

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Prior Authorizations and Referrals	Laboratory Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<p>Blue Premier members must select a Blue Premier Primary Care Health Care Provider (PCP).</p> <ul style="list-style-type: none"> To receive benefits, all medical care must be directed by the selected Blue Premier PCP. A PCP referral is required to all Blue Premier Specialty Care Health Care Providers (SCP). <p>Blue Premier Access:</p> <ul style="list-style-type: none"> No referral is required to receive benefits from an in network Blue Premier Primary Care Physician (PCPs) or Specialty Care Physicians (SCPs). PCP selection is not required. <p>Blue Premier and Blue Premier Access:</p> <ul style="list-style-type: none"> Health care providers may only bill for copayments, cost share (coinsurance) and deductibles, where applicable. Some services may be self-referred to a Blue Premier or Blue Premier Access health care provider (i.e. annual well woman exam, annual routine eye exam) as indicated by the member's benefit plan. Away From Home Care (AFHC) benefits are available for members temporarily residing outside of Texas, in a participating location, for at least 90 days. <p>To receive benefits, referrals to out-of-network healthcare providers must be authorized by the Utilization Management Dept.</p>	<ul style="list-style-type: none"> Obtain Eligibility and Benefits through availity.com or a web vendor of your choice or call Blue Premier and Blue Premier Access Provider Customer Service at: 1-877-299-2377. <i>To access eligibility and benefits, you must have full member's information, i.e., member's ID, patient date of birth, etc.</i> Claim status may be obtained through the Avality Claim Status Tool or a web vendor of your choice. To adjust a claim, call Blue Premier and Blue Premier Access Provider Customer Service at: 1-877-299-2377. <i>To adjust a claim, you must have a document control number (claim number).</i> Verification does not apply to administrative services only (ASO) plans. All claims should be submitted electronically BCBSTX Electronic Payor ID: 84980 If the health care provider must file a paper claim, mail claim to: Blue Premier and Blue Premier Access: 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. Health care providers must submit a complete claim for any services provided to a member. Blue Premier and Blue Premier Access health care providers may not seek payment from the member for claims submitted after the 180-day filing deadline. 	<ul style="list-style-type: none"> Claim Reviews and 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 at: bcbstx.com/provider <p>Select the Education and Reference tab, then select Forms.</p>	<ul style="list-style-type: none"> Health care 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 AIM Specialty Health[®] (AIM). Refer to Utilization Management on the provider website for additional information. Submit requests managed by BCBSTX: <ul style="list-style-type: none"> (1) Online using Authorizations & Referrals Tool on Availity. <ul style="list-style-type: none"> ✓ Log on to availity.com ✓ Select Patient Registration menu option, choose Authorizations & Referrals, then Authorizations* ✓ Select Payer BCBSTX, then choose your organization ✓ Select Inpatient Authorization or Outpatient Authorization Review and submit your authorization ✓ For more information, refer to Avality Authorizations & Referrals under Provider Tools on the provider website. * Choose Referrals instead of Authorizations if you are submitting a referral request. (2) By Phone: 1-855-896-2701 Submit requests managed by AIM: <ul style="list-style-type: none"> - Online at www.aimspecialtyhealth.com - Phone - 1-800-859-5299 Current listings of health care providers and their NPI numbers are available online through Provider Finder. For case management or to contact the BCBSTX Medical Care Management Dept., call 1-800-441-9188. 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Providers should refer outpatient lab services to in-network participating Blue Premier lab providers. To locate participating labs in the Blue Premier network, visit the Provider Finder. 	<ul style="list-style-type: none"> Prior authorization must be obtained prior to the delivery of care including all inpatient, partial hospitalization and outpatient certain behavioral health services. Referrals are not required from the PCP. To obtain prior authorization, check benefits, eligibility, claims status/problems or verification of benefits call 1-800-528-7264 The patient, PCP or behavioral health professional must prior authorize all inpatient, partial hospitalization and outpatient behavioral health services. The health care provider is responsible for filing claims. <ul style="list-style-type: none"> Electronically using BCBSTX Electronic Payor ID: 84980 Mail paper claims to: Blue Premier Blue Premier Access P.O. Box 660044 Dallas, TX 75266-0044 <p>Note: Claim Status may be obtained through the Availity Claim Status tool or a web vendor of your choice.</p>

This guide is intended to be used for quick reference and may not contain all the necessary information. For detailed information, refer to the Blue EssentialsSM, Blue Advantage HMOSM, Blue PremierSM, Blue Premier AccessSM and MyBlue HealthSM Provider Manual online at bcbstx.com/provider/gri/hmo_manual.html

For Blue Premier and Blue Premier Access, BCBSTX encourages the health care provider's office to:

- Ask for the member's ID card at the time of a visit;
- Copy both sides of the member's ID card and keep the copy with the patient's file;
- Eligibility, benefits and/or verification requests, contact [availity.com](https://www.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.
- Utilize [Availity Authorizations & Referrals](https://www.availity.com) at [availity.com](https://www.availity.com) to obtain approval of: referrals, select outpatient services and inpatient admissions, maternity notifications, or for notification within 48 hours of an emergency hospital admission. Utilize [aimspecialtyhealth.com](https://www.aimspecialtyhealth.com) for AIM managed authorizations. For case management, call the Medical Care Management Department at **1-800-441-9188**.

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 **1-800-282-4548**.
 - 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](https://www.availity.com).
- Paper claims must be submitted 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 health care provider, the services may be billed by the health care provider. However, if the health care provider does not directly perform the service and the service is rendered by another health care provider, only the rendering health care provider can bill for those services. **Note:** This does not apply to services provided by an employee of a health care 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 health care provider.

Provider Record ID and Network Effective Dates:

- A minimum of 30 days notice is required when making changes affecting the health care provider's BCBSTX status, especially in the following areas: (1) Physical address (primary, secondary, tertiary); (2) Billing address; (3) NPI and 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 health care providers.
- **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 health care provider files claims electronically and their Provider Record ID changes, the health care 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. Please visit the [Network Participation](#) tab 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](https://www.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.

Blue Premier and Blue Premier Access – Outpatient Clinical Reference Lab Services

All outpatient clinical reference lab services must be referred to **Blue Premier** and **Blue Premier Access** participating provider. Refer to Provider Finder for in-network lab providers.

* To access eligibility and benefits, you must have full member's information, i.e., member's ID, patient date of birth, etc.

** To adjust a claim, you must have a document control number (claim number).

 By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

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 Blue Cross and Blue Shield of Texas.

AIM Specialty Health is an independent medical benefits management company that provides utilization management services for Blue Cross and Blue Shield of Texas (BCBSTX).