RealMed[®], eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* Verification does not apply to TRS-ActiveCare. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician & other professional provider must file a paper claim, mail claim to: BCBSTX P.O. Box 660044 Dallas, TX 75266-0044 TRS-ActiveCare 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 & other professional providers must submit a complete claim for any services provided to a subscriber. BlueChoice physicians & other professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/subscriber's ID, patient date of birth, etc.)</i> 	<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 & Reference tab, then click on Forms 	<ul style="list-style-type: none"> Access the iEXCHANGE Web application through the BCBSTX website: bcbstx.com/provider or call the iEXCHANGE Interactive Voice Response (IVR) System at 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 at 800-441-9188. For case management or to contact the Utilization Management (UM) Dept., call 800-441-9188. For precertification information, refer to the BCBSTX website: bcbstx.com/provider or refer to the BlueChoice Provider Manual (Section E). 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Quest Diagnostics, Inc. is the preferred statewide outpatient clinical reference laboratory. <p>To schedule a Patient Service Center (PSC) appointment, log onto QuestDiagnostics.com/patient or call 888-277-8772.</p> <ul style="list-style-type: none"> To locate other participating labs in the BlueChoice network, visit the Online Provider Directory (<i>Provider Finder</i>) through the BCBSTX website: bcbstx.com <p>Radiology Services</p> <ul style="list-style-type: none"> Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician's & other 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 - SPECT/Nuclear Cardiology studies - PET scans To obtain a RQI number, contact AIM as follows: Call Center: 800-859-5299 Internet: americanimaging.net Fax: 800-610-0050 - Note: <i>Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.</i> For routine radiology services not part of the RQI, refer to the BlueChoice Provider Manual (Section B). 	<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 & chemical dependency). Members are responsible for requesting preauthorization, although behavioral health professionals and physicians or a family member may request preauthorization on behalf of the member. All services must be medically necessary. Preauthorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services. To obtain preauthorization, call: BCBSTX 800-528-7264 Precertification must be obtained prior to the delivery of care for behavioral health services. Refer to the online BlueChoice Physician & Other Professional Provider – Provider Manual (Section I) for more detailed information. bcbstx.com/provider 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. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call Provider Customer Service: 800-451-0287* <i>*Interactive Voice Response (IVR) system. To access, you must have full member/subscriber's information, i.e. member/subscriber's ID, patient date of birth, etc.)</i>

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the BlueChoice Physician & Other Professional Provider – Provider Manual online at bcbstx.com/provider.

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 **800-AVAILITY (282-4546)**.
 - 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 **800-AVAILITY (282-4546)**.
 - For information on electronic filing, access the website at availity.com
- Paper claims must be submitted on the Standard CMS-1500 (08/05) or UB-04 claim form.
- All claims must be filed with the insured's complete unique ID number including any letter or 3-digit alpha 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 & other professional provider, the services may be billed by the physician & other professional provider. However, if the physician & other 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 & other 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 & other 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 All BlueChoice® products, HMO Blue® Texas and Traditional / Indemnity plans, BCBSTX encourages the provider's office to:

- Ask for the subscriber/member ID card at the time of a visit;
- Copy both sides of the subscriber/member ID card and keep the copy with the patient's file;
- Check eligibility & benefits, request for verification or inquire on claims status and/or claim problems, contact your electronic connectivity vendor, i.e. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call the toll-free Provider Customer Service number indicated on the subscriber's/member's ID card or as listed on the previous pages for the appropriate plan type.
- Utilize the iEXCHANGE IVR (**800-413-0869**) or the iEXCHANGE Web application (bcbstx.com/provider) to obtain: referrals, inpatient precertifications, maternity notifications, or for notification within 48 hours of an emergency hospital admission. For case management, call the Utilization Management (UM) Department at **800-441-9188**.

