PRN
Policy Review & News

Important information about Pennsylvania Blue Shield December 2000

In This Issue

BC
Look for this symbol for all BlueCard related information

News

Blue Shield to assign seven-digit provider identification numbers

Pennsylvania Blue Shield will begin assigning new providers a seven-digit provider identification number, as of March 2001.

Blue Shield is adding a seventh digit to new provider identification numbers because the number of providers on record will soon exceed the available provider numbers.

Identification numbers for existing providers will not change. You will, however, see changes to the formatting of your provider identification number when it's printed on **PRN**, letters, notifications, remittance advice, etc.

Providers submitting paper claims will need to include the seventh digit only when they are assigned a seven-digit number.

Call Highmark EDI Support at (800) 992-0246 with any technical questions about electronic claims submission and the seven-digit provider number.

Direct all other questions about this change to your Provider Relations representative at (717) 731-2045 (Central region) or (610) 362-6116 (Eastern region).

PENNSYLVANIA BLUE SHIELD
A HIGHMARK COMPANY
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PRN

2000 Pennsylvania Blue Shield Reference Guide mailed

In December, Pennsylvania Blue Shield began mailing the 2000 edition of the **Pennsylvania Blue Shield Reference Guide**. The new **Reference Guide** replaces the 1994 edition.

The 2000 **Reference Guide** includes up-to-date instructions on how to report claims accurately, how to become a network provider, descriptions of Blue Shield's various programs, listings of whom to contact when problems arise and other valuable information.

Check out the Reference Guide on the Web for updates, additions

Not long after you receive the paper version of the **Reference Guide**, Blue Shield will place an electronic version of it on its website.

Be sure to periodically check the online version of the **Reference Guide**—that's where we will post our updates and additions. We plan to send you major changes periodically, but you'll see them first on the Web.

Eventually, we will no longer print paper copies of the **Reference Guide**. Instead, we'll simply maintain the most current information on the website.

More benefits available for BlueCHIP children

BlueCHIP benefits have expanded to include:

- The removal of bony impacted wisdom teeth;
- Pre and post-natal maternity care; and
- Newborn care.

Coverage for these services became available Sept. 1, 2000.

BlueCHIP continues to provide routine, emergency and preventive medical-surgical care and dental, vision and hearing services. BlueCHIP also covers prescription drugs, mental health, drug and alcohol abuse treatment, home health care (such as nursing services), durable medical equipment (such as wheelchairs and walkers) and inpatient hospitalization up to 90 days per year.

BlueCHIP is the name Pennsylvania Blue Shield uses for its version of the state's Children's Health Insurance Program (CHIP). This program provides free and low-cost health insurance to children of families who earn too much to qualify for Medical Assistance but not enough to purchase private health insurance.

The CHIP program is funded by federal and state dollars and is administered by the Pennsylvania Insurance Department. Since May 1993, Pennsylvania Blue Shield and the Blue Cross Plans through their Caring Foundations have provided benefits to over 235,000 children.

The Caring Foundations conduct outreach to find eligible uninsured children. The foundations process applications, determine eligibility and enroll eligible CHIP children or refer children who are not eligible for Medical Assistance.

Statewide CHIP enrollment for all insurers as of Oct. 1 is 100,735 children. Of these, 80,003 are enrolled in BlueCHIP through the state's Blue Cross and Blue Shield plans.

Pennsylvania Blue Shield also administers the dental and vision coverage for all BlueCHIP children in the state.

Where to refer children eligible for BlueCHIP

If you know of a child who may be eligible for BlueCHIP, please refer them to:

In Central Pennsylvania:	
Caring Foundation of Central Pennsylvania	(800) KIDS-101
In Eastern Pennsylvania:	
Caring Foundation of Northeastern Pennsylvania	(800) KIDS-199
In Philadelphia:	
Independence Blue Cross and Pennsylvania Blue Shield	
Caring Foundation for Children	(800) 464-KIDS

Blue Shield simplifies oral surgery claim submission

Participating and PremierBlue oral surgeons who provide services to Pennsylvania Blue Shield members—who also have dental coverage through Blue Shield—should file the claim for those services through the member's dental coverage.

This includes members with coverage through Pennsylvania Blue Shield dental or through United Concordia Companies.

The dental claims processing system is designed to pay the appropriate, covered dental services on the claim and send any medical-surgical services on to the medical-surgical processing system.

