

# update

A bimonthly newsletter produced for healthcare professionals by the Health Network Management Services Department (HNS) at Blue Cross and Blue Shield of Nebraska.



Partnering with you for a healthier Nebraska

www.bcbsneprovider.com

The *update* provider newsletter contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for healthcare professionals throughout Nebraska to continually communicate with those who contract with us.

**If you are a BCBSNE Participating and/or BluePreferred healthcare professional, this newsletter serves as an amendment to your agreement with us. Therefore, it is your responsibility to comprehend and act upon all information that affects your contractual relationship with BCBSNE.**

You are encouraged to file every issue of the *update* within your BCBSNE Policies and Procedures manual.

Non-participating healthcare professionals receive the same information as a service to persons covered by BCBSNE.

We also publish each issue online at:

[www.bcbsne.com/update](http://www.bcbsne.com/update)

For permission to reprint material published in the *update*, e-mail the editor Marian Gramlich at:

[marian.gramlich@bcbsne.com](mailto:marian.gramlich@bcbsne.com)

The symbols below will point you toward articles of interest as well as key contacts and information.

## SYMBOL KEY

- target audience
- electronic billers
- contact by mail
- contact by phone
- contact by e-mail
- find it online
- clip it
- investigative
- HCFA1500 billers **HCFA1500**
- UB92 billers **UB92**
- paper billers

## Nebraska Hospital-Medical Liability Act (LB 998)

### healthcare provider community

LB 998 changed the amount of underlying professional liability insurance required under the Nebraska Hospital Medical Liability Act effective January 1, 2005. BluePreferred, BluePrime, and BlueChoice Providers are considered to be adequately insured for BCBSNE purposes if they qualify under the Nebraska Hospital Medical Liability Act.

Pursuant to LB 998, the underlying coverage requirements are changing effective January 1, 2005, as noted below:

	Current Requirements	New Requirements
<b>Provider (other than Hospital)</b>		
Per Occurrence Aggregate Liability Amount per Year for each Named Insured	\$200,000	\$500,000
	\$200,000	\$1,000,000
<b>Hospital</b>		
Aggregate Liability Amount per Year	\$1,000,000	\$3,000,000

If a BluePreferred, BluePrime, and/or BlueChoice Provider elects to treat a Covered Person who has elected not to be bound by the terms of the Nebraska Hospital Medical Liability Act, the Provider must maintain \$1,000,000 primary and \$3,000,000 aggregate coverage.

BluePreferred, BluePrime, and BlueChoice Providers must also carry Comprehensive General Liability Insurance with limits of not less than \$100,000 for each person, \$300,000 for each occurrence of bodily injury and \$100,000 property damage for each occurrence and an Excess Umbrella Liability insurance policy with limits not less than \$1,000,000 for each occurrence and \$3,000,000 in the aggregate.

The Nebraska Hospital Medical Liability Act does not include Dentists, Podiatrists, and Chiropractors. **HNS**

# The Blue Board

## Flu Vaccines Covered; Not FluMist

HCFA **1500** business office/billing staff

In last year's August *update* we reported that FluMist, an influenza vaccine administered as a nasal inhalant, was a benefit exclusion. Only flu vaccines administered by injection are covered. This remains BCBSNE's policy for the 2004 flu season.

An exception is for the Federal Employee Program; participating providers may bill FluMist vaccinations for FEP members using CPT code 90660. [HNS](#)

### NPI ALERT

The HIPAA Administrative Simplification Standard for National Provider Identifier (NPI) for Health Care Providers was published in the Federal Register on January 23, 2004.

Health Care Providers can begin applying for NPI's beginning on, but no earlier than, May 23, 2005, with a federally mandated implementation date of May 23, 2007.

Watch your future *update* newsletters for more information! [HNS](#)

## CPT Codes 97139 & 97039

HCFA **1500** business office/billing staff

When billing for **Cold Laser Therapy**, you should bill CPT Code 97139. Be sure to include a description/nomenclature of the service provided.

When billing for the use of the **Hydro Pulsating Chair, Bed, or Table** you should bill CPT Code 97039. Be sure to include a description/nomenclature of the service provided.

