An Eligibility and Benefits Inquiry should be completed for each Blue Cross and Blue Shield of Texas (BCBSTX) patient prior to every scheduled appointment. Eligibility and benefit quotes include important information regarding the patient's benefits, such as membership verification, coverage status, applicable copayment, coinsurance and deductible amounts. Additionally, the benefit quote may include information on applicable benefit prior authorization requirements.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

Not yet registered with Availity? Visit Availity and complete the online registration today, at no cost.

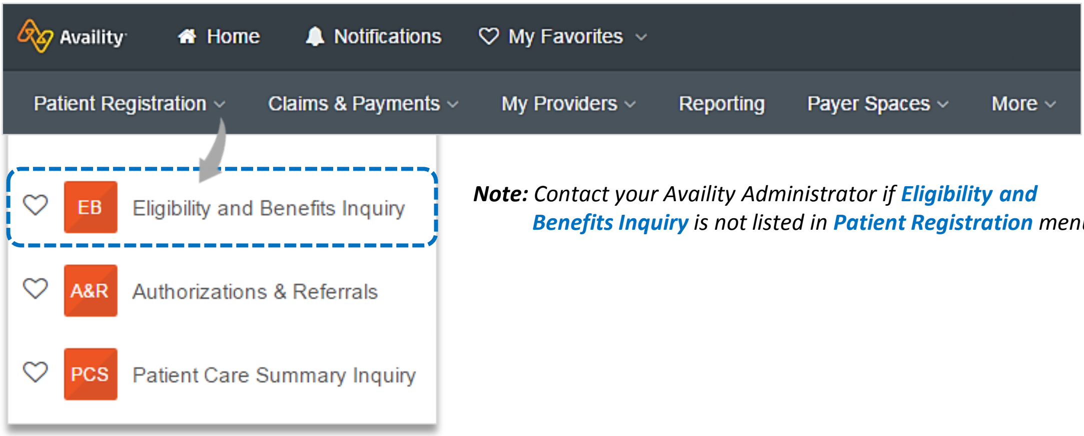
1) Getting Started

- Go to Availity
- Select **Availity Portal Login**
- Enter User ID and Password
- Select **Log in**

Note: *Only registered Availity users can access* ***Eligibility and Benefits Inquiry****.*

2) Eligibility and Benefits Inquiry

- Select **Patient Registration** from the navigation menu
- Select **Eligibility and Benefits Inquiry**



Note: *Contact your Availity Administrator if* ***Eligibility and Benefits Inquiry*** *is not listed in* ***Patient Registration*** *menu.*

3) Payer Selection

- Select **BCBSTX** from the Payer drop-down list for local policies
- **BCBSTX Medicaid STAR Kids** or **BCBSTX Medicaid STAR/CHIP** *(Texas Medicaid)*
- **Blue Cross Medicare Advantage**
- Select **Other Blue Plans** for out-of-state policies

Note: *Contact the patient's home plan via 800-676-2583 for additional information pertaining to eligibility and benefit verifications for out-of-state members.*

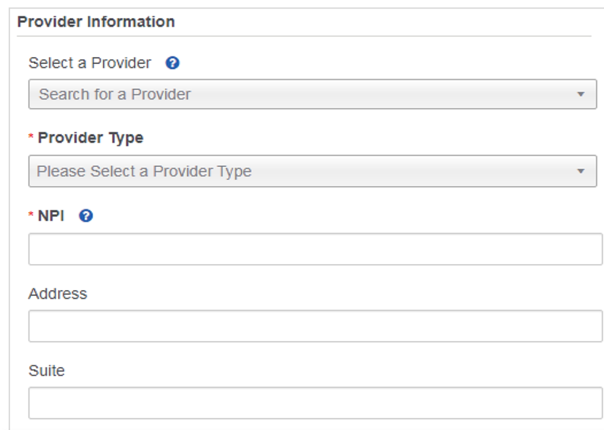
4) Provider Information

- Select applicable provider name from **Select a Provider** drop-down to auto populate the **NPI** field*
- Select a **Provider Type** from the drop-down:
  - Professional
  - Institutional

** If the applicable provider's name does not appear in the **Select a Provider** drop-down, enter the NPI in the NPI field.*

Notes: *Professional providers should utilize the treating physician's rendering NPI (Type 1).*

Institutional providers should use the billing NPI (Type 2).