The claims processing system that pays the claim will generate an Explanation of Benefits (EOB).

Claims impacted by copays, deductibles, coinsurances or maximums are exceptions

The exceptions to this involve dental services that are impacted by copayments, deductibles, coinsurances or maximums. The dental system will pay for the appropriate, covered services—minus any copayments, deductibles, coinsurances or maximums—and send out an EOB to the oral surgeon and the member. In these cases, no notice will be sent to the medical-surgical processing system.

The oral surgeon or the member should file a new claim—accompanied by the EOB to show what was not paid—through the member's medical-surgical coverage. This new claim will be processed to see if the member's medical-surgical coverage will pick up any unpaid portions of the original claim.

Please submit your oral surgery claims to:

United Concordia Companies, Inc.
PO Box 69421
Harrisburg, Pa. 17106-9404

To resubmit claims impacted by copays, deductibles, coinsurances or maximums, send the claim and the dental EOB to:

Pennsylvania Blue Shield
PO Box 890062
Camp Hill, Pa. 17089-0062

Check the status of your claim before returning EOBs to Blue Shield

If you have a question about the status of your claims, do not return your Explanation of Benefits (EOB) statement to Pennsylvania Blue Shield.

Some providers have been sending their EOBs to us without an explanation. If Blue Shield receives an EOB without an explanation of why it's being returned, it will handle the EOB as a claims submission.

You can check the status of your claims by using Pennsylvania Blue Shield's electronic inquiry options:

- InfoFax (800) 891-1856; or
- OASIS (800) 462-7474 or (717) 975-6800 (select the OASIS option)

You can also call Blue Shield's Customer Service department with your claim status questions.

Basic training seminars available to new office assistants and office managers

Pennsylvania Blue Shield's Provider Relations, Mid-Atlantic Region, has developed a basic training program to assist your staff in their daily interaction with Blue Shield. This basic program is for "new" office staff, that is, individuals who have been in this field for six months or less.

The Mid-Atlantic Provider Relations representatives are available to conduct the seminar with smaller offices or larger groups at a convenient location.

The seminar will provide you with the information you need to obtain accurate reimbursement for your claims. We'll also explain how a physician can apply for membership in Blue Shield's credentialed networks; how to read the Explanation of Benefits statement; and how to use Blue Shield's telephone, fax and PC-based information sources that allow you to obtain information at your own convenience.

Meetings can also be conducted in Camp Hill, Pennsylvania. These meetings will include a tour of Blue Shield's claims processing facilities. Reservations for these sessions will be limited.

If you're interested in having your staff attend a seminar or a presentation at your office, please complete the coupon on Page 5 and send it to:

Pennsylvania Blue Shield
Provider Relations Mid-Atlantic Region
Senate Plaza 2 East
PO Box 890089
Camp Hill, Pa. 17089-0089

Name: _____

Provider identification number: _____

Address: _____

_____

Telephone number: (____) _____

Number of attendees: _____

Would you attend a meeting outside of your office but in your practice vicinity?

Yes _____ No _____

Are you interested in attending a meeting in Camp Hill with a tour?

Yes _____ No _____

EMC News

Medicare Part B crossover anesthesia claims require special reporting requirements

Pennsylvania Blue Shield has identified a processing problem that may be affecting your practice's anesthesia claims. Claims for members with secondary coverage (other than Security 65/65 Special) are sometimes being denied as duplicative services.

Our system is not correctly handling the modifiers QX and QK when the claim crosses over to process under the member's (non-Medigap) coverage. These modifiers were recently added to the list of acceptable modifiers for Medicare business only.

As a result, when an anesthesiologist and a CRNA, employed by the same group, submit separate claims for services they provided to the same patient on the same date, the first claim pays and the second claim is denied as a duplicate.

Until Blue Shield adjusts its claims processing system, you may report the services of the anesthesiologist and the CRNA on separate lines of a single claim form.

Blue Shield will notify you when this problem has been resolved.

Policy

Blue Shield increases UCR and PremierBlue anesthesia conversion factor

The Pennsylvania Insurance Department has approved Pennsylvania Blue Shield's request to increase the UCR and PremierBlue anesthesia conversion factor.

Blue Shield will increase the UCR and PremierBlue anesthesia conversion factor from $32 to $34. This increase will become effective for services provided on or after Jan. 1, 2001.

