december 2011

# providers' news

A publication for participating providers and their office staffs

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## 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.

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

# EFT Requirement

Electronic Funds Transfer (EFT) or direct deposit will be required of all participating providers of Arkansas Blue Cross and Blue Shield's Preferred Payment Plan (PPP), Health Advantage's HMO network and USAble Corporation's Arkansas' FirstSource© PPO and True Blue PPO network effective October 1, 2012. This will be a requirement in order to participate in these provider networks beginning October 1, 2012. Dental providers will not be included at this time.

Implementing EFT will begin as follows:

1. Beginning January 1, 2012, all new provider applicants will be required to enroll in EFT, regardless of whether this is a new clinic or an existing practice. For example, if a new physician is applying to participate in any of the networks mentioned previously, and the physician is applying to join an already established clinic, that clinic must be paid via EFT.
2. Beginning January 1, 2012, all providers making a change to any of their information will be required to enroll in EFT. For example, a physician's office needs to change a telephone number within its clinic and submit a change of data form. That change will not be made until the clinic has enrolled in EFT.
3. All participating providers must be enrolled into EFT by October 1, 2012 (excluding dental).

EFT enrollment may be completed on the Advanced Heath Information Network (AHIN) or contact your regional Network Development Representative. See the "Claims Payments, Refunds & Offsets" section of the Arkansas Blue Cross Provider Manual at arkansasbluecross.com/providers

Article originally printed in the September 2011 issue of *Providers' News.*

## Intensity-Modulated Radiation Therapy: Medical Review

There has been an increase in claims for intensity-modulated radiation therapy (IMRT) to treat indications not specified by the Arkansas Blue Cross and Blue Shield medical coverage policy. Medical records are requested but the submitted medical records are often not complete. Following are examples of incorrectly submitted requests:

- Missing evaluation - radiation oncologist's evaluation or consult not submitted with medical records.
- Illegible records - records condensed on a half-sheet of paper or records so dark it is not possible to read anything on the submitted page.
- Needed information - the dose-volume histogram (DVH) is a critical piece of information. Submission of a color graph is not necessary but the data regarding dosage is useful for all of the regions of interest.
- Missing dosage - the radiation therapy prescription should contain dosage information for the entire course of therapy, for all treatment volumes. Some records are without reference to a 1st or 2nd treatment volume.

The submission of incomplete/illegible records only will delay review and adversely affect timeliness of claims processing and payment.

# Revision to Payer Policies and Procedures and Terms and Conditions Applicable for Arkansas' Firstsource® PPO, True Blue PPO and Health Advantage HMO Provider Networks – Publication of Utilization, Quality and Other Practice Data

In this rapidly changing health care environment, health insurers and network sponsors are faced with the challenge of meeting market demand for more information about health care providers.

Consumers now expect to find reliable, standardized comparative performance data for health care providers, procedures and policies as well as data reflecting the performance of providers, including cost and quality ranking where available. Arkansas Blue Cross and Blue Shield, as a sponsor of a health maintenance organization and preferred provider organization networks, (respectively, Health Advantage and USAble Corporation) is not alone in dealing with market pressure for increased transparency around the cost and quality of medical services our members receive.

In order to address the needs of our customers in this regard, effective February 1, 2012, the published "terms and conditions" for participation in Health Advantage's HMO network and for USAble Corporation's Arkansas' FirstSource® and True Blue PPO networks will be changed to remove from "Section VII. Publication of Utilization, Quality and Other Practice Data" any references to a provider "opting out" of or otherwise avoiding publication of the provider's utilization, cost, quality or other practice data. This means that as of February 1, 2012, any provider who participates in the Health Advantage HMO network or in either of the two PPO networks of USAble Corporation will be subject to publication of any and all utilization, cost, quality or other practice data that Health Advantage or USAble Corporation may deem meaningful or helpful to publish to their members.

This means that as of February 1, 2012, any provider who participates in the Health Advantage HMO network or in either of the two PPP networks of USAble Corporation will be subject to publication of any and all utilization, cost, quality or other practice data that Health Advantage or USAble Corporation may deem meaningful or helpful to publish to their members.

