providers' news

A publication for participating providers and their office staffs

inside

Reporting fraud, waste and abuse

If you suspect any potentially fraudulent activity by a provider, beneficiary or another entity, never confront the person suspected; instead call the FRAUD HOTLINE at 1-800-FRAUD-21 (1-800-372-8321). The Fraud Hotline is available 24 hours a day, 7 days a week. All reports are kept strictly confidential, and callers can remain anonymous.

This applies to Arkansas Blue Cross and Blue Shield, its subsidiaries and affiliate companies, including Medi-Pak® Advantage.

ICD-10 Countdown

17 Months

Until the October 1, 2014 ICD-10 Compliance deadline.
Will you be ready?

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

AHCPII: Arkansas health care payment improvement initiative - Wave II

As part of the continued work on the Arkansas Health Care Payment Improvement Initiative (AHCPII), Medicaid and select commercial payers, including Arkansas Blue Cross and Blue Shield, are pursuing the launch of a second wave of episodes in 2013. Cholecystectomy (gallbladder removal), Colonoscopy and Tonsillectomy/adenoidectomy have been prioritized as part of this second wave.

The aim of episode-based care is to deliver high-quality, patient-centered and cost-effective care for a clinical episode and to reward providers that succeed in doing so. The goal is to no longer view care for patients in "silos" of discrete encounters, but to coordinate care across settings.

Public workgroup meetings were held on November 26, 28 and December 4, 2012 to present the latest understanding of the episode algorithm and to solicit feedback in order to improve the episode design. The meetings were held in Little Rock with accompanying statewide video conference locations available.

Clinical review and provider community feedback continues to be obtained for these episodes but some of the current recommendations are:

Colonoscopy (still under clinical review)

- Principal Accountable Provider (PAP) is the physician that performs the colonoscopy;
- Trigger of the episode is the colonoscopy procedure with appropriate diagnosis;
- Pre-procedure window for diagnostic colonoscopy starts with first PAP claim, up to 30 days before procedure, including related claims;
- No pre-procedure window for screening colonoscopies;
- Include related claims for 30 days after procedure;
  - Add all inpatient admissions within 30 days after discharge (removing CMS exclusions).

Exclusions and quality metrics are still under review.

Cholecystectomy (still under clinical review)

- PAP is the physician that performs the surgery;
- Triggered by cholecystectomy procedure with appropriate diagnosis;
- Exclude all open (and conversion) procedures;
- No claims included in cost during the pre-procedure window;
- Include related claims for 90 days after procedure;
- Add all inpatient admissions within 30 days after discharge (removing CMS exclusions);

Exclusions and quality metrics are still under review.

Tonsillectomy / Adenoidectomy (under clinical review)

- PAP is the physician that performs the surgery;
- Triggered by tonsillectomy, adenoidectomy, or adeno-tonsillectomy procedure with appropriate diagnosis in an outpatient setting;
- Pre-procedure window starts with first PAP claim, up to 90 days before procedure, including related claims, excludes IP, ER, and Prescription claims;
- Include related claims for 30 days after procedure;
- Add all inpatient admissions within 30 days after discharge (removing CMS exclusions);

Exclusions and Quality Metrics still under review.

Initial hospital visits billed by multiple physicians

In March 2012, Arkansas Blue Cross and Blue shield sent notice to providers that only the admitting physician could bill the hospital admission CPT Codes 99221-99223. All other physicians seeing the patient, even if for the first time, were instructed to bill the subsequent hospital CPT codes 99231-99233. However, most physicians continue to bill the hospital admission codes.

After data analysis and understanding that the consult CPT codes are not available for providers to use, Arkansas Blue Cross agrees that the physicians providing 'consults' to the hospital patient may bill the first visit using the hospital admission CPT codes 99221-99223 provided the service meets the requirements set forth by the Centers for Medicare & Medicaid Services (CMS) for this use.

The admitting physician should add Modifier A1 for reporting purposes only. Consulting physicians and subsequent attending physicians should not use the Modifier A1.

Medically unlikely edits (MUE's)

The National Correct Coding Initiative (NCCI) includes a set of edits known as Medically Unlikely Edits (MUE's). An MUE represents a maximum number of units-of-service that would be expected to be included in any specific CPT or HCPCS code, and therefore could be medically necessary.

The major purpose for the MUE's is to prevent incorrect payment resulting from erroneous unit entries on claims (for example, it is not rare to receive claims with the number 999 in the units field). The Claims Check Plus claims auditing software now contains the MUE's (prior to MUE's being included in Claims Check Plus software, it was necessary to develop medically necessary units-of-service edits for each CPT/HCPCS code).

Effective April 15, 2013, these MUE edits will be applied to claims. If more services are submitted than allowed for one date of service for a specific CPT or HCPCS code, the entire line item will be denied. For example, if a claim is for two appendectomies for the same member on the same day, that line item on the claim will be denied.

Modifier PT versus modifier 33

Modifier PT is used for a colorectal screening test converted to a diagnostic test or other procedure. Modifier PT provides information that the procedure was scheduled to be a screening, but was converted to a diagnostic procedure.

Modifier PT should only be used with the codes for the colonoscopy, flexible sigmoidoscopy or barium enema when initiated as a screening procedure. In these cases, the diagnostic procedure would be billed with Modifier PT. For contracts with Patient Protection and Preventive Care Act (PPACA) coverage, these procedures would be paid without deductible or coinsurance. The Modifier PT should never be used with the anesthesia procedure 00810.

Modifier 33 is used for preventive services. When the primary purpose of the service is delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by appending Modifier 33 to the procedure.

Modifier 33 is the appropriate modifier to use with anesthesia CPT code 00810 for a screening colonoscopy whether it is completed as a screening or is converted to a diagnostic procedure. Please see the preventive services newsletter item for a complete list of services that may be billed with Modifier 33.

Transition from EDI Gateway to Moveit DMZ

Arkansas Blue Cross and Blue Shield's EDI Services Division has improved the way submitters can transmit and retrieve data. The old dial-up asynchronous communication to the EDI Gateway is being replaced with a new method. Moveit DMZ is government tested and government approved. It safely and securely allows the exchange of electronic data between organizations using an encrypted connection.

An https protocol will be used to quickly, easily, and securely exchange electronic data. Providers who prefer to use a script can do so with SFTP, however EDI will not support scripts. All submitters must have Internet Explorer or other ability to send via Hypertext Transfer Protocol Secure (HTTPS).

Provider should go to http://www.arkansasbluecross.com/providers/edi.aspx and download the Moveit DMZ User Manual located under Connectivity/Communications. Providers will need to contact EDI for the default password to establish their connectivity. The deadline date to transition is April 15, 2013.

Once providers feel comfortable with Moveit DMZ, they should complete the Moveit DMZ transition form located beneath the user manual on the Arkansas Blue Cross Web site. The effective date is the date providers want to transition from the Gateway to Moveit DMZ.

Providers will not be set up for production until the date indicated on the form. Please send all forms via e-mail at edi@arkbluecross.com or fax to 501-378-2265.

Applies to Arkansas Blue Cross BlueAdvantage Administrators of Arkansas, and Health Advantage.

Inpatient claims financial responsibility policy revision

The Blue Cross Blue Shield Association is taking steps to ensure consistency among all Blues Plans regarding inpatient pre-service review (also known as pre-authorization or pre-certification). This change will take effect January 1, 2014.

Inpatient facilities that fail to obtain pre-authorization or pre-certification when it is required will be financially responsible for any covered services not paid and the member will be held harmless. Not all health plans require inpatient pre-authorization or pre-certification, but where it is required, inpatient providers who fail to obtain it will be financially responsible for any covered services not paid and the member will be held harmless.

To implement this mandate from the Blue Cross Blue Shield Association, provider agreement language must be revised. Please consider this notification as an amendment to the Arkansas Blue Cross and Blue Shield Preferred Payment Plan, Health Advantage HMO and USAble Corporation's Arkansas' FirstSource® PPO and True Blue PPO provider network participation agreements.

The following sections in the Hospital and PHO provider network participation agreements will now contain the additional language:

PRE-CERTIFICATION, PRE-NOTIFICATION AND ELIGIBILITY INQUIRIES

Non-Emergency Admissions

Facility understands and agrees that for Health Plans that require pre-certification or pre-notification and Facility fails to obtain pre-authorization or pre-notification, that Facility will hold Member harmless of any amounts not paid for Covered Services.

Emergency Admissions

Facility understands and agrees that for Health Plans that require pre-certification or pre-notification within 24 hours after admission or by the end of the next working day, if on a weekend or holiday and Facility fails to obtain pre-authorization or pre-notification, that Facility will hold Member harmless of any amounts not paid for Covered Services.

Personal health record

The Personal Health Record (PHR) is an important tool in managing personal health care. The PHR allows patients to collect, track and share past and current information about their health or the health of someone in their care. The record is populated with medical and pharmacy claims data, providing accurate and complete patient overview. The member/patient has the ability to include additional information such as over-the-counter medications, supplements, family, social and medical history.

The PHR allows members to share information such as blood pressure, blood sugar and weight utilizing a secured online tool. Providers can access this information in real time, which can be critical when treating patients with a chronic condition.

The PHR is an excellent tool for medical professionals, as it gives the provider a more inclusive view of a patient's personal health history. If the patient sees more than one physician, the PHR provides a complete view of the patient's health history. Since the PHR is populated from claims data, it delivers invaluable insight for prescribed medications, chronic conditions and risk factors, as well as outpatient and inpatient visits.

The database population the PHR allows information to be displayed in real-time. This feature alerts a provider if a member is due for important maintenance procedures based on diagnosis or age. for example, a provider would be alerted if a diabetic patient was not compliant with their HbA1c lab test or annual foot exam.

Benefits for providers include:

- Immediate delivery of accurate information during an emergency situation
- A complete list of inpatient and outpatient visits, including procedures and lab results
- Notification of treatment opportunities
- Delivery of an accurate list of current and past medications
- Improved care coordination between health care providers
- Ability for the provider to make the best possible health care decisions
- Improved overall patient care and health care outcomes

To request access to your patient's PHR call 501-378-3253 or e-mail personalhealthrecord@arkbluecross.com.

2013 spring provider workshops

Providers interested in attending one of the workshops listed below should contact their Network Development Representative for registration instructions.

Central Region:
North Little Rock
Wyndham Hotel
Thursday, May 2

Morning session:
Registration 8:00 – 8:30 a.m.
Workshop 8:30 – 11:30 a.m.

Afternoon session
Registration 1:00 – 1:30 p.m.
Workshop 1:30 – 4:30 p.m.

Northeast Region:
Jonesboro
St. Bernard's Medical Center
- Auditorium
Wednesday, May 1

Morning session:
Registration 8: 00 – 8:30 a.m.
Workshop 8:30 – 11:30 a.m.

Afternoon session:
Registration 12:30 – 1:00 p.m.
Workshop 1:00 – 4: 00 p.m.

Northwest Region:
Mountain Home
Baxter Regional Medical Center
- Lagerborg Conference Room
Friday, April 12
Registration 8:00 – 8:30 a.m.
Workshop 8:30– 11:30 a.m.

Northwest Region:
Springdale
Jones Center for Families
- Rooms 226-228
Wednesday, April 17
Registration 8:30 – 9:00 a.m.
Workshop 9:00– noon

South Central Region:
Hot Springs
National Park Community College
- Martin Eisele Auditorium
Wednesday, April 24
Registration 1:00 – 1:30 p.m.
Workshop 1:30 – 4:30 p.m.

Southeast Region:
Pine Bluff
Pine Bluff Country Club
Tuesday, April 23
Registration 8:30 – 9:00 a.m.
Workshop 9:00 a.m. – Noon

Southwest Region:
Texarkana
Christus St. Michael Medical Center
- North Conference room
Wednesday, May 8
Registration 12:30 - 1:00 p.m.
Workshop 1:00 - 4:00 p.m.

West Central Region:
Fort Smith
Mercy Hospital - Fort Smith
- Hennessy Room
Tuesday, April 16
Registration 12:30 - 1:00 p.m.
Workshop 1:00 - 4:00 p.m.

If you have questions regarding a workshop in your area, contact your Network Development Representative.

Claims processing changes for Arkansas Blue Cross

For many years, Arkansas Blue Cross and Blue Shield has implemented its physicians'/provider's fee schedule price changes based on the date Arkansas Blue Cross processed the claim. This was due to constraints of the system platform used by Arkansas Blue Cross to pay claims, including traditional indemnity and PPO claims.

However, the system platforms for Blue Advantage Administrators of Arkansas and Health Advantage have always allowed processing by date of service when determining which provider fee schedule to use.

Effective April 1, 2013, Arkansas Blue Cross will be able to use the date of service when determining which fee schedule to use in processing physicians' and other individual provider's claims. In other words, Arkansas Blue Cross will use the provider fee schedule implemented April 1, 2013 on all services April 1, 2013 and forward.

ASE/PSE

Changes for Arkansas State and Public School Employees

Below are some important changes applicable to members of the State and Public School Employees groups:

Provider Offsets: Due to the volume of adjustments and the State of Arkansas requirement for Health Advantage to timely recoup any over payments to providers, effective April 1, 2013, Health Advantage will automatically offset all overpayments without prior notification to providers. Reimbursement for these groups is made directly by the State of Arkansas and all funds paid in error must be recouped immediately.

IMRT: IMRT services require prior approval through American Health Holding at 877-815-1017, option 2. IMRT services submitted without an authorization will be automatically denied.

General Anesthesia for colonoscopies: General anesthesia claims for members of the State and Public School group will be automatically denied as provider write-off. Upon denial, the provider must appeal to Health Advantage for a re-review of the claim. Medical records to support the administration of general anesthesia must be submitted with the appeal. The plan will pay for conscience sedation, which is included in the colonoscopy reimbursement.

Sleep Studies: This is a benefit change effective January 1, 2013. All sleep studies will apply to the deductible or apply 20% coinsurance. Additionally, the State and Public School Group will allow Level II and Level III home sleep studies. Arkansas Blue Cross and Blue Shield and Health Advantage only allow Level II home sleep studies.

Claim Re-reviews: Providers disagreeing with a claim denial or the allowable amount on the claim should submit a claim re-review to Health Advantage. Only members may appeal to the Employee Benefits Division.

Transplants: All transplants, including kidney and cornea, require pre-certification through American Health Holding. Please call AHH at 877-815-1017, option 2. Transplants submitted without an authorization will be automatically denied.

BlueCard

Institutional claims displayed on remittance advice by line item

Currently, the BlueCard remittance advice and 835 only displays claim level payment information for institutional claims. Effective with the April 24, 2013 remittance advice, the payment information will be displayed at the line level detail. If you have any questions, please contact BlueCard Customer Service at 501.378.2127 or 1-800-880-0918.

New message codes on remittance advice for misrouted claims based on filing rules for independent clinical laboratory, DME suppliers and specialty pharmacy

New message codes have been created to handle misrouted claims for providers specializing in independent clinical laboratory, durable/home medical equipment and supply, and specialty pharmacy. When claims are not filed according to the previously published filing rules (see the reprinted rules following), the claims will be rejected for one of the following reasons depending on the provider specialty:

- **Independent Clinical Laboratory – Message Code 1290: Claim filed to wrong Plan**. File to the Plan in the state where the specimen is drawn.
- **Durable/Home Medical Equipment and Supplies – Message Code 1291: Claim filed to wrong Plan.** File to the Plan in the state where the equipment was shipped to or purchased in a retail store.
- **Specialty Pharmacy – Message Code 1292: Claim filed to wrong Plan.** File to the Plan in the state where the ordering physician is located.

(Continued from page 10) New message codes on remittance advice for misrouted claims

Arkansas Blue Cross and Blue Shield Customer Service staff will be monitoring claims denied with these message codes and will contact the Home Plans for verification of the denial. Pnce the information is obtained, Customer Service will reach out to affected provider's to determine the steps needed to get the claim processed.

Independent Clinical Laboratory:

For clinical lab, the local Blue Cross Plan is defined as the plan in which service area the specimen was drawn. Example: a blood specimen is drawn at a physician's office in Little Rock that participates in the Health Advantage network on a member who has Health Advantage benefit coverage. The lab is sent to New York to be processed and is billed from North Carolina. This laboratory participates in the Health Advantage network. The claim must be billed directly to Health Advantage as the specimen was drawn in Arkansas. The claim will be processed as in network for covered services.

Another example: A blood specimen is drawn in Hot Springs on a member who has health plan coverage administered through Blue Advantage Administrators of Arkansas. The clinic where the specimen is obtained is not in any Arkansas Blue Cross provider networks. The lab specimen is sent to Denver, CO to be processed and will be billed by the lab from Denver. The lab is also not in any Arkansas Blue Cross or affiliates' provider network. The claim must be billed directly to Blue Advantage as the specimen was obtained in Arkansas. The claim will be processed as out of network for covered services.

