




## New Preventive Health Guidelines

BCBSNM's 2006-2007 Preventive Health Guidelines (PHGs) are included on pages 3, 4, and 5 of this newsletter. They can also be found online at [bcbsnm.com](http://bcbsnm.com) (select *Information for Providers* and look under *UM/QI/Medical Health Management*). Our Preventive Health Guidelines are derived from nationally recognized, evidence-based sources and have been approved by the practicing New Mexico physicians who serve on BCBSNM's Quality Improvement Professional Review Committee.

"These are not intended to be detailed recommendations for patients at all risk levels," said Bruce A. Mann, M.D., FACP, BCBSNM Medical Director for Quality Management and Improvement. "Such recommendations are widely available in the medical literature, as well as at [www.ahrq.gov](http://www.ahrq.gov). Our goal is to digest the material into the major recommendations that are relevant to the majority of individuals at average risk."

These guidelines are not meant to substitute for clinical judgment in individual cases, especially for patients with higher risk profiles. We encourage physicians to identify appropriate exceptions to these general recommendations. 




## Immunization Alert

Recently, the CDC has accelerated the frequency with which it changes recommendations for immunizations. Some made after our Preventive Health Guidelines are printed may not appear in the published document.

In February 2006, the advisory panel that reviews immunizations recommended routine administration of rotavirus vaccine to newborns. As this issue of *Blues Review* goes to press, the CDC has not formally adopted this recommendation but is expected to do so. We also anticipate updated recommendations


concerning the use of the new Tdap preparation. While we will publish changes in future issues of *Blue Review*, for the most current information, we recommend you check the National Immunization Program at [www.cdc.gov/nip](http://www.cdc.gov/nip).

Please also note that recommended schedules for some vaccines (such as HIB) may need to be modified for a particular manufacturer's preparations. The recommended schedule for the particular product used should guide practice. 

# Provider network updates

<b>Provider network expansion: Northern region</b>	<b>Newly contracted providers: Southeast region</b>
<p><b>St. Vincent Regional Laboratory at St. Vincent Regional Medical Center</b> [455 St. Michael's Drive, Santa Fe, NM 87505. Hours: 24/7. Phone: (505) 820-5302. Fax: (505) 820-5737] has opened an additional location for outpatient draws:</p> <p><b>St. Vincent Regional Laboratory at Physician Plaza</b>, 1631 Hospital Drive, Suite 130, Santa Fe, NM 87505. Hours: Monday – Friday, 7 a.m. to 5:30 p.m. and Saturday 7 a.m. to noon. Phone: (505) 946-3110. Fax: (505) 946-3110.</p>	<p><b>Cardiothoracic &amp; Vascular Surgery Center of Southeastern New Mexico</b> – Kip Wells, M.D., at 5419 N. Lovington Highway, Suite 7, Hobbs, NM 88240. Phone: (505) 392-8840.</p> <p><b>General and Vascular Surgeons of the Southwest, PA</b> – Christopher S. Woodworth, M.D., at 5419 Lovington Hwy, Suite 23, Hobbs, NM 88240. Phone: (505) 492-1561.</p>

## Pediatric inpatient admissions no longer accepted at Lovelace hospitals

The four hospitals in the Lovelace Health System are no longer accepting pediatric inpatient admissions for children age 14 and under except in special circumstances. For those patients who would have been admitted to a Lovelace hospital, please make arrangements for an admission to UNMH Children's Hospital. 

## Blue Medicare PPO<sup>SM</sup> Corner

### Note of appreciation to our network providers

BCBSNM would like to thank our providers for all of the time and energy that has been spent over the past few months with our Blue Medicare PPO and Medicare Part D members. We appreciate your willingness to work with BCBSNM through this challenging process.

### Blue Medicare PPO information now available online


We are pleased to announce that you may now access information about Blue Medicare PPO via our website, [bcbsnm.com](http://bcbsnm.com). Click on *Information for Providers*, then on the *Blue Medicare PPO* link in the sidebar menu.

The Blue Medicare PPO online information now includes: claims information, a benefits summary, medical policy information, Rx/Drug Formulary details, and a *New Mexico Provider Directory*.

