

Providers' News

March 2003

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Please Note:

This newsletter contains information pertaining to Arkansas Blue Cross and Blue Shield, a mutual insurance company, its wholly owned subsidiaries and affiliates. This newsletter does not pertain to Medicare. Medicare policies are outlined in the Medicare Providers' News bulletins. If you have any questions, please feel free to call (501) 378-2307 or (800) 827-4814.

Any five-digit Physician's Current Procedural Terminology (CPT) codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2002 American Medical Association. All Rights Reserved.

Arkansas FirstSource Specialist Copayment:

Arkansas Blue Cross and Blue Shield is pleased to announce the development of a specialist copayment optional rider for its Arkansas FirstSource group products. The copayment will cover routine evaluation and diagnostic services performed in the specialist office. Expect to see the copayment start appearing on ID cards this summer.

Complete details about the co-pay will appear in the June issue of *Providers' News*.



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

Amevive®: Allowance, Coverage Policy, and Claims Filing Policies & Procedures:

Biogen has recently introduced a new medication, Amevive®, with FDA approval for use in treatment of moderate to severe plaque psoriasis in adults who are candidates for this systemic therapy.

As you are aware, this treatment is expensive. The twelve week treatment cost for the medication alone for one patient is approximately \$9,550 for the IM route of administration and \$8,400 for the IV route based on the listed average wholesale price. In order to help manage the cost of this new medication for our members, Arkansas Blue Cross and Blue Shield has established a preferred pharmacy relationship. Arkansas Blue Cross and Blue Shield has established a specific Allowance and Coverage policy and specific claims filing policies and procedures for Amevive® that is administered by physicians.

In order for providers to be reimbursed for charges related to Amevive®, it is important for providers to understand Arkansas Blue Cross and Blue Shield's preferred process for dispensing the medication through our preferred pharmacy. Providers will bill Arkansas Blue Cross for only administration of the medication. Under all Arkansas Blue Cross insured health plans and policies that include prescription drug benefits, prescription medications must be obtained from a participating pharmacy in order to be covered. Under the Preferred Payment Plan ("PPP") participation agreement, Arkansas Blue Cross has established an allowance for Amevive® administered by physicians.

Arkansas Blue Cross and Blue Shield has established the following coverage policy and claims filing policies and procedures for

Amevive® when administered by physicians:

1. Prior approval of coverage is required. Call the prior authorization number, (501) 378-2414, for eligibility verification and to arrange the pharmacy contact for dispensing the medication.
2. Upon receipt of a prescription, the preferred pharmacy provider, Priority Health, will dispense and ship the medication to the physician's office under the patient's name prior to the scheduled administration.
3. Priority Health will bill Arkansas Blue Cross (or one of its affiliates, or by a self-funded group health plan accessing an affiliate's network) for the cost of the medication and the physician will then bill only for administration. The physician will not take ownership of the drug and will avoid any inventory investment under this process.

This procedure should reduce the financial risk to providers from a claim denial or payment delay that may occur for whatever reason and prevent your need to maintain an inventory of this expensive medication.

Please note: The affiliates and subsidiaries of Arkansas Blue Cross and Blue Shield, specifically, Health Advantage and USABLE Corporation, have elected to receive the benefit of the PPP agreement with respect to the allowance for Amevive®, as well as the claims filing policies and procedures for Amevive® outlined above. This applies to Health Advantage members and members accessing the Arkansas' FirstSource® network of USABLE Corporation, as well as Arkansas Blue Cross Members.

Depo Provera Injections:

Arkansas Blue Cross and Blue Shield, Health Advantage, and BlueAdvantage cover Depo Provera injections when billed as J1051 and the diagnosis is for medical purposes only.

Injection code J1055 specifically states for contraceptive use. Depo Provera is not covered when used for contraceptive purposes.



Claims Filing Tips: Multiple Contract Providers and Border Counties:

Do you practice in an area that borders another state or do you contract with multiple Blue Cross and Blue Shield Plans within a state? Below are guidelines for filing claims for Blue Plan members under these circumstances.

Multiple Contract Providers:

- If you practice in a state with more than one Blue Plan and you contract with more than one Blue Plan for the same product type (i.e., PPO or Traditional), then you may choose which Blue Plan to send an out-of-area Blue Plan member's claim.
- If you have a PPO contract with one Blue Plan, but a Traditional contract with another Blue Plan, file the out-of-area Blue Plan member's claim by product

type. For example, if it's a PPO member, file to the Plan with which you have a PPO contract.

Border County Providers:

- For providers that practice in border areas, the standard rule is to always file the claim to the Plan located in the state where you provided the service.
- Exception: When the member is from a bordering Blue Plan with which you have a contract, then file the claim directly to the bordering Blue Plan.

Please contact Arkansas Blue Cross and Blue Shield at (501) 378-2127 or (800) 880-0918 with additional questions.

Computed Tomographic Angiography and Holographic Reconstructions:

Computed tomographic angiography provides diagnostic information beyond the vascular structures alone. In fact, the description of the CPT codes provides for evaluation of "the organs perfused" by the imaged vasculature.

Accordingly, we would not normally expect to see cross-sectional CT scanning billed separately in conjunction with CT angiography of the same anatomical region. Exceptional circumstances may of course occur, in which the ordering physician may specify additional imaging in the medical record.

Effective March 1, 2003, our claims department will deny cross-sectional CT imaging as a fragmentation of CT angiography of the same region. This will apply both to technical and professional

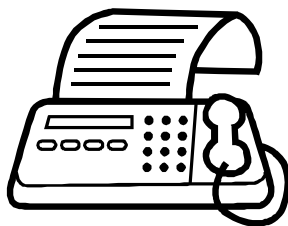
components. As always, the claimant has the right of appeal.

Holographic image reconstruction, CPT 76375, is a covered procedure, but would not be expected as a matter of routine for computed tomographic imaging. When this code is used, documentation of its performance should reside in the technical notes, along with the ordering physician or radiologist's request for the study and a copy of film(s) generated.

The radiologist's report should discuss the indications for, and the results of, the holographic imaging. This code should not be billed with CT angiography, as three-dimensional reconstruction is specifically included in the work and practice expense of CT angiography.

Fax Numbers Needed:

If you have a new Fax number used to receive medical record requests, please forward the new Fax number to your Provider Network Representative. Arkansas Blue Cross and Blue Shield is in the process of updating provider fax numbers to prevent delays in claims processing.



Sildenafil for Pulmonary Hypertension:

Sildenafil is a potent vasodilator with significant effect on the pulmonary vascular bed. Sildenafil will be covered for patients with pulmonary fibrosis, collagen vascular disease, or primary pulmonary hypertension who are New York Heart Association class III or IV, with demonstrated resting mean pulmonary artery pressure of at least 25 mm Hg.

BlueCard® Provider Guide:

What is BlueCard? BlueCard links participating healthcare providers and the independent Blue Cross and Blue Shield Plans across the country through a single electronic network for professional outpatient and inpatient claims processing and reimbursement. The program allows participating Blue Cross and Blue Shield providers in every state to submit claims for indemnity and PPO patients who are enrolled through another Blue Plan to their local Blue Cross and Blue Shield Plan.

Through the BlueCard program, you can submit claims for Blue Cross and Blue Shield members (including Blue Cross only and Blue Shield only) visiting you from other areas directly to Arkansas Blue Cross and Blue Shield. Arkansas Blue Cross is your sole contact for all Blue Cross and Blue Shield claims submissions, payments, adjustments, services, and inquiries.

What services and products are covered under BlueCard? BlueCard applies to all inpatient, outpatient and professional services. BlueCard does not yet apply to the following:

- stand-alone dental and prescription drugs
- vision and hearing
- Medicare supplemental
- Federal Employee Program (FEP)

How do I identify BlueCard members? When members from other Blue Cross and Blue Shield Plans arrive at your office or facility, be sure to ask them for their current membership identification card. The two main identifiers for BlueCard members are the alpha prefix and, for eligible PPO members, the “PPO in a suitcase” logo.

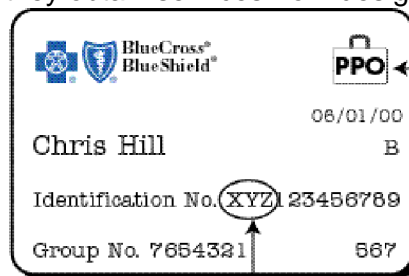
What is the Alpha Prefix? The three-character alpha prefix at the beginning of the member’s identification number is the key element used to identify and correctly route out-of-area claims. The alpha prefix identifies the Plan or national account to which the member belongs. There are three types of alpha prefixes:

- 1) **Plan-specific alpha prefixes** are assigned to every Plan and start with X, Y, Z or Q. The first two positions indicate the Plan the member belongs, while the third position identifies the product in which the member is enrolled.
 - First character - X, Y, Z or Q
 - Second character - A-Z
 - Third character - A-Z

- 2) **Account-specific prefixes** are assigned to centrally processed national accounts. National accounts are employer groups that have offices or branches in more than one area but offer uniform coverage benefits to all of their employees. Account-specific alpha prefixes start with letters other than X, Y, Z or Q. Typically a national account alpha prefix will relate to the name of the group. All three positions are used to identify the national account.

- 3) **International alpha prefixes:** Occasionally you may see identification cards from foreign Blue Cross and Blue Shield members. These ID cards will also contain three-character alpha prefixes. For example, *JIS* indicates Blue Cross and Blue Shield of Israel members. The BlueCard claims process for international members is the same as that for domestic Blue Cross and Blue Shield members.

What is the “PPO in a suitcase” logo? You’ll immediately recognize BlueCard PPO members by the special “PPO in a suitcase” logo on their membership card. BlueCard PPO members are Blue Cross and Blue Shield members whose PPO benefits are delivered through the BlueCard Program. It is important to remember that not all PPO members are BlueCard PPO members, only those whose membership cards carry this logo. Members traveling or living outside of their Blue Plan’s area receive the PPO level of benefits when they obtain services from designated PPO providers.



The “PPO in a suitcase” logo may appear anywhere on the front of the card.

The easy-to-find alpha prefix identifies the member’s Blue Cross and Blue Shield Plan.

What about identification cards with no alpha prefix? Some identification cards may not have an alpha prefix. This may indicate that the claims are handled outside the BlueCard program. Please look for instructions or a telephone number on the back of the member’s ID card for information on how to file these claims.

It is very important to capture all ID card data at the time of service. This is critical for verifying

BlueCard[®] Provider Guide (Continued):

membership and coverage. We suggest that you make copies of the front and back of the ID card and pass this key information on to your billing staff. **Do not make up alpha prefixes.**

If you are not sure about participation status (PPO or non-PPO), call Arkansas Blue Cross.

How do I find out about the member's eligibility? Call 1-800-676-BLUE (2583). With the member's most current ID card in hand, you can verify membership and coverage by calling BlueCard *Eligibility*[®] at 1-800-676-BLUE (2583). An operator will ask you for the alpha prefix on the member's ID card and will connect you to the appropriate membership and coverage unit at the member's Blue Cross and Blue Shield Plan.

If you are unable to locate an alpha prefix on the member's ID card, check for a phone number on the back of the ID card.

What about utilization review (pre-certification/pre-authorization)? You should remind patients from other Blue Plans that they are responsible for obtaining pre-certification or pre-authorization for their services from their Blue Cross and Blue Shield Plan. You may also choose to contact the member's Plan on behalf of the member. If so, refer to the pre-certification or pre-authorization phone number on the back of the member's ID card.

