PROVIDER PRESS

Blue Cross and Blue Shield of Minnesota
and Blue Plus

September 2008
Vol. 12, No. 3

Provider Press is a quarterly newsletter available online at **www.bluecrossmn.com**. Issues are published in March, June, September and December.

Provider Service hours of operation

Provider Service hours of operation are as follows:

Monday through Thursday from 8:00 a.m. to 5:00 p.m.

Friday from 9:00 a.m. to 5:00 p.m.

Provider manual updates

The following is a list of Blue Cross and Blue Shield of Minnesota provider manuals that have been updated from June 2008 to August 2008. As a reminder, provider manuals are available online at **www.bluecrossmn.com.** To view the manuals, select "for health care providers", "forms and publications" then "manuals." Updates to the manuals are documented in the "Summary of changes" section of the online manuals.

Manual name	Chapter number and title	Change
2008 Blue Plus Manual	Chapter 3 Government Programs	Updated Special Needs Plans topic and replaced CareBlue and SecureBlue group number grid.
2008 Provider Policy and Procedure Manual	Chapter 1 At your Service	Added NPI reference throughout document
2008 Provider Policy and Procedure Manual	Chapter 4 Care Management	Added NPI reference throughout document
2008 Provider Policy and Procedure Manual	Chapter 7 BlueCard	Added NPI reference throughout document
2008 Provider Policy and Procedure Manual	Chapter 8 Claims Filing	Added NPI reference throughout document
2008 Provider Policy and Procedure Manual	Chapter 9 Reimbursement/Reconciliation	Added NPI reference throughout document
2008 Provider Policy and Procedure Manual	Chapter 11 Coding Policies and Guidelines	Added NPI reference throughout document

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TriWest

TriWest Healthcare Alliance administers the TRICARE program for military Service members and their families in the 21-state West Region, which is comprised of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming and western Texas. Go to www.triwest.com and select provider to view the 2008 TRICARE Provider Handbook, take an online TRICARE Provider E-Seminar or register to attend a TRICARE Behavioral Health or Medical/Surgical seminar.

2008-2009 flu vaccine

National Influenza Vaccination Week is December 8 – December 14, 2008. This event is designed to highlight the importance of continuing influenza (flu) vaccination, as well as foster greater use of flu vaccine through the months of November, December and beyond.

For information about the most recent developments in vaccine supply, production and distribution, get clinician email updates or the National Influenza Vaccine Summit Newsletter from the Centers for Disease Control (CDC) at www.cdc.gov/flu.

In February, the vaccine advisory committee to the CDC voted to recommend flu shots for virtually all children ages 6 months to 18 years. As a result, we may start seeing flu-shot clinics appearing in new places, such as schools, as efforts are made to deliver the vaccine to more people. Immunization providers should begin to work toward offering the flu vaccine to all children in this age range during the 2008-2009 season if feasible. The expanded recommendation is to take effect as soon as reasonable, but no later than the 2009-2010 flu season.

If you would like flu immunizations offered at your workplace for your employees and covered dependents, and you are a contracted fully-insured employer group with Blue Cross, go to http://www.bluecrossmn.com/bc/wcs/groups/bcbsmn/@mbc_bluecrossmn/documents/public/mbc1_hl_hprgm_flu.hcsp to learn more about the FluStop program.

Remember to Get the Shot. Not the Flu.

Clinical practice guidelines

Blue Cross promotes the implementation of clinical practice guidelines and routinely notifies practitioners in appropriate specialties of updates.

Institute for Clinical Systems Improvement (ICSI)

Clinical practice guidelines

Updated guidelines include:

- Major Depression in Adults in Primary Care
- Colorectal Cancer Screening

Note: ICSI has set a schedule to retire a number of guidelines not adopted by BCBSMN. If you are interested in finding out which guidelines are being retired and their retire date, visit www.icsi.org.

To obtain a copy of ICSI guidelines, visit www.icsi.org or contact Pam Dempsey via e-mail at pamela_m_dempsey@bluecrossmn.com, or via phone at (651) 662-7271 or 1-800-382-2000, ext. 27271 for more information.

