

Providers' News

June 2009

Inside the June Issue:

- AHIN: Medical Records Requests Concerns 5
- AHIN: *Providers' News* Goes Green 5
- AHIN: Remittance Advice Available online via AHIN 5
- Arkansas Blue Cross and Blue Shield Withdraws Local PPO for Medi-Pak[®] Advantage 2
- ASE & PSE: Preventive Benefits (updated June 2009) 8
- BlueCard: Avoiding Misrouted BlueCard Claims 6
- BlueCard: Checking Status of Claims 6
- BlueCard: Coordination of Benefits Questionnaire 6
- BlueCard: Medicare Crossover Information for Providers 6
- BlueCard: Remittance Advice Balancing Instructions and Guidelines Related to Coordination of Benefits 7
- Coverage Policy Manual Updates 10
- Fee Schedule Updates 13
- GI Endoscopy and Anesthesia 4
- HCPCS Code S8950 5
- Injection Code Updates 14
- Intensity Modulated Radiation Therapy 2
- Member and Provider Appeals or Requests for Re-Review for Arkansas Blue Cross and BlueCard 3
- Salivary Estroil as Risk Predictor for Preterm Labor 4

Please Note:

Providers' News contains information pertaining to Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company and its affiliates. The 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 2008 American Medical Association. All Rights Reserved.

We're on the Web!

www.ArkansasBlueCross.com
www.HealthAdvantage-hmo.com
www.BlueAdvantageArkansas.com
 and **www.fepblue.org**

The Providers' News

The Providers' News is a quarterly publication of Arkansas Blue Cross and Blue Shield. Please send your questions or comments about the Providers' News to:

Karen Green, Editor
 Arkansas Blue Cross and Blue Shield
 P. O. Box 2181
 Little Rock AR 72203-2181
 Email: krgreen@arkbluecross.com



**Arkansas
 BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue Cross and Blue Shield Withdraws Local PPO for Medi-Pak[®] Advantage

Arkansas Blue Cross and Blue Shield recently decided not to offer a Medicare Advantage Local PPO product for 2010. ("Medi-Pak[®] Advantage" is the name of the Arkansas Blue Cross and Blue Shield-sponsored Medicare Advantage product, which could include both a Local PPO and a Private Fee-For-Service product.) While Arkansas Blue Cross is still very committed to the Medicare Advantage program on a private fee-for-service basis, there were two contributing factors to the decision to withdraw the Local PPO product.

First, the Centers for Medicare and Medicaid Services (CMS) asked all health plans to limit the number of plan options they were offering in order to reduce beneficiary confusion. Second, the reimbursement amounts that Medicare Advantage plans will receive in 2010 are less than originally expected.

Reducing the number of Medicare Advantage plan options offered helps Arkansas Blue Cross lower the administrative costs. For these

reasons, Arkansas Blue Cross will not offer the Medi-Pak[®] Advantage Local PPO product that was originally planned for Benton, Boone, Carroll, Clark, Faulkner, Garland, Jefferson, Madison, Newton, Pulaski, Saline and Washington counties.

Arkansas Blue Cross **WILL** continue to move forward with the contracted Medi-Pak[®] Advantage Private Fee-For-Service product and will offer it in all 75 counties. Providers who have signed and returned their provider agreements for the Medi-Pak[®] Advantage Private Fee-For-Service plan will be considered in network for the contracted Medi-Pak[®] Advantage Private Fee-For-Service product effective January 1, 2010.

All signed Medi-Pak[®] Advantage Local PPO provider agreements are now considered null and void. Should Arkansas Blue Cross offer an Medi-Pak[®] Advantage Local PPO product in the future, new provider agreements will be issued with new effective dates.

Intensity Modulated Radiation Therapy

Intensity modulated radiation therapy (IMRT) meets primary coverage criteria for a limited number of indications. There are certain coverage criteria for Intensity Modulated Radiation (IMRT) The coverage policy number is 2003015:

- Treatment of non-metastatic prostate cancer with dose escalation greater than 75 Gy;
- Treatment of radiosensitive tumors of the brain, head, neck, spine and paraspinal regions;
- Treatment of pleural mesothelioma if done as a component of a curative treatment regimen.

Multiple codes are used to bill IMRT but the specific codes for this service are CPT Codes 77301 and 77418.

Recently, Arkansas Blue Cross has received a number of IMRT claims are filed with diagnoses that do not meet coverage criteria, yet represent circumstances when external beam radiation therapy is appropriate. Arkansas Blue Cross and Blue Shield will pay such claims based on allowances for 3D-conformal therapy. This is a continuation of a policy originally published in the September 2005 issue of *Providers' News*.

Member and Provider Appeals or Requests for Re-Review for Arkansas Blue Cross and Blue Shield and BlueCard

All re-review and appeal requests should be submitted in writing within 180 days of the denial of benefits on a claim and should include:

- issue being appealed,
- date of service,
- patient's name and ID number,
- provider's name,
- reasons why the provider/member believes that the claim was incorrectly denied in whole or in part, and
- medical records relevant to the appeal should be included.

