

For release with the April 2014 edition

The *Blue Book*SM Web-based provider e-manual is offered for providers participating in the Blue Cross and Blue Shield of North Carolina (BCBSNC) provider networks. BCBSNC makes periodic updates to this e-manual. The most current version of the *Blue Book*SM will be located in the providers section of the BCBSNC Web site. Providers are encouraged to frequently visit the providers' section of the BCBSNC Web site (<http://www.bcbsnc.com/providers/>) to receive updates and information of relevance to their participation in the BCBSNC provider networks.

Please see the below overview of changes made for the April 2014 version of the *Blue Book*SM Provider e-manual. It is important to note, this listing is not intended to be all inclusive but rather a resource to help direct the reader to areas of concentrated change. Additionally, revisions to the *Blue Book*SM e-manual typically include information that BCBSNC has already shared with network participating providers through other communications, which came after the e-manual was last updated.

Chapter/Section Number	Chapter/Section Title	Change
Changes throughout manual		<ul style="list-style-type: none"> • Renumbering of chapters/sections due to addition/deletion of content. • Changed "Healthcare Management and Operations" to "Care Management and Operations." • Updates to Network Management contact information. • Deleted all references to North Carolina HealthChoice for Children. • Hyperlinks updated/replaced. • Content added where applicable for Blue ValueSM and Blue SelectSM. • Content removed for "Blue Extras." • Changed radiology management vendor's name to AIM Specialty HealthSM (formerly American Imaging Management).
1.1	About this e-manual	Updated product table.
2.3	Care Management & Operations	New title and rewrite of this section.
2.6	AIM	Updated content for first paragraph of procedures requiring pre-certification.
2.8	Claim inquiries	Deleted content for Provider Resolution Form (form no longer in use).
2.9	Provider demographics	Content added for translation services.
2.13	Changes to your office and/or billing information	Bullet added for "Language or Translation Service(s) Offerings."
2.14	Hearing aid coverage	Outdated information regarding hearing aid coverage was deleted from this section. Hearing aid coverage is included in chapter nine.

Chapter 3	Health care – updates to multiple sections	ID cards replaced and outdated benefit tables removed.
3.1	Health care benefits and plan type	Point-of-Service (POS) product added.
3.2	Health care benefit plans overview	Products added. Content added for Blue365/Discounted offers.
3.3.2	Member identification numbers	Three alpha prefixes added to chart.
3.5	Preventive care services	New section.
3.7	Blue Value products	New section.
3.8	Blue Options Plans, SHP, Blue Advantage PPO and Blue Select products	Content updated. Blue Select product added. Replaced sample ID cards. Blue Select ID sample card added.
3.8.1	Health benefit summary	Note added to first bullet for Blue Select.
3.8.3	The State Health Plan	Updated State Health Plan benefit Info.
Chapter 4	Federal Employee Program – omitted content	The following has been omitted for this updated version of the Blue Book. Omitted content can be viewed by visiting the previous edition - April 2012 edition. <ul style="list-style-type: none"> • Partial hospitalization for intensive outpatient treatment for mental health/substance abuse (previously section 4.3.3.4) • Outpatient mental health and substance abuse treatment – Standard Option (previously section 4.3.3.5) • Outdated “Health Benefit Highlights”
4.3.3.4	Inpatient mental health and substance abuse treatment – Standard and Basic Option	“Standard Option” added to title. Small content changes.
4.3.3.8	Morbid obesity surgery	Content changes within this section, including changes to bulleted information.
4.5.15	Lactation consultant	New content.
4.6	Health benefits – Standard and Basic Options	Outdated benefit tables removed.
4.7	Preventive care screenings	Preventive care screening guidelines have been revised.
4.10	Orthopedic and prosthetic devices	Change device amounts to \$1250 in three locations. Added content to last bullet (\$ limitation for wigs).
4.11	Durable Medical Equipment	Second to last bullet – change in device dollar amount.
4.12.2	Preventive care children	Content added for preventive care services as recommended by the Patient Protection and Affordable Care Act and the American Academy of Pediatrics.
4.12.4	Timely filing requirements	Content added for corrected claims 12-month filing limit.
4.12.7	Service edits	New section.
5.1.2	Product types included in the	Type of services added to third bullet. New bullet added for POS content as fourth bullet.