Where and how do I submit BlueCard claims?

You should always submit BlueCard claims to:

***Arkansas Blue Cross and Blue Shield
P.O. Box 2181
Little Rock, AR 72203-2181***

The only exception to this is if you contract with the member's Plan (for example: contiguous counties or overlapping service areas), in which case you should file the claim directly to the member's Plan.

Be sure to include the member's complete identification number when you submit the claim. The complete identification number includes the three-character alpha prefix. **Do not make up alpha prefixes.** Incorrect or missing alpha prefixes and member identification numbers delay claims processing.

Once Arkansas Blue Cross receives a claim, it will electronically route the claim to the member's Blue

Cross and Blue Shield Plan. The member's Plan then processes the claim and approves payment, and Arkansas Blue Cross will pay you.

If you are a non-PPO (traditional) provider and are presented with an identification card with the "PPO in a suitcase" logo on it, you should still accept the card and file with your local Blue Cross and Blue Shield Plan. You will still be given the appropriate traditional pricing.

The claim submission process for international Blue Cross and Blue Shield members is the same as for domestic Blue Cross and Blue Shield members.

How do indirect, support, or remote providers file BlueCard claims? If you are a health care provider who offers products, materials, informational reports, and remote analyses or services and are not present in the same physical location as a patient, you are considered an indirect, support, or remote provider. Examples include, but are not limited to, prosthesis manufacturers, durable medical equipment suppliers, independent or chain laboratories or telemedicine providers.

If you are an indirect provider for members from multiple Blue Plans, follow these claim-filing rules:

- If you have a contract with the member's Plan, file with that Plan;
- If you normally send claims to the direct provider of care, follow normal procedures;
- If you do not normally send claims to the direct provider of care and you do not have a contract with the member's Plan, file with your local Blue Cross and Blue Shield Plan.

When and how will I be paid for BlueCard claims? In some cases, a member's Blue Cross and Blue Shield Plan may suspend a claim because medical review or additional information is necessary. When resolution of claim suspensions requires additional information from you, Arkansas Blue Cross may either ask you for the information or give the member's Plan permission to contact you directly.

Whom do I call about claims status, adjusting BlueCard claims, and resolving other issues? Contact Arkansas Blue Cross and Blue Shield, BlueCard Customer Service at (501) 378-2127 or (800) 880-0918.

BlueCard® Provider Guide (Continued):

How do I handle calls from members and others regarding claims status or payment?

If a member contacts you, tell the member to contact their Blue Cross and Blue Shield Plan. Refer them to the front or back of their ID card for a customer-service number.

The member's Plan should not be contacting you directly. However, if the member's Plan does ask you to send them another copy of the member's

claim, refer them to Arkansas Blue Cross at (501) 378-2127 or (800) 880-0918.

How can I find out more information about BlueCard? For more information about BlueCard, contact Arkansas Blue Cross and Blue Shield at (501) 378-2127 or (800) 880-0918.

You can also visit the BlueCard Web site at <http://www.bcbs.com/healthtravel/finder.html>.

Improving the BlueCard® Program to Meet Your Needs:

Provider Satisfaction:

To help determine whether BlueCard is meeting your needs, Arkansas Blue Cross and Blue Shield participates in an annual BlueCard Customer Satisfaction Survey. Survey results include feedback from approximately 10,000 providers nationwide. Arkansas Blue Cross and Blue Shield recently received results from the 2002 survey, which indicate that there are three key areas where we can improve BlueCard:

- Claims timeliness
- Customer service
- Provider education

Improving BlueCard in 2003:

In 2003, Arkansas Blue Cross and Blue Shield will be working with other Blue Cross and Blue Shield Plans and our providers to improve in the three key areas above.

- ◆ Arkansas's claims timeliness efforts include improving local processes and developing nationwide performance measures to improve service to all Blue Cross and Blue Shield providers.
- ◆ Arkansas customer service improvements will help ensure that you get the answers you need when you contact us for inquiries related to out-of-area patients.
- ◆ Our Provider education efforts continue to ensure that you and your staff have up-to-date information on the BlueCard Program and related processes.

Arkansas Blue Cross is committed to meeting your needs. As we work to address your concerns, we will continue to ask for feedback. If you have questions about the BlueCard Program or have suggestions for improvement, please contact your Provider Relations Representative.

BlueCard® Medical Records Management Process Improvements:

Thanks to your valuable feedback, Arkansas Blue Cross and Blue Shield is improving ITS medical records management process to better serve providers. Look for these improvements with the new process:

- **Reduced Requests:** Changes to Blue Plan internal medical records procedures will eliminate unnecessary medical record requests and, thus, expedite claims processing for members from other Blue Plans.
- **Clearer Instructions:** A form will accompany all medical record requests to facilitate claims processing.

- **Better Tracking and Improved Claims Turnaround Time:** Arkansas Blue Cross and Blue Shield has designated the BlueCard Claims department to receive medical records and has implemented a new tracking procedure to better coordinate medical records throughout the claims process.

More details will be made available in the coming months. In the meantime, please continue to call Arkansas Blue Cross and Blue Shield at (800) 880-0918 or (501) 378-2127 for questions about medical records.

Fort Smith Choice, A new health benefit plan for West Central Arkansas and Eastern Oklahoma:

Fort Smith Choice is a new health plan that offers its members more flexibility when selecting doctors, hospitals, and other health care providers in West Central Arkansas and Eastern Oklahoma.

Fort Smith Choice is a unique health benefit plan because members have access to two Community Networks — either Health Point PHO or Sparks PremierCare. **Fort Smith Choice** will be available effective May 1, 2003, in Crawford, Franklin, Johnson, Sebastian, Scott and Logan counties in Arkansas.

Fort Smith Choice provides underwritten and self-funded health plan options. For employers seeking an underwritten health plan for their employees, **Fort Smith Choice** will be written through Health Advantage. For employers seeking self-funded financial arrangements and third-party administrative services, **Fort Smith Choice** will be administered through BlueAdvantage Administrators of Arkansas.

Initially an employer chooses **Fort Smith Choice** as the health plan for its employees. Employees (members) then select one of two Community Networks for themselves and their families — either the Health Point PHO (St. Edward Mercy Medical Center, Cooper Clinic, and the Independent Physicians Association) or Sparks PremierCare network (Sparks Regional Medical Center, Sparks Medical Foundation, and independent physicians).

As long as members seek services from their chosen Community Network provider, they receive those services at in-network benefit levels. However, if the member seeks services from the other (non-chosen) Community Network, those services will be paid at out-of-network benefit levels.

If a member seeks health care services outside the **Fort Smith Choice** six-county service area, he or she will be directed to the Health Advantage Arkansas Network (underwritten) or the Arkansas' FirstSource Network (self-funded). These networks consist of health care providers in the other sixty-nine Arkansas counties.

For underwritten members, Health Advantage will administer benefits and plan design, medical

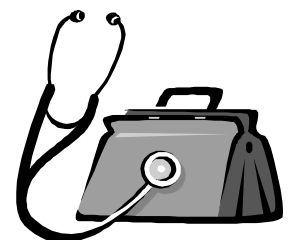
policies, and exclusions consistent with Health Advantage corporate guidelines. For self-funded members, employers can develop customized plans or select from several packaged plans to reduce administrative costs. As a result, self-funded plan designs will vary by employer.

Claims filing for Fort Smith Choice will be the same as for any Arkansas Blue Cross and Blue Shield product. All claims will be directed to Arkansas Blue Cross and Blue Shield for all Arkansas and Oklahoma providers participating with Health Point or PremierCare. For underwritten members covered through Health Advantage, claims should be directed to Health Advantage. For self-funded members covered through BlueAdvantage, claims should be directed to BlueAdvantage Administrators of Arkansas.

Each year at open enrollment, employees have the option to remain in their current community network or choose the opposite community network. Neither a medical event nor a physician or medical provider leaving or entering the network will trigger the ability to change networks.

Typically, the member requirement of selecting a Primary Care Physician (PCP) and obtaining referrals only applies to Health Advantage (underwritten) members. While highly recommended, there is no PCP requirement for benefits to pay in-network. Choosing a PCP is encouraged to provide continuity of care and assist in coordination of overall health care. To ease both provider and member administrative burden, no referrals are required. Members may seek care from in-network specialists without a referral and benefits will be paid at the in-network level.

For more information about **Fort Smith Choice**, you can call the Arkansas Blue Cross West Central Regional Office at (479) 648-1635, or toll-free, at (800) 299-4060.



Crossover Claims to Medi-Pak:

All Medicare claims with Medi-Pak as a supplement will automatically cross from Medicare to Medi-Pak. If you have not received payment from Medi-Pak within 45 days of when you submitted your initial claim to Medicare, then please check with Customer Service before you submit a claim directly to Medi-Pak. If you submit a paper claim after the claim has already automatically crossed over, it will create a duplicate.

Here are some tips:

1. For professional claims (Medicare Part B), the Medicare remittance advice will alert you when your claim has crossed over to a Third Party Insurer (TPI). A crossover claim can be identified by the verbiage that will appear on the remittance advice, for example:

- ◆ "Claim Information Forwarded to: BCBS of Arkansas," or

- ◆ "Claim Information Forwarded to: HDM," or
- ◆ Remark Code "MA18".
 - For "MA18," the remittance advice glossary states, "The claim information is also being forwarded to the patient's supplemental insurer." Please note that if you use the "Inkey Code" when submitting your claim, the verbiage will not appear on the remittance advice, only the remark code MA18 will tell you that the claim crossed over to the Third Party Insurer.

2. For facility claims (Medicare Part A), effective January 31, 2003, the FISS system was recently upgraded to cross claims to more than one supplemental insurer, if the patient has multiple Third Party Insurer's.

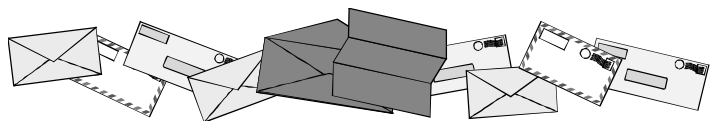
Edgepark Surgical - New Mail Order Supplier:

Effective March 1, 2003, Edgepark Surgical Inc. became a participating provider with Arkansas Blue Cross and Blue Shield, Arkansas'FirstSource® PPO, the Arkansas Blue Cross Federal Employees Program (FEP) and Health Advantage. Members may order diabetic supplies, ostomy supplies, and catheters/urological supplies directly from Edgepark. Edgepark can also provide wound care supplies for the benefit plans that offer coverage for such items.

Members or physicians may place supply orders to Edgepark via telephone (800) 321-0591, fax (330) 425-4355 or Internet (www.edgepark.com). Edgepark representatives will verify with the

ordering physician that a prescription has been issued and will also verify benefits with the applicable company in the Arkansas Blue Cross family. The order will then be shipped directly to the member's home and Edgepark will bill Arkansas Blue Cross. Most orders should be delivered within three business days.

Please note: Arkansas State Employees and Public School Employees must continue to obtain ostomy and diabetic supplies through AdvancePCS.



CPT Code Changes and Updates:

CPT 90885:

CPT code 90885 - Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes.