At this time, we consider both of these therapies investigative and benefits are not covered for our members. [HNS](#)

## Correction: NMA does not offer routine vision benefits

HCFA **1500** business office/billing staff

In the June issue of *update* the Nebraska Medical Association was incorrectly included in the group offering routine vision benefits in their health coverage. We regret the error and any inconvenience it may have caused. [HNS](#)

## Cross Over Claims

HCFA **1500** business office/billing staff

Has Medicare assigned numbers to Physician Assistants and/or Nurse Practitioners in your office? BCBSNE can create an electronic crosswalk between the Medicare number to assigned BCBSNE healthcare professional numbers for electronic cross over claims submitted to BCBSNE by Medicare or Health Data Management (HDM). Please send a written notice to BCBSNE identifying the supervising or directing Physician for your PA or NP along with the assigned Medicare number for both the Physician and PA/NP. If you have any questions please contact your Health Network Consultant.

The notice may be sent to:

BCBSNE  
Health Network Services  
PO Box 3248  
Omaha NE 68180-001 Fax: (402) 392-4101  
e-mail: [kurtis.fricke@bcbsne.com](mailto:kurtis.fricke@bcbsne.com) [HNS](#)



## Timely Filing Restrictions for BCBSNE and BlueCard

### Program Members

HCFA 1500 UB92 Effective January 1, 2005, BCBSNE will implement the following time limit for filing or adjusting a post-service claim. All claims and any revisions or adjustments must be submitted by the Provider or Covered Person within the time filing limit set forth in the Master Group Application. BCBSNE Master Group Applications have time filing limitations ranging from 12 months to 18 months from the date of service. Beginning January 1, 2005, all new claims, revisions, or adjustments that are not filed by a BluePreferred or BlueClassic Provider prior to the claim filing limit stipulated in the Master Group Application will be the provider's liability.

This time limit applies to all BCBSNE lines of business including the BlueCard Program.

When verifying benefits for any BCBSNE member, we recommend verifying time filing limitations stipulated in the Master Group Application (which is also known as the group or member contract). [HNS](#)



## Timely Filing Limitations for FEP Members

HCFA 1500 UB92 The FEP brochure stipulates the following language: Send us your claim and appropriate documentation as soon as possible. The claim must be submitted by December 31 of the year after the service was provided. If timely filing was prevented by administrative operations of Government or legal incapacity, claims must be submitted as soon as reasonably possible. If FEP returns a claim or part of a claim for additional information, the claim must be resubmitted within 90 days, or before the time filing period expires, whichever is later. [HNS](#)



## 800-821-4787 Streamlined

healthcare provider community

On September 1, Health Network Services' 800# call line was upgraded to serve you better. Now it is easier to contact the individual you need. Select from four options to reach the Health Network Consultant group, Provider File Maintenance staff members or Lynn Stivers, Provider Education Specialist or the EDI Communications Administrator, or to listen to Workshop Information.

A new feature is the ability for you to press the "zero" to return to the main menu. As before, if you do not make a selection, the message will repeat once and then automatically transfer to the Provider File Maintenance staff.

For your convenience, the organization of the 800# is below. ⚡

#### Option One, Health Network Consultants:

- For Western Nebraska, press ONE for Charlie Kennedy
- For Central Nebraska, press TWO for Patrick Maginnis
- For Lincoln, Nebraska, press THREE for Cindy Rutledge
- For Eastern Nebraska, press FOUR for Sue McHargue
- For TriCare, press FIVE for Norma Sterba
- For Primary Care+Medicaid, press SIX for Virginia Smith
- For Omaha, Nebraska, press SEVEN for Vickie Richter or press EIGHT for Pam Black.

#### Option Two, Provider File Maintenance staff or Lynn Stivers:

- For Tiffany, press ONE
- For Jill, press TWO
- For Kurt, press THREE
- For Staci, press FOUR
- For Lynn Stivers, press FIVE
- For Tamara, press SIX

#### Option Three, Provider Education Specialist or EDI Communications Administrator:

- Provider Education Specialist, press ONE
- EDI Communications Administrator, press TWO

#### Option Four, Health Network Services Workshop Information

Listen to information about upcoming workshops and leave us a message if you would like to register or if you have a question.