For greater efficiency, providers are encouraged to pursue resolution with customer service prior to filing a re-review or appeal with Arkansas Blue Cross and Blue Shield. An appeal or re-review request should not be submitted with a Corrected Claim form; this will only delay the appeal or re-review response.

Appeals and Re-review requests on Arkansas Blue Cross Covered Members:

Provider Re-reviews: Arkansas Blue Cross requires providers to request a re-review of a denied claim (in whole or in part) prior to the submission of an appeal. Submit re-reviews to:

Arkansas Blue Cross and Blue Shield
Attn: Medical Re-Review
PO Box 3688
Little Rock, AR 72203

Provider Appeals: If the denial of the service continues to be disputed after the re-review is completed, a provider appeal may be submitted within 180 days of the original denial of the service. An appeal request on an Arkansas Blue Cross member can be mailed, faxed, or emailed to:

Arkansas Blue Cross Blue Shield
Appeals Department
Attn: Appeals Coordinator
P.O. Box 2181
Little Rock, AR 72203

Fax: 501-378-3366

Email: appealscoordinator@arkbluecross.com

Member Appeals: Members should submit appeal requests in writing to the Appeals Coordinator at the above referenced address within 180 days of the denial of the service. The same information listed above under provider appeals is required for a member appeal.

Appeals and Re-review requests on out-of-state Blue Cross and Blue Shield Plan Members (BlueCard):

Each Blue Cross Blue Shield Plan is an independent licensee of the Blue Cross and Blue Shield Association. Therefore, each Plan develops their own certificates and policies and controls benefits for their members. Arkansas Blue Cross acts as the Host Plan for other Blue Cross Plans when Arkansas Providers are used for services.

Arkansas Blue Cross only prices the claim when the member is covered under a Blue Cross Plan other than Arkansas Blue Cross and the provider is in Arkansas. The member's Home Plan determines if benefits are due. Providers who disagree with the way a claim was processed or paid may contact BlueCard Customer Service at 1-800-880-0918 for assistance.

(Continued on page 4)

(Continued from page 3)

Provider Re-review of the allowance for a service processed through BlueCard:

Providers should send their request in writing to the Arkansas Blue Cross Medical Re-Review to the address listed above.

If the provider continues to dispute the allowance for a service after the re-review response, a written appeal may be filed with the Arkansas Blue Cross Appeals Coordinator to the address listed above.

Provider Appeals related to benefits

available under another Blue Cross Plan:

Provider should send their written appeal to:

Arkansas Blue Cross and Blue Shield
Attention: BlueCard Correspondence
601 Gaines St.
Little Rock, AR 72203

Arkansas Blue Cross will forward the appeal to the member's correct Home Plan for response by the other Blue Cross Plan.

Member Appeals. Members should submit their appeals directly to their Blue Cross Home Plan.

GI Endoscopy and Anesthesia

The American Society for Gastrointestinal Endoscopy 2003 guidelines for anesthesia during gastrointestinal endoscopy states:

"The routine assistance of an anesthesiologist for average risk patients undergoing standard upper and lower endoscopic procedures is not warranted and is cost prohibitive.

Sedation-related risk factors, the depth of sedation, and the urgency of the endoscopic procedure all play important roles in determining whether or not the assistance of an anesthesiologist is needed. The sedation-related risk factors include: significant medical conditions such as extremes of age, severe pulmonary, cardiac, renal or hepatic disease, pregnancy, the abuse of drugs or alcohol, uncooperative patients, or

potentially difficult airway for positive-pressure ventilation, and individuals with anatomy that is associated with more difficult intubation."

The American Gastroenterology Association published a similar guideline in 2007 and the American Society of Gastrointestinal Endoscopy published another guideline in 2008, Sedation and Anesthesia in GI Endoscopy, which contained similar information.

The supervision of conscious sedation is included in the physician work of endoscopy. When this work is appropriately delegated to an anesthesiologist or CRNA and their services are reimbursed, reimbursement for the endoscopy will be reduced by \$75.00. This payment policy was originally published in the December 2003 issue of Providers' News.

Salivary Estroil as Risk Predictor for Preterm Labor

When salivary estroil is used to predict risk for preterm labor, the service should be billed with HCPCS Code S3652 – saliva test, hormone level; to assess preterm labor risk. HCPCS Code S3652 is non-covered due to lack of

scientific evidence of effectiveness (Policy 1999005). This position is consistent with that of the American College of Obstetrics and Gynecology.

HCPSC Code S8950

The appropriate code to use for Complex Decongestive Therapy and/or Complex Lymphedema Therapy is HCPSC Code S8950 rather than CPT Code 97140. The coverage policy 1998012: Decongestive Therapy, Complex, addresses this procedure.

AHIN

The following articles apply to Advanced Health Information Network.

Providers' News Goes Green

Reducing the amount of printed material is one way Arkansas Blue Cross and Blue Shield is doing its part to care for the environment. Several Arkansas Blue Cross publications are now only posted online or received by e-mail in an effort to increase communication and reduce costs.

Providers' News is one of the publications already available online. The online version of the newsletter is available weeks before the printed copies reach their destinations.

