PROVIDER RESOURCE CENTER REFERENCE GUIDE

Provider Relations
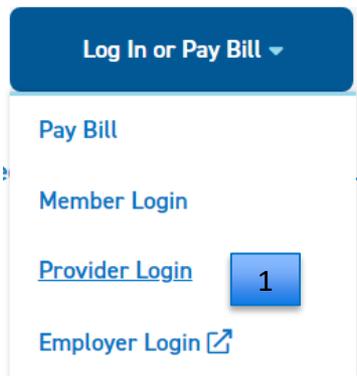
BlueCross BlueShield
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BlueCross BlueShield
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SECTION 1:
USER REGISTRATION

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SECTION 1: USER REGISTRATION

1. To start the registration process, go to bluecrossvt.org/PRC

2. Scroll down on the page and confirm you are the appropriate person for the local administrator role. The provider or office manager should be the first to register, as the local administrator role is automatically assigned to the first user. (The local administrator can add additional users.)

Not Registered for the Provider Resource Center?

The PRC is for Blue Cross Blue Shield of Vermont contracted providers only - access will be denied if you are not contracted with us. Review the following and click on the register now link, if applicable.

If you are a billing service, contact the practice Local Administrator to be granted access to the Provider Resource Center. Your registration request will be denied as access must be granted through the practice Local Administrator. The role of "Local Administrator" is automatically assigned to the first individual registering for the practice. When the Local Administrator adds users, the email is sent to the Local Administrator with the new user's temporary sign on. The Local Administrator must coordinate sign on information with the new user.

If you are the first individual registering for your practice/office you will be assigned the role "Local Administrator." This means, you will have access to:

- All standard features of the Provider Resource Center (same access as a "user")
- The System Administrator feature for setting up and overseeing all other users of the registered practice/office (restricted access for Local Administrators only)

Typically, the "Local Administrator" is assigned to the office manager of the practice/office. However, local administrator rights can be assigned to more than one person at the practice/office.

View our Provider Resource Center Reference Guide

Log In or Pay Bill ▾	
Pay Bill	
Member Login	
Provider Login **1**	
Employer Login	

I am the appropriate person for the "Local Administrator" role, continue to registration **2**

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SECTION 1: USER REGISTRATION (CONT.)

3. Enter required information. Be sure to make note of your username and password. Confirmation will be sent to the email address you provide.

SECTION 1: USER REGISTRATION (CONT.)

4. Enter your office information and select "Next." (Do **NOT** enter hyphens in the tax ID field.)

Office Information

Enter the name and address of your office.

Organization Name *	
Tax ID *	
National Provider ID *	
National Provider ID2	
National Provider ID3	
Address *	
City *	
State *	
Zip Code *	

Cancel   Back   Next

You are at the **Registration Office Information** screen.

Complete all fields that are marked as required. These fields are indicated by a **red asterisk.**

National Provider ID (NPI)- Please enter the billing NPI for your practice. You may enter up to three NPI's, only one is required.

Address- Please enter the address of your main practice location.

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SECTION 1: USER REGISTRATION (CONT.)

5. Review your registration summary. Verify office contact and user information. Select "Edit" if necessary. Once completed, select "Finish."

Registration Summary

Office Contact Info: [edit]

User Information: [edit]

Cancel   Back   Finish

Registration Summary:

Please verify the information below and make any necessary changes to your registration by clicking the edit button.

If the information is correct please select the finish button to continue with your registration request.

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SECTION 1: USER REGISTRATION (CONT.)

6. Make a note of your username and password. You will **<u>NOT</u>** be able to
   return to this page once you select "Next."i

Registration Created

Below are the users that have been created for your registration. Please take note
of the User IDs since they will be needed to log into the application.

Name	User ID	User Type
		Provider Contact

Next

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SECTION 1: USER REGISTRATION (CONT.)

7. You have completed your registration. Once your application is processed, you will be notified via email whether it has been approved or denied.

Registration Complete

Thank you. Your registration with Blue Cross and Blue Shield of Vermont is now complete.

Next

Congratulations! You have completed your registration.

Once your account is ready, you will be notified via the e-mail address you provided during registration.

Once your account has been confirmed you will be able to log in with your user-name and password.

Please allow up to three business days in order for your account to be confirmed.

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SECTION 1: USER REGISTRATION (CONT.)