# Primary Care+ Help is a Call or Click Away

## What is Primary Care+?

Primary Care+ is Blue Cross and Blue Shield of Nebraska's Medicaid managed care plan for low to moderate income families. It covers a broad range of services, including inpatient hospital stays, outpatient care, doctor services, lab and x-ray, home healthcare, durable medical equipment, and more.



The Primary Care+ plan also offers members some unique services that are listed below in conjunction with other specialized agencies.

- **In-Home Asthma Program with Gentiva Home Health Services**
- **Diabetic Support Group**
- **Teen Pregnancy Education Program with the Olson Women's Center**
- **Building Better Babies**
- **Primary Care+ HealthLink Newsletter**

For a full description of each service, please visit our website at <http://www.bcsne.com/healthplanoptions/primarycareplus/> or call call **392-4180 (in Omaha)**  
**Toll-Free: (800) 424-7097 (Outside of Omaha).** HNS

## Attention Primary Care + Referral Nurses and Staff

HCFA **1500** business office/billing staff

There are **three ways to have PC+ referrals loaded** into BCBSNE system to ensure Specialists are paid.



**Phone:** You can phone 399-8863 in Omaha or 1-800-662-3559 outside of Omaha for Outpatient Surgery or Specialist Referrals. If you want a copy of the referral faxed to the Specialist, let the Utilization Management

Assistant know.



**Web:** You can use the BCBSNE website at: [www.bcsneprovider.com/services/precertification/pc](http://www.bcsneprovider.com/services/precertification/pc) You must print a copy for your records, one for the member and fax a copy to the Specialist.



**Fax:** If you elect to use the paper referral you must fax a copy of the completed form to BCBSNE at 392-4141 in Omaha or 1-800-255-2838 outside of Omaha. If the completed paper referral is faxed to BCBSNE without the Specialist's name and or facility, the facility and/or Specialist will not be paid.

**It is your responsibility to send the information to BCBSNE so it can be loaded into the BCBSNE system or the Specialist will NOT be paid.**

If there are any questions/concerns about referrals either from the PCP office or Specialist office you can call 402-392-4275 or e-mail the Health Network Consultant at: [Virginia.j.smith@bcsne.com](mailto:Virginia.j.smith@bcsne.com). HNS

## Pain Control Infusion Pump Approved

HCFA **1500** UB **92** business office/billing staff

BCBSNE has revised the medical policy to approve Pain Control Infusion Pumps; i.e. On Q Pain Pump, Pain Buster Pump. However charges for insertion of the pump catheter will be considered global to the surgical procedure. If coding is submitted, it should be an unlisted code with a description of services. The frequently used CPT Code 37202 is not an acceptable or correct code. HNS

## Revisions made to [bcbsneprovider.com/providerlibrary/resource/](http://bcbsneprovider.com/providerlibrary/resource/)

 healthcare provider community

The first revision to [bcbsneprovider.com/providerlibrary/resource/](http://bcbsneprovider.com/providerlibrary/resource/) page is the release of the most recent CPT Surgery Guidelines. These Guidelines will be updated again during the first quarter of 2005. That update will then include the new codes that become effective January 1, 2005.

The second is the deletion of the “List of Investigative Treatments,” which is now included in the “Medical Policy Manual” and will no longer be listed as a separate item on the Resource page.

The third is the latest revision of the Ambulatory Procedure Codes. [HNS](#)

## Two New Products Designed for the State

 healthcare provider community

Beginning in October and continuing through November, State of Nebraska employees will be reviewing their health insurance options and making a selection to take effect January 1, 2005.

Two new products have been exclusively designed for State of Nebraska employees and are currently under consideration:

- Nebraska BlueSelect
- Nebraska BlueChoice

Both products offer no waiting periods, no exclusions for preexisting conditions, no lifetime benefit maximum, unlimited preventive health benefits, and no deductible when accessing covered services from a BluePreferred provider.

Nebraska BlueSelect would require the member to obtain all non-emergency services from a BluePreferred provider. Benefits would not be paid for non-emergency services obtained from a provider who is not participating in the BluePreferred Network.