With the help of AHIN, *Providers' News* will go green. When an issue of the *Providers' News* is available on the Arkansas Blue Cross Web site, a message will be placed on the AHIN bulletin board. Starting with the December 2009 issue, providers who receive their Remittance Advice through AHIN will no longer receive a paper copy of the newsletter. Not only will this save paper, but providers can view the on-line document sooner than those receiving a printed copy.

Medical Record Request Concerns

A workgroup has been formed to address medical record concerns identified in the spring Provider Workshops. Once these issues are resolved, a special alert will be posted on AHIN.

Remittance Advice Available online via AHIN

Over 8,000 providers in Arkansas now have access to the Advanced Health Information Network (AHIN), Arkansas Blue Cross and Blue Shield's Internet portal for providers. Providers can search for and retrieve entire remittances (Adobe Acrobat (PDF) format) identical to the paper remittances currently mailed. The online remittances can be printed, saved, and replicated for use by multiple billers.

Remittances are available approximately two days sooner on AHIN than by mail. Remittances will be maintained online for six months. For more information, please consult the bulletin board section of AHIN for instructions on how to use this function.

NOTE: Please use this process in lieu of contacting Customer Service for a copy of the remittance advice.

BlueCard

The following articles apply to BlueCard.

Coordination of Benefits Questionnaire

Effective January 1, 2009, providers can obtain and submit Coordination of Benefits (COB) questionnaires to Arkansas Blue Cross and Blue Shield before filing a claim. Questionnaire responses should not be sent as an attachment to a claim.

The two-page COB questionnaire should be printed as a one-sided document to prevent imaging problems. Do not print the COB questionnaire on the front and back of the page. If the member belongs to another Blue Plan, Arkansas Blue Cross will forward the COB

questionnaire responses to the member's Blue Cross and Blue Shield Plan on the provider's behalf.

The COB questionnaire is available on the Arkansas Blue Cross Web site and through the Advanced Health Information Network (AHIN). Completed forms can be faxed to 501-378-2433 or mailed to:

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

Medicare Crossover Information for Providers

Procedures were approved to allow flexibility for Plans to service Medicare crossover inquiries. As of January 1, 2008, the Plan receiving a provider call is responsible for ensuring the provider receives the appropriate service. Each Plan has designated staff to handle only Medicare crossover claims. When providers

call Arkansas Blue Cross and Blue Shield Customer Service regarding a Medicare crossover claim, the Customer Service Representative will transfer providers to the member's Plan or contact the other Plan on the providers' behalf.

Avoiding Misrouted BlueCard Claims

In order to avoid misrouted claims and delays in claims processing, Arkansas providers should submit claims for out-of-state BlueCard members to Arkansas Blue Cross and Blue Shield for processing. **Do not submit claims**

directly to the member's out-of-state Blue Plan as this will cause a delay in claims processing. The only exception is when an Arkansas Blue Cross provider also contracts with the out-of-state Blue Plan.

Checking Status of Claims

Please allow a minimum of 30 business days from the date a claim is filed before asking for the status of a BlueCard claim. BlueCard claims are transmitted to the member's Home Plan for benefits and eligibility verification

before they can be finalized. Allowing time for the transmission between Blue Plans and for decision making will help ensure the claim is handled accurately.

BlueCard

The following articles apply to BlueCard.

Remittance Advice Balancing Instructions and Guidelines Related to Coordination of Benefits

.There has been an increase in inquiries due to the calculation on the remittance when two or more policies are involved on a claim. Below are examples of some of the more common calculations used in the coordination of benefits.

However, due to the differences in COB policies and rules for other Blue Cross carriers, an example cannot be provided for all instances. Therefore, when in doubt, bill the member the amount indicated in Member Liability on the remittance advice. If there is an error in payment, the member's Home Plan will initiate any necessary adjustments.

The following examples should assist providers in determining patient liability on claims.

Example 1: Charges Discount Paid Payment

Total Charges =	\$545.50
Subtract Blue Cross Discount -	\$121.08
Subtract Other Insurance Paid Amount -	\$126.04
<u>Subtract payment made on this RA -</u>	<u>\$ 97.21</u>
Results in patient liability amount =	\$201.17

Providers will need to bill the patient \$201.17. NOTE: The patient responsibility amount on the RA is \$327.21, which includes the other insurance paid amount of \$126.04. $\$327.21 - \$126.04 = \$201.17$ current patient responsibility.

Example 2: Charges Allowed Discount Coinsurance Payment

Total Charges =	\$1190.85
Subtract Blue Cross Discount Amt. -	\$ 538.48
<u>Subtract payment made on this RA -</u>	<u>\$ 489.29</u>
Difference is coinsurance amount =	\$ 163.08

Patient responsibility is \$163.08 which is the coinsurance amount. Providers will need to bill the patient for this amount.

Example 3: Charges Discount Paid Payment

Total Charges =	\$242.00
Subtract Blue Cross Discount Amt. -	\$104.68
Subtract Other Insurance Paid Amt. -	\$106.16
<u>Payment amount on RA =</u>	<u>\$ 0.00</u>
Results equals patient responsibility =	\$ 31.16

No payment was made on this claim to subtract. Providers will need to bill the patient for \$31.16. NOTE: The patient responsibility amount on RA is displayed as \$137.32 which includes the other insurance paid amount of \$106.16. $\$106.16 - \$137.32 = \$31.16$ current patient responsibility.