Effective July 1, 2003, code 90885 will be denied. CPT code 90885 replaced procedure

code 90825. CPT code 90825 was also bundled, with the RVU's distributed across psychiatric codes 90801, 90820, 90835, 90842 through 90847, and 90853 through 90857. CPT code 90885 is considered bundled by Medicare and since Arkansas Blue Cross and Blue Shield uses the Medicare RVU's for pricing, the allowance for 90885 is already included in the payment of other psychiatric codes.

Pharmacy Update:

Arkansas Blue Cross and Blue Shield is committed to providing our plan members the best prescription drug care at an affordable price. Arkansas Blue Cross and Blue Shield is attempting to reduce medication waste by reducing member over-utilization, misuse, or waste thereby attempting to control the rising costs of health care without compromising quality.

Arkansas Blue Cross and Blue Shield will implement three new important changes for Arkansas Blue Cross and Blue Shield, Health Advantage, and our self-insured plans effective March 15,2003.

1) Oral Contraceptives: Most manufacturers of generic oral contraceptives (OC) appear to be maintaining their pricing very close to that of their brand name counterparts. The low copay member incentive for the generic OC makes it expensive. Ortho is discounting to Arkansas Blue Cross and Blue Shield their multisource OC's that have generic alternatives so we can offer them to our members at a generic copay. The following will have a generic copay: Ortho-Cept, Ortho-Cyclen, Ortho-Novum 7/7/7, 1/35, 1/50, 10/11, Modicon, and Ortho-Micronor. Select generic products currently covered, Apri, Camilla, Errin, Monessa, Sprintec and Necon in all strengths, will no longer be covered.

2) Quantity Limits: Quantity limits will be implemented on select inhalers, topicals, and once daily COX-2s. These limits will not interfere with approved maximum dosing limits. The new limits will effect the following medications:

Inhalers:

Aerobid/Aerobid-M	Metaprel
Albuterol	Nasacort/Nasacort AQ
Alupent	Nasalide
Astelín	Nasarel
Atrovent	Nasonex
Azmacort	Proventil
Brethaire	Pulmicort Turbohaler
Combivent	Qvar
Flonase	Rhinocort
Flovent	Rhinocort Aqua
Flovent Rotadisk	Serevent/Diskus
Foradil	Tilade
Intal	Vancenase/ AQ/ DS
Maxair/Maxair Autohaler	Ventolin

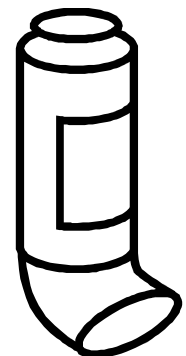
Topicals:

Differin	Mentax
Dovonex	Tazorac
Elidel	

Other:

Bextra

3) Coverage - Lamisil, Sporanox, & Penlac: Lamisil, Sporanox, and Penlac will no longer be covered for onychomycosis or epidermal fungal infections. Lamisil and Sporanox may be approved through prior authorization for use in pulmonary fungus infections or for onychomycosis in high-risk comorbid conditions. Members currently using Lamisil or Sporanox will be covered to complete their current therapy for onychomycosis treatment until this regimen is completed. Members using Penlac can continue therapy at their own expense.



Federal Employee Program (FEP): Blue Quality Center for Transplant (BQCT) Correction:

The following article was printed in the December 2002 provider newsletter:

“Effective January 1, 2003, Blue Quality Centers for Transplant (BQCT) (a national network of credential hospitals providing services for a select group of transplant types) will be included as part of the FEP Preferred Provider Organization (PPO).

Benefits will be provided at the Preferred benefit level for all BQCT transplant services regardless of the BQCT contract status with the Blue Cross and Blue Shield

Plan. This change is limited to cover transplant services rendered on and after January 1, 2003, when FEP is paying as the Primary Carrier. However, there is not a BQCT in the state of Arkansas.”

The article was incorrect. There is a BQCT in Arkansas. Arkansas Children's Hospital is in the BQCT for Heart Transplants for pediatric patients.

For additional information contact Stephenie Beene, R.N., C.C.M., FEP Case Management Coordinator at (501) 378-2047.

Coordination of Benefits: (Federal Employee Program Only)

When FEP is secondary to other commercial insurance, Preferred and participating providers should accept 100% of our Plan allowance as payment in full for covered services. When the other insurance pays more than our allowance, preferred and participating providers should not bill our members for balances.

Example:

Total charges \$1000.00
Other insurance allows \$800.00
Other insurance pays \$640.00
FEP allows \$500.00
FEP would pay \$0.00
Provider would write off \$360.00

The provider received more from the other insurance than the FEP allowance. The provider should not bill the member for any balances.

Eye Exams: (FEP Only)

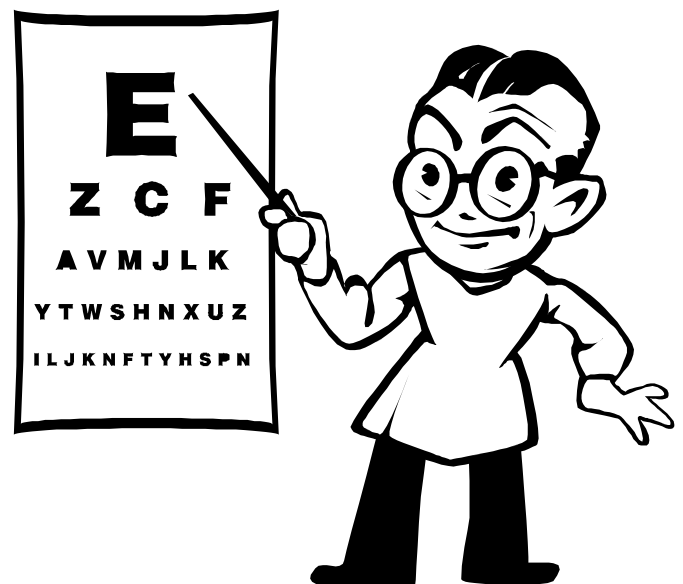
Eye exams for adults are only covered for medical conditions. Routine eye exams or eye exams for diagnosis such as hypermetropia or myopia are not a covered benefit under the FEP program.

Under Standard Option (enrollment code 104 or 105):

Eye exams (such as 92012) performed for a medical condition benefits are subject to the calendar year deductible and then paid at 90% of the allowance for preferred providers or 75% of the applicable allowance for non-preferred providers (participating or non-participating providers).

Under Basic Option (enrollment code 111 or 112):

Only preferred providers are eligible under Basic Option. Benefits for adult eye exams with a medical diagnosis billed by a family practitioner, general practitioners, or medical internists, have a \$20



copayment per visit. All other physicians billing for an eye exam have a \$30 copayment.

Dental - Federal Employee Program (FEP):

When dental services for our FEP members are rendered in the state of Arkansas, claims should be sent to Arkansas Blue Cross and Blue Shield for processing. **United Concordia does not process claims for FEP.**

Please submit claims to:

Arkansas Blue Cross and Blue Shield
Attention: FEP
P O BOX 2181
Little Rock, AR 72203

To ensure your claims process successfully, please make sure all fields on the claim are completed accurately. Below are examples of the fields that we have found not completed accurately:

- **Employee/insured name:** please enter the name exactly as it appears on the Identification card.
- **Employee identification number:** the FEP identification number begins with an R followed by 8 digits (Example R12345678).
- **Provider number:** please enter your Arkansas Blue Cross and Blue Shield 5 digit provider number assigned to you.

Under Standard Option

(Enrollment code 104 or 105):

The FEP Dental fee schedule allowance is not intended to be payment in full, but a benefit to offset the provider's charge. For those providers who sign a participating agreement with Arkansas Blue Cross and Blue Shield agree to accept the

Arkansas Blue Cross and Blue Shield Dental Fee schedule. (Note: This is the FEP MAC (Maximum Allowable Charge)).

Providers can bill the FEP members the difference between the Arkansas Blue Cross and Blue Shield fee schedule and the Maximum Allowable Charge. Please refer to the FEP Dental Fee Schedule located on pages 16-17 for Standard Option benefits effective March 1, 2003.

Under Basic Option

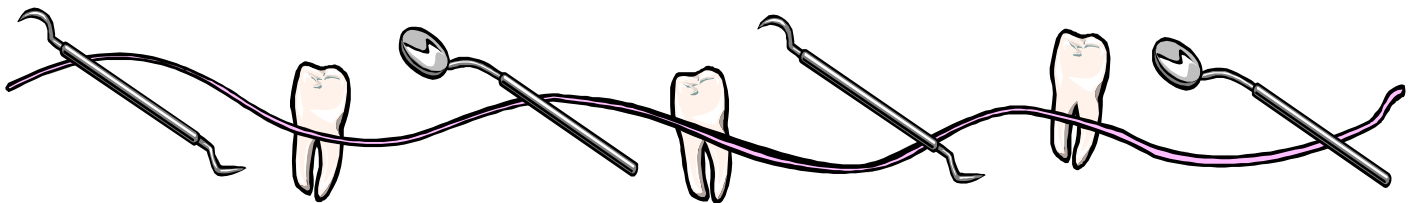
(Enrollment code 111 or 112):

Only Preferred providers will be eligible for benefits under the Basic Option. If you are a participating dentist with Arkansas Blue Cross and Blue Shield, you are considered a Preferred provider for these preventive dental Basic Option services. The member pays a \$20 copayment for each evaluation and Arkansas Blue Cross and Blue Shield pays any balances up to the Maximum Allowable Charge.

Please refer to the FEP Dental Fee Schedule located on page 18 for Basic Option benefits effective March 1, 2003.

Special Note Regarding Oral Surgery: Under Standard and Basic Option:

Oral Surgery and removal of impacted teeth are not included in the dental fee schedule. These services are covered under Surgical Benefits. Your reimbursement rate will be based on the type of provider contract you have with Arkansas Blue Cross and Blue Shield.



Changes to How Providers Receive FEP Denied Claims Explanation of Benefits (Federal Employee Program Only):

Effective the week of April 14, 2003, providers will no longer receive a separate FEP Explanation of Benefits (EOB) for claims submitted that were totally denied. The Federal Employee Program will be including the denied Explanation of Benefits as part

of the Provider Remittance Advice providers currently receive. This is part of Federal Employee Program's ongoing effort to reduce our administrative costs and improve our services to providers.

Federal Employee Program (FEP): Precertification Guidelines:

In-patient hospital admissions: When FEP is the Primary payer, precertification is required. When precertification rules are not followed and the claim meets medical necessity guidelines, the members' liability will include a \$500 penalty.

- ◆ **Medical Admissions:** Precertification is required before being admitted to the hospital for inpatient care, or within two business days following emergency admission.
 - To precertify a Medical Admission or to give a clinical update on an existing admission call (800) 451-7302 and choose Option 6 and then choose Option 2 for FEP.
- ◆ **Medicare Part A:** When the patient's Medicare Part-A hospital benefits are exhausted and FEP is the primary payer, precertification is required.
- ◆ **Observation Room:** When a patient is in an observation room, precertification is not required. However, when the patient is admitted to the hospital precertification is required.

- ◆ **Maternity Admission:** When the patient has a maternity admission for a routine delivery, precertification is not required.
 - Routine delivery is defined as 48 hours for vaginal delivery and 96 hours for a cesarean section.
 - When the admission is longer than stated above, precertification is required for additional days.
 - If the baby stays after the mother has been discharged, precertification is required for additional days for the baby.

Precertification is not required:

- ◆ When the patient has another group health insurance policy that is the primary payer for the hospital stay.
- ◆ When the patient has Medicare Part A as the primary payer for the hospital stay.