Nebraska BlueChoice gives the member the option of receiving a higher benefit by accessing services from a BluePreferred provider, or obtaining services from a non-preferred provider at a reduced benefit level.

Look for more information to follow in the December issue of *update*. [HNS](#)

## ID Card Update

 healthcare provider community

In previous issues we reported to you that all Blue Cross and Blue Shield Plans were mandated by the Blue Cross Blue Shield Association to **eliminate the use of social security numbers on ID cards by January 1, 2006**. Blue Cross and Blue Shield of Nebraska (BCBSNE) began this process in August 2004. All new members are being assigned a non-SSN ID number. Existing members will be converted to a new ID number at the time of membership renewal, when adding a new family member, in the event of a coverage change, or when receiving a replacement card for one that had been lost or stolen.

**The new ID numbers that are being issued to BCBSNE members will continue to begin with the existing alpha prefix that was previously assigned; but instead of the SSN number, the alpha-prefix will be followed by seven numeric positions, two alpha positions, and a member specific two-digit suffix (e.g. YEP1234567AB-01, -02, -03).**

We strongly recommend that you **obtain a copy of the member's ID card at the time of the visit to ensure you will be reporting the most current ID number** when filing your claims and when verifying eligibility, benefits, or claim status.

The quickest way to verify eligibility, benefits and claim status for your BCBSNE patient is to call our voice response unit, Greater Access to Blue Cross and Blue Shield of Nebraska Information (GABBI). **GABBI has been enhanced to accommodate the new BCBSNE ID numbers.** While our highly-trained Provider Services reps can easily distinguish an alpha character from a numeric one, GABBI will require a little prompting from you.

When entering an alphabetic character, press the asterisk followed by the key that the character is on. Then press either the one, two, or three key based on the position of the letter on the key. For example, for the letter ‘Y’, you would press ‘\*’, ‘9’, then ‘3’. If ‘Q’ appears in the member’s ID, press ‘\*’, ‘1’, ‘1’. If ‘Z’ appears, press ‘\*’, ‘1’, ‘2’.

Call **GABBI at 1-800-635-0579**. [HNS](#)

## Corrected Claims Require Appeal / Reconsideration Request Form

HCFA **1500** UB**92** business office/billing staff

If the information on a processed claim is subsequently found to be incorrect, a corrected claim must be submitted in order for your original claim to be considered for adjustment.

Always attach an Appeal/Reconsideration Request Form to the front of your amended claim. Before attaching the Appeal/Reconsideration Request Form to your corrected claim, be sure you have filled out the form completely and legibly.

In the section titled, "Reconsideration" (Column B), mark the box that clearly identifies the error that was made on the original claim, i.e., incorrect CPT code, incorrect ICD-9 code, incorrect POS, etc.

Failure to submit your corrected claim with an Appeal/Reconsideration Request Form attached will result in our inability to respond to any status inquiries since the corrected claim was not submitted as a claim reconsideration.

Attaching the Appeal/Reconsideration Request Form will also ensure that your corrected claim is not denied as a duplicate claim submission. [HNS](#)

The Appeal/Reconsideration Request Form is available on the provider website:

**[www.bcbsneprovider.com](http://www.bcbsneprovider.com)**

If you do not have internet access, the Appeal/Reconsideration Request Form is available by calling Provider Service at

**(402) 390-1890**

or

**1-800-642-8516**

## New Look for *update* ... from the editor

To be consistent with our image on our website, [www.bcbsneprovider.com](http://www.bcbsneprovider.com), the image of *update* has been changed. In this inaugural issue and subsequent issues one of our cornerstone web graphics will be featured in the banner.

Other changes include more use of photography/graphics and the Bulletin Board was renamed the Blue Board. The Blue Board will continue to be published on page two. New features include the NPI ALERT, which will appear near or within the Blue Board, and highlighting articles with deadlines on the back page and noting previous issue(s) the articles appeared in.