Blue Shield proposes UCR and PremierBlue reimbursement increases

Pennsylvania Blue Shield is filing increases for certain UCR and PremierBlue allowances with the Pennsylvania Insurance Department. If approved, the increases will become effective during the first half of 2001.

The adjustments are intended to partially offset the increase of office expenses and other costs incurred by health care professionals. The adjustments were proposed after Blue Shield evaluated its current allowances, national pricing benchmarks and claims data.

The fee increases would include:

- A UCR Level II increase to select diagnostic, surgical and evaluation and management procedures.
- Raising the allowances for select evaluation and management services under the PremierBlue program.

PremierBlue reimbursement changes become effective March 5, 2001

In the June and October 2000 issues of **PRN**, Pennsylvania Blue Shield announced plans to change the UCR Level II reimbursement for clinical laboratory and conventional diagnostic or screening Pap smear tests on Nov. 20, 2000.

Blue Shield will also implement clinical laboratory and Pap smear reimbursement changes under the PremierBlue program.

Previous filings with the Pennsylvania Insurance Department have established the PremierBlue clinical laboratory reimbursement level at a designated percentage of the UCR allowance. The PremierBlue adjustments are effective for claims processed on or after March 5, 2001.

Mifepristone eligible for reimbursement for some members

Pennsylvania Blue Shield will begin to pay for the FDA-approved abortion pill, mifepristone, also known as RU-486. Beginning with claims processed on or after March 5, 2001, Blue Shield will provide coverage for mifepristone for members whose medical-surgical contract covers elective and non-elective abortions.

Obtaining an induced abortion using mifepristone generally requires three visits to the doctor. Therefore, reimbursement includes the cost of the drug and all related medical care.

Use unclassified code 59899 and the description “induced abortion by mifepristone,” to report an elective abortion by this method. When performing a non-elective abortion with mifepristone, report code 59899 along with the G7 modifier.

Non-elective abortions are defined as those necessary to save the life of the mother or necessitated by rape (reported within 72 hours of the rape) or incest (reported within 72 hours from when the female first learned she was pregnant—the female must name the other party).

Induced abortions for reasons other than those previously mentioned are considered elective.

Coverage guidelines for scanning computerized ophthalmic diagnostic imaging and ophthalmologic tests for evaluating glaucoma

Pennsylvania Blue Shield does not cover scanning computerized ophthalmic diagnostic imaging. A participating, preferred or network health care professional cannot bill the member for this service. This guideline will be applied to claims processed on or after March 12, 2001.

Scanning computerized ophthalmic diagnostic imaging (92135) is a new technique that provides more objective, reproducible techniques both to document optic nerve damage and to detect early changes in the optic nerve and nerve fiber layer before the development of permanent vision field deficits. This new diagnostic imaging technique is a method of objective measurement involving a quantitative determination of the thickness of the retinal fiber layer and computer analysis of the data.

New ophthalmologic tests utilize computerized ophthalmic diagnostic imaging

Blue Shield considers these new ophthalmologic tests for evaluating glaucoma investigational; therefore, they are not eligible for payment:

- Optic nerve head analyzers
- Scanning laser ophthalmoscopes
- Scanning laser polarimetry
- Optical coherence tomography

Use code 92499 to report these ophthalmologic tests, and provide a complete description of the service.

Optic nerve head analyzers, scanning laser ophthalmoscopes, scanning laser polarimetry and optical coherence tomography utilize scanning computerized diagnostic imaging. Each test is distinct, requires a separate piece of equipment and provides different diagnostic information.

When these ophthalmologic tests are performed by scanning computerized imaging, Blue Shield will not pay an additional allowance for the computerized ophthalmic diagnostic imaging.

Scanning computerized ophthalmic diagnostic imaging represents a computerized diagnostic imaging method or technique. It does not represent the actual test being performed.

Do not report code 92135—Scanning computerized ophthalmic diagnostic imaging (e.g., scanning laser) with interpretation and report, unilateral—in addition to, or instead of, the actual ophthalmologic test.

If an ophthalmologic test is performed by scanning computerized ophthalmic diagnostic imaging and an appropriate code for the specific diagnostic ophthalmologic test does not exist, report the not otherwise classified code 92499. Please include a complete description of the service performed.

How to submit claims for cardiopulmonary resuscitation

Do not report procedure code 92950 for cardiopulmonary resuscitation (CPR). Rather, report the specific services included in the CPR, for example, 31500, 36420, 92960, etc.