Example 4: Charges Discount Paid Payment

Total Charges =	\$5444.86
Subtract Blue Cross Discount Amt. -	\$3782.86
<u>Subtract Other Insurance Paid Amt. -</u>	<u>\$1662.00</u>
Patient responsibility =	\$ 00.00

There is no payment from the patient on this claim. The balance is zero with nothing remaining to bill the patient. The patient responsibility amount matched what the other insurance paid \$1662.00.

Arkansas State and Public School Employees Preventive Benefits (updated June 2009)

CPT Codes	Ages	Diagnosis Code Required	
New Patient - Well Baby Visits:			
99381	Under 1 year	Must be billed with diagnosis code V20.2	
New Patient - Annual Preventive (Under 18 years of age):			
99382	Age 1-4	Early Childhood -- Must be billed with diagnosis code V20.2	
99383	Age 5-11	Late Childhood -- Must be billed with diagnosis code V20.2	
99384	Age 12-17	Adolescent -- Must be billed with diagnosis code V20.2	
New Patient - Annual Preventive (Over 18 years of age):			
99385	Age 18-39	Must be billed with diagnosis codes: V70.0, V72.31, or V76.10 thru V76.19.	
99386	Age 40-64		
99387	Age 65+		
Established Patient - Well Baby Visits (Under 18 years of age):			
99391	Under 1 Year	Must be billed with diagnosis code V20.2	
Established Patient - Annual Preventive Care (Under 18 years of age):			
99392	Age 1-4	Early Childhood -- Must be billed with diagnosis code V20.2	
99393	Age 5-11	Late Childhood -- Must be billed with diagnosis code V20.2	
99394	Age 12-17	Adolescent -- Must be billed with diagnosis code V20.2	
Established Patient - Annual Preventive Care (Over 18 years of age):			
99395	Age 18-39	Must be billed with diagnosis codes: V70.0, V72.31, or V76.10 thru V76.19.	
99396	Age 40-64		
99397	Age 65+		
Newborn Care -Well Baby Visits (Under 18 years of age):			
99432	Under 1 Year	Must be billed with diagnosis code V20.2	
Description	CPT Codes	Ages	Diagnosis Code Required
Preventive Care—Adult (members age 18 and over):			
Annual Physical		Age 18+	Must be billed with Diagnosis codes: V70.0, V72.31, or V76.10 thru V76.19.
Office Visit	99385 & 99395	Age 18-39	
Office Visit	99386 & 99396	Age 40-64	
Office Visit	99387 & 99397	Age 65 +	
Laboratory Services	81000-81005, 80051, 80053, 80061, 85018, 85014, 85025, or 85027	Age 18+	
- Screening Mammogram (including breast exam)			
Mammogram - with computer-aided detection	77055, 77056 billed with 77051 77057 billed w/ 77052		Allowable with any diagnosis code.
Digital Mammogram - Computer-aided detection add-on codes are ineligible when billed with a digital mammogram.	G0202, G0204, G0206 or Revenue code 403		

ASE /PSE Preventive Benefits continued:

CPT Codes		Age/Frequency	Diagnosis Code Required
- Pap Smear			
88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174-88175, G0101, Q0091		Age 18 + / Annually	Allowable with any diagnosis code.
- Prostate Specific Antigen (PSA)			
84152, 84153, 84154, G0102, G0103		Age 40 + / Annually	Allowable with any diagnosis code.
Description	CPT Codes	Age/Frequency	Diagnosis Code Required
- Colorectal Cancer Screening (Choice of the following beginning at age 50)			
Fecal occult blood test and one of the following:	82270, 82274, G0107, G0328	Annually	Allowable with any diagnosis code.
- Sigmoidoscopy	45300 - 45339, G0104	Every 5 years	
- Colonoscopy	45378 - 45385, G0105 or G0121	Once every 10 yrs	
- Double contrast barium enema	74280, G0106	Once every 5 yrs	
- Cholesterol and HDL Screening			
Males Age 35+	82465, 83718—83721	Once every 5 yrs	Allowable with any diagnosis code.
Females Age 45+	82465, 83718-83721	Once every 5 yrs	
Immunizations – Adult (Members age 19 and over):			
Diphtheria and Tetanus toxoid	90718-90719	Every 10 years	Allowable with any diagnosis code.
Hepatitis A & B (combined)	90636	Once Per Lifetime	
Hepatitis A (Hep A)	90632	Once Per Lifetime	
Hepatitis B (Hep B)	90740 (billed one time), 90747 (3 doses - billed 3 times), 90746 (4 doses - billed 4 times)	Once Per Lifetime	
Human papilloma virus (HPV)	90649	Age 19 - 26	
Influenza	90658	Annually	
Pneumococcal Polysaccharide	90732	Age 18 and over; Once every five years	
Meningitis	90733, 90734	Age 18 - 24	
Herpes Zoster (or a \$30 copay at pharmacy)	90736	Adults 60 and over; Once per lifetime	
Preventive Care — Child (Ages 0 –18):			
All childhood immunizations	Mandated services	Under age 18	Allowable with any diagnosis code.
Hepatitis A (Hep A)	90633 - 90634	Under age 18	
Hepatitis B (Hep B)	90743 - 90744	Under age 18	
Human papilloma virus (HPV)	90649	Age 9 - 18	
Rotavirus	90680	Age 8 - 32 weeks	
Meningitis	90733, 90734	Age 11 - 18	
Pneumococcal Conjugate Vaccine	90669	Every five years	
Influenza Vaccine	90657 - 90660	Codes specific for age	