Patient and family guidelines

ICSI has available sets of guidelines for patients and families. To view or print, visit www.icsi.org and For Patients and Families.

Annual clinical practice guideline mailing

In June, Blue Cross sent out an annual mailing that included a clinical practice guideline order form, member rights and responsibilities order form, utilization management (UM) statement, provider notification of disease management (DM) services statement, and a readership survey on this publication and the QI Provider Press. If you did not receive this mailing and/or would like any of the above materials, please contact Pam Dempsey via e-mail at pamela_m_dempsey@bluecrossmn.com, or via phone at (651) 662-7271 or 1-800-382-2000, ext. 27271.

Patient education materials

Supplement your patient education materials by ordering Blue Cross publications on the following topics: Depression, diabetes, heart care, influenza, pediatric ear infections and preventive health. To obtain the order form go to **www.bluecrossmn. com** and enter consumer health education materials in the search window.

Stop-Smoking program

The Blue Cross Stop-Smoking program is free for all members of Blue Cross and Blue Shield of Minnesota. If a member expresses a desire to quit smoking please advise them that they can call 1-888-662-BLUE (2583) to learn about this program. For members that are hearing impaired, the TTY number is 1-877-777-6534. Members can call anytime between 7 a.m. and 11 p.m. Central Time, seven days a week. If a member calls after hours, they can leave a phone message and their call will be returned the next business day. If they prefer members can register online at **www.bluecrossmn.com** and enter stop-smoking in the search window.

Publications available online

The following is a list of Quick Points and Bulletins published from June 2008 to August 2008 that are available online at **www.bluecrossmn.com**. As a reminder, Bulletins are mailed to all participating providers affected by the information. Quick Points are only available on our website unless noted otherwise in the bottom left corner of the publication.

Quick Points

Number	Title
QP3-08	Grand Itasca Clinic and Hospital in Blue Cross network
QP4-08	Nursing Home Communication Form change
QP5-08	BlueLink TPA
Bulletins	
P11-08	Present on admission
P12-08	Clarification of contractual requirements for pharmacies submitting claims for durable medical equipment
P13-08	July 2008 HCPCS code update
P14-08	CHF/COPD telemonitoring services for CareBlue and SecureBlue
P15-08	Patient account number requirements on CMS-1500 Form
P16-08	Extended care and halfway house room and board submission
P17-08	Invalid alpha prefixes

BEHAVIORAL HEALTH

Effective January 1, 2009, FirstPlan members can access the Blue Cross Select Behavioral Health network

First Plan is a branded affiliate of Blue Cross and Blue Shield of Minnesota. As such, all blue branded contracts (i.e. Aware Institutional Agreement; Aware Professional Agreement; Blue Plus PCC agreement; Blue Plus Referral agreement; Select Behavioral Health; etc.) automatically include First Plan as an affiliate that is linked, by definition, to the contract.

Effective January 1, 2009, FirstPlan members can access any of the blue branded providers by virtue of the relationship of First Plan to Blue Cross.

BLUE PLUS POINTS

Blue Plus Public Programs new prior authorization list

Blue Plus has updated the prior authorization list for local government program products. The updated list applies to CareBlue, SecureBlue, Prepaid Medical Assistance Program (PMAP), General Assistance Medical Care (GAMC), MinnesotaCare and the South Country Health Alliance products. Several items were added to the prior authorization list. To determine if prior authorization is recommended for a service, go to **www.bluecrossmn.com** and select "for health care providers" then "medical policy" under the "tools and resources" section.

Blue Plus will apply Medicare and/or Medicaid coverage guidelines for the local government program products when these guidelines are available. Use of these guidelines includes denials for any hearing aid codes submitted that are not covered by Department of Human Services (DHS).

CLAIMS TIPS

Patient account number required on CMS-1500 form

Effective September 23, 2008, Blue Cross requires that providers submit the patient account number in box number 26 for paper claims submitted on the CMS-1500 form. For additional information regarding this requirement go to **www.bluecrossmn. com** and view Provider Bulletin 15-08.