Since Pennsylvania Blue Shield needs to verify what specific services were performed during CPR, you must submit a description of those services.

Blue Shield's Board of Directors considers external counterpulsation investigational

Pennsylvania Blue Shield's Board of Directors recently re-affirmed Blue Shield's position on external counterpulsation (ECP). ECP is still considered an investigational procedure.

ECP is a noninvasive treatment for coronary artery disease refractory to medical and/or surgical therapy.

Use procedure code G0166—external counterpulsation, per treatment session—to report ECP.

MRA of the upper extremities eligible for certain indications

Pennsylvania Blue Shield will consider magnetic resonance angiography (MRA) of the upper extremities to be an eligible service when used to:

- Evaluate severe ischemic disease of the upper extremities;
- Determine the patency of major vessels in the pre-operative evaluation of patients who are candidates for upper extremity reconstructive surgery or sympathectomy;
- Evaluate patients with suspected glomus tumor of the upper extremity;
- Evaluate upper extremity aneurysms, embolism and arteriovenous fistula; or,
- Evaluate the central venous system for thrombosis.

These guidelines will become effective March 19, 2001.

Blue Shield will deny MRA of the upper extremities performed for other conditions as not medically necessary. A participating, preferred or network health care professional cannot bill the member for these denied services.

Use procedure code 73225—Magnetic resonance angiography, upper extremity, with or without contrast material(s)—to report this service.

Coverage for obstetrical ultrasound revised

Effective March 19, 2001, Pennsylvania Blue Shield will reimburse obstetrical ultrasound studies when performed in the first trimester by either the attending obstetrician or another health care professional (for example, ultrasonographer, radiologist).

Blue Shield considers limited obstetrical ultrasound in the first trimester medically necessary in these situations:

- Ectopic pregnancy
- Molar pregnancy/hydatidiform mole
- Hemorrhage in early pregnancy
- Missed abortion

- Hyperemesis gravidarum with metabolic disturbance, antepartum
- Habitual aborter
- Other antepartum hemorrhage (antepartum or intrapartum, associated with trauma, uterine leiomyoma)

When a complete obstetrical ultrasound is performed in the first trimester for these conditions, it will be reimbursed as a limited study.

Blue Shield will deny first trimester ultrasound studies performed for other conditions as not medically necessary. Participating, preferred or network health care professionals cannot bill the member for the service.

Report only these procedure codes for obstetrical ultrasound services, whether the approach is pelvic or transvaginal:

76805—Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)

76810—Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation), multiple gestation, after the first trimester

76815—Echography, pregnant uterus, B-scan and/or real time with image documentation; limited (fetal size, heart beat, placental location, fetal position, or emergency in the delivery room)

76816—Echography, pregnant uterus, B-scan and/or real time with image documentation; follow-up or repeat

Intravenous immune globulin now eligible for myasthenia gravis

Pennsylvania Blue Shield will pay (when covered under the member's contract) for intravenous immune globulin (IVIG) in patients with chronic, severe, myasthenia gravis that do not respond to conventional treatment (for example, interferons, steroids, etc.). Payment for IVIG for this indication becomes effective for claims processed on or after March 5, 2001.

Blue Shield recently reviewed the use of IVIG for patients with relapsing/remitting multiple sclerosis. The available studies do not conclude that this treatment improves, or does not improve functional outcomes.

Blue Shield will deny IVIG as not medically necessary when it's used for patients with relapsing/remitting multiple sclerosis. Participating, preferred or network providers cannot bill the member for the denied service.

Blue Shield allows Intron A for treating bladder carcinoma

When covered under a member's contract, Pennsylvania Blue Shield will pay for treatment of bladder carcinoma (188.0-188.9, 233.7) with Intron A, Interferon alfa-2b, (J9214).

Interferon alpha (J9213, J9214, J9215) is a family of highly hemologous, species-specific proteins that possess antiviral, antineoplastic and immunomodulating activities.

