

Provider Reference Manual Table of Contents with Changes and Updates Preface

The following changes are current in the 2009 Provider Reference Manual (PRM) Table of Contents below. Note: These changes might not be current in the print and CD PRM versions; always refer to bcbsnm.com for the most current information.

Commercial

- [Section 3 Provider Services](#)
 - August 3, 2009: Section 3.8.2 – changed ‘e-Business Tools’ to ‘e-Commerce Tools’.
 - Removed Section 3.8.3 New Provider CD.

- [Section 4 Professional Provider Responsibilities](#)
 - January 22, 2009: Section 4.1, page 4-1 – changed the credentialing CVO reference from Medical Verification Services (MVS) to Hospital Services Corporation (HSC)

- [Section 5 Professional Provider Reimbursement](#)
 - February 5, 2009: Section 5.1, page 5-2 – added link to [Fee Schedule Request Form](#); also added the form as an attachment under Section 5.6; added new information regarding Professional Multiple Surgery Guidelines under Section 5.5

- [Section 8 Claims Submission](#)
 - February 5, 2009: Section 8.1, page 8-1 – added HealthXnet; Section 8.4, page 8-3 – added electronic payer ID; Section 8.13, page 8-12 – added modifier information and ClaimCheck version number; Section 8.14.1, page 8-14 – added modifier information including modifiers 24, 25, 57 and 59.
 - September 21, 2009: Section 8.6 – added Corrected Claims Submissions. Re-numbered following sections.
 - October 27, 2009: Section 8.16 – added Billing Dispute External Review Process

- [Section 9 e-Commerce Tools](#)
 - July 30, 2009: Section 9.1 - Revised description for Availity, HealthXNet, and Provider finder. Added descriptions for ERA, EFT, ERS, ERM. Added section 9.3.6 for Electronic Refund Management (ERM). Re-titled section 9 from e-Business Tools to e-Commerce Tools.

- [Section 10 Preauthorization](#)
 - **March 23, 2009:** Section 10, page 10-1 – corrected preauthorization to prior authorization in the second sentence of the first paragraph: “For preauthorization, also referred to as *prior authorization*, prior approval.....”
 - **July 1, 2009:** page 10-1 – added timelines to the section “The Health Services department will then:...”

- [Section 14 Pharmacy Services](#)
 - **June 19, 2009:** Section 14.1 – added to paragraph 3 “for member’s who have a Blue Cross and Blue Shield of New Mexico Prescription Drug Rider.” Removed last sentence in paragraph 5 “We also encourage you to visit nm-formulary.com....”.
 - **June 19, 2009:** Section 14.2 – updated paragraph 2 to reflect 2009 cost.
 - **October 27, 2009:** Section 8.16 – added Billing Dispute External Review Process

- [Section 17 Quality Management and Improvement](#)
 - **June 19, 2009:** Section 17, page 17-13 – links updated to current 2009 Adult, Child, and Clinical Practice Guidelines. Removed Prenatal Care Guidelines link.

- [Section 19 Sample Benefit Summaries](#)
 - **April 1, 2009:** BlueNet benefit summaries 250/2000 and 5000/10,000 have been updated.

Government

- [BlueSalud](#)
 - **April 1, 2009:** Pages S27 and S29 – added “Participating Physicians/Professional Providers shall provide an interpreter when the Member does not speak or understand the language that is spoken.”
 - **June 19, 2009:** Pages S8 and S9 – added additional EPSDT screening items and two additional paragraphs in EPSDT section.
 - **June 19, 2009:** Pages S7, S19, S20, and 53 – Value Options of New Mexico has been changed to OptumHealth New Mexico.
 - **July 1, 2009:** Page S13 – updated ID card example.
 - **July 20, 2009:** Pages S16-S17 – added additional Timely Filing requirements. Pages S44-S45 – added additional Durable Medical Equipment guidelines.

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[BlueCard Program Provider Manual](#)

[Blue Medicare PPO Section of the Blues Provider Reference Manual](#)

[BlueSalud Section of the Blues Provider Reference Manual](#)