Mental Health/Substance Abuse: (Federal Employee Program Only)

Precertification must be obtained for inpatient or substance abuse hospital services. Arkansas Blue Cross and Blue Shield contracted with Magellan Behavioral Health (Magellan) to provide managed behavioral health services and a network of behavioral health providers for FEP members in Arkansas. For mental health or Substance Abuse precertification or services call (800) 367-0406 before obtaining services for inpatient hospitalization.

- **Basic Option:** Preferred professional providers with Magellan Health should receive prior approval before the patient's 1st visit. Prior approval is also required for partial hospitalization or intensive outpatient therapy call (800) 367-0406.
- **Standard Option:** Preferred professional providers with Magellan Health should complete and submit a treatment plan prior to the patient's 9th visit. Prior approval is required for partial hospitalization or intensive outpatient therapy.

Call Magellan Health at (800) 367-0406.

Treatment plans should be submitted to:

Magellan Health
537 Market St., Suite 12
Chattanooga, TN 37402

Effective 4/1/2003, please send treatment plans to:

Magellan Health
8080 Park Lane, Suite 800
Dallas, TX 75231

The new fax number will be (866) 848-2547.
The telephone number remains (800) 367-0406.



UB-92 Claim Form (Federal Employee Program Only):

In order to successfully process your claim; please make sure you follow these guidelines.

- ◆ Use a Red UB-92 claim form.
- ◆ Use the correct Type of Bill.
- ◆ Do not hand write or put comments on claims.
- ◆ All data must be contained within its defined area.
- ◆ Complete Form Locator 51 with Provider number.
- ◆ Complete Form Locator 58 with the Insured Name (last name, first and initial). No periods, commas or titles. Previously when Form Locator 58 is not correct, we have been

correcting this information.

Effective April 1, 2003, when claims are submitted with incorrect information in Form Locator 58, the claim will be returned.

The UB92 manual (available from the Arkansas Hospital Association) is our guide for completing this form.

Customer Services—Office Relocating (FEP Only):

On April 11, 2003, the FEP customer service area will close at 1:00 p.m. for relocation.

Effective, April 14, 2003, the FEP customer service area will have a **new telephone number (501) 312-7931**. Our new address will be:

26 Corporate Hill Drive
Little Rock. AR 72205.

Our toll free telephone number will remain (800) 482-6655. The mailing address to submit claims remains:

Arkansas Blue Cross and Blue Shield
Attn: FEP
P.O. Box 2181
Little Rock, AR 72203.

AHIN Submitted UB-92 Claims Field 46 (Federal Employee Program Only):

Hospital claims, inpatient and outpatient, must have the number of units listed for each revenue code. (See Locator 46 on the UB-92 claim form.) Hospital claims submitted through AHIN do not require this

field to be completed. However, hospital claims for all FEP members must have Field 46 completed or the claim will be returned.

HCFA 1500 Claim Form (Federal Employee Program Only):

To ensure your claims process successfully, please make sure all fields on the claim are completed accurately.

Below are examples of the most common errors:

- **Block 4 - Insured's name (Last name, First name):** Please enter this name exactly as it appears on their card. Please do not use the terms "same" or "self" if the insured's name is the same as the patient's name. Previously, when block 4 is not correct, we have been correcting this information.

Effective April 1, 2003, when claims are submitted with incorrect information in block 4, the claim will be returned.

- **Block 24K Provider Number:** please provide the performing provider's number. Claims are currently being returned when this field is not completed.
- **Block 33 Billing Provider Number:** please provide the billing provider's number in the **GRP#** field. Claims are currently being returned when this field is not completed.

Arkansas Blue Cross and Blue Shield Fee Schedule: Updated on AHIN:

The Arkansas Blue Cross and Blue Shield Physician Fee Schedule available on AHIN has been updated to reflect the recent updates and changes. If you don't

have access to AHIN, please call (501) 378-2419 or toll-free (866) 582-3247 for information.

Arkansas Blue Cross and Blue Shield Fee Schedule on AHIN Now Includes DME, Prosthetics, and Orthotics Fees:

In an effort to provide more information to our participating suppliers, we are happy to announce that the Arkansas Blue Cross and Blue Shield DME, Prosthetics, and Orthotics Fee Schedule is now available on AHIN (Advanced Health Information Network).

Please note that this fee schedule is not new and does not represent a change in the Arkansas Blue Cross and Blue Shield DME, Prosthetics, and Orthotics fee schedule. This document merely makes available the Arkansas Blue Cross and Blue Shield DME, Prosthetics, and Orthotics fee schedule as of March 2003. Fee schedule amounts and/or procedure codes can change without notice. An attempt will be made to update this document as changes occur. Updates will continue to be published in the "Providers' News."

After you have logged onto AHIN, just click on "Bulletin Boards" and then on "DME/Prosthetics/Orthotics Fee Schedule." You can search for a particular code on AHIN by using the binocular icon in the toolbar. Once you click the icon, a dialog box will appear. Type in the procedure code for which you wish to search, and click the Find button. If the code is listed in this document, you will automatically be taken to the section of the document containing the code and the code will be highlighted. If the code is not listed, the application will indicate "not found".

Pages of the fee schedule can be printed using the printer icon in the tool bar. **Be careful to indicate which page(s) you want or the entire fee schedule will print.**

The DME/Prosthetics/Orthotics fee schedule is also available on CD in an Excel format for \$125. Please note that this CD does not contain updates made after March 2003. Updates will continue to

be published in "Providers' News."

If you would like to order a copy, please send a written request and your check payable to:

Arkansas Blue Cross and Blue Shield
Attn: Provider Network Operations Division
P. O. Box 2181
Little Rock, AR 72203

The existence of a procedure code or fee schedule amount does not mean, nor intend to convey, that a service is covered, payment will be made, or that a particular amount will be allowed.

If you don't have access to AHIN, please call (501) 378-2419 or toll free at (866) 582-3247 for information.

Please Note: Effective July 1, 2003, Arkansas Blue Cross and Blue Shield intends to update the DME, Prosthetics, and Orthotics fee schedule. The updates will be placed on AHIN as soon as possible and will be in the June, 2003 issue of the *Providers' News*.



Arkansas Blue Cross and Blue Shield and Arkansas Medicare Part B 2003 Seminar Schedule

Seminar	Date	Location*	Cost**	Contact
Provider Office Staff Update (Medicare Part B and ABCBS)	April 9, 2003 8:30 a.m. – 12:30 p.m.	UCA (Brewer-Hegeman Conference Center) Conway, Arkansas	\$30.00	(501) 379-4649
Provider Office Staff Update (Medicare Part B and ABCBS)	April 10, 2003 8:00 a.m. – 12:00 p.m.	Hensley Conference Room Jefferson Regional MC Pine Bluff, Arkansas	\$30.00	(870) 543-2910
Provider Office Staff Update (Medicare Part B and ABCBS)	April 11, 2003	Baxter Regional Med Center Mountain Home, Arkansas	\$30.00	(479) 527-2359
Provider Office Staff Update (Medicare Part B and ABCBS)	April 15, 2003 8:30 a.m. – 12:30 a.m.	White County MC Hubach Conference Center Searcy, Arkansas	\$30.00	(501) 379-4649
Provider Office Staff Update (Medicare Part B and ABCBS)	April 17, 2003 8:00 a.m. – 12:00 a.m.	St. Bernard's Auditorium Jonesboro, Arkansas	\$30.00	(870)-974-5754
Provider Office Staff Update (Medicare Part B and ABCBS)	April 17, 2003 1:00 p.m. – 5:00 p.m.	St. Bernard's Auditorium Jonesboro, Arkansas	\$30.00	(870)-974-5754
Provider Office Staff Update (Medicare Part B and ABCBS)	April 23, 2003 8:30 a.m. – 12:00 p.m.	Fort Smith Public Library Fort Smith, Arkansas	\$30.00	(479) 648-6321
Provider Office Staff Update (Medicare Part B and ABCBS)	April 23, 2003 1:00 p.m. – 4:30 p.m.	Fort Smith Public Library Fort Smith, Arkansas	\$30.00	(479) 648-6321
Provider Office Staff Update (Medicare Part B and ABCBS)	April 24, 2003 8:00 a.m. – 12:00 p.m.	J.A. Gilbreath Center Baptist Health Systems Little Rock, Arkansas	\$30.00	(501) 379-4649
Provider Office Staff Update (Medicare Part B and ABCBS)	April 24, 2003 1:00 p.m. – 5:00 p.m.	J.A. Gilbreath Center Baptist Health Systems Little Rock, Arkansas	\$30.00	(501) 379-4649
Provider Office Staff Update (Medicare Part B and ABCBS)	April 30, 2003 8:00 a.m. – 12:30 p.m.	North West Arkansas Conventions Center Springdale, Arkansas	\$30.00	(479) 527-2359
Provider Office Staff Update (Medicare Part B and ABCBS)	May 28, 2003 8:00 a.m. – 12:00 p.m.	AHEC South Arkansas Ellis Center El Dorado, Arkansas	\$30.00	(870) 779-9109
Provider Office Staff Update (Medicare Part B and ABCBS)	June 11, 2003 8:00 a.m. – 12:00 p.m.	<i>St Joseph's Mercy</i> – McCauley Room Hot Springs, Arkansas	\$30.00	(501) 620-2643
Provider Office Staff Update (Medicare Part B and ABCBS)	June 12, 2003 8:00 a.m. – 12:30 p.m.	Christus St. Michael Hospital Conference Room Texarkana, Texas	\$30.00	(870) 779-9109
Specialty Workshop (Medicare Part B and ABCBS) for providers that bill Physical Therapy and Occupational Therapy codes	TBA	TBA	\$30.00	Contact your provider representative

**Cost is per person per seminar.

These seminars are offered to provide information regarding changes in policies, procedures, and guidelines as they pertain to Medicare Part B, Arkansas Blue Cross and Blue Shield, BlueAdvantage Arkansas, and Health Advantage. We will review these changes and how they affect you. Common problems and issues will also be discussed. Watch your *Providers' News* and the website, www.arkmedicare.com, for further updates. For registration, contact your local Arkansas Blue Cross regional office or visit the Medicare website. Topics may vary based on Arkansas Blue Cross and Blue Shield Regional needs. Must register to attend. Space is limited so register early. **Dates of seminars are subject to change!**

Standard Option FEP Dental Network Fee Schedule
Enrollment Code 104 or 105 (FEP Only)
Maximum Allowable Charges (MAC) Effective March 1, 2003