## Pay Special Attention to Return Letters

HCFA **1500** UB**92** business office/billing staff

It is to your advantage to make sure that your claims are legible, accurately coded and not missing information necessary for processing. In the event your claim cannot be processed as billed, a letter will be returned to you with an advisement that the claim could not be processed as submitted. The letter will include the reason(s) why the claim could not be processed so that you can review your original claim submission and make the necessary corrections. The letter will also instruct you to "please return this letter with a new claim."

- Do not write the requested information on the letter and send it back without a new claim attached.
- Do not send a corrected claim without attaching it to the back of the letter that you received.

This is extremely important! Why?

- We cannot alter your original claim. Only you can make the changes necessary to process your claim.
- If your original claim submission included additional information, i.e., medical records, other insurance information, etc., we will be able to cross-reference this information from your original claim and include it when processing your new claim.

Remember, your original claim could not be processed. Only a new claim will be considered. Attaching your new claim to the letter will ensure that any information included with your original claim will be identified and retrieved for processing with your new claim. [HNS](#)

Eventually all archived articles will be reformatted so you may download them individually and not have to print the entire page.

**Now it is your turn to respond.** What do you think of the new format? You are the audience and I want to please you. Similar to a performer, I need your feedback whether it is applause, a standing ovation, or throwing tomatoes (softer than other fruits). Joking aside, please use your computer and e-mail me your thoughts.

Thank you for your time and please send your thoughts to [marian.gramlich@bcbsne.com](mailto:marian.gramlich@bcbsne.com). [HNS](#)

## Policy: Medical and Surgical Supplies

HCFA ~~1500~~ business office/billing staff

As a reminder, charges for medical and surgical supplies when used in the physician's office are considered to be included as "total service charges" (content of service) for all BCBSNE lines of business. Charges denied as content of service are not separately reimbursed and are not billable to the patient.

Please refer to the list below of the medical and surgical supplies that are not payable.

A4206	A4265	A4327	A4369	A4405	A4455	A4570	A4638	A4725	A5052	A6198	A6232	A6402	A6509	A7042
A4207	A4266	A4328	A4371	A4406	A4458	A4575	A4639	A4726	A5053	A6199	A6233	A6403	A6510	A7043
A4208	A4267	A4329	A4372	A4407	A4462	A4580	A4640	A4728	A5054	A6200	A6234	A6404	A6511	A7044
A4209	A4268	A4330	A4373	A4408	A4465	A4590	A4642	A4730	A5055	A6201	A6235	A6407	A6512	A7046
A4210	A4269	A4331	A4375	A4409	A4470	A4606	A4643	A4736	A5061	A6202	A6236	A6410	A6550	A7501
A4211	A4270	A4332	A4376	A4410	A4480	A4608	A4647	A4737	A5062	A6203	A6237	A6411	A6551	A7502
A4212	A4280	A4333	A4377	A4413	A4481	A4609	A4649	A4740	A5063	A6204	A6238	A6412	A7000	A7503
A4213	A4281	A4334	A4378	A4414	A4483	A4610	A4651	A4750	A5071	A6205	A6239	A6441	A7001	A7504
A4215	A4282	A4335	A4379	A4415	A4521	A4611	A4652	A4755	A5072	A6206	A6240	A6442	A7002	A7505
A4216	A4283	A4338	A4380	A4416	A4522	A4612	A4653	A4760	A5073	A6207	A6241	A6443	A7009	A7506
A4217	A4284	A4340	A4381	A4417	A4523	A4613	A4656	A4765	A5081	A6208	A6242	A6444	A7010	A7507
A4220	A4285	A4344	A4382	A4418	A4524	A4615	A4657	A4766	A5082	A6209	A6243	A6445	A7011	A7508
A4221	A4286	A4346	A4383	A4419	A4525	A4616	A4660	A4770	A5093	A6210	A6244	A6446	A7012	A7509
A4222	A4290	A4347	A4384	A4420	A4526	A4617	A4663	A4771	A5102	A6211	A6245	A6447	A7013	A7520
A4230	A4300	A4348	A4385	A4421	A4527	A4618	A4670	A4772	A5105	A6212	A6246	A6448	A7014	A7521
A4231	A4301	A4351	A4387	A4422	A4528	A4619	A4671	A4773	A5112	A6213	A6247	A6449	A7015	A7522
A4232	A4305	A4352	A4388	A4423	A4529	A4620	A4672	A4774	A5113	A6214	A6248	A6450	A7016	A7523
A4244	A4306	A4353	A4389	A4424	A4530	A4623	A4673	A4802	A5114	A6215	A6250	A6451	A7018	A7524
A4245	A4310	A4354	A4390	A4425	A4531	A4624	A4674	A4860	A5119	A6216	A6251	A6452	A7019	A7525
A4246	A4311	A4355	A4391	A4426	A4532	A4625	A4680	A4870	A5121	A6217	A6252	A6453	A7025	A7526
A4247	A4312	A4356	A4392	A4427	A4533	A4626	A4690	A4890	A5122	A6218	A6253	A6454	A7026	A9900
A4248	A4313	A4357	A4393	A4428	A4534	A4627	A4706	A4911	A5126	A6219	A6254	A6455	A7030	A9901
A4250	A4314	A4358	A4394	A4429	A4535	A4628	A4707	A4913	A5131	A6220	A6255	A6456	A7031	A9999
A4253	A4315	A4359	A4395	A4430	A4536	A4629	A4708	A4918	A5200	A6221	A6256	A6501	A7032	
A4254	A4316	A4361	A4396	A4431	A4537	A4630	A4709	A4927	A6000	A6222	A6257	A6502	A7033	
A4255	A4320	A4362	A4397	A4432	A4538	A4632	A4714	A4928	A6010	A6223	A6258	A6503	A7034	
A4256	A4321	A4364	A4398	A4433	A4550	A4633	A4719	A4929	A6011	A6224	A6259	A6504	A7035	
A4258	A4322	A4365	A4399	A4434	A4554	A4634	A4721	A4930	A6025	A6228	A6260	A6505	A7036	
A4259	A4324	A4366	A4400	A4450	A4556	A4635	A4722	A4931	A6154	A6229	A6261	A6506	A7037	
A4262	A4325	A4367	A4402	A4452	A4557	A4636	A4723	A4932	A6196	A6230	A6262	A6507	A7038	
A4263	A4326	A4368	A4404	A4454	A4558	A4637	A4724	A5051	A6197	A6231	A6266	A6508	A7039	