Medical records

Blue Cross and Blue Shield Plans around the country have made improvements to the medical records process to make it more efficient. We now are able to send and receive medical records electronically between each plan. This new method significantly reduces the time it takes to transmit supporting documentation for our out-of-area claims, reduces the need to request records multiple times and eliminates lost or misrouted records.

There are times when the member's Blue Plan will require medical records.

As part of the pre-authorization process: If you receive requests for medical records from other Blue Plans prior to rendering services, you will be instructed to submit them directly to the member's Plan that requested them as part of the pre-authorization process. This is the only circumstance where you would not submit the records to Blue Cross and Blue Shield of Minnesota (Blue Cross).

As part of claim review and adjudication: These requests will come from Blue Cross in a form of a letter requesting specific medical records.

BlueCard medical record process for claim review

- An initial communication, generally in the form of a letter, should be received by your office requesting the needed information.
- A remittance may be received by your office indicating the claim is being denied pending receipt and review of records. Occasionally, the medical records you submit might cross in the mail with the remittance advice for the claim indicating a need for medical records. A remittance advice is not a duplicate request for medical records. If you submitted medical records previously, but received a remittance advice indicating records were still needed, please contact Blue Cross to ensure we have your original submission.
- If you received only a remittance advice indicating records are needed but you did not receive a medical records request letter, contact Blue Cross to determine if the records are needed from your office.
- Upon receipt of the information, the member's Blue Plan will conduct a review of the information to determine the benefits.

Helpful ways you can assist in timely processing of medical records

- If the records are requested following submission of the claim, forward all requested medical records to Blue Cross.
- Follow the submission instructions given on the request making sure the specified address or fax number is correct. Sometimes the address or fax number for medical records may be different than the address to which you submit claims.
- Include the cover letter you received with the request when submitting the medical records. This is necessary to make sure the records are routed properly once received by Blue Cross.
- Please submit the information to Blue Cross as soon as possible to avoid further delay.
- Only include the information requested. Frequently, complete medical records are not necessary.
- Please do not proactively send medical records with the claim. Unsolicited claim attachments may cause claim payment delays.

Coding edit decisions

Several edits have been reviewed. The codes edits and decisions are listed below.

CODE and EDITS:	DECISION/ACTIONS:
52332 denied as incidental to 52353	• Edit removed 5/26/08 • No recovery – basic edit is supported but edit removed for administrative purposes – when the stent is indwelling, it could be allowed
J1100 denied incidental to 97033	• Edit added 7/14/08 • Dexamethasone (J1100) is being administered topically prior to Iontophoesis (97033). Topical anesthetics are normally considered part of the procedure furnished. No separate reimbursement will be considered.

Multiple units

Units should always be submitted based on the time designation indicated in the HCPCS/CPT code narrative. If there is no time designation (usually indicated by words such as 'each' or 'per'), the service is considered 'per session' or 'per visit' and only one unit should be submitted regardless of the actual time spent. This rule is applicable to all HCPCS/CPT codes.

Some exceptions are made for Public Program members only for certain behavioral health codes. These exceptions are noted in the appropriate sections of the Provider Policy and Procedure Manual (refer to the Behavioral Health section of Chapter 11). However, we have found that multiple units, especially for codes 90845, 90846, 90847 and 90853, are being submitted for subscribers other than Public Program members.

If one of the following services is submitted for a non-Public Program member and allowed, the units will be verified. When these services are submitted with more than one unit, we will not reduce the unit to '1' to process the claim. The service will be denied as provider liability with the message that these charges cannot be processed as the procedure code is inconsistent with the units of service billed.