Coverage Policy Manual Updates

The following policies have been added to the Arkansas Blue Cross and Blue Shield Coverage Policy Manual or coverage has changed since March 2009. Other revised policies are not listed because no change was made in coverage/non-coverage. To view the entire policy, providers can access the coverage policies at www.arkbluecross.com.

Policy #	Policy Name
1997004	Alpha I Globulin Antitrypsin Replacement Therapy
1997018	Cardioverter Defibrillator, Implantable
1997027	Boron Neutron Capture Therapy
1997110	Ablation Therapy for Ventricular Arrhythmias
1997156	Penile Plethysmography and Nocturnal Penile Tumescence
1997196	Rhizotomy for Treatment of Spasticity in Patients with Cerebral Palsy
1997228	Echocardiography, Transesophageal (TEE)
1997254	Vacuum Assisted Closure Device
1998045	Ablation Therapy for Atrial Arrhythmias other than Atrial Fibrillation
1998086	Stereotactic Electroencephalography
1998087	Transplant, Adrenal-to-Brain
1998100	Transplant, Kidney
1998137	Genetic Test: Alzheimer's Disease
1998140	Vertical Expandable Prosthetic Titanium Rib
1998158	Trastuzumab
1998162	Sacral Nerve Stimulation for the Treatment of Urge Urinary Incontinence
1999006	Radiation Therapy, Proton Beam for Treatment of Prostate Cancer
1999010	Antiretroviral Drug Resistance Testing
1999012	Vertebroplasty, Percutaneous
1999017	Molecular Diagnostic Tests for Infectious Diseases

Policy #	Policy Name
2000027	Thoracic Electrical Bioimpedance
2000039	Transesophageal Therapy for GERD: Endoscopic Suturing
2000040	Transesophageal Therapy for GERD: Radiofrequency
2001003	Spinal Manipulation Under General Anesthesia
2001007	Fetal Surgery for Prenatally Diagnosed Malformations
2002005	Biventricular Pacemakers for the Treatment of Congestive Heart Failure
2002009	Xenon Chloride Excimer Laser Therapy for Treatment of Psoriasis
2002017	Cholesterol, Skin Test for
2003012	Speculoscopy
2003017	Spinal Unloading Devices For Treatment Of Low Back Pain (Orthotrac Pneumatic Vest)
2003023	Scintigraphy - Technetium Tc-99m Apcitide (AcuTect) Acute Deep Venous Thrombus
2003024	Kyphoplasty, Percutaneous
2003030	Ultrasound of the Spinal Canal
2003042	Semi-Implantable Middle Ear Hearing Aid for Moderate to Severe Sensorineural Hear-
2003044	Computed Tomography (CT) Scanning for Lung Cancer Screening
2003057	Restore® Orthobiologic Implant - Rotator Cuff Injury
2004018	Intravenous Lidocaine or Ketamine for the Outpatient Management of Chronic Pain
2004028	Ablation Therapy for Atrial Fibrillation (Pulmonary Venous Isolation, Radiofrequency, Cryoablation, AV Node Ablation)
2004043	Genetic Test: Melanoma, Hereditary
2004054	Whole Body Computed Tomography Scan as a Screening Test
2005003	Genetic Test: Cytochrome p450 Genotyping
2005012	Intrastromal Corneal Ring Segments, Implantation
2005016	Omega-3 Fatty Acids in Red Blood Cell Membranes as a Cardiac Risk Factor

Coverage Policy Manual Updates (continued from page 11)

Policy #	Policy Name
2005027	Subconjunctival Retinal Prosthesis
2006003	HDC & Allogeneic Stem &/or Progenitor Cell Support-Ewing's Sarcoma
2006004	Ventricular Restoration/Remodeling, Surgical
2006028	Homocysteine Measurement
2006036	Radiofrequency Treatment, Urinary Stress Incontinence, Transurethral
2008004	Anterior Eye Segment Optical Imaging (Optical Coherence Tomography)
2008027	Genetic Test: KRAS Mutation to Determine Tumor Sensitivity to Chemotherapy
2009001	Image Guided Radiation Therapy for Prostate Cancer
2009002	Genetic Testing for Helicobacter pylori Treatment
2009003	Genetic Testing for Tamoxifen Treatment (CYP2D6)
2009004	Biochemical Marker's, Alzheimer's Disease
2009005	Transciliary Fistulization for the Treatment of Glaucoma
2009006	Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence
2009006	Stem Cell Mobilizer_Plerixafor (Mozobil)
2009007	Colorectal Polyps In Vivo Analysis
2009008	Extracorporeal Shock Wave Therapy in the Treatment of Peyronie's Disease
2009009	Radiofrequency Treatment of Fecal Incontinence
2009010	Phototherapy (UVA-1) for Cutaneous Graft vs Host Disease

Fee Schedule Updates

The following CPT / HCPCS codes were updated on the Arkansas Blue Cross fee schedule.

