

# Provider Portal User Guide



[azblue.com/providers](https://azblue.com/providers)



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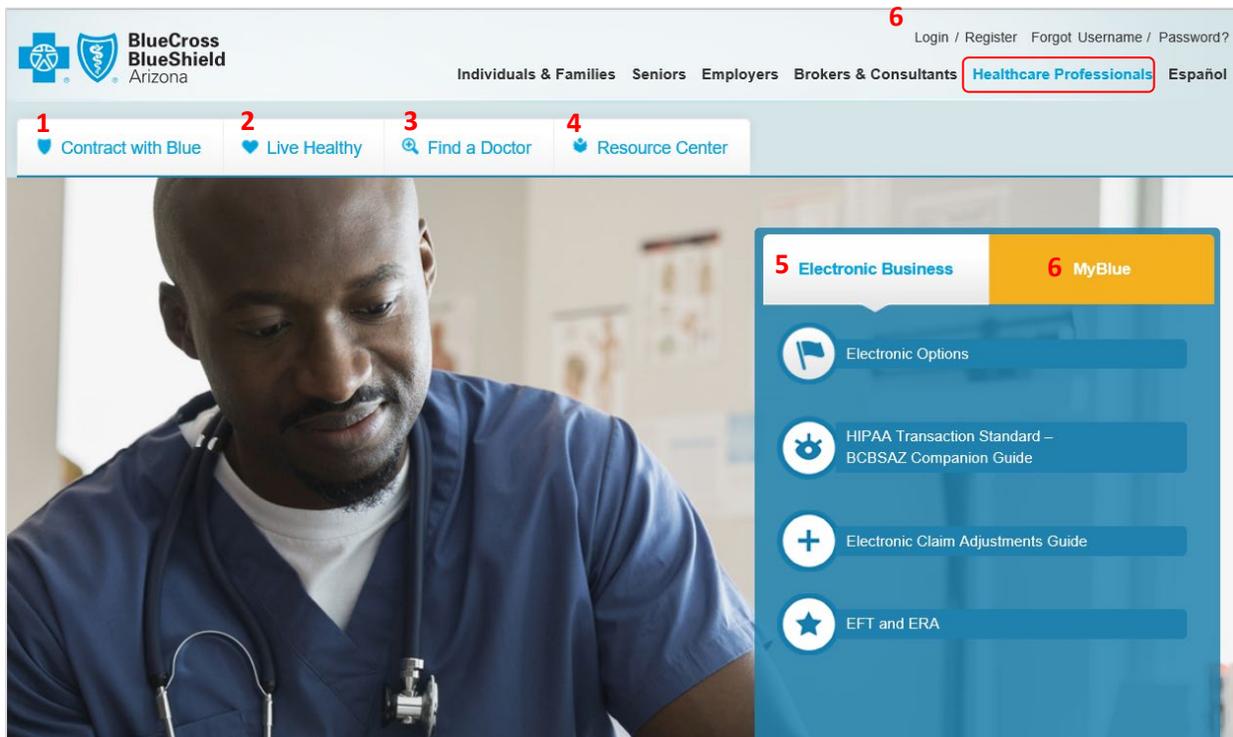
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# 1 Overview of Online Resources for Providers

## Public Site for Healthcare Professionals

Blue Cross® Blue Shield® of Arizona (BCBSAZ) makes several resources available to providers at [azblue.com/providers](http://azblue.com/providers). No login is required to view and use these resources.

### Homepage for [azblue.com/providers](http://azblue.com/providers):



Features include:

- 1 Contract with Blue** – This section includes information about the BCBSAZ Provider Network and the contracting/credentialing process, forms to request a contract or update information, and a provider relations coordinator (PRC) search tool.
- 2 Live Healthy** – This section informs providers about valuable resources and tools we offer to BCBSAZ members to promote health and wellness.
- 3 Find a Doctor** – Click here to access the online provider directory search tool.
- 4 Resource Center** – This is where you'll find a drop down menu with information, tools, and frequently used forms. Topics include: Appeals/grievances; fraud/waste/abuse; medical policies; No Surprises Act; pharmacy; prefix lists; prior authorization; and telehealth.
- 5 Electronic Business** – Several links provide information about electronic options, transactions, and EFT/ERA. Includes access to the HIPAA Transaction Standard – BCBSAZ Companion Guide, and the Electronic Claims Adjustment User Guide.
- 6 Login or registration for access to the secure provider portal** – Once your organization is registered for the secure provider portal, your account admin can add users and modify user-access roles as needed.

## Secure Provider Portal

The secure provider portal offers tools to make it easy to do business with us and help manage our members' health. Access to the secure portal requires an initial registration by your organization. After your account has been approved, your account administrator may add user accounts for your staff and third-party billing team. Each user must have a unique username and password.

To register your organization initially, visit the registration page at [azblue.com/register](https://azblue.com/register) and follow the instructions.

### Homepage for secure provider portal:

The screenshot shows the homepage of the Secure Provider Portal. At the top left is the BlueCross BlueShield of Arizona logo (2). A search bar for the Provider Portal is located at the top center (3). On the top right, there are notification, location, and user profile icons (4), and a dropdown menu (5). Below the navigation bar are links for Practice Management, Provider Resources, Education and Training, and Population Health. The main content area features a 'Welcome' message and a 'Contact Us' section (6) with a link to view contact information. The primary feature is the 'Eligibility and Benefits Search' tool (1a), which includes a search form with fields for Member ID, Date of Birth, Date of Service, and Service Types, and a 'Claims Search' option (1b). Below this is the 'Population Health Toolkit' (7) with a featured article on 'QUALITY DOCUMENTATION AND CODING'.

Features include:

- 1a Eligibility and Benefits Search** – Initiate an eligibility & benefits inquiry.
- 1b Claims Search** – Check claim status.
- 2 Logo = Home** – Click the logo to get back to the homepage at any time.
- 3 Search Provider Portal** – Find resources/tools in the secure portal that are associated with your user role.
- 4 Notifications** – Receive important updates from BCBSAZ (appears only when there are messages).
- 5 My Account** – See your assigned user role and account administrator contact information.
- 6 Contact Us** – Get provider-specific contact information (includes a link to the PRC search tool).
- 7 Population Health Toolkit** – Explore guidelines for providers about critical healthcare topics.

## Account Administrator Role and Responsibility

You can add a user to your account by going to “Practice Management > Account Management > Office User Management” and use the “Add Office User” tool. We require the use of unique usernames and passwords for each of your staff. For account maintenance, you can reset user passwords, configure provider tax IDs and NPI numbers associated with your organization, and change user roles as needed.

BCBSAZ does not give billing companies access to the secure provider portal. However, as a provider, you may give your third-party biller access under your organization’s account. Keep in mind that you are responsible for the activities of your authorized users. For this reason, you should require unique user names and passwords for each external user account you create. All portal users must agree to and comply with our terms and conditions for use of the secure provider portal.

### User Roles Determine Content Access

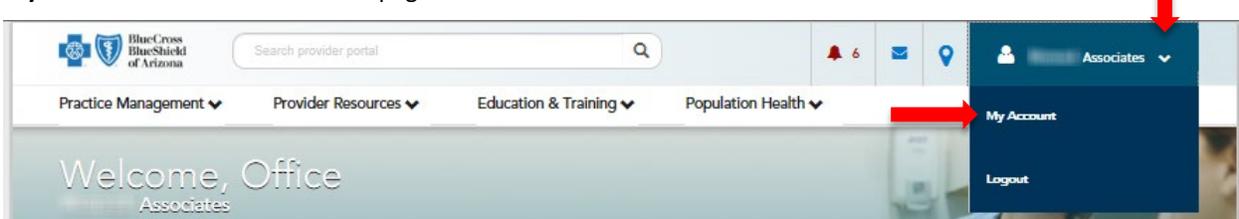
There are four specific user roles that an account administrator can assign to others in the organization, according to the level of access required. Non-contracted providers do not have access to all content.

User Roles	Areas of Access					
	Eligibility & Benefits	Education & Training	Population Health	Claims and Remits	User Role/NPI Management	EFT Enrollment and Changes
1 General	✓	✓	✓			
2 General with Claims	✓	✓	✓	✓		
3 Financial Manager						✓
4 Office Manager	✓	✓	✓	✓	✓	
5 Account Administrator	✓	✓	✓	✓	✓	

### My Account Page

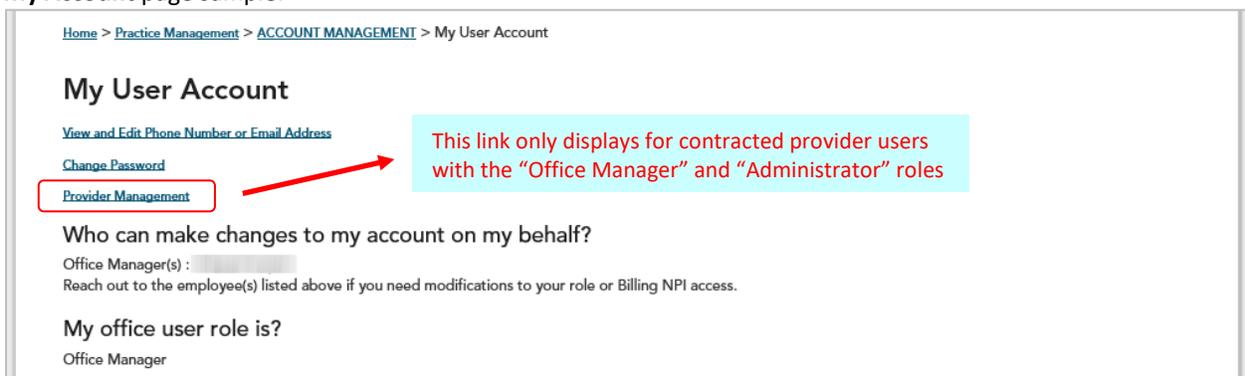
This page shows your user role and who can change your user role or add provider NPI numbers to your account.

**My Account** access from the homepage:



You can also access your account information from “Practice Management > Account Management.”

**My Account** page sample:



**User Role and Account Administrator Contact Information** – The “My Account” page shows your user role and your “account administrator” or “office manager” contact information. This person can change your user role and add providers to your account configuration. Other functions available on this page include:

#### Change User Contact Information

This page allows you to change your email or phone number.