You'll also find a complete **Blue Medicare PPO Provider Library** with these resources:

- Blue Medicare PPO Supplement to the *Provider Reference Manual*
- *Blue Medicare PPO Quick Reference Guide*
- Benefits comparison
- Fee schedule information
- A key contacts list
- Medical coding and bundling edits



- Information on the Medicare Advantage Program
- Preauthorization requirement list
- Frequently asked questions and answers 



# 2006-2007 Prenatal Care Guidelines

Blue Cross and Blue Shield  
of New Mexico

Applies to routine prenatal care of asymptomatic, healthy women with **NO** risk factors

Reminder: You may refer pregnant BCBSNM/HMONM members whose health plans cover maternity to our prenatal support program, Special Beginnings, by calling 1-800-395-BABY.

Weeks of Gestation	First Prenatal Visit	4	8	12	16	20	24	28	32	36	40	
IMPORTANT: Schedule first prenatal visit as early in first trimester as practical.												
<b>Patient Education</b>												
When to return for visits and call your doctor												
How to handle emergencies												
Childbirth programs							24 wks					
Folate, vitamins, nutrition, growth expectations												
Domestic violence												
Post-partum depression												
Tobacco, drug, and alcohol use in pregnancy												
<b>Establish Data Base</b>												
Medical, Social, Family, Obstetric history												
LMP, EDD												
Risk factors assessment (see table)		Initially and on follow-up visits as clinically indicated										
<b>Lab Tests</b>												
Test for asymptomatic Chlamydia infection		Screen pregnant women at least once										
Hgb/Hct, UA bacteriuria screen							26-28 wks					
Urine dipstick for protein, glucose		Initially and on follow-up visits as clinically indicated										
Blood group and Rh typing												
Antibody screen and Rubella antibody titer												
Syphilis screen and HIV if indicated												
Cervical cytology (and culture if indicated)												
Hepatitis B screen												
Chorionic villus sampling if indicated			8-18 wks									
Amniocentesis if indicated			8-18 wks									
Discuss and offer MSAF if indicated					16-18 wks							
Glucose intolerance screen if risk factors							26-28 wks					
Repeat antibody test if unsensitized Rh-neg								28 wks				
Beta Strep vaginal culture if indicated		As indicated										
<b>Evaluations &amp; Interventions</b>												
Follow-up visits		Every 4 weeks						Every 2-3 wks		Weekly		
Assess fetal heart tones							Each follow-up visit					
Reassess gestational age if indicated							Each follow-up visit					
Interval history, BP, weight, uterine size							Each follow-up visit					
Ultrasound if indicated by risk factors			8-18 wks									
Rho (D) immune globulin if indicated								28 wks				
Fetal surveillance when indicated												
Plan for post-date pregnancy if applicable												

Risk Factors Typically Assessed	Notes:
<b>Medical</b> Infectious, endocrine, hematologic, neurologic, nutritional, substance abuse <b>Obstetric</b> Maternal age <16, >35 Multiple gestation, IUGR, abn amniotic fluid Isoimmunization Third trimester bleeding Pregnancy induced hypertension Risk of prematurity Breech or transverse lie	<b>Colored bars above indicate approximate dates at which prenatal services are recommended by ACOG and AAP.</b>  <b>References:</b> 1. American College of Obstetrics and Gynecology & American Academy of Pediatricians. Guidelines for Perinatal Care, 3 <sup>rd</sup> Edition 2. Danforth's Obstetrics & Gynecology, 7th edition
Rupture of membranes >24 hours Chorioamnionitis Known teratogen exposure Previous offspring with chromosomal/congenital problem Family history chromosomal or genetic disorders Previous complicated obstetric history	

Note: This information is intended and designed for the use of an expert audience. If you are not a health care professional, you should seek assistance from a health care professional in interpreting these materials and applying them in individual cases.