Provider Record ID & Network Effective Date:

- 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 & 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 ID effective dates will be established as of the date the completed application 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 the Availity Health Information Network at **800-AVAILITY (282-4546)** to obtain a new EDI Agreement.
- For Provider Record ID questions or to obtain a Provider Record ID application, please contact the Provider Services department at **972-996-9610, press 3**.

BlueCard (Out-of-State Claims):

- To check benefits or eligibility, call **800-676-BLUE (2583)***;
- File all claims that include a 3-digit alpha prefix on the subscriber/member ID card to BCBSTX (**Note:** The subscriber's/member's unique ID number may contain alpha characters which may or may not directly follow the 3-digit alpha prefix);
- File all other claims directly to the Home Plan's address as it appears on the back of the subscriber/member ID card;
- For status of claims filed to BCBSTX, contact your electronic connectivity vendor, i.e. Availity, RealMed, eCare/NDAS or other electronic connectivity vendor or call the toll-free Provider Customer Service number indicated on the subscriber's/member's ID card or as listed on the previous pages for the appropriate plan type.

HMO Blue Texas – Outpatient Clinical Reference Lab Services (Exception: Capitated IPAs/Medical Groups – see note below):

- For physicians & other professional providers located in the following counties, the lab services/procedures that will be reimbursed on a fee-for-service basis **if performed in the physician's & other professional provider's office** for HMO Blue Texas members are included on the Reimbursable Lab Services list located on the BCBSTX website @ bcbstx.com/provider or located in Section B of the HMO Blue Texas Provider Manual:
Austin, Bell, Bexar, Brazoria, Brazos, Calhoun, Chambers, Collin, Comal, Cooke, Dallas, Denton, Ellis, Fannin, Fort Bend, Galveston, Gonzales, Grayson, Grimes, Guadalupe, Hardin, Harris, Hood, Houston, Hunt, Jackson, Jefferson, Johnson, Kaufman, Lavaca, Leon, Liberty, Madison, Matagorda, McLennan, Montague, Montgomery, Orange, Parker, Polk, Robertson, Rockwall, San Jacinto, Somervell, Tarrant, Trinity, Victoria, Walker, Waller, Washington, Wharton & Wise
- **All other outpatient clinical reference lab services must be referred to HMO Blue Texas's exclusive provider - Quest Diagnostics, Inc.**

Note: Physicians & other professional providers who are contracted/affiliated with a capitated IPA/Medical Group, and physicians & other professional providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is a member of a capitated IPA/Medical Group, must contact the applicable IPA/Medical Group for instructions regarding outpatient laboratory services.

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

Continued on next page

HMO Blue Texas - Outpatient, Non-Emergency Diagnostic Imaging Services (Austin, Dallas-Fort Worth & San Antonio Areas ONLY):

- American Imaging Management, Inc. (AIM) will be responsible for managing outpatient, non-emergency diagnostic imaging services for HMO Blue Texas members in the following counties: Bastrop, Bexar, Collin, Comal, Dallas, Denton, Ellis, Grayson, Hays, Johnson, Kaufman, Parker, Rockwall, Tarrant, Travis, Williamson and Wise. Note: Precertification is not required for outpatient, non-emergency diagnostic imaging services for HMO Blue Texas members performed by providers located outside of the counties listed.
- Providers must call AIM to obtain a precertification before scheduling or performing the following services: CT/CTA scans, MRI/MRA scans, SPECT/Nuclear Cardiology studies and PET scans.
- Imaging services performed in conjunction with emergency room services are excluded from this precertification requirement.
- Imaging services performed in conjunction with inpatient hospitalization, outpatient surgery (hospital and freestanding surgery centers) or 23-hour observation may require an HMO Blue Texas precertification for the approved level of care; however, a separate precertification from AIM is not required.
- To obtain a precertification, contact AIM as follows: Call Center: **800-859-5299**, Internet: americanimaging.net or by Fax: **800-610-0050** (*Note: Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.*)

BlueChoice (PPO/POS) - Outpatient, Non-Emergency Diagnostic Imaging Services (Statewide):