#### Change Password

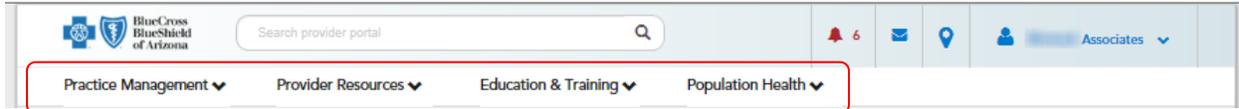
You may change your password at any time.

#### Provider Management (for BCBSAZ-contracted providers only)

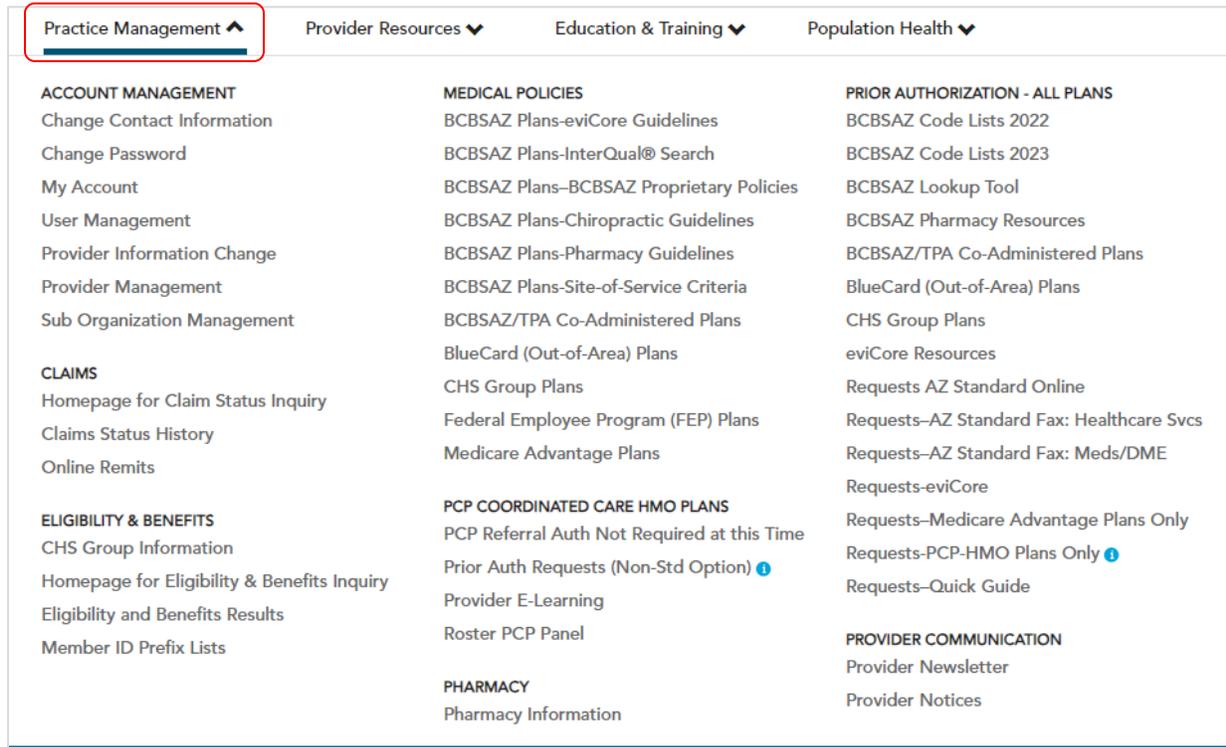
Links to the Provider Management page to view the providers (along with their NPI numbers) associated with the tax ID number(s) configured in your account. You can select providers to access associated claim status and fee schedule information.

## Navigation Menus - Overview

Four main “mega” navigation menus help you find what you’re looking for quickly and easily:



- 1 Practice Management** – This menu displays tools and resources for everyday use, including Account Management, Claims, Clinical Criteria, Eligibility and Benefits, Precertification, and Provider Communication:



- 2 Provider Resources** – This menu displays dental resources, and resources for electronic transactions, and expandable menus for FORMS and GUIDELINES:



**Forms and Guidelines** – These “accordion” menus expand to display links under each header:

The screenshot shows the 'Provider Resources' menu expanded. The 'Forms' section includes: Appeals & Grievances, Care Management, Claims, Contract and Credentialing Requests, Contract Termination, Coordination of Benefits, EFT and ERA, No Surprises Act (NSA), PCMH Program, PCP Coordinated Care HMO Plans, Provider Information Change (with sub-items: Provider Information Change - Dental, Provider Information Change - Medical Form), Provider Liaison Lookup, and Waiver of Restriction. The 'Guidelines' section includes: Appeals & Grievances, CHS Group and TPA Information, Claim Coding, Claim Pricing, Clinical Resources, Medicaid Provider Enrollment Requirements, Medical Policies, Medicare Advantage Resources, Member ID Cards, Member ID Prefixes, National Programs (BlueCard), No Surprises Act (NSA), PCP Coordinated Care HMO Plans, Pharmacy, Prior Authorization, Provider Operating Guide (with sub-item: BCBSAZ Provider Operating Guide), and Provider Portal.

**3 Education & Training** – This menu offers resources for new providers and e-learning modules that you can download and use at your convenience:

The screenshot shows the 'Education & Training' menu expanded. It is divided into two columns. The left column, titled 'FOR NEW PROVIDERS', contains: Checklist for New Providers, FAQs, and Welcome Brochure. The right column, titled 'WEBINARS & E-LEARNING', contains: Provider E-learning and Provider Webinars.

**4 Population Health** – This menu gives you critical information related to value-based care for our members:

The screenshot shows the 'Population Health' menu expanded. It contains the following items: POPULATION HEALTH, Care Coordination, HEDIS Performance Measures, Patient Experience, PCMH Patient Centered Medical Home, Prevention, Quality Data Coding and Documentation, and Rx Generics.

## 2 Eligibility and Benefits Resources

### Eligibility & Benefits resources in the “Practice Management” menu:

Practice Management ▲	Provider Resources ▼	Education & Training ▼	Population Health ▼
<b>ACCOUNT MANAGEMENT</b> Change Contact Information Change Password My Account User Management Provider Information Change Provider Management Sub Organization Management  <b>CLAIMS</b> Homepage for Claim Status Inquiry Claims Status History Online Remits	<b>MEDICAL POLICIES</b> BCBSAZ Plans-eviCore Guidelines BCBSAZ Plans-InterQual® Search BCBSAZ Plans-BCBSAZ Proprietary Policies BCBSAZ Plans-Chiropractic Guidelines BCBSAZ Plans-Pharmacy Guidelines BCBSAZ Plans-Site-of-Service Criteria BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans Federal Employee Program (FEP) Plans Medicare Advantage Plans  <b>PCP COORDINATED CARE HMO PLANS</b> PCP Referral Auth Not Required at this Time Prior Auth Requests (Non-Std Option) ⓘ Provider E-Learning Roster PCP Panel  <b>PHARMACY</b> Pharmacy Information	<b>PRIOR AUTHORIZATION - ALL PLANS</b> BCBSAZ Code Lists 2022 BCBSAZ Code Lists 2023 BCBSAZ Lookup Tool BCBSAZ Pharmacy Resources BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans eviCore Resources Requests AZ Standard Online Requests-AZ Standard Fax: Healthcare Svcs Requests-AZ Standard Fax: Meds/DME Requests-eviCore Requests-Medicare Advantage Plans Only Requests-PCP-HMO Plans Only ⓘ Requests-Quick Guide  <b>PROVIDER COMMUNICATION</b> Provider Newsletter Provider Notices	
<b>ELIGIBILITY &amp; BENEFITS</b> CHS Group Information Homepage for Eligibility & Benefits Inquiry Eligibility and Benefits Results Member ID Prefix Lists			

### Eligibility & Benefits resources in the “Provider Resources” menu:

Practice Management ▼	Provider Resources ▲	Education & Training ▼	Population Health ▼
<b>DENTAL RESOURCES</b> BlueDental Provider eLearning BlueDental Provider Manual BlueDental Provider Portal Dental Products and Networks QRG  <b>ELECTRONIC BUSINESS</b> Electronic Claim Adjustments Guide EFT and ERA Electronic Transactions HIPAA Transaction Standard-BCBSAZ Companion Guide	<b>FORMS</b> Appeals & Grievances Care Management Claims Contract and Credentialing Requests Contract Termination Coordination of Benefits EFT and ERA No Surprises Act (NSA) PCMH Program PCP Coordinated Care HMO Plans Provider Information Change Provider Liaison Lookup Waiver of Restriction	<b>GUIDELINES</b> Appeals & Grievances CHS Group and TPA Information Claim Coding Claim Pricing Clinical Resources Medicaid Provider Enrollment Requirements Medical Policies Medicare Advantage Resources Member ID Cards Member ID Prefixes National Programs (BlueCard) No Surprises Act (NSA) PCP Coordinated Care HMO Plans Pharmacy Prior Authorization Provider Operating Guide Provider Portal	

## Eligibility and Benefits Inquiries

To find member eligibility and benefits information, you can use the search tool on the homepage or the “Eligibility & Benefits Inquiry” link in the “Practice Management” menu. The tool works for BCBSAZ, BlueCard, and FEP members. For CHS group members, contact the group’s TPA directly (see CHS info on page 13).

Eligibility and Benefits Search

Eligibility inquiries for BCBSAZ, FEP, and BlueCard (out-of-area) members.

Eligibility and Benefits Search

Search by:

Member ID  Name

\* Indicates a required field.

Member ID \*  Date of Birth \*

Date of Service \*  Service Types \*

To use the search tool:

1. Select **Member ID**  
(Note: for BCBSAZ members, you may use the member name instead of the member ID.)
2. Enter **Member ID** and **Birthdate**
3. Enter **Date of Service** and select your **Service Types**
4. Add multiple members as needed
5. **Search**  
(Goes to Detailed Results page.)

## Service Types

Filter

Gynecological

Health Benefit Plan Coverage

Home Health Care

Home Health Prescriptions

Hospice

Hospital

Hospital - Ambulatory Surgical

[Quick Reference Guide](#)

Your selection (Select up to five)

Health Benefit Plan Coverage x

[Remove all](#)

Access the **Quick Reference Guide** for the list of available service types (based on HIPAA X12).