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 80197/0206



# 2006-2007 Children's Preventive Health Guidelines

## Health Care Professionals Edition

A summary of recommended preventive care for children *at average risk*

Age	Birth	2 mo	4 mo	6 mo	12 mo	18 mo	2 yr	3 yr	4 yr	5 yr	6 yr	8 yr	11 yr	12 yr	14 yr	18 yr	
<b>SCREENING</b>																	
Newborn screening																	
Head size	Periodically																
Height, growth chart, development, overwt.	Periodic monitoring of growth and development. Counseling as necessary for childhood overweight.																
Blood pressure	Most authorities recommend periodic screening.																
Anemia screening																	
Urinalysis																	
Chlamydia (female)																	Sexually active females
Hearing																	
Vision/Eye	Vision screening should be performed during well child visits.																
Dental	Screen at first tooth. By age 2, routine annual dental examinations are recommended.																
<b>VACCINES</b>																	
Hepatitis <sup>1,2</sup>	Hep B	Hep B		Hep B													
Polio (IPV) <sup>1</sup>		IPV	IPV	IPV					IPV								
Haemophilus influenzae type B (HIB) <sup>1,3</sup>		HIB	HIB	HIB	HIB												
Diphtheria, tetanus, pertussis (DTaP) <sup>1,4</sup>		DTaP	DTaP	DTaP	DTaP				DTaP				Tdap				
Measles, mumps, rubella <sup>1,5</sup>					MMR				MMR								
Varicella (chicken pox) <sup>1</sup>					Var												
Meningococcal <sup>6</sup>													MCV4				
Pneumonia (Prevnar®)		PCV	PCV	PCV	PCV												
Hepatitis A					Hep A	Hep A											
Influenza				6 to 23 months; immunize according to ACIP guidelines.													
Tobacco use	Counseling parents about tobacco use in home and anticipatory guidance as appropriate.																
Health counseling and anticipatory guidance as appropriate	<ul style="list-style-type: none"> <li>On reducing harmful behaviors: alcohol and drug use, unsafe sex, firearm injury, and unprotected exposure to the sun.</li> <li>On nutrition (and folic acid supplementation in females of child-bearing age), physical activity, seat belt and car seat use, and family planning.</li> <li>On reducing risk of lead exposure; consider lead screening for at-risk populations prior to age 2.</li> </ul>																

Recommended by MOST authorities and endorsed by BCBSNM/HMONM as usually indicated for the preventive health of average-risk children

Recommended by SOME authorities and accepted by BCBSNM/HMONM as a reasonable for the preventive health of average-risk children

Evaluate. See footnotes.

<sup>1</sup> Immunization schedule is the "Done By One" optimized schedule by the NM Department of Health. For more information: [www.health.state.nm.us/immunize](http://www.health.state.nm.us/immunize).

<sup>2</sup> Hep B series is given at age 14 years if not given in childhood.

<sup>3</sup> Some vaccines have differing schedules depending on brand.

<sup>4</sup> Single dose of Tdap is given at ages 13-18 years if missed dose at 11 years and received childhood DTaP series.

<sup>5</sup> MMR is administered at age 11 years if not given at age 4 years.

<sup>6</sup> Administer at age 15 if not given at age 11 years.

Adopted from the U.S. Public Health Service, "Put Prevention Into Practice" ([www.ahrq.gov/clinic/ppipix.htm](http://www.ahrq.gov/clinic/ppipix.htm)). Complete guidelines are available online or in "Clinician's Handbook of Preventive Services" (1-800-358-9295). Some health services referenced in these guidelines (e.g., dental) may not be covered benefits under the terms of a patient's medical health plan. The information presented is intended for the use of an expert audience. If you are not a health care professional, you should seek assistance from a health care professional in interpreting these materials and applying them in individual cases.



## Continuing NPI Countdown

**May 23, 2007, is the compliance date** for the implementation of the National Provider Identifier (NPI) as the standard identifier on all HIPAA transactions. Some of the most common questions we have received so far are:

**Q: What is HCSC doing to comply with the adoption of NPI as mandated under HIPAA regulations?**

**A:** We are using an enterprise wide approach that coordinates the business and system impacts of NPI across all four of our divisions (NM, IL, OK, and TX). While still in the planning stages, our goal is to execute a seamless transition. Over the next several months, we will be establishing and communicating more specific timetables for when, where, and how we will receive and communicate NPI in all covered standard electronic transactions. We are also developing a detailed strategy to communicate consistent and accurate information with our provider community. Our goals include website updates, newsletters, and other communication materials.

