PRN

Policy Review & News

Important information about Pennsylvania Blue Shield
www.pablueshield.com

April 2003

In This Issue

BC
Look for this symbol for all BlueCard® related information

News

Joint business coverage ends for central Pennsylvania and Lehigh Valley Blue Shield members

As of April 1, 2003, you will not see patients that have joint business coverage in central Pennsylvania or the Lehigh Valley.

Pennsylvania Blue Shield began offering a range of fully-integrated health coverage plans to the people of central Pennsylvania and the Lehigh Valley on April 1, 2003. Over the past year Blue Shield worked with Capital Blue Cross to continue coverage for its members. However, as contracts expire members must select Pennsylvania Blue Shield or another insurance carrier.

Joint business coverage continues for two programs

Pennsylvania Blue Shield and Capital Blue Cross will continue to provide joint coverage for members of the adultBasic program and for members enrolled in the Federal Employee Program (FEP). See "Blue Shield to administer benefits, process claims for the Federal Employee Program" on Page 2 for more information about the FEP.

PENNSYLVANIA BLUE SHIELD
A HIGHMARK COMPANY

An Independent Licensee of the Blue Cross and Blue Shield Association

PRN

Blue Shield to continue to administer benefits, process claims for the Federal Employee Program

Pennsylvania Blue Shield will continue to administer health care benefits and process claims for Federal Employee Program (FEP) members in central Pennsylvania and the Lehigh Valley. The FEP benefits and claims processing procedures will remain the same for professional and institutional providers.

Continue to submit your professional services claims for central Pennsylvania and Lehigh Valley FEP members to Pennsylvania Blue Shield. Submit claims for institutional services for these FEP members to Capital Blue Cross.

Blue Shield has not changed your participating or preferred status with FEP, unless you've requested a change to your status.

You can identify FEP members by the alpha-numeric contract identification number that begins with the letter "R" followed by eight digits.

If you have questions about the FEP, please contact Blue Shield's FEP Customer Service department at (866) 763-3608.

2003 PTM mailed in March

In March, Pennsylvania Blue Shield mailed the 2003 edition of the **Procedure Terminology Manual (PTM)** to you.

If you are an out-of-state health care professional, you must have contracted with Blue Shield as a participating provider to receive a 2003 **PTM**.

Blue Shield designs the **PTM** to assist your staff in submitting claims to Blue Shield. Always report the appropriate procedure code on your claims. Remember, the listing of a procedure in the **PTM** does not necessarily indicate that it is eligible for payment under Blue Shield's programs.

The 2003 **PTM** includes the 2003 Health Care Common Procedure Coding System (HCPCS) and the American Medical Association's Current Procedure Terminology (CPT) changes. If you report out-of-date, deleted codes, it will delay your claims—and some claims may be denied incorrectly.

If you have not received your 2003 **PTM**, please contact:

Pennsylvania Blue Shield
Shipping Control Department
PO Box 890089
Camp Hill, Pa. 17089-0089
Telephone: (717) 763-3256

Participating provider network may supplement other networks

Some of Pennsylvania Blue Shield's products are supported by both a selectively contracted preferred provider network and Blue Shield's traditional participating provider network. For these programs, if you are a participating provider but are not a member of the preferred provider network, you must accept Blue Shield's UCR allowance as payment in full for covered services, in accordance with the terms of your participating provider agreement.

For example, the Federal Employee Program (FEP) uses this dual network approach. Blue Shield's PremierBlue Shield network is FEP's primary network. FEP members

receive the highest level of benefits when they use the services of a PremierBlue Shield health care provider. They may also use Blue Shield's participating providers. When they do see a participating provider most services remain covered, though at a lower level of benefits.

Product determines authorization and treatment plan requirements

There are different preauthorization and treatment plan requirements for Pennsylvania Blue Shield members who have physical therapy, manipulation therapy and occupational therapy benefits. These requirements are based on the members' coverage. You can identify these members by looking for plan code 378 on their identification card.