From the **Eligibility and Benefits Results** page, click a specific **Member ID** link to see details:

Home > Practice Management > ELIGIBILITY & BENEFITS > Eligibility & Benefits Results

### Eligibility & Benefits Results

This page displays eligibility results for inquiries made within the past 5 days. To search for a member use the search feature above the results table. You may also filter your search results by using the search and sort filters above each column on the results table.

#### Search Results

Display  records

Search Table:

Select	Inquiry Date	Member ID	Last Name	First Name	DOB	Date Of Service	Service Type	Eligibility	Termination Date
<input type="checkbox"/>	03/02/2020	<a href="#">[Redacted]</a>	[Redacted]	[Redacted]	[Redacted]	03/02/2020	Health Benefit Plan Cove...	Yes	N/A
<input type="checkbox"/>	03/02/2020	<a href="#">[Redacted]</a>	[Redacted]	[Redacted]	[Redacted]	03/02/2020	Health Benefit Plan Cove...	Yes	N/A
<input type="checkbox"/>	03/02/2020	<a href="#">[Redacted]</a>	[Redacted]	[Redacted]	[Redacted]	03/02/2020	Health Benefit Plan Cove...	Yes	N/A
<input type="checkbox"/>	03/02/2020	<a href="#">[Redacted]</a>	[Redacted]	[Redacted]	[Redacted]	03/02/2020	Health Benefit Plan Cove...	Yes	N/A

Delete Previous **1** 2 3 4 5 ... 12 Next

On the **Detailed Results** page, you can access the member ID card, benefit book, grace period status, and COB information. Scroll down the page and open the dark blue **Benefits Headers** to see more detailed information.

### Eligibility & Benefits Details for [REDACTED]

[print](#) [download](#)

Date of Service: 09/30/2022

Service Type: Health Benefit Plan Coverage

[view benefit book/rider](#) [view patient claims](#)

Eligibility Status: ● Active    Member ID: [REDACTED]    Effective Date: 01/01/2022

[view patient ID card](#)

**i** This plan requires an assigned PCP and BCBSAZ-approved PCP referrals for most specialist office visits.

#### Patient Details

Patient Name: [REDACTED]  
Date of Birth: [REDACTED]  
Gender: F  
Relationship to Member: Self  
Address: [REDACTED]  
Primary Care Provider: [REDACTED]

#### Eligibility Summary

Paid Through Date: 09/30/2022  
**Grace Period: 10/01/2022 - 12/30/2022**  
Termination Date: 12/31/9999  
Pre-existing End Date: N/A  
Plan: 01/01/2022 - 12/31/9999

#### Insurance Information

Member Name: [REDACTED]  
Group ID: [REDACTED]  
Group Name: [REDACTED]  
Insurance Type: Health Maintenance Organization (HMO)  
Product Name: Neighborhood Network

#### Coordination Of Benefits Information

No Coordination of Benefits Returned

#### Deductibles & Out of Pocket

In Network

Deductible	Limit	Satisfied	Remaining	Time Period	Additional Information
Individual	\$ [REDACTED]	\$0.00	\$ [REDACTED]	Calendar Year	N/A
Family	\$ [REDACTED]	\$0.00	\$ [REDACTED]	Calendar Year	N/A

Out Of Pocket

Deductible	Limit	Satisfied	Remaining	Time Period	Additional Information
Individual	\$ [REDACTED]	\$0.00	\$ [REDACTED]	Calendar Year	EXCLUDES BALANCE BILLING AND NONCOVERED SERVICES
Family	\$ [REDACTED]	\$0.00	\$ [REDACTED]	Calendar Year	EXCLUDES BALANCE BILLING AND NONCOVERED SERVICES

#### Benefits Information

- Health Benefit Plan Coverage
▼
- Physician [Primary] visit - Office well
▼
- Mental Health
▼
- Urgent Care
▼
- Medical Care
▼
- Hospital - Inpatient
▼
- Hospital - Outpatient
▼
- Hospital - Emergency Medical
▼
- Emergency Services
▼
- Pharmacy
▼
- Professional [Specialist] visit - Office
▼

Here is an example of information found under the **Benefits Information** headers:

**Benefits Information**  
Health Benefit Plan Coverage

Authorization Required | Authorization Not Required | Authorization Unknown

In Network | Out Of Network | **Network Unknown**

Eligibility | Coverage | Place of Service | Copay | Coinsurance | Limit | Remaining | **Additional Information**

Active - - - - - Hide

Additional Information  
TELEMEDICINE IS COVERED. REFER TO BENEFIT PLAN FOR S OUT OF NETWORK PROVIDER.

Active - **To find out if a member is delegated for the eviCore program, check under Health Benefit Plan Coverage > Network Unknown > Additional Information** Hide

Additional Information  
EVICORE DELEGATED MEMBER FOR HIGH TECH IMAGING, GENETIC TESTS, ONCOLOGY, RADIATION THERAPY, SPECIALTY MEDS

### Corporate Health Services (CHS) Groups

CHS groups are large, self-insured employer groups that have entered into a “network only” rental arrangement with BCBSAZ that allows their employees access to a BCBSAZ provider network. BCBSAZ provides network access and claim pricing only (no administrative or claims payment services). Most CHS groups use a third party administrator (TPA) for claim processing, eligibility and benefit verification, prior authorization, medical record requests, and appeals and grievances. To find TPA contact information, use the CHS/TPA information search tool (or download the PDF list).

#### CHS Group / TPA Information page:

**CHS Group / TPA Information**  
Corporate Health Services

**Download the PDF or use the search tool for the most current information**

[Printable CHS Listing](#)

To search for a specific CHS Group, select within the Search By field and choose either Group Name or Group Number then key in your Search Value. If you wish, you may broaden your results by selecting either Begins with or Includes. To view a printer friendly version of the CHS Group Listing, select View All Results.

Search By: Group Name | Begins With... | Search Value: | Search | View Full CHS List

Group Name	Group Number

#### Sample CHS group search results:

Sample CHS Employer Group (# ABC123)		
Effective Date: 07/01/2012		
Claim Types:	Dental	Institutional, Professional
Claims Administrator:	ADMINISTRATIVE ENTERPRISES (602) 789 - 1170 (800) 762 - 2234 <a href="#">Click Here for Website</a>	ADMINISTRATIVE ENTERPRISES (602) 789 - 1170 (800) 762 - 2234 <a href="#">Click Here for Website</a>
Accepts Electronic Claims?:	No, send paper claims directly to the address listed above.	Yes
Precertification	AMERICAN HEALTH GROUP (602) 265 - 3800 (800) 847 - 7605	AMERICAN HEALTH GROUP (602) 265 - 3800 (800) 847 - 7605

## Other Eligibility and Benefits Resources

We offer several other tools designed to support providers with eligibility and benefits:

**Member ID prefix lists** – This Excel file gives you a list of the standard and custom prefixes for BCBSAZ benefit plans. You can access it at “Practice Management > Eligibility and Benefits” and also at [azblue.com/prefix](https://azblue.com/prefix).

**ID Cards**– This section of the Provider Operating Guide includes samples of ID cards for BCBSAZ, FEP, CHS, and BlueCard members. It’s located in “Provider Resources > Guidelines > Eligibility and Benefits.”

**COB information forms** – These forms can be used to gather current information about a member’s additional insurance coverage for coordination of benefits (to reduce claim processing and payment delays). There is one for BCBSAZ members and one for BlueCard members from other Blue plans. They’re located in “Provider Resources > Forms > Coordination of Benefits.”

**Waiver form** – You can use this form to obtain informed consent from a patient when a service is likely to be considered investigational or not medically necessary. This type of written waiver is required in order to be able to collect the service cost from the member. The form is located in “Provider Resources > Forms > Waiver of Restriction.”

## 3 Medical Policies

Clinical criteria resources in the “Practice Management” menu:

The screenshot shows a navigation menu with four main categories: Practice Management, Provider Resources, Education & Training, and Population Health. The Practice Management menu is expanded, showing several sub-sections. The 'MEDICAL POLICIES' section is highlighted with a red circle. The items listed under 'MEDICAL POLICIES' are: BCBSAZ Plans-eviCore Guidelines, BCBSAZ Plans-InterQual® Search, BCBSAZ Plans-BCBSAZ Proprietary Policies, BCBSAZ Plans-Chiropractic Guidelines, BCBSAZ Plans-Pharmacy Guidelines, BCBSAZ Plans-Site-of-Service Criteria, BCBSAZ/TPA Co-Administered Plans, BlueCard (Out-of-Area) Plans, CHS Group Plans, Federal Employee Program (FEP) Plans, and Medicare Advantage Plans. Other sections visible include ACCOUNT MANAGEMENT, CLAIMS, ELIGIBILITY & BENEFITS, PHARMACY, and PRIOR AUTHORIZATION - ALL PLANS.

**Medical Policies** – The Practice Management menu also offers links to the medical policies used for various types of benefit plans. There are several sources for plans issued by BCBSAZ. We also include links for the following plans:

- For out-of-area BlueCard plans, use our inter-plan router tool to access medical policies from other BCBS plans
- For CHS group plans, contact the group’s TPA
- For FEP plans, visit the FEP website for medical policy information

## 4 Prior Authorization Resources

Prior authorization resources in the “Practice Management” menu:

Practice Management ▲	Provider Resources ▼	Education & Training ▼	Population Health ▼
<b>ACCOUNT MANAGEMENT</b> Change Contact Information Change Password My Account User Management Provider Information Change Provider Management Sub Organization Management	<b>MEDICAL POLICIES</b> BCBSAZ Plans-eviCore Guidelines BCBSAZ Plans-InterQual® Search BCBSAZ Plans-BCBSAZ Proprietary Policies BCBSAZ Plans-Chiropractic Guidelines BCBSAZ Plans-Pharmacy Guidelines BCBSAZ Plans-Site-of-Service Criteria BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans Federal Employee Program (FEP) Plans Medicare Advantage Plans	<b>PRIOR AUTHORIZATION - ALL PLANS</b> BCBSAZ Code Lists 2022 BCBSAZ Code Lists 2023 BCBSAZ Lookup Tool BCBSAZ Pharmacy Resources BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans eviCore Resources Requests-AZ Standard Online Requests-AZ Standard Fax: Healthcare Svcs Requests-AZ Standard Fax: Meds/DME Requests-eviCore Requests-Medicare Advantage Plans Only Requests-PCP-HMO Plans Only ⓘ Requests-Quick Guide	<b>PROVIDER COMMUNICATION</b> Provider Newsletter Provider Notices
<b>CLAIMS</b> Homepage for Claim Status Inquiry Claims Status History Online Remits	<b>PCP COORDINATED CARE HMO PLANS</b> PCP Referral Auth Not Required at this Time Prior Auth Requests (Non-Std Option) ⓘ Provider E-Learning Roster PCP Panel		
<b>ELIGIBILITY &amp; BENEFITS</b> CHS Group Information Homepage for Eligibility & Benefits Inquiry Eligibility and Benefits Results Member ID Prefix Lists	<b>PHARMACY</b> Pharmacy Information		

**Prior authorization requirements lists** – You can access our prior auth code lists and a requirements summary for BCBSAZ-TPA co-administered plans.