Are you a provider in our Vermont Blue Advantage (VBA) network? Please register separately at the link below for access to the VBA portal and these services:

- Check member eligibility and benefits
- Review claims status
- Find forms and other resources
- Search the provider and facility directory
- Access guidelines and other materials

https://www.vermontblueadvantage.com/pages/providers

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SECTION 2:

SYSTEM ADMINISTRATOR – VIEWING USERS

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SECTION 2: SYSTEM ADMINISTRATOR – VIEWING USERS

1. Only the local administrator can edit users. Select "System Administrator."
2. "User Maintenance" will appear, listing all users on your practice's access list.

SECTION 3:

SYSTEM ADMINISTRATOR – EDITING USER INFORMATION

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SECTION 3: SYSTEM ADMINISTRATOR – EDITING USER INFORMATION

1. Only the local administrator can edit users. Select "System Administrator."
2. "User Maintenance" will appear, listing all users on your practice's access list.
   Click on the user's name.
3. Make the appropriate changes, then click "Submit."

Administration ⌃

User Preferences

1

System Administrator

User Maintenance

2

User Name	Office Security	Company Name	Company ID Number	User ID	Last Login	User Status	User Index
Sally Jones	user	Provider	98765312	Sjon1	05/11/2018	confirmed	13685
M. Smith	user	Provider	98765312	Msmi1	03/01/2018	confirmed	1358
John Smith	user	Provider	98765312	Jsmi5	04/28/2018	confirmed	1258

User Information

First Name	John
Middle Initial	W.
Last Name	Smith
Time Zone:	American/New York
E-mail Address	jws@test
Confirm E-mail Address	jws@test
Title	Office Manager
Office Phone	802-123-45678
Phone Ext	
Office Fax	
Local Administrator:	☐

3 Submit

SECTION 4:

SYSTEM ADMINISTRATOR – ADDING A NEW USER

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SECTION 4: SYSTEM ADMINISTRATOR – ADDING A NEW USER

1. Only the local administrator can edit users. Select "System Administrator."
2. Select "Add User."
3. Enter all required information.
4. Select "Add."

Administration ⏶

User Preferences

System Administrator

1
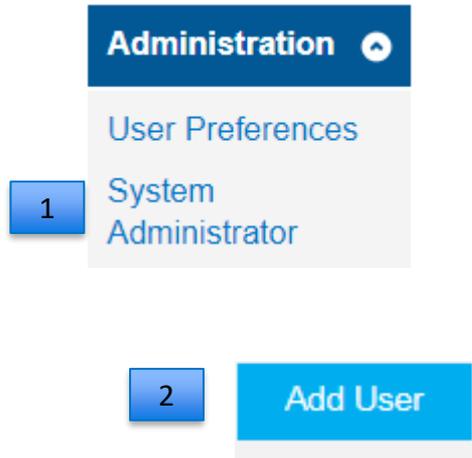
2 Add User

Add User	
▪ First Name	
Middle Initial	
▪ Last Name	
▪ E-mail Address	
3 ▪ Confirm E-mail Address	
▪ Title	e.g., Office Manager
▪ Office Phone	
Phone Ext	
▪ Office Fax	
Local Administrator:	☐
4	Submit

▪ Indicates required field

Add

User Role Maintenance

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SECTION 4: SYSTEM ADMINISTRATOR – ADDING A NEW USER (CONT.)

5. Select a user role from the drop-down menu. (The user will not be added unless a role is selected. See next page for a description of user roles.)
6. Select "Select Role."
7. Click "Submit."

Provider Resource Center Functions

General Content:
- Resource Center Page
- Provider Search
- Tools and Resources
- Reports

Eligibility and Benefits:
- Eligibility and Benefit Inquiries
- Accumulators (Benefit Usage Information)

Claims Inquiries:
- Claim Status Inquiries, including realtime
- Clear Claims Connect (C3) Tool
- Prior Authorizations (Acuity Connect)
- Provider Vouchers (Remittance Advices), Capitation Vouchers

System/Local Administrator:
- Add/remove users; edit user information

User Roles – Access Levels

Office Manager (also called Local Administrator), Office Manager w/o Demographics
- General Content
- Eligibility/Benefits
- Claims Inquiry
- System Administrator
- Provider Vouchers (Remittance Advices), Capitation Vouchers
- Online Prior Approval Portal

