bluecard

BlueCard Program claims guide

For professional providers

blue of california

Blue Shield of California makes it easier for you to submit claims for out-of-state Blue plan patients.

Thank you for participating in the national BlueCard® Program, which gives Blue Cross Blue Shield plan patients access to healthcare services while traveling or living in another Blue plan's service area. There are more than 3 million Blue plan members with out-of-state coverage living in California, plus those traveling here, who receive medical care from providers like you.

The BlueCard Program links participating healthcare providers with Blue Cross Blue Shield plans across the country and worldwide through a single, electronic network for claims processing and reimbursement, allowing you to easily submit claims and receive reimbursement for patients insured by out-of-state Blue plans.

We've created this guide to help make it easier for you to submit BlueCard claims.

How to submit claims for out-of-state Blue plan patients

We want to make your BlueCard claims experience successful and offer these helpful steps:

1. **COLLECT** the patient's insurance information. You can identify all Blue plan patients by three items on their ID cards: Blue Cross Blue Shield logos, the three-character prefix in the subscriber ID number and the suitcase symbol. Most Blue plan member ID cards begin with Blue Cross Blue Shield and the state name, although some Blue plans have unique names.

2. **VERIFY** a patient's eligibility and benefits by logging in to **blueshieldca.com/provider** and click on *Check Eligibility of Blue Plan Members* in the *BlueCard Program* section. Then select the *Other Blue Plan* card type and the member type (subscriber or dependent), and complete the required fields. You'll receive the member's eligibility and benefits information within 45 seconds, or we'll send a response to your Message Center. To view it, just click the *Message Center* link at the top of the page.

3. **REQUEST** authorization. Log in to **blueshieldca.com/provider** to request authorization, access out-of-state Blue plan medical policies and verify other Blue plans' prior authorization information. See Page 5 for further steps.

4. **DETERMINE** where to send the claim with our Claims Routing Tool. Log in to **blueshieldca.com/provider**, select Access Claims Routing Tool within the *BlueCard Program* section and the Claims Routing Tool will appear on the right-hand side of the page. Enter the patient's three-character prefix (in the subscriber ID number) and date of service and you'll receive an instant response where to send your claim.

5. **SUBMIT** the BlueCard claim to Blue Shield of California. For faster processing, you can submit your claims electronically. Please contact our Electronic Data Interchange (EDI) team at **(800) 480-1221** or email **EDI_BSC@blueshieldca.com** for details about electronic claims submission.

Electronic Provider Access (EPA)

To help you request prior authorization and conduct pre-service reviews quickly and easily for out-of-area Blue Cross Blue Shield patients, Blue Shield provides you with instant access to another state's Blue plan provider portal through *Provider Connection*.

Within the *Authorization* section on our provider portal, the Electronic Provider Access (EPA) Tool lets you connect directly to another state's Blue plan within a secured routing mechanism.

Before using the EPA Tool, however, you have choices to assist you in obtaining the necessary authorization information:

- Medical Policy Information – Select this option to obtain the medical policy for a service.
- Prior Authorization Information – Select this option to determine if pre-service review and prior authorization are required for a service.

To access and use the EPA Tool, take the following steps:

1. Log in to **blueshieldca.com/provider**.
2. Click on the *Pre-Service Review for Out-of-Area Members* link within the *Authorizations* section.
3. Select the Electronic Provider Access radio button that appears on this page.
4. Enter the patient's three-character prefix.
5. Enter the requesting provider practice location and National Provider Identifier (NPI).
6. Identify if you are a Blue Shield of California contracted provider.
7. Click Search.

Our website will instantly transfer you to the out-of-state Blue plan website, where you can begin your authorization request.

Claims Activity Tool

You can reconcile claims much easier by creating and downloading custom reports on claims processed by Blue Shield including BlueCard, Commercial, Federal Employee Program and Medicare. The Claims Activity Tool helps you research the status of your claims, view billing information and messages, confirm payment details and access online Explanation of Benefits (EOBs), allowing you to view multiple claims.

To locate the tool, log into **blueshieldca.com/provider**, click on the *Search BlueCard Claims* link within the *BlueCard Program* section, then select the *Claims Activity* tab to build your claims report.

You can create a customized claims report by selecting various search options such as:

- Dates of service, claim received dates or finalized dates
- One business location or multiple locations
- A date range of between one and 31 days in the last two years
- All types of claims statuses, such as only claims in process or only finalized claims

You can further refine your report by selecting a place of service, adding a patient's last name range or identifying a total billed amount range.

Once you select Search, your report will appear onscreen. You can download your report with the associated EOBs for your claims in an Excel spreadsheet.

Your report provides details on your submitted claims, check or EFT details, messages from Blue Shield regarding the claims and your online EOBs.

How to avoid claim denials

Here are some key reasons claims can result in a denial, and what you can do to prevent it.

Payment denials

Exceeds timely filing time frame – The standard time frame for filing claims is customarily 365 days from the date of service. However, consult your contract for specific terms and conditions as your filing time frame may be different.

