



## BlueCard<sup>®</sup> overview

As a participating provider with BlueShield of Northeastern New York, you may see members of other BlueCross and/or BlueShield plans who travel or live in our service area.

The BlueCard<sup>®</sup> program links you with these members' local BlueCross and/or BlueShield plans through a single electronic network for claims processing and reimbursement. You conveniently submit claims for out-of-area patients to us. We're your point of contact for claims payment, problem resolution, and adjustments.

Visit [bsneny.com/provider](https://bsneny.com/provider) and click the *BlueCard* tab for more information.

If you have any questions about the BlueCard program, please call us at 1-800-444-2012. We'd be happy to assist you.

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A division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

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**BlueShield**  
of Northeastern New York

## Appeals

- Claims that have been denied for the following reasons may be appealed:
  - experimental/investigational
  - cosmetic
  - medical necessity
- The Post Service Appeal Form can be found at [bsneny.com/provider](https://bsneny.com/provider) > *Tools & Resources* > *Forms*

## Corrected claims

- Corrected claims must contain all lines being billed, not just changes being made.
- Electronic adjustments have a note field where you can indicate any changes being made.

## Medicare crossovers

- When you receive remittance advice from a Medicare intermediary, verify that the claim has been automatically forwarded (crossed over) to the Blue plan. If the remittance indicates that the claim was crossed over, Medicare has forwarded the claim on your behalf to the appropriate Blue plan and it is being processed. You don't need to resubmit the claim to us.

## Utilization management (UM) review

- A letter of explanation from a doctor and an operative/procedure report is required:
  - when adding modifiers 22 or 59
  - when you disagree with our bundling edits

## Provider inquiries

- Please remember to:
  - include member ID and claim numbers on all correspondence
  - make sure your questions are clear and concise
  - fill out all forms fully and legibly

## Billing requirements for ancillary claim services

- File the claim with the plan located in the service area:
  - **durable medical equipment (DME)** – where the equipment was shipped or purchased from
  - **independent clinical labs** – where the ordering/referring doctor is located
  - **specialty pharmacy** – where the ordering/referring doctor is located

The referring doctor's name and NPI are required on all claims.

- If you know that your patient will be leaving the area (i.e., Florida for the winter), have lab and/or specialty pharmacy services rendered before he or she leaves.

## Electronic provider access (EPA)

The EPA tool allows you to conduct pre-service reviews online, such as precertifications or preauthorizations.

Access is simple:

- Visit [bsneny.com/provider](https://bsneny.com/provider)
- Click *BlueCard*, then *Out-of-Area Policy Search*
- Choose the type of information you're requesting, enter the patient's three-letter prefix, and click *Go*.

This will take you to the home plan's landing page or a vendor website. If the plan does not have this electronic capability, a number will be provided that you can call to conduct the review.