The Referring Provider information, Field 17 on CMS 1500 Health Insurance Claim Form or loop 2310A (claim level) on the 837 Professional Electronic Submission, is required on claims submitted for clinical lab:

Durable/Home Medical Equipment and Supply:

For durable/home medical equipment and supply, the local Blue Cross Plan is the plan in which service area the equipment was shipped to or purchased at a retail store. For example: a member with Arkansas Blue Cross and Blue Shield insurance living in Fort Smith, AR orders diabetic supplies from a mail order supplier in Ohio. The supplier participates in the Host Plan's network in Ohio but not Arkansas. The claim must be Filed directly to Arkansas Blue Cross because Arkansas is where the supplies were shipped. The claim will be processed as out of network for covered services.

The following information is required on claims submitted for durable/home medical equipment:

- Patient's Address, Field 5 on CMS 1500 Health Insurance Claim Form or in loop 2010CA on the 837 Professional Electronic Submission.
- Referring Provider, Field 17 on CMS 1500 Health Insurance Claim Form or loop 2310A (claim level) on the 837 Professional Electronic Submission.
- Place of Service, Field 24B on the CMS 1500 Health Insurance Claim Form or in loop 2300, segment CLM05-1 on the 837 Professional Electronic Submission.
- Service Facility Location Information, Field 32 on CMS 1500 Health Insurance Form or in loop 2310 A (claim level) on the 837 Professional Electronic Submission.

Specialty Pharmacy:

For specialty pharmacy, the local Blue Cross Plan is defined as the plan in which service area the ordering physician is located. For example: a physician whose clinic is in Pine Bluff orders specialty drugs for a Health Advantage member who lives in Stuttgart. The specialty pharmacy is located in Jackson, MS and is in the Mississippi Blue Cross and Blue Shield provider networks, but not in any Arkansas Blue Cross or affiliates' networks. The claim must be filed directly to Health Advantage as the ordering physician's practice location is in Arkansas. The claim will be processed as out of network as the specialty pharmacy is not in any Arkansas Blue Cross or affiliates' provider networks.

Referring Provider, Field 17 on CMS 1500 Health Insurance Claim Form or loop 2310A (claim level) on the 837 Professional Electronic Submission is required on claims submitted for clinical lab:

The Blue Card program has always relied on the provider agreement status and pricing of the local Blue Cross and Blue Shield Plan and that is still true. The mere fact that a claim is required to be submitted directly to a certain Blue Cross Plan does not obligate any local Blue Cross Blue Plan to offer contracts to any lab, DME supplier or specialty pharmacy.

However, the Association's rules for BlueCard have been revised to allow Blue Cross Plans to contract with out of state clinical labs, durable medical equipment suppliers and specialty pharmacies. Each local Blue Cross will make its own decisions related to provider contracting and pricing.

AHIN

AHIN professional services

The Advanced Information Network (AHIN) is expanding. We're building on the proven capabilities delivered to Arkansas health care professionals for more than a decade. AHIN Professional Services offers advanced functionality and integrated capabilities at competitive pricing. You now have the ability to manage clinical, financial and administrative functions through a single-point-of contact.

Clearinghouse – New functionality of our clearinghouse delivers claims processing and eligibility verification for nationwide commercial and private payers.

This new functionality provides:

- Single point of contact for claims management
- Improved revenue cycle
- Secure, direct-to-payer electronic submissions
- Real-time insurance eligibility and benefits verification
- Batch submission
- Electronic remittance advice for public and private payers nationwide
- Corrective action tools

Integrated PM/EHR – AHIN Professional Services has joined with Greenway Medical Technologies to offer Arkansas Providers an award-winning, fully integrated practice management (PM) and electronic health record (EHR) system. This system, known as PrimeSUITE, is a leading choice of clinics and practices seeking to improve care coordination, quality, cost efficiency and satisfaction as part of a smarter, sustainable healthcare system. The single database system makes it easy to have the most up-to-date patient information, improving efficiencies for billing, scheduling and patient care.

The AHIN Professional team will come to your practice and conduct a live demonstration of PrimeSUITE, allowing ample time for interaction and questions. We understand that every practice has unique needs and we will work to develop the best approach for implementation, chart migration and training, and do our best to minimize any interruption to your daily practice operation.

The central Arkansas based team will work hand in hand with your practice throughout the process, and will provide continued support and additional training as needed.

For additional information on these services or any other offerings from AHIN Professional Services, please contact us. We look forward to hearing from you soon.

Phone: 501-378-2446
Web: www.ahinservices.com
Email: info@ahinservices.com

Pharmacy

For commercial members who have prescription drug coverage with Arkansas Blue Cross and Blue Shield, Health Advantage, Blue Advantage, USAble Administrators or USAble Life Group Health.

Prior Authorizations - Caremark:

For drugs requiring prior approval, providers can contact Caremark directly by calling 877-433-2973 or by fax 888-836-0730 (Monday – Friday, from 8 am – 6 pm CST).

Exceptions - Pharmacy Dept:

1. Prescription drug fertility treatments
2. Step therapy exceptions
3. Drugs not covered by the plan
4. Birth control exceptions
5. Dosages in excess of the plan's quantity limits

Providers can contact the Pharmacy Department by calling 501-378-3392 or by fax 501-378-6980 (Monday – Friday, from 8 am – 4:30 pm CST).

DME suppliers par requirements

To all DME Suppliers currently participating in the networks* sponsored by Arkansas Blue Cross and Blue Shield, USAble Corporation and Health Advantage. Provider Network Operations will be conducting a review of all DME Suppliers currently participating in the networks in the next 3 months. As part of the review you will be asked to supply documents verifying continued eligibility. These include, but are not limited to, professional liability coverage (in addition to general liability coverage requirements) in the amounts of $1million per occurrence/$3million annual aggregate and proof of accreditation by an organization recognized by each of the network sponsors.

*Arkansas Blue Cross and Blue Shield (Preferred Payment Plan and Medi-Pak® Advantage PFFS), USAble Administrators (True Blue PPO and Arkansas' FirstSource® PPO), and Health Advantage HMO.

Preventive care services update

Non-grandfathered/PPACA wellness summary

March 2013, Version 2, 2013-03-01

Over the last several months we have had calls and questions on the differences between the wellness benefits for health coverage established before the Patient Protection and Affordability Act (PPACA) and the PPACA wellness benefits for non-grandfathered health plans. Arkansas Blue Cross and Blue Shield hopes that the following Preventive Care Services Summary in this *Providers' News* will help providers have a clearer understanding of the preventive services covered (these, of course, are subject to change).

The preventive services component of the law requires all "non-grandfathered" health insurance plans cover those preventive medicine services given an "A" or "B" recommendation by the U.S. Preventive Services Task Force (USPSTF). Arkansas Blue Cross has studied these recommendations and has developed a coverage policy on each of these preventive medicine services; please refer to www.arkbluecross.com or www.heathadvantage-hmo.com .

Arkansas Blue Cross has added a new AHIN display to assist the provider community in determining the type of wellness benefits a member has, Traditional or PPACA:

When a routine service type is selected such as "routine physical", a link will be displayed on AHIN in the Coverage Basis area that will take the user to a site that will contain additional wellness information. The type of wellness (PPACA or traditional wellness) will be displayed in the benefit information section of the service type. (See the example located on page 10)

In order to comply with PPACA, Women's Preventive Services will be added to many health plans. The change was made to certain employer-sponsored health insurance plans in 2012. The change took place on January 1, 2013 for certain individual health plans.

Arkansas Blue Cross encourages physicians and other providers of preventive services to become familiar with the USPSTF, Bright Futures, and Women's Health Initiative recommendations as well as Arkansas Blue Cross coverage policies. Most of the inquiries we have received are on lab (urinalysis) and other services such as chest x-rays, electrocardiograms, breathing capacity tests, catheter for hysterography, vitamins, B-12 injections, cardiovascular stress tests, CT for bone density, CT for Head/Brain, Removing Ear Wax, Consultations, etc., that are not included in the USPSTF, Bright Futures, or Women's Health Initiative recommendations for screening. These are not part of the Arkansas Blue Cross coverage policy for non-grandfathered/PPACA Preventive Services. Claims for these services, if billed for screening, would be provider write-offs they do not meet the Primary Coverage Criteria or are Not Medically Necessary. These claims will not be a member liability if billed with a preventive diagnosis unless the ordering provider has obtained a signed waiver from the member specifically stating why the requested service would not be covered.

(Continued on page 10)

(Continued from page 9) preventive care services update - non-grand fathered/PPACA wellness summary

81 Routine Physical
Routine medical exams provided by physicians, hospitals, and other healthcare providers.

	In Network	Out of Network
Coverage Basis	Name: Arkansas Blue Cross Blue Shield Website: http://www.arkansasbluecross.com/members/report.aspx?policynumber=2011066	RSP14
Individual Deductible	**$0.00** Universal deductible does not apply to this service type PPACA Wellness	RSP15
Family Deductible	**$0.00** Universal deductible does not apply to this service type PPACA Wellness **$0.00 (Remaining)** PPACA Wellness	RSP16 RSP17
Coinsurance	**0%** PPACA Wellness	RSP13

Summary of Arkansas Blue Cross Blue Shield and Health Advantage Coverage Policies

The Federal Patient Protection and Preventive Care Act (PPACA) was passed by Congress and signed into law in March 2010. The preventive services component of the law became effective September 23, 2010. A component of the law requires that all "non-grandfathered" health insurance plans are required to cover those preventive medicine services given an "A" or "B" recommendation by U.S. Preventive Services Task Force (USPSTF).

Plans are not required to provide coverage for the preventive services if they are delivered by out-of-network providers.

Task Force recommendations are graded on a five-point scale (A-E), reflecting the strength of evidence in support of the intervention.

- **Grade A:** There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
- **Grade B:** There is fair evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
- **Grade C:** There is insufficient evidence to recommend for or against the inclusion of the condition in a periodic health examination, but recommendations may be made on other grounds.
- **Grade D:** There is fair evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.
- **Grade E:** There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.

Those preventive services listed as Grade A and B recommendations are covered without cost sharing (i.e., deductible, coinsurance, or co-pay) by Health Plans for appropriate preventive care services provided by an in-network provider. If the primary purpose for the office visit is for other than Grade A or B USPSTF preventive care services, deductible, coinsurance, or copayment may be applied.

The appropriate office visit code should be used for services typically included as part of a normal wellness visit. Evaluation and Management codes for preventive services CPT Codes 99381-99397 will always be considered preventive. CPT Codes 99401-99404, when used to designate a preventive service, must have the applicable wellness/preventive diagnosis code as the primary reason for visit.

Note: CPT Codes 99401-99404 are considered components of CPT Codes 99386-99387 if billed on the same date-of-service.

When the primary purpose of the service is the delivery of an evidence-based service in accordance with a USPSTF A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be billed with Modifier 33. The correct coding as listed for both ICD-9 and CPT or HCPCS codes in this summary is also required along with Modifier 33. CPT Codes Copyright © 2012 American Medical Association.

Summary of Women's Preventive Services

Effective August 1, 2012, for certain employer-sponsored health insurance plans. The change will take place on January 1, 2013 for certain individual health plans.

- **Well-woman visits:** Annual well-woman preventive care visit for adult women to obtain the recommended preventive services, and additional visits if women and their doctors determine they are necessary.
- **Gestational diabetes screening:** For women 24 to 28 weeks pregnant, and those at high risk of developing gestational diabetes.
- **HPV DNA testing:** Women who are 30 years of age or older will have access to high-risk human papillomavirus (HPV) DNA testing every three years, regardless of pap smear results.
- **STI counseling, and HIV screening and counseling:** Sexually active women will have access to annual counseling on HIV and sexually transmitted infections (STI's).
- **Contraception and contraception counseling:** Coverage of prescription contraceptives on the drug list (brand contraceptives may have a copayment if a generic is available without a copayment), sterilization procedures and patient education and counseling. Plan B (morning-after pill) when prescribed for members under 18 will be covered. Any drugs used to cause abortion (e.g. RU 486) are not covered. Over-the-counter birth control methods, even if prescribed by a doctor, are not covered.
- **Breast feeding support, supplies and counseling:** Pregnant and postpartum women will have coverage for lactation counseling from applicable health care providers. Manual breast pumps are covered; electric breast pumps and supplies are not covered. NOTE: Pregnancy services including prenatal, delivery and postnatal care subject to member copayments, deductibles and coinsurance.
- **Domestic violence screening:** Screening and counseling for interpersonal and domestic violence will be covered for all women.

Subject to change as regulations and further clarifications are received, please refer to additional clarifications at the end of this article.

For Self-funded plans with SPD language

Certain self-funded plans may have a different list of preventive care benefits. Please refer to the enrollee's plan specific SPD for coverage. Group specific policy will supersede this policy when applicable. This policy does not apply to the Walmart Associates Group Health Plan participants.

Note: Please encourage your patients to update their personal Health Record with information gathered during a preventive visit.

Note: The cost of drugs, medications, equipment, vitamins or supplements that are recommended but not prescribed for preventive measures are generally not covered as a preventive care benefit.

Examples include, but are not limited to:

A. Aspirin, OTC
B. Supplements, including but not limited to, oral fluoride supplementation, and folic acid supplementation.
C. Tobacco cessation products or medications.
D. Condoms, diaphragms, sponges, spermicides, etc.
E. Electric Breast Pumps

Aspirin, prescribed by a health care provider with prescribing authority, for prevention of coronary artery disease is covered (DOL/HHS ruling; effective on date of renewal of policy, following 2013-02-20).

FDA approved cervical diaphragms for contraception, prescribed by a health care provider with prescribing authority, for prevention pregnancy, are covered (DOL/HHS ruling; effective on date of renewal of policy, following 2013-02-20).

Coding guidelines for PPACA preventive benefits plans

Subject to change as regulations and further clarifications are received, please refer to Arkansas Blue Cross and Health Advantage Coverage Policy: arkbluecross.com or healthadvantage-hmo.com. These coverage policies are updated frequently.