CPT/ HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS/ Used
69801	\$1,121.58	\$0.00	\$0.00	\$1,121.58	\$0.00	\$0.00
90649	\$130.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90738	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
93010	\$14.82	\$14.82	\$0.00	\$14.82	\$14.82	\$0.00
93227	\$46.83	\$46.83	\$0.00	\$46.83	\$46.83	\$0.00
99455	\$223.20	\$0.00	\$0.00	\$184.95	\$0.00	\$0.00
99456	\$357.60	\$0.00	\$0.00	\$314.85	\$0.00	\$0.00
A9276	\$311.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9277	\$584.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9278	\$495.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E0470	\$2,566.00	\$256.00	\$1,924.50	\$0.00	\$0.00	\$0.00
E0731	\$356.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E0953	\$33.41	\$3.26	\$25.06	\$0.00	\$0.00	\$0.00
E0954	\$39.91	\$4.50	\$25.43	\$0.00	\$0.00	\$0.00
E0970	\$39.05	\$3.49	\$29.29	\$0.00	\$0.00	\$0.00
E0972	\$52.57	\$5.35	\$39.43	\$0.00	\$0.00	\$0.00
E0996	\$27.20	\$2.62	\$20.40	\$0.00	\$0.00	\$0.00
E1000	\$34.34	\$3.78	\$25.76	\$0.00	\$0.00	\$0.00
E1085	\$660.10	\$66.01	\$495.08	\$0.00	\$0.00	\$0.00
E1086	\$801.10	\$80.11	\$600.83	\$0.00	\$0.00	\$0.00
E1089	\$974.50	\$97.45	\$730.88	\$0.00	\$0.00	\$0.00
E1090	\$1,104.00	\$110.40	\$828.00	\$0.00	\$0.00	\$0.00
G0103	\$38.55	\$2.70	\$35.85	\$0.00	\$2.70	\$0.00
S3854	\$3,252.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S8950	\$43.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S9126	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Injection Code Updates

The following injection codes were updated on the Arkansas Blue Cross and Blue Shield fee schedule on April 1, 2009.

Injection Code	Updated Fee	Injection Code	Updated Fee	Injection Code	Updated Fee
90371	\$127.50	90715	\$36.31	J0275	\$25.33
90375	\$153.16	90716	\$80.76	J0278	\$0.60
90376	\$116.54	90717	\$61.87	J0280	\$0.42
90385	\$28.22	90718	\$20.59	J0282	\$0.34
90585	\$127.65	90721	\$46.68	J0285	\$13.79
90586	\$123.15	90732	\$39.11	J0287	\$10.29
90632	\$48.29	90733	\$102.46	J0289	\$35.80
90633	\$25.34	90735	\$106.16	J0290	\$2.11
90648	\$23.75	J0129	\$19.92	J0295	\$3.42
90655	\$17.55	J0130	\$456.43	J0300	\$6.59
90656	\$18.93	J0132	\$2.36	J0330	\$0.17
90657	\$6.87	J0135	\$368.40	J0348	\$1.38
90658	\$13.75	J0150	\$10.48	J0360	\$5.18
90675	\$175.66	J0152	\$73.16	J0364	\$4.04
90691	\$53.87	J0170	\$0.72	J0400	\$0.32
90700	\$17.40	J0180	\$141.71	J0456	\$9.27
90702	\$32.04	J0205	\$43.68	J0460	\$0.39
90703	\$23.40	J0207	\$388.23	J0470	\$28.08
90705	\$17.72	J0210	\$28.49	J0475	\$203.14
90706	\$19.78	J0215	\$29.57	J0476	\$75.49
90707	\$46.45	J0220	\$132.16	J0480	\$1,654.11
90713	\$27.49	J0256	\$3.83	J0500	\$19.10
90714	\$20.59	J0270	\$0.68	J0515	\$32.54

Injection Code	Updated Fee
J0540	\$35.87
J0550	\$35.87
J0560	\$25.85
J0570	\$45.08
J0580	\$51.52
J0583	\$2.44
J0585	\$5.74
J0594	\$13.08
J0595	\$0.50
J0600	\$77.42
J0610	\$0.32
J0630	\$51.10
J0636	\$0.50
J0637	\$13.25
J0640	\$0.90
J0641	\$1.33
J0670	\$1.36
J0690	\$0.64
J0692	\$4.77
J0694	\$7.03
J0697	\$3.94
J0698	\$4.28
J0702	\$6.33
J0706	\$0.82
J0713	\$3.25
J0720	\$18.30
J0725	\$3.82
J0735	\$70.82