Important Note:

→ *Enter the street **Address** and **Suite** ONLY if multiple service locations are associated with the NPI.*

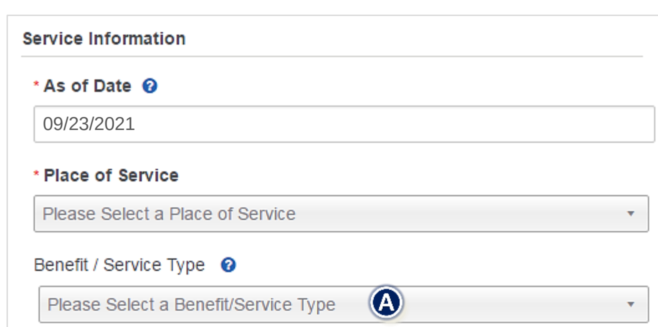
5) Service Information

- Select **Place of Service** from the drop-down list
- Choose the applicable **Benefit/Service Type**

Notes: *The **As of Date** can be changed to submit inquiries for a <u>past</u> or <u>future</u> date of service.*

<u>Past</u> date inquiries can be received up to 12 months prior to the current date.

<u>Future</u> date inquiries can be requested within the current month.

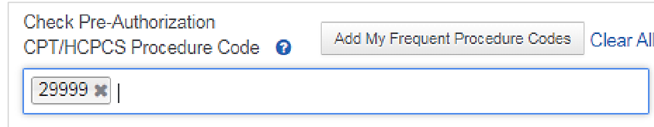


A A list of your most frequently used **Benefit/Service Types** will appear at the top of the drop down.

6) Check Pre-Authorization Service Information

The procedure code inquiry option is for prior authorization determination only and is not a code-specific quote of benefits.

- Enter up to eight valid **CPT/HCPCS Code** to determine if prior authorization is required for specific procedure code(s)



CPT/HCPCS Code inquiry for prior authorization is not yet supported for the following BCBSTX lines of business:

- *Federal Employee Program® (FEP®)*
- *Medicare Advantage*
- *Texas Medicaid*

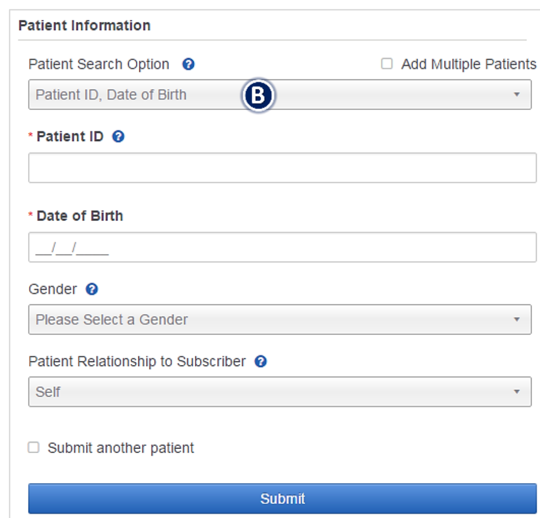
Important Tips

- If a benefit/service Type is not selected, the place of service and at least one CPT/HCPCS code must be submitted.
- If a CPT/HCPCS code is not entered, the place of service and benefit/service type are required.

7) Single Patient Inquiry

- Enter the following information:
  - **Patient ID** *(including three-character prefix)*
  - **Date of Birth**
- Select **Submit**

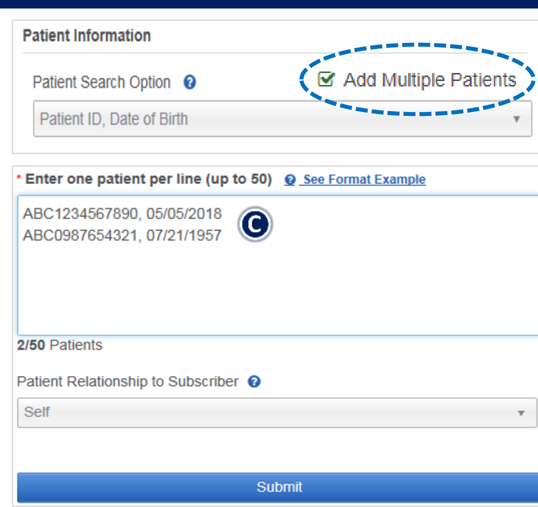
B Select the **Patient Search Option** drop-down to incorporate additional search criteria (*i.e.,* patient name, group number, etc.).