Abdominal Aortic Aneurysm, Screening (Coverage Policy 2011011)
USPSTF Recommendation (Released February 2005; Effective on or after September 2010)
USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) for men ages 65-75 years who have ever smoked (Grade B)
CPT/HCPCS Codes
G0389 – Ultrasound B-scan and/or real time with image documentation, for abdominal aortic aneurysm (AAA) screening
ICD-9 Codes
V15.82 – Personal history of tobacco use, presenting hazards to health
V81.2 – Other and unspecified cardiovascular conditions
Frequency
Once per life-time for men ages 65 - 75 years

Alcohol Misuse; Counseling and/or Screening (Coverage Policy 2011012)
USPSTF Recommendation (Released April 2004; Effective on or after September 2010)
USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. (Grade B)
CPT/HCPCS Codes
99408 – Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15-30 minutes
99409 – Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
G0442 – Annual alcohol misuse screening, 15 minutes
G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
ICD-9 Codes
305.00-305.03 – Non-dependent alcohol abuse
V79.1 – Screening for alcoholism
Frequency
Annual screening for all adults, 15 – 30 minutes
Annual counseling for all adults who screen positive for alcohol misuse

Alcohol and Drug Use Screening for Adolescents Beginning At Age 11-18 (Coverage Policy 2011012)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
Bright Futures recommends initiating questioning regarding alcohol or drug use and if positive, to follow with an alcohol or drug screening tool for children and adolescents, ages 11-18 years.
CPT/HCPCS Codes
99408 – Alcohol and/or substance (other than tobacco) abuse structured screening, & brief intervention (SBI) services, 15-30 minutes (Recommended by AAP Coding for Pediatric Preventive Care)
99409 – Alcohol and/or substance abuse structured screening & brief intervention, greater than 30 minutes
G0442 – Annual alcohol misuse screening, 15 minutes
G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

ICD-9 Codes
305.00-305.03 – Non dependent alcohol abuse
V79.1 – Screening for alcoholism
Frequency
Once annually
Annual counseling for those who test positive on screening

Anemia, Screening in Infants, Children & Adolescents (Coverage Policy 2012036)
HRSA (Bright Futures) Recommendations (Effective on or after September 2010)
Hemoglobin & hematocrit should be screened for at the 4-month well-child visit in children who are pre-term or who are low birth weight infants, and those not on iron-fortified formula
Hemoglobin & hematocrit should be screened for routinely at the 12-month well-child visit
Hemoglobin & hematocrit should be screened selectively for children who are positive for risk screening questions at the 3-21 year visits
CPT/HCPCS Codes
85014 – Blood count, hematocrit
85018 – Blood count, hemoglobin
(Codes 85014 & 85018 are recommended by the AAP (Coding for Pediatric Preventive Care, 2011))
ICD-9 Code
V78.0 – Special screening, iron deficiency anemia
Frequency
Once at 4-month & once at 12-month well child visit; Once at other well child visits for those who are at risk

Aspirin To Prevent Cardiovascular Disease in Adults (Coverage Policy 2011013)
USPSTF Recommendations (Released Mar 2009; Effective on or after September 2010)
USPSTF recommends use of aspirin for men 45-79 years when potential benefit due to a reduction in myocardial infarctions outweighs potential harm due to increase in gastrointestinal hemorrhage. (Grade A)
USPSTF recommends use of aspirin for women age 55-79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (Grade A)
CPT/HCPCS Codes
99386 – Initial comprehensive preventive medicine evaluation & management of an individual, 40-64 years
99387 – Initial comprehensive preventive medicine eval & management of an individual, 65 years & over
99396 – Periodic comprehensive preventive medicine reevaluation & management, 40-64 years
99397 – Periodic comprehensive preventive medicine reevaluation & management, 65 years & over
99401 – Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403 – Preventive medicine counseling; 45 minutes
99404 – Preventive medicine counseling, 60 minutes
*99403 and 99404 require review of records
(99401-99404 are considered components of 99386-99387 [CPT-4 coding instructions])
ICD-9 Codes
V70.0 – General medical exam
V70.9 – Unspecified general medical examination

(Continued from page 13) Coding guidelines for PPACA preventive benefits plans

Autism, Screening (Coverage Policy 2012045)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
Provide the autism specific screening test at the 18-month well child visit
CPT/HCPCS Codes
96110 – Developmental testing, limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report (Code 96110 is recommended by the AAP Coding for Pediatric Preventive Care, 2011)
G0451 – Developmental testing, with interpretation & report, per standardized instrument form
ICD-9 Codes
V79.3 – Special screening for developmental handicaps in early childhood
V20.2 – Routine infant or child health check, for child over 28 days old
Frequency
Once at 18th month well child visit

Bacteriuria, Screening in Pregnant Women (Coverage Policy 2011020)
USPSTF Recommendation (Released July 2008; Effective on or after September 2010)
USPSTF recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later (Grade A)
CPT/HCPCS Codes
87081 – Culture, presumptive, pathogenic organisms, screening only
87084 – Culture, presumptive, pathogenic organisms, screening; colony estimation from density chart
87086 – Culture, bacterial; quantitative colony count, urine
87088 – Culture, bacterial; with isolation and presumptive identification of each isolate, urine
ICD-9 Codes
V22.0-V22-2 – Prenatal Visits
V23.0-V23.9 – Prenatal visits for patients with high-risk pregnancies
Frequency
Once at initial prepartum visit, once at postpartum visit

Bicycle Helmet Use for Children & Adolescents, Counseling for (Coverage Policy 2012044)
HRSA (Bright Futures) Anticipatory Guidance (Effective Date on or after July 2012)
Give parents who do not require their children to use a helmet extensive information about risks of bicycle –related head injuries, including the TIPP [AAP Injury Prevention Program] sheets & details of state or local legislation or regulations. Whenever available, provide discount coupons for approved helmets. Children who answer that they do not use a bicycle helmet should be given information appropriate to their age and cognitive level on the need for helmets. (Performing Preventive Services: A Bright Futures Handbook)
CPT/HCPCS Codes
99382 – Initial comprehensive preventive medicine early childhood (age 1 through 4 years)
99383 – Initial comprehensive preventive medicine late childhood (age 5 through 11 years)
99384 – Initial comprehensive preventive medicine adolescent age (age 12 through 17 years
99385 – Initial comprehensive preventive medicine 18-39 years
99392 – Periodic comprehensive preventive medicine early childhood (age 1 through 4 years)
99393 – Periodic comprehensive preventive medicine late childhood (age 5 through 11 years)

99394 – Periodic comprehensive preventive medicine adolescent (age 12 through 17 years)
99395 – Periodic comprehensive preventive medicine age 18-39 years
99401 – Preventive medicine counseling or risk factor reduction intervention(s), approximately 15 minutes
(Code 99401 is recommended by the AAP (Coding for Pediatric Preventive Care, 2011))
(Code 99401 is considered a component of CPT 99382-99395 [CPT-4 coding instructions])
ICD-9 Codes
V65.43 – Counseling on injury prevention
V20.2 – Routine infant and child health check for child over 28 days
V70.0 – Routine general medical examination at a health care facility
V70.9 – Unspecified general medical examination

BRCA Testing, Genetic Counseling and Evaluation (Coverage Policy 2011016)
USPSTF Recommendation (Released September 2005; Effective on or after September 2010)
USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (Grade B). HHS (2013-02-20) has ruled that the genetic testing & counseling must be covered without deductible, coinsurance, or copayment. This will be effective May 1, 2013.
CPT/HCPCS Codes
96040 – Genetic counseling service
(96040 is not reportable by physicians [CPT-4 coding instructions])
99401 – Preventive medicine counseling, 15 minutes
99402 – Preventive medicine counseling, 30 minutes
99403 – Preventive medicine counseling, 45 minutes
99404 – Preventive medicine counseling, 60 minutes
*99403 and 99404 require review of records
81211 – BRCA1, BRCA2 gene analysis
81212 – BRCA1, BRCA2 gene analysis
81214 – BRCA 1 gene analysis
81215 – BRCA 1 gene analysis
81216 – BRCA 2 gene analysis
81217 – BRCA2 gene analysis
ICD-9 Codes:
V16.3 – Family history of breast cancer
V16.41 – Family history of ovarian cancer
V26.33 – Genetic counseling
Frequency
Once per lifetime for women with family or personal history indicating increased risk

Breast Cancer Prevention (Coverage Policy 2011017)
USPSTF Recommendation (Released July 2002; Effective on or after September 2010)
USPSTF recommends that clinicians discuss chemo prevention with women at high risk for breast cancer and at low risk for adverse effects of chemo prevention. Clinicians should inform patients of the potential benefits and harms of chemo prevention. (Grade B)

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CPT/HCPCS Codes
99385 – Initial comprehensive preventive medicine, 18-39 years
99386 – Initial comprehensive preventive medicine, 40-64 years
99387 – Initial comprehensive preventive medicine, 65 years & older
99395 – Periodic comprehensive preventive medicine, 18-39 years
99396 – Periodic comprehensive preventive medicine, 40-64 years
99397 – Periodic comprehensive preventive medicine, 65 years & older
99401 – Preventive medicine counseling, 15 minutes
99402 – Preventive medicine counseling, 30 minutes
99403 – Preventive medicine counseling, 45 minutes
99404 – Preventive medicine counseling, 60 minutes
*99403 and 99404 require review of records
(99401-99404 are considered components of 99381-99397 [CPT-4 coding instructions])
ICD-9 Codes
217 – Benign neoplasm of breast
610.8 – Other benign mammary dysplasia
V16.3 – Family history of breast cancer
V84.01 – Genetic susceptibility to breast cancer
Frequency
Once annually for women at high risk for breast cancer

Breast Cancer, Screening (Mammography) (Coverage Policy 2011018)
USPSTF Recommendation (Released 2009; PPACA mandates the September 2002 recommendation, effective on or after September 2010)
In 2009, the USPSTF recommended biennial screening mammography for women age 50 to 74 years. The 2002 recommendation, which PPACA requires Health Plans to follow, recommends mammography screening with or without clinical breast exam, every 1-2 years for women aged 40 and older.
CPT/HCPCS Codes
77051 – Computer aided detection, with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography
77052 – Computer aided detection, with further physician review for interpretation, with or without Digitization of film radiographic images; screening mammography
77055 – Mammography, unilateral
77056 – Mammography, bilateral
77057 – Screening mammography, bilateral
G0202 – Screening mammography, producing direct digital image, bilateral, all views
G0204 – Diagnostic mammography, producing direct digital image, bilateral, all views
G0206 – Diagnostic mammography, producing direct digital image, unilateral, all views
ICD-9 Codes
V76.11 – Screening mammogram for high risk patient
V76.12 – Other screening mammogram
Frequency
Screening mammography annually for women 40 years and over

Breast Feeding, Interventions to Support (Coverage Policy 2011019)
USPSTF Recommendation (Released October 2008; Effective on or after September 2010)
USPSTF recommends interventions during pregnancy & after birth to promote and support breast feeding.
HRSA (WHI) Recommendation (Released July 2011; Effective Date on or after August 1, 2012)
Women's Health Initiative recommends comprehensive lactation support & counseling by a trained provider during pregnancy and/or the postpartum period, and costs for renting breast feeding equipment.
CPT/HCPCS Codes
99401 – Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403 – Preventive medicine counseling; 45 minutes
99404 – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records
A4281 – Replacement tubing for breast pump
A4282 – Replacement adapter for breast pump
A4283 – Replacement cap for breast pump bottle
A4284 – Replacement breast shield and splash protector for use with breast pump
A4285 – Replacement polycarbonate bottle for use with breast pump
A4286 – Replacement locking ring for breast pump
E0602 – Breast pump, manual, any type
ICD-9 Codes
V24.1 – Postpartum care and examination of lactating mothers
Frequency
One consultation with physician or lactation specialist per pregnancy

Cardiometabolic Risks of Obesity in Children and Adolescents, Counseling (Coverage Policy 2012047)
HRSA (Bright Futures) Anticipatory Guidance (Effective on or after July 2012)
Although Bright Futures does not include screening recommendations for this syndrome, the American Academy of Pediatrics has issued a recent policy statement regarding lipid screening & cardiovascular health. in childhood, which includes blood pressure assessment. Anticipatory guidance to help children maintain normal blood lipids & blood pressure – 2 key components involved in metabolic syndrome – is a crucial part of preventive services for children & adolescents.
CPT Codes
99382 – Initial comprehensive preventive medicine, early childhood (age 1 through 4 years)
99383 – Initial comprehensive preventive medicine, late childhood (age 5 through 11 years)
99384 – Initial comprehensive preventive medicine, adolescent age (age 12 through 17 years)
99385 – Initial comprehensive preventive medicine, 18-39 years
99392 – Periodic comprehensive preventive medicine, early childhood (age 1 through 4 years)
99393 – Periodic comprehensive preventive medicine, late childhood (age 5 through 11 years)
99394 – Periodic comprehensive preventive medicine, adolescent (age 12 through 17 years)
99395 – Periodic comprehensive preventive medicine, 18-39 years
ICD-9 Codes
V20.2 – Routine infant or child health care check, infant of child over 28 days old
V70.0 – Routine general medical examination at a health care facility
V70.9 – Unspecified general medical examination

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Cervical Cancer, Screening (Coverage Policy 2011021)
USPSTF Recommendation (Released Jan 2003; Effective on or after September 2010; Updated & Re-Released March 2012; Effective on or after March 2013)
Effective September 2010 – March 2013, the USPSTF recommended screening for cervical cancer in women who have been sexually active & have a cervix. Effective Mar 2013, the USPSTF recommends screening for cervical cancer with Pap smear in women 21 to 65 years every 3 years; or for women who wish to lengthen the Interval, screening with Pap smear and Human Papilloma Virus (HPV) screening every 5 years. (Grade A)
HRSA (Bright Futures) Recommendation
Bright Futures recommends screening for cervical dysplasia with Pap smear within 3 years of onset of sexual activity
CPT/HCPCS Codes
88141-88143 – Cytopathology, cervical or vaginal
88147-88148 – Cytopathology smears, cervical or vaginal
88150, 88152-88154 – Cytopathology slides, cervical or vaginal
88164-88167 – Cytopathology slides, cervical or vaginal
88174-88175 – Cytopathology, cervical or vaginal
G0101 – Cervical or vaginal cancer screening
G0123-G0124 - Screening cytopathology, cervical or vaginal
G0141 – Screening cytopathology smears, cervical or vaginal
G0143-G0145 – Screening cytopathology smears, cervical or vaginal
G0147-G0148 – Screening cytopathology smears, cervical or vaginal
P3000-P3001 – Screening Papanicolaou smear
Q0091 – Screening Papanicolaou smear
S0610 – Annual gynecological exam, new patient
S0612 – Annual gynecological exam, established patient
ICD-9 Codes
V72.31 – Routine gynecological examination
V72.32 – Encounter for Pap cervical smear to confirm findings of recent normal smear following initial abnormal smear
V76.2 – Special screening for malignant neoplasm of cervix
Frequency
Cervical Pap smears are covered on an annual basis

Chlamydia Infection, Screening in Women & Adolescents (Coverage Policy 2011022)
USPSTF Recommendation (Released June 2007; Effective on or after September 2010)
USPSTF recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 & younger, and for older non-pregnant women who are at increased risk. (Grade A)
USPSTF recommends screening for chlamydial infection for all pregnant women age 24 years & younger, and for older pregnant women who are at increased risk (Grade B)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
Screen sexually active adolescents for chlamydia using tests appropriate to the patient population & clinical setting.

CPT/HCPCS Codes:
87270 – Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87320 – Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; Chlamydia trachomatis
87490 – Infectious agent detection by nucleic acid (DNA or RNA), Chlamydia trachomatis, direct probe
87491 – Infectious agent detection by nucleic acid (DNA or RNA),Chlamydia trachomatis, amplified probe
87800 – Infectious agent detection by nucleic acid (DNA or RNA), Chlamydia trachomatis, direct probe
87801 – Infectious agent detection by nucleic acid (DNA or RNA), Chlamydia trachomatis, amplified probe
87810 – Infectious agent antigen detection by immunoassay with direct optical observation, Chylamydia trachomatix
ICD-9 Codes
V22.0-V22.2 – Prenatal visits
V23.0-V23.9 – Prenatal visits for patients with high risk pregnancies
V69.2 – High risk sexual behavior
V73.88 – Special screening examination for other specified chlamydial diseases
V73.98 – Special screening examination for unspecified chlamydial disease
V74.5 – Special screening exam for venereal disease
Frequency
Allowed twice per year for women who are sexually active or pregnant

Colorectal Cancer, Screening (Coverage Policy 2011045)
USPSTF Recommendation (Released October 2008; Effective on or before September 2010)
USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and Benefits of these screening methods may vary. (Grade A)
CPT/HCPCS Codes:
Appending Modifier PT to surgical procedure provides identification of the procedure as preventive service; coverage policy 2011045 describes billing of diagnostic/therapeutic procedure done during screening.
00810 – Anesthesia for lower intestinal endoscopic procedures (Restricted to medical necessity)
45330 – Sigmoidoscopy, flexible, diagnostic
45331 – Sigmoidoscopy, flexible; with biopsy, single or multiple
45333 – Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s); by hot biopsy forceps or bipolar cautery
45338 – Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s) or other lesion(s); by snare
45339 – Sigmoidoscopy, flexible, with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45378 – Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression
45380 – Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381 – Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection
45383 – Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s)
45384 – Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

(Continued from page 19) Coding guidelines for PPACA preventive benefits plans

45385 – Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare
82270 – Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection)
82274 – Blood, occult, by fecal hemoglobin determined by immunoassay, qualitative, feces, 1-3 Simultaneous determinations
88305 – Level IV – Surgical pathology, gross & microscopic examination
G0104 – Colorectal cancer screening; flexible sigmoidoscopy
G0105 – Colorectal cancer screening; colonoscopy on individual at high risk
G0121 – Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0328 – Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations
ICD-9 Codes
V76.41 – Screening for malignant neoplasm of the rectum
V76.51 – Special screening for malignant neoplasms, colon
Frequency
There are 3 covered screening services: 1) Fecal occult blood testing, annually; 2) Flexible sigmoidoscopy every 5 years; or 3) Flexible colonoscopy every 10 years

Congenital/Inherited Metabolic Disorders & Hemoglobinopathies (Coverage Policy 2012040)
HRSA (Bright Futures) Recommendation (Effective on or after September 2012)
Conduct screening as required by state (Arkansas statute requires newborn screening for designated inborn errors of metabolism and hemoglobinopathies; these post-natal tests are usually done during the birthing hospitalization).
CPT/HCPCS Codes
S3620 – Newborn metabolic screening panel, includes test kit, postage, and the laboratory tests specified by the state for inclusion of the panel
ICD-9 Codes
V77.0 – Special screening for thyroid disorders
V77.3 – Special screening for phenylketonuria
V77.4 – Special screening for galactosemia
V77.7 – Special screening for other inborn errors of metabolism
V78.2 – Special screening for sickle cell disease
V78.3 – Special screening for other hemoglobinopathies
Frequency
Allowed once in a lifetime during the first month of life

Contraceptive Use & Counseling (Coverage Policy 2012035)
HRSA (WHI) Recommendation (Released July 2011; Effective on or after August 1, 2012)
Women will have access to all Food & Drug Administration approved contraceptive methods, sterilization procedures, & patient education & counseling. These recommendations do not include abortifacient drugs.