Blue Shield also allows Interferon alpha when it's used to treat:

- AIDS-related Kaposi's sarcoma (042, 176-176.9)
- Cervical cancer, advanced (180-180.9, 233.1, 198.82)
- Chronic hepatitis B (070.22-070.23, 070.32-070.33)
- Condyloma acuminata (078.11)
- Hairy cell leukemia (202.4-202.48)
- Hepatitis C (070.41, 070.44, 070.51, 070.54)
- Malignant melanoma (154.2, 154.3, 172-172.9, 184-184.2, 184.4, 187.1, 187.9, 190-190.3, 190.5-190.6, 190.9)
- Multiple myeloma (203.0-203.01)
- Mycosis fungoides (202.1-202.18)
- Non-Hodgkin's lymphoma (202-202.98)
- Papillomatosis, laryngeal (148.9, 161-161.1, 161.3-161.9, 197.3, 198.89, 230.0, 231.0)
- Renal cell cancer as a debulking agent (189-189.1, 198.0, 233.9)
- Polycythemia vera (when other treatments have failed) (238.4, 289.0, 776.4)
- Chronic phase, Philadelphia chromosome-positive chronic myelogenous leukemia (205.1-205.11)

Blue Shield will deny Interferon alpha as not medically necessary if it is used to treat any other conditions. Participating, preferred or network providers cannot bill the member for the denied service.

Endovenous radiofrequency obliteration of the greater saphenous vein considered investigational

Pennsylvania Blue Shield considers endovenous radiofrequency obliteration of the greater saphenous vein (for example, the VNUS closure procedure) an investigational procedure. Therefore, it is not eligible for payment.

Endovenous radiofrequency obliteration of the greater saphenous vein is a minimally invasive treatment used as an alternative to saphenous vein ligation and stripping in patients with symptomatic venous insufficiency of the lower limbs. This procedure involves the temporary insertion of a catheter into the patient's saphenous vein. Radiofrequency applied at the catheter tip heats the vein. As the catheter is slowly withdrawn from the vein, the heat causes the vein to collapse and occlude, thus terminating the reflux that causes the patient's symptoms.

Use code 37799 to report this procedure. Please include a complete description of the service performed.

Guidelines clarified for delivery and attendance at delivery of multiple births

When infants are delivered by the same or different methods (vaginal or cesarean section), Pennsylvania Blue Shield will pay for one delivery for each newborn. However, Blue Shield will only pay for a single antepartum and postpartum period, regardless of the number of infants delivered.

Use the appropriate global maternity care code and delivery only code to report these services.

Blue Shield will pay for attendance at delivery for each at risk neonate to a provider other than the provider who performs the deliveries. Use code 99436 to report attendance at delivery.

Coverage approved for islet cell autotransplantation; islet cell allotransplantation remains investigational

Pennsylvania Blue Shield's Board of Directors recently approved coverage for islet cell autotransplantation. Islet cell allotransplantation, however, remains an investigational service.

Effective for claims processed on or after March 19, 2001, Blue Shield will pay for islet cell autotransplantation when performed following total or subtotal pancreatectomy for patients with chronic pancreatitis with disabling pain.

Use code 48160—Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets—for islet cell autotransplantation.

Islet cell allotransplantation for the treatment of Type I diabetes mellitus (IDDM) remains an investigational service; therefore, it is not eligible for payment.

Use code S2102—Islet cell tissue transplant from pancreas—to report islet cell allotransplantation.

Laser-assisted uvulopalatoplasty (LAUP) approved for treatment of obstructive sleep apnea

Pennsylvania Blue Shield's Board of Directors recently approved laser-assisted uvulopalatoplasty (LAUP) as a covered procedure for the treatment of obstructive sleep apnea.

Effective for claims processed on or after March 19, 2001, Blue Shield will pay for LAUP for selected patients with obstructive sleep apnea, documented by a sleep study, who require a palatal procedure.

LAUP is performed sequentially over several outpatient settings under local anesthesia. The procedure can usually be completed in four sessions. However, individual consideration may be given when more than four sessions are required.

To submit claims for LAUP, use code 42299 with the description "laser-assisted uvulopalatoplasty (LAUP)." Remember to report this code and description for each session.

Blue Shield approves coverage for endovascular stent-graft for abdominal aortic aneurysm

Pennsylvania Blue Shield's Board of Directors recently approved coverage for endovascular stent-graft for abdominal aortic aneurysm.

Blue Shield will pay for an endovascular stent-graft for an abdominal aortic aneurysm when it's performed for the treatment of:

- An aneurysm measuring 5 centimeters or greater; or
- A rapidly expanding or symptomatic aneurysm measuring 4.5 to 5 centimeters.