Authorization and treatment plan requirements for ClassicBlue, PPOBlue, DirectBlue and SelectBlue

ClassicBlue and PPOBlue

For Blue Shield members with ClassicBlue and PPOBlue coverage, outpatient therapies do not require preauthorization. However, a treatment plan is required. To request a supply of the treatment plan, form number 3861E, contact:

Pennsylvania Blue Shield
Shipping Control Department
PO Box 890089
Camp Hill, Pa. 17089-0089
Telephone: (717) 763-3256

Once you complete the treatment plan, send it to:

Pennsylvania Blue Shield
PO Box 890140
Camp Hill, Pa. 17089-0140

You can also send treatment plans to Blue Shield through your fax machine to (717) 302-2101 or (866) 286-8205.

If all or some of the services are not approved, you cannot bill the patient for any of those services you provided before you were notified of the denial.

DirectBlue and SelectBlue

Blue Shield requires preauthorization for outpatient therapies for its DirectBlue and SelectBlue members. Treatment plans are not required. Call Healthcare Management Services at (866) 731-8080 to preauthorize these services.

The SelectBlue program does require a referral.

If all or some of the services are not preauthorized, you cannot bill the patient for any of those services you provided before being notified of the denial.

Submit dental impaction claims electronically

Now you can submit your dental impaction claims electronically. It is no longer necessary to submit X-rays with your claims for the removal of impacted teeth, procedure code D7230, D7240 or D7241.

Send your claims for dental impactions to the patient's dental carrier. If the patient's dental carrier is United Concordia Companies, Inc. (UCCI) and the patient does not have dental coverage for these procedures, UCCI will forward the claim to Pennsylvania Blue Shield's medical-surgical system for processing.

Documentation requirements for evaluation and management services billed by teaching physicians

Pennsylvania Blue Shield has updated its online reference manual, **documentation of services provided in a teaching setting**, to further clarify what documentation is required in the medical record for a service to be billable on a 1500 claim form. The revised language and examples of acceptable evaluation and management (E/M) documentation explain that for E/M services teaching physicians need not repeat documentation already provided by the resident.

For an encounter, select the appropriate level of E/M service according to the code definitions in the American Medical Association's Current Procedural Terminology (CPT), as published in Blue Shield's **Procedure Terminology Manual**, and any applicable documentation guidelines.

When teaching physicians submit claims for E/M services, they must personally document that they:

1. performed the service or were physically present during the key or critical portions of the service when performed by the resident; and
2. participated in the management of the patient.

Documentation by the resident of the presence and participation of the teaching physician is not sufficient to establish the teaching physician's presence and participation.

The combined entries into the medical record by the teaching physician and the resident constitute the documentation for the service. Together, these entries must be adequate to substantiate the level of service required by the patient.

You can view the **documentation of services provided in a teaching setting** manual at **www.pablueshield.com**. If you have questions about Blue Shield's teaching physician documentation guidelines, call Provider Data Analysis at (717) 302-2730 or (717) 302-2732.

When to report an annual gynecological exam and medical exam on the same day

You can report an annual gynecological exam and an evaluation and management (E/M) visit on the same day if you find a medical condition or abnormality during the gynecological exam. Your treatment of the medical condition or abnormality may result in additional work requiring the key components associated with an E/M service. In this case, please report the appropriate E/M code (99201-99215, 99381-99397) in addition to the annual gynecological exam code (G0101, S0610 or S0612). You must include documentation in the patient's records that the key components of the E/M service have been met.

Do not report an E/M visit in addition to the annual gynecological exam if you find an insignificant problem during the gynecological exam that does not require additional work, and the components of an E/M service are not met.

An annual gynecological exam may include, but is not limited to patient history, blood pressure and weight check, physical exam of the pelvis, rectum, thyroid, breasts, axillae, abdomen, lymph nodes, heart and lungs.