**Q: How do I obtain an NPI?**

**A:** There are three ways that a health provider can apply for an NPI:

- Apply through a web-based application process at <https://nppes.cms.hhs.gov>.


- Submit a paper application to the Enumerator (Fox Systems). A copy of the application can be found at <https://nppes.cms.hhs.gov>. Providers may also request an application form by calling **1-800-465-3203** or TTY **1-800-692-2326**.

- With the permission of the health care provider, an organization may submit a health care provider's application in an electronic file.

**Q: When should I start submitting my NPI to BCBSNM?**

**A:** We will notify all providers when they can begin submitting their NPI on standard electronic transactions. In the meantime, providers should not begin using their NPI on electronic transactions. ***While BCBSNM is not yet ready to accept NPIs on transactions such as claims, you may send your NPI number to Network Services as soon as you receive it.*** We will keep your information on file for future updates to your provider record. Watch the *Blue Review* for ongoing updates throughout this transition process.

**Q: Where can I find more information on NPI?**

**A:** Visit the CMS NPI Resource online at [www.cms.hhs.gov/NationalProvStand/](http://www.cms.hhs.gov/NationalProvStand/) and check for updates at [bcbsnm.com](http://bcbsnm.com). 

## Claims Filing Corner

### Member identification and NM alpha prefixes

The three-character alpha prefix at the beginning of the member identification number is used to identify and correctly route claims. The alpha prefix identifies the Blue Plan or national account to which the member belongs. It's critical for confirming a patient's membership and coverage, and for the electronic routing of specific HIPAA transactions to the appropriate Blue Plan.

Members who are part of the Federal Employee Program (FEP) will have the letter "R" in front of their member identification number.

To assist you with correct claims filing, here is a list of the New Mexico alpha prefixes you'll see for BCBSNM/HMONM members. The following alpha prefixes begin with YI:



- AED (Ardent)
- MAG (NM State Univ.)
- MEX (NM State Univ.)
- NMA (NM State Univ.)
- PNQ (PNMR, Inc.)
- UPS (United Parcel Service)

Continued from page 1.

Note: While the main identifier for members is the alpha prefix, out-of-area members' ID cards may also have a PPO in a suitcase logo for eligible PPO members, or a blank suitcase logo. For more information on out-of-area claims filing, please refer to the *BlueCard Program Provider Manual* in your *2006 Blues Provider Reference Manual*.

### Member ID card reminders



When members of BCBSNM/HMONM or other Blue Plans arrive at your office or facility, please be sure at each visit to ask them for their current member ID card to verify member eligibility. If eligibility is not confirmed by BCBSNM/HMONM, the patient is responsible for payment if services are provided.

The ID card will also list applicable copays, pharmacy carrier, and behavioral health benefits; with claims submission information and important phone numbers on the back.  

## Network Services Department Restructuring News

Your Network Services contracting and servicing teams are being restructured. After many years of being the masters of all types of provider contracts sorted by geographic region, our contractors are now divided by type of contract to give you a single expert to call if you have questions concerning your contract.

Your Network Provider Representative team is also undergoing a reorganization process; details will be announced in the next *Blue Review*. Meanwhile, to reach a Network Provider Representative (for general information, address, phone number, tax ID number, or other changes), please call one of the general department numbers listed below.

Thank you for your patience as we organize our team to better service our provider community!  

### Network Services and related service area contacts

Our representatives are available to assist you Monday – Friday, 8 a.m. to 5 p.m.

**General department phone numbers: (505) 837-8800, or toll-free at 1-800-567-8540**

**Direct fax numbers for all regions: (505) 816-2688 or 1-866-290-7718**

PROFESSIONAL CONTRACTING  
Including Allied Health Practitioners

HOSPITAL CONTRACTING  
Including Acute Care, Behavioral Health,  
and Specialty Hospitals