Dental Code	Service	FEP Fee Schedule Amount Up to Age 13	FEP Fee Schedule amount age 13 and over	MAC
D0120	Periodic oral evaluation*	\$12.00	\$8.00	\$25.00
D0140	Limited oral evaluation	\$14.00	\$9.00	\$33.00
D0150	Comprehensive oral evaluation	\$14.00	\$9.00	\$36.00
D0160	Detailed and extensive oral evaluation	\$14.00	\$9.00	I.C.
D0210	Intraoral complete	\$36.00	\$22.00	\$70.00
D0220	Intraoral periapical-single first film	\$7.00	\$5.00	\$16.00
D0230	Intraoral periapical-each additional film	\$4.00	\$3.00	\$14.00
D0240	Intraoral -occlusal film	\$12.00	\$7.00	\$19.00
D0250	Extraoral-single film	\$16.00	\$10.00	\$19.00
D0260	Extraoral-each additional film	\$6.00	\$4.00	\$15.00
D0270	Bitewing-first film	\$9.00	\$6.00	\$16.00
D0272	Bitewing-two film	\$14.00	\$9.00	\$26.00
D0274	Bitewing-four film	\$19.00	\$12.00	\$35.00
D0277	Bitewings-vertical-seven or eight films	\$12.00	\$7.00	\$40.00
D0290	Posterior-anterior or lateral skull and facial bone survey film	\$45.00	\$28.00	\$50.00
D0330	Panoramic film	\$36.00	\$23.00	\$60.00
D0460	Pulp vitality tests	\$11.00	\$7.00	\$20.00
D9110	Palliative (emergency) treatment of dental pain minor procedures	\$24.00	\$15.00	\$42.00
D2940	Fillings(sedatives)	\$24.00	\$15.00	\$33.00
D1120	Prophylaxis-Child *	\$22.00	\$14.00	\$30.00
D1110	Prophylaxis-Adult*		\$16.00	\$46.00
D1201	Topical application of fluoride (including prophylaxis) child*	\$35.00	\$22.00	\$43.00
D1203	Topical application of fluoride (excluding prophylaxis)child	\$13.00	\$8.00	\$13.00
D1205	Topical application of fluoride(including prophylaxis) adult*		\$24.00	\$59.00
D1204	Topical application of fluoride(excluding prophylaxis) adult		\$8.00	\$13.00
D1510	Space maintainer-fixed-unilateral	\$94.00	\$59.00	\$160.00
D1515	Space maintainer-fixed-bilateral	\$139.00	\$87.00	\$160.00
D1520	Space maintainer-removable-unilateral	\$94.00	\$59.00	\$160.00
D1525	Space maintainer-removable-bilateral	\$139.00	\$87.00	\$160.00
D1550	Space maintainer-recementation of space maintainer	\$22.00	\$14.00	\$30.00
D2110	Amalgam-one surface, primary	\$22.00	\$14.00	\$61.00
D2120	Amalgam-two surfaces, primary	\$31.00	\$20.00	\$77.00
D2130	Amalgam-three surfaces, primary	\$40.00	\$25.00	\$90.00
D2131	Amalgam-four or more surfaces, primary	\$49.00	\$31.00	\$110.00
D2140	Amalgam-one surface, primary or permanent	\$25.00	\$16.00	\$61.00
D2150	Amalgam-two surfaces, primary or permanent	\$37.00	\$23.00	\$77.00
D2160	Amalgam-three surfaces, primary or permanent	\$50.00	\$31.00	\$90.00
D2161	Amalgam-four surfaces, primary or permanent	\$56.00	\$35.00	\$110.00
D2330	Resin--one surface, anterior	\$25.00	\$16.00	\$73.00
D2331	Resin--two surfaces, anterior	\$37.00	\$23.00	\$92.00
D2332	Resin-three surfaces, anterior	\$50.00	\$31.00	\$108.00

* Limited to two per person per calendar year

Standard Option FEP Dental Network Fee Schedule
Enrollment Code 104 or 105 (FEP Only)
Maximum Allowable Charges (MAC) Effective March 1, 2003

Dental Code	Service	FEP Fee Schedule Amount Up to Age 13	FEP Fee Schedule amount age 13 and over	MAC
D2335	Resin--four or more surfaces or involving the incisal angle	\$56.00	\$35.00	\$138.00
D2380	Resin--one surface, posterior---primary	\$22.00	\$14.00	\$85.00
D2381	Resin--two surfaces, posterior--primary	\$31.00	\$20.00	\$115.00
D2382	Resin--three surfaces, posterior--primary	\$40.00	\$25.00	\$136.00
D2385	Resin--one surface, posterior--permanent	\$25.00	\$16.00	\$85.00
D2386	Resin--two surfaces, posterior--permanent	\$37.00	\$23.00	\$115.00
D2387	Resin--three surfaces, posterior--permanent	\$50.00	\$31.00	\$136.00
D2388	Resin--four or more surfaces, posterior--permanent	\$50.00	\$31.00	\$160.00
D2391	Resin Based Composite - one surface posterior	\$25.00	\$16.00	\$85.00
D2392	Resin Based Composite - two surfaces posterior	\$37.00	\$23.00	\$115.00
D2393	Resin Based Composite - Three surfaces posterior	\$50.00	\$31.00	\$136.00
D2394	Resin Based Composite - Four or more surfaces posterior	\$50.00	\$31.00	\$160.00
D2510	Inlay--metallic--one surface, permanent	\$25.00	\$16.00	\$275.00
D2520	Inlay--metallic--two surfaces, permanent	\$37.00	\$23.00	\$350.00
D2530	Inlay--metallic--three surfaces, permanent	\$50.00	\$31.00	\$415.00
D2610	Inlay--porcelain/ceramic--one surface	\$25.00	\$16.00	\$320.00
D2620	Inlay--porcelain/ceramic--two surfaces	\$37.00	\$23.00	\$400.00
D2630	Inlay--porcelain/ceramic--three surfaces	\$50.00	\$31.00	\$440.00
D2650	Inlay--composite/resin--one surface	\$25.00	\$16.00	\$275.00
D2651	Inlay--composite/resin--two surfaces	\$37.00	\$23.00	\$405.00
D2652	Inlay--composite/resin--three surfaces	\$50.00	\$31.00	\$450.00
D2951	Pin Retention--per tooth, in addition to restoration	\$13.00	\$8.00	\$30.00
D7110	Single tooth	\$30.00	\$19.00	\$70.00
D7120	Each additional tooth	\$27.00	\$17.00	\$70.00
D7130	Root removal-- exposed roots	\$71.00	\$45.00	\$85.00
D7140	Extraction Erupted Tooth or Exposed Root	\$30.00	\$19.00	\$75.00
D7210	Surgical removal of erupted tooth, requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$43.00	\$27.00	\$140.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$71.00	\$45.00	\$174.00
D9220	General Anesthesia in connection with covered extractions	\$43.00	\$27.00	\$250.00

FEP Fee Schedule Amount----the amount Standard Option Pays toward a covered dental service.

I.C. -----Individual Consideration

MAC (Maximum Allowable Charge) ----the maximum amount Preferred network dentists will charge the member for a covered dental service. This MAC may be updated periodically and is subject to change. For those providers who sign a participating agreement with Arkansas Blue Cross and Blue Shield agree to accept the Arkansas Blue Cross and Blue Shield Dental Fee schedule.

(Note: This is the FEP Maximum Allowable charge.)

When members use a Preferred network dentist, the member pays the difference between the FEP fee schedule amount and the (MAC) Maximum Allowable Charge.

Basic Option FEP Dental Network Fee Schedule
 Enrollment Code 111 or 112 (FEP Only)
Maximum Allowable Charges (MAC) Effective March 1, 2003

Under Basic Option, we provide benefits for the services listed below. **The member pays a \$20 copayment for each evaluation charge. For all other covered dental services, FEP pays 100% of the Maximum Allowable Charge (MAC).** This is a complete list of dental services covered under this benefit for Basic Option. Under Basic Option, a preferred provider must perform the service. If you are participating dentist for Arkansas Blue Cross and Blue Shield, you are considered a Preferred provider for these Basic Option services.

Service and ADA code

Clinical oral evaluations		MAC
D0120	Periodic oral evaluation	\$25.00
D0140	Limited oral evaluation	\$33.00
D0150	comprehensive oral evaluation	\$36.00

Note: Benefits are limited to a combined total of 2 evaluations per person per calendar year for D0120 and D0150.

Radio-graphs		MAC
D0210	Intraoral- complete series including bitewings (limited to 1 complete series every 3 years)	\$70.00
D0270	Bitewing- single film	\$16.00
D0272	Bitewing- two films	\$26.00
D0274	Bitewing - four films	\$35.00

Note: Benefits are limited to a combined total of 4 films per person per calendar year for D0270, D0272, and D0274.

Preventive		MAC
D1110	Prophylaxis - adult (up to 2 per calendar year)	\$46.00
D1120	Prophylaxis - child (up to 2 per calendar year)	\$30.00
D1201	Topical application of fluoride (including prophylaxis) -child (up to 2 per calendar year)	\$43.00
D1203	Topical application of fluoride (prophylaxis not included) -child (up to 2 per calendar year)	\$13.00
D1351	Sealant- per tooth, first & second molars only (once per tooth for children up to age 16 only)	\$28.00

Note: Benefits are limited to a combined total of two visits per person per calendar year for D1120 and D1201.

Not covered: Any service not specifically listed above.

Effective January 1, 2003 the following changes were made to the Arkansas Blue Cross and Blue Shield Fee Schedule.

CPT CODE	TOTAL OFFICE	PROF OFFICE	TECH OFFICE	TOTAL SOS	PROF SOS	TECH SOS
0027T	\$0.00			\$0.00		
0028T	\$0.00			\$0.00		
0029T	\$0.00			\$0.00		
0030T	\$0.00			\$0.00		
0031T	\$0.00			\$0.00		
00326	8 base units			8 base units		
0032T	\$0.00			\$0.00		
0033T	\$0.00			\$0.00		
0034T	\$0.00			\$0.00		
0035T	\$0.00			\$0.00		
0036T	\$0.00			\$0.00		
0037T	\$0.00			\$0.00		
0038T	\$0.00			\$0.00		
0039T	\$0.00			\$0.00		
0040T	\$0.00			\$0.00		
0041T	\$0.00			\$0.00		
0042T	\$0.00			\$0.00		
0043T	\$0.00			\$0.00		
0044T	\$0.00			\$0.00		
00539	18 base units			18 base units		
00541	15 base units			15 base units		
00640	3 base units			3 base units		
00834	5 base units			5 base units		
00836	6 base units			6 base units		
00921	3 base units			3 base units		
01829	3 base units			3 base units		
01991	3 base units			3 base units		
01992	5 base units			5 base units		
20612	\$89.17			\$60.61		
21046	\$1,423.78			\$1,423.78		
21047	\$1,757.14			\$1,757.14		
21048	\$1,465.16			\$1,465.16		
21049	\$1,664.48			\$1,664.48		
21742	BR			BR		
21743	BR			BR		
29827	\$1,676.72			\$1,676.72		
29873	\$774.54			\$774.54		
29899	\$1,540.92			\$1,540.92		
33215	\$481.98			\$481.98		
33224	\$776.87			\$776.87		
33225	\$688.29			\$688.29		
33226	\$748.32			\$748.32		
33508	\$26.23			\$26.23		
34833	\$1,030.39			\$1,030.39		
34834	\$484.89			\$484.89		
34900	\$1,521.69			\$1,521.69		
35572	\$583.97			\$583.97		
36416	\$0.00			\$0.00		
36511	\$145.70			\$145.70		
36512	\$145.70			\$145.70		