8) Multiple Patient Inquiry

- Select the **Add Multiple Patients** check-box
- Enter the following information for 2 to 50 patients in the same request:
  - **Patient ID** *(including three-character prefix)*
  - **Date of Birth**
- Select **Submit**

C Enter each patient's information on a separate line. Press enter to start a new line. Separate each piece of information with a comma.

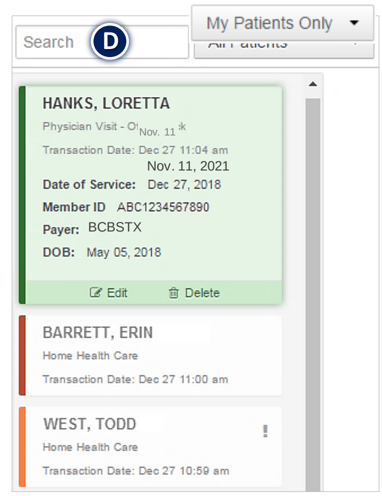


9) Patient History List

- Once an eligibility and benefits request is completed, a new **Patient Card** will appear in the **Patient History List**, including all members entered in the request:
  - Inactive Membership
  - Active Membership
  - Transaction Error

Notes: *To see all patients within your organization, uncheck "My Patients Only". Users can* ***Edit*** *or* ***Delete*** *the patient's eligibility and benefits search from the Patient History List. The Patient History List holds up to 200 patients for 24 hours.*

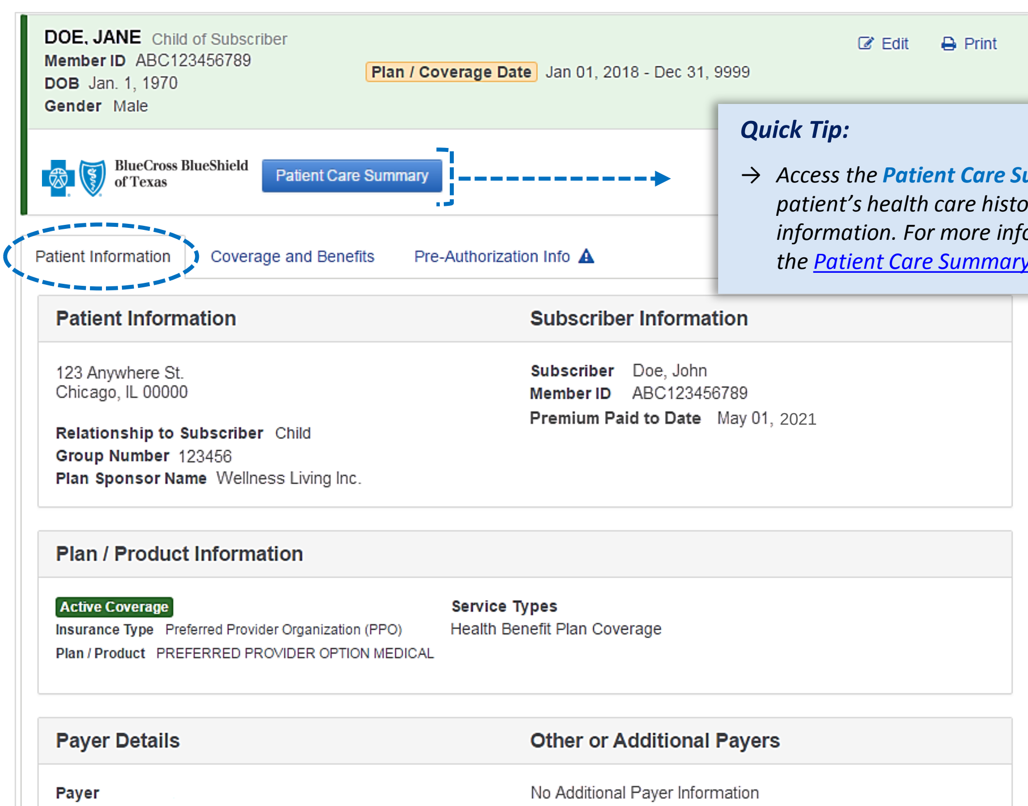
D Locate the **Patient Card** by searching for Name, Date or Payer.