These coverage guidelines become effective for claims processed on or after March 19, 2001.

Use these codes, as appropriate, to report an endovascular stent-graft for an abdominal aortic aneurysm: 34800, 34802, 34804, 34808, 34812, 34813, 34820, 34825, 34826, 34830, 34831, 34832, 75952 or 75953.

Questions or comments on these new medical policies?

We want to know what you think about our 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

2000 PTM changes

Please add this modifier to your 2000 **PTM**:

Page	Modifier	Terminology	Action
A-9	QV	Item or service provided as routine care in a Medicare qualifying clinical trial	Add

Patient News - Information about your patients who are Pennsylvania Blue Shield customers

Eastern and Central Region

New logo introduced for BlueCard® identification cards

Soon you'll see a new "empty suitcase" logo on the front of Blue Cross Blue Shield Plan member identification cards.

Here is the new logo: 

When you see this logo, it means that the cardholder is a BlueCard member. Please submit the member's claims to Pennsylvania Blue Shield.

As you know, the BlueCard Program allows you to submit claims for members from other Blue Cross Blue Shield Plans, including international Blue Cross Blue Shield Plans, directly to your local plan.

You will continue to see Blue Cross Blue Shield Plan member identification cards with the "PPO in a suitcase" logo. These members are also BlueCard members; however, they are eligible for the PPO level of benefits when they travel or live outside their Blue Cross Blue Shield Plan's area.

In addition to both suitcase logos, you can recognize BlueCard members by the three-character alphabetical prefix preceding their identification number on their identification card.

You can call BlueCard *Eligibility* at (800) 676-BLUE (2583) to verify the patient's membership and coverage. Give the representative the member's alphabetical prefix and you'll be transferred to the member's Blue Cross Blue Shield Plan.

Once the patient receives care, submit the claim to Pennsylvania Blue Shield.

Contact your Provider Relations representative if you have questions about the empty suitcase logo or the BlueCard Program.

Eastern and Central Region

Treat international Blue Cross® Blue Shield® members the same as U.S. members

Did you know that international Blue Cross Blue Shield Plan identification cards speak the same language as domestic Blue Cross Blue Shield Plan identification cards? Through Pennsylvania Blue Shield's BlueCard Worldwide® program, you may submit claims for international Blue Cross Blue Shield Plan members directly to your local plan.

Pennsylvania Blue Shield is your source for claims collection, payment and problem resolution for health care claims incurred by international Blue Cross Blue Shield Plan members.

How to recognize an International Blue Cross Blue Shield Plan member

International Blue Cross Blue Shield Plan members are easy to recognize because their identification cards will include the Blue Cross and Blue Shield names and marks.

The cards will also include a three-character alphabetical prefix at the beginning of the member's identification number. The alphabetical prefix is key to identifying the member's Blue Cross Blue Shield Plan and facilitating payment.

The identification cards of international Blue Cross Blue Shield Plan members may look different than what you are used to seeing.

Filing claims through the BlueCard Worldwide Program is easy

Step 1: With the international Blue Cross Blue Shield Plan member's identification card in hand, call the toll-free BlueCard *Eligibility* number at (800) 676-BLUE (2583) to verify eligibility and coverage.

Step 2: Provide the BlueCard *Eligibility* customer service representative with the member's three-character alphabetical prefix, which is found at the beginning of the member's identification number. The representative will direct your call to the member's Blue Cross Blue Shield Plan to verify eligibility and coverage information.

Step 3: Once the member receives care, you only need to collect the same out-of-pocket expenses (deductible, co-payment, coinsurance, non-covered services) as you currently do for domestic Blue Cross Blue Shield members. Then submit the claim with the member's complete identification number, including the three-character alphabetical prefix, to Pennsylvania Blue Shield.

If you have questions about the BlueCard Worldwide Program, contact your Provider Relations representative.

Eastern and Central Region

General Motor's Delphi Automotive Systems receives new alphabetical prefixes

Effective June 16, 2000 the health care programs for Delphi Automotive Systems and General Motors Corp. were separated. Delphi members now carry a new identification card that displays the Delphi logo and a new alphabetical prefix.

The new alphabetical prefixes are DMM (retired employees), DEH (traditional coverage) and DTP (PPO coverage). In Pennsylvania, you will frequently see the DMM and DEH alphabetical prefixes, and to a lesser extent DTP.