CPT CODE	TOTAL OFFICE	PROF OFFICE	TECH OFFICE	TOTAL SOS	PROF SOS	TECH SOS
36513	\$145.70			\$145.70		
36514	\$145.70			\$145.70		
36515	\$145.70			\$145.70		
36516	\$145.70			\$145.70		
36536	\$2,177.92			\$308.88		
36537	\$494.21			\$74.60		
37182	\$1,448.84			\$1,448.84		
37183	\$673.13			\$673.13		
37500	\$1,171.43			\$1,171.43		
37501	BR			BR		
38204	BR			BR		
38205	\$0.00			\$0.00		
38206	\$0.00			\$0.00		
38207	\$0.00			\$0.00		
38208	\$0.00			\$0.00		
38209	\$0.00			\$0.00		
38210	\$0.00			\$0.00		
38211	\$0.00			\$0.00		
38212	\$0.00			\$0.00		
38213	\$0.00			\$0.00		
38214	\$0.00			\$0.00		
38215	\$0.00			\$0.00		
38242	\$143.37			\$143.37		
43201	\$387.56			\$202.81		
43236	\$452.25			\$251.77		
44206	\$2,345.19			\$2,345.19		
44207	\$2,566.65			\$2,566.65		
44208	\$2,775.29			\$2,775.29		
44210	\$2,457.08			\$2,457.08		
44211	\$3,050.96			\$3,050.96		
44212	\$2,851.06			\$2,851.06		
44238	BR			BR		
44239	BR			BR		
44701	\$255.27			\$255.27		
45335	\$227.87			\$121.22		
45340	\$519.86			\$145.12		
45381	\$615.44			\$356.09		
45386	\$1,170.26			\$386.40		
46706	\$221.46			\$221.46		
49419	\$641.66			\$641.66		
49904	\$2,208.23			\$2,208.23		
50542	\$1,730.92			\$1,730.92		
50543	\$2,176.18			\$2,176.18		
50562	\$919.66			\$919.66		
51701	\$92.67			\$42.54		
51702	\$145.70			\$46.62		
51703	\$202.23			\$125.30		
51798	\$32.05			\$32.05		
55866	\$2,558.49			\$2,558.49		
56820	\$188.83			\$131.13		
56821	\$244.78			\$180.67		
57420	\$196.99			\$139.29		
57421	\$257.01			\$192.91		
57455	\$236.62			\$175.42		

CPT CODE	TOTAL OFFICE	PROF OFFICE	TECH OFFICE	TOTAL SOS	PROF SOS	TECH SOS
57456	\$223.80			\$164.35		
57461	\$526.85			\$304.22		
58146	\$1,725.67			\$1,725.67		
58290	\$1,725.09			\$1,725.09		
58291	\$1,897.01			\$1,897.01		
58292	\$2,009.49			\$2,009.49		
58293	\$2,087.59			\$2,087.59		
58294	\$1,850.39			\$1,850.39		
58545	\$1,387.65			\$1,387.65		
58546	\$1,748.40			\$1,748.40		
58552	\$1,351.51			\$1,351.51		
58553	\$1,736.74			\$1,736.74		
58554	\$1,718.68			\$1,718.68		
61316	\$139.29			\$139.29		
61322	\$2,819.00			\$2,819.00		
61323	\$2,918.08			\$2,918.08		
61517	\$117.73			\$117.73		
61623	\$856.13			\$856.13		
62148	\$189.41			\$189.41		
62160	\$272.75			\$272.75		
62161	\$1,947.13			\$1,947.13		
62162	\$2,500.79			\$2,500.79		
62163	\$1,583.47			\$1,583.47		
62164	\$2,703.61			\$2,703.61		
62165	\$2,116.15			\$2,116.15		
62264	BR			BR		
64416	\$252.35			\$252.35		
64446	\$261.09			\$261.09		
64447	\$122.39			\$122.39		
64448	\$240.11			\$240.11		
66990	\$132.30			\$132.30		
75901	\$155.61	\$39.63	\$115.98	\$155.61	\$39.63	\$115.98
75902	\$147.45	\$31.47	\$115.98	\$147.45	\$31.47	\$115.98
75954	BR	\$146.87	BR	BR	\$146.87	BR
76071	\$191.16	\$17.48	\$173.67	\$191.16	\$17.48	\$173.67
76496	BR	BR	BR	BR	BR	BR
76497	BR	BR	BR	BR	BR	BR
76498	BR	BR	BR	BR	BR	BR
76801	\$147.45	\$81.01	\$66.44	\$147.45	\$81.01	\$66.44
76802	\$115.39	\$68.19	\$47.21	\$115.39	\$68.19	\$47.21
76811	\$384.65	\$159.10	\$225.54	\$384.65	\$159.10	\$225.54
76812	\$229.04	\$148.61	\$80.43	\$229.04	\$148.61	\$80.43
76817	\$152.11	\$61.19	\$90.92	\$152.11	\$61.19	\$90.92
83880	50.75	\$3.32	\$47.43	50.75	\$3.32	\$47.43
84302	7.27	\$0.48	\$6.79	7.27	\$0.48	\$6.79
85004	9.67	\$0.63	\$9.04	9.67	\$0.63	\$9.04
85032	11.67	\$0.76	\$10.91	11.67	\$0.76	\$10.91
85049	6.69	\$0.44	\$6.25	6.69	\$0.44	\$6.25
85380	15.22	\$1.00	\$14.22	15.22	\$1.00	\$14.22
87255	50.75	\$3.32	\$47.43	50.75	\$3.32	\$47.43
87267	13.47	\$0.88	\$12.59	13.47	\$0.88	\$12.59
87271	13.47	\$0.88	\$12.59	13.47	\$0.88	\$12.59
88174	22.03	\$1.44	\$20.59	22.03	\$1.44	\$20.59
88175	27.50	\$1.80	\$25.70	27.50	\$1.80	\$25.70

CPT CODE	TOTAL OFFICE	PROF OFFICE	TECH OFFICE	TOTAL SOS	PROF SOS	TECH SOS
89055	6.39	\$0.42	\$5.97	6.39	\$0.42	\$5.97
92601	\$207.48			\$207.48		
92602	\$145.70			\$145.70		
92603	\$139.87			\$139.87		
92604	\$95.58			\$95.58		
92605	\$0.00			\$0.00		
92606	\$0.00			\$0.00		
92607	\$173.09			\$173.09		
92608	\$34.39			\$34.39		
92609	\$93.83			\$93.83		
92610	\$67.02			\$67.02		
92611	\$72.85			\$72.85		
92612	\$273.92			\$107.24		
92613	\$0.00			\$0.00		
92614	\$211.56			\$107.24		
92615	\$0.00			\$0.00		
92616	\$289.65			\$156.19		
92617	BR			BR		
92700	\$0.00			\$0.00		
93580	\$1,543.25			\$1,543.25		
93581	\$2,063.69			\$2,063.69		
95990	\$89.75			\$89.75		
96920	\$240.11			\$98.49		
96921	\$245.94			\$100.24		
96922	\$339.19			\$179.50		
99026	\$0.00			\$0.00		
99027	\$0.00			\$0.00		
99293	\$960.52			\$960.52		
99294	\$475.20			\$475.20		
99299	\$157.52			\$157.52		
99600	BR			BR		

2003 CPT Code Deletions:

PROCEDURE	REPLACE WITH
99297	99296
00869	00921
21041	21040
36520	36511-36512
36521	36516
44209	44238
53670	51701, 51702
53675	51703
58551	58545, 58546
80090	
85021	
85022	
85023	85007 and 86027
85024	85025
85031	85014, 85018, 85032
85585	85008

PROCEDURE	REPLACE WITH
85590	85032
85595	85049
86915	38210-38213
88144	
88145	
90700	
92525	92610-92611
92598	
92599	92700
94650	
94651	
94652	
94665	
99508	95806-95811
99539	99600

Effective January 1, 2003 the following changes were made to the Arkansas Blue Cross and Blue Shield Fee Schedule.

HCPDS CODE	TOTAL or PURCHASE	PROF COMP or RENTAL	TOTAL or PURCHASE SOS	PROF COMP or RENTAL SOS	TECH COMP or USED SOS
A4266	\$0.00		\$0.00		
A4267	\$0.00		\$0.00		
A4268	\$0.00		\$0.00		
A4269	\$0.00		\$0.00		
A4281	\$0.00		\$0.00		
A4282	\$0.00		\$0.00		
A4283	\$0.00		\$0.00		
A4284	\$0.00		\$0.00		
A4285	\$0.00		\$0.00		
A4286	\$0.00		\$0.00		
A4405	\$3.40		\$3.40		
A4406	\$5.74		\$5.74		
A4407	\$8.76		\$8.76		
A4408	\$9.87		\$9.87		
A4409	\$6.22		\$6.22		
A4410	\$9.04		\$9.04		
A4413	\$5.50		\$5.50		
A4414	\$4.93		\$4.93		
A4415	\$6.00		\$6.00		
A4422	\$0.12		\$0.12		
A4450	\$0.09		\$0.09		
A4452	\$0.36		\$0.36		
A4458	BR		BR		
A4521	\$0.00		\$0.00		
A4522	\$0.00		\$0.00		
A4523	\$0.00		\$0.00		
A4524	\$0.00		\$0.00		
A4525	\$0.00		\$0.00		
A4526	\$0.00		\$0.00		
A4527	\$0.00		\$0.00		
A4528	\$0.00		\$0.00		
A4529	\$0.00		\$0.00		
A4530	\$0.00		\$0.00		
A4531	\$0.00		\$0.00		
A4532	\$0.00		\$0.00		
A4533	\$0.00		\$0.00		
A4534	\$0.00		\$0.00		
A4535	\$0.00		\$0.00		
A4536	\$0.00		\$0.00		
A4537	\$0.00		\$0.00		
A4538	\$0.00		\$0.00		
A4606	BR		BR		
A4609	\$14.30		\$14.30		
A4610	\$22.34		\$22.34		
A4632	BR		BR		
A4633	\$41.04		\$41.04		
A4634	BR		BR		

HCPCS CODE	TOTAL or PURCHASE	PROF COMP or RENTAL	TOTAL or PURCHASE SOS	PROF COMP or RENTAL SOS	TECH COMP or USED SOS
A4639	\$287.21		\$287.21		
A4653	BR		BR		
A4930	\$0.00		\$0.00		
A4931	\$0.00		\$0.00		
A4932	\$0.00		\$0.00		
A6011	\$2.28		\$2.28		
A6410	\$0.39		\$0.39		
A6411	BR		BR		
A6412	BR		BR		
A6421	BR		BR		
A6422	BR		BR		
A6424	BR		BR		
A6426	BR		BR		
A6428	BR		BR		
A6430	BR		BR		
A6432	BR		BR		
A6434	BR		BR		
A6436	BR		BR		
A6438	BR		BR		
A6440	\$11.38		\$11.38		
A6501	BR		BR		
A6502	BR		BR		
A6503	BR		BR		
A6504	BR		BR		
A6505	BR		BR		
A6506	BR		BR		
A6507	BR		BR		
A6508	BR		BR		
A6509	BR		BR		
A6510	BR		BR		
A6511	BR		BR		
A6512	BR		BR		
A7025	\$0.00		\$0.00		
A7026	\$0.00		\$0.00		
A7030	\$188.64		\$188.64		
A7031	\$69.77		\$69.77		
A7032	\$40.53		\$40.53		
A7033	\$28.41		\$28.41		
A7034	\$117.64		\$117.64		
A7035	\$36.78		\$36.78		
A7036	\$15.74		\$15.74		
A7037	\$40.63		\$40.63		
A7038	\$5.39		\$5.39		
A7039	\$13.03		\$13.03		
A7042	\$161.97		\$161.97		
A7043	\$22.96		\$22.96		
A7044	\$120.91		\$120.91		
A9512	BR		BR		
A9513	BR		BR		
A9514	BR		BR		