**Prior authorization request tools** – For most BCBSAZ members, you can use the online request tool. For members with PCP Coordinated Care HMO plans, please use the “PCP HMO” request tool. And for members who are delegated for our eviCore utilization management program, you can use the link to the eviCore request tool.

**Other prior authorization links:**

- For BlueCard (out-of-area) members, the BlueCard inter-plan router tool gives you access to the member’s BCBS plan for prior authorization requirements and request information.
- For CHS group members, contact the group’s TPA or prior authorization administrator.
- For an overview of how to request prior authorization for various lines of business, use our Prior Authorization Requests Quick Guide.

## 5 Pharmacy Information

For complete pharmacy information and resources, visit the **Pharmacy Information** page at [azblue.com/Pharmacy](https://azblue.com/Pharmacy). Find formulary lists, pharmacy coverage guidelines, drug precertification forms, and other forms and resources for members with specific types of benefit plans:

- 1 Standard pharmacy plans** – Includes all plan names that begin with the word Blue or BluePreferred, and the ExecuCare plans
- 2 Qualified health plans (QHPs)** – For plan names EverydayHealth, Portfolio, AdvanceHealth, SimpleHealth, and TrueHealth
- 3 Employer sponsored plans that have a customized formulary** – For group # 029653 only

## 6 PCP Coordinated Care HMO Plans

PCP Coordinated Care HMO Plans resources in the “Practice Management” menu:

Practice Management ▲	Provider Resources ▼	Education & Training ▼	Population Health ▼
<b>ACCOUNT MANAGEMENT</b> Change Contact Information Change Password My Account User Management Provider Information Change Provider Management Sub Organization Management  <b>CLAIMS</b> Homepage for Claim Status Inquiry Claims Status History Online Remits  <b>ELIGIBILITY &amp; BENEFITS</b> CHS Group Information Homepage for Eligibility & Benefits Inquiry Eligibility and Benefits Results Member ID Prefix Lists	<b>MEDICAL POLICIES</b> BCBSAZ Plans-eviCore Guidelines BCBSAZ Plans-InterQual® Search BCBSAZ Plans-BCBSAZ Proprietary Policies BCBSAZ Plans-Chiropractic Guidelines BCBSAZ Plans-Pharmacy Guidelines BCBSAZ Plans-Site-of-Service Criteria BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans Federal Employee Program (FEP) Plans Medicare Advantage Plans  <b>PCP COORDINATED CARE HMO PLANS</b> PCP Referral Auth Not Required at this Time Prior Auth Requests (Non-Std Option) ⓘ Provider E-Learning Roster PCP Panel  <b>PHARMACY</b> Pharmacy Information	<b>PRIOR AUTHORIZATION - ALL PLANS</b> BCBSAZ Code Lists 2022 BCBSAZ Code Lists 2023 BCBSAZ Lookup Tool BCBSAZ Pharmacy Resources BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans eviCore Resources Requests AZ Standard Online Requests-AZ Standard Fax: Healthcare Svcs Requests-AZ Standard Fax: Meds/DME Requests-eviCore Requests-Medicare Advantage Plans Only Requests-PCP-HMO Plans Only ⓘ Requests-Quick Guide  <b>PROVIDER COMMUNICATION</b> Provider Newsletter Provider Notices	

Resources include:

**Online tool to request/view referrals and prior authorization** – Online tool to request or check the status of a referral or precertification for a member with a PCP Coordinated Care HMO Plan.

**Provider E-learning** – Gives an overview of the PCP Coordinated Care HMO plans and explains requirements for designated PCPs, BCBSAZ-approved referrals, and other important information for providers.

**PCP Panel Roster** – For designated PCPs to view an attributed patient list.

**Forms** – In the “Provider Resources” menu, you can find forms related to PCP Coordinated Care HMO plans:

Practice Management ▼	Provider Resources ▲	Education & Training ▼	Population Health ▼
<b>DENTAL RESOURCES</b> BlueDental Provider eLearning BlueDental Provider Manual BlueDental Provider Portal Dental Products and Networks QRG  <b>ELECTRONIC BUSINESS</b> Electronic Claim Adjustments Guide EFT and ERA Electronic Transactions HIPAA Transaction Standard-BCBSAZ Companion Guide	<b>FORMS</b> Appeals & Grievances Care Management Claims Contract and Credentialing Requests Contract Termination Coordination of Benefits EFT and ERA No Surprises Act (NSA) PCMH Program <b>PCP Coordinated Care HMO Plans</b> Provider Information Change Provider Liaison Lookup Waiver of Restriction	<b>GUIDELINES</b> Appeals & Grievances CHS Group and TPA Information Claim Coding Claim Pricing Clinical Resources Medicaid Provider Enrollment Requirements Medical Policies Medicare Advantage Resources Member ID Cards Member ID Prefixes National Programs (BlueCard) No Surprises Act (NSA) PCP Coordinated Care HMO Plans Pharmacy Prior Authorization Provider Operating Guide Provider Portal	

## 7 Claim Resources

### Claim resources in the “Practice Management” menu:

Practice Management	Provider Resources	Education & Training	Population Health
<b>ACCOUNT MANAGEMENT</b> Change Contact Information Change Password My Account User Management Provider Information Change Provider Management Sub Organization Management	<b>MEDICAL POLICIES</b> BCBSAZ Plans-eviCore Guidelines BCBSAZ Plans-InterQual® Search BCBSAZ Plans-BCBSAZ Proprietary Policies BCBSAZ Plans-Chiropractic Guidelines BCBSAZ Plans-Pharmacy Guidelines BCBSAZ Plans-Site-of-Service Criteria BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans Federal Employee Program (FEP) Plans Medicare Advantage Plans  <b>PCP COORDINATED CARE HMO PLANS</b> PCP Referral Auth Not Required at this Time Prior Auth Requests (Non-Std Option) Provider E-Learning Roster PCP Panel  <b>PHARMACY</b> Pharmacy Information	<b>PRIOR AUTHORIZATION - ALL PLANS</b> BCBSAZ Code Lists 2022 BCBSAZ Code Lists 2023 BCBSAZ Lookup Tool BCBSAZ Pharmacy Resources BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans eviCore Resources Requests AZ Standard Online Requests-AZ Standard Fax: Healthcare Svcs Requests-AZ Standard Fax: Meds/DME Requests-eviCore Requests-Medicare Advantage Plans Only Requests-PCP-HMO Plans Only Requests-Quick Guide  <b>PROVIDER COMMUNICATION</b> Provider Newsletter Provider Notices	
<b>CLAIMS</b> Homepage for Claim Status Inquiry Claims Status History Online Remits			
<b>ELIGIBILITY &amp; BENEFITS</b> CHS Group Information Homepage for Eligibility & Benefits Inquiry Eligibility and Benefits Results Member ID Prefix Lists			

### Claim resources in the “Provider Resources” menu:

Practice Management	Provider Resources	Education & Training	Population Health
<b>DENTAL RESOURCES</b> BlueDental Provider eLearning BlueDental Provider Manual BlueDental Provider Portal Dental Products and Networks QRG  <b>ELECTRONIC BUSINESS</b> Electronic Claim Adjustments Guide EFT and ERA Electronic Transactions HIPAA Transaction Standard-BCBSAZ Companion Guide	<b>FORMS</b> Appeals & Grievances Care Management Claims Contract and Credentialing Requests Contract Termination Coordination of Benefits EFT and ERA No Surprises Act (NSA) PCMH Program PCP Coordinated Care HMO Plans Provider Information Change Provider Liaison Lookup Waiver of Restriction	<b>GUIDELINES</b> Appeals & Grievances CHS Group and TPA Information Claim Coding Claim Pricing Clinical Resources Medicaid Provider Enrollment F Medical Policies Medicare Advantage Resources Member ID Cards Member ID Prefixes National Programs (BlueCard) No Surprises Act (NSA) PCP Coordinated Care HMO P Pharmacy Prior Authorization Provider Operating Guide Provider Portal	<b>Claim Pricing</b> Anesthesia Base Units Lists Anesthesia Pricing Guidelines Assistant Surgeon Codes List Consultation Pricing Guidelines DME Months to Purchase Listing Drug Urine Screening Test Pricing Guideline Fee Schedule Fee Updates - ASC Fee Updates - Outpatient Fee Updates - Professional Fee Updates - Unclassified Drug Fee Updates - Per Diem Base Rates Global Surgical Code Lists Included Services Guidelines and Lists Mammography Pricing Guideline Maternity Epidural Anesthesia Pricing Guidelines Minor Procedure Code Lists Modifier 22 - Increased Procedural Services Guidelines Modifier 26 TC Lists Modifier 50 Lists Modifier 62 or 66 Pricing Guidelines Modifier 63 Pricing Guidelines Modifier Pricing Actions Lists Obsolete Pharmacy CPT/HCPCS Code Lists Outpatient Global Pricing Guidelines Revenue Code 0274 or 0278 - CPT or HCPCS Lists Same Day Readmission Pricing Guidelines Single Units of Service CPT and HCPCS Lists Single Units of Service Revenue Code Lists TENS Supply Pricing Guideline

## Claim Status Inquiries

For claim status information, use the “Claim Status Inquiry” link or the “Claims Search” tool from the homepage. This tool works for BCBSAZ, BlueCard and FEP members. To check eligibility for CHS group members, contact the group’s TPA directly (see CHS info on page 11).

### Claims Search

Claim inquiries for BCBSAZ, FEP, and BlueCard (out-of-area) members.

Eligibility and Benefits Search
Claims Search

\* Indicates a required field.