- 90845 Psychoanalysis
- 90846 Family psychotherapy (without the patient present)
- 90847 Family psychotherapy (conjoint psychotherapy) (with patient present)
- 90853 Group psychotherapy (other than of a multiple-family group)

ICD-9-CM update

The 2009 ICD-9-CM (International Classification of Diseases, 9th revision, Clinical Modification) diagnosis and procedure codes will be updated effective October 1, 2008. There will be:

Volume 1 (diagnoses)
- 367 new diagnosis codes
- 25 invalid diagnosis codes (no deletions; codes became non-specific)
- 60 revised diagnosis codes

Volume 3 (procedures)
- 60 new procedure codes
- 5 invalid procedure codes (no deletions; codes became non-specific)
- 34 revised procedure codes

ICD-9-CM codes are a HIPAA approved medical code set. As such, ICD-9 codes must be valid for the date of service. A bulletin will be issued closer to the implementation date with additional information as appropriate; however, we will not furnish the actual added, revised or invalid codes. To assure your claims will not be rejected for invalid code submission, we recommend that all providers obtain an updated ICD-9-CM manual. For additional information on the update go to www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm.

TMJ orthotic adjustments

Adjustments for TMJ orthotics are normally billed under CPT codes 97760 or 97762. These services are not separately covered with a TMJ diagnosis. These adjustments are considered an integral part of the splint therapy and as such will be denied regardless if billed alone or with another service.

- 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
- 97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes

Blue Cross and Blue Shield of Minnesota's medical and behavioral health policies are available for your use and review on the Blue Cross website: **www.bluecrossmn.com**. Information on policies is updated following the Medical and Behavioral Health Policy Committee meeting. Policies with changes will be identified as "new" on the website. The first listing is a brief summary of medical and behavioral health policies that were developed or revised in June 2008. These policies are in effect and are posted on our website.

The second listing is a brief summary of policies that were developed, revised, or inactivated at the August meeting of the Medical and Behavioral Health Policy Committee. These policies will go into effect on October 13, 2008 and will be posted on **www.bluecrossmn.com** at that time.

If you have any additional questions regarding medical or behavioral health policy issues, you may call Provider Services at (651) 662-5200 or 1-800-262-0820 for assistance.

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY (Effective June 2008)

Policies developed

Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT)

- Investigative
- Prior authorization – not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

PathfinderTG® Molecular Testing

- Investigative
- Prior authorization – not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Genetic Testing for Helicobacter Pylori Treatment

- Investigative
- Prior authorization – not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Genetic Testing for Hereditary Breast and/or Ovarian Cancer

- Accepted medical practice when specific criteria are met.
- Prior authorization is recommended.

ProMeta for the Treatment of Substance-Related Disorders

- Investigative
- Prior authorization – not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Policies revised

Hyperbaric Oxygen Therapy

- The following indication was added to the list of indications considered to be accepted medical practice for the use of systemic hyperbaric oxygen therapy:
  - Pre- and post-treatment for patients undergoing dental surgery (not implant-related) of an irradiated jaw.
  - Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Intradiscal Electrothermal Annuloplasty (IDET), Percutaneous Radiofrequency Annuloplasty (PIRFT), and Intradiscal Biacuplasty

- Percutaneous annuloplasty procedures, including intradiscal electrothermal annuloplasty, percutaneous intradiscal radiofrequency thermocoagulation, and biacuplasty, are considered INVESTIGATIVE.
- Prior authorization – not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Policies reviewed with no changes

Chemiluminescent Testing for Oral Cancer
Compounded Bioidentical Hormonal Therapy for Menopausal Symptoms
Nociceptive Trigeminal Inhibition-Tension System (NTI-tss) for Treatment of Headache
Human Papillomavirus Vaccine (Gardasil)
Zoster Vaccine Live (Zostavax)
Audio-Visual Entrainment
Auditory Integration Training
Autologous Bone Marrow with or without Demineralized Bone Matrix
Automated Point-of-Care Nerve Conduction Tests
Chelation Therapy
Cranial Electrotherapy Stimulation
Electrical/Electromagnetic Stimulation for Treatment of Arthritis
Electrocardiographic (ECG) Body Surface Mapping
Full Body CT Scanning
Gambling, Pathological
Gastric Electrical Stimulation for Treatment of Obesity
Gene Therapy
Growth Factors for Treatment of Wounds and Other Conditions
Hippotherapy
Humanitarian Use Devices
Infusion of Vitamins, Minerals, and/or Nutrients
Measurement of Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) in the Assessment of Cardiovascular Risk
Penile Plethysmography
Prolotherapy
Quantitative Electroencephalogram (EEG) or Brain Mapping for Mental or Substance-Related Disorders