OTC products (condoms, sponges, spermicides, etc.) are not covered. There is a $0 copayment for all generic prescription contraceptives. If there is no generic in the class/subclass, then brand contraceptive is at $0 copayment. “Plan B” emergency contraceptives for members who are less than 18 years of age, and “Plan B One-Step” for those who are less than 17 years of age are covered without copayment if prescribed by an MD, DO, PA, ANP, CNM, or other CNS. Note: Those patients at or above ages noted above do not need prescription to have access to emergency contraceptives, they are available OTC in these age groups
CPT/HCPCS Codes
11976 – Removal, implantable contraceptive capsules
11980 – Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin
11981 – Insertion, non-biodegradable drug delivery implant (e.g., Implanon)
11982 – Removal, non-biodegradable drug delivery implant
11983 – Removal with reinsertion, non-biodegradable drug delivery implant
57170 – Diaphragm or cervical cap fitting with instructions
58300 – Insertion of intrauterine device (IUD)
58301 – Removal of intrauterine device (IUD)
58565 – Hysteroscopy, surgical, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58600 – Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605 – Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, Unilateral or bilateral, during same hospitalization
58611 – Ligation or transection of fallopian tube(s) when done at time of cesarean or Intra-abdominal surg
58615 – Occlusion of fallopian tube(s), by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach
58661 – Laparoscopy, surgical, with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58671 – Laparoscopy, surgical, with occlusion of oviducts by device (e.g., band, clip, or Falope ring)
74740 – Hysterosalpingography, radiological S&I
96372 – Therapeutic, prophylactic, or diagnostic injection (specify substance or drug), subcutaneous or Intramuscular (e.g., Lunelle)
99384 – Initial comprehensive preventive medicine, 12-17 years
99385 – Initial comprehensive preventive medicine, 18-39 years
99386 – Initial comprehensive preventive medicine, 40-65 years
99394 – Periodic comprehensive preventive medicine reevaluation & management, 12-17 years
99395 – Periodic comprehensive preventive medicine reevaluation & management, 18-39 years
99396 – Periodic comprehensive preventive medicine reevaluation & management, 40-64 years
A4261 – Cervical cap for contraceptive use
A4264 – Permanent implantable contraceptive intratubal occlusion device(s) and delivery system (should not be reported with CPT 58565, as CPT 58565 includes the allowance for HCPCS A4264)
G0438 – Annual wellness visit, includes personalized prevention plan, initial visit
G0439 – Annual wellness visit; includes personalized prevention plan, subsequent
J1050 – Medroxyprogesterone acetate, 1 mg
J1055 – Medroxyprogesterone acetate for contraceptive use (Code not active after January 1, 2013; to be removed from grid April 1, 2013)
J7300 – Intrauterine copper contraceptive

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J7302 – Levonorgestrel-releasing intrauterine contraceptive system (e.g., Mirena)
J7303 – Contraceptive supply, hormone containing vaginal ring, each
J7306 – Levonorgestrel (contraceptive) implant system, including implants and supplies
S4981 – Insertion of levonorgestrel-releasing intrauterine system (e.g., Mirena)
S4989 – Contraceptive intrauterine device (e.g., Progestasert IUD)
S4993 – Contraceptive pill for birth control (Only billed by Family Planning Clinics)
ICD-9 Codes
V25.01 – Prescription of oral contraceptives
V25.02 – Initiation of other contraceptive measures.
V25.03 – Encounter for emergency contraceptive counseling and prescription.
V25.04 – Counseling and instruction in natural family planning to avoid pregnancy
V25.09 – Other family planning advice
V25.11 – Encounter for insertion of intrauterine contraceptive device
V25.12 – Encounter for removal of intrauterine contraceptive device
V25.13 – Encounter for removal and reinsertion of intrauterine contraceptive device.
V25.0 – Sterilization
V25.41 – Contraceptive pill
V25.42 – Intrauterine contraceptive device
V25.43 – Implantable subdermal contraceptive
V25.49 – Other contraceptive method
V25.5 – Insertion of implantable subdermal contraceptive

Dental Caries in Preschool Children (Coverage Policy 2011029)
USPSTF Recommendation (Released April 2004; Effective on or after September 2010)
USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride. (Grade B)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
Oral fluoride supplementation if the primary water source is deficient in fluoride from age 1 to 6 years
CPT HCPCS Codes:
99381 – Initial comprehensive preventive medicine evaluation & management , infant up to 1 year
99382 – Initial comprehensive preventive medicine evaluation & management, 1 through 4 years
99383 – Initial comprehensive preventive medicine evaluation & management, 5 through 11 years
99391 – Periodic comprehensive preventive medicine reevaluation and management, infant up to 1 year
99392 – Periodic comprehensive preventive medicine reevaluation and management, 1 through 4 years
99393 – Periodic comprehensive preventive medicine reevaluation and management, 5 through 11 years
ICD-9 Codes
V20.2 – Routine infant or child health check, for child over 28 days
V07.31 – Need for prophylactic fluoride administration
Frequency
Fluoride may be prescribed until the child reaches school age

Depression, Screening in Adults (Coverage Policy 2011043)
USPSTF Recommendation (Released December 2009; Effective on or after September 2010)
USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. (Grade B)
CPT/HCPCS Codes:
99385 – Initial comprehensive preventive medicine, 18-39 years
99386 – Initial comprehensive preventive medicine, 40-64 years
99387 – Initial comprehensive preventive medicine, 65 years & older
99395 – Periodic comprehensive preventive medicine, 18-39 years
99396 – Periodic comprehensive preventive medicine, 40-64 years
99397 – Periodic comprehensive preventive medicine, 65 years & older
G0444 – Depression screening, 15 minutes
ICD-9 Code
V79.0 – Screening for depression
Frequency
Once per year

Depression, Screening in Adolescents (Coverage Policy 2011044)
USPSTF Recommendation (Released Mar 2009; Effective on or after September 2010)
USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive behavioral or interpersonal) and follow-up (Grade B)
CPT/ HCPCS Codes:
99384 – Initial comprehensive preventive medicine evaluation & management, adolescent (12-17 years)
99385 – Initial comprehensive preventive medicine evaluation & management, 18-39 years
99394 – Periodic comprehensive preventive medicine reevaluation & mgmt, adolescent (12-17 years)
99385 – Periodic comprehensive preventive medicine reevaluation and management, 18-39 years
G0444 – Depression screening, 15 minutes
ICD-9 Code
V79.0 – Screening for depression
Frequency
Once per year

Developmental Screening (Coverage Policy 2012048)
HRSA (Bright Futures) Recommendation (Effective September 2010)
Begin structured developmental screening at 18 month well child visit, with repeat evaluation at 2½ years
CPT/HCPCS Codes
96110 – Developmental testing, limited (e.g., Developmental test II, Early Language Milestone Screen), with interpretation and report (Code recommended by AAP) (Coding for Pediatric Preventive Code 96110 recommended by AAP [Coding for Preventive Care, 2011])
G0451 – Developmental testing, with interpretation and report, per standardized instrument form
ICD-9 Codes

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V79.3 – Special screening for developmental handicaps in early childhood
V79.8 – Special screening for other specified mental disorders and handicaps
Frequency
At the well child visit at age 18 months and 2½ years

Diabetes Mellitus, Type 2, Screening in Adults (Coverage Policy 2011026)
USPSTF Recommendation (Released June 2008; Effective on or after September 2010)
The USPSTF recommends screening for Type 2 Diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. (Grade B)
CPT/HCPCS Codes
82947 – Glucose; quantitative, blood (Except reagent strip)
82950 – Glucose, post glucose dose (includes glucose)
83036 – Hemoglobin, glycosylated (A1C)
ICD-9 Codes
V77.1 – screening for diabetes mellitus
Frequency
Allowed on an annual basis

Diabetes Mellitus, Screening in Pregnant Women 24 & 28 Weeks Gestation and at First Prenatal Visit for Pregnant Women Identified as High Risk for Diabetes (Coverage Policy 2012032)
HRSA (WHI) Recommendation (Released July 2011; Effective on or after August 1, 2012)
Women's Health Initiative recommends screening for diabetes mellitus in pregnant women 24 and 28 weeks gestation, and at first prenatal visit for pregnant women identified as high risk for diabetes.
CPT/HCPCS Codes
82947 – Glucose; quantitative, blood (Except reagent strip)
82950 – Glucose, post glucose dose (includes glucose)
83036 – Hemoglobin, glycosylated (A1C)
ICD-9 Codes
V77.1 – Screening for diabetes mellitus
V22.0-V22.2 – Prenatal visits
V23.0-V23.9 – Prenatal visits for patients with high risk pregnancies
Frequency
Allowed at first prenatal visit and at 24 and 28 weeks gestation

Folic Acid, Prevention Of Neural Tube Defects (Coverage Policy 2011041)
USPSTF Recommendation (Released May 2009; Effective on or after September 2010)
USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. (Grade A) Not routinely covered for all women capable of being pregnant.
CPT/HCPCS Codes

None.
Information on folic acid is typically provided during office visit. No specific codes; part of well-woman visit
ICD-9 Codes
V65.49 – Other specified counseling
Frequency
Allowed if prescribed by a physician

Gonorrhea, Prophylaxis, Newborn Ophthalmic (Coverage Policy 2011035)
USPSTF Recommendation (Released May 2005; Effective on or after September 2010)
USPSTF strongly recommends prophylactic ocular topical medications for all newborns against ophthalmia neonatorum. (Grade A)
CPT/HCPCS Code
99461 – Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
99381 – Initial comprehensive preventive medicine evaluation and management, infant
ICD-9 Code:
V07.8 – Need for other specified prophylactic measure
V20.31 – Health supervision for newborn under 8 days old
V20.32 – Health supervision for newborn 8 to 28 days old

Gonorrhea, Screening (Coverage Policy 2011038)
USPSTF Recommendation (Released May 2005; Effective on or after September 2010)
USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant for gonorrhea infection if they are at increased risk for infection (i.e., if young or have other individual or population risk factors). (Grade B)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
Screen sexually active adolescents for gonorrhea using tests approp to patient population & clinical setting.
CPT/HCPCS Codes
87590 – Infectious agent detection by nucleic acid (DNA or RNA), Neisseria gonorrhoeae, direct probe tech
87591 – Infectious agent detection by nucleic acid (DNA or RNA), Neisseria gonorrhoeae, amplified probe technique
87800 – Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms, direct probe(s) tech
87801 – Infectious agent detect by nucleic acid (DNA or RNA), multiple organisms, amplified probe(s) tech
87850 – Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
ICD-9 Codes
V69.2 – High risk sexual behavior
V74.5 – Special screening exam for venereal disease
Frequency
No frequency proscribed. Not possible to identify “high-risk” women from claims data

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Hearing Loss, Screening in Newborns & Up to Age 6 (Coverage Policy 2011036)
USPSTF Recommendation (Released July 2008; Effective on or after September 2010)
USPSTF recommends screening for hearing loss in all newborn infants. (Grade B)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
If not done at birth (e.g., newborn delivered at home or discharged from Neonatal Intensive Care Unit), screening should be completed within first month of life. At 4th through 48 month, if there are positive responses to risk screening questions, infant should be referred for have diagnostic audiologic assessment. At 5th, 6th, and 10th year, audiometry is recommended. Otherwise, at 7th through the 21st years, if there are positive responses to risk screening questions, the child/adolescent should be referred for audiometry
CPT/HCPCS Codes
92551 – Screening test, pure tone, air only
92552 – Pure tone audiometry (threshold); air only
92558 – Evoked otoacoustic emissions screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions) automated analysis
92579 – Visual reinforcement audiometry (VRA)
92582 – Conditioning play audiometry
92586 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
ICD 9 Codes
V20.2 – Routine infant or child health check
V20.31 – Health supervision for newborn under 8 days old
V20.32 – Health supervision for newborn 8 to 28 days old
V70.0 – Routine general medical examination at a health care facility
V72.19 – Other examination of ears and hearing
Frequency
Once within first month after birth, once at 5th, 6th, and 10 years of age

Hepatitis B Virus Infection in Pregnancy, Screening (Coverage Policy 2011039)
USPSTF Recommendation (Released June 2009; Effective on or after September 2010)
USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit. (Grade A)
CPT/HCPCS Codes
80055 – Obstetric panel
87340 – Hepatitis B associated antigen
ICD-9 Codes
V22.0-V22.2 – Prenatal visits
V23.0-V23.9 – Prenatal visits for patients with high risk pregnancies
V28.9 – Antenatal screening NOS
Frequency
Allowed once per pregnancy (maximum twice per year)

High Blood Pressure, Screening in Adults (Coverage Policy 2011015)
USPSTF Recommendation (Released December 2007; Effective on or after September 2010)
CPT/HCPCS Codes
99385 – Initial comprehensive preventive medicine, 18-39 years
99386 – Initial comprehensive preventive medicine, 40-64 years
99387 – Initial comprehensive preventive medicine, 65 years & older
99395 – Periodic comprehensive preventive medicine, 18-39 years
99396 – Periodic comprehensive preventive medicine, 40-64 years
99397 – Periodic comprehensive preventive medicine, 65 years & older
ICD-9 Codes
V81.1 – Screening for hypertension

High Blood Pressure, Screening in Infants, Children & Adolescents (Coverage Policy 2012037)
HRSA (Bright Futures) Recommendation (Effective Date on or after September 2010)
Infants & children with specific risk factors for high blood pressure should be screened up through age 2½ years; Blood pressure examination is included in complete physical exam done routinely after 2½ years.
CPT/HCPCS Codes
99381 – Initial comprehensive preventive medicine evaluation, infant up to 1 year
99382 – Initial comprehensive preventive medicine evaluation, 1 through 4 years
99383 – Initial comprehensive preventive medicine evaluation, 5 through 11 years
99384 – Initial comprehensive preventive medicine evaluation, 12 through 17 years
99391 – Periodic comprehensive preventive medicine reevaluation, infant up to 1 year
99392 – Periodic comprehensive preventive medicine reevaluation, 1 through 4 years
99393 – Periodic comprehensive preventive medicine reevaluation, 5 through 11 years
99394 – Periodic comprehensive preventive medicine reevaluation, 12 through 17 years
ICD-9 Codes
V20.2 – Routine infant or child health check
V70.0 – Routine general health examination
V81.1 – Screening for hypertension

Human Immunodeficiency Virus (HIV), Screening (Coverage Policy 2011040)
USPSTF Recommendation (Released July 2005; Effective on or after Sept 2010; changed March 2013)
Effective on or after September 2010: USPSTF strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection. (Grade A)
Effective on or after May 1, 2013: USPSTF recommends clinicians screen adolescents & adults ages 15–65 yrs for HIV. Younger adolescents & older adults at increased risk should also be screened. (Grade A)
HRSA (Bright Futures) Recommendation
Sexually active adolescents who are positive on risk questions should be screened for HIV.
CPT/HCPCS Codes
86689 – HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86701 – Antibody, HIV-1
86703 – Antibody, HIV-1 and HIV-2, single assay

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87389 – Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method, HIV-1 antigen(s), with HIV-1 & HIV-2 antibodies, single result
87390 – Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method, HIV-1
87535 – Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe
G0432 – Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV and/or HIV-2, screening
G0433 – Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) Technique, HIV-1 and/or HIV-2 screening
G0435 – Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2 screening
S3645 – HIV-1 antibody testing of oral mucosal transudate
ICD-9 Codes
V01.79 – Contact or exposure to other viral diseases
V22.0-V22.2 – Prenatal visits
V23.0-V23.9 – Prenatal visits for patients with high risk pregnancies
V69.2 – Problems related to high risk sexual behavior
V69.8 – Other problems related to lifestyle
V73.89 – Other specified viral diseases
Frequency
Allowed once annually (recommended by HHS, 2013-02-20)