Provider, General Staff:
- General Content
- Eligibility/Benefits
- Claims Inquiry
- Provider Vouchers (Remittance Advices), Capitation Vouchers
- Online Prior Approval Portal

Admitting Staff:
- General Content
- Eligibility/Benefits

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SECTION 5:

SYSTEM ADMINISTRATOR – REMOVING USERS

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SECTION 5: SYSTEM ADMINISTRATOR – REMOVING USERS

1. Only the local administrator can remove users. Select "System Administrator."
2. "User Maintenance" will appear, listing all users on your practice's access list. Click on the name of the user you want to remove.
3. Check the box next to the user's role.
4. Click "Remove".

5. Indicate reason for removing user, e.g., "No longer employed by practice."
6. Select "Yes."
7. A confirmation screen will appear.

Are you sure you wish to remove this user?

This action cannot be undone.
Removing the selected roles will remove the user's registration with Blue Cross and Blue Shield of Vermont.
A reason must be entered for this action.
Click the Yes button to continue.

▫ Reason:

5 [   ]

▫ Indicates required field

6 | Yes | No |

7. **User Registration Successfully Removed**
The user registration has been successfully removed.

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SECTION 6:

ELIGIBILITY, BENEFITS AND ACCUMULATORS – VERMONT MEMBERS

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SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS

1. Select "Search Patients" under "Patient Management."

2. Enter patient information by last, first name format or by member ID number.

3. Enter patient date of birth

4. Select "Search"

SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

5. To continue to benefits and accumulator information, click "Select." Member name will display in "Current Patient" box. See next page for additional instructions.

6. To view member's prefix and benefit summary, select patient's name. Be sure to choose the patient record with the ID number starting with "V" to view current records.

Patient Search Results

	Name	Sex	Birth Date	Address	Phone	ID	Primary Care Provider
Select	DOE, JOHN M			MITH STREET, VT	(802) 123-4567	1234567891	
Select	DOE, JOHN M			MITH STREET, VT	(802) 123-4567	V1234567891000	
Select	DOE, JOHN A			MITH STREET, VT	(802) 234--5678	2345678912	

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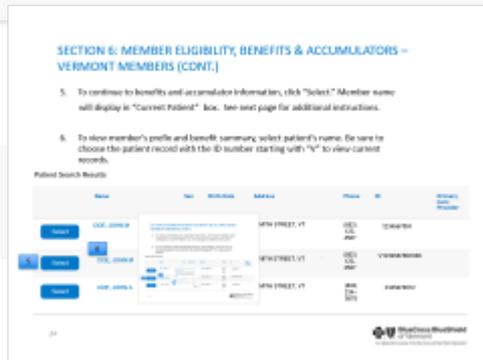
SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

7. Once you have clicked "Select," member's name appears in the box under "Current Patient."

8. Select "Eligibility" under "Patient Management."

SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

9. This will bring up the patient record in "Realtime Eligibility inquiry."

Real-time Eligibility Inquiry

BCBSVT Members - Prepopulated Fields

Conduct a patient search, then click on the eligibility link under patient management. The selected patient's information will prepopulate in the patient ID field and subscriber information fields - even if they are not the subscriber. Subscriber ID numbers end in 001, all other ending values (e.g., 002, 003, etc.) are dependents.

BlueCard or FEP Members

To check eligibility for BlueCard or FEP members, click on the eligibility link under Office Management. Then complete the following REQUIRED FIELDS:

1) Subscriber Full Name

2) Subscriber Date of Birth (only required if Subscriber is the patient.)

3) Patient Full Name & Birth Date (only required if Patient is NOT the Subscriber)

- Do not include suffix (Jr, Sr, III, etc) when entering the last name.

4) Patient ID - including ALPHA PREFIX (example: ZIA99999999900 | FEP example: R99999999900)

5) Requesting Provider

- **By name** - use format: last name or last name, first name (example: smith or smith, john)
- **By Provider NPI** - enter the individual billing provider's NPI not the group they are associated with.

For **Telemedicine Services** provided to a patient, **select 'Consultation (3)' from the Service Type drop-down.**

Please Note: Accumulated or remaining benefit amounts may not be returned for sensitive benefit inquiries.

