

Federal Employee Program (FEP) Quick Reference Guide

Major Characteristics	Benefits, Eligibility, Claims Status or Verification	Claim Reviews, All Correspondence	Utilization Management - Prior Authorizations and Referrals	Laboratory and Radiology Services	Behavioral Health Services (Mental Health and Chemical Dependency)
<ul style="list-style-type: none"> To receive Network benefits, FEP subscribers must receive medical care from Blue Choice PPOSM physicians and professional providers. No referrals are required. To receive Network benefits, referrals to out-of-network physicians or professional providers must be authorized by the Medical Care Management Dept. Blue Choice PPO physicians and professional providers may only bill patients for copayments, cost share (coinsurance) and deductibles, where applicable. Refer to the Blue Choice PPO and Blue HPN - Provider Manual Section H - Federal Employee Program (FEP) for more information. 	<ul style="list-style-type: none"> Eligibility and benefit information may be obtained through Availity.com or a web vendor of your choice or call FEP Customer Service at 800-442-4607**. Claim Status may be obtained through the Availity Claim Status Tool or a web vendor of your choice. To adjust a claim, call FEP Provider Customer Service at 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 or 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 and professional providers must submit a complete claim for any services provided to a subscriber. Blue Choice PPO physicians and professional providers may not seek payment from the subscriber for claims submitted after the 365 day filing deadline. <p><i>* To access eligibility and benefits, you must have full subscriber's information, i.e. subscriber's ID, patient date of birth, etc.)</i></p> <p><i>**To adjust a claim, you must have a document control number (claim number).</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>Select the Education and Reference tab, then click on Forms.</p>	<ul style="list-style-type: none"> Providers should check using Availity® or their preferred vendor if prior authorization or referrals are required for select outpatient or inpatient services Refer to Utilization Management on the provider website or FEP Blue website for additional information. Submit requests managed by BCBSTX Utilization Management: <ol style="list-style-type: none"> Online using Availity Authorization & Referrals: <ul style="list-style-type: none"> ✓ Log in 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. ✓ Refer to Availity 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. For questions or problems, call the FEP Provider Customer Service at 1-800-442-4607. For case management or to contact the Medical Care Management Dept., call 1-800-441-9188. Current listings of providers and their NPI numbers are available online through Provider Finder. 	<p>Laboratory Services</p> <ul style="list-style-type: none"> Providers should refer outpatient lab services to in-network participating Blue Choice PPO lab providers. To locate participating labs in the Blue Choice PPO network, visit the Provider Finder. <p>Radiology Services</p> <ul style="list-style-type: none"> 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 AIM. Refer to Utilization Management column for services requiring prior authorization through AIM. For services requiring an RQI, ordering physicians and professional providers must contact AIM 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: <ul style="list-style-type: none"> - CT/CTA scans - MRI/MRA scans - SPECT/Nuclear Cardiology Studies - PET Scans Submit AIM services: Online at aimspecialtyhealth.com Phone 1-800-859-5299 Fax 1-800-610-0050 <p>Note: Fax option is available only for physicians or professional providers who are submitting clinical information for existing requests.</p> <ul style="list-style-type: none"> For routine radiology services not requiring prior authorization or RQI, refer to the Blue Choice PPO and Blue HPN - Provider Manual (Section B (d) - Outpatient Lab and Radiology). 	<ul style="list-style-type: none"> Blue Cross and Blue Shield of Texas (BCBSTX) manages all behavioral health services (mental health and chemical dependency). Subscribers are responsible for requesting prior authorization, although behavioral health professionals and physicians or a family member may request prior authorization on behalf of the subscriber. 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 Refer to the online Blue Choice PPO Provider Manual (Section I) for more detailed information. Prior authorization must be obtained prior to the delivery of care for behavioral health services. All claims should be submitted electronically. BCBSTX Electronic Payor ID: 84980 If the physician or professional 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.

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 Physician and 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 **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.
- 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 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 (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 Blue Choice PPO products, BCBSTX encourages the provider's office to:

- Ask for the subscriber's ID card at the time of a visit;
- Copy both sides of the subscriber's ID card and keep the copy with the patient's file;
- Eligibility, benefits and/or verification requests, contact Availity.com, or a web vendor of your choice or call the toll-free Provider Customer Service number indicated on the subscriber'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 FEP Provider Customer Service at **1-800-442-4607***
- Utilize Availity Authorization and Referrals at www.availity.com to obtain: approval of benefits for select outpatient services and inpatient admissions, maternity notifications, or for notification within 48 hours of an emergency hospital admission. Use aimspecialtyhealth.com for AIM managed authorizations. For case management, call the Medical Care Management Department at **1-800-441-9188**.

Provider Record ID 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:
 - (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 **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](#) page on our website for more information

BlueCard (Out-of-State Claims):

- To check benefits or eligibility, call **1-800-676-BLUE (2583)***;
- File all claims that include a 3-character prefix on the subscriber's ID card to BCBSTX (**Note:** The subscriber'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 subscriber'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 subscriber's ID card.

Blue Choice PPO - Outpatient, Non-Emergency Diagnostic Imaging Services (Statewide):

- AIM Specialty Health (AIM) will be responsible for managing outpatient, non-emergency diagnostic imaging services for Blue Choice PPO subscribers.
- Ordering physicians or professional providers (PCPs and specialists) must contact AIM to obtain a **Radiology Quality Initiative (RQI)** number 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 and PET scans.
- To obtain a RQI number, contact AIM as follows: Call Center: **800-859-5299**, Internet: aimspecialtyhealth.com or 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.)
- For routine radiology services not part of the RQI, refer to the [Blue Choice Physician and Professional Provider – Provider Manual \(Section B\)](#).

* *To adjust a claim you must provide a Document Control Number (claim number)*