The health coverage for Delphi members remains the same. It is identical to their prior General Motors' health care coverage.

- Blue Cross and Blue Shield of Michigan continues to provide predetermination (except for mental health/substance abuse) for hourly UAW and International Union of Electricians (IUE) members.
- Health International will provide predetermination (except for mental health/substance abuse) for salaried members.
- Connecticut General will handle mental health and substance abuse services for both hourly and salaried members.
- Northwood/National Provider Network (NNPN) will continue to process all non-hospital durable medical equipment, prosthetic and orthotics claims.

You may submit claims electronically or on a paper 1500A claim form. Submitting your claims electronically means faster processing and payment for you. Call Highmark EDI Support at (800) 992-0246 for information about electronic claims submission.

Send paper claims to:

Pennsylvania Blue Shield
PO Box 898852
Camp Hill, Pa. 17089-8852

Direct inquiries to:

Pennsylvania Blue Shield
PO Box 890071
Camp Hill, Pa. 17089-0071

Eastern and Central Region

FEP implements new behavioral health benefit as of Jan. 1

The Federal Employee Program (FEP) will implement a new mental health and substance abuse (MHSA) benefit, effective Jan. 1, 2001. The benefit will be administered through Pennsylvania Blue Shield's PremierBlue network, with an added managed care component administered by Magellan Behavioral Health Inc.

The federal Office of Personnel Management (OPM) has mandated that all Federal Employees Health Benefit Program (FEHBP) carriers, including Blue Shield, establish parity between medical-surgical benefits and the MHSA benefits by Jan. 1, 2001. To establish parity, the FEP is removing benefit outpatient visit limits on MHSA services that are obtained from a network provider. In addition, FEP program deductibles, co-payments and coinsurances will be the same for MHSA services as they are for medical-surgical services.

The FEP benefits will be enhanced for preferred providers—PremierBlue psychologists and psychiatrists.

Providers required to submit treatment plans to Magellan prior to the ninth outpatient visit

A key component of the new benefit is the introduction of a "moderate managed care" component, mandated by OPM. PremierBlue network providers will be required to submit a treatment plan **prior to the patient's ninth outpatient visit**.

Blue Shield has contracted with Magellan to review the treatment plans submitted by PremierBlue providers. Benefits will be paid at the preferred level as long as the provider and member follow approved treatment plan protocols.

If the PremierBlue provider fails to submit a treatment plan, or if the plan he or she submits is rejected due to a lack of medical necessity and/or clinical appropriateness, claims for services beyond the eighth visit will be denied. The member will be held harmless. If the member fails to follow an approved treatment plan, the claims will be denied. The provider can then bill the member for the services.

Blue Shield will continue to reimburse PremierBlue providers for all medically necessary, eligible MHSA benefits.

All PremierBlue psychiatrists and psychologists will receive additional information about the process and treatment plan form before Jan. 1.

Eastern and Central Region

Public School Employees' Retirement System converts to BlueCard

The Public School Employees' Retirement System (PSERS) will convert to BlueCard, effective Jan. 1, 2001.

Nationwide, there are approximately 30,000 public school retirees enrolled with Blue Cross Blue Shield.

PSERS members are offered a 65 Special program to supplement their Medicare benefits. A traditional Blue Cross Blue Shield program is offered to those members who are not yet eligible for Medicare.

Members may choose between a high and a standard option program in both the 65 Special and traditional programs.

PSERS members will receive new identification cards in December 2000. Please update your records with the information from the new cards.

Beginning Jan. 1, 2001 the new alphabetical prefixes for the PSERS identification card are:

Traditional Blue Cross Blue Shield	QBD
65 Special	QBS

Here is the new major medical claim filing address for services performed on or after Jan. 1, 2001:

Capital Blue Cross
Major Medical Department
Department 778995
Harrisburg, Pa. 17177-8995

If you need to verify membership and coverage information, such as benefits, coinsurances, deductibles, maximums, etc., for BlueCard members visiting your office, call BlueCard Eligibility at (800) 676-BLUE (2583).

Central Region

More hospitals added to Access Care II network

Several hospitals have recently been added to Blue Cross of Northeastern Pennsylvania's PPO network. Two of those hospitals are now PPO hospitals in the Access Care II network.