Eligibility Search

Conduct Eligibility Search

Subscriber Information

	First	Last		Birth Date
9 ▫ **Subscriber Name**	John	Doe	▫ **Birth Date**	08/12/1955 (MM/DD/YYYY)

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SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

10. The patient name searched for will appear in the "subscriber name" field even if the member is not the subscriber. If the member number on the "Eligibility Inquiry Prepopulated Form" (see page 24) ends in anything other than 01, this is NOT the subscriber.

Eligibility Search

Conduct Eligibility Search

Subscriber Information

	First	Last		
⊕ Subscriber Name	JOHN	DOE	⊕ Birth Date	09/01/2013

10

Patient Information (required if not the subscriber)

	First	Last		
Patient Name			Birth Date	
				(MM/DD/YYYY)

	Member #
⊕ Patient ID	V123456789100001

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11. Search "Requesting Provider" by name (last name, first name format) or by NPI.

SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

12. Click on "Select" to choose the appropriate provider.

13. On the next screen, select "Service Type" from the drop-down.

14. Select "Search."

Provider Search

Select	Provider Name	Provider ID	Tax ID	Practice Name
12 Select	JONES, D, DC	915A123456789	123456789	HEALTH CARE PRACTICE

Jones D, DC (Provider NPI: 123456789)

● **Requesting Provider**
- ⦿ Name   ○ Provider NPI
- Jones, D   Search

13

This field is required.

Service Type   Chiropractic (33) ⌄

14 Search   Clear

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15. Review eligibility details up top, and 16. Review specific benefit (Chiro) below.

SECTION 6: MEMBER ELIGIBILITY, BENEFITS & ACCUMULATORS – VERMONT MEMBERS (CONT.)

17. Select the appropriate accumulator. (Field will expand to show details.)

SECTION 7:

REALTIME BENEFIT, ELIGIBILITY & ACCUMULATORS

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SECTION 7: REALTIME BENEFIT, ELIGIBILITY & ACCUMULATORS

Use these instructions for eligibility and benefits of Federal Employee Program (FEP) members and Blue Card members (out-of-state Blue Cross Blue Shield members).

1. Select "Eligibility" under "Office Management."

2. This will bring you to the "realtime Eligibility Inquiry" page.

Office Management

Claims

Eligibility

Provider Vouchers

Prior Approvals/
Pre-Notification/
Acuity Connect

Provider Search

Document Center

Tools & Resources

Real-time Eligibility Inquiry

BCBSVT Members - Prepopulated Fields

Conduct a patient search, then **click on the eligibility link under patient management**. The selected patient's information will prepopulate in the patient ID field and subscriber information fields - even if they are not the subscriber. Subscriber ID numbers end in 001, all other ending values (e.g., 002, 003, etc.) are dependents.

BlueCard or FEP Members

To check eligibility for BlueCard or FEP members, **click on the eligibility link under Office Management**. Then complete the following **REQUIRED FIELDS**:

1) Subscriber Full Name

2) Subscriber Date of Birth (only **required if Subscriber is the patient.**)

3) Patient Full Name & Birth Date (only **required if Patient is NOT the Subscriber**)

- Do not include suffix (Jr, Sr, III, etc) when entering the last name.

4) Patient ID - including ALPHA PREFIX (example: ZIA99999999900 | FEP example: R99999999900)

5) Requesting Provider

- **By name -** use format: last name or last name, first name (example: smith or smith, john)
- **By Provider NPI -** enter the individual billing provider's NPI not the group they are associated with.

For **Telemedicine Services** provided to a patient, **select 'Consultation (3)' from the Service Type drop-down.**

Please Note: Accumulated or remaining benefit amounts may not be returned for sensitive benefit inquiries.

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3. Complete these mandatory fields:
   - Subscriber full name
   - Subscriber date of birth

4. If patient is not the subscriber, also complete these mandatory fields:
   - Patient full name
   - Patient date of birth
   - Patient ID, including alpha prefix and member number (Ex: R9999999900)
   - Requesting provider
   - Service type. For all benefits, select "Health Benefit Plan Coverage (30)"

5. Select "Search."

Eligibility Search

Conduct Eligibility Search

Subscriber Information

	First	Last		Birth Date
▣ Subscriber Name	John	Doe		08/12/1955 (MM/DD/YYYY)

3

Patient Information (required if not the subscriber)

	First	Last		Birth Date
Patient Name				(MM/DD/YYYY)

	Member #
▣ Patient ID	

4

As of	08/29/2022 📅		Gender ▾

▣ Requesting Provider	⦿Name ○Provider NPI
	Jones D, DC **Search**
	This field is required.