**NPI \***

**Member ID \***

**Date of Birth \***

**Claims Status \***

**Date of Service \***

[Hide Additional Search](#)

**Billed Amount**

**Billed Type**

[Supplemental correspondence](#)  
[Information about chiropractic claim status](#)

The **Claim Summary Page** includes status, EFT/Check number, and important messages. Click on the “Claim Number” link in the left column to get the line item detail:

### Claim Summary

Today's Date: 12/09/2022

Patient Name:

ClaimNumber/CN PatientAccount	Date(s) of Service	ProviderID/Name	Status	Billed Amount	Allowed Amount	Paid Amount	Copay	Colns.	Deduct.	Bill Type	Check/EFT Details	Msg
<a href="#">[Redacted]</a>	20220906- 20220906	[Redacted]	Processed	\$217.00	\$125.08	\$83.83	\$0.00	\$40.00	\$0.00	N/A	[Redacted]	1 <a href="#">Claim Action Request Form</a> <a href="#">Appeal Form</a>
<a href="#">[Redacted]</a>	20220906- 20220906	[Redacted]	Pending	\$12829.00	\$3894.94	\$3856.00	\$0.00	\$0.00	\$0.00	N/A	[Redacted]	2 <a href="#">Claim Action Request Form</a> <a href="#">Appeal Form</a>

**Message**

1 Finalized/Payment - For more detailed information, see remittance advice.

2 Pending/In Process - Cannot provide further status electronically.

For BlueCard members, the claim status information comes from the member’s Blue Plan and may not be as complete as the information received for BCBSAZ and FEP members.

On the **Claim Status Details Page**, find additional messages, as well as the revenue/procedure code and patient liability information:

Home > Claim Status Inquiry > Claim Summary > Claim Detail

### Claim Detail

Provider:		Patient:		Member ID:	
Claim Number/ICN:		Patient Account:		Member Name:	
Claim Status:	Processed	Date(s) of Service:	20220906-20220906		

10 Print

Date(s) of Service	RevProc Code	Units of Service	Status	Billed Amount	Allowed Amount	Paid Amount	Copay	Coinsurance	Deductible	Message
20220906-20220906		1	Processed	\$217.00	\$125.08	\$83.83	\$0.00	\$40.00	\$0.00	1

**Message**  
1 Finalized/Payment - For more detailed information, see remittance advice.

[Return to Claim Status Summary](#) [Return to Claim Status Inquiry](#)

### Pricing Guidelines

Access the following resources for pricing information:

<b>ANESTHESIA</b>	<b>FEE INFORMATION (PROPRIETARY)</b>
Anesthesia Base Units Lists	Fee Schedule
Anesthesia Pricing Guidelines	Fee Updates - ASC
Maternity Epidural Anesthesia Pricing Guidelines	Fee Updates - Outpatient
	Fee Updates - Professional
<b>MODIFIERS</b>	Fee Updates – Unclassified Drug
Assistant Surgeon Codes List	Fee Updates – Per Diem Base Rates
Modifier 22 – Increased Procedural Services Guidelines	
Modifier 26 TC Lists	<b>OUTPATIENT GLOBAL PRICING (PROPRIETARY)</b>
Modifier 50 Lists	Outpatient Global Pricing Guidelines
Modifier 62 or 66 Pricing Guidelines	Global Surgical Code Lists
Modifier 63 Pricing Guidelines	Minor Procedure Code Lists
	Revenue Code 0274 or 0278 – CPT or HCPCS Lists
<b>OTHER PRICING GUIDELINES</b>	
Consultation Pricing Guidelines	<b>ADDITIONAL PROPRIETARY PRICING GUIDELINES</b>
Drug Urine Screening Test Pricing Guideline	DME Months to Purchase List
Mammography Pricing Guideline	Included Services Guidelines and Lists
Obsolete Pharmacy CPT/HCPCS Code Lists	Modifier Pricing Actions Lists
Same Day Readmission Pricing Guidelines	Single Units of Service CPT and HCPCS Lists
TENS Supply Pricing Guideline	Single Units of Service Revenue Code Lists

## C3 Code Edit Transparency Tool

Use the **Clear Claim Connection™ (C3)** tool (operated by Change Healthcare) to see how your coding combinations are evaluated by the Change Healthcare *ClaimCheck®* coding software during medical claim processing. C3 provides detailed edit rationale with references to national coding standards and guidelines. Access the C3 tool in “Provider Resources” under “Guidelines > Claim Coding.” To use the C3 tool, your user account must have a “primary” tax ID – your account administrator can set this up if necessary.

Access the C3 tool through the Guidelines menu:

### Guidelines

- + Appeals & Grievances
- Claim Coding
  - C3 User Guide
  - Code Edit Guidelines and C3 Tool
  - Electronic Claim Adjustments Guide
  - Outpatient Coding Guide

Enter claim information:

#### CLAIM ENTRY

CLEAR
REVIEW AUDIT RESULTS

Claim Type Professional

Gender  Male  Female

Date of Birth 12/21/1965

Bill Type  

For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today's date, and Place Of Service will default to 11 (Office). Update the Place of Service value appropriately on outpatient claims. Tabbing through Date of Service and Place of Service will give you the same defaults. Please note that outpatient surgical pay percent rule logic may not be accurately reflected in this tool.

LINE	PROCEDURE	MOD1	MOD2	MOD3	MOD4	QTY.	REV. CODE	BILLED AMT.	DOS FROM	DOS TO	PLACE OF SERVICE	DME PROVIDER?
1	52285					1		350	09/26/2022	09/26/2022	24 (Ambu. Surgi c	No
2	51700					1		150	09/26/2022	09/26/2022	24 (Ambu. Surgi c	No
3									//	//		
4									//	//		
5									//	//		

[Add More Procedures >>](#)

Get C3 edit clarifications:

#### CLINICAL EDIT CLARIFICATIONS

CURRENT CLAIM
REVIEW AUDIT RESULTS
PRINT
CREATE NEW CLAIM

**Inquiry**

Why is procedure 51700 disallowed when submitted with procedure 52285?

Procedure	Description
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY, URETHRAL DILATION, INTERNAL URETHROTOMY, LYSIS OF URETHROVAGINAL SEPTAL FIBROSIS, LATERAL INCISIONS OF THE BLADDER NECK, AND FULGURATION OF POLYP(S) OF URETHRA, BLADDER NECK, AND/OR TRIGONE

**Response**

Procedure 52285 is used to report cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone.

Procedure 51700 is used to report a simple bladder irrigation. Following placement of a urethral catheter and the removal of clots or debris by hand irrigation, saline solution is instilled into the bladder. A three-way indwelling foley catheter may be inserted for continuous bladder irrigation.

Certain procedures are commonly performed in conjunction with other procedures as a component of the overall service provided. An incidental procedure is one that is performed at the same time as a more complex primary procedure and is clinically integral to the successful outcome of the primary procedure.

The instillation of fluid into the bladder distends urinary structures enabling the physician to view the bladder and urethra and does not warrant additional reimbursement. This logic is supported by the CMS guideline for Urinary System found in the National Correct Coding Policy Manual for Part B Medicare Carriers, Chapter VII that states: "When bladder irrigation is performed as part of a more comprehensive procedure, or in order to accomplish access or visualization of the urinary system, the bladder irrigation (CPT code 51700) is not to be reported. This code is to be used for irrigation with therapeutic agents or for irrigation as an independent therapeutic service."

Therefore, procedure 51700 is not recommended for separate reimbursement when submitted with procedure 52285.

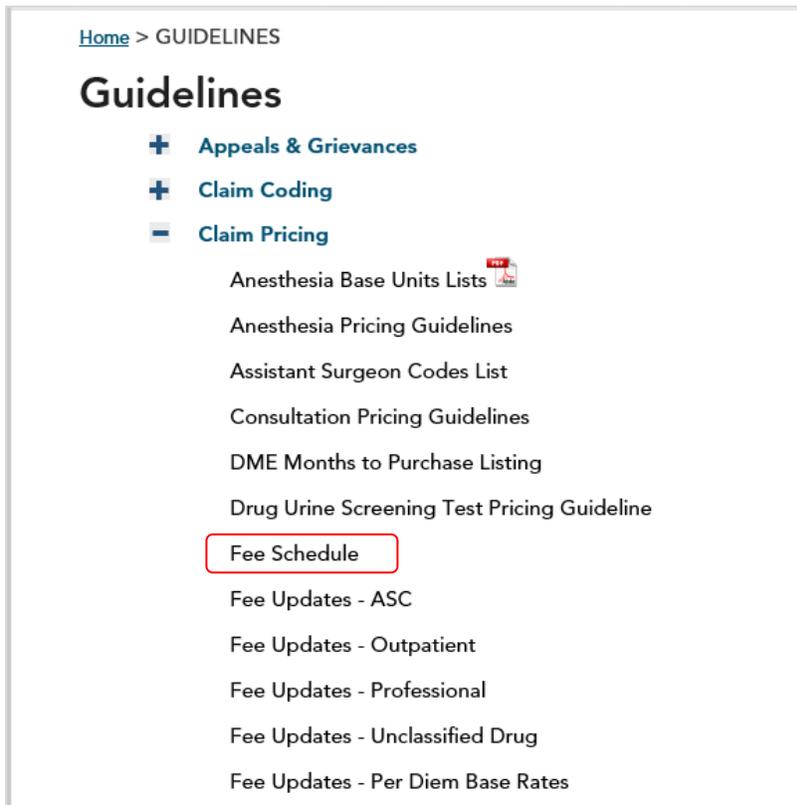
**Sources**

This edit is consistent with CMS coding guidelines.

For more information about the C3 tool, see the **C3 User Guide**, available in “Provider Resources” under “Guidelines > Claim Coding.”

