



# BlueEdge<sup>SM</sup> Quick Reference Guide

## MAIN CHARACTERISTICS

Blue Cross and Blue Shield of Texas (BCBSTX) offers two Consumer Driven Health Plans (CDHP) to choose from – **BlueEdge HCA** (Health Care Account) and **BlueEdge HSA** (Health Savings Account).

Both of these options include:

- A PPO plan utilizing the **Blue Choice PPO<sup>SM</sup>** network of health care 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 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).
- **With BlueEdge, providers do not need to collect deductible amounts from the member at the time of service.**
- After HCA or HSA funds are depleted, the member 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 member may be billed for any deductible and coinsurance amount.

To receive network benefits, **BlueEdge** members must receive medical care from a health care provider within their applicable network.

Network providers may only bill **BlueEdge** members for deductibles, coinsurance and non-covered services.

If the member has **BlueEdge HCA** (Health Care Account), here are some important features:

- 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 member is responsible for any remaining deductible or coinsurance

If the member has **BlueEdge HSA** (Health Savings Account), here are some important features:

- HSA can be funded from employer, member or both
- Amounts for PPO-eligible expenses are applied to meeting the deductible
- If member elects, claims are paid by BCBSTX using available HSA account balance until the account is depleted
- The member may also access their available funds by use of a debit card or checkbook issued by the HSA administrator

## BENEFITS AND ELIGIBILITY

- Eligibility and benefit information may be obtained through [Availity<sup>®</sup> Essentials](#) or an electronic web vendor of your choice or call **BCBSTX Provider Customer Service at 1-800-451-0287**.  
*Note: To access eligibility and benefits, you must have full member's information, i.e., member's ID, patient date of birth, etc.*
- Verification does not apply to administrative services only (ASO) or out-of-state plans; however, verification will apply to fully insured groups. Contact **BCBSTX Provider Customer Service at 1-800-451-0287**.



## CLAIM SUBMISSIONS

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

BlueEdge, P.O. Box 660044 Dallas, TX 75266-0044
- 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. Providers must submit a complete claim for any services provided to a member. **BlueEdge** providers may not seek payment from the member for claims submitted after the 365 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 adjust a claim, you must have a document control number (claim number) then submit:
  - Electronically via the [Claim Inquiry Resolution Tool](#) when available
  - Mail the **Claim Review** form which is located on the BCBSTX provider website. Select **Education & Reference** then select **Forms**.
  - Call **BlueEdge Provider Customer Service** at **1-800-451-0287**.
- Claim Reviews and Correspondence should be sent to:

**BlueEdge**  
P.O. Box 660044  
Dallas, TX 75266-0044

## UTILIZATION MANAGEMENT - Prior Authorization and Referrals

- Providers should verify through Availity® or their preferred vendor if prior authorization or referrals are required for select outpatient or inpatient services and determine if they are managed by BCBSTX Medical Care Management or Carelon Medical Benefit Management (Carelton).
- Some services may be subject to a [Prior Authorization Exemption](#).
- Refer to [Utilization Management](#) on the provider website for additional information.
- To submit referrals for specialty care and prior authorizations requests for inpatient and outpatients services managed by:
  - **BCBSTX Medical Management:**
    - (1) 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 **Inpatient Authorization** or **Outpatient Authorization**
      - ✓ Review and submit your authorization
      - ✓ For more information, refer to Availity Authorizations & Referrals under [Provider Tools](#) on the provider website.
    - (2) By Phone: **1-855-896-2701**
  - **Carelton Medical Benefit Management:**
    - (1) Submit online using [Carelton Provider Portal](#)
    - (2) By Phone: **1-800-859-5299**
- Current listings of providers and their NPI numbers are available online through [Provider Finder®](#).
- For case management or to contact the Utilization Management Dept., call **1-800-441-9188**.



## LABORATORY AND RADIOLOGY SERVICES

### Laboratory Services

- Providers should refer outpatient lab to in-network participating **Blue Choice PPO** providers. To locate participating providers in the **Blue Choice PPO** network, visit [Provider Finder](#).
- Lab services may require prior authorization through **BCBSTX Medical Management** or **Carelon**. See **Utilization Management - Prior Authorization and Referrals** section above for more information.

### Radiology Services

- Providers should check using [Availity](#) or their preferred vendor if prior authorization or a Radiology Quality Initiative (RQI) is needed for radiology services managed by **Carelon**.
- Refer to **Utilization Management** section above for services requiring prior authorization through **Carelon**.
- For services requiring an RQI, ordering physicians and professional providers must contact **Carelon** for the following services when performed in a physician's or 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
- Submit **Carelon** services:
  - Online at [Carelon Provider Portal](#)
  - Phone **1-800-859-5299**
  - Fax **1-800-610-0050** - **Note:** Fax option is available only for physicians or professional providers who are submitting clinical information for existing requests.
- For routine radiology services not requiring prior authorization or RQI, refer to the [Blue Choice PPO<sup>SM</sup> and Blue High Performance Network<sup>SM</sup> \(BlueHPN<sup>SM</sup>\) - Provider Manual](#) (Section B (d) - Outpatient Lab and Radiology).

## BEHAVIORAL HEALTH (Mental Health and Chemical Dependence)

### Important: Not all plans include Behavioral Health Benefits through BCBSTX.

- BCBSTX manages all behavioral health services (mental health and chemical dependency).
- Members are responsible for requesting prior authorization, although behavioral health professionals and physicians or a family member may request prior authorization on behalf of the patient. All services must be medically necessary. Prior authorization is required from BCBSTX for all inpatient, partial hospitalization and outpatient behavioral health services.
- To obtain prior authorization, call BCBSTX: **1-800-528-7264**
- Prior authorization must be obtained prior to the delivery of behavioral health services.
- Refer to the online [Blue Choice PPO and BlueHPN - Provider Manual](#) (Section I).
- All claims should be submitted electronically using 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
- Claim status may be obtained through the [Availity Claim Status Tool](#) or a web vendor of your choice or call Provider Customer Service at **1-800-451-0287**. *(To access the Interactive Voice Response (IVR) system, you must have full member's information, i.e., member'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 **Blue Choice PPO and Blue High Performance Network-Provider Manual** online at <https://www.bcbstx.com/provider/standards/standards-requirements/manuals/bluechoice-manual>.



## ADDITIONAL INFORMATION

### For all BlueEdge plans, 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 ID card and keep the copy with the patient's file;
- Eligibility, benefits, and/or verification requests, contact [availability.com](http://availability.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 (BCBSTX) 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 [availability.com](http://availability.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 (CAA) 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-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 [availability.com](http://availability.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>