Please note that except for deleting the option of a participating provider to "opt out" of, veto or avoid data publication, all other provisions of Section VII. "Publication of Utilization, Quality and Other Practice Data" shall remain in effect as written, until further notice of any additional modifications.

While "opting out" of data publication is no longer an option for participating providers, physicians will still receive an advance copy of any utilization, cost, quality or other practice data that Health Advantage or USAble Corporation intend to publish to their membership. Health Advantage and USAble Corporation will endeavor to provide their information for review 45 days in advance of publication.

Providers who have questions about their data may contact their respective regional Network Development Representative. Currently the available cost and quality data of Arkansas Blue Cross, Health Advantage and USAble Corporation is only published on My Blueprint, which is a password protected member portal.

The quality information published in My Blueprint currently is summarized to the overall statewide specialty level, not at the individual physician level. The cost information is reported per physician but is rolled up to one overall level, not per procedure.

Effective February 1, 2012, this may switch to individual physician-level reporting, and the cost and quality ratings reflected there may be published in other formats or places accessible to members, employers or other stakeholders of Arkansas Blue, Health Advantage or USAble Corporation.

# Patient Reviews of Physicians Coming Soon

"Word of mouth" has taken on new meaning in the digital age. Now consumers are exchanging information online in a variety of forums.

The Blue Cross and Blue Shield Association, along with all 39 Blue Plans, are working to create a tool for patient reviews of providers that will allow plan members to answer a short survey (based on claims data) about a provider they recently visited. The member review survey is part of the Blues consumer transparency effort to ensure members are receiving the highest quality care possible.

While the Plans have until July 1, 2012, to complete the mandated project, Arkansas Blue Cross and Blue Shield is hard at work to have our Web survey tool available to members in early 2012. The Arkansas Blue Cross survey tool will only include reviews of medical providers within our network.

Reviews of providers within other networks outside of Arkansas will be available at a later date through our directory, and eventually, the Association's directory (Blue National Doctor and Hospital Finder).

Blue Plans that already have implemented this review tool have found that 93 percent of reviews are positive. Your office can use the positive ratings for marketing purposes and encourage your patients to complete the survey on our secure member Web sites.

The rating system is similar to what already is on the Internet through Vitals, Zagat and HealthGrades, with one major difference — only members who have had a claim filed by their provider will be able to use it. That increases the reliability of the information, and will drive potential patients to check the information on our Web sites first, whether they are members of a Blue Plan or carry other insurance.

The tool will work like this:

- A member goes to a provider and a claim is filed.
- The member goes online to My Blueprint, our member self-service Web site, to fill out the survey, which is attached to a claim.
- The member rates his or her experience with the provider and completes a brief comment section.
- The member submits the review. The content of any comments submitted is moderated and answers that are off topic, inappropriate or profane will be removed.
- Members will have six months from the date the claim is filed to complete a review based on that specific claim.
- The results will appear in the "Find a doctor" section (directory) of the Web site at a later date.

Each Blue Plan can come up with additional questions, but all Plans will ask, in general, the following questions and give the member a rating scale:

For instance:

- How would you rate your overall experience and satisfaction with the doctor's approach?
- Would you recommend this doctor to your friends/family? (Y/N)
- How well did the doctor communicate with you about your health concerns?
- How would you rate the doctor's availability for your appointment?
- How would you rate the doctor's overall practice environment?

After all 39 Blue Plans have created their patient review of providers tool, it will be possible for anyone, whether they are a member or not, to search for reviews regarding doctors in our networks in any state. That's more than 93 million potential reviewers and quite a few potential patients.

## And, There's Another Tool for Your Patients

Also available on our secure member Web sites for members is the new Treatment Cost Calculator, which allows members to access an estimated cost of 102 medical procedures. The calculator estimates the cost of the procedures at local facilities.