Human Immunodeficiency Virus (HIV), Counseling and Screening, Annual (Coverage Policy 2012033)
HRSA (WHI) Recommendation (Released July 2011; Effective on or after August 1, 2012)
Women's Health Initiative strongly recommends that clinicians counsel and screen for human Immunodeficiency virus (HIV), annually
CPT/HCPCS Codes
86689 – HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86701 – Antibody; HIV-1
86703 – Antibody; HIV-1 and HIV-2, single assay
87390 – Infectious agent antigen detection by EIA, qualitative or semi quantitative, mult step method, HIV
87535 – Infectious agent detection by DNA or RNA; HIV-1, amplified probe technique
99401 – Preventive medicine counseling, 15 minutes
99402 – Preventive medicine counseling, 30 minutes
99403* – Preventive medicine counseling, 45 minutes
99404* – Preventive medicine counseling, 60 minutes
(99401-99404 are considered components of 99381-99397 [CPT coding instructions])
*99403 and 99404 require review of records
G0432 – Infectious agent ab detection by EIA technique, HIV-1 &/or HIV-2, screening
G0433 – Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening

G0435 – Infectious antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening
S3645 – HIV-1 antibody testing of oral mucosal transudate
ICD-9 Codes
V01.79 – Contact or exposure to other viral diseases
V22.0-V22.2 – Prenatal visits
V23.0-V23.9 – Prenatal visits for patients with high risk pregnancies
V69.2 – Problems related to high risk sexual behavior
V69.8 – Other problems related to lifestyle
V73.89 – Other specified viral diseases
For counseling – V65.44 – Human immunodeficiency virus counseling
Frequency
Allowed once annually

Human Papilloma Virus Testing (Coverage Policy 2012034)
HRSA (WHI) Recommendation (Released July 2011; Effective on or after August 1, 2012)
Women's Health Initiative recommends HPV testing every 3 years beginning at age 30 for sexually active women
CPT/HCPCS Codes
87621 – HPV Testing
ICD 9 Codes
V72.31 – Routine gynecological examination
V73.81 – Special screening examination, human papillomavirus (HPV)
V76.2 – Screening for malignant neoplasm of the cervix
Frequency
Allowed once every 3 years (this conflicts with the USPSTF recommendation of once every 5 years)

Hypothyroidism, Screening in Newborns (Coverage Policy 2011023)
USPSTF Recommendation
USPSTF recommends screening for congenital hypothyroidism in newborns. (Grade A)
HRSA (Bright Futures) Recommendation
Conduct screening as required by the state. (Arkansas statute requires newborn screening for hypothyroidism; this postnatal test is usually done during the birthing hospitalization).
CPT/HCPCS Codes
84436 – Thyroxine; total
84437 – Thyroxine; requiring elution (e.g., neonatal)
84439 – Thyroxine; free
84443 – Thyroid stimulating hormone (TSH)
ICD-9 Code
V77.0 – Screening for thyroid disorder
Frequency
Allowed once in the first month of life

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Intimate Partner Violence, Screening/Counseling Of Women, Annually (Coverage Policy 2012021)
USPSTF Recommendation (Released January 2013 (Grade B); Effective on or after January 1, 2014)
USPSTF recommends that clinicians screen women of childbearing age for IPV, such as domestic violence, & provide or refer women who screen positive to intervention services.
HRSA (WHI) Recommendation (Released July 2011; Effective on or after August 1, 2012)
Women's Health Initiative recommends screening/counseling for intimate partner violence, annually
CPT/HCPCS Codes
99385-99387 – Initial comprehensive preventive medicine E&M of an individual
99395-99397 – Periodic comprehensive preventive medicine reevaluation & management
99401 – Preventive medicine counseling, 15 minutes
99402 – Preventive medicine counseling, 30 minutes
99403 – Preventive medicine counseling, 45 minutes
99404 – Preventive medicine counseling, 60 minutes
*99403 and 99404 require review of records
(99401-99404 are considered components of 99381-99387 [CPT-4 coding instructions])
ICD 9 Codes
V61.11 – Counseling for victim of spousal and partner abuse
V70.0 – General medical exam
Frequency
Allowed once annually

Iron Deficiency Anemia Screening in Pregnant Women (Coverage Policy 2011014)
USPSTF Recommendation (Released May 2006; Effective on or after September 2010)
USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women. (Grade B)
CPT/HCPCS Codes
80050 – General Health Panel
80055 – Obstetrical panel
85013 – Blood count; spun microhematocrit
85014 – Blood count; hematocrit (Hct)
85018 – Blood count; hemoglobin (Hgb)
85025 – Complete (CBC) automated (Hgb, Hct, RBC, WBC, platelet count, and differential WBC)
85027 – Complete (CBC), automated (Hgb, Hct, RBC, WBC, and Platelet count)
G0306 – Complete (CBC)
G0307 – Complete (CBC)
ICD-9 Codes
V22.0-V22.2 – Prenatal visits
V23.0-V23.9 – Prenatal visits for patients with high risk pregnancy
Frequency
Once per pregnancy

Iron Supplementation for Children (Coverage Policy 2011042)
USPSTF Recommendation (Released May 2006; Effective on or after September 2010)
USPSTF recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who at increased risk for iron deficiency anemia
CPT/HCPCS Codes
No codes
ICD-9 Code
V20.2 – Routine infant or child health check

Lead Screening in Infants Children and Through Age 6 (Coverage Policy 2012038)
HRSA (Bright Futures) Recommendation (Effective September 2010)
Begin screening at the 6-month well-child visit for children who are positive on risk screening question. Continue as routine screening for children from high prevalence area or on Medicaid, and screen selectively children from low prevalence areas and are not on Medicaid
CPT/HCPCS Code
83655 – Lead
ICD-9 Code
V82.5 – Screening for chemical poisoning & other contamination
Frequency
No frequency recommendations because it is not possible to determine “high risk” from claims data

Lipid (Cholesterol), Screening (Coverage Policy 2011010)
USPSTF Recommendations (Released June 2008; Effective September 2010)
USPSTF recommends screening men aged 20 to 35 years for lipid disorders if they are at increased risk for coronary artery disease. (Grade B)
USPSTP recommends screening men aged 35 and older for lipid disorders (Grade A).
USPSTF strongly recommends screening women aged 45 years & older for lipid disorders if they are increased risk for coronary artery disease. (Grade A)
USPSTF recommends screening women aged 20 to 45 years for lipid disorders if they are at increased risk for coronary artery disease. (Grade B)
HRSA (Bright Futures) Recommendation (Effective September 2010)
Begin screening with lipid profile for children who test positive on risk screening questions at age 2 years. Screening would not be repeated unless child or adolescent’s risk factors change. If risk factors change, screening could be repeated at age 4, 6, 8, 10, between 11 & 14, between 15 & 17, & between 18 & 21 yrs.
CPT/HCPCS Codes
80061 – Lipid panel. This panel must include 1) Cholesterol, serum, total (82465); 2) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol (83718); and Triglycerides (84478))
82465 – Cholesterol
83718 – Lipoprotein, direct measurement, high density cholesterol
ICD-9 Codes
V20.2 – Routine infant or child health check
V70.0 – General medical exam at a health care facility
V70.9 – Unspecified general medical examination

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V77.91 – Screening for lipoid disorders
Frequency
Allowed at age 2 years, and again at ages 4, 6, 8, 10, 11-14, 15-17, 18-21 years if risk factors change

Media Use by Children & Adolescents, Screening & Counseling for (Coverage Policy 2012042)
HRSA (Bright Futures) Anticipatory Guidance (Effective July 2012)
To screen for media usage, clinicians should ask 2 questions about media use at health super-vision visits: 1) How much screen time per day does the child spend? 2) Is there a TV set or Internet connection in the child's bedroom? Since media potentially influences numerous aspects of child & adolescent health discussion regarding media use may represent the most important area of anticipatory guidance in well child visits.
CPT/HCPCS Codes
99382 – Initial comprehensive preventive medicine, early childhood (age 1 through 4 years)
99383 – Initial comprehensive preventive medicine, late childhood (age 5 through 11 years)
99384 – Initial comprehensive preventive medicine, adolescent age (age 12 through 17 years)
99392 – Periodic comprehensive preventive medicine, early childhood (age 1-4 years)
99393 – Periodic comprehensive preventive medicine, late childhood (age 5 through 11 years)
99394 – Periodic comprehensive preventive medicine, adolescent (age 12 through 17 years)
ICD-9 Codes
V65.49 – Other specified counseling
V65.40 – Counseling, Not Otherwise Specified

Nutrition (Dietary) Counseling, Adults (Coverage Policy 2011034)
USPSTF Recommendation (Released January 2003; Effective September 2010)
USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia & other known risk factors for cardiovascular & diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists such as nutritionists or dieticians (Grade B)
CPT/HCPCS Codes
97802-97803 – Medical Nutrition Therapy (CPT-4 Instructions: Not reported by physicians)
99401-99404 – Preventive medicine counseling (15, 30, 45, 65 minutes)
*99403-99404 require review of records
G0108 – Diabetes training services
G0270 – Medical nutrition therapy
S9140 – Diabetic management program, follow-up visit to non-MD provider
S9141 – Diabetic management program, follow-up to MD provider
S9452 – Nutrition classes, non-physician provider, per session
S9455-S9465 – Diabetic management
S9470 – Nutritional counseling, dietician visit
ICD-9 Code
V65.3 – Dietary surveillance and counseling
Frequency
Allowed up to 8 visits a year if medically necessary

Obesity in Adults and Children 6 Years or Older; Screening and Counseling (Coverage Policies 2011025 and 2011030)
USPSTF Recommendation (Effective until June 1, 2013 when Obesity in Adults becomes effective)
Effective until June 2013, the USPSTF recommends screening all adults patients & children 6 years of age & older for obesity & offer intensive counseling & behavioral interventions to promote sustained weight loss for obese individuals. for children, clinicians should offer them or refer them to comprehensive behavioral interventions to promote improvement in weight loss. (Grade B). After June 1, 2013, the USPSTF recommendation removes children, and changes the adult recommendation (see below)
HRSA (Bright Futures) Anticipatory Guidance (Effective July 2012)
Bright Futures identifies healthy weight promotion as 1 of 2 critical themes within the guidelines. Recommendations in Bright Futures are consistent with the Prevention & Prevention Plus stages outlined in The Expert Committee Recommendations regarding the Prevention, Assessment, and Treatment of Child Adolescent Overweight and Obesity. This recommendation applies to children ages 6 years & above.
CPT/HCPCS Codes
99383–99387 – Initial comprehensive preventive medicine E&M of an individual
99393–99397 – Periodic comprehensive preventive medicine re-evaluation & management
99401 – Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403 – Preventive medicine counseling; 45 minutes
99404 – Preventive medicine counseling; 60 minutes
*99403 & 99404 require review of records
(99401–99404 are considered components of 99381-99397 [CPT-4 coding instructions])
ICD-9 Codes
V70.0 – General medical exam
V77.8 – Screening for obesity
Frequency
Allowed up to 12 visits per year

Obesity in Adults, Screening & Counseling
USPSTF Recommendation (Released May 2012; Effective on or after June 1, 2013)
USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive multicomponent behavioral interventions. (Grade B)
CPT/HCPCS Codes
99385-99387 – Initial comprehensive preventive medicine E&M of an individual
99395-99397 – Periodic comprehensive preventive medicine re-evaluation & management
99401 – Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403 – Preventive medicine counseling; 45 minutes
99404 – Preventive medicine counseling; 60 minutes
*99403 & 99404 require review of records
(99401–99404 are considered components of 99381-99397 [CPT-4 coding instructions])

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ICD-9 Codes
V70.0 – General medical exam
V77.8 – Screening for obesity
Frequency
Allowed up to 12 visits per year

Osteoporosis Screening in Women (Coverage Policy 2011031)
USPSTF Recommendation (Released September 2002; Effective on or after September 2010)
USPSTF recommends that women 65 years of age & older be screened routinely for osteoporosis. USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures. (Grade B)
CPT/HCPCS Codes
77080 – Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
ICD-9 Code
V82.81 – Special screening for osteoporosis
Frequency
Allowed no more frequently than every two years for women without a diagnosis of osteoporosis

Phenylketonuria Screening in Newborns (Coverage Policy 2011028)
USPSTF Recommendation (Released Mar 2008; Effective on or after September 2010)
USPSTF recommends screening for phenylketonuria (PKU) in newborns. (Grade A)
HRSA (Bright Futures) Recommendation (Effective Date on or after September 2010)
Conduct screening as required by the state. (Arkansas statute requires newborn screening for phenylketonuria; this postnatal test is usually done during the birthing hospitalization).
CPT/HCPCS Code
84030 – Phenylalanine (PKU), blood
ICD-9 Code
V77.3 – Screening for Phenylketonuria (PKU)
Frequency
Allowed once per lifetime in first month of life

Pregnancy, Screening, in Sexually Active Females Without Contraception, Late Menses, or Amenorrhea (Coverage Policy 2012041)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
USPSTF recommends screening for pregnancy with urine human chorionic gonadotrophin in sexually active females who do not practice contraception, who have late menses, or amenorrhea, ages 11 to 21 years.
CPT/HCPCS Codes
81025 – Urine pregnancy test, by visual color comparison methods
84703 – Gonadotrophin, chorionic (hCG), qualitative
ICD-9 Code
V70.0 – General medical exam

Prevention of Skin Cancer; Counseling for Persons 10-24 (Coverage Policy 2012018)
USPSTF RECOMMENDATION (Released May 2012; Effective on or after June 1, 2013)
USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin, about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer (Grade B)
CPT Codes
99383 – Initial comprehensive preventive medicine exam, age 5 through 11 years
99384 – Initial comprehensive preventive medicine exam, age 12 through 17 years
99385 – Initial comprehensive preventive medicine exam, age 18 through 24 years
99393 – Periodic comprehensive preventive medicine exam, age 5 through 11 years
99394 – Periodic comprehensive preventive medicine exam, age 12 through 17 years
99395 – Periodic comprehensive preventive medicine exam, age 18 through 24 years
ICD-9 Code
V20.2 – Routine infant or child health check
V70.0 – Routine general medical examination at a health care facility
V70.9 – Unspecified general medical examination

Prevention of Falls in Community Dwelling Adults 65 years & Older (Released May 2012; Effective Date June 1, 2013) (Coverage Policy 2012055)
USPSTF Recommendation (Released May 2012; Effective on or after 1 June 2013)
USPSTF recommends exercise or physical therapy & vitamin D supplementation to prevent falls in community dwelling adults age 65 years & older who are at increased risk for falls. Primary care physicians can reasonably consider a small number of factors to identify older persons at increased risk for falls. Several clinical factors, including a history of falls, history of mobility problems, and poor performance on the Get-Up-And-Go test can also identify persons at increased risk of falling. (Grade B Recommendation)
CPT/HCPCS Codes
97001-97002 – Physical Therapy & Physical Therapy Re-evaluation
97110 – Therapeutic exercises to develop strength & endurance, range of motion & flexibility
97112 – Neuromuscular re-education for movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97116 – Gait training (includes stair climbing)
97750 – Physical performance test or measurement (e.g., musculoskeletal, functional capacity)
G0159 – Services performed by a qualified PT in the home health setting, in the establishment or delivery of a safe & effective PT maintenance program
S9131 – Physical Therapy in the home, per diem
ICD-9 Code
V15.88 – History of fall or at risk of falling

Rh Incompatibility Screening (Coverage Policy 2011027)
USPSTF Recommendations (Released February 2004; Effective September 2010)
USPSTF strongly recommends Rh(D) blood typing & antibody testing for all pregnant women during their first pregnancy visit for pregnancy related care. (Grade A)
USPSTF recommends repeated Rh(D) blood typing & antibody testing for all unsensitized Rh(D) negative women at 24-28 weeks gestation, unless the father is known to be Rh(D) negative. (Grade B)

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CPT/HCPCS Codes
80055 – Obstetrical Panel
86901 – Blood typing; Rh(D)
ICD-9 Codes
V22.0-V22.2 – Preventive visits
V23.0-V23.9 – Prenatal visits for patients with high risk pregnancies
Frequency
Allowed twice during pregnancy

Sexually Transmitted Infections (STI's); Behavioral Counseling to Prevent (Coverage Policy 2011032)
USPSTF Recommendation (Released October 2008; Effective on or after September 2010)
USPSTF recommends high intensity behavioral counseling to prevent sexually transmitted infections (STI's) for all sexually active adolescents and for adults at increased risk for STI's. (Grade B)
HRSA (WHI) Recommendation (Released July 2011; Effective on or after August 1, 2012)
Women's Health Initiative recommends that clinicians counsel all sexually active women.
CPT/HCPCS Codes
99401 – Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling, 45 minutes
99404* – Preventive medicine counseling, 60 minutes
*99403 & 99404 require review of records
(99401-99404 are considered components of 99381-99397 [CPT-4 coding instructions])
G0445 – High intensity behavioral counseling to prevent STI; face-to-face, individual, includes: Education, skills training & guidance on how to change sexual behavior; performed semi-annually, 30 min.
ICD-9 Codes
V65.44 – Human immunodeficiency virus counseling
V65.45 – Counseling on other sexually transmitted diseases
V69.2 – Problems related to high-risk sexual behavior
Frequency
Up to 6 visits a year if medically necessary

Sickle Cell Screening Disease, Newborn Screening (Coverage Policy 2011032)
USPSTF Recommendation (Released September 2007; Effective on or after September 2010)
USPSTF recommends screening for sickle cell disease in newborns. (Grade A)
HRSA (Bright Futures) Recommendation
Conduct screening as required by the state. (this postnatal test is usually done during the birthing hospitalization).
CPT/HCPCS Codes
83020 – Hemoglobin fractionation & quantitation, electrophoresis (e.g., A2, S, C, and/or F)
83021 – Hemoglobin fractionation & quantitation, chromatography (e.g., A2, S, C, and/or F)
S3620 – Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose, hemoglobin electrophoresis, hydroxyprogesterone 17D, phenylalanine (PKU), and thyroxine, total).