10) Eligibility Summary Results

- Eligibility for the requested patient will display in the **Patient Information** tab and include the following results:

- Patient Information
- Plan Date *(current effective date)*
- Subscriber Address
- Policy Type
- Payer
- Group Number
- Plan Sponsor Name *(employer)*
- Paid to Date *(marketplace health plans)*
- Other or Additional Payer
- Provider Details

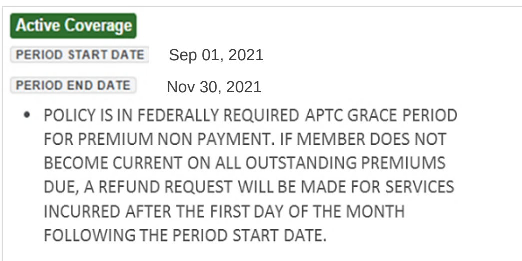


Quick Tip:

→ *Access the* ***Patient Care Summary*** *to view the patient's health care history, based on claim information. For more information, refer to the Patient Care Summary User Guide.*

11) Grace Periods

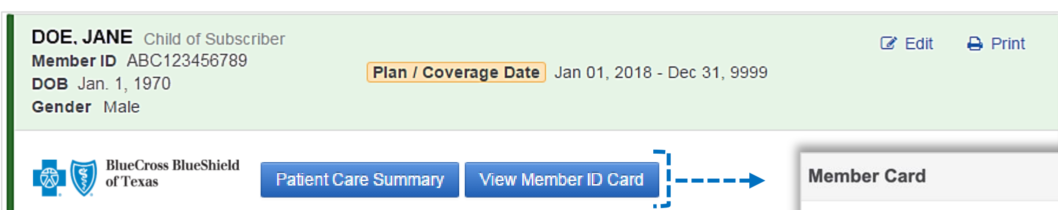
- Some individuals who purchase marketplace health plans may receive an advance premium tax credit (APTC). These members qualify for a three-month grace period to pay their premium – provided they have already paid at least one month's premium in full.
- All allowable services provided during the first month of the grace period will be the responsibility of BCBSTX, subject to member cost sharing. BCBSTX will process all claims the member incurs during second and third months of the grace period. If the member does not pay the outstanding premium in full by the end of the third month, BCBSTX will send a request for refund to the provider for claims paid for services rendered in months two and three.
- The Plan/Product Information of the **Patient Information** tab will provide a grace period indicator for applicable members, including grace period start and end dates, as shown in the example.

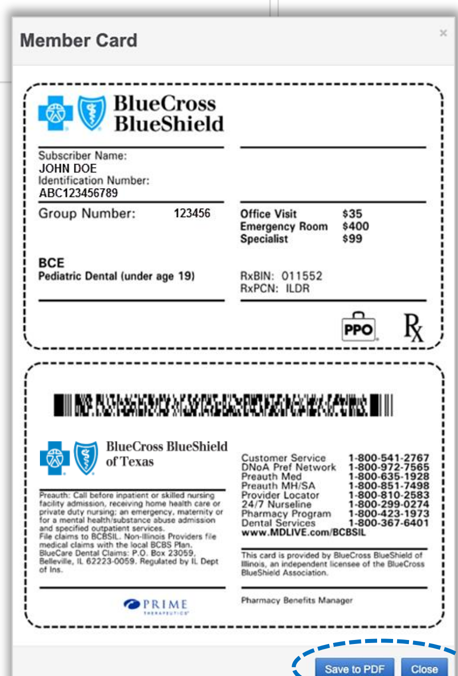


***Note:** Not all members who purchase marketplace health plans will receive the APTC.*

12) View Member ID Card

- Select **View Member ID Card**, if available*
- View, download and/or print the BCBSTX medical ID card