Service Type	Chiropractic (33) ▾

5 **Search** **Clear**

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6. Review eligibility details.

7. Review benefit.

8. Select the appropriate accumulator. (Field will expand to show details.)

SECTION 8:

CLAIM INQUIRIES – VERMONT MEMBERS

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SECTION 8: CLAIM INQUIRIES – VERMONT MEMBERS

1. Select "Claim Status Inquiry" under "Office Management."

2. Enter claim number, member name, member number, or account number plus date of service. (Or enter a date span to see all claims within those dates.)

3. Choose the billing provider from the drop-down menu.

4. Select "Search."

Claim Status Search

Office Management ⏶

Eligibility
Resource Center
1 Claim Status Inquiry
Fee Schedule Notices
Provider Vouchers

2 Claim Number [ ] ⍰

Date of Service [6/12/2022] 📅 To [9/12/2022] 📅

3 Patient
◉ Last Name ○ Member ID ○ Patient Account Number
[ ] ⍰ (Patient List) ⌄
(Last Name Example - Smith, John)
(ID Example - HP5555555,HP4444444)

Provider [ ] ⌄

➤ Status ☑ Paid ☑ Pended ☑ Denied

4 [Search] [Clear]

➤ Indicates non-standard HIPAA data element

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SECTION 8: CLAIM INQUIRIES – VERMONT MEMBERS

5.   Review results. If there are multiple claims, click on the header to sort the column.

6.   Select the hyperlinks (in blue) in each column for additional information. Click on "View" to review the provider voucher (remittance advice).

7.   Any claims with a "Pending" status are not final and may not reflect final processing results.

Pages: (1) Results: 1

↙ Export to Excel ↙ Export to PDF 🖨 Print

5

Claim Status Search Results For DOE JOHN   ⑦

6	View Voucher	Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid/Cap. Value.	Payment Date	Coinsurance Amount	Copay Amount	Deductible Amount	Patient Disallow Amount	COB Amount
7	Pending	26221940		Doe, John	5049	12 Jul 2022	CAREY , ANDREA	$351.24	$135.61	19 Jul 2022	$0.00	$0.00	$0.00	$0.00	$0.00

Pages: (1) Results: 1

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SECTION 9:

REALTIME CLAIM INQUIRIES

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SECTION 9: REALTIME CLAIM INQUIRIES

Use the Realtime claim inquiry tool for:

- Federal Employees Program (FEP) members
- Blue Card members (out-of-state Blue Cross Blue Shield members)
- Blue Cross Blue Shield of Vermont members

1. Under "Office Management," select "Claim Status Inquiry."

2. Select "Click here to conduct a Realtime Claims search."

Office Management

Eligibility
Resource Center
Claim Status Inquiry
Fee Schedule Notices
Provider Vouchers

1
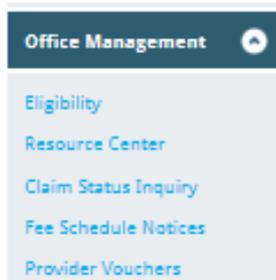
Blue Cross and Blue Shield of Vermont Members:

The patient search tool, found below, only provides claim status for currently active Blue Cross and Blue Shield of Vermont members (alpha prefixes ZIA, ZIB, ZID, ZIE, ZIG, ZIH, ZII, ZIK, ZIL, ZIU, ZIV, DVT, EVT, FVT, FAH, FAC, FAO, OMY and CWS).

- When searching by Member ID, you do not need to include the prefix (ex: "ZIA".)
- When searching by Last Name, you do not need to include the patient's suffix (Jr, Sr, III.)

BlueCard ® & Federal Employee Program (FEP) Members:

To check claim status for a BlueCard ® or Federal Employee Program (FEP) member, click here to conduct a Realtime Claim Search. Your request will process through the BlueCard ® search program, providing the most up-to-date information

2

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3. Complete all required fields. These are identified by a red asterisk (*).