ICD-9 Code
V78.2 – Special screening for sickle cell disease or trait.
Frequency
Once per lifetime in first month of life

Syphilis Screening (Coverage Policy 2011037)
USPSTF Recommendation (Released July 2004 & May 2009; Effective on or after September 2010)
USPSTF strongly recommends clinicians screen all persons at increased risk for syphilis infection.(Grade A)
USPSTF recommends that clinicians screen all pregnant women for syphilis infection. (Grade A)
HRSA Recommendation (Bright Futures)
Bright Futures recommends screening for syphilis in all adolescents who are sexually active and positive for high risk.
CPT/HCPCS Codes
80055 – Obstetric panel
86592 – Syphilis test, qualitative
86780 – Antibody, Treponema pallidum
ICD-9 Codes
V22.0–V22.2 – Prenatal visits
V23.0–V23.9 – Prenatal visits for patients with high-risk pregnancies
V69.2 – Problems related to high risk sexual behavior
V74.5 – Screening examination for venereal disease
Frequency
No frequency proscribed. Not possible to identify “high-risk” women from claims data

Tobacco Use, Screening, Counseling and Interventions (Coverage Policy 2011024)
USPSTF Recommendation (Released April 2009; Effective on or after September 2010)
USPSTF recommends that all clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. (Grade A)
USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. (Grade A)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
Bright Futures recommends that health care professionals screen for tobacco use & tobacco smoke exposure, encourage tobacco use cessation, and provide tobacco use cessation strategies & resources at most visits for adolescents ages 11 though 21 years.
CPT/HCPCS Codes
99406 – Smoking and tobacco use cessation counseling visit, intermediate, 3-10 minutes
99407 – Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes (Bright Futures recommends these codes when reporting counseling for tobacco use by parents)
G0436 – Smoking & tobacco use cessation counseling visit, intermediate, 3-10 minutes
G0437 – Smoking & tobacco use cessation counseling visit, intensive, greater than 10 minutes
ICD-9 Codes
305.1 – Tobacco dependence
649.01–649.04 – Tobacco use disorder complicating pregnancy
V15.82 – History of tobacco use

(Continued from page 37) Coding guidelines for PPACA preventive benefits plans

V15.89 – Other specified personal history presenting hazards to heath (Bright Futures recommends these codes when reporting tobacco use by parents)
V22.0–V22.2 – Prenatal visits
V23.0–V23.9 – Prenatal visits with high-risk pregnancy
V65.49 – Other specified counseling

Tuberculosis, Screening (Coverage Policy 2012039)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
Begin selective screening for tuberculosis with the tuberculin skin test for infants, children, and adolescents who are at increased risk based on risk screening questions, at first month well-child visit and continue through adolescence.
CPT/HCPCS Codes
86580 – Skin test, tuberculosis, intradermal
ICD-9 Codes
V74.1 – Screening for pulmonary tuberculosis
V01.1 – Contact with or exposure to tuberculosis
Frequency
No frequency prescribed. Not possible to identify “high-risk” infants, children, adolescents from claims data

Visual Impairment, Screening in Children (Coverage Policy 2011033)
USPSTF Recommendation (Released May 2004; Effective on or after September 2010)
USPSTF recommends vision screening for all children at least one between the ages of 3 & 5 years, to detect the presence of amblyopia or its risk factors (Grade B)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
Selective screening of newborn, infants, and children through age 2, to assess for abnormal funduscopic examination, particularly if premature or other risk conditions.
Objective measurement of vision with age-appropriate visual acuity measurement, using HOTV, tumbling E tests, Snellen letters, Snellen numbers, or Picture tests such as Allen figures or LEA symbols.
CPT/HCPCS Codes
99173 – Screening test of visual acuity, quantitative, bilateral
99174 – Ocular photoscreening, interpretation, report, bilateral
ICD-9 Codes
V20.2 – Routine infant or child health check, 29 days or older
V72.0 – Examination of eyes and vision
V80.2 – Special screening for “other eye conditions’, including congenital anomaly of eye

Well Child Visits, Newborn, Infant, Children, Adolescents, & Ages 18-21 (Coverage Policy 2012046)
HRSA (Bright Futures) Recommendation (Effective on or after September 2010)
Bright Futures recommends well child visits at birth, first week after birth, at age 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 2 years, 2½ years, 3 years, 4 years, 5 years, 6 years, 7 years, 8 years, 9 years, 10 years, between 11-14 years, between 15-17 years, and between 18-21 years. (Coverage for these visits are similar to those required by Arkansas Statute, except for 18-21 years)
CPT/HCPCS
99381 – Initial comprehensive preventive medicine exam, infant

99382 – Initial comprehensive preventive medicine early childhood (age 1 through 4 years)
99383 – Initial comprehensive preventive medicine late childhood (age 5 through 11 years)
99384 – Initial comprehensive preventive medicine adolescent age (age 12 through 17 years
99385 – Initial comprehensive preventive medicine 18-39 years
99391 – Periodic comprehensive preventive medicine, infant
99392 – Periodic comprehensive preventive medicine early childhood (age 1 through 4 years)
99393 – Periodic comprehensive preventive medicine late childhood (age 5 through 11 years)
99394 – Periodic comprehensive preventive medicine adolescent (age 12 through 17 years)
99395 – Periodic comprehensive preventive medicine 18-39 years
ICD-9 Codes
V20.2 – Routine infant or child health check, infant ages 29 days old and older
V20.31 – Health supervision for newborn under 8 days old
V20.32 – Health supervision for newborn 8-28 days old
V65.43 – Counseling on injury prevention
V70.0 – Routine general health exam at a health care facility
V70.9 – Unspecified general medical examination.

Well Woman Visit for Adult Women (Coverage Policy 2012031)
HRSA (WHI) Recommendation (Released July 2011; Effective on or after August 1, 2012)
Women's Health Initiative recommends a well-woman preventive care visit annually for adult women to obtain services that are age & developmentally appropriate, including preconception & prenatal care. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines as well as others referenced in section 2713 (of the Patient Protection and Accountable Care Act of 2010).
CPT/HCPCS Codes
59425 – Antepartum care only, 4-6 visits
59426 – Antepartum care, 7 or more visits
99385 – Initial comprehensive preventive medical exam, 18-39 years
99386 – Initial comprehensive preventive medical exam, 40-64 years
99387 – Initial comprehensive preventive medical exam, 65 years and older
99395 – Periodic comprehensive preventive medicine exam 18-39 years
99396 – Periodic comprehensive preventive medicine exam, 40-64 years
99397 – Periodic comprehensive preventive medicine exam 65 years & older
G0438 – Annual wellness visit, includes a personalized prevention plan of service (PPS, initial visit)
G0439 – Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit
ICD-9 Codes
V70.0 – General Medical Examination
Frequency
Allowed once annually, but may require more visits to complete screening & counseling

Coding guidelines for PPACA: other preventive services

ACIP Immunizations Recommendations
An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after all of the following conditions are satisfied: (1) FDA approval; (2) explicit ACIP recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC). Implementation will typically occur within 60 days after publication in the MMWR.

Immunization Administration Codes::
90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxic component (This code is effective 1/1/2011)
90461 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxic component (List separately in addition to code for primary procedure)
90471 – Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472 – Immunization administration (add)
90473 – Immunization administered intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474 – Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
G0008 – Administration of influenza virus vaccine
G0009 – Administration Pneumococcal
G0010 – Administration of hepatitis B vaccine

Immunization/Vaccine Codes
90375 – Rabies immune globulin, (Rig), for intramuscular and/or subcutaneous use
90376 – Rabies immune globulin, heat treated (Rlg-HT), human, for intramuscular and/or subcutaneous use
90632 – Hepatitis A vaccine, adult, for intramuscular use; (Appropriate ICD-9 code is V05.3)
90633 – Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use (Appropriate ICD-9 code is V05.3)
90634 – Hepatitis A vaccine, pediatric/adolescent dosage, -3 dose schedule, for intramuscular use.
90636 – Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (Appropriate ICD-9 code is V05.3)
90644 – Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), (4 dose schedule) Note: coverage for 90644 is limited to infants & children ages 6 weeks to 18 months (affective Jan 2013). (Approp ICD-9 codes are V06.8 or V06.9
90645 – Hemophilus influenza B vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use (Appropriate ICD-9 code is V03.81)
90646 – Hemophilus influenza B vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use (Appropriate ICD-9 code is V03.81)
90647 – Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use (Appropriate ICD-9 code is V03.81)

90648 – Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use (Appropriate ICD-9 code is V03.81)
90649 – Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use Note: coverage for 90649 is limited to female adolescents & adults ages 11 – 26. Male adolescents & adults ages 9-21. (Males effective July 2010.) (Approp ICD-9 code is V04.89))
90650 – Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
90655 – Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use (Appropriate ICD-9 code is V04.81)
90656 – Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use (Appropriate ICD-9 code is V04.81)
90657 – Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use (Appropriate ICD-9 code is V04.81)
90658 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Appropriate ICD-9 code is V04.81)
90660 – Influenza virus vaccine, live, for intranasal use Note: coverage is limited to ages 2 – 49 years (Appropriate ICD-9 code is V04.81)
90669 – Pneumococcal Vaccine – this vaccine is no longer marketed
90670 – Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (Appropriate ICD-9 code is V03.82)
90675 – Rabies Vaccine for intramuscular use. Only for Very Select Persons Who Meet Specific Criteria.
90680 – Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use (Appropriate ICD-9 code is V04.89)
90681 – Rotavirus vaccine, human, attenuated, 2 dose schedule, live, oral use (Appropriate ICD-9 code V04.89)
90690 – Typhoid vaccine, live, oral. Only for Very Select Children 6 years of age & over, Adolescents, or Adults who meet certain criteria (Appropriate ICD-9 code is V03.1)
90691 – Typhoid vaccine, Vi capsular polysaccharide, intramuscular. Only for Very Select Children 2 years of age & over, Adolescents, & Adults who meet certain criteria. (Appropriate ICD-9 code is V03.1)
90692 – Typhoid vaccine, heat &phenol inactivated. Only for Very Select Children 6 months of age & over, Adolescents, or Adults who meet certain criteria. (Appropriate ICD-9 code is V03.1)
90696 – Diphtheria, tetanus toxoids, acellular pertussis vaccine & polio vaccine, inactivated. Children 4-6 years of age Only. (Appropriate ICD-9 code is V06.8).
90698 – Diphtheria, tetanus toxoids, acellular pertussis vaccine, hemophilus influenza type B, and poliovirus vaccine. Infants & Children Only less than 4 (Appropriate ICD-9 code is V06.8).
90700 – Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use (Appropriate ICD-9 code is V06.1).
90702 – Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
90703 – Tetanus toxoid adsorbed, for intramuscular use
90704 – Mumps virus vaccine, live, for subcutaneous use (Appropriate ICD-9 code is V04.6).
90705 – Measles virus vaccine, live, for subcutaneous use (Appropriate ICD-9 code is V04.2).
90706 – Rubella virus vaccine, live, for subcutaneous use (Appropriate ICD-9 code is V04.3).
90707 – Measles, mumps & rubella virus vaccine (MMR), live, subcutaneous use (Approp ICD-9 code V06.4).
90710 – Measles, mumps, rubella, and varicella vaccine (MMRV), live for subcutaneous use (Appropriate ICD-9 code is V06.8).

(Continued from page 41) Coding guidelines for PPACA: other preventive services

90712 – Poliovirus vaccine, live, oral. Only for Very Select Children, Adolescents, or Adults who meet certain criteria. (Appropriate ICD-9 code is V04.0).
90713 – Poliovirus vaccine, inactivated, (IPV), subcutaneous or intramuscular use (Approp ICD-9 code V04.0).
90714 – Tetanus and diphtheria toxoids (Tc) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use (Appropriate ICD-9 code is V06.5).
90715 – Tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaP), when administered to individuals 7 years or older, for intramuscular use (Appropriate ICD-9 code is V06.1).
90716 – Varicella virus vaccine, live, for subcutaneous use (Appropriate ICD-9 code is V06.4).
90717 – Yellow fever vaccine, live. Only for very select infants, children, adolescents, or adults who meet certain criteria. For travel to endemic areas or for laboratory workers. (Appropriate ICD-9 code V04.4).
90718 – Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use (Appropriate ICD-9 code is V06.5).
90721 – DTAP/HIB Vaccine
90732 – Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Appropriate ICD-9 code is V03.82).
90733 – Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use (Appropriate ICD-9 code is V03.89).
90734 – Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (Appropriate ICD-9 code is V03.9).
90735 – Japanese encephalitis virus vaccine. Vaccine Not Commercially Available. Some Vaccine Available for Children & Adolescents 1-16 Years of Age thru Sanofi-Pasteur for Travel to Endemic Areas and for lab workers. (Appropriate ICD-9 code is V05.0).
90736 – Zoster (shingles) vaccine, live, for subcutaneous injection
90738 – Japanese encephalitis virus vaccine, inactivated. Adolescents age 17-18, and Adults, for Travel to Endemic Areas. (Appropriate ICD-9 code is V05.0).
90740 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743 – Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744 – Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746 – Hepatitis B vaccine, adult dosage, for intramuscular use
90747 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748 – Hepatitis B and Hemophilus influenza B vaccine (HepB-Hib), for intramuscular use (Appropriate ICD-9 code is V06.8 or V06.9).
90749 – Unlisted Vaccine Toxoid

Prostate Cancer Screening
Arkansas State Mandate Act 75 of 2009 requires payment for prostate cancer screening annually for men age 40 and over as recommended by the National Comprehensive Cancer Network effective January 2009.

CPT/HCPCS Codes
84153 – Prostate specific antigen (PSA)
G0102 – Prostate cancer screening; digital rectal examination
G0103 – Prostate cancer screening; prostate specific antigen test (PSA)
ICD-9 Code
V76.44 – Screen malignant neoplasm-prostate

Miscellaneous Procedures Covered Under Wellness, But Not Listed Under Ppaca, Allowed Only Once A Year in Conjunction With an Annual Wellness Exam
CPT/HCPCS Codes
99385 – Initial comprehensive preventive medical exam, 18-39 years
99386 – Initial comprehensive preventive medical exam, 40-64 years
99387 – Initial comprehensive preventive medical exam, 65 years and older
99395 – Periodic comprehensive preventive medicine exam, 18-39 years
99396 – Periodic comprehensive preventive medicine exam, 40-64 years
99387 – Periodic comprehensive preventive medicine exam, 65 years and older
80050 – General Health Panel (Must include comprehensive metabolic panel, Blood count, complete, thyroid stimulating hormone)
81000 – Urinalysis by dipstick or tablet reagent, non-automated, with microscopy
81001 – Urinalysis, by dipstick or tablet reagent, automated, with microscopy
ICD-9 Codes
V70.0 – General Medical Examination

Many of the services listed are considered preventive care services under PPACA. That means for those non-grandfathered members, these services are covered with no out-of-pocket costs if the member receives the services from an in-network health care professional and the sole reason for the visit is to receive the preventive care services.

A health care professional may provide preventive services as part of a MEDICAL office visit. The member may be responsible for cost sharing for the office visit if the preventive service is not the primary purpose of the visit or if the health care professional bills the member for the office visit separately from the preventive care service.

This document has been prepared only for informational purposes. The information should not be construed as legal or medical advice. Members should direct questions about the screening tests, immunizations, counseling or supplements to their health care professionals.

This is only a brief summary discussing preventive services as they pertain to the new federal law. For additional information please refer to the applicable coverage policy.