The online comparison tool and the claims-based provider reviews represent some of the latest efforts by the Blue System in giving your patients the information they want when making health care decisions.

# Seniors, Beware of Medicare Fraud

In an effort to combat Medicare fraud, a local volunteer of a state senior rights advocacy group is spreading the word to the county's elderly.

As part of the Center for Advocacy for the Rights and Interests of the Elderly, Sheldon Schwartz, the only Franklin County volunteer for the nonprofit's PA Senior Medicare Patrol program, has been giving Medicare fraud presentations to residents at area senior centers about how to protect themselves.

Schwartz said the most recent Medicare scams reported to the patrol have been about recipients receiving calls from individuals claiming to be Medicare representatives in an effort to get a potential victim's assistance number.

So far, Schwartz has visited senior centers in several municipalities, including Chambersburg and Waynesboro.

"Once someone gets your Medicare number they can use it to bill (assistance) for a procedure that you never had," he said.

Schwartz said a trusting nature is what makes senior citizens targets for fraud.

"Seniors get scammed very easily," he said. "A lot of folks just don't know that it's happening."

While protecting the assistance number is the easiest way for a Medicare recipient to protect themselves from fraud, Schwartz said being knowledgeable of the aid process also helps.

"Medicare will never call you, so when somebody calls you saying they are from Medicare that's a scam," he said. Besides recipients, Schwartz said family members and friends of aid receivers should be aware.

Article originally printed by
Public Opinion Online
By MORGAN YOUNG,
Staff writer

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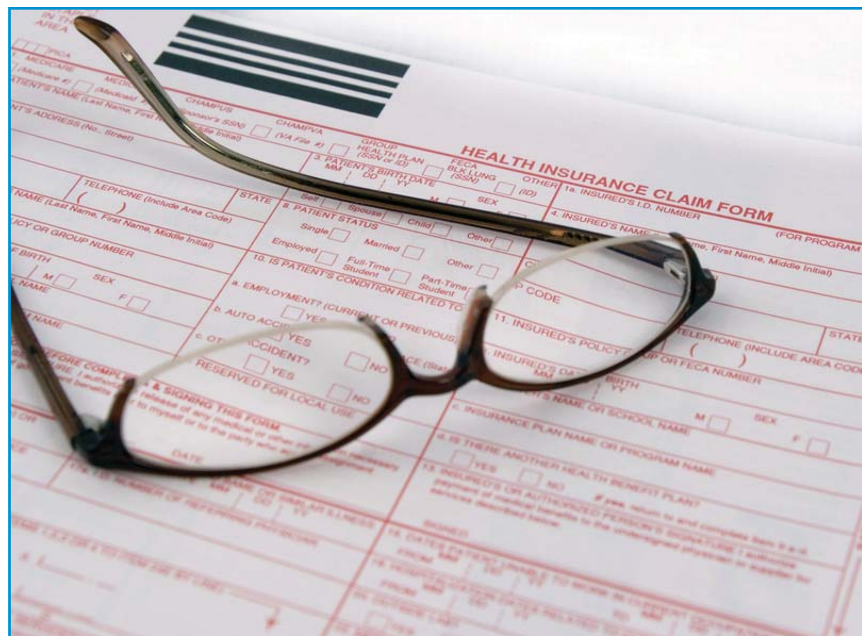
# HIPAA 5010 January Compliance Deadline

On January 1, 2012, the X12 5010 versions of medical transactions, the NCPDP D.0 version of Pharmacy and supplier transitions, and the NCPDP 3.0 version of Medicaid pharmacy subrogation transactions will be HIPAA compliant formats.

Arkansas Blue Cross and Blue Shield is committed to assisting our provider community in making this a smooth transition. All submitters must successfully test their transactions and request migration to the 5010 format before being moved into production on that format. Since July 1, 2011 we have been transitioning those submitters over to the new formats.

Providers may obtain additional information regarding the 5010 transitions at www.arkansasbluecross.com/providers/5010resourcecenter.aspx. To begin testing, please visit the Arkansas Blue Cross Web site for further instructions. We encourage providers to act now to help ensure that there are no issues on January 1, 2012 and beyond.



