Blue Choice PPO℠ and Blue High Performance Network® (BlueHPN)® Provider Manual
Filing Claims - General Information

Important Note: Throughout this provider manual there will be instances when there are references unique to Blue Choice PPO, Blue High Performance Network, Blue Edge, EPO and the Federal Employee Program. These specific requirements will be noted with the plan/network name. If a Plan/network name is not specifically listed or "Plan" is referenced, the information will apply to all PPO products.

In this Section

The following topics are covered in this section:

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Claims Filing Overview	In this section, Blue Cross and Blue Shield of Texas will assist providers with basics regarding filing claims including timely filing and who to contact with questions.
Clinical Payment and Coding Policies	BCBSTX provides **Clinical Payment and Coding Policies** which are based on criteria developed using healthcare professionals and industry standard guidelines. Additional sources are used and can be provided upon request. The clinical payment and coding guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers. Refer to the Clinical Payment and Coding Policies under Standards and Requirements on the provider website to review the policies and any updates.
Provider Tools	We have designed useful tools for health care providers whether doing research or streamlining billing. These tools can help you evaluate costs, save time, improve service and more. Refer to the Provider Tools page on the provider website for more information.
How to File Claims	Providers are encouraged to submit claims electronically using Availity® or their preferred vendor. Refer to Electronic Commerce on the provider website for information on submitting claims electronically. The BCBSTX electronic payor ID code is **84980**. Should you have a question about claims processing, as the first point of contact, contact your electronic connectivity vendor, e.g., Availity or other connectivity vendor or contact BCBSTX Provider Customer Service by calling **1-800-451-0287**.

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Timely Filing Procedures

Plan claims must be submitted within **365** days of the date of service. For institutional claims, the timely filing period begins as of the DOS listed in the "Through" field of the "Statement Covers Period" of the UB-04. For professional claims, the filing period begins on the date service was rendered unless otherwise indicated by the provider contract and/or subscriber's health benefit plan. Health care providers must submit a complete claim for any services provided to a member. Claims that are not submitted within **365** days from the date of service are not eligible for reimbursement. Claims submitted after the designated cut-off date will be denied on a Provider Claim Summary. The subscriber cannot be billed for these denied services.

Plan network health care providers may not seek payment from the subscriber for claims submitted after the **365**-day filing deadline.
Please ensure that statements are not sent to **Plan** subscribers, in accordance with the provisions of your **Plan** contract.

Corrected claims must be filed with the appropriate bill type and filed according to the claims filing deadline as listed in this manual or in the subscriber's contract. If a provider is unable to submit the corrected claim electronically, they must submit the paper claim with a Corrected Claim Form which can be found on the provider website under **Forms** in the **Education and Reference** menu.

If a health care provider feels that a claim has been denied in error for untimely submission, the health care provider may submit a request for claim review. Refer to the Claim Review Form and instructions.

If a claim is returned to the health care provider of service for additional information, it should be resubmitted to BCBSTX within 90 days. The 90 days begin with the date BCBSTX mails the request. The claim should be returned with the letter received or with an Additional Information Form which can be found on the provider website under **Forms** in the **Education and Reference** menu.

Update Provider Demographics

The federal Consolidated Appropriations Act of 2021 requires that certain provider directory information be verified every 90 days. Under CAA, we're required to remove providers from displaying in our Provider Finder® whose data we're unable to verify. You must update your information when it changes, including if you join or leave a network.

Refer to the Verify and Update Your Information page on the provider website for instructions on how to verify your data and submit changes.

BlueCross BlueShield of Texas

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Update Provider Demographics

When you have changes, to your name, telephone number, address, NPI number(s), specialty type or group practice, or change of ownership. etc., you should report them immediately. Go to bcbstx.com/provider and click on the Network Participation tab, then scroll down to – Verify and Update Your Information – and complete/submit the Demographic Change Form.

Please report all changes **30** to **45** days in advance of the effective date of the change, otherwise, these changes will not become effective until **30** to **60** days from the date BCBSTX receives written notification.

Keeping BCBSTX informed of any changes allows appropriate claims processing, as well as maintaining the **Plan's** Provider Directory with current and accurate information.

Addresses for Claims Filing and Customer Service

The member's Identification card provides claims filing and customer service information. If in doubt, as a first point of contact, contact your electronic connectivity vendor, i.e., Availity or other connectivity vendor or contact Provider Customer Service at the following number:

Toll-free 1-800-451-0287

The following table provides claims filing and Customer Service addresses:

Plan/Group	Claims Filing Address	Customer Service Address
Blue Choice PPO Indemnity National Accounts BlueCard	BCBSTX PO Box 660044 Dallas, TX 75266-0044	BCBSTX PO Box 660044 Dallas, TX 75266-0044
Federal Employee Program (Group 27000)	BCBSTX PO Box 660044 Dallas, TX 75266-0044	BCBSTX PO Box 660044 Dallas, TX 75266-0044

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Claims Filing Reminders

- BCBSTX will not accept any screen print sent by health care providers that have been generated on the health care provider's system.
- All **Plan** health care providers are required to use their applicable NPI number when filing **Plan** claims.
- If the **Plan** member gives a **Plan** health care providers the wrong insurance information, the **Plan** health care provider must submit the EOB (Explanation of Benefits) from the other insurance carrier. This information must reflect timely filing and the **Plan** health care provider must submit the claim to BCBSTX within **365** days from the date a response is received from the other insurance carrier.