Improving BlueCard to meet your needs

The Blue Cross Blue Shield Association developed the BlueCard program to facilitate the delivery of health care services to members of all Blue Plans when they travel or live outside of their home plan area. All Blue Plans participate in the program. In 2002, over 80 million claims were processed through BlueCard.

Provider satisfaction surveyed

To help determine whether BlueCard is meeting your needs, an annual BlueCard satisfaction survey is conducted. Pennsylvania Blue Shield participates in the BlueCard provider satisfaction survey. Survey results include feedback from approximately 10,000 providers nationwide. Blue Shield recently received results from the 2002 survey, indicating the need for improvement in three key aspects of BlueCard—claims timeliness, customer service and provider education.

Improving BlueCard in 2003

In 2003, Blue Shield will be working with other Blue Plans to improve these areas:

- Claims timeliness efforts include improving local processes and developing nationwide performance measures to improve service to all Blue providers.
- Customer service improvements will guarantee that you get the information you need when you contact Blue Shield to inquire about out-of-area patients.
- Provider education efforts are underway to ensure that you and your staff have up-to-date information about the BlueCard program in convenient formats, such as a dedicated section in Blue Shield's administrative manuals. These manuals, as well as Q&As, are available in the Provider Resource Center at **www.pablueshield.com**. Also, look for ongoing BlueCard review articles in future issues of **PRN**.

BlueCard reminders

Here are some helpful hints concerning BlueCard:

- When BlueCard members visit your office you can call BlueCard Eligibility at (800) 676-BLUE (2583) to verify membership and coverage information, for example, benefits, coinsurances, deductibles, etc. Make sure you have the member's current identification card as you'll be asked for the member's three-character alphabetical prefix that is printed on their card. This alphabetical prefix will assist in directing your call to the appropriate Plan.
- When a BlueCard member receives services in your office, Pennsylvania Blue Shield will reimburse you directly, depending on your contract, for covered services. You should not seek reimbursement from the BlueCard member until you receive your claim disposition from Pennsylvania Blue Shield. As with any local member, you must accept Blue Shield's allowance as payment in full for covered services. You may, however, seek reimbursement from BlueCard members for any medically necessary non-covered services, deductibles or coinsurances before you submit their claim.
- If you are a participating provider with Pennsylvania Blue Shield and you have signed a participation agreement with another Blue Plan, please submit claims for members with coverage through that Plan, directly to that Plan.

  For example, if your office is in Pennsylvania and you are participating with Pennsylvania Blue Shield and you are also participating with Horizon Blue Cross Blue Shield of New Jersey, send all claims for members with their coverage through Horizon Blue Cross Blue Shield to Horizon Blue Cross Blue Shield. If you do not have an agreement with Horizon Blue Cross Blue Shield, then submit all claims for Horizon Blue Cross Blue Shield members to Pennsylvania Blue Shield.

How to submit medical record requests for BlueCard members

The BlueCard program facilitates the delivery of health care services to members of all Blue Cross and Blue Shield Plans when they travel or live outside of their home plan area. On occasion, Pennsylvania Blue Shield may request medical records from you for out-of-area BlueCard members. These requests will always come from Pennsylvania Blue Shield.

Please follow these guidelines when you receive a request for medical records:

- Please respond to requests for medical records as quickly as possible. The Blue Cross Blue Shield Association encourages a response time frame of 10 days or less. Your prompt attention to medical record requests helps to expedite the review process.
- Include the original letter of request when you send the medical records. This will guarantee that the records are delivered to the right person.

Policy

Blue Shield to evaluate radiation therapy procedures' fees

Pennsylvania Blue Shield currently pays for only a professional component for these radiation therapy procedure codes: 77280, 77285, 77290, 77295, 77299, 77300, 77305, 77310, 77315, 77321, 77331, 77332, 77334 and 77399. Blue Shield includes the reimbursement for any technical component related to these services with the allowance for the daily radiation treatment, codes 77402 through 77416.