### Medical Policy Updates Effective September 8, 2004

HCFA ~~1500~~ UB~~92~~ business office/billing staff

#### New Policies:

- I.149 Analysis of Proteomic Patterns in Serum to Identify Ovarian Cancer
- III.168 Percutaneous Vertebroplasty
- III.168 Cryosurgical Ablation of Miscellaneous Solid Tumors other than Liver or Prostate Tumors

#### Revised Policies:

- I.98 Prophylaxis for Respiratory Syncytial Virus (RSD) in High Risk Infants
- III.142 Intradiscal Electrothermal Therapy, Percutaneous Laser Disc Decompression (PLDD) and Percutaneous Radiofrequency Disc Decompression
- III.150 Extracorporeal Shock Wave Therapy for Athletic Injuries
- VII.50 Pain Control Infusion Pump in the Immediate Postoperative Period
- VII.56 Nerve Conduction Monitors



# BlueCross BlueShield of Nebraska

An Independent Licensee of the Blue Cross and Blue Shield Association

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Omaha, NE 68180-0001

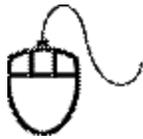
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If you'd like to receive an e-mail each time we post a new issue of this newsletter on the provider website, please go to:

 [www.bcbsne.com/update](http://www.bcbsne.com/update) and fill out the form provided.

You'll also receive news about special announcements such as workshops, online resources, and other information from BCBSNE's Health Network Management Services Department!



## Highlights from Recent Issues Online:

<https://www.bcbsnprovider.com/providerlibrary/newsletters/update/archive/Archive.asp>

### Cox-2 Preauthorization Program Criteria

*(update: Aug/Sept 2004, June 2004)*

### BlueCard Program Eligibility

1-800-676-BLUE (2583)  
*(update: Aug/Sept 2004, June 2004)*

### NE IDs Eliminated

*(update: June 2004)*

### Medical Policy Updates Effective June 2, 2004

*(update: Aug/Sept 2004)*

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