Injection Code	Updated Fee
J0740	\$791.68
J0743	\$13.69
J0744	\$1.71
J0745	\$1.36
J0770	\$18.47
J0795	\$4.53
J0835	\$99.10
J0878	\$0.42
J0881	\$3.10
J0882	\$3.10
J0885	\$9.82
J0886	\$9.82
J0894	\$29.15
J0895	\$11.42
J0970	\$36.73
J1020	\$2.24
J1030	\$4.46
J1040	\$8.51
J1051	\$7.67
J1070	\$3.57
J1080	\$5.15
J1100	\$0.09
J1110	\$22.22
J1120	\$34.70
J1160	\$1.42
J1162	\$502.28
J1165	\$0.66
J1170	\$1.48

Injection Code	Updated Fee
J1190	\$215.49
J1200	\$0.81
J1205	\$291.57
J1212	\$72.46
J1230	\$5.24
J1240	\$3.75
J1245	\$1.08
J1250	\$5.68
J1260	\$5.19
J1265	\$0.52
J1267	\$0.61
J1270	\$3.14
J1300	\$185.37
J1325	\$14.79
J1327	\$18.40
J1335	\$27.06
J1364	\$7.81
J1380	\$10.28
J1390	\$20.57
J1410	\$81.70
J1438	\$188.01
J1440	\$210.89
J1441	\$324.71
J1450	\$7.65
J1451	\$10.50
J1453	\$1.63
J1455	\$10.60
J1458	\$354.12

Injection Code	Updated Fee	Injection Code	Updated Fee	Injection Code	Updated Fee
J1459	\$36.60	J1642	\$0.12	J1980	\$10.45
J1460	\$13.33	J1644	\$0.30	J2010	\$4.87
J1470	\$26.65	J1645	\$11.60	J2020	\$31.44
J1480	\$39.96	J1650	\$6.40	J2060	\$0.82
J1490	\$53.31	J1652	\$7.16	J2175	\$1.49
J1500	\$66.63	J1655	\$2.30	J2185	\$4.16
J1510	\$80.04	J1670	\$223.18	J2210	\$5.77
J1520	\$93.19	J1720	\$2.93	J2248	\$1.18
J1530	\$106.61	J1740	\$144.77	J2260	\$5.90
J1540	\$120.06	J1742	\$406.97	J2270	\$1.89
J1550	\$133.26	J1743	\$473.22	J2271	\$1.79
J1560	\$133.26	J1745	\$59.02	J2275	\$2.94
J1561	\$37.65	J1750	\$12.31	J2280	\$2.93
J1562	\$7.28	J1756	\$0.43	J2300	\$1.06
J1566	\$32.26	J1785	\$4.37	J2310	\$4.74
J1568	\$38.26	J1790	\$1.72	J2325	\$36.25
J1569	\$36.48	J1800	\$4.21	J2353	\$110.47
J1570	\$46.15	J1815	\$0.33	J2354	\$1.63
J1571	\$45.78	J1817	\$3.31	J2355	\$258.14
J1572	\$37.04	J1840	\$4.46	J2357	\$19.30
J1573	\$45.78	J1850	\$0.67	J2360	\$8.17
J1580	\$0.89	J1930	\$28.16	J2400	\$12.52
J1600	\$8.07	J1931	\$26.59	J2405	\$0.22
J1610	\$73.54	J1945	\$185.18	J2410	\$2.41
J1626	\$3.42	J1950	\$483.83	J2425	\$11.78
J1630	\$1.34	J1953	\$0.46	J2430	\$30.75
J1631	\$2.66	J1955	\$6.62	J2440	\$0.69
J1640	\$8.19	J1956	\$5.95	J2469	\$17.96

Injection Code	Updated Fee
J2501	\$3.86
J2503	\$1,075.50
J2504	\$235.18
J2505	\$2,244.49
J2510	\$10.54
J2515	\$11.38
J2540	\$0.92
J2543	\$5.99
J2545	\$44.34
J2590	\$1.18
J2597	\$1.09
J2675	\$1.47
J2680	\$5.62
J2690	\$4.57
J2700	\$1.85
J2710	\$0.09
J2720	\$0.64
J2724	\$12.79
J2730	\$95.58
J2760	\$54.35
J2770	\$152.57
J2778	\$423.48
J2780	\$1.36
J2783	\$172.54
J2785	\$51.97
J2788	\$27.80
J2790	\$86.59
J2792	\$17.51

Injection Code	Updated Fee
J2794	\$5.17
J2800	\$26.45
J2805	\$63.63
J2820	\$26.01
J2850	\$27.63
J2916	\$4.92
J2920	\$2.72
J2930	\$3.62
J2993	\$1,009.44
J2997	\$35.19
J3000	\$7.02
J3030	\$87.87
J3070	\$7.82
J3101	\$42.88
J3105	\$5.36
J3120	\$4.17
J3130	\$7.75
J3230	\$8.37
J3240	\$1,004.57
J3243	\$1.15
J3246	\$8.21
J3250	\$4.99
J3260	\$2.28
J3300	\$3.36
J3301	\$1.63
J3303	\$1.23
J3315	\$170.51
J3355	\$59.62