Fees being evaluated for all radiation treatment procedures

Blue Shield is evaluating its current fees for these radiation therapy codes and all other radiation treatment codes. Blue Shield plans to complete its review of the fees by summer 2003.

Please watch for more news about these procedures' fees in future **PRNs**.

Assistant surgery performed by a physician assistant now paid

On April 1, 2003 Pennsylvania Blue Shield began to pay physicians for assistant surgery performed by a physician assistant (PA). Blue Shield will pay the physician or physician group that employs the PA.

Report **both** of these modifiers when you submit claims for assistant surgery performed by a PA:

- 80—assistant surgeon, **and**
- AS—physician assistant services for assistant-at-surgery (non-team member)

Pediarix vaccine eligible for payment

Pennsylvania Blue Shield now pays for the new FDA-approved vaccine, Pediarix™. Blue Shield determines if it will pay for the vaccine by considering the member's contract and the guidelines of the Childhood Immunization Act for dependent children, as well as applicants or members and their spouses who are up to and including 20 years of age. For individuals outside this population, Blue Shield will base coverage on the member's contract.

Pediarix (90723), a combination of the DtaP (Diphtheria and Tetanus Toxoids and Acellular Pertussis vaccine adsorbed), Hepatitis B vaccine (recombinant), and inactivated Poliovirus vaccine (IPV), is administered intramuscularly.

Blue Shield removes age restriction for vagus nerve stimulation

Pennsylvania Blue Shield removed its age restriction requirement for vagus nerve stimulation on March 3, 2003.

Blue Shield had considered vagus nerve stimulation eligible for seizure control when used as a last resort for adults and adolescents 12 years of age and older.

Blue Shield will pay for vagus nerve stimulation when it's used for patients with epilepsy with partial onset seizures that cannot be controlled by any other method, that is, surgery or medication. Blue Shield considers the use of vagus nerve stimulation for other conditions experimental or investigational.

Automatic implantable cardioverter-defibrillator coverage defined

Pennsylvania Blue Shield pays for the implantation of an automatic cardioverter-defibrillator (code 33246 or 33249) for patients with:

- a documented episode of cardiac arrest due to ventricular fibrillation not due to a transient or reversible cause (427.41, 427.42, 427.5),
- ventricular tachyarrhythmia, either spontaneous or induced, not due to a transient or reversible cause (427.0, 427.1, 427.2),
- familial or inherited conditions with a high risk of life-threatening ventricular tachyarrhythmias such as long QT syndrome or hypertrophic cardiomyopathy (425.1, 794.31),
- history of heart attack, or
- reduced ejection fractions < 30 percent.

When these services are performed for other indications, Blue Shield considers them not medically necessary. A participating, preferred or network health care professional cannot bill the member for these denied services.

The implantable automatic cardioverter-defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias.

Blue Shield recognizes biofeedback as separate service

Pennsylvania Blue Shield now recognizes biofeedback as a separate service. Before, biofeedback was reported under physical therapy and evaluation and management codes.

Report biofeedback with these codes:

90901—biofeedback training by any modality

90911—biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry

Blue Shield determines coverage for biofeedback according to the individual member's contract benefits.

Blue Shield considers dry hydro massage not medically necessary

Pennsylvania Blue Shield considers dry hydro massage not medically necessary. A participating, preferred or network provider cannot bill the member for the denied service.

Use code 97799 to report dry hydro massage. When reporting code 97799, remember to include a complete description of the service you performed.

Hydrotherapy refers to the use of water in the treatment of disease or trauma. The patient lies on the surface of a hydrotherapy table. A mattress filled with heated water is under the surface of the table. A pump propels the water toward the patient through hydro-jets. The pressure of the water against the patient's body provides the massage. This is unattended hands-free massage.

Multiple-seizure electroconvulsive therapy classified as POQCU

Pennsylvania Blue Shield considers multiple-seizure electroconvulsive therapy (MECT) a procedure of questionable current usefulness (POQCU).