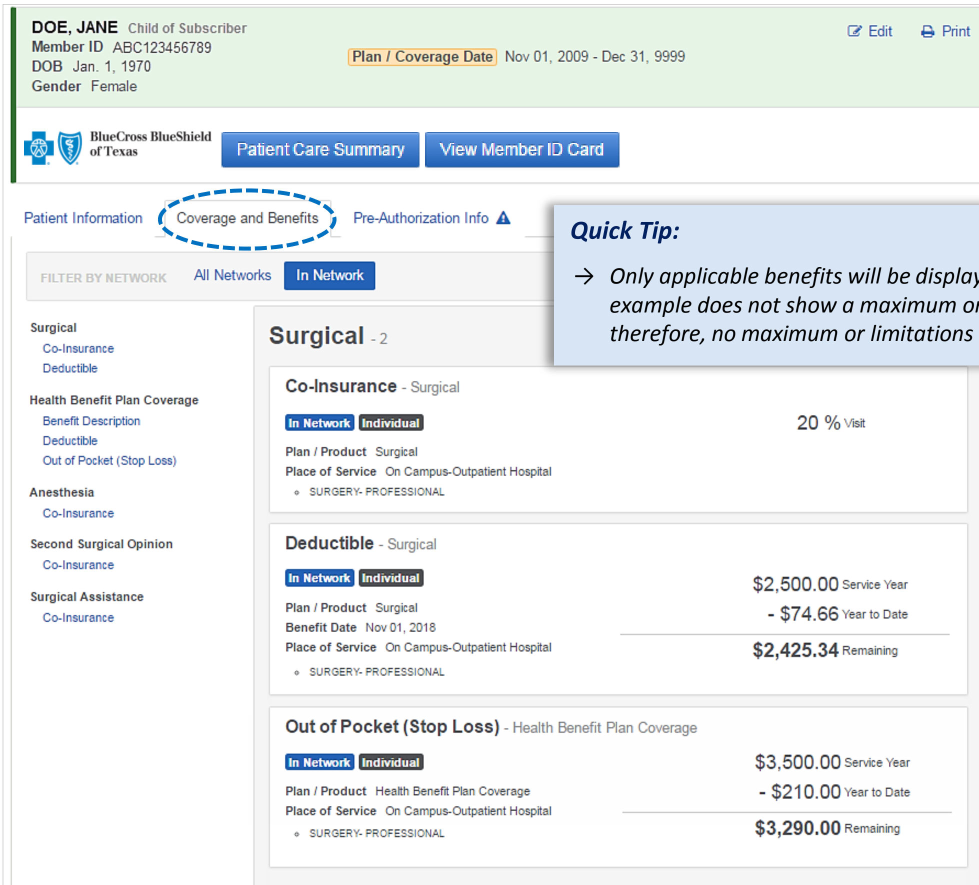


The online ID card is a courtesy feature offered to assist you. There may be instances when the BCBSTX member ID card is not readily available online. The eligibility and benefits response provides sufficient details to determine patient coverage and benefits in absence of an ID card.

Please note that Federal Employee Program (FEP) member ID cards are not currently available in the Availity eligibility and benefits results.

13) Benefit Summary Results

- Benefit details for the selected Benefit/Service Type will display in the **Coverage and Benefits** tab and will include the following results:
  - Coverage Level *(individual or family)*
  - Amount *(patient responsibility)*
  - Quantity *(limitations or maximums)*
  - Place of Service
  - Time Period *(visit, calendar year, lifetime, etc.)*
  - Description *(applicable services)*



Quick Tip:

→ *Only applicable benefits will be displayed. The below example does not show a maximum or limitation field; therefore, no maximum or limitations apply to this example.*

14) Benefit Description

- Below are examples of **Benefit Descriptions** that may return depending on the patient's benefit contract. This information will be located under **Coverage & Benefits** tab. Only applicable information will return.

Benefit Description

- THIS POLICY HAS AN EMPLOYER-FUNDED HEALTH CARE ACCOUNT THAT MAY BE USED TO PAY FOR QUALIFIED MEDICAL EXPENSES, INCLUDING, BUT NOT LIMITED TO, DEDUCTIBLE.