Claim sent to incorrect California Blue plan – Avoid sending your BlueCard claim to the incorrect payer by using our Claims Routing Tool on **blueshieldca.com/provider** to identify where to send the BlueCard claim.

Patient not eligible – Obtain verification of patient eligibility and benefits at **blueshieldca.com/provider**.

Non-covered benefit – Obtain verification of patient eligibility and benefits at **blueshieldca.com/provider**.

TIP FOR AVOIDING DELAYS

Avoid claim delays due to incorrect or missing prefixes and identification numbers. Capture the complete subscriber ID number including the three-character prefix in the member's ID number.

Claim denials due to lack of information

Need medical records – If you're unsure whether to send medical records with a claim, contact the BlueCard claims unit at **(800) 622-0632** to get confirmation on the type of documents needed and where to send them.

Need approved authorization – Request authorization at **blueshieldca.com/provider**.

Need coverage of benefits (COB) information from member – If a patient has other health coverage in addition to their out-of-state Blue plan coverage, they need to provide this information to their Blue plan. In an effort to avoid COB claim denials, you may assist in collecting COB information by having the patient complete a COB form. This form is available to download at the bottom of the *BlueCard Resources* tab on *Provider Connection*.

Submit the completed form by fax, or mail to Blue Shield's BlueCard claims unit. Mail or fax completed COB forms to:

Blue Shield of California
BlueCard Program
P.O. Box 1505
Red Bluff, CA 96080-1505
Fax (248) 733-6331

Tips for billing scenarios

Here are some tips to help you manage specific claims and make sure your claims are processed in a timely manner.

Performing/rendering physician or provider PIN and national provider identifier (NPI)

Enter the Blue Shield PIN and NPI for the performing or rendering provider or supplier within block 24j of the claim. If services were provided by a provider who has not yet secured a Blue Shield PIN, please indicate the NPI and the California State License and name, or certificate number and name. Provider organizations, such as medical group practices or clinics, must include the Blue Shield PIN and the NPI of the performing provider in all cases in which Blue Shield has assigned the provider a PIN. *Note: Claims submitted without the performing or rendering provider information in block 24j will be rejected*.

Corrected claims

Providers submit a corrected claim to replace a claim that was initially submitted with one or more errors or with missing information. Please submit corrected claims electronically after the original claim has been finalized to avoid denial as a duplicate. Please code corrected claims with the appropriate bill-type XX7 description. To confirm that the original claim has been finalized, check our website, verify the claim information on your EOB or call our BlueCard claims unit at **(800) 622-0632**. For assistance with submitting corrected claims electronically, contact our EDI team at **(800) 480-1221** or **EDI_BSC@blueshieldca.com**. They can work with your IT staff to help you send corrected or adjusted claims successfully.

Submitting paper corrected claims. Stamp or write "corrected billing" boldly in black ink, or insert a comment in Box 19 of the CMS 1500. Please provide a clear explanation of the information that has been corrected with detailed comments in Box 19 of the claim form, or by attaching a letter indicating your changes. Submit the claim to the appropriate Blue Shield claim mailing address.

IMPORTANT: Corrected claims should be submitted after the original claim has been finalized to avoid denial as a duplicate. If a check has been sent, Blue Shield cannot adjust the claim until the check is cashed. Send paper claims to:

Blue Shield of California
BlueCard Program
P.O. Box 1505
Red Bluff, CA 96080-1505

Claim appeals

An appeal is a formal request for reconsideration of a previously finalized claim that may or may not include additional information. BlueCard claim appeals are reviewed within 30 days. Initial appeals must be submitted in writing to the following address:

Blue Shield Initial Appeal Resolution Office
P.O. Box 272620
Chico, CA 95927-2620

Medicare secondary claims involving out-of-state Blue plans

If a patient's primary health coverage is Medicare, and secondary health coverage is provided by another state's Blue plan, submit your claim to California's Medicare intermediary for processing. Include the complete Blue plan subscriber identification number, which includes the three-character prefix. When you receive the remittance advice from the Medicare intermediary, verify if Medicare has crossed the claim over to the other state's Blue plan. If the claim has been crossed over, there is no need to resubmit it.

If the remittance advice indicates that the claim was NOT crossed over, submit the secondary claim to Blue Shield, along with the Medicare remittance advice, to:

Blue Shield of California
BlueCard Program
P.O. Box 1505
Red Bluff, CA 96080-1505

For questions about Medicare secondary claims involving other Blue plans, contact Blue Shield's dedicated BlueCard Customer Service unit at **(800) 622-0632**.

QUESTIONS?

Contact our BlueCard Customer Service team at (800) 622-0632 for all your claim inquiries.

Learn more about BlueCard

For more information, including instructions from our online tutorials, informative guides on how to use our online tools and other helpful resources, visit *Provider Connection* at **blueshieldca.com/provider**. And of course, our knowledgeable BlueCard Customer Service team is always happy to answer your questions at **(800) 622-0632**, Monday through Friday from 8 a.m. to 5 p.m.