Blue Shield will pay for MECT only if documentation that satisfactorily establishes the procedure's medical necessity accompanies the claim.

Use code 90871 to report MECT.

Blue Shield pays for permanent heart assist pump

Pennsylvania Blue Shield pays for the implantation (33975, 33979) and removal (33977, 33980) of the Thoratec Heartmate Vented Electric Left Ventricular Assist System, in accordance with the FDA-approved usage, as destination therapy. Blue Shield defines destination therapy as permanently implanting the device for patients who are not considered candidates for a heart transplant.

Both of these criteria must be met:

1. The patient has end-stage failure (428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9); and,
2. The patient is not eligible for cardiac transplantation.

These enrollment criteria (required for the REMATCH trial) must also be met:

- The patient must be at least 18 years of age.
- The patient has chronic heart failure (NYHA Class IV or III on inotropes/IABP).
- The patient is not eligible for cardiac transplant due to age, diabetes, kidney failure or other co-morbidity.
- The patient is receiving reasonable doses of digoxin, diuretics and ACE Inhibitors (unless intolerant).
- The patient's left ventricular ejection fraction ≤ 25 percent.
- The patient's VO2 max ≤ 14 ml/kg/min (unless failed inotrope wean).

The exclusion criteria includes:

- any medical condition that, if corrected, would improve heart function,
- any condition that could result in a poor surgical risk,
- prior cardiac transplant, left ventricular reduction, or cardiomyoplasty,
- stroke, impaired cognitive function, history of severe cerebral vascular disease, or
- severe end organ damage.

Application of allografts and xenografts now eligible for payment

Pennsylvania Blue Shield now pays for the application of allograft and/or xenograft as a separate service.

Previously, when allograft and/or xenograft was used in the capacity of a dressing change, for example, following the debridement of decubitus ulcers, Blue Shield considered it an integral part of a health care professional's medical or surgical care.

To report these services, please use the procedure code that is specific to the service you performed:

15350—application of allograft, skin; 100 sq. cm. or less

15351—application of allograft, skin; each additional 100 sq. cm.

15400—application of xenograft, skin; 100 sq. cm or less

15401—application of xenograft, skin; each additional 100 sq. cm.

Blue Shield defines obesity

Obesity is an increase in body weight beyond the limitation of skeletal and physical requirements. It is a result of excessive accumulation of fat in the body. In general, 20 percent to 30 percent above "ideal" body weight, according to standard life insurance tables, constitutes obesity.

Pennsylvania Blue Shield defines morbid obesity as a condition of consistent and uncontrolled weight gain that is characterized by a weight that is at least 100 pounds or 100 percent over ideal body weight, or a body mass index of at least 40 kg/m2 or 35 with comorbid conditions, for example, hypertension, cardiovascular heart disease, dyslipidemia, diabetes mellitus type II, sleep apnea.

Blue Shield now pays for postoperative injection or nerve block procedure

Pennsylvania Blue Shield now pays separately for injection or nerve block procedures when they're performed as postoperative pain management. Blue Shield no longer considers these procedures part of the global anesthesia allowance.

Report injection or nerve block procedures for postoperative pain management with the appropriate codes: 62273-62282, 62310-62319, 64400-64450, 64470-64484 or 64505-64530.

Questions or comments on these new medical policies?

We want to know what you think about our new medical policy changes. Send us an e-mail with any questions or comments that you may have on the new medical policies discussed in this edition of **PRN**.

Write to us at **medicalpolicy@highmark.com**.

Codes

Changes to 2002 PTM for Ancillary Providers

Page	Code	Terminology	Action
27	E1091	Youth wheelchair; any type	Deleted 12/31/02.