Here is the most recent listing of Access Care II PPO hospitals:

Access Care II PPO facilities

County	*Hospital name*	*Effective date*
Bradford	Memorial Hospital	7/1/96
	Robert Packer Hospital	8/1/97
	Troy Community Hospital	1/1/98
Carbon	Gnaden Huetten	7/1/96
	Palmerton Hospital	7/1/96

County	*Hospital name*	*Effective date*
Clinton	Bucktail Medical Center	10/1/00
	Lock Haven Hospital	5/1/98
Lackawanna	Community Medical Center	7/1/96
	Marian Community Hospital	7/1/96
	Mercy Hospital, Scranton	7/1/96
	Mid-Valley Hospital	2/1/97
	Moses Taylor	7/1/96
	Allied Medical Center	7/1/96
Luzerne	Geisinger Wyoming Valley Medical Center	5/1/00
	Hazleton General Hospital	1/1/98
	Hazleton - St. Joseph's Medical Center	1/1/98
	Mercy Hospital, Wilkes-Barre	7/1/96
	Nesbitt Memorial Hospital	1/1/98
	Department of Veteran's Affairs Medical Center	7/1/96
	Wilkes-Barre General Hospital	1/1/98
	John Heinz	7/1/96
Lycoming	Divine Providence Hospital	7/1/96
	Muncy Valley Hospital	7/1/96
	Williamsport Hospital	7/1/96
Monroe	Pocono Medical Center	7/1/96
Susquehanna	Barnes-Kasson County Hospital	10/1/96
	Endless Mountains Health Systems Inc.	1/10/97
Tioga	Soldiers & Sailors Memorial Hospital	7/1/96
Wayne	Wayne Memorial Hospital	1/1/96
Wyoming	Tyler Memorial Hospital	7/1/96

To ensure your patients receive the preferred level of benefits, it is important that all necessary inpatient care be provided at one of these PPO facilities.

In northeastern Pennsylvania, Access Care II is the PPO product. A higher level of reimbursement is made for services performed by Access Care II professional providers. The Access Care II professional network includes PremierBlue preferred providers who have admitting privileges at one or more of the PPO facilities in that region.

Central Region

CustomBlue available to employees of Air Products and Chemicals, Inc.

Air Products and Chemicals, Inc. will begin offering CustomBlue to their employees, effective Jan. 1, 2001.

CustomBlue will be offered along with the current plan options available to these employees.

Central Region

Treatment of attention deficit disorder now considered psychiatric benefit for all programs

Pennsylvania Blue Shield will begin to process all services related to the diagnosis of attention deficit disorder (314.00-314.90) under the psychiatric benefit. This applies to these programs:

- Access Care II (PPO)—effective Jan. 1, 2001.
- Comprehensive major medical—effective Jan. 1, 2001 for Blue Cross of Northeastern Pennsylvania. Effective March 1, 2001 for Capital Blue Cross.
- CustomBlue (PPO)—effective March 1, 2001.
- Major medical—effective Jan. 1, 2001 for Blue Cross of Northeastern Pennsylvania. Effective March 1, 2001 for Capital Blue Cross.

Blue Shield had been processing services related to this diagnosis under the medical benefit.

This modification to process services under the psychiatric benefit is consistent with the manner in which all other Blue Shield business handles services for this diagnosis. This modification will bring consistency to all products. Under the psychiatric benefit, services will be subject to coinsurances and maximums.

Psychiatric classification of diagnoses is based on recommendations from the American Psychiatric Association.

Eastern Region

Office visits covered under traditional medical-surgical plan for LEHB

Law Enforcement Health Benefits Fund (LEHB) is adding coverage for office visits under the traditional medical-surgical plan for its employees, effective Nov. 1, 2000.

The LEHB group numbers affected by the additional benefits are 69990, 64158, 64029, 73280 and 69995.

The new feature, insured by Pennsylvania Blue Shield, includes:

- Twenty-five office visits per person per calendar at 100 percent UCR. No co-pay is required. Visits exceeding 25 per person per calendar year are eligible under major medical.

Please call OASIS at (800) 462-7474 for more information about this benefit for LEHB employees.

Acknowledgement

The five-digit numeric codes that appear in **PRN** were obtained from the Physician's Current Procedural Terminology, as contained in CPT-2000, Copyright 1999, by the American Medical Association. **PRN** includes CPT descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures and other materials that are copyrighted by the American Medical Association.

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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 (717) 731-2896. You may also continue to send information by completing the coupon below.

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

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

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