HCCPS CODE	TOTAL or PURCHASE	PROF COMP or RENTAL	TOTAL or PURCHASE SOS	PROF COMP or RENTAL SOS	TECH COMP or USED SOS
A9515	BR		BR		
A9516	BR		BR		
A9517	BR		BR		
A9518	BR		BR		
A9519	BR		BR		
A9520	BR		BR		
A9521	BR		BR		
A9522	BR		BR		
A9523	BR		BR		
A9524	BR		BR		
A9603	BR		BR		
A9699	BR		BR		
B4100	BR		BR		
C1015	\$0.00		\$0.00		
C1020	\$0.00		\$0.00		
C1021	\$0.00		\$0.00		
C1022	\$0.00		\$0.00		
C1775	\$0.00		\$0.00		
C1783	\$0.00		\$0.00		
C1888	\$0.00		\$0.00		
C1900	\$0.00		\$0.00		
C2614	\$0.00		\$0.00		
C2632	\$0.00		\$0.00		
C9116	\$0.00		\$0.00		
C9119	\$0.00		\$0.00		
C9120	\$0.00		\$0.00		
C9121	\$0.00		\$0.00		
D0180	\$0.00		\$0.00		
D2390	\$0.00		\$0.00		
D2391	\$0.00		\$0.00		
D2392	\$0.00		\$0.00		
D2393	\$0.00		\$0.00		
D2394	\$0.00		\$0.00		
D4241	\$0.00		\$0.00		
D4261	\$0.00		\$0.00		
D4265	\$0.00		\$0.00		
D4275	\$0.00		\$0.00		
D4276	\$0.00		\$0.00		
D4342	\$0.00		\$0.00		
D5670	\$0.00		\$0.00		
D5671	\$0.00		\$0.00		
D6053	\$0.00		\$0.00		
D6054	\$0.00		\$0.00		
D6253	\$0.00		\$0.00		
D6600	\$0.00		\$0.00		
D6601	\$0.00		\$0.00		
D6602	\$0.00		\$0.00		
D6603	\$0.00		\$0.00		
D6604	\$0.00		\$0.00		
D6605	\$0.00		\$0.00		

HCCPCS CODE	TOTAL or PURCHASE	PROF COMP or RENTAL	TOTAL or PURCHASE SOS	PROF COMP or RENTAL SOS	TECH COMP or USED SOS
D6606	\$0.00		\$0.00		
D6607	\$0.00		\$0.00		
D6608	\$0.00		\$0.00		
D6609	\$0.00		\$0.00		
D6610	\$0.00		\$0.00		
D6611	\$0.00		\$0.00		
D6612	\$0.00		\$0.00		
D6613	\$0.00		\$0.00		
D6614	\$0.00		\$0.00		
D6615	\$0.00		\$0.00		
D6793	\$0.00		\$0.00		
D6985	\$0.00		\$0.00		
D7111	\$0.00		\$0.00		
D7140	\$0.00		\$0.00		
D7261	\$0.00		\$0.00		
D7282	\$0.00		\$0.00		
D7287	\$0.00		\$0.00		
D7411	\$0.00		\$0.00		
D7412	\$0.00		\$0.00		
D7413	\$0.00		\$0.00		
D7414	\$0.00		\$0.00		
D7415	\$0.00		\$0.00		
D7472	\$0.00		\$0.00		
D7473	\$0.00		\$0.00		
D7485	\$0.00		\$0.00		
D7671	\$0.00		\$0.00		
D7771	\$0.00		\$0.00		
D7972	\$0.00		\$0.00		
D9450	\$0.00		\$0.00		
E0117	\$192.71	\$19.26	\$192.71	\$19.26	\$144.55
E0203	BR		BR		
E0445	BR		BR		
E0454		\$1,400.14		\$1,400.14	
E0461		\$1,002.05		\$1,002.05	
E0483	\$0.00		\$0.00		
E0484	\$0.00		\$0.00		
E0618		\$280.35		\$280.35	
E0619	BR		BR		
E0636	BR		BR		
E0691	\$898.59	\$89.86	\$898.59	\$89.86	\$673.94
E0692	\$1,128.37	\$112.83	\$1,128.37	\$112.83	\$846.29
E0693	\$1,390.98	\$139.10	\$1,390.98	\$139.10	\$1,043.24
E0694	\$4,427.34	\$442.73	\$4,427.34	\$442.73	\$3,320.53
E0701	\$153.35	\$15.33	\$153.35	\$15.33	\$115.03
E0761	BR		BR		
E1011	BR		BR		
E1012	BR		BR		
E1013	BR		BR		
E1014	BR		BR		
E1015	\$114.70	\$11.46	\$114.70	\$11.46	\$86.02

HCCPS CODE	TOTAL or PURCHASE	PROF COMP or RENTAL	TOTAL or PURCHASE SOS	PROF COMP or RENTAL SOS	TECH COMP or USED SOS
E1016	\$131.31	\$13.14	\$131.31	\$13.14	\$98.48
E1017	BR		BR		
E1018	BR		BR		
E1020	\$243.41	\$24.32	\$243.41	\$24.32	\$182.55
E1025	BR		BR		
E1026	BR		BR		
E1027	BR		BR		
E1037	BR		BR		
E1038		\$40.01		\$40.01	
E1161		\$235.92		\$235.92	
E1231	BR		BR		
E1232	BR		BR		
E1233	BR		BR		
E1234	BR		BR		
E1235	BR		BR		
E1236	BR		BR		
E1237	BR		BR		
E1238	BR		BR		
E1802		\$326.80		\$326.80	
G0245	BR		BR		
G0246	BR		BR		
G0247	BR		BR		
G0248	BR		BR		
G0249	BR		BR		
G0250	BR		BR		
G0251	BR		BR		
G0252	BR		BR		
G0253	BR	BR	BR	BR	BR
G0254	BR	BR	BR	BR	BR
G0255	BR	BR	BR	BR	BR
G0256	BR		BR		
G0257	BR		BR		
G0258	BR		BR		
G0259	BR		BR		
G0260	BR		BR		
G0261	BR		BR		
G0262	BR	BR	BR	BR	BR
G0263	BR		BR		
G0264	BR		BR		
G0265	BR		BR		
G0266	BR		BR		
G0267	BR		BR		
G0268	BR		BR		
G0269	BR		BR		
G0270	BR		BR		
G0271	BR		BR		
G0272	BR		BR		
G0273	BR	BR	BR	BR	BR
G0274	BR	BR	BR	BR	BR
G0275	BR		BR		

HCPCS CODE	TOTAL or PURCHASE	PROF COMP or RENTAL	TOTAL or PURCHASE SOS	PROF COMP or RENTAL SOS	TECH COMP or USED SOS
G0278	BR		BR		
G0279	BR		BR		
G0280	BR		BR		
G0281	BR		BR		
G0282	BR		BR		
G0283	BR		BR		
G0288	BR		BR		
G0289	BR		BR		
G0290	BR		BR		
G0291	BR		BR		
G0292	BR		BR		
G0293	BR		BR		
G0294	BR		BR		
G0295	BR		BR		
H0031	BR		BR		
H0032	BR		BR		
H0033	BR		BR		
H0034	BR		BR		
H0035	BR		BR		
H0036	BR		BR		
H0037	BR		BR		
H0038	BR		BR		
H0039	BR		BR		
H0040	BR		BR		
H0041	BR		BR		
H0042	BR		BR		
H0043	BR		BR		
H0044	BR		BR		
H0045	BR		BR		
H0046	BR		BR		
H0047	BR		BR		
H0048	BR		BR		
H1010	BR		BR		
H1011	BR		BR		
H2000	BR		BR		
H2001	BR		BR		
K0556	\$587.53		\$587.53		
K0557	\$489.59		\$489.59		
K0558	\$1,066.68		\$1,066.68		
K0559	\$1,066.68		\$1,066.68		
K0581	\$2.75		\$2.75		
K0582	\$3.72		\$3.72		
K0583	\$1.81		\$1.81		
K0584	\$1.74		\$1.74		
K0585	BR		BR		
K0586	BR		BR		
K0587	\$4.75		\$4.75		
K0588	\$3.58		\$3.58		
K0589	\$2.36		\$2.36		
K0590	BR		BR		

HCPCS CODE	TOTAL or PURCHASE	PROF COMP or RENTAL	TOTAL or PURCHASE SOS	PROF COMP or RENTAL SOS	TECH COMP or USED SOS
K0591	\$6.51		\$6.51		
K0592	\$7.52		\$7.52		
K0593	\$8.52		\$8.52		
K0594	\$5.08		\$5.08		
K0595	\$3.59		\$3.59		
K0596	\$3.34		\$3.34		
K0597	\$3.76		\$3.76		
L0450	\$130.83		\$130.83		
L0452	\$263.81		\$263.81		
L0454	\$275.12		\$275.12		
L0456	\$275.12		\$275.12		
L0458	\$661.15		\$661.15		
L0460	\$661.15		\$661.15		
L0462	\$661.15		\$661.15		
L0464	\$661.15		\$661.15		
L0466	\$322.23		\$322.23		
L0468	\$373.07		\$373.07		
L0470	\$479.92		\$479.92		
L0472	\$335.00		\$335.00		
L0474	\$468.55		\$468.55		
L0476	\$800.80		\$800.80		
L0478	\$1,085.59		\$1,085.59		
L0480	\$1,154.28		\$1,154.28		
L0482	\$1,167.31		\$1,167.31		
L0484	\$1,337.75		\$1,337.75		
L0486	\$1,443.52		\$1,443.52		
L0488	\$1,228.75		\$1,228.75		
L0490	\$930.23		\$930.23		
L1652	\$288.51		\$288.51		
L1836	\$107.98		\$107.98		
L1901	\$14.31		\$14.31		
L3651	\$48.48		\$48.48		
L3652	\$146.16		\$146.16		
L3701	\$15.00		\$15.00		
L3762	\$79.21		\$79.21		
L3909	\$10.42		\$10.42		
L3911	BR		BR		
L4386	\$128.33		\$128.33		
L5781	\$3,244.65		\$3,244.65		
L5782	BR		BR		
L5848	\$871.99		\$871.99		
L5995	BR		BR		
L6025	\$6,489.30		\$6,489.30		
L6638	\$2,027.88		\$2,027.88		
L6646	\$2,557.62		\$2,557.62		
L6647	\$421.06		\$421.06		
L6648	\$2,637.84		\$2,637.84		
L7367	\$315.70		\$315.70		
L7368	\$409.27		\$409.27		
S0106	\$0.00		\$0.00		