Quantitative Sensory Testing
Re-Birthing Therapy
Replacement of Amalgams
Saliva Hormone Tests for Menopause
Sex Reassignment
Single Photon Emission Computed Tomography (SPECT) for Cerebral Blood Flow in Behavioral Health Disorders
Spider Veins/Dermal Telangiectasias
Surface Electromyography
Targeted Amino Acid Therapy for Mental or Substance-Related Disorders
Thought Field Therapy
Traction Decompression of the Spine
Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease (GERD)
Tumor Vaccines
Unicondylar Interpositional Spacer (Unispacer)

Policies inactivated*

None

MEDICAL AND BEHAVIORAL HEALTH POLICY ACTIVITY (Effective October 13, 2008)

Policies developed

Genetic Testing for Tamoxifen Treatment
- Investigative
- Prior authorization – not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Semi-Implantable Middle Ear Hearing Aid
- Investigative
- Prior authorization – not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Surgical Decompression for Diabetic Neuropathy
- Investigative
- Prior authorization – not applicable, as this service is not covered. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Bone Conduction or Bone Anchored Hearing Aid
- The use of unilateral or bilateral implantable bone-conduction (bone-anchored) hearing aid(s) is considered accepted medical practice as an alternative to an air-conduction hearing aid in patients with a conductive or mixed hearing loss who also meet at least one of the following criteria:
  – Congenital or surgically-induced malformations (e.g., atresia) of the external ear canal or middle ear;
  – Chronic external otitis or otitis media;

  - Tumors of the external canal and/or tympanic cavity; or
  - Dermatitis of the external canal.
- Use of an implantable bone-conduction (bone-anchored) hearing aid is considered accepted medical practice as an alternative to an air-conduction CROS (contralateral routing of signal) hearing aid in patients with single-sided sensorineural deafness and normal hearing in the other ear.
- Other uses of bone-conduction (bone-anchored) hearing aids, including use in patients with bilateral sensorineural hearing loss, are considered investigative.
- Prior authorization is recommended.
- Note: Assistive Listening Devices (e.g., Amplifiers) and Assistive Listening Systems (e.g. FM, Infrared or inductive loop technologies) are hearing accessories used alone or in addition to hearing aids or cochlear implants. These accessories are not considered Hearing Aids and are not eligible for coverage.

Policies revised

Natalizumab (Tyasbri®)

- The use of natalizumab (Tysabri) is considered accepted medical practice for the following indications
  - As monotherapy for patients with relapsing forms of multiple sclerosis (MS) who have had an inadequate response to, or are unable to tolerate, alternative treatments (e.g. interferons) for MS; or
  - For inducing and maintaining clinical response and remission in adults with moderately to severely active Crohn's disease (CD) with evidence of inflammation, who have had an inadequate response to, or are unable to tolerate conventional CD therapies such as anti-inflammatory drugs (e.g., sulfasalazine), corticosteroids, immunosuppressive agents (e.g., 6-mercaptopurine or azathioprine), and inhibitors of tumor necrosis factor-alpha (TNF-α) (e.g., infliximab or adalimumab).
- Note: According to the product labeling for Crohn's disease, natalizumab should not be used in combination with immunosuppressants or inhibitors of tumor necrosis factor-alpha.
- Use of natalizumab (Tysabri) in combination with other immune system modifying drugs (e.g., interferon or monthly steroid pulses) in patients with multiple sclerosis is considered investigative due to safety concerns regarding adverse events that may result from combination therapy.
- Use of natalizumab (Tysabri) in the treatment of chronic, progressive multiple sclerosis is considered investigative due to a lack of published evidence demonstrating its safety and efficacy for this indication.
- Use of natalizumab (Tysabri) for any other indications is considered investigative.
- The prescribing and infusion of natalizumab (Tysabri) must be provided in accordance with the TOUCH™ Prescribing Program approved by the FDA and conducted by the manufacturer of Tysabri (Biogen Idec, Inc.).
- Prior Authorization is recommended. Request must include the patient's clinical records and documentation of the provider's acceptance to the TOUCH program.