Injection Code	Updated Fee
J3360	\$1.14
J3370	\$3.14
J3396	\$9.76
J3410	\$0.67
J3411	\$2.60
J3415	\$4.91
J3420	\$0.25
J3465	\$5.67
J3470	\$17.11
J3471	\$0.14
J3472	\$133.03
J3473	\$0.55
J3485	\$1.28
J3486	\$5.76
J3487	\$225.42
J3488	\$229.46
J7070	\$2.25
J7120	\$1.03
J7186	\$0.89
J7189	\$1.31
J7190	\$0.89
J7192	\$1.13
J7194	\$0.85
J7195	\$1.12
J7198	\$1.54
J7308	\$124.90
J7321	\$100.71
J7322	\$193.79

Injection Code	Updated Fee	Injection Code	Updated Fee	Injection Code	Updated Fee
J7323	\$118.07	J8501	\$5.63	J9065	\$31.34
J7324	\$188.95	J8510	\$3.18	J9070	\$3.87
J7500	\$0.13	J8515	\$12.81	J9080	\$7.75
J7501	\$94.80	J8520	\$5.49	J9090	\$19.37
J7502	\$3.26	J8521	\$18.21	J9091	\$38.74
J7504	\$480.75	J8530	\$0.92	J9092	\$77.48
J7505	\$1,118.55	J8540	\$0.37	J9093	\$2.32
J7509	\$0.07	J8560	\$30.88	J9094	\$4.63
J7510	\$0.03	J8610	\$0.16	J9095	\$11.58
J7511	\$386.72	J8700	\$8.64	J9096	\$23.15
J7513	\$370.78	J8705	\$71.09	J9097	\$46.30
J7515	\$0.83	J9000	\$4.10	J9098	\$465.98
J7516	\$23.16	J9001	\$457.90	J9100	\$0.80
J7517	\$3.57	J9010	\$593.57	J9110	\$4.01
J7518	\$2.82	J9015	\$844.20	J9120	\$564.58
J7520	\$9.18	J9017	\$37.97	J9130	\$4.27
J7605	\$5.00	J9020	\$60.35	J9140	\$8.43
J7606	\$4.50	J9025	\$4.95	J9150	\$16.78
J7608	\$1.92	J9027	\$121.26	J9151	\$58.34
J7611	\$0.07	J9031	\$123.15	J9160	\$1,478.79
J7612	\$0.16	J9033	\$19.40	J9170	\$354.61
J7614	\$0.27	J9035	\$59.70	J9178	\$3.78
J7620	\$0.25	J9040	\$27.89	J9181	\$0.48
J7626	\$5.85	J9045	\$5.37	J9185	\$153.23
J7631	\$0.55	J9050	\$183.41	J9200	\$60.41
J7639	\$23.22	J9055	\$51.72	J9201	\$143.51
J7669	\$0.27	J9060	\$2.54	J9202	\$196.24
J7682	\$66.00	J9062	\$12.71	J9206	\$19.03

Injection Code	Updated Fee
J9207	\$66.28
J9208	\$33.53
J9209	\$6.49
J9211	\$134.61
J9212	\$7.16
J9214	\$15.53
J9216	\$379.91
J9217	\$211.56
J9218	\$6.80
J9225	\$1,630.86
J9230	\$153.08
J9260	\$2.29
J9261	\$104.12
J9263	\$9.92
J9264	\$9.47
J9265	\$9.07
J9268	\$1,505.60
J9280	\$16.31
J9290	\$65.26
J9291	\$130.52
J9293	\$84.43
J9300	\$2,660.52
J9303	\$87.66
J9305	\$50.09
J9310	\$571.07
J9320	\$294.32
J9330	\$49.81
J9340	\$95.77

Injection Code	Updated Fee
J9350	\$983.20
J9355	\$65.60
J9360	\$0.96
J9370	\$6.10
J9375	\$12.20
J9380	\$30.51
J9390	\$13.67
J9395	\$84.60
J9600	\$2,820.42
P9041	\$29.28
P9045	\$58.58
P9046	\$27.41
P9047	\$54.84
Q0166	\$9.61
Q0167	\$6.06
Q0168	\$12.14
Q0169	\$0.45
Q0170	\$0.16
Q0173	\$0.68
Q0175	\$0.80
Q0176	\$0.78
Q0178	\$0.05
Q0179	\$4.30
Q0180	\$52.40
Q0515	\$1.87
Q2009	\$0.64
Q2017	\$338.69
Q3025	\$174.35

Injection Code	Updated Fee
Q4080	\$51.03
Q4081	\$0.98
Q4101	\$32.54
Q4102	\$4.49
Q4103	\$4.49
Q4104	\$12.54
Q4105	\$12.54
Q4106	\$40.03
Q4107	\$91.88
Q4108	\$19.33
Q4109	\$75.86
Q4110	\$37.70
Q4111	\$7.62
Q4112	\$321.56
Q4113	\$321.56
Q4114	\$936.30
Q9954	\$10.11
Q9956	\$43.05
Q9957	\$64.57
Q9960	\$0.11
Q9961	\$0.15
Q9966	\$0.38

YOU SEE WHAT WE SEE...anytime you need to check an Arkansas Blue Cross and Blue Shield, BlueAdvantage, Blue-Card or Health Advantage patient's eligibility or benefits always use **AHIN FIRST!**

Providers' News

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

Presorted Standard
U.S. Postage Paid
Little Rock, AR
Permit #1913