Changes to 2003 PTM for Ancillary Providers

Page	Code	Terminology	Action
9	K0601	Replacement battery for external infusion pump owned by patient, Silver Oxide, 1.5 volt, each	Add. Effective 4/1/03.
9	K0602	Replacement battery for external infusion pump owned by patient, Silver Oxide, 3 volt, each	Add. Effective 4/1/03.
9	K0603	Replacement battery for external infusion pump owned by patient, Alkaline, 1.5 volt, each	Add. Effective 4/1/03.
9	K0604	Replacement battery for external infusion pump owned by patient, Lithium, 3.6 volt, each	Add. Effective 4/1/03.
9	K0605	Replacement battery for external infusion pump owned by patient, Lithium, 4.5 volt, each	Add. Effective 4/1/03.
21	S9434	Modified solid food supplements for inborn errors of metabolism	Add. Effective 4/1/03.
27	K0600	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Add. Effective 4/1/03.
28	K0455	Infusion pump used for uninterrupted parenteral administration of medication, epoprostenol or treprostinil	Revise terminology.
28	K0552	Supplies for external infusion pump, syringe type cartridge, sterile, each	Add. Effective 4/1/03.
54	S8460	Camisole, post-mastectomy	Add. Effective 4/1/03.
55	K0560	Metacarpal phalangeal joint replacement, two pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., Pyrocarbon), for surgical implantation (all sizes, includes entire system)	Add. Effective 4/1/03.

Central Region

Dauphin County employees select PPOBlue program

Employees of Dauphin County—approximately 1,600 members—are enrolled in Pennsylvania Blue Shield's PPOBlue product for their health care coverage. Coverage for these employees began Jan. 1, 2003.

Office visits do not have a copayment.

Attention Hershey HealthStyle providers: submit HealthStyle claims to Blue Shield by June 30

If you provided professional services to Hershey HealthStyle members before Jan. 1, 2003, remember to send those claims to Pennsylvania Blue Shield by June 30, 2003.

Blue Shield terminated its Hershey HealthStyle network on Dec. 31, 2002. Since Blue Shield stopped administering the HealthStyle program, a new administrator is responsible for paying HealthStyle members' services performed on or after Jan. 1, 2003.

MBNA America, Inc. employees now have BlueCard POS coverage

MBNA America, Inc. employees who reside in State College, Pennsylvania moved from a local arrangement with Keystone Health Plan Central to a BlueCard point-of-service processing arrangement on Jan. 1, 2003.

Carefirst Blue Cross and Blue Shield of Delaware is the control plan for MBNA America, Inc.

You can identify MBNA America, Inc. employees by the **MBA** alphabetical prefix imprinted on their identification cards.

Blue Shield's SelectBlue product requires referrals

Pennsylvania Blue Shield requires referrals only for SelectBlue, its point of service product. SelectBlue members may self-refer to a specialist at any time for any service, but Blue Shield will reimburse those services at a lower level of benefits.

SelectBlue members must choose a primary care physician (PCP). When the PCP refers the member to another provider, the PCP must verify that that provider participates in the PremierBlue Shield network. This guarantees that the member receives the highest level of benefits. You can view the PremierBlue Shield provider directory at **www.pablueshield.com**.

Guidelines for referral requests

If you have NaviNet access, you can submit referral requests quickly and easily through this Internet-based electronic system.

When a PCP has referred a SelectBlue member to a specialty practitioner, that specialist can treat the member for the referred condition for a period of 60 days from the anticipated date of service listed on the referral. During the 60-day referral period, the SelectBlue member may also need a diagnostic procedure or another procedure that does not require an authorization (procedures requiring authorization are listed on the referral form). When this is the case, the specialist may coordinate the care with another provider.

After the treatment period has elapsed, the specialist must contact the member's PCP for another referral.

Exceptions to SelectBlue's standard referral procedures

Here are two accounts that have exceptions to the standard referral process:

- Mack Trucks—the PCP has the discretion to offer a referral for up to one full year. The PCP must indicate in the comments portion of the referral the time period for which the patient is being referred to the specialist.
- Agere—SelectBlue patients with coverage through Agere may see network chiropractors without a referral.