Cochlear Implants

- Unilateral or bilateral cochlear implantation is considered accepted medical practice in prelingually and postlingually deaf individuals one year of age and older who cannot significantly benefit from a hearing aid. The lower age limit for use in children is dependent on FDA-approved patient labeling for the particular model being used.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.
- Coverage is subject to the member's contract benefits.
- Note: Assistive Listening Devices (e.g., Amplifiers) and Assistive Listening Systems (e.g. FM, Infrared or inductive loop technologies) are hearing accessories used alone or in addition to hearing aids or cochlear implants. These accessories are not considered Hearing Aids and are not eligible for coverage.

Gynecomastia

- Liposuction is considered investigative as a primary (i.e, stand alone) surgical procedure for the treatment of gynecomastia.
- Liposuction performed in conjunction with gynecomastia surgery is considered an integral part of the gynecomastia surgery (incidental) and separate reimbursement is not allowed.
- The remainder of the policy is unchanged.

Reduction Mammoplasty

- Liposuction is considered investigative as a primary (i.e., stand alone) surgical procedure for breast reduction.
- Liposuction performed in conjunction with breast reduction surgery is considered an integral part of the reduction mammoplasty (incidental) and separate reimbursement is not allowed.
- The remainder of the policy is unchanged.

Liposuction

- Liposuction is considered incidental when performed in conjunction with another related primary surgical procedure.
- Liposuction is considered investigative as a primary (i.e., stand alone) procedure when the usual treatment is surgical excision.
- Liposuction is considered cosmetic as a primary procedure in all other situations.

Excision of Redundant Skin

- The removal of labial tissue (labiaplasty) is considered cosmetic.
- The remainder of the policy is unchanged.

Allergy Testing and Treatment

- The policy on Allergies and Pervasive Developmental Disorders has been combined with this policy.
- The following statements now appear on this policy:
  - Routine testing for allergies in patients with pervasive developmental disorders (PDD), including autistic spectrum disorders, who have no symptoms of allergies is considered investigative.
  - Treatment for allergies in patients with pervasive developmental disorders (PDD), including autistic spectrum disorders, who have not been diagnosed with allergies by a physician is considered investigative.

- The remainder of the policy on Allergy Testing and Treatment is unchanged.

Policies inactivated*

Cognitive Behavioral Therapy for Major Depressive Disorder
Continuous Performance Tests
Interpersonal Therapy for Major Depressive Disorder

Policies may be inactivated for any of the following reasons: 1) requests for coverage are no longer received for a particular therapy or procedure, 2) a particular therapy or procedure has become accepted medical practice, or 3) a particular therapy or procedure is already addressed in the subscriber contracts. Refer to the Blue Cross and Blue Shield of Minnesota website at **www.bluecrossmn.com** to view the medical and behavioral health policies.

FYI

Helpful phone numbers

BLUELINE (voice response unit)	(651) 662-5200 or 1-800-262-0820
Behavioral Health	1-800-469-1110
BlueCard member benefits or eligibility	1-800-676-BLUE (2583)
FEP (voice response unit)	(651) 662-5044 or 1-800-859-2128
FEP (behavioral health issues)	1-866-812-1580
ClearConnect	(651) 662-5742 or 1-866-251-6742
Provider Service	(651) 662-5000 or 1-800-262-0820

Please verify these numbers are correctly programmed into your office phones.

PROVIDER PRESS is posted on our website quarterly for business office staff of multispecialty clinics, physicians, public health agencies, DME providers, chiropractors, podiatrists, physical therapists, occupational therapists, optometrists and behavioral health professionals/providers. Direct inquiries to:

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Information in Provider Press is a general outline. Provider and member contracts determine benefits.

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