# Claims Filing Rules for Counties Bordering Arkansas

Here is a reminder on the claims filing rules for health care providers located in counties of states that border Arkansas.

If a member has insurance coverage with Arkansas Blue Cross and Blue Shield and if that member receives services from a health care provider located in a bordering county who is contracted to be in the provider networks of Arkansas Blue Cross or its affiliates, the provider must submit the claim directly to Arkansas Blue Cross or its affiliates, as applicable. In this scenario, Arkansas Blue Cross essentially fills both the "Host" and "Home" Plan function, based on the peculiar circumstances of border county proximity and the network participation agreement in place with the out-of-state provider. This rule also applies to Health Advantage, its members and contracted providers, as well as to health plans administered by Blue Advantage Administrators of Arkansas.

An example would be a physician in Memphis, TN, who provides care to a patient with health plan coverage from Health Advantage. If that physician is in the Health Advantage provider network, the claim must be submitted to Health Advantage in Little Rock.

If a health care provider in a bordering county is not in the provider networks of Arkansas Blue Cross and its affiliates, but is participating in the networks of the Blue plan where the provider is located, and that provider renders services to a member with coverage from Arkansas Blue Cross and its affiliates, the provider must file claims to the local Blue Cross Blue Shield plan as the "Host Plan".

An example would be a physician in Memphis, TN, who provides care to a patient with health plan coverage from Health Advantage. This physician is NOT in the Health Advantage provider network but is in the Blue Cross Blue Shield of Tennessee provider networks. This claim must be submitted to Blue Cross Blue Shield of Tennessee.

If a health care provider located in a county bordering Arkansas, who participates in the provider networks of Arkansas Blue Cross and its affiliates renders care to a member with insurance from a Blue Cross Blue and Shield Plan other than Arkansas Blue Cross and its affiliates, the provider must file the claim to the local Blue Plan, as the "Host Plan".

An example would be a physician in Branson, MO (located in a county bordering Arkansas) who provides care to a member with insurance coverage from Blue Cross Blue Shield of Montana. This claim must be submitted to the local Blue Plan which, for a place of service location in Branson, MO is Anthem Blue of Missouri. It does not matter whether the physician is in the Anthem Blue of Missouri provider networks, the claim still must be submitted to the local or "Host Plan".

The exceptions to these rules apply to health care providers for lab, durable medical equipment/ medical supplies and specialty pharmacy.

Article printed in the September 2011 issue of *Providers' News.*

# Bevacizumab No Longer Approved by FDA as Treatment for Breast Cancer

On November 18, 2011, the U.S. Food and Drug Administration (FDA) Commissioner removed breast cancer as an indication from the bevacizumab (Avastin) due to the lack of effectiveness and safety. Effective January 1, 2012, bevacizumab will no longer be reimbursed for the treatment of breast cancer. Payment for bevacizumab to treat breast cancer will continue to be made if the woman received her initial dose in a course of therapy prior to January 1, 2012.

Bevacizumab to treat other primary malignancies per the FDA approved labeling is not affected by this action.

# Arkansas Blue Cross Adopts RBRVS for 2012

Effective April 1, 2012, Arkansas Blue Cross and Blue Shield will, for most services, adopt the 2012 Resource Based Relative Value System (RBRVS) Relative Value Units (RVUs) which were published in the November 28, 2011 Federal Register. A new Arkansas Blue Cross fee schedule using the 2012 RBRVS will be available on the Advanced Health Information Network (AHIN) bulletin board beginning January 1, 2012.