#### CENTRAL REGION

**Network Contract Representative**  
Michelle Quintero, (505) 816-2158

#### SOUTHERN REGION

**Network Services Representative**  
Jill Billingsley, (505) 816-2143

#### NORTHERN REGION

**Network Contract Representative**  
Joann Ireland, (505) 816-2159

#### Network Contract Representative

George Salaiz, (505) 816-2139

#### ANCILLARY CONTRACTING

Divided by Type of Ancillary Service Including Vendors

#### Network Contract Representative

Rick Bogle, (505) 816-2145

- DME, Home Health, Hospice, Home IV, and supplies (e.g., mastectomy, hearing, prosthetic/orthotic)
- Freestanding and Statewide Labs
- Freestanding Ambulatory Surgical Centers South of I-40
- Rehab. Hospitals (excluding Albuquerque Rehab.)
- Air Ambulance
- Mesa Mental Health and McKesson Specialty Pharmacy

#### Network Contract Representative

Joyce Hamblet, (505) 816-2146

- Skilled Nursing Facilities
- Diabetes/Nutrition Centers
- Cardiac Rehab. Facilities
- Dialysis Freestanding Facilities
- Radiology Centers separate from Professional
- Freestanding Ambulatory Surgical Centers north of I-40
- AIM (American Imaging Management)
- Birthing Centers
- Sleep Study Centers
- Bone Density Centers



Blue Cross and Blue Shield  
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# 2006-2007 Adult Preventive Health Guidelines

## Health Care Professionals Edition

A summary of recommended preventive care for adults *at average risk*

Years of Age	18	25	30	35	40	45	50	55	60	65	70	75 and up*
<b>For men and women:</b>												
Blood pressure	Blood pressure should be checked periodically. Normal blood pressure is 120/80 or less. Screen those with high blood pressure for diabetes.											
Obesity	Body Mass Index > 25 is "overweight"; BMI > 30 is "obese." Referral and counseling as indicated.											
Colon cancer									Screen every 1 to 10 years depending on method and risk factors. Refer to CPI Guidelines at <a href="http://www.nmms.org">www.nmms.org</a> .			
Rectal exam								Some authorities recommend an annual clinical rectal exam.				
Other screenings	Some authorities advocate periodic screening for thyroid, mouth, skin, ovarian, testicular, and lymphatic cancer.											
<b>For women:</b>												
Cholesterol	Early screening if <b>POSITIVE</b> risk factors for CAD.						For women at average risk, check cholesterol at least every 5 years.					
Mammography						Every 1 to 2 years until age 50, then annually.						
Pap test	Every 1 to 3 years. Not indicated if uterus and cervix removed for non-cancer causes.											
Chlamydia	Periodic	← Women age 25 or younger (or with risk factors) should be screened.										
Osteoporosis										Beginning at age 65.		
Breast exam								Some authorities recommend an annual clinical breast exam.				
<b>For men:</b>												
Cholesterol	Early screening if <b>POSITIVE</b> risk factors for CAD.						For men at average risk, check cholesterol at least every 5 years.					
Prostate cancer screen discussion								Yearly discussion with patient. In the absence of consensus on optimal screening method, individualize to the patient.				
Abdominal aortic aneurysm ultrasound										One time in men who have ever smoked.		
<b>VACCINE</b>												
Tetanus-diphtheria (Td) booster	Every 10 years. (Check current recommendations regarding Tdap at <a href="http://www.cdc.gov/nip">www.cdc.gov/nip</a> .)											
Pneumococcal vaccine	Refer to CPI Guidelines at <a href="http://www.nmms.org">www.nmms.org</a> .										At least once; some patients require second dose at 5 years.	
Influenza vaccine								Annually				
Quitting tobacco	<ul style="list-style-type: none"> <li>Based on patient's readiness to quit, offer counseling, medication, or referral. See <a href="http://www.nmms.org">www.nmms.org</a>.</li> </ul>											
Health counseling as appropriate	<ul style="list-style-type: none"> <li>Regarding reducing harmful behaviors: alcohol/drug abuse, domestic violence, unsafe sex, or behaviors that put patient and others at risk for infection or injury.</li> <li>Regarding dental, vision, and hearing care.</li> <li>Regarding breast or testicular self-exams, healthful nutrition and exercise, using seat belts and motorcycle helmets, using sunscreen and UV protective eyewear, firearm safety and tobacco exposure around children, and the use of car seats for infants and toddlers.</li> </ul>											
Preventive medications	<ul style="list-style-type: none"> <li>Counsel women of child-bearing age about taking folic acid.</li> <li>Counsel people with risk factors for heart disease about daily aspirin therapy.</li> </ul>											


\* Upper age limits of these recommendations must be individualized for each patient.

