



Teacher Retirement System of Texas - TRS-ActiveCare HD, TRS-ActiveCare 2 and TRS-Care Standard Quick Reference Guide

MAIN CHARACTERISTICS

- **TRS** participant's ID cards will display the TRS logo and the network ID of BCA. These are self funded plans. Their prefixes are:
 - TRS-Active Care HD and TRS Active Care - **T2S**
 - TRS-Care Standard - **T3X**
- To receive network benefits, **TRS-ActiveCare HD, TRS-ActiveCare 2** and **TRS-Care Standard** participants must receive medical care from in-network **Blue Choice PPOSM** health care providers. No primary care providers or referrals are required.
- To receive in-network benefits, referrals to out-of-network health care providers must be authorized by the Medical Management Dept.
- Blue Choice PPO health care providers may only bill patients for copayments, cost share (coinsurance) and deductibles, where applicable.
- **TRS-ActiveCare** and **TRS-Care Standard** members may have a health savings account to pay for medical care.

BENEFITS AND ELIGIBILITY

- Eligibility and benefit information may be obtained through [Availty® Essentials](#) or an electronic web vendor of your choice or call **BCBSTX TRS-ActiveCare HD, TRS-ActiveCare 2 and TRS-Care Standard Provider Customer Service** at **1-800-451-0287**.
Note: *To access eligibility and benefits, you must have full participant's information, i.e., participant's ID, patient date of birth, etc.*
- [Verification of benefits](#) does not apply to **TRS-ActiveCare HD, TRS-ActiveCare 2** and **TRS-Care Standard** participants.

CLAIM SUBMISSIONS

- All claims should be submitted electronically. **BCBSTX Electronic Payor ID: 84980**
- If the provider must submit a paper claim, mail claim to:
BCBSTX, PO 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. **Blue Choice PPO** 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 [Availty Essentials Claim Status Tool](#) or a web vendor of your choice.
- To request a claim reconsideration, you must have a document control number (claim number) then submit:
 - Electronically via the [Claim Reconsideration Requests](#) when available.
 - Mail the **Claim Review** form which is located on the BCBSTX provider website. Select **Education & Reference** then select **Forms**.
 - Call **BCBSTX TRS-ActiveCare HD, TRS-ActiveCare 2** and **TRS-Care Standard Provider Customer Service** at **1-800-451-0287**.
- Claim Reviews and Correspondence should be sent to:
**BCBSTX
PO Box 660044 Dallas,
TX 75266-0044**

UTILIZATION MANAGEMENT – Recommended Clinical Review and Referrals

- Effective Sept. 1, 2024, TRS no longer has any prior authorization requirements for self funded plans. Providers are encouraged to submit optional recommended clinical review to determine medical necessity.
- Providers should verify through Availity or their preferred vendor if recommended clinical review or referrals are required for select outpatient or inpatient services and determine if they are managed by Medical Management with BCBSTX or Carelon Medical Benefit Management.
- Refer to [Utilization Management](#) on the provider website for additional information.
- For case management or to contact the Medical Management Dept. call **1-800-441-9188**.
- For Behavioral Health services - see **Behavioral Health** section below.
- To submit referrals for specialty care or recommended clinical review requests for inpatient and outpatient services managed by:

BCBSTX Medical Management:

1) Submit electronically using:

[Availity Authorizations & Referrals](#)

- Log into [Availity](#)
- Select **Patient Registration** menu option, choose **Authorizations & Referrals**, then **Authorizations** (choose **Referrals** instead of **Authorizations** if you are submitting a referral request)
- Select **Payor BCBSTX**, then choose your organization
- Select **Inpatient Authorization** or **Outpatient Authorization**
- Review and submit your request
- For more information, refer to **Availity Authorizations & Referrals** under **Provider Tools** on the provider website.

2) By Phone: **1-855-896-2701**

Carelon Medical Benefit Management:

Effective Sept.1, 2024. **Carelon** handles RCR for advanced imaging, musculoskeletal (joint/spine), genetic/ molecular testing, radiation (oncology) therapy for cancer and medical oncology specialty drugs and supportive care.

1) Submit electronically using [CarelonProviderPortal](#)

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

3) By Fax **1-800-610-0050** - Note: Fax option is available only for physicians or professional providers who are submitting clinical information for existing requests.

LABORATORY AND RADIOLOGY SERVICES

- Providers should refer outpatient lab and radiology services to in-network participating **Blue Choice PPO** providers. To locate participating providers in the **Blue Choice PPO** network.
- To locate participating labs in the Blue Choice PPO network, visit [Provider Finder®](#).

BEHAVIORAL HEALTH (Mental Health and Substance Use Disorder)

- Effective Sept. 1, 2024, prior authorization is no longer required for TRS self funded plans. Providers are encouraged to submit RCR requests prior to delivery of care including all inpatient, partial hospitalization and outpatient behavioral health services.
- To check benefits, eligibility, claims status/problems or request RCR call: **1-800-528-7264**.
- Health care provider is responsible for filing claims:
 - Electronically using BCBSTX Electronic Payor ID: **84980**
 - Mail paper claims to: **BCBSTX** PO Box 660044 Dallas, TX 75266-0044



ADDITIONAL INFORMATION

Claims Submission:

- All claims should be submitted electronically. The Electronic Payor ID for BCBSTX is **84980**.
- For support relating to claims and/or other transactions available on the Availity portal or other Availity platforms, submitters should contact Availity Client Services at **1-800-282-4548**.
- For information on electronic filing, access the Availity website at availity.com.
- If you must submit paper claims, submit on the Standard CMS-1500 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.

ParPlan is a Blue Cross and Blue Shield of Texas payment plan under which health care professionals agree to:

- File all claims electronically for BCBSTX patients;
- Accept the BCBSTX allowable amount;
- Bill participants 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.

For all plans, BCBSTX provider should:

- Ask for the participant's ID card at the time of a visit;
- Copy the participant's ID card and keep the copy with the patient's file;
- Check eligibility and benefits via availity.com/essentials or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the participant's ID card.
- Request recommended clinical review when applicable.

Provider Record and Network Effective Dates:

- 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 participant's ID card to BCBSTX (Note: The participant'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 participant's ID card;
- For status of claims filed to BCBSTX, contact availity.com or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the participant'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.)**

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>

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 checking 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 participant's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.