
Readers of the Blue BookSM on-line e-manual for providers may notice that we've changed the format and added more colors and graphics to the newly released version (edition: April 2012). We hope that the new look will make finding needed information a more enjoyable experience for the user. Along with the e-manual's "new look" additional information has been added while content that's no longer relevant has been removed. To assist in identifying areas of concentrated change please refer to the below listing.

Please note that this listing is not intended to be all inclusive but rather a resource to help direct the reader to areas of broad-scale content change. Additionally, revisions to the Blue BookSM e-manual typically include instructions and/or changes that have been previously been communicated to network participating providers.

Edition: April 2012 revisions listing:

- Removed tagline "Your plan for better health" from all pages.
- Corrected the name of Chapter 3 to read "Health care - benefit plans and member identification cards"
- Updated manual to reflect Healthcare Management & Operations as the replacement name for their formerly recognized name, Member Health Partnerships.
- Chapter 2 - Section 2.5: corrected paragraph under chart to reflect Health Network Solutions (HNS) as the replacement name for their formerly recognized name, Chiropractic Network of the Carolinas (CNC).
- Chapter 2 - Section 2.3: updated extension number for Discharge Planning bullet.
- Chapter 2 - Section 2.3: deleted paragraph providing details on faxing.
- Chapter 2 - Section 2.6: removed bullet about faxing authorization requests to AIM.
- Chapter 2 - Section 2.7: corrected the mailing address for Level I Member Appeals.
- Chapter 2 - Section 2.7: corrected title for Level I Provider Appeals and the explanation underneath.
- Chapter 2 - Section 2.10: correct title of the charts under Online Availability to state Provider Resources and Electronic Resources.
- Chapter 2 - Section 2.12: updated Network Management contact information and removed territory assignment chart.
- Chapter 2 - Section 2.14: added new section for Hearing Aid Coverage.
- Chapter 3: updated columns headings.
- Chapter 4 - Section 4.3.3.10: added section on Morbid Obesity Surgery and FEP's 2011 definition of Morbid Obesity.
- Chapter 4 - Section 4.12.4: corrected description of timely filing requirements.
- Eliminated all of Chapter 5: North Carolina Health Choice for Children program; all subsequent chapters were re-numbered because of this elimination.

- Chapter 5 - Section 5.4: added paragraph to include details on how to access out-of-area Blue Plan's medical policy and general pre-certification/pre-authorization details.
- Chapter 7: updated to reflect Healthcare Management & Operations as the replacement name for their formerly recognized name, Health Coaching and Intervention.
- Chapter 7 - Section 7.3 reworded title to read Emergency Department Services and Urgent Care Services.
- Chapter 7 - Section 7.5.1.1: added chart box with Department and Fax Numbers for requesting certification; also, updated the mailing address.
- Chapter 7 - Section 7.5.1.1: added details on making Urgent Requests on weekend and holidays.
- Chapter 7 - Section 7.5.1.2: reworded the last paragraph regarding retrospective certifications and removed the bullets.
- Chapter 7 - Section 7.5.1.5: removed the word "urgent" from the second bullet under Inpatient Admissions on the Services/procedures/admissions chart.
- Chapter 7 - Section 7.5.4: reworded Footnote 1 and removed mention of excluding Blue Advantage.
- Chapter 7 - Section 7.9:
 - Added paragraph to read: For dates of service on or after January 15, 2012, prior approval is required for the following services:
 - Transthoracic Echocardiography (TTE)
 - Transesophageal Echocardiography (TEE)
 - Stress Echocardiography (SE)
 - Removed all mention of faxing in DIMP authorizations to AIM.
- Chapter 7 - Section 7.13: updated to reflect Covisint ProviderLink as the replacement name for their formerly recognized name, ProviderLink; updated website and phone number.
- Chapter 9 - Section 9.9: including clarification explanation on timely filing guidelines for State Health Plan PPO and FEP.
- Chapter 9 - Section 9.20: under listing for What is Not Covered, removed the bullet for hearing aids or examination for the prescription or fitting of hearing aids.
- Chapter 9 - Section 9.24 and 9.24.1: reworded the sections on Overpayments and When We Notice an Overpayment.
- Chapter 9 - Section 9.39: removed the title - Telephone consultations and replaced the title and section to reflect Telemedicine and its description.
- Chapter 9 - Section 9.39.1: added new section on E-visits (online medical evaluations).
- Chapter 9 - Section 9.46: added new bullet under Skilled Nursing Billing and Claims Submission regarding the need to include RUGs on all inpatient claim forms.
- Chapter 9 - Section 9.48: Ambulance and Medical Transport Services Billing and Claims Reimbursement - removed two bullets under Ineligible Services:

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- Transportation from the member’s home to a facility other than a hospital, skilled nursing facility, or nursing home is not covered.
 - Transportation from a facility other than a hospital, skilled nursing facility, or nursing home to the member’s home is not covered.
 - Chapter 9: added new sections under 9.52 (Home durable medical equipment billing and reimbursement):
 - Maintenance, Repairs and Replacement of PURCHASED DME
 - Maintenance, Repairs and Replacement of RENTED DME
 - Coverage for DME add-ons or upgrades
 - Home DME may be subject to medical necessity review
 - Rental versus purchase
 - Guidelines for purchasing DME
 - Guidelines for renting DME
 - Chapter 9 - Section 9.58: added new section for Hearing Aid Coverage.
 - Chapter 9 - Section 9.6: Requirements for Institutional UB-04 Claim Forms - reworded second bullet and added new bullet (third bullet) on billing inpatient claims and submitting the claim for the entire length of stay from admit date through discharge date.
 - Chapter 9 - Section 9.61.26: added new section on Drug Wastage.
 - Chapter 10 - Section 10.13: deleted previous State Health Plan (SHP) COB examples and replaced with correct example for Medicare primary.
 - Chapter 11: updated to reflect eSolutions as the replacement name for their formerly recognized name, EDI services.
 - Chapter 11 - Section 11.1.1: removed the following HIPAA Companion Guides
 - BCBSNC HIPAA glossary
 - Appendix A: adjustment reason codes
 - Appendix B: BCBSNC business edits for 837 professional
 - Appendix C: BCBSNC business edits for 837 institutional
 - Chapter 13 - Section 13.3: reworded the first bullet about Members' Rights and Responsibilities.
 - Chapter 14 - Section 14.1.1: added section on Locum Tenens.
 - Chapter 16 - Section 16.6: updated to reflect Level I post-service provider appeals as the replacement name for their formerly recognized name, Post-Service Provider Courtesy Review (PCR) process (as known as level I provider appeals).
 - Chapter 16 - Section 16.6: removed mention of the appeal option and wording for Financial Recovery appeals for Level I post-service provider appeals.
 - Chapter 16 - Section 16.7.1: updated mailing address for Level II post-service provider appeals to reflect MES Solutions as the replacement name for their formerly recognized name, BDRP Department. Also removed paragraph giving the option to submit the appeal online with MES Solutions.