Benefit Description - Chiropractic

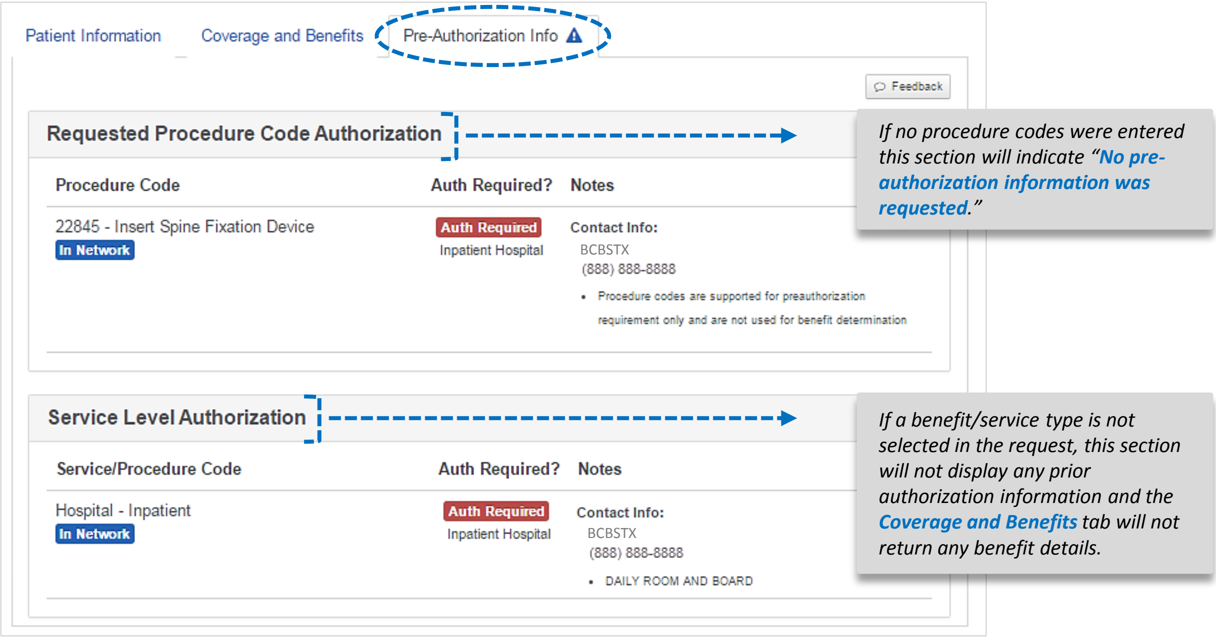
- THE FOLLOWING MUSCLE MANIPULATION MAXIMUM MAY BE COMBINED WITH OTHER THERAPY SERVICES.

Benefit Description - Surgical

- IN ACCORDANCE WITH THIS POLICY A BLUE DISTINCTION CENTER OF EXCELLENCE IS AVAILABLE FOR BARIATRIC SURGERY SERVICES. FOR MORE INFORMATION, REFER TO WWW.BCBS.COM/ABOUT-US/CAPABILITIES-INITIATIVES/BLUE-DISTINCTION/BLUE-DISTINCTION-SPECIALTY-CARE. ;IN
- ACCORDANCE WITH THIS POLICY A BLUE DISTINCTION PLUS CENTER OF EXCELLENCE IS AVAILABLE FOR BARIATRIC SURGERY SERVICES. FOR MORE INFORMATION, REFER TO WWW.BCBS.COM/ABOUT-US/CAPABILITIES-INITIATIVES/BLUE-DISTINCTION/BLUE-DISTINCTION-SPECIALTY-CARE.

15) Prior Authorization Summary Results

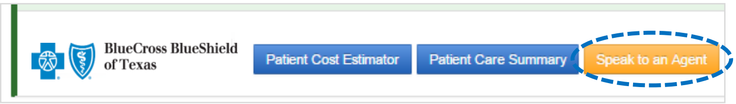
- Prior authorization requirements are in the **Pre-Authorization Info** tab and are organized in two sections:
  - **Requested Procedure Code Authorization** – displays prior authorization requirements for the submitted procedure codes.
  - **Service Level Authorization** – displays additional prior authorization information for the benefit/service type selected. Prior authorization information for procedure codes related to the benefit may also be included.



16) Speak to an Agent Feature

- In some instances, benefit information may not be readily available online. The **Speak to an Agent** feature gives priority access to the next available customer advocate during standard business hours.

  1. Select the **Speak to an Agent** button
  2. Dial the 800 number provided in the pop-up box
  3. Enter the 8-digit reference ID number via your touch tone keypad



***Note:** This feature will only be available for medical benefits that are managed by BCBSTX. The **Speak to an Agent** button will not be offered for benefit information managed by other entities (i.e., vendors, government programs and labor fund carve outs).*

Have questions or need additional education? Email the [Provider Education Consultants].

Be sure to include your name, direct contact information & Tax ID or billing NPI.