4. Enter total claim charges (optional).

5. Select "Search."

Claim Status Inquiry - Real Time Search

Patient Information (Required)

Demographic Information

Member ID *		DOB *
Last Name *	First Name *	Sex *
		○ Female ○ Male

Provider Information (Required)

| Provider Name | | Provider Identifiers | |
| Last Name * | First Name | Provider ID * | Provider Tax ID * |

Claim Information (Optional) (Required)

Claim Data

Dates Of Service
*Date Of Service Start *   *Date Of Service End *

Total Claim Charge

Search   Clear

* required field

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SECTION 9: REALTIME CLAIM INQUIRIES (CONT.)

6. Review Results

Claim Status Search Results

Patient Information	Provider Information	Claim Total	
Patient: Doe, John	Provider: Dr. Jones	Amount Billed:	$100.00
	NPI: 123456789	Amount Paid:	$56.47
ID: V1234567890			

Claims

	Claim Number	Account Number	Payment Date	Date of Service	Billed Amount	Payment Amount	Status
6	UNKNOWN		Jun 30 2016	Jun 23 2016	$100.00	$56.47	Finalized
	Totals:				$100.00	$56.47	

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SECTION 10:

VOUCHERS AND CAPITATION VOUCHERS

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SECTION 10: VOUCHERS AND CAPITATION VOUCHERS

1. Select "Provider Vouchers" under "Office Management."
2. Select "Continue." Please note browser requirements.
3. Select practice NPI from the drop-down menu.
4. Enter start and end dates.
5. Select "Search."

Office Management

Claims

Eligibility

Provider Vouchers

Prior Approvals/
Pre-Notification/
Acuity Connect

Web Browser Requirements:

This service supports most modern browsers:

Compatible with Internet Explorer version 8.0, 9.0, 10.0, or 11.0

Compatible with Chrome

Compatible with Safari

Mozilla Firefox **is currently not supported**

Continue ▸

Remittance Advice Search

Practice

Date Range

Start Date *

End Date

Search   Cancel

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SECTION 11:

NATIONAL DRUG CODE (NDC) TOOL

SECTION 11: NATIONAL DRUG CODE (NDC) TOOL

The NDC Tool is designed to assist practices in determining the unit of measure that must be reported on claims. The tool provides:

- Drug Name
- Dosage Form
- Manufacturer Name
- Billed Unit of Measure (indicates the appropriate unit of measure for billing.)

1. Under "Office Management," select "National Drug Code (NDC) Tool."
2. Click on hyperlink to access the current version of the tool.
3. Use "Ctrl-F" to navigate quickly navigate to the desired code. The 11-digit HNC code should be entered without dashes.

Clear Claims Connection (C3)

National Drug Code (NDC) Tool   **1**

Transaction History

NDC Tool

2   · 10/01/2020 NDC Tool

SECTION 11: NATIONAL DRUG CODE (NDC) TOOL (CONT.)

4. Selected code will be highlighted.
5. The billed unit of measure field indicates the appropriate unit of measure (UN, GR, ML, ME, or F2) for billing.
6. If the code is not on file, it may be inactive or newly added. The tool is updated periodically, with at least 60 days' notice to providers.

4				5	
00074634702	Humira	Prefilled Syringe Kit	ABBVIE		UN
00074647008	Pedialyte	Solution	ABBOTT NUTRITION		ML
00074647032	Pedialyte	Solution	ABBOTT NUTRITION		ML
00074647132	Pedialyte	Solution	ABBOTT NUTRITION		ML
00074659419	Synthroid	Tablet	ABBVIE		UN
00074659490	Synthroid	Tablet	ABBVIE		UN
00074662411	Synthroid	Tablet	ABBVIE		UN
00074662419	Synthroid	Tablet	ABBVIE		UN
00074662490	Synthroid	Tablet	ABBVIE		UN
00074679922	Kaletra	Tablet	ABBVIE		UN
00074706811	Synthroid	Tablet	ABBVIE		UN
00074706819	Synthroid	Tablet	ABBVIE		UN
00074706890	Synthroid	Tablet	ABBVIE		UN

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SECTION 12:

CLEAR CLAIM CONNECT (C3)

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SECTION 12: CLEAR CLAIM CONNECT (C3)

The C3 tool:

- Determines claims editing (claim check) prior to submission or after (to explain logic of processing).
- Provides claim editing logic only; results are not tied to benefits or medical policies.
- Looks back up to 99 lines regardless of rendering provider.