Because it is generally expected that continued guidance from federal regulators will be released on issues pertaining to health care reform, the information provided is subject to change. Please refer to coverage polices frequently. (Revised, 4 Feb 2013)

Coverage policy manual updates

Since December 2012, the following policies were added or updated in Arkansas Blue Cross and Blue Shield's Coverage Policy manual. To view entire policies, access the coverage policies located our Web site at arkansasbluecross.com.

New / Updated Policies:

Policy#	Policy Name
1997018	Cardioverter Defibrillator, Implantable and Subcutaneous
1997066	Periurethral Bulking Agents for the Treatment of Urinary and Fecal Incontinence
1997166	PET Scan, Positron Emission Tomography for Brain Imaging, Non-malignant Disease
1997210	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, Tomo Therapy
1998112	Intraoperative Radiation Therapy
1998156	PET or PET/CT for Non-Small Cell Lung Cancer
1999006	Radiation Therapy, Proton Beam for Treatment of Prostate Cancer
2000001	PET or PET/CT for Colorectal Cancer
2000003	PET or PET/CT for Melanoma
2000005	Lung Volume Reduction Surgery (LVRS)
2000021	Photodynamic Therapy for Ophthalmology
2000023	PET or PET/CT for Head and Neck Malignant Disease
2001030	PET or PET/CT for Esophageal Cancer
2001036	PET or PET/CT for Breast Cancer
2001037	PET or PET/CT for Ovarian Cancer
2001038	PET or PET/CT for Pancreatic Cancer
2001040	PET or PET/CT for Testicular Germ Cell Cancer
2002015	PET Scan or PET/CT for Carcinoma of Unknown Primary (CUP)
2004021	Proteomics, Screening and Detection of Cancer (e.g., OvaCheck)
2004024	PET or PET/CT for Thyroid Cancer
2004037	Implantable Infusion Pump
2004038	Genetic Test: Lynch Syndrome and Inherited Intestinal Polyposis Syndromes
2005007	PET or PET/CT for Cervical Cancer
2005008	PET or PET/CT for Mesothelioma
2005010	Computed Tomography, Cardiac and Coronary Artery

Policy#	Policy Name
2005033	PET or PET/CT for Malignant Brain Tumors
2006038	Ultrafiltration in Decompensated Heart Failure
2007011	Genetic Test: KIT (c-KIT, CD117)
2008002	Transanal Endoscopic Microsurgery (TEMS)
2008010	Advanced Nurse Practitioners
2008013	Certified Nurse Midwives
2008014	Physician Assistants
2008015	Clinical Nurse Specialist
2009001	Radiation Therapy, Real Time Interfraction Target Tracking
2010006	Genetic Test: Functional Variants in DPYD and TYMS for Predicting Toxicity to 5-Fluorouracil (5-FU)/ Capecitabine-Based Chemotherapy (TheraGuide 5-FU)
2010007	Genetic Test: Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia (BCR-ABL)
2010030	Proteomics, Evaluation of Ovarian (Adnexal) Masses (e.g., OVA1, ROMA)
2010042	Endobronchial Valves
2011005	Digital Breast Tomosynthesis
2011069	PET or PET/CT for Anal Carcinoma
2011074	PET or PET/CT for Gastric or Esophagogastric Cancer (Adenocarcinoma)
2012008	Pneumatic Compression Device, Intermittent,for Home Use following Hip and Knee Arthroplasty
2012049	Genetic Test: Prenatal Analysis of Fetal DNA in Maternal Blood to Detect Fetal Aneuploidy
2012058	PET or PET/CT for Small Cell Lung Cancer
2012065	Laser Interstitial Thermal Therapy for Brain Tumors
2012066	Genetic Test: Alpha-1 Antitrypsin Deficiency
2012067	Chromoendoscopy as an Adjunct to Colonoscopy
2012068	Gene Test: Universal Gene Test (Counsyl)
2012069	Genetic Test: Allopurinol Sensitivity (HLA-B*5801)
2012070	Lab Test: Biomarker_PreDx, Diabetes Risk Score
2013002	PET or PET/CT for Hodgkin's Lymphoma
2013003	Stem Cell Growth Factors, Erythropoiesis-Stimulating Agents (ESAs), Darbepoetin, Epoetin, Peginesatide
2013005	Sacroiliac Joint Fusion, Minimally Invasive (iFuse Implant System®)

Fee Schedule

Ostomy Code Updates

The following durable ostomy codes were updated on Arkansas Blue Cross fee schedule.

HCPC Code	Allowed
A4358	$6.95
A4361	$18.78
A4362	$3.63
A4363	$2.48
A4364	$3.08
A4366	$1.37
A4367	$7.32
A4368	$0.27
A4369	$2.54
A4371	$3.83
A4373	$6.58
A4377	$4.50
A4385	$5.35
A4388	$4.58
A4389	$6.52
A4390	$10.08
A4391	$7.41
A4392	$8.58
A4393	$9.48
A4394	$2.71
A4395	$0.05
A4396	$42.46
A4397	$5.02
A4398	$14.49
A4399	$12.86
A4400	$51.26
A4404	$1.77
A4405	$3.57
A4406	$6.02
A4407	$9.19

HCPC Code	Allowed
A4408	$10.35
A4409	$6.52
A4410	$9.48
A4411	$5.35
A4412	$2.84
A4413	$5.77
A4414	$5.17
A4415	$6.29
A4416	$2.89
A4417	$3.91
A4418	$1.90
A4419	$1.83
A4421	$0.00
A4422	$0.13
A4423	$1.95
A4424	$4.99
A4425	$3.76
A4426	$2.87
A4427	$2.92
A4428	$6.83
A4429	$8.65
A4430	$8.94
A4432	$3.77
A4433	$3.51
A4452	$0.42
A4455	$1.50
A4456	$0.26
A5052	$1.56
A5053	$1.83
A5054	$1.88

HCPC Code	Allowed
A5055	$1.51
A5056	$5.01
A5057	$10.32
A5061	$3.70
A5062	$2.33
A5063	$2.84
A5071	$6.30
A5073	$3.34
A5082	$12.47
A5083	$0.66
A5093	$1.90
A5102	$23.69
A5120	$0.25
A5121	$7.82
A5122	$13.48
A5126	$1.39
A5131	$14.14
A6250	$1.50
A9270	$0.00

Fee Schedule

Injection Code Updates

The following durable injection codes were updated on Arkansas Blue Cross fee schedule on October 1, 2012. List originally printed in the December 2012 issue of Providers' News.

CPT/HCPCS	Allowed
90371	$108.92
90375	$214.73
90376	$205.36
90385	$25.61
90585	$125.70
90586	$125.70
90632	$52.97
90675	$198.02
90691	$71.00
90703	$36.82
90714	$20.73
90715	$34.68
90732	$68.41
A9576	$1.96
A9577	$2.38
A9578	$2.06
A9579	$1.15
A9581	$13.92
A9583	$12.36
J0129	$23.29
J0130	$600.36
J0133	$0.03
J0135	$504.11
J0150	$7.42
J0152	$113.37
J0171	$0.06
J0180	$146.31
J0205	$43.71
J0207	$318.41
J0220	$214.27
J0221	$159.76
J0256	$4.11
J0278	$0.97
J0280	$0.75
J0285	$18.53
J0287	$12.39

CPT/HCPCS	Allowed
J0290	$1.76
J0295	$2.30
J0348	$1.20
J0360	$3.31
J0364	$34.17
J0456	$4.53
J0461	$0.03
J0470	$31.30
J0475	$182.92
J0476	$79.57
J0480	$2,617.40
J0490	$39.81
J0500	$34.58
J0515	$26.73
J0558	$3.93
J0561	$4.93
J0583	$3.11
J0586	$7.17
J0594	$22.80
J0595	$1.10
J0597	$32.31
J0598	$49.08
J0610	$0.70
J0630	$65.26
J0636	$0.45
J0640	$2.81
J0641	$1.92
J0670	$1.16
J0690	$0.78
J0692	$2.47
J0694	$5.83
J0697	$3.15
J0698	$1.83
J0702	$5.79
J0706	$0.43
J0713	$2.58

CPT/HCPCS	Allowed
J0718	$5.08
J0720	$24.36
J0725	$13.15
J0735	$24.88
J0740	$786.91
J0744	$1.01
J0770	$13.43
J0800	$3,134.91
J0834	$71.25
J0881	$3.58
J0882	$3.58
J0885	$10.67
J0886	$10.67
J0894	$35.42
J0897	$14.84
J1000	$7.70
J1020	$3.23
J1030	$3.01
J1040	$5.83
J1070	$5.27
J1080	$6.02
J1100	$0.11
J1110	$40.88
J1120	$29.54
J1160	$1.40
J1162	$935.59
J1165	$0.35
J1170	$1.67
J1200	$0.87
J1205	$236.23
J1212	$89.54
J1230	$7.36
J1240	$5.40
J1245	$0.98
J1250	$5.65
J1260	$7.85

(Continued from page 47) Injection Code Updates

CPT/HCPCS	Allowed
J1270	$1.01
J1290	$332.40
J1300	$207.33
J1325	$14.71
J1327	$26.06
J1335	$32.80
J1364	$11.02
J1380	$9.67
J1410	$145.03
J1438	$250.99
J1440	$286.71
J1441	$453.36
J1450	$4.46
J1451	$6.50
J1453	$1.80
J1458	$369.74
J1459	$36.99
J1460	$24.71
J1557	$38.06
J1560	$247.12
J1561	$39.76
J1566	$36.12
J1568	$32.86
J1569	$39.14
J1570	$75.37
J1571	$54.09
J1572	$36.34
J1573	$54.09
J1580	$1.08
J1610	$122.91
J1626	$0.65
J1631	$19.93
J1640	$13.32
J1642	$0.18
J1644	$0.21
J1645	$11.19
J1650	$3.57
J1652	$4.42
J1670	$289.40
J1720	$4.57
J1740	$157.57
J1742	$118.97
J1750	$12.45

CPT/HCPCS	Allowed
J1756	$0.29
J1786	$43.53
J1790	$3.42
J1800	$3.88
J1815	$0.55
J1817	$5.53
J1885	$0.30
J1930	$36.36
J1931	$29.33
J1940	$2.21
J1945	$593.36
J1950	$699.81
J1953	$0.21
J1955	$6.54
J1980	$16.68
J2010	$7.69
J2020	$40.50
J2060	$0.84
J2150	$1.97
J2175	$2.15
J2210	$4.19
J2270	$3.77
J2271	$0.87
J2275	$4.48
J2278	$6.88
J2280	$3.74
J2300	$1.01
J2310	$12.67
J2323	$12.79
J2325	$56.49
J2353	$134.84
J2354	$1.46
J2355	$273.40
J2357	$24.48
J2360	$6.89
J2370	$1.20
J2400	$23.14
J2405	$0.17
J2410	$2.41
J2425	$13.49
J2426	$7.53
J2430	$10.11
J2440	$1.33

CPT/HCPCS	Allowed
J2469	$19.74
J2501	$1.88
J2503	$1,070.51
J2504	$278.54
J2505	$3,037.96
J2507	$370.80
J2510	$14.06
J2515	$34.34
J2540	$0.62
J2543	$3.10
J2545	$66.21
J2550	$1.70
J2560	$14.51
J2562	$303.05
J2590	$0.64
J2597	$5.86
J2675	$1.62
J2680	$15.98
J2690	$14.20
J2700	$2.35
J2720	$0.80
J2724	$14.04
J2730	$93.59
J2760	$110.23
J2765	$0.46
J2770	$194.81
J2778	$413.93
J2780	$1.22
J2783	$216.51
J2785	$55.78
J2788	$25.52
J2790	$87.83
J2791	$5.27
J2792	$19.07
J2794	$5.87
J2796	$51.29
J2800	$37.88
J2805	$57.40
J2810	$0.24
J2820	$30.87
J2916	$3.23
J2920	$1.69
J2930	$2.70

CPT/HCPCS	Allowed
J2997	$53.99
J3000	$15.67
J3010	$0.49
J3070	$25.48
J3101	$73.60
J3105	$3.96
J3120	$4.81
J3130	$9.63
J3230	$18.57
J3240	$1,093.98
J3243	$1.75
J3246	$8.22
J3250	$10.79
J3260	$2.65
J3262	$3.70
J3300	$3.93
J3301	$1.87
J3303	$1.90
J3315	$182.82
J3355	$69.14
J3357	$139.36
J3360	$3.47
J3370	$2.51
J3385	$362.81
J3396	$10.69
J3410	$1.36
J3411	$3.86
J3415	$6.54
J3420	$0.59
J3465	$5.12
J3471	$0.26
J3473	$0.34
J3475	$0.16
J3487	$231.50
J3488	$233.69
J7030	$1.11
J7040	$0.56
J7042	$0.51
J7050	$0.28
J7060	$1.07
J7070	$2.14
J7100	$22.81
J7120	$1.03
J7183	$0.93

CPT/HCPCS	Allowed
J7190	$0.96
J7192	$1.18
J7193	$1.00
J7194	$1.11
J7195	$1.30
J7198	$1.70
J7308	$167.15
J7309	$87.03
J7311	$18,250.00
J7312	$203.69
J7321	$93.58
J7323	$157.39
J7324	$174.16
J7325	$12.54
J7326	$630.90
J7500	$0.12
J7501	$167.83
J7502	$3.73
J7504	$698.28
J7506	$0.03
J7507	$1.88
J7509	$0.72
J7510	$0.04
J7511	$560.23
J7515	$1.02
J7516	$34.92
J7517	$1.30
J7518	$3.78
J7520	$12.86
J7525	$144.45
J7605	$5.55
J7606	$5.75
J7608	$1.61
J7612	$0.25
J7613	$0.05
J7614	$0.22
J7626	$5.47
J7631	$0.63
J7644	$0.25
J7682	$97.82
J7686	$456.48
J8501	$6.74
J8510	$5.79
J8520	$9.23

CPT/HCPCS	Allowed
J8521	$30.69
J8530	$0.97
J8540	$0.36
J8560	$54.45
J8600	$8.75
J8610	$0.22
J8700	$11.09
J8705	$87.59
J9000	$3.54
J9010	$635.90
J9017	$46.93
J9020	$65.72
J9025	$5.75
J9027	$131.30
J9031	$125.70
J9035	$65.98
J9040	$22.25
J9041	$46.08
J9043	$143.33
J9045	$3.42
J9050	$182.78
J9055	$53.87
J9060	$2.20
J9065	$30.34
J9070	$24.31
J9098	$549.90
J9120	$600.70
J9130	$3.53
J9150	$22.93
J9155	$2.97
J9171	$6.63
J9178	$1.64
J9179	$99.36
J9185	$90.13
J9190	$1.89
J9200	$67.94
J9201	$11.29
J9202	$185.53
J9206	$4.89
J9207	$69.09
J9208	$30.32
J9209	$3.75
J9211	$101.87
J9214	$20.06

(Continued from page 49) Injection Code Updates

CPT/HCPCS	Allowed
J9217	$223.74
J9218	$7.76
J9228	$130.17
J9245	$1,366.78
J9260	$1.95
J9261	$128.34
J9263	$4.24
J9264	$9.90
J9265	$5.62
J9268	$1,342.01
J9280	$25.00
J9293	$38.35
J9302	$47.23
J9303	$92.77
J9305	$60.38
J9307	$189.96
J9310	$687.21
J9315	$251.97
J9320	$282.00
J9328	$5.03
J9330	$58.39
J9340	$182.50
J9351	$3.17

CPT/HCPCS	Allowed
J9355	$79.60
J9357	$1,080.55
J9360	$1.21
J9370	$3.93
J9390	$11.50
J9395	$91.87
Q0162	$0.04
Q0163	$0.04
Q0166	$1.65
Q0167	$3.56
Q0168	$6.89
Q0169	$0.07
Q0170	$0.02
Q0180	$69.68
Q2009	$1.07
Q2017	$334.82
Q2049	$518.19
Q3025	$303.30
Q4081	$1.07
Q4101	$41.05
Q4102	$8.40
Q4103	$8.40
Q4104	$19.45

CPT/HCPCS	Allowed
Q4105	$14.31
Q4106	$42.55
Q4107	$103.13
Q4108	$25.22
Q4110	$35.57
Q4111	$7.30
Q4112	$410.40
Q4113	$410.40
Q4114	$1,246.45
Q4115	$8.45
Q4116	$33.66
Q4121	$23.00
Q4123	$14.61
Q9954	$12.13
Q9956	$38.51
Q9957	$57.76
Q9960	$0.18
Q9961	$0.20
Q9965	$0.98
Q9966	$0.24
Q9967	$0.10