	BlueCard program	
5.2	Identifying BlueCard members	Content added for standalone vision. Content added for Point-of-Service (POS).
5.7.7	Ancillary	New section.
Chapter 6	Medicare supplement products – updates to multiple sections	Revisions include updated benefits information, ID card image replacement and listing for new ID alpha prefix.
7.3.1	Observation stay	Content added to provide clarification for an observation stay.
7.5.1.5	Certification list	Section revised to replace outdated precertification list and instructional guidelines. Content added for drug-specific fax forms.
7.5.5	Hospital observation	Content added to provide clarification for an observation stay. “Prior Review” content was added following “Medical Director’s responsibility”.
7.9	Diagnostic imaging management program	Content updated to reflect current policies.
7.10 7.10.1 7.10.2	Health Coaching	Content updated to reflect changes to Healthy Outcomes Condition Care programs.
7.11	Mental health and substance abuse management programs	ID cards replaced.
7.12.3	Continuity of care	Content added for “terms and limitations” for providers.
Chapter 8	Case management – updates throughout chapter	Rename chapter to Case Management (formerly, Care Management). Updates made throughout chapter to reflect this change.
8.3	Health management program	Revised section due to changes in health management programs. Content for Member Health Partnerships SM programs was removed and replaced with content for Healthy Outcomes Condition Care (HOCC) programs.
8.3.1	Wellness Coaching	New section.
8.3.2	Provider Reports	New section.
8.4	Medical nutrition therapy benefits	Updates include: <ul style="list-style-type: none"> • Changes to medical nutrition therapy benefit. • Added Blue Value and Blue Select as plans that offer the benefit. • Changes to coverage guidelines • Reminder added regarding verification of eligibility and benefits. • Outdated benefit table removed.
8.6	HealthLine BlueSM	<ul style="list-style-type: none"> • Content added in third paragraph regarding nurse insights. Content removed for the “Foundation for Informed Medical Decision Making.”
8.7.2	Online – <i>bcbsnc.com</i>	References to Dialog Center ^{SM1} and Healthwise [®] Knowledgebase was removed.
Chapter 9	Claims - updates throughout chapter	Updates include: <ul style="list-style-type: none"> • Changes to sample CMS-1500’s and UB-04’s. • Addition of content for Blue Value and Blue Select products.

		<ul style="list-style-type: none"> Change in pharmacy benefits manager.
9.6 9.6.1 9.6.2	Short-term physical therapy, occupational therapy, and speech therapy:	New sections for therapies
9.10	Claim filing time limitations	Content added for 24-month corrected claims and adjustments time limit.
9.13.1	Definitions (Corrected claims and mailbacks)	Content added: <ul style="list-style-type: none"> Time limitation for filing corrected claims and adjustments. Instructions for professional claims added in second row of table - new bullet.
9.13.3	Tips for corrected claims	<ul style="list-style-type: none"> Content added for filing of professional, corrected claims (item #4).
9.14	Billing BCBSNC members	Content added: <ul style="list-style-type: none"> American Recovery and Reinvestment Act (ARRA). Services provided by non-participating providers and referrals to non-participating providers.
9.14.4	Billing members for non-covered services	Content added regarding “waivers”.
9.19.1	Fee schedules	Content updated regarding availability of fee schedules and process for obtaining copies.
9.19.2	Pricing policy for procedure/service codes	Content updated to reflect most recent pricing policy. Please note that changes to BCBSNC DME Pricing Policy have been implemented since completion of the manual. Updates will be reflected in the next revision of the Blue Book e-manual. Copies of the current DME Pricing Policy can be viewed online at bcbsnc.com .
9.19.3	Pricing development and maintenance policy	Content updated to reflect changes to pricing development and maintenance policy.
9.28 – 9.29	CMS-1500 and UB-04 claim filing instructions	Chart changes reflect updates to filing instructions.
9.31.1	Sample EOP	Replaced sample copy.
9.32	Maternity claims	Reference added for global maternity and multiple births billing guidelines.
9.35	Participating labs and billing	Content added for lab referrals.
9.37	Anesthesia services	Content updated to reflect most recent medical policy.
9.37.1	CRNA’s	Deleted “filing” section.
9.38	Assistant surgeon	Content relating to eligibility for reimbursement was deleted from third paragraph.
9.39	Physician assistant	Content addressing eligibility for reimbursement was deleted.
9.41	Retainer Practices	New section.
9.43	CPT 99420	New section.
9.45	Participating reference labs and billing	Bullet added advising not to submit claims for CPT 99000 and 99001. Notation added regarding referrals to in-network labs.
9.46	Licensed dietitian nutritionist services	Replaced “definition” with new description.