- American Imaging Management, Inc. (AIM) will be responsible for managing outpatient, non-emergency diagnostic imaging services for BlueChoice (PPO/POS) subscribers.
- Ordering physicians (PCPs & specialists) must contact American Imaging Management (AIM) to obtain a Radiology Quality Initiative (RQI) number for the following services when performed in a physician'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.
- To obtain a RQI number, contact AIM as follows: Call Center: **800-859-5299**, Internet: americanimaging.net or by Fax: **800-610-0050** (*Note: Effective Jan. 1, 2012, the fax option will remain available only for physicians who are submitting clinical information for existing requests.*)
- For routine radiology services not part of the RQI, refer to the BlueChoice Physician & Other Professional Provider – Provider Manual (Section B).

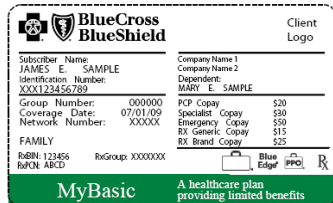
Limited Benefit Products and the Importance of Verifying Eligibility:

- Verifying Blue Cross and Blue Shield of Texas (BCBSTX) members' benefits and eligibility is more important than ever, since new products and benefit types entered the market. In addition to patients who have traditional Blue Cross and Blue Shield of Texas PPOs, HMOs, POS or other coverage plans, typically with high lifetime coverage limits, i.e., (\$1 million or more), you may also see patients whose annual benefits are limited to \$50,000 or less. These plans are called Limited Benefit products.
- Limited Benefit products work like traditional PPO products but with a smaller annual maximum benefit. Because of the smaller benefit cap, members with this coverage are more likely to exhaust their benefits over a year than with a traditional PPO with catastrophic coverage – making verification of these members' eligibility an important part of your processes.

How to Recognize Members with Limited Benefits Products?

Patients who have BCBSTX limited benefits insurance coverage carry an ID cards that has:

- A product name that can vary from Blue Plan to Blue Plan, but appears at the bottom of the ID card, within the **green stripe**
- A tagline in a **green stripe** at the bottom of the card
- A **black cross and/or shield** to help differentiate it from other ID cards

Sample ID card:


Please Note: Administrative Services Only (ASO) accounts can elect to utilize the new ID card above or continue with their existing ID cards.

How to Find Out Patients Benefits Limits if their Coverage is Limited?

Regardless of the benefit product type, we recommend that you verify patient's benefits and eligibility and collect any patient liability (*copayment, coinsurance, deductible and/or amount over member benefit coverage limit*).

Here are the steps:

- Electronically, submit a HIPAA 270 eligibility inquiry to BCBSTX at www.bcbstx.com or via an Electronic Data Interchange (EDI) transaction.
- By phone, call BCBSTX Provider Customer Service at **800-451-0287*** or **800-676-BLUE (2583)*** eligibility line for out-of-area members.

Whether you submit an inquiry electronically or by phone, you will receive the member's accumulated benefits to help you understand the remaining benefits left for the member. If the cost of services extends beyond the member's benefit coverage limit, inform the member of any additional liability they might have.

What Should I Do if the Patient's Benefit Coverage Limit is Met in the Middle of the Treatment?

Annual benefit limits should be handled in the same manner as any other limits on the medical insurance coverage. Any services beyond the covered amounts or the number of treatments might be the member's liability. If a member exhausts the annual maximum benefit, you may not charge the member more than the current BCBSTX allowable amount. We recommend that you inform the patient of any potential liability they might have as soon as possible.

Who do I contact if I have additional questions about Limited Benefit Products?

If you have any questions regarding BCBSTX or any other Blue Plans' Limited Benefits products, contact BCBSTX at **800-451-0287***.

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

This guide is intended to be used for quick reference and may not contain all of the necessary information. For detailed information, refer to the applicable online provider manual at bcbstx.com/provider.