Recommendations are based on nationally recognized guidelines and recommended by BCBSNM/HMONM as appropriate for average-risk persons. Recommendations in bold-face are from USPSTF and/or represent the agreement of most authorities.

Adopted from the U.S. Public Health Service, "Put Prevention Into Practice" ([www.ahrq.gov/clinic/ppipix.htm](http://www.ahrq.gov/clinic/ppipix.htm)). Some health services referenced in these guidelines (e.g., dental) may not be covered benefits under the terms of a patient's specific medical health plan. The information presented is intended for the use of an expert audience. If you are not a health care professional, you should seek assistance from a health care professional in interpreting these materials and applying them in individual cases.

## Medical policy updates

Once approved, new or revised medical policies are posted on our website the first day of each month, with their effective dates indicated. You'll find the most complete and up-to-date information on both active and pending medical policies on our website

at [bcbsnm.com](http://bcbsnm.com) under *Provider Library* on the providers' page. The table below summarizes the changes since the last *Blue Review*. Please contact Health Services at (505) 816-2093 with any questions about BCBSNM's medical policies. 

EFF. DATE	POLICY #	POLICY NAME
03/01/2006	SUR716.001	Cosmetic and Reconstructive Procedures
03/01/2006	THE801.027	Photodynamic Therapy (PDT) for the Treatment of Actinic Keratoses (AK) and Other Skin Lesions
03/15/2006	MED202.038	Extracorporeal Membrane Oxygenation (ECMO)
03/15/2006	MED205.008	Electroencephalograms
03/15/2006	SUR713.001	Refractive Keratoplasty
03/15/2006	RAD601.067	Intensity Modulated Radiation Therapy
03/15/2006	DME101.023	Continuous Passive Motion (CPM) Device
03/15/2006	THE803.010	Physical Therapy (PT) Services
03/15/2006	SUR703.021	Autologous Chondrocyte Transplantation (ACT)
04/15/2006	MED202.054	Biventricular Pacing
05/01/2006	SUR705.010bu	Temporomandibular Joint (TMJ) Disorders (TMJD)
05/01/2006	THE801.028	Acne Management
05/01/2006	SUR717.001	Gender Reassignment Surgery
05/03/2006	SUR705.028	Neuralgia Inducing Cavitation Osteonecrosis (NICO)
05/15/2006	RAD605.015	Endobronchial Brachytherapy
05/15/2006	DME101.043	Meniett Low Pressure Pulse Generator for Meniere's Disease

## Online order entry enhancements for high-tech imaging services

Since implementation of the Radiology Quality Initiative (RQI) Program\* in October 2005, more ordering physicians are obtaining RQI numbers for BCBSNM/HMONM patients via American Imaging Management's website at [americanimaging.net](http://americanimaging.net).

The goal at AIM is to make completing the online order entry process as quick and easy as possible. In February 2006, AIM updated the clinical logic in its online order entry/RQI request process to streamline the ordering process and reduce the volume of requests that require additional clinical review. Diagnoses are now needed, which drive symptom listings.

**What's new?** The first step in the clinical section is to identify the patient's diagnosis. If unknown, select *Diagnosis Unknown*. You'll then be prompted to identify whether the diagnosis is *Suspected* or *Confirmed*. Definitions are provided on the website.

Based on the exam and diagnosis selected, you will be prompted to enter the relevant symptoms that the patient may be presenting. If symptoms and diagnosis are unknown, you may select *Symptoms Unknown - Proceed to ICD-9 Look-Up*.


You may be asked for additional details on the

patient's clinical symptoms. Questions with a red asterisk are mandatory. You can also type additional clinical information in the *Comments to Nurse* box, which may help expedite your request.

If you have any questions, please contact AIM's Customer Service Department at **1-800-252-2021**.