9.54 9.54.1	Home infusion therapy and reimbursement	New placement for billing information. This information was previously found in sections 9.49 and 9.49.1.
9.55 - 9.55.7	Durable medical equipment billing and reimbursement	Content updated to reflect changes to DME guidelines.
9.60	Dialysis billing and reimbursement	Content added for dialysis performed in the physician's office to clarify services as subject to copays, when copays exist.
9.64.1	Anesthesia supplies and services	New title.
9.64.7	Medical nutrition services	New title (previously titled, "Dietary nutrition services.")
9.64.11	Hearing aid evaluation	Content updated to reflect benefit change.
9.64.22	Outpatient Surgery	Bullet added for CPT and HCPCS requirement on UB-04 claim submissions (third bullet).
9.64.25	Pharmacy	Content revised for drugs approved by the FDA (third bullet).
9.64.26	Drug Wastage	Content change to drug wastage criteria description. Content added for units billed and vial size (first bullet).
9.64.27	Physical therapy	Added instructions for use of revenue code 042X.
9.64.29	Psychiatric inpatient room and board	"Inpatient" added to section title.
9.64.35	Special beds	Specific bed names were omitted. Content updated to reflect current policies.
9.64.37	Speech Therapy	Added instructions for use of revenue code 044X.
9.66.1	General coverage determinations	Definition added for a patient in routine or general accommodations.
9.66.2	Charge-to-charge comparison	Updates include: <ul style="list-style-type: none"> ▪ Changes to content under "special beds" ▪ Change to paragraph one under "pharmacy" ▪ Change to revenue code under "physical therapy," "occupational therapy," "speech therapy," "outpatient diabetes program" ▪ Content deleted, "hearing aids" (reference section 9.61, 9.64.11) ▪ Content added, "outpatient multiple radiological procedures"
9.69	Claims submissions	<ul style="list-style-type: none"> ▪ Content added for CPT and HCPCS codes requirement on all UB-04 forms (fourth bullet).
9.75	Modifiers	Clear Claims Connection (C 3) content deleted.
10.15.1	Medicare as primary/BCBSNC as secondary	New section.
10.16.1	BCBSNC as primary	New content addressing upfront payments from Medicare beneficiaries when BCBSNC is primary to Medicare (second bullet).
10.21	Medicare crossover claims	Content added to second paragraph advising to wait 30 calendar days from the Medicare remittance date before submitting claims to BCBSNC.
11.5	Blue e	Reference added for Patient Care Summary. eSolutions HelpDesk phone number added.
Chapter 13	Quality Improvement Program – updates to multiple	Title change. Updates include additions/deletions of content to reflect changes in QI programs. Content added for Quality-based programs. Replaced "Provider

	sections	Toolkit” form.
14.1.1	Urgent care	New section.
14.2	Council for Affordable Quality Health Care (CAQH)	New section.
16.6	Level I provider appeals	Content change to paragraph after the first set of bulleted text. Changed the timeframe in which provider appeals are handled, from 30-days to 45-days.
17.1 – 17.1.9	Pharmacy	Changes include updates for tiered formularies, Blue Value/Blue Select plans, prescription supplies, member responsibility, and brand name drugs. Section deleted for over-the-counter medications (previously section 17.1.10)
20.1.1	Sample notice of privacy practices form	Updated form replaces previous “Notice of Privacy Practices”.
20.2	Privacy regarding services or items paid out-of-pocket	New section.
Changes throughout chapter 21	Forms	Forms have been replaced with updated versions. Notation added for “drug-specific fax forms.”
Changes throughout chapter 22	Glossary of Terms	Additions/deletions <ul style="list-style-type: none"> ▪ Delete “Alt Med Blue” definition ▪ Delete “Blue Extras” definition ▪ Add “Blue Select” definition ▪ Add “Blue Value” definition ▪ Add “Blue365” definition ▪ Delete “CDW” definition ▪ Delete “Complimentary and Alternative Medicine” reference ▪ Add “Healthy Outcomes” definition ▪ Delete “NPC Segment” definition ▪ Add “Point-of-Service (POS)” definition
Previously, chapter 24	Class action settlement agreement (settlement)	<ul style="list-style-type: none"> ▪ Chapter removed.

The April 2014 edition of the BlueBookSM Provider e-Manual supersedes the April 2012 edition