



BlueCard Program claims guide

For facilities, hospitals and ambulatory
surgery centers

Blue Shield of
California makes
it easier for you
to submit claims
for out-of-state
Blue Cross
Blue Shield
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. See Page 5 for further steps.
- 4** **DETERMINE** where to send the claim with our Claims Routing Tool. Log in to **blueshieldca.com/provider**, and select *Access Claims Routing Tool* within the *BlueCard Program* section. 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* 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.



FASTER PROCESSING

By submitting claims electronically, you get claims processed faster and reduce administrative time and costs.

If you need to send us your BlueCard claims in the mail, please send them to:

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

We will process the claim and send you an Explanation of Benefits (EOB) and applicable claim payment in accordance with your local Blue Shield of California contract. Log in to **blueshieldca.com/provider**, click on the *Search BlueCard Claims* link within the *BlueCard Program* section, or call **(800) 622-0632**.

Provider Connection

Provider Connection is your online resource for helpful tools to make your BlueCard experience faster and easier. With *Provider Connection*, you can:

- Search a member's eligibility and benefits
- Research and request authorizations
- Identify where to send claims with the Claims Routing Tool
- View claims data and detailed EOBs
- Create custom claim reports

Log in to *Provider Connection* at **blueshieldca.com/provider**.

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 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 limitations – 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 three-character 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**.

Blue Shield of California requires contracted facilities to obtain prior authorization from the patient's Blue plan before providing inpatient, non-emergency care. According to your Blue Shield of California contract, patients are not to be held financially responsible for inpatient services provided if claims are denied for lack of pre-service review (prior authorization).

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 denial, you may assist in collecting COB information by having the patient complete a COB form.

This form is available 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 helpful tips to help you manage specific claims and make sure your claims are processed in a timely manner.

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**.

Late-charge claims

A late-charge claim has additional charges that were not included on the original claim submission and are submitted electronically or by mail. Code late charges with the appropriate bill-type XX5 description in form locator 4 of the UB-04 claim form. For paper claims, attach a handwritten note to the original claim to indicate in detail the late-charge information.

Exception claims

An exception claim results when a facility has negotiated an exception rate and requires itemization for all UB claim form charges and units. For complete processing of stop-loss and trauma claims, be sure to submit claims that include itemization and applicable medical records. Exception claims may be submitted in paper to the following address:

Blue Shield of California
Hospital Exception Unit
P.O. Box 629010
El Dorado Hills, CA 95762-9010

For questions and status on BlueCard exception claims, please call the BlueCard Customer Service unit at **(800) 622-0632** for assistance.

Implant claim tips

- Avoid implant claim processing delays by submitting itemization and invoices with the claim even if you're uncertain if some services qualify for reimbursement.
- If submitting implant reimbursement with bulk invoices, clearly indicate which implants were used on the claims you are billing. Submit the manufacturer's invoice instead of a purchase order, unless your contract clearly states that a purchase order may be submitted.
- Submit surgery and implant charges on the same claim.
- Include the implant invoice on the first claim submission. This will enable Blue Shield to process your claim in its entirety on the first submission, avoiding adjustment as a result of processing charges separately.

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

Appeals regarding facility contract exceptions must be submitted in writing to the following address:

Blue Shield Initial Appeal Resolution Office
Attention: Hospital Exception and Transplant Team
P.O. Box 629010
El Dorado Hills, CA 95762-9010



QUESTIONS?

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

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 out-of-state Blue plans, contact Blue Shield's dedicated BlueCard Customer Service unit at **(800) 622-0632**.

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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.

blueshieldca.com/bluecard