### For faster approval have the following information ready:


- Member ID number, name, and date of birth
- Ordering physician information
- Imaging exams being requested (including body part, right, left, or bilateral)
- Patient diagnosis (suspected or confirmed)
- Clinical symptoms/indications (intensity/duration)
- Past treatment history (including test results, therapy duration, relevant clinical medical history)

\* Compliance with the RQI Program is required for the outpatient diagnostic non-emergency services listed below when performed in a physician's office, the outpatient department of a hospital, or a freestanding imaging center. Ordering physicians must contact AIM to obtain an RQI number prior to scheduling an imaging exam for the following high-tech imaging services: CT and CTA Scans, MRI and MRA Scans, Nuclear Cardiology Studies, and PET Scans. 



## Free offer for your diabetic patients

Beginning April 1, 2006, only Abbott Diabetes Care FreeStyle, Precision Xtra, and Roche Diagnostics ACCU-CHEK® test strips will be preferred (Tier 2 copay benefit level). All other test strips, including LifeScan One Touch, will be nonpreferred (Tier 3 copay benefit level).

In light of this change, BCBSNM is offering members who are using nonpreferred products an opportunity to obtain a preferred product at no charge. Your patients are encouraged to call the numbers below to request a new blood glucose meter. 

Abbott Diabetes Care	Roche Diagnostics Corporation
FreeStyle®, FreeStyle Flash™, or Precision Xtra™	ACCU-CHEK® Aviva System or ACCU-CHEK® Compact
To select an Abbott Diabetes Care product call: <b>1-866-224-8892</b> .	To select a Roche Diagnostics product call: <b>1-888-355-4242</b> .

## We welcome your ideas

The results of our recent *Blue Review* reader survey have been compiled and are being carefully reviewed. Our thanks to all of our network providers who took the time to share their feedback. Most of you who responded “read most or all of each issue” and 95% gave it an overall rating of good to excellent.


Also, 92% of you preferred to continue to receive *Blue Review* on paper rather than via email. You can also continue to find it online on the provider page of [bcbsnm.com](http://bcbsnm.com), under *Provider Library*.

The topics that received the highest ratings for being useful or interesting to the providers who responded to our survey were:

- BCBSNM news and updates
- Benefit explanations
- Claims coding and processing information
- Referral and authorization process
- Network services contacts
- Clinical practice guidelines

Thanks to your suggestions, this year you'll see a few changes as we try to make *Blue Review* more helpful to our network providers, as well as become a publication you want to read! In this issue, you'll find a new **Claims Filing Corner**, where you'll find tips and resources to help provider offices and staff with coding and claims filing. Another new occasional feature will be a **Provider Spotlight**, which will share news from within the provider community. Providers are invited to submit spotlight news for consideration.


We continue to welcome your feedback as valued members of our provider community.

*Blue Review* is produced by Network Services at BCBSNM. If you have submissions or suggestions on how we can improve *Blue Review*, please feel free to send us an email by visiting our website at [bcbsnm.com](http://bcbsnm.com) (select *Information for Providers*, then click on *Contact Us*) or email us directly at [nmnetsrvs@bcbsnm.com](mailto:nmnetsrvs@bcbsnm.com). 

## New! 24/7 Nurseline for members: 1-800-973-6329

BCBSNM/HMONM is pleased to offer a new service to its members: the **24/7 Nurseline**, which provides 24-hour access to specially trained registered nurses with an average of 15 years of clinical experience. These nurses use clinically sound, patented algorithms, which have been tested by doctors and specialists across the country, to assess the callers' needs and direct them to the right level of care. This program does not restrict care, but rather helps members access the right care, at the right time, and at the right location.

The goals of the 24/7 Nurseline are to help members become better able to make health care decisions and manage health issues, support the patient-provider relationship, and reduce avoidable health care utilization. This program also provides an audio library of more than 1,200 health care topics, with 500 topics also available in Spanish.

*(Please note that our 24/7 Nurseline is available to members of all BCBSNM/HMONM groups that have not selected another nurse line service.)* 



**Blue Cross and Blue Shield  
of New Mexico**

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**Office Staff Insert:**

- COBC crossover update
- Claims filing corner
- Network Services news and contacts

**Special Beginnings® prenatal program** BCBSNM/HMONM members whose health plans include maternity coverage can participate in our Special Beginnings prenatal program, which provides additional support and education during pregnancy. It includes educational materials, 24-hour nurse line, health risk assessment, and case management for high-risk pregnancies. For information, please call **1-800-395-2229**.

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