## Fee Schedule Information Tool

The Fee Schedule information tool offers customized searches for the most commonly used codes. Access the Fee Schedule tool in “Provider Resources” under “Guidelines > Claim Pricing” as shown here:

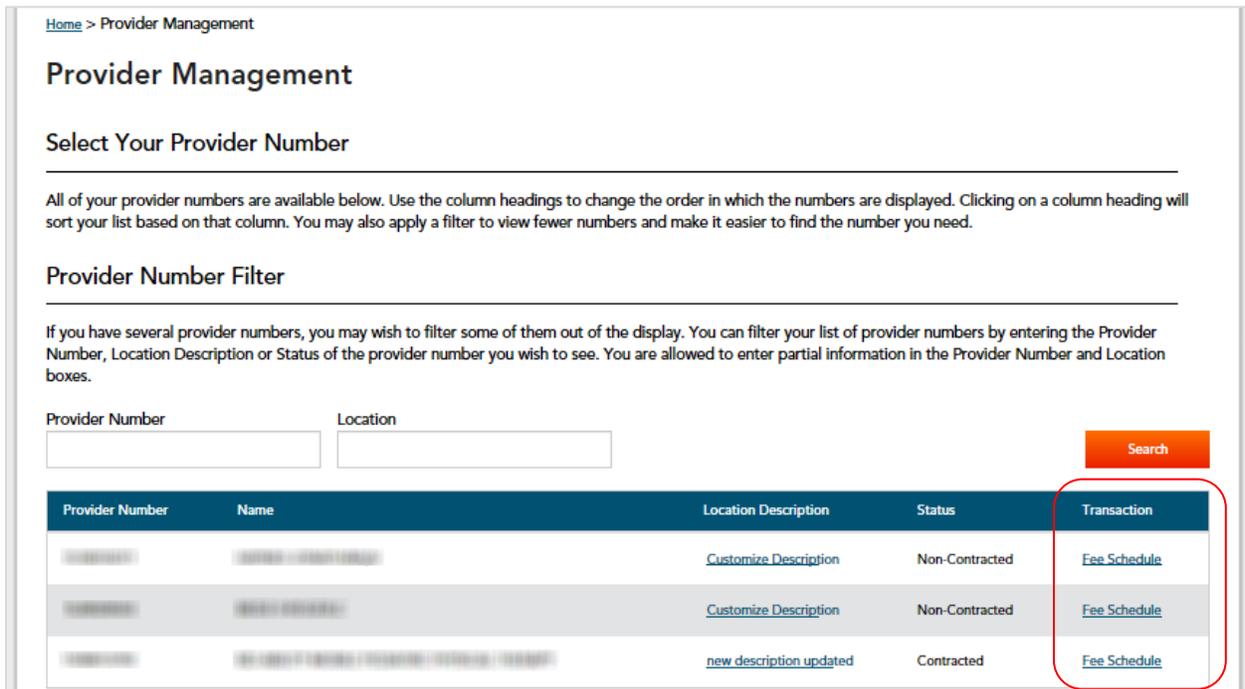


Home > GUIDELINES

### Guidelines

- + Appeals & Grievances
- + Claim Coding
- Claim Pricing
  - Anesthesia Base Units Lists 
  - Anesthesia Pricing Guidelines
  - Assistant Surgeon Codes List
  - Consultation Pricing Guidelines
  - DME Months to Purchase Listing
  - Drug Urine Screening Test Pricing Guideline
  - Fee Schedule**
  - Fee Updates - ASC
  - Fee Updates - Outpatient
  - Fee Updates - Professional
  - Fee Updates - Unclassified Drug
  - Fee Updates - Per Diem Base Rates

**Preliminary step:** select a provider from this list on the “Provider Management” page, and then click on the “Fee Schedule” link in the far right column:



Home > Provider Management

### Provider Management

Select Your Provider Number

All of your provider numbers are available below. Use the column headings to change the order in which the numbers are displayed. Clicking on a column heading will sort your list based on that column. You may also apply a filter to view fewer numbers and make it easier to find the number you need.

Provider Number Filter

If you have several provider numbers, you may wish to filter some of them out of the display. You can filter your list of provider numbers by entering the Provider Number, Location Description or Status of the provider number you wish to see. You are allowed to enter partial information in the Provider Number and Location boxes.

Provider Number  Location  Search

Provider Number	Name	Location Description	Status	Transaction
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	<a href="#">Customize Description</a>	Non-Contracted	<a href="#">Fee Schedule</a>
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	<a href="#">Customize Description</a>	Non-Contracted	<a href="#">Fee Schedule</a>
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	<a href="#">new description updated</a>	Contracted	<a href="#">Fee Schedule</a>

## Fee Schedule Search page

### Fee Schedule Search Tool

Important: A fee schedule does not guarantee coverage. Medical policy guidelines, benefit design (including exclusions and limitations), and coding guidelines apply. Always check specific eligibility and benefits information. If no reimbursement factor/rate is entered, the search results do not include any negotiated provider rates.

[Unclassified Drug Fee Schedule Updates](#)  
[Professional Fee Schedule Updates](#)  
[Outpatient Fee Schedule Updates](#)  
[ASC Fee Schedule Updates](#)

**1 Select Fee Schedule:**

Professional Service Fees  
  Outpatient Facility Fees  
  ASC Facility Fees

Place of Service:  
  Non-Facility  
  ASC Facility  
  Non-ASC Facility

**2 Select Tax ID:**

**3 Enter Procedure Codes or Select Specialty:**

Procedure Codes  
  Specialty

**4 Enter Contract Reimbursement Factor/Rate:**

 
  % of BCBSAZ Fee Schedule  
  % Discount

**5 Enter Date of Service:**

  Future dates must be within 35 days of today's date.

Get Historical Fees (Last 24 Months)

Clear
Get Fees

**Setting up your fee schedule search** – on the “Fee Schedule Search Tool” page, customize your search to get accurate information.

1. Select the appropriate **type of fee schedule** and place(s) of service
2. Select the specific **tax ID** you want to check
3. Select either the **specialty** (sometimes listed as broad categories) **or procedure code(s)**
4. Enter the **reimbursement factor** from the provider’s contract reimbursement exhibit
5. Enter the **date of service**

### Sample results page (can be exported to Excel)

#### Procedure Code Results

\*This is a Global Surgical code and will process according to the Outpatient Global Pricing Guidelines.

**Professional Non-Facility**

Show  entries      Search:       [Print](#)      [Download](#)

Procedure Code	Description	Effective Date	Total Fee	Prof Fee	Tech Fee
0232t	Inj (s)platelet rich plasma any tissue w/image guidance harvest/prep if done	01/01/2015		0.00	0.00
11100	Biopsy skin/subcutaneous tissue/ mucous membrane; single lesion	04/01/2018			0.00
11730	Avulsion nail plate, partial/complete, simple; single	04/01/2018			0.00
17000	Destruction premalignant lesions - first lesion	04/01/2018			0.00
17003	Destruction premalignant lesions - second thru 14 lesions each lesion	04/01/2018			0.00
27000	Tenotomy adductor hip percutaneous spx	04/01/2018			0.00

Previous        2    3    4    5    ...    30    Next      Showing 1 to 10 of 294 entries

---

**DME**

Show  entries      Search:       [Print](#)      [Download](#)

Procedure Code	Description	Effective Date	DME Rental	DME Purchase
L1812	Knee orthosis, elastic with joints, prefabricated off-the-shelf	04/01/2016	0.00	
L1833	Knee orthosis, adjust knee jnts, positional orthosis, rigid, prefab off-the-shelf	04/01/2016	0.00	
L4361	Walking boot, pneumatic and/or vacuum, w/w/o jnts, prefab off-the-shelf	04/01/2016	0.00	
L4397	Static/dynamic ankle foot ortho incl sft intrface, adjust, prefab customized	04/01/2016	0.00	

Previous        Next      Showing 1 to 4 of 4 entries

## Online Remits

Use the “Online Remits” link to see your remits for the last 30 days or use the search function to find specific claims (through the last calendar year):

[Home](#) > **Online Remits**

### Online Remits

\*Indicates a required field.

Statement Date \*

Hide Additional Search

Tax ID  Enter at least 3 characters

Patient Last Name  Enter patient last name

Member ID  Enter Member ID

Claim Number  Enter claim number

Claim Amount  Enter Claim Amount

Check Amount  Enter Check Amount

Date of Service  Any Date Of Service

**Note:** Searching with the shortest date range will give you results more quickly. For the most efficient search option, also use the claim number.

---

Show  entries

Search:

[Show All](#) / [Hide All](#)

Statement Date	Tax ID	Service Provider	Paid	Check Amount	Remit	Claims
12/15/2022					<a href="#">View</a>	<a href="#">Show More</a>
12/15/2022					<a href="#">View</a>	<a href="#">Show More</a>
12/15/2022					<a href="#">View</a>	<a href="#">Show More</a>
12/15/2022					<a href="#">View</a>	<a href="#">Show More</a>

For dental remits, please visit [azblue.com/bluedentalprovider](http://azblue.com/bluedentalprovider)

To report an excess payment and initiate the overpayment refund process, use the **Notice of Excess Payment Form**, available in “Forms > Claims.”

**Claims**

- Claim Audit Request
- Corrected Claim Form
- Non-contracted Provider - Claim Submission
- Notice of Excess Payment**

## Electronic Claim Adjustments

When you need to correct an error or omission on a claim after it has been processed by BCBSAZ, submit an 837 electronic adjustment. For details about the types of corrections that can be made and to view the required data elements, see the **Electronic Claim Adjustments Guide**, available in “Provider Resources > Electronic Business.”

### More Claims Information

In addition to the resources above, the **Provider Operating Guide** (see next page) has several sections with current information and requirements related to claims. Access the Provider Operating Guide in “Provider Resources” under “Guidelines > Provider Operating Guide” and look for these sections: 18-Claim Coding, 20-Claim Pricing, 21-Claim Remittance, 15-Grace Period for Subsidized Members, 13-Medical Records Requirements and Requests, 22-Provider Disputes and Complaints, and 23-Member Appeals.

## 8 Provider Operating Guide

Find the Provider Operating Guide in the “Provider Resources” menu under Guidelines. You can download the complete guide or each section separately (see below).

Practice Management ▾ **Provider Resources ▲** Education & Training ▾

<b>DENTAL RESOURCES</b>	<b>FORMS</b>
BlueDental Provider eLearning	Appeals & Grievances
BlueDental Provider Manual	Care Management
BlueDental Provider Portal	Claims
Dental Products and Networks QRG	Contract and Credentialing Requests
	Contract Termination
<b>ELECTRONIC BUSINESS</b>	Coordination of Benefits
Electronic Claim Adjustments Guide	EFT and ERA
EFT and ERA	No Surprises Act (NSA)
Electronic Transactions	PCMH Program
HIPAA Transaction Standard-BCBSAZ Companion Guide	PCP Coordinated Care HMO Plans
	Provider Information Change
	Provider Liaison Lookup
	Waiver of Restriction

### Guidelines

- + Appeals & Grievances
- + CHS Group and TPA Information
- + Claim Coding
- + Claim Pricing
- + Clinical Resources
- + Medicaid Provider Enrollment Requirements
- + Medical Policies
- + Medicare Advantage Resources
- + Member ID Cards
- + Member ID Prefixes
- + National Programs (BlueCard)
- + No Surprises Act (NSA)
- + PCP Coordinated Care HMO Plans
- + Pharmacy
- + Prior Authorization
- **Provider Operating Guide**  
BCBSAZ Provider Operating Guide
- + Provider Portal

## 2023 BCBSAZ Provider Operating Guide

The BCBSAZ Provider Operating Guide includes information about BCBSAZ networks and products, as well as policies and procedures that BCBSAZ-contracted providers must follow. Read more about the Guide in the [INTRODUCTION](#).

