

Please note: The ID cards for Canadian Blue Cross members do not have an alpha prefix or a suitcase logo. Please follow the instructions on the back of the ID card to check eligibility and file claims.

## Verifying eligibility and coverage

Once you've identified the alpha prefix, you may verify membership and coverage by phone or by submitting electronic inquiries.

### **Phone -**

1. Call the telephone number on the back of the member's ID card.
2. If that information is not available, call BlueCard *Eligibility* line at 1 (800) 676-BLUE (2583). You will be prompted for the member's alpha prefix and connected to the appropriate Blue Plan.
  - English and Spanish speaking representatives are available to assist you.
  - Blue Plans are located throughout the country and may operate on a different time schedule than Regence BCBSO. You may be transferred to an interactive voice response system linked to customer enrollment and benefits or you may need to call back.
  - The BlueCard *Eligibility* line is for eligibility, benefit and pre-certification/referral authorization inquiries only. It should not be used for claim status. (See the Filing Claims section for more information.)

**Electronic inquiry** - Submit a HIPAA 270 transaction (eligibility) to Regence BCBSO. The majority of BlueCard electronic inquiries are answered within 48-72 hours (Monday through Friday during regular business hours).

### **Pre-authorizations**

You should remind patients that they are responsible for obtaining pre-certification/pre-authorization for their services from their Blue Plan. Please note: Other Blue Plans' pre-authorization requirements may differ from Regence BCBSO's.

You may also choose to contact the member's Blue Plan on behalf of the member by phone or by submitting electronic inquiries.

**Phone** - Call the telephone number on the back of the member's ID card or BlueCard *Eligibility* at 1 (800) 676-BLUE (2583). You will be prompted for the member's alpha prefix and connected to the appropriate Blue Plan. Ask to be transferred to the utilization review area.

**Electronic inquiry** - Submit a HIPAA 278 transaction (referral/authorization) to Regence BCBSO. The majority of BlueCard electronic inquiries are answered within 48-72 hours (Monday through Friday during regular office hours).

Please note: When the length of an inpatient hospital stay extends past the previously approved length of stay, any additional days must be approved. Failure to obtain approval for the additional days may result in claims processing delays and potential payment denials.

## Filing claims

### Coding

Code claims the same way you do your other Regence BCBSO claims.

### Claims submission

You should always submit claims electronically with other Regence BCBSO claims or send paper claims to:

Regence BlueCross BlueShield of Oregon  
P.O. Box 30805  
Salt Lake City, UT 84130-0805

Be sure to include the member's complete ID number when you submit the claim. The complete ID number includes the alpha prefix. **It's important that you do not add or delete any alpha/numeric characters to or from the member's ID number.** Claims with incorrect or missing alpha prefixes and member ID numbers delay claims processing.

Do not send duplicate claims.

### International claims

The claim submission process for international Blue Plan claims is the same as domestic Blue Plan claims. You should submit the claim directly to Regence BCBSO.

### Exceptions to BlueCard claims submissions

Submit claims directly to the member's Blue Plan instead of Regence BCBSO in the following situations:

- You contract with the member's Blue Plan.
- The member's ID card does not include an alpha prefix.
- The benefits are excluded from the BlueCard Program (e.g., dental services and prescription medications).
- The member belongs to the Federal Employee Program (FEP) - please follow your FEP guidelines.

When in doubt, please send the claim to us electronically or send the paper claim to us at the address listed above.