You can find everything you need to know about Blue Shield's products and procedures, including more information about referrals and authorizations, in the November 2002 **Blue Shield Reference Guide** supplement. The **Reference Guide** is available online in the Provider Resource Center at **www.pablueshield.com**.

Central and Eastern Region

Lynette Enders named new ancillary field representative

Lynette Enders has recently been named to the newly created position of ancillary field representative for Pennsylvania Blue Shield. In her new role, Lynette will be assisting free-standing ancillary providers in the Mid-Atlantic region, including orthotics and prosthetics, home infusion, ambulance companies and durable medical equipment companies.

Lynette has been with the company 13 years. Her career began in Customer Service, where she worked for four years, before coming to Provider Relations. She has supported professional providers as a project analyst for the past nine years.

Lynette's territory includes the 21 Central Pennsylvania counties and the Lehigh Valley, as well as counties covered by Blue Cross of Northeastern Pennsylvania and southeastern counties covered by Independence Blue Cross.

Lynette says she is looking forward to her new challenge and to serving a new group of clients. You can reach Lynette at (866) 731-2045, extension 6.

Blue Shield becomes host plan for US Airways

Pennsylvania Blue Shield became a host plan for US Airways employees on Jan. 1, 2003. US Airways employees' coverage is underwritten by Blue Cross Blue Shield of North Carolina. These employees are in the BlueCard PPO or have comprehensive major medical coverage.

When you submit claims for US Airways employees, please select the appropriate alphabetical prefix:

Program	Alphabetical prefix
Comprehensive major medical	OUS
PPO	IUS

Alphabetical prefix changes for Liberty Mutual Insurance employees

The alphabetical prefix for Liberty Mutual Insurance employees has been changed from **LMI** to **XXK**. BlueCross BlueShield of Massachusetts issued new SelectBlue identification cards for these members on Jan. 1, 2003.

Avoid claim delays or denials: do not include identification suffix on claims

You'll notice that these members have a two-digit suffix after their identification number on their identification card. This number identifies the contract holder or the dependent. Please do not include this suffix when reporting the patient's identification number on the claim. Report only the three-digit alphabetical prefix, in this case XXK, and the nine-digit member identification number.

BlueCard Eligibility answers your questions about BlueCard POS members

If you have questions about a BlueCard member's benefits, eligibility, or to find out why a claim paid the way it did (as it relates to benefit coverage), please call BlueCard Eligibility at (800) 676-BLUE (2583).

Since BlueCard POS accounts are controlled by Blue Cross Blue Shield Plans other than Pennsylvania Blue Shield, do not rely on the information you find on Pennsylvania Blue Shield's files. This information is a summary of all available benefits.

Here is Pennsylvania Blue Shield's participating BlueCard POS account:

Account	Alphabetical prefix	Control Plan
MBNA America, Inc.	MBA	Carefirst Blue Cross and Blue Shield of Delaware

Notes

Need to change your provider information?

Fax the information to us!

You can fax us changes about your practice information, such as the information listed on the coupon below. The fax number is (866) 731-2896. You may also continue to send information by completing the coupon below.

Coupon for changes to provider information

Please clip and mail this coupon, leaving the **PRN** mailing label attached to the reverse side, to:

Pennsylvania Blue Shield
Provider Data Services
PO Box 898842
Camp Hill, Pa. 17089-8842

Name _____ Provider ID number _____

Electronic media claims source number _____

Please make the following changes to my provider records:

Practice name _____

Practice address _____

Mailing address _____

Telephone number (___) _____ Fax number (___) _____

E-mail address _____

Tax ID number _____

Specialty _____

Provider's signature _____ Date signed _____

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Visit us at www.pablueshield.com

Codes

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Acknowledgement

The five-digit numeric codes that appear in **PRN** were obtained from the Current Procedural Terminology, as contained in CPT-2003, Copyright 2002, by the American Medical Association. **PRN** includes CPT descriptive terms and numeric procedure codes and modifiers that are copyrighted by the American Medical Association. These procedure codes and modifiers are used for reporting medical services and procedures.

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