# AHIN

## Additional Benefit Types Available

During July 2011, the Advanced Health Information Network (AHIN) added twenty additional benefit types and codes. The addition of these benefit codes will allow users to obtain detailed information on a greater number of specific service types. Other AHIN eligibility enhancements included the display of pre-existing completion date(s), additional information on members with other insurance and the Authorization/Certification requirements for service types. Complete documentation including instructions on how to access this information may be obtained from the AHIN Bulletin Board. The new benefit types include:

| Benefit Type | Code |
|---|---|
| Durable Medical Equipment | DM |
| Flu Vaccination | CO |
| Gynecological | BT |
| Mammogram High Risk Patient | CM |
| Mammogram Low Risk Patient | CN |
| Mental Health | MH |
| Mental Health Provider-Inpatient | CE |
| Mental Health Provider-Outpatient | CF |
| Mental Health Facility-Inpatient | CG |
| Mental Health Facility-Outpatient | CH |

| Benefit Type | Code |
|---|---|
| Obstetrical | BU |
| Obstetrical/Gynecological | BV |
| Physical Therapy | PT |
| Physician Visit Office: Sick | BY |
| Physician Visit Office: Well | BZ |
| Screening X-Ray | CK |
| Screening Laboratory | CL |
| Substance Abuse Facility-Inpatient | CI |
| Substance Abuse Facility-Outpatient | CJ |
| Urgent Care | UC |

# FEP

## 2012 Benefit Changes

For the 2012 plan year benefit changes were kept to a minimal. The major change for 2012 is there will now be a $75 copayment for sleep studies if the member has the Basic Option plan.

## Intensity Modulated Radiation Therapy

Intensity modulated radiation therapy (IMRT) meets primary coverage criteria for a limited number of indications. Multiple codes are used to bill IMRT services but only CPT codes 77301, 77338, and 77418 are specific to IMRT.

During the past year, there has been an increase in the number of IMRT claims that are filed with a non covered diagnosis or coverage criteria for a covered indication is not met and yet radiation therapy is appropriate. In these situations claims will be paid based on the allowances for 3D conformal radiation therapy. This is a continuation of reimbursement policies in place since 2005.

The information was printed in the December 2010 issue of the Providers' News. This information continues to be applicable to all lines of business except for members covered by the Federal Employees Program (FEP).

FEP requires prior authorization for all IMRT except when used for treatment of prostate cancer, breast cancer, and head and neck cancer. If prior authorization for IMRT for any diagnosis other than those specifically mentioned is not obtained, and IMRT is found to be not medically necessary on post-service review, all IMRT claims will be denied. When requesting prior authorization please submit the radiology oncology evaluation and a prescription for the entire course of therapy to include doses for all treatment volumes and the regions of interest to be protected by the IMRT plan.

Several coverage policies outlining criteria for IMRT are available online and more policies are being developed.

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# BlueCard®

## Filing Medicare Advantage Home Health Request for Anticipated Payment Claims

The Center for Medicare and Medicaid Services (CMS) allows Revenue Code 0023 for Medicare Advantage home health request for anticipated payment (RAP) claims that contain a service line with zero as the total charge, of which Medicare pays 60% of their normal allowance. Total Charges must be entered as zero on the RAP claim. This field cannot be left blank.

The claims are then re-submitted later with the actual charges. Medicare then adjusts the claims when the re-submitted bill is received and pays the remaining difference. These are identified when medicare home health care claims are submitted with a bill type 322 or 332 along with zero charges. When the final bill is submitted, it will initiate a void only adjustment on the RAP Claim. The final bill should contain bill types 329 or 339 and actual charges.

# BlueCard®

## Claims Filing Rule Reminders for Durable Medical Equipment, Lab and Specialty Pharmacy

In 2004, the Blue Cross and Blue Shield Association (the Association) revised its Blue Card claims filing rules for providers specializing in independent clinical laboratory, durable/home medical equipment and supply, and specialty pharmacy. While these revisions are several years old, the Association has only recently tightened system requirements related to these rules. These rules apply to all provider networks and claims related to Arkansas Blue Cross and Blue Shield, Blue Advantage Administrators of Arkansas and Health Advantage when claims are being submitted via the Blue Card process of the Association, a process used to facilitate the efficient processing of claims for members receiving services outside their local service area or state.