### COMPLETE GUIDE

[2023 BCBSAZ Provider Operating Guide \(Revised 01/01/23\)](#)

### Sections

[Introduction \(Revised 01/01/23\)](#)

[Table of contents \(Revised 01/01/23\)](#)

[01 Definitions \(Revised 01/01/23\)](#)

[02 Contact Information and Provider Communications \(Revised 01/01/23\)](#)

[03 Electronic Resources \(Revised 01/01/23\)](#)

[04 Contracting and Credentialing \(Revised 01/01/23\)](#)

[05 Administrative Requirements \(Revised 01/01/23\)](#)

[06 Compliance \(Revised 01/01/23\)](#)

[07 Quality Improvement \(Revised 01/01/23\)](#)

[08 Networks and Products \(Revised 01/01/23\)](#)

[09 BlueCard and National Programs \(Revised 01/01/23\)](#)

[10 Member ID Cards \(Revised 01/01/23\)](#)

[11 Medical Policies and Prior Authorization \(Revised 01/01/23\)](#)

[12 Clinical Programs and Requirements \(Revised 01/01/23\)](#)

[13 Medical Records Requirements and Requests \(Revised 01/01/23\)](#)

[14 Eligibility and Benefits \(Revised 01/01/23\)](#)

[15 Grace Period for Subsidized Members \(Revised 01/01/23\)](#)

[16 Coordination of Benefits COB \(Revised 01/01/23\)](#)

[17 Billing Members: Restrictions and Exceptions \(Revised 01/01/23\)](#)

[18 Claim Coding \(Revised 01/01/23\)](#)

[19 Claim Submission \(Revised 01/01/23\)](#)

[20 Claim Pricing \(Revised 01/01/23\)](#)

[21 Claim Remittance \(Revised 01/01/23\)](#)

[22 Provider Disputes and Complaints \(Revised 01/01/23\)](#)

[23 Member Appeals \(Revised 01/01/23\)](#)

[24 Pharmacy Benefits \(Revised 01/01/23\)](#)

[25 Vision, Hearing Aid, and DME Benefits \(Revised 01/01/23\)](#)

[26 Dental Networks, Products, and Benefits \(Revised 01/01/23\)](#)

[Index \(Revised 01/01/23\)](#)

[Appendix of Changes \(Revised 01/01/23\)](#)

## 9 Provider Communication

Provider communication links in the “Practice Management” menu:

<b>Practice Management</b> ▲	Provider Resources ▼	Education & Training ▼	Population Health ▼
<b>ACCOUNT MANAGEMENT</b> Change Contact Information Change Password My Account User Management Provider Information Change Provider Management Sub Organization Management	<b>MEDICAL POLICIES</b> BCBSAZ Plans-eviCore Guidelines BCBSAZ Plans-InterQual® Search BCBSAZ Plans-BCBSAZ Proprietary Policies BCBSAZ Plans-Chiropractic Guidelines BCBSAZ Plans-Pharmacy Guidelines BCBSAZ Plans-Site-of-Service Criteria BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans Federal Employee Program (FEP) Plans Medicare Advantage Plans	<b>PRIOR AUTHORIZATION - ALL PLANS</b> BCBSAZ Code Lists 2022 BCBSAZ Code Lists 2023 BCBSAZ Lookup Tool BCBSAZ Pharmacy Resources BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans eviCore Resources Requests AZ Standard Online Requests-AZ Standard Fax: Healthcare Svcs Requests-AZ Standard Fax: Meds/DME Requests-eviCore Requests-Medicare Advantage Plans Only Requests-PCP-HMO Plans Only ⓘ Requests-Quick Guide	<b>PROVIDER COMMUNICATION</b> Provider Newsletter Provider Notices
<b>CLAIMS</b> Homepage for Claim Status Inquiry Claims Status History Online Remits	<b>PCP COORDINATED CARE HMO PLANS</b> PCP Referral Auth Not Required at this Time Prior Auth Requests (Non-Std Option) ⓘ Provider E-Learning Roster PCP Panel		
<b>ELIGIBILITY &amp; BENEFITS</b> CHS Group Information Homepage for Eligibility & Benefits Inquiry Eligibility and Benefits Results Member ID Prefix Lists	<b>PHARMACY</b> Pharmacy Information		

### Provider Newsletters and Email Notices

You can access current and past editions of our provider newsletter from the “Practice Management” menu under “Provider Communication.”

### Provider Newsletter Archive

Click below to review past issues of the BCBSAZ provider e-newsletter. The most recent issue is listed first.

**March 2023**

- [March updates, reminders, and tips](#)
- [COVID-19 public health emergency to end May 11](#)
- [Annual HEDIS medical records retrieval](#)
- [Webinar: Opioid overdose prevention, treatment](#)
- [EPO plan members: Are you in-network?](#)

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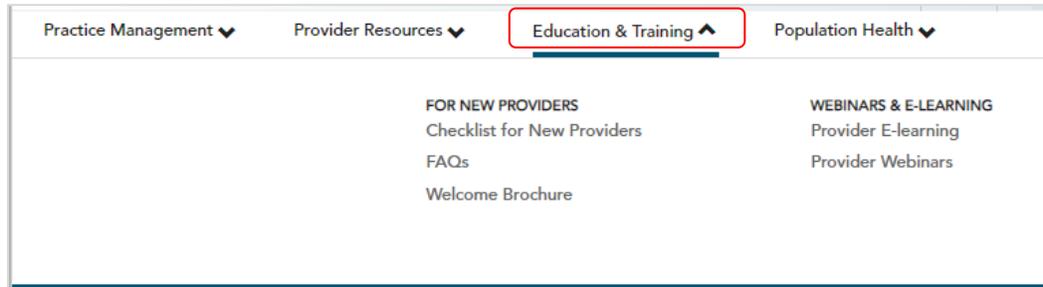
### Provider Notices

**Current** Current | [Archive](#)

[Current COVID-19 emergency measures and vaccine information](#)  
[City of New York retiree plan to change to Medicare Advantage PPO for 2022 101421](#)  
[ABA services to require prior authorization 101321](#)  
[Chat about MAT and hear from peers 082621](#)  
[New dental claim requirements 072821](#)  
[Closing gaps in care for Medicare Advantage members 072021](#)  
[Helping patients avoid unnecessary ER visits 071421](#)  
[Code edit updates for professional claims 062921](#)  
[Clinical criteria for ABA services 050521](#)  
[Certain COVID-19 emergency measures to expire May 31 040621](#)  
[New policy requires provider payment monitoring and reporting 040121](#)  
[Messages from BCBSAZ CMO and CEO 030321](#)

To add a staff member to our email list to receive BCBSAZ provider communications, contact your [provider liaison](#).

## 10 Education and Training Resources



### Provider E-learning

Our on-demand e-learning modules help contracted providers understand the guidelines and most efficient ways of doing business with us.

Topics include:

- BCBSAZ Medicare Advantage**
- BlueDental Overview**
- Claims**
- Eligibility, Benefits, and Prior Authorization**
- eviCore Prior Authorization**
- PCP Coordinated Care HMO (PCP-HMO) Benefit Plans**
- Products, Networks, and ID Cards**
- Provider Directory**
- Provider Resources**

### Resources for Newly Contracted Providers

You can use the following orientation materials for new providers or for newly hired office staff:

- Checklist for New Providers**
- FAQs**
- Welcome Brochure**

## 11 Electronic Business Resources

Practice Management ▼	Provider Resources ▲	Education & Training ▼	Population Health ▼
<b>DENTAL RESOURCES</b> BlueDental Provider eLearning BlueDental Provider Manual BlueDental Provider Portal Dental Products and Networks QRG	<b>FORMS</b> Appeals & Grievances Care Management Claims Contract/Credentialing Requests Contract Termination Coordination of Benefits EFT and ERA PCMH Program PCP Coordinated Care HMO Plans Provider Information Change Waiver of Restriction	<b>GUIDELINES</b> Appeals & Grievances Claim Coding Claim Pricing Clinical Resources Electronic Business Eligibility and Benefits Medicaid Provider Enrollment Requirements Medical Policies Medicare Advantage Resources National Programs (BlueCard) PCP Coordinated Care HMO Plans Pharmacy Prior Authorization Provider Operating Guide Provider Portal	

Resources include:

### **Electronic Adjustments Guide**

This document includes information on the eAdjustment process as well as the HIPAA data elements required for electronically submitted claim adjustments.

### **EFT and ERA**

This page offers information about the use of electronic transactions for payment and reconciliation, including EFT and ERA enrollment instructions and forms.

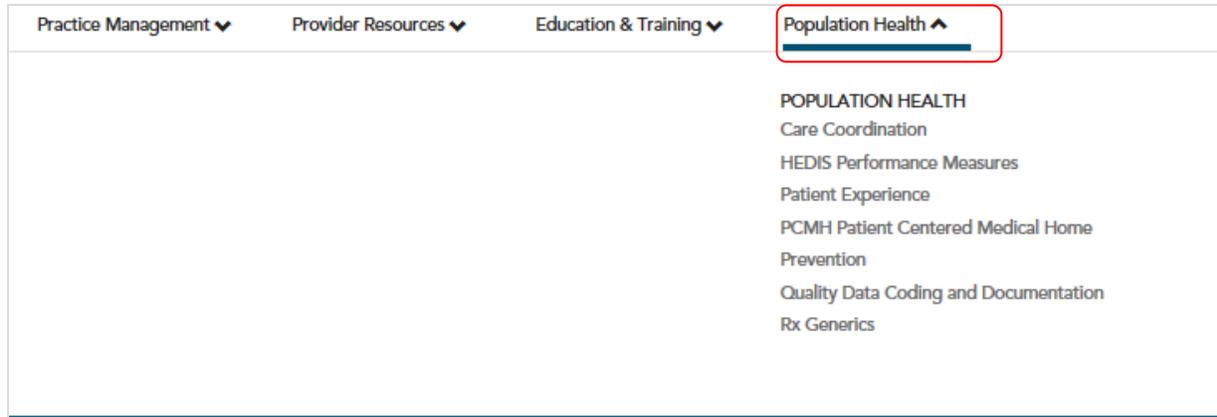
### **Electronic Transactions**

This page offers information about the options available to BCBSAZ network providers for electronic transactions in the HIPAA 5010 format, including Arizona Blue Direct Connect (ABDC).

### **HIPAA Transaction Standard – BCBSAZ Companion Guide**

This document lists the BCBSAZ-specific information and guidelines (not provided by the TR3) needed to process certain scenarios on transactions.

## 12 Population Health Management Toolkit



Resource pages include:

### **Care Coordination**

This page defines care coordination and lists actions for providers to create effective care coordination for BCBSAZ members.

### **HEDIS Performance Measures**

This page gives information about the HEDIS quality measures and actions for BCBSAZ network providers to help support these measure through clinical and operational protocols.

### **Patient Experience**

This page offers information and resources to help providers gauge and increase the quality of the patient experience for BCBSAZ members.

### **PCMH Program**

This page gives an overview of the BCBSAZ Patient-Centered Medical Home (PCMH) program, along with resources for more information.

### **Prevention**

This page gives providers strategies to customize prevention and wellness guidance for BCBSAZ members.

### **Quality Data – Documentation and Coding**

This page focuses on how quality data contributes to quality outcomes. It lays out expectations for BCBSAZ network providers in the areas of medical record documentation and coding.

### **Rx Generics**

This page shares information about generic drugs along with expectations for BCBSAZ network providers in prescribing generic drugs and helping to educate members about their value.

## 13 Clinical Resources

### Clinical resources in the “Practice Management” menu:

Practice Management ▲	Provider Resources ▼	Education & Training ▼	Population Health ▼
<b>ACCOUNT MANAGEMENT</b> Change Contact Information Change Password My Account User Management Provider Information Change Provider Management Sub Organization Management  <b>CLAIMS</b> Homepage for Claim Status Inquiry Claims Status History Online Remits  <b>ELIGIBILITY &amp; BENEFITS</b> CHS Group Information Homepage for Eligibility & Benefits Inquiry Eligibility and Benefits Results Member ID Prefix Lists	<b>MEDICAL POLICIES</b> BCBSAZ Plans-eviCore Guidelines BCBSAZ Plans-InterQual® Search BCBSAZ Plans-BCBSAZ Proprietary Policies BCBSAZ Plans-Chiropractic Guidelines BCBSAZ Plans-Pharmacy Guidelines BCBSAZ Plans-Site-of-Service Criteria BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans Federal Employee Program (FEP) Plans Medicare Advantage Plans  <b>PCP COORDINATED CARE HMO PLANS</b> PCP Referral Auth Not Required at this Time Prior Auth Requests (Non-Std Option) ⓘ Provider E-Learning Roster PCP Panel  <b>PHARMACY</b> Pharmacy Information	<b>PRIOR AUTHORIZATION - ALL PLANS</b> BCBSAZ Code Lists 2022 BCBSAZ Code Lists 2023 BCBSAZ Lookup Tool BCBSAZ Pharmacy Resources BCBSAZ/TPA Co-Administered Plans BlueCard (Out-of-Area) Plans CHS Group Plans eviCore Resources Requests AZ Standard Online Requests-AZ Standard Fax: Healthcare Svcs Requests-AZ Standard Fax: Meds/DME Requests-eviCore Requests-Medicare Advantage Plans Only Requests-PCP-HMO Plans Only ⓘ Requests-Quick Guide  <b>PROVIDER COMMUNICATION</b> Provider Newsletter Provider Notices	

### Clinical resources in the “Provider Resources” menu:

Practice Management ▼	Provider Resources ▲	Education & Training ▼	Population Health ▼
<b>DENTAL RESOURCES</b> BlueDental Provider eLearning BlueDental Provider Manual BlueDental Provider Portal Dental Products and Networks QRG  <b>ELECTRONIC BUSINESS</b> Electronic Claim Adjustments Guide EFT and ERA Electronic Transactions HIPAA Transaction Standard-BCBSAZ Companion Guide	<b>FORMS</b> Appeals & Grievances <b>Care Management</b> Claims Contract and Credentialing Requests Contract Termination Coordination of Benefits EFT and ERA No Surprises Act (NSA) <b>PCMH Program</b> PCP Coordinated Care HMO Plans Provider Information Change Provider Liaison Lookup Waiver of Restriction	<b>GUIDELINES</b> Appeals & Grievances CHS Group and TPA Information Claim Coding Claim Pricing <b>Clinical Resources</b> Medicaid Provider Enrollment Requirements <b>Medical Policies</b> Medicare Advantage Resources Member ID Cards Member ID Prefixes National Programs (BlueCard) No Surprises Act (NSA) PCP Coordinated Care HMO Plans Pharmacy Prior Authorization Provider Operating Guide Provider Portal	

Clinical resources include medical policies, a care management referral form, PCMH information and interest form, preventive recommendations and resources, and health/wellness resources for patients.

## 14 Need Help?

### FAQs page

This page, accessible from the “Education & Training” menu, offers answers to commonly asked questions and includes helpful links to help you quickly navigate to relevant tools and resources in the provider portal.



Practice Management ▼    Provider Resources ▼    **Education & Training ▼**    Population Health ▼

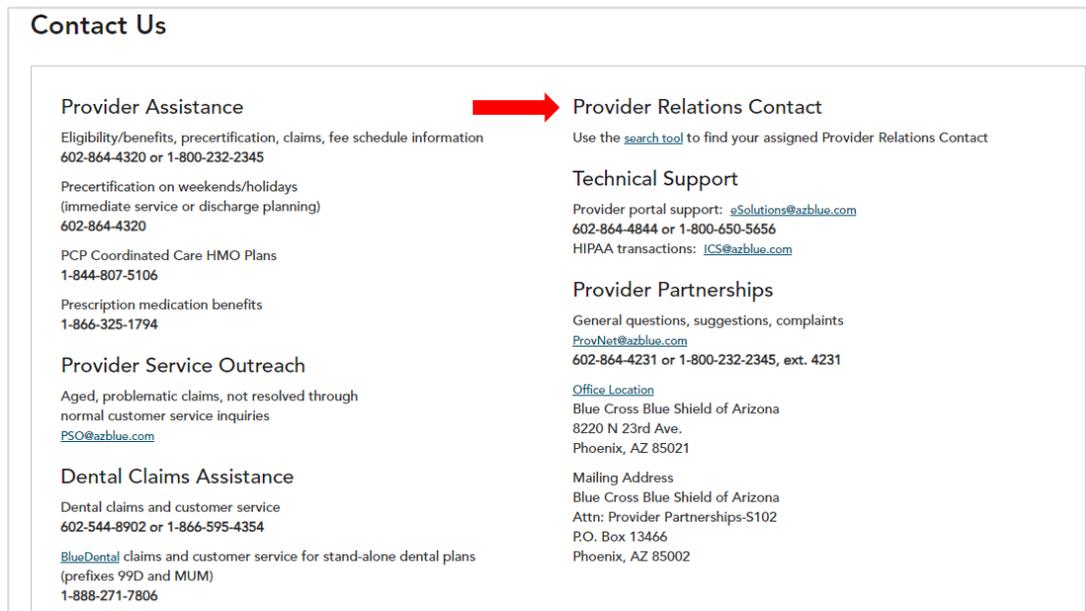
[Home](#) > FAQs

### FAQs

- + Add/Remove Provider from Tax ID
- + Appeals and Grievances
- + BlueCard (Out-of-Area) Program
- + Care Coordination/Care Management Program
- + Claims
- + Clinical Criteria (Medical Policies)
- + Contracting/Credentialing
- + Corporate Health Services (CHS) Groups and their Third-Party Administrators (TPAs)
- + Electronic Transactions
- + Eligibility and Benefits

### Provider-specific Contact Us page

This page, accessible from the homepage and the bottom of all other pages in the secure provider portal, displays contact information specifically for providers. You can also access the [Provider Relations Contact Search Tool](#) here.



### Contact Us

<p><b>Provider Assistance</b> Eligibility/benefits, precertification, claims, fee schedule information 602-864-4320 or 1-800-232-2345</p> <p>Precertification on weekends/holidays (immediate service or discharge planning) 602-864-4320</p> <p>PCP Coordinated Care HMO Plans 1-844-807-5106</p> <p>Prescription medication benefits 1-866-325-1794</p> <p><b>Provider Service Outreach</b> Aged, problematic claims, not resolved through normal customer service inquiries <a href="mailto:FSO@azblue.com">FSO@azblue.com</a></p> <p><b>Dental Claims Assistance</b> Dental claims and customer service 602-544-8902 or 1-866-595-4354 <a href="#">BlueDental</a> claims and customer service for stand-alone dental plans (prefixes 99D and MUM) 1-888-271-7806</p>	<p><b>Provider Relations Contact</b> Use the <a href="#">search tool</a> to find your assigned Provider Relations Contact</p> <p><b>Technical Support</b> Provider portal support: <a href="mailto:eSolutions@azblue.com">eSolutions@azblue.com</a> 602-864-4844 or 1-800-650-5656 HIPAA transactions: <a href="mailto:ICS@azblue.com">ICS@azblue.com</a></p> <p><b>Provider Partnerships</b> General questions, suggestions, complaints <a href="mailto:ProvNet@azblue.com">ProvNet@azblue.com</a> 602-864-4231 or 1-800-232-2345, ext. 4231</p> <p><u>Office Location</u> Blue Cross Blue Shield of Arizona 8220 N 23rd Ave. Phoenix, AZ 85021</p> <p><u>Mailing Address</u> Blue Cross Blue Shield of Arizona Attn: Provider Partnerships-5102 P.O. Box 13466 Phoenix, AZ 85002</p>
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### Technical Support – Digital Solutions

For tech support with the provider portal, please contact us at [eSolutions@azblue.com](mailto:eSolutions@azblue.com) or call us at 602-864-4844 or 1-800-650-5656.

### Support for HIPAA Electronic Transactions

For support with HIPAA electronic transactions, please contact us at [ICS@azblue.com](mailto:ICS@azblue.com).