HCCPS CODE	TOTAL or PURCHASE	PROF COMP or RENTAL	TOTAL or PURCHASE SOS	PROF COMP or RENTAL SOS	TECH COMP or USED SOS
S0108	\$0.00		\$0.00		
S0114	BR		BR		
S0122	BR		BR		
S0124	BR		BR		
S0126	BR		BR		
S0128	BR		BR		
S0130	BR		BR		
S0132	BR		BR		
S0195	BR		BR		
S0390	\$0.00		\$0.00		
S2107	BR		BR		
S2130	BR		BR		
S2211	\$0.00		\$0.00		
S2405	BR		BR		
S4005	\$0.00		\$0.00		
S4013	BR		BR		
S4014	BR		BR		
S4017	BR		BR		
S4023	BR		BR		
S4035	BR		BR		
S4036	BR		BR		
S4037	BR		BR		
S4040	BR		BR		
S4993	\$0.00		\$0.00		
S4995	\$0.00		\$0.00		
S8042	\$193.49	\$101.41	\$193.49	\$101.41	\$92.08
S8262	BR		BR		
S8265	BR		BR		
S8433	BR		BR		
S8945	\$0.00		\$0.00		
S9034	BR		BR		
S9092	BR		BR		
S9150	\$0.00		\$0.00		
S9145	BR		BR		
S9401	\$0.00		\$0.00		
S9430	BR		BR		
S9436	BR		BR		
S9437	BR		BR		
S9438	BR		BR		
S9439	BR		BR		
S9444	BR		BR		
S9447	BR		BR		
S9449	BR		BR		
S9451	BR		BR		
S9452	BR		BR		
S9453	BR		BR		
S9454	BR		BR		
S9546	BR		BR		
S9562	BR		BR		
S9590	BR		BR		

HCPCS CODE	TOTAL or PURCHASE	PROF COMP or RENTAL	TOTAL or PURCHASE SOS	PROF COMP or RENTAL SOS	TECH COMP or USED SOS
S9802	BR		BR		
S9803	BR		BR		
S9970	BR		BR		
S9975	BR		BR		
T1016	\$0.00		\$0.00		
T1017	\$0.00		\$0.00		
T1018	\$0.00		\$0.00		
T1019	\$0.00		\$0.00		
T1020	\$0.00		\$0.00		
T1021	\$0.00		\$0.00		
T1022	\$0.00		\$0.00		
T1023	\$0.00		\$0.00		
T1024	\$0.00		\$0.00		
T1025	\$0.00		\$0.00		
T1026	\$0.00		\$0.00		
T1027	\$0.00		\$0.00		
T1028	\$0.00		\$0.00		
T1029	\$0.00		\$0.00		
T1030	\$0.00		\$0.00		
T1031	\$0.00		\$0.00		
T1500	\$0.00		\$0.00		
T1502	\$0.00		\$0.00		
T1999	\$0.00		\$0.00		
T2001	\$0.00		\$0.00		
T2002	\$0.00		\$0.00		
T2003	\$0.00		\$0.00		
T2004	\$0.00		\$0.00		
T2005	\$0.00		\$0.00		
T2006	\$0.00		\$0.00		
T2007	\$0.00		\$0.00		
V5095	\$0.00		\$0.00		
V5298	\$0.00		\$0.00		

Effective January 1, 2003 the following changes were made to the Arkansas Blue Cross and Blue Shield Fee Schedule for Home Infusion Therapy Providers.

2002 HCPCS Codes	Nomenclature	Allowance
J0000, J3490, J9999, or any Rx J Code	Drug specific codes by NDC number	AWP less 10% based on Redbook pricing of NDC

Nursing Services

S9445	Patient education, not otherwise classified, non physician provider, individual, PER SESSION	\$ 75.00
S9524	Nursing Services related to Home IV Therapy, PER DIEM	\$ 75.00
99506	Home Visit for IM	\$ 75.00
S9800	Home therapy, provision of infusion, specialty drug administration and/or associated nursing services & procedures, by highly technical RN PER HOUR (do not use with code 9524)	\$ 30.00

Hydration Therapy

S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment PER DIEM. (Drugs and nursing visits coded separately.) (do not use with hydration therapy codes S9374-S9377 with daily volume scales)	\$ 25.00
S9374	Home Infusion therapy, hydration therapy; ONE LITER PER DAY,	\$ 25.00
S9375	Home Infusion therapy, hydration therapy; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY.	\$ 25.00
S9376	Home Infusion Therapy, hydration therapy; MORE THAN TWO LITERS BUT NOT MORE THAN THREE LITERS PER DAY.	\$ 25.00
S9377	Home infusion therapy, hydration therapy, MORE THAN THREE LITERS PER DAY,	\$ 25.00

TPN

S9365	Home infusion therapy, total parenteral nutrition (TPN); ONE LITER per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula, lipids, specialty amino acid formulas. Drugs and nursing visits coded separately,) per diem	\$140.00
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than One liter but no more than TWO LITERS per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula, lipids, specialty amino acid formulas. Drugs and nursing visits coded separately,) per diem	\$190.00
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than TWO LITERS but no more than THREE LITERS per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula, lipids, specialty amino acid formulas. Drugs and nursing visits coded separately,) per diem	\$240.00
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than THREE LITERS per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula, lipids, specialty amino acid formulas. Drugs and nursing visits coded separately,) per diem	\$290.00

Midline Catheter Insertion

S5521	Home infusion Therapy, all supplies (including catheter) necessary for a midline catheter insertion. Per kit per day. Additional kits must be approved by RCM. Can only be billed with S5523.	\$ 50.00
S5523	Home infusion therapy, insertion of Midline Central venous Catheter, nursing services only (no catheter or supplies included), per day. Should use S5521 with this code.	\$ 75.00

2002 HCPCS Codes	Nomenclature	Allowance
Antibiotic, Antiviral or Antifungal Therapy		
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous infusion therapy (e.g. epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 60.00
S9357	Home Infusion therapy, enzyme replacement intravenous therapy, (e.g. imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 65.00
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (Drugs and nursing visits coded separately), per diem.	\$ 35.00
S9497	Home Infusion Therapy, antibiotic, antiviral, or antifungal therapy; ONCE EVERY 3 HOURS.	\$ 35.00
S9500	Home Infusion Therapy, antibiotic, antiviral, or antifungal therapy; ONCE EVERY 24 HOURS	\$ 35.00
S9501	Home Infusion Therapy, antibiotic, antiviral, or antifungal therapy; ONCE EVERY 12 HOURS.	\$ 35.00
S9502	Home Infusion Therapy, antibiotic, antiviral, or antifungal therapy; ONCE EVERY 8 HOURS.	\$ 35.00
S9503	Home Infusion Therapy, antibiotic, antiviral, or antifungal therapy; ONCE EVERY 6 HOURS.	\$ 35.00
S9504	Home Infusion Therapy, antibiotic, antiviral, or antifungal therapy; ONCE EVERY 4 HOURS.	\$ 35.00
Chemotherapy		
S9330	Home Infusion Therapy; CONTINUOUS Chemotherapy Infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.	\$ 25.00
S9331	Home Infusion Therapy; INTERMITTENT Chemotherapy Infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.	\$ 35.00
Continuous Home Infusion Therapies		
S9336	Home infusion therapy, Continuous Anticoagulant Infusion therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately,) per diem	\$ 25.00
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately,) per diem	\$ 25.00
S9346	Home infusion therapy, alpha-1-proteinaseinhibitor (e.g. Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately,) per diem	\$ 25.00
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g. Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately,) per diem	\$ 25.00
S9351	Home infusion therapy, continuous anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately,) per diem	\$ 25.00
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately,) per diem	\$ 25.00
S9355	Home infusion therapy, chelation therapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately,) per diem	\$ 25.00
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab) administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately,) per diem	\$ 25.00

2002 HCPCS Codes	Nomenclature	Allowance
Intermittent Home Infusion Therapy Injection, IM, SubQ , IV Push Therapies		
S9363	Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	\$ 25.00
Pain Management		
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326,S9227 or S9328)	\$ 25.00
S9326	Home infusion therapy, <u>continuous</u> pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.	\$ 25.00
Catheter Care Supplies		
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem only. Billable when no other therapy per diem is involved with the exception of the "J" codes for Heparin and Saline flush.	\$ 10.00
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem only. Billable when no other therapy per diem is involved with the exception of the "J" codes for Heparin and Saline flush.	\$ 10.00
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem only. Billable when no other therapy per diem is involved with the exception of the "J" codes for Heparin and Saline flush.	\$ 10.00
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem only. Billable when no other therapy per diem is involved with the exception of the "J" codes for Heparin and Saline flush.	\$ 10.00
S9538	Home Transfusion of blood products; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	\$ 25.00
S9546	Home infusion of blood products, nursing services, per visit	\$ 75.00
SH	Second concurrently administered infusion therapy. MODIFIERS TO BE ATTACHED TO OTHER CODES	\$ 25.00
SJ	Third or more concurrently administered infusion therapy. MODIFIERS TO BE ATTACHED TO OTHER CODES	\$ 25.00

2003 Deleted HCPCS Codes:

The following changes were made to the Arkansas Blue Cross and Blue Shield Fee Schedule.

HCPCS	HCPCS	HCPCS	HCPCS	HCPCS	HCPCS	HCPCS	HCPCS
A4360	C1718	C1773	C1899	D2386	G0196	K0568	L0930
A4370	C1719	C1776	C2615	D2387	G0197	K0569	L0940
A4374	C1720	C1777	C2616	D2388	G0198	K0570	L0950
A4386	C1721	C1779	C2617	D4220	G0199	K0571	L0986
A4454	C1722	C1781	C2619	D6519	G0200	K0572	L3218
A4462	C1724	C1782	C2620	D6520	G0201	K0573	L3223
A4464	C1725	C1784	C2621	D6530	G0240	K0574	L5660
A4572	C1726	C1785	C2622	D6543	G0241	K0575	L5662
A5123	C1727	C1786	C2625	D6544	J0286	K0576	L5663
A6263	C1728	C1787	C2626	D7110	J0635	K0577	L5664
A6264	C1729	C1788	C2627	D7120	J1050	K0578	Q3017
A6265	C1730	C1789	C2628	D7130	J1095	K0579	Q3030
A6405	C1731	C1813	C2629	D7420	J1561	K0580	S0085
A6406	C1732	C1815	C2630	D7430	J1755	L0300	S0087
C1012	C1733	C1816	C2631	D7431	J1820	L0310	S0112
C1013	C1750	C1817	C9019	D7480	J2500	L0315	S0206
C1014	C1751	C1874	C9020	E0608	J2915	L0317	S2180
C1058	C1752	C1875	C9100	E0690	J7316	L0320	S8002
C1064	C1753	C1876	C9108	E1638	K0021	L0321	S8003
C1065	C1754	C1877	C9110	G0002	K0034	L0330	S8105
C1066	C1755	C1878	C9114	G0004	k0101	L0331	S8200
C1087	C1756	C1879	C9115	G0005	K0183	L0340	S8205
C1094	C1757	C1880	C9117	G0006	K0184	L0350	S8401
C1096	C1758	C1881	C9118	G0007	K0185	L0360	S8403
C1097	C1759	C1882	C9708	G0015	K0186	L0370	S8404
C1098	C1760	C1883	D0501	G0026	K0187	L0380	S8405
C1099	C1762	C1885	D2110	G0027	K0188	L0390	S8433
C1188	C1763	C1887	D2120	G0050	K0189	L0391	S9216
C1202	C1764	C1891	D2130	G0131	K0551	L0400	S9217
C1207	C1766	C1892	D2131	G0132	K0561	L0410	S9218
C1348	C1767	C1893	D2336	G0185	K0562	L0420	S9543
C1713	C1768	C1894	D2337	G0187	K0563	L0430	S9800
C1714	C1769	C1895	D2380	G0192	K0564	L0440	
C1715	C1770	C1896	D2381	G0193	K0565	L0990	
C1716	C1771	C1897	D2382	G0194	K0566	L0910	
C1717	C1772	C1898	D2385	G0195	K0567	L0920	

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Providers' News

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