1. Under "Office Management," select "Clear Claims Connection (C3)."

Clear Claims Connection (C3)

National Drug Code (NDC) Tool

Transaction History

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SECTION 12: CLEAR CLAIM CONNECT (C3) (CONT.)

2. Select claim type "professional" or "facility."

3. Enter the required information, including gender and date of birth.

4. Select "Review Claim Audit Results."

SECTION 13
EQUOTE GUIDE

Provider Relations

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SECTION 13 MEMBER EQUOTE GUIDE

The eQuote Guide is a new tool to help you verify member benefits. It is the same tool used by our customer service team.

The eQuote Guide:

- Provides a simplified and more thorough benefit quote virtually.
- Links to important information such as a member contract documents, Medical Policies and Prior Approval lists.
- Allows you to determine whether state mandates apply to the member.
- Provides a reference number that can be used as proof you have verified a member's benefits.
- Saves you time by avoiding call center wait times.

Note:

➢ A real-time eligibility check needs to be done prior to using the eQuote Guide to confirm the member is active and the status of their out-of-pocket and benefit limits.

➢ eQuote Guides are not available for BlueCard Plans, Federal Employee Program, New England Health Plan, Access Blue New England, or Medicare Supplemental Plans.

SECTION 13: EQUOTE GUIDE (CONT.)

1. Select "Search Blue Cross of VT Patient Eligibility" under "Patient Management."
2. Enter patient information by last name, first name format or by member ID number and date of birth.
3. Select "Search."

SECTION 13: EQUOTE GUIDE (CONT.)

4.   Click "Select" next to the member's name.

Select the correct patient record

Click the **'Select'** button next to the desired patient, whose **ID starts with 'V'**

Return to Previous Page

Pages: **(1) Results: 1**

Patient Search Results

	Name	Sex	Birth Date	Address	Phone	ID	Primary Care Provider
Select							

4

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5. Select "Click here to view the eQuote Guide."

SECTION 13: EQUOTE GUIDE (CONT.)

6. Your benefit verification reference number is located in the Record Locator field. Please save this reference number for your records as it will not be available once you have closed the guide.

7. Select "Open eQuote Guide" to review the member's quote guide.

SECTION 13: EQUOTE GUIDE (CONT.)

8. The quote guide will open with information specific to the member. To search a specific benefit, you can either click on the benefit under the table of contents or conduct a search by using shift "F" and then entering your search criteria (for example, "chiropractic services").

9. This is an example of the information the eQuote Guide provides. (In this case, it is specific to chiropractic services.)

9 **CHIROPRACTIC CARE**

Chiropractic care is eligible based on medical necessity. Treatment must be for a neuromusculoskeletal condition (that is a condition of the bones, joints, or muscles). The member must use a network chiropractor or there are no benefits.

Prior approval is not required for the first 12 visits per member per plan year. If additional visits are necessary, prior approval is required. The prior approval form must be submitted before the 13th treatment and should be accompanied by progress notes to support the need for additional visits. --- There is a $17,400 individual, 2 person, or family deductible up to the $8,700 individual or $17,400 two person or family out of pocket limit. Services are then eligible at 100% of the allowed price for the rest of the plan year.

Some diagnostic services (e.g., labs and X-rays) are also eligible for coverage: There is a $17,400 individual, 2 person, or family deductible up to the $8,700 individual or $17,400 two person or family out of pocket limit. Services are then eligible at 100% of the allowed price for the rest of the plan year.

ADDITIONAL INFORMATION:

- See the "Chiropractic Services" medical policy for additional information.
- Physical therapy services billed by a chiropractor will apply a visit to the combined PT/OT/ST limit and will also apply a chiropractic visit (regardless of whether an additional chiropractic service is rendered). The

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SECTION 13: EQUOTE GUIDE (CONT.)

10. To print the document, click on the printer icon at the top right-hand corner of the page.

11. Once the review is complete, close the tab by clicking on the "x" at the top of the page.

SECTION 14:

NEED HELP?

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SECTION 14: NEED HELP?

For assistance, contact Provider Relations at Blue Cross Blue Shield of Vermont at:

- By email: ProviderRelations@bcbsvt.com
- By phone: (888) 449-0443, option 1

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