Fee Schedule

Fee schedule additions and updates

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

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
22586	$0.00	$0.00	$0.00	$2,329.40	$0.00	$0.00
23473	$0.00	$0.00	$0.00	$2,371.26	$0.00	$0.00
23474	$0.00	$0.00	$0.00	$2,566.14	$0.00	$0.00
24370	$0.00	$0.00	$0.00	$2,238.78	$0.00	$0.00
24371	$0.00	$0.00	$0.00	$2,587.68	$0.00	$0.00
31647	$0.00	$0.00	$0.00	$346.46	$0.00	$0.00
31648	$0.00	$0.00	$0.00	$353.50	$0.00	$0.00
31649	$113.58	$0.00	$0.00	$113.58	$0.00	$0.00
31651	$121.52	$0.00	$0.00	$121.52	$0.00	$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
31660	$0.00	$0.00	$0.00	$343.96	$0.00	$0.00
31661	$0.00	$0.00	$0.00	$363.81	$0.00	$0.00
32554	$1,034.49	$0.00	$0.00	$139.29	$0.00	$0.00
32555	$688.77	$0.00	$0.00	$174.42	$0.00	$0.00
32556	$727.79	$0.00	$0.00	$191.50	$0.00	$0.00
32557	$1,304.86	$0.00	$0.00	$253.08	$0.00	$0.00
32701	$0.00	$0.00	$0.00	$339.81	$0.00	$0.00
33361	$0.00	$0.00	$0.00	$2,054.61	$0.00	$0.00
33362	$0.00	$0.00	$0.00	$2,248.17	$0.00	$0.00
33363	$0.00	$0.00	$0.00	$2,327.95	$0.00	$0.00
33364	$0.00	$0.00	$0.00	$2,469.83	$0.00	$0.00
33365	$0.00	$0.00	$0.00	$2,714.68	$0.00	$0.00
33367	$0.00	$0.00	$0.00	$958.79	$0.00	$0.00
33368	$0.00	$0.00	$0.00	$1,161.92	$0.00	$0.00
33369	$0.00	$0.00	$0.00	$1,534.14	$0.00	$0.00
33990	$0.00	$0.00	$0.00	$667.66	$0.00	$0.00
33991	$0.00	$0.00	$0.00	$973.11	$0.00	$0.00
33992	$0.00	$0.00	$0.00	$320.45	$0.00	$0.00
33993	$0.00	$0.00	$0.00	$281.32	$0.00	$0.00
36221	$333.04	$0.00	$0.00	$333.04	$0.00	$0.00
36222	$447.66	$0.00	$0.00	$447.66	$0.00	$0.00
36223	$484.41	$0.00	$0.00	$484.41	$0.00	$0.00
36224	$526.99	$0.00	$0.00	$526.99	$0.00	$0.00
36225	$482.87	$0.00	$0.00	$482.87	$0.00	$0.00
36226	$527.75	$0.00	$0.00	$527.75	$0.00	$0.00
36227	$167.38	$0.00	$0.00	$167.38	$0.00	$0.00
36228	$341.20	$0.00	$0.00	$341.20	$0.00	$0.00
37197	$2,020.09	$0.00	$0.00	$477.79	$0.00	$0.00
37211	$0.00	$0.00	$0.00	$627.16	$0.00	$0.00
37212	$0.00	$0.00	$0.00	$553.68	$0.00	$0.00
37213	$0.00	$0.00	$0.00	$388.39	$0.00	$0.00
37214	$0.00	$0.00	$0.00	$223.65	$0.00	$0.00
38243	$0.00	$0.00	$0.00	$188.98	$0.00	$0.00
43206	BR	BR	BR	BR	BR	BR
43252	BR	BR	BR	BR	BR	BR
44705	BR	BR	BR	BR	BR	BR
52287	$415.85	$0.00	$0.00	$254.74	$0.00	$0.00
64615	$201.04	$0.00	$0.00	$185.16	$0.00	$0.00
78012	$96.78	$14.31	$82.47	$0.00	$14.31	$0.00
78013	$242.14	$27.63	$214.51	$0.00	$27.63	$0.00
78014	$282.04	$37.27	$244.76	$0.00	$37.27	$0.00
78071	$429.87	$88.67	$341.20	$0.00	$88.67	$0.00
78072	$121.44	$121.44	$0.00	$121.44	$121.44	$0.00

(Continued from page 51) Fee Schedule: Updates/Additions

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
81201	BR	BR	BR	BR	BR	BR
81202	BR	BR	BR	BR	BR	BR
81203	BR	BR	BR	BR	BR	BR
81235	BR	BR	BR	BR	BR	BR
81252	BR	BR	BR	BR	BR	BR
81253	BR	BR	BR	BR	BR	BR
81254	BR	BR	BR	BR	BR	BR
81321	BR	BR	BR	BR	BR	BR
81322	BR	BR	BR	BR	BR	BR
81323	BR	BR	BR	BR	BR	BR
81324	BR	BR	BR	BR	BR	BR
81325	BR	BR	BR	BR	BR	BR
81326	BR	BR	BR	BR	BR	BR
81479	BR	BR	BR	BR	BR	BR
81500	BR	BR	BR	BR	BR	BR
81503	BR	BR	BR	BR	BR	BR
81506	BR	BR	BR	BR	BR	BR
81508	BR	BR	BR	BR	BR	BR
81509	BR	BR	BR	BR	BR	BR
81510	BR	BR	BR	BR	BR	BR
81511	BR	BR	BR	BR	BR	BR
81512	BR	BR	BR	BR	BR	BR
81599	BR	BR	BR	BR	BR	BR
82777	$17.80	$1.25	$16.55	$0.00	$1.25	$0.00
84163	$20.70	$1.45	$19.25	$0.00	$1.45	$0.00
84704	$20.70	$1.45	$19.25	$0.00	$1.45	$0.00
86152	BR	BR	BR	BR	BR	BR
86153	$54.49	$54.49	$0.00	$54.49	$54.49	$0.00
86711	$16.00	$1.12	$14.88	$0.00	$1.12	$0.00
86828	$54.40	$3.81	$50.59	$0.00	$3.81	$0.00
86829	$40.80	$2.86	$37.94	$0.00	$2.86	$0.00
86830	$102.83	$7.20	$95.63	$0.00	$7.20	$0.00
86831	$88.14	$6.17	$81.97	$0.00	$6.17	$0.00
86832	$161.59	$11.31	$150.28	$0.00	$11.31	$0.00
86833	$146.90	$10.28	$136.62	$0.00	$10.28	$0.00
86834	$455.39	$31.88	$423.51	$0.00	$31.88	$0.00
86835	$411.32	$28.79	$382.53	$0.00	$28.79	$0.00
87631	$92.72	$6.49	$86.23	$0.00	$6.49	$0.00
87632	$135.48	$9.48	$126.00	$0.00	$9.48	$0.00
87633	$242.38	$16.97	$225.41	$0.00	$16.97	$0.00
87910	$119.88	$8.39	$111.49	$0.00	$8.39	$0.00
87912	$119.88	$8.39	$111.49	$0.00	$8.39	$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
88375	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
90653	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
90672	$24.39	$0.00	$0.00	$0.00	$0.00	$0.00
90739	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
90785	$7.68	$0.00	$0.00	$7.68	$0.00	$0.00
90791	$227.88	$0.00	$0.00	$190.44	$0.00	$0.00
90792	$201.81	$0.00	$0.00	$198.03	$0.00	$0.00
90832	$96.53	$0.00	$0.00	$81.40	$0.00	$0.00
90833	$67.26	$0.00	$0.00	$66.88	$0.00	$0.00
90834	$130.35	$0.00	$0.00	$122.41	$0.00	$0.00
90836	$109.36	$0.00	$0.00	$109.36	$0.00	$0.00
90837	$192.22	$0.00	$0.00	$184.27	$0.00	$0.00
90838	$175.81	$0.00	$0.00	$175.43	$0.00	$0.00
90839	$240.28	$0.00	$0.00	$147.42	$0.00	$0.00
90840	$120.66	$0.00	$0.00	$101.75	$0.00	$0.00
90863	$24.01	$0.00	$0.00	$11.15	$0.00	$0.00
91112	$1,366.35	$169.70	$1,196.65	$0.00	$169.70	$0.00
92920	$0.00	$0.00	$0.00	$826.08	$0.00	$0.00
92921	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
92924	$0.00	$0.00	$0.00	$981.43	$0.00	$0.00
92925	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
92928	$0.00	$0.00	$0.00	$917.05	$0.00	$0.00
92929	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
92933	$0.00	$0.00	$0.00	$1,026.06	$0.00	$0.00
92934	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
92937	$0.00	$0.00	$0.00	$916.46	$0.00	$0.00
92938	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
92941	$0.00	$0.00	$0.00	$1,028.02	$0.00	$0.00
92943	$0.00	$0.00	$0.00	$1,028.02	$0.00	$0.00
92944	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
93653	$0.00	$0.00	$0.00	$1,243.05	$0.00	$0.00
93654	$0.00	$0.00	$0.00	$1,658.41	$0.00	$0.00
93655	$0.00	$0.00	$0.00	$621.52	$0.00	$0.00
93656	$0.00	$0.00	$0.00	$1,659.22	$0.00	$0.00
93657	$0.00	$0.00	$0.00	$510.35	$0.00	$0.00
95017	$96.83	$0.00	$0.00	$5.69	$0.00	$0.00
95018	$35.55	$0.00	$0.00	$10.97	$0.00	$0.00
95076	$161.65	$0.00	$0.00	$111.73	$0.00	$0.00
95079	$120.87	$0.00	$0.00	$103.10	$0.00	$0.00
95782	$1,042.11	$197.85	$844.26	$0.00	$197.85	$0.00
95783	$1,103.11	$215.69	$887.42	$0.00	$215.69	$0.00
95907	$126.74	$79.01	$47.72	$0.00	$79.01	$0.00
95908	$156.71	$99.15	$57.55	$0.00	$99.15	$0.00

(Continued from page 53) Fee Schedule: Updates/Additions

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
95909	$187.83	$118.51	$69.32	$0.00	$118.51	$0.00
95910	$247.80	$158.41	$89.39	$0.00	$158.41	$0.00
95911	$301.33	$197.52	$103.81	$0.00	$207.09	$0.00
95912	$354.87	$237.42	$117.45	$0.00	$237.42	$0.00
95913	$412.72	$281.23	$157.19	$0.00	$281.23	$0.00
95924	$220.33	$139.25	$131.49	$0.00	$139.25	$0.00
95940	$0.00	$0.00	$0.00	$48.12	$0.00	$0.00
95941	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
95943	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
99050	$30.00	$0.00	$0.00	$0.00	$0.00	$0.00
99051	$30.00	$0.00	$0.00	$0.00	$0.00	$0.00
99091	$150.00	$0.00	$0.00	$0.00	$0.00	$0.00
99485	$0.00	$0.00	$0.00	$93.40	$0.00	$0.00
99486	$0.00	$0.00	$0.00	$81.37	$0.00	$0.00
99487	$98.46	$0.00	$0.00	$0.00	$0.00	$0.00
99488	$222.56	$0.00	$0.00	$0.00	$0.00	$0.00
99489	$49.42	$0.00	$0.00	$0.00	$0.00	$0.00
99495	$197.76	$0.00	$0.00	$165.23	$0.00	$0.00
99496	$279.15	$0.00	$0.00	$242.09	$0.00	$0.00
0001M	BR	BR	BR	BR	BR	BR
0002M	BR	BR	BR	BR	BR	BR
0003M	BR	BR	BR	BR	BR	BR
0302T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0303T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0304T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0305T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0306T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0307T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0308T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0309T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0310T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0311T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0312T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0313T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0314T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0315T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0316T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0317T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0318T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0319T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0320T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0321T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
0322T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0323T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0324T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0325T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0326T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0327T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0328T	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0580F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0581F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0582F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0583F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0584F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1500F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1501F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1502F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1503F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1504F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
1505F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3751F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3752F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3753F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3754F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3755F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3756F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3757F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3758F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3759F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3760F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3761F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3762F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3763F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4540F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4541F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4550F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4551F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4552F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4553F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4554F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4555F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4556F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4557F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4558F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4559F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

(Continued from page 55) Fee Schedule: Updates/Additions

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
4560F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4561F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4562F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4563F	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
A4435	$6.26	$0.00	$0.00	$0.00	$0.00	$0.00
A9586	$1,600.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9294	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9295	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9296	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9600	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9601	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9602	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9603	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9604	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9605	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9606	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9607	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C9608	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
E0670	$1,361.03	$72.86	$1,020.73	$0.00	$0.00	$0.00
E2378	BR	BR	BR	BR	BR	BR
G0452	BR	BR	BR	BR	BR	BR
G0453	$0.00	$0.00	$0.00	$32.71	$0.00	$0.00
G0454	$11.15	$0.00	$0.00	$11.15	$0.00	$0.00
G0455	$155.30	$0.00	$0.00	$0.00	$0.00	$0.00
G0456	BR	BR	BR	BR	BR	BR
G0457	BR	BR	BR	BR	BR	BR
G0458	BR	BR	BR	BR	BR	BR
G8919	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8920	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8921	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8922	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8923	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8924	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8925	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8926	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8927	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8928	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8929	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8930	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8931	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8932	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8933	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
G8934	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8935	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8936	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8937	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8938	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8939	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8940	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8941	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8942	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8943	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8944	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8945	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8946	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8947	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8948	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8949	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8950	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8951	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8952	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8953	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8954	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8955	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8956	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8957	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8958	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8959	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8960	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8961	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8962	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8963	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8964	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8965	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8966	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8967	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8968	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8969	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8970	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8971	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8972	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8973	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8974	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8975	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8976	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

(Continued from page 57) Fee Schedule: Updates/Additions

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
G8977	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8978	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8979	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8980	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8981	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8982	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8983	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8984	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8985	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8986	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8987	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8988	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8989	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8990	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8991	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8992	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8993	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8994	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8995	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8996	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8997	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8998	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G8999	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9158	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9159	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9160	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9161	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9162	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9163	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9164	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9165	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9166	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9167	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9168	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9169	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9170	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9171	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9172	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9173	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9174	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9175	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G9176	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
G9186	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
J0178	$988.52	$0.00	$0.00	$0.00	$0.00	$0.00
J0485	$3.96	$0.00	$0.00	$0.00	$0.00	$0.00
J0716	BR	BR	BR	BR	BR	BR
J0890	$9.43	$0.00	$0.00	$0.00	$0.00	$0.00
J1050	$0.21	$0.00	$0.00	$0.00	$0.00	$0.00
J1050	$20.80	$0.00	$0.00	$0.00	$0.00	$0.00
J1741	$0.55	$0.00	$0.00	$0.00	$0.00	$0.00
J1744	$226.67	$0.00	$0.00	$0.00	$0.00	$0.00
J2212	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
J7178	BR	BR	BR	BR	BR	BR
J7315	$0.01	$0.00	$0.00	$0.00	$0.00	$0.00
J7527	$6.43	$0.00	$0.00	$0.00	$0.00	$0.00
J9002	$560.64	$0.00	$0.00	$0.00	$0.00	$0.00
J9019	$361.07	$0.00	$0.00	$0.00	$0.00	$0.00
J9042	$102.95	$0.00	$0.00	$0.00	$0.00	$0.00
L5859	BR	BR	BR	BR	BR	BR
L7902	BR	BR	BR	BR	BR	BR
L8605	$673.59	$0.00	$0.00	$0.00	$0.00	$0.00
Q4131	$259.00	$0.00	$0.00	$0.00	$0.00	$0.00
Q4132	BR	BR	BR	BR	BR	BR
Q4133	BR	BR	BR	BR	BR	BR
Q4134	BR	BR	BR	BR	BR	BR
Q4135	BR	BR	BR	BR	BR	BR
Q4136	BR	BR	BR	BR	BR	BR
Q9969	BR	BR	BR	BR	BR	BR
S9110	$600.00	$0.00	$0.00	$0.00	$0.00	$0.00
S9110	BR	BR	BR	BR	BR	BR
S9445	$200.00	$0.00	$0.00	$0.00	$0.00	$0.00
V5281	BR	BR	BR	BR	BR	BR
V5282	BR	BR	BR	BR	BR	BR
V5283	BR	BR	BR	BR	BR	BR
V5284	BR	BR	BR	BR	BR	BR
V5285	BR	BR	BR	BR	BR	BR
V5286	BR	BR	BR	BR	BR	BR
V5287	BR	BR	BR	BR	BR	BR
V5288	BR	BR	BR	BR	BR	BR
V5289	BR	BR	BR	BR	BR	BR
V5290	BR	BR	BR	BR	BR	BR

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

providers' news staff

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Editor: Karen Green, 501-378-6628 FAX 501-378-2465, ProvidersNews@arkbluecross.com

Please Note

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