Claims for independent clinical laboratory, durable/home medical equipment and supply, and specialty pharmacy are filed to the local Blue Cross and Blue Shield Plan (sometimes called the Host Plan). The local Blue Cross Plan is usually defined as the Plan in whose service area the services are rendered. The Blue Plan that issued coverage for a given member, or that contracted with their employer to administer their self-funded health plan, is referred to as the Home Plan. (Please note that Host Plan and Home Plans are in every case independent companies so that the Host Plan is not responsible for funding of any insurance issued by a Home Plan. The Host Plan's role is limited to a claims processing and customer services assistance function with respect to the out-of-state provision of services to the Home Plan's member.)

**Clinical Lab:**

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.

Information required on claims submitted for clinical lab:

- Referring Provider, Field 17 on CMS 1500 Health Insurance Claim Form or loop 2310A (claim level) on the 837 Professional Electronic Submission.

**Durable/Home Medical Equipment and Supply**

For durable/home medical equipment and supply, the local Blue 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 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.

Information required on claims submitted for durable/home medical equipment:

(Continued from page 9) Claims Filing Rule Reminders for DME, Lab and Specialty Pharmacy

- 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 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.

Information required on claims submitted for specialty pharmacy:

- Referring Provider, Field 17 on CMS 1500 Health Insurance Claim Form or loop 2310A (claim level) on the 837 Professional Electronic Submission.

The Blue Card program has always relied on the provider agreement status and pricing of the local Blue Plan and that is still true. The mere fact that a claim is required to be submitted directly to a certain Blue Plan does not obligate any local Blue Plan to offer contracts to any lab, durable medical equipment supplier or specialty pharmacy. However, the Association's rules for Blue Card have been revised to allow Blue Plans to contract with out of state clinical labs, durable medical equipment suppliers and specialty pharmacies. Each local Blue Plan will make its own decisions related to provider contracting and pricing.

Article originally printed in the September 2011 issue of *Providers' News.*

| Provider Type | How to file (Required fields) | Where to file | Examples |
|---|---|---|---|
| **Independent Clinical Laboratory** (any type of non hospital based laboratory)<br><br>Types of Service include, but are not limited to: Blood, urine, samples, analysis, etc. | **Referring Provider:**<br>• Field 17B on CMS 1500 Health Insurance Claim Form or<br>• Loop 2310A (claim level) on the 837 Professional Electronic | File the claim to the Plan in whose state the specimen was drawn*<br><br>* Where the specimen was drawn will be determined by which state the referring provider is located. | Blood is drawn* in lab or office setting located in **Arkansas.** Blood analysis is done in New York.<br>File to: **Arkansas**.<br><br>*Claims for the analysis of a lab must be filed to the Plan in whose state the **specimen was drawn**. |

| Provider Type | How to file (Required fields) | Where to file | Examples |
| --- | --- | --- | --- |
| **Durable/Home Medical Equipment and Supplies (D/HME)**<br><br>Types of Service include, but are not limited to: Hospital beds, oxygen tanks, crutches, etc. | **Patient's Address:**<br>• Field 5 on CMS 1500 Health Insurance Claim Form or<br>• Loop 2010CA on the 837 Professional Electronic Submission.<br><br>**Ordering Provider:**<br>• Field 17B on CMS 1500 Health Insurance Claim Form or<br>• Loop 2420E (line level) on the 837 Professional Electronic Submission.<br><br>**Place of Service:**<br>• Field 24B on the CMS 1500 Health Insurance Claim Form or<br>• Loop 2300, CLM05-1 on the 837 Professional Electronic Submissions.<br><br>**Service Facility Location Information:**<br>• Field 32 on CMS 1500 Health Insurance Form or<br>• Loop 2310C (claim level) on the 837 Professional Electronic Submission. | File the claim to the Plan in whose state the equipment was shipped to or purchased in a retail store. | A. Wheelchair is purchased at a retail store in Arkansas.<br><br>**File to: Arkansas**<br><br>B. Wheelchair is purchased on the internet from an online retail supplier in Ohio and shