

Recoupment Process – Blue Choice PPOSM

The “Refund Policy for **Blue Choice PPO**” states that Blue Cross and Blue Shield of Texas (BCBSTX) has 180 days following the payee’s receipt of an overpayment to notify a Physician or Provider that the overpayment has been identified and to request a refund.* For additional information on the **Blue Choice PPO** Refund Policy, including when a Physician or Provider may submit a claim review and when an overpayment may be placed into recoupment status, please refer to the “**Refund Policy – Blue Choice PPO**” on pages F-42 through F-45 of Section F in the [Blue Choice PPO Physician & Professional Provider – Provider Manual](#) or go back to the same **Recoupments/Refunds** section on the BCBSTX Provider website as this article.

In some unique circumstances a Physician or Provider may request, in writing, that BCBSTX review all claims processed during a specified period; in this instance all underpayments and overpayments will be addressed on a claim-by-claim basis.

***Note:** The refund request letter may be sent at a later date when the claim relates to BCBSTX accounts and transactions that are excluded from the requirements of the Texas Insurance Code and other provisions relating to the prompt payment of claims, including:

- Self-funded ERISA (Employee Retirement Income Security Act)
- Indemnity Plans
- Medicaid, Medicare and Medicare Supplement
- Federal Employees Health Benefit Plan
- Self-funded governmental, school and church health plans
- Texas Health Insurance Pool (THIP)
- Out-of-state Blue Cross and Blue Shield plans (BlueCard)
- Out-of-network (non-participating) providers
- Out-of-state provider claims including Away From Home Care

Recoupment Process – Blue Choice PPO

When a Physician’s or Provider’s overpayment is placed into a recoupment status, the claims system will automatically off-set future claims payment and generate a Provider Claims Summary (PCS) to the Physician or Provider (Recoupment Process). The PCS will indicate a recouped line along with information concerning the overpayment of the applicable **Blue Choice PPO** claim(s).

To view an example of a recoupment, please refer to the sample PCS on page 40 of Section F in the [Blue Choice PPO Physician & Professional Provider – Provider Manual](#).

For additional information or if you have questions regarding the **Blue Choice PPO** Recoupment Process, please contact **800-451-0287** to speak with a BCBSTX Customer Advocate.

Continued on next page

Sample PCS Recoupment

DATE: MM/DD/YY
 PROVIDER NUMBER: 0001112222
 CHECK NUMBER: 123456789
 TAX IDENTIFICATION NUMBER: 987654321

1
2
3
4

5 ABC MEDICAL GROUP
 123 MAIN STREET
 ANYTOWN, TX 70000

ANY MESSAGES WILL APPEAR ON PAGE 1

6 PATIENT: JOHN DOE
7 PERF PRV: 1234567890
8 CLAIM NO: 00001234567890C
9 IDENTIFICATION NO: P06666-XOC123456789
10 PATIENT NO: 12345KB

| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|------------------|-----------|-----------|-----------|---------------|------------------|----------------------|------------------------------|-------------|
| FROM/TO DATES | PS* | PAY | PROC CODE | AMOUNT BILLED | ALLOWABLE AMOUNT | SERVICES NOT COVERED | DEDUCTIONS/ OTHER INELIGIBLE | AMOUNT PAID |
| 02/09 – 02/09/12 | 03 | PPO | 99213 | 76.00 | 50.52 | (1) 25.48 | 0.00 | 50.52 |
| | | | | 76.00 | 50.52 | 25.48 | 0.00 | 50.52 |

20 AMOUNT PAID TO PROVIDER FOR THIS CLAIM: \$50.52

DEDUCTIONS/OTHER INELIGIBLE

21 TOTAL SERVICES NOT COVERED: 25.48
22 PATIENT'S SHARE: 0.00

PROVIDER CLAIMS AMOUNT SUMMARY

| | |
|---|--------------------------------------|
| 23 NUMBER OF CLAIMS: 1 | AMOUNT PAID TO SUBSCRIBER: \$0.00 |
| AMOUNT BILLED: \$76.00 | AMOUNT PAID TO PROVIDER: \$50.52 |
| AMOUNT OVER MAXIMUM ALLOWANCE: \$25.48 | RECOUPMENT AMOUNT: \$31.52 |
| AMOUNT OF SERVICES NOT COVERED: \$25.48 | NET AMOUNT PAID TO PROVIDER: \$19.00 |
| AMOUNT PREVIOUSLY PAID: \$0.00 | |

24 * PLACE OF SERVICE (PS)
 03 PHYSICIAN'S OFFICE.

25 MESSAGES:
 (1). CHARGE EXCEEDS THE PRICED AMOUNT FOR THIS SERVICE. SERVICE PROVIDED BY A PARTICIPATING PROVIDER. PATIENT IS NOT RESPONSIBLE FOR CHARGES OVER THE PRICED AMOUNT.

Continued on next page

Professional Provider Claim Summary Field Explanations

| | | |
|-----------|---|--|
| 1 | Date | Date the summary was finalized |
| 2 | Provider Number | Provider's NPI |
| 3 | Check Number | The number assigned to the check for this summary |
| 4 | Tax Identification Number | The number that identifies your taxable income |
| 5 | Provider or Group Name and Address | Address of the provider/group who rendered the services |
| 6 | Patient | The name of the individual who received the service |
| 7 | Performing Provider | The number that identifies the provider that performed the services |
| 8 | Claim Number | The Blue Shield number assigned to the claim |
| 9 | Identification Number | The number that identifies the group and member insured by BCBSNM |
| 10 | Patient Number | The patient's account number assigned by the provider |
| 11 | From/To Dates | The beginning and ending dates of services |
| 12 | PS | Place of service |
| 13 | PAY | Reimbursement payment rate that was applied in relationship to the member's policy type |
| 14 | Procedure Code | The code that identifies the procedure performed |
| 15 | Amount Billed | The amount billed for each procedure/service |
| 16 | Allowable Amount | The highest amount BCBSNM will pay for a specific type of medical procedure. |
| 17 | Services Not Covered | Non-covered services according to the member's contract |
| 18 | Deductions/Other Ineligible | Program deductions, copayments, and coinsurance amounts |
| 19 | Amount Paid | The amount paid for each procedure/service |
| 20 | Amount Paid to Provider for This Claim | The amount Blue Shield paid to provider for this claim |
| 21 | Total Services Not Covered | Total amount of non-covered services for the claim |
| 22 | Patient's Share | Amount patient pays. Providers may bill this amount to the patient. |
| 23 | Provider Claims Amount Summary | How all of the claims on the PCS were adjudicated |
| 24 | Place of Service (PS) | The description for the place of service code used in field 12 |
| 25 | Messages | The description for messages relating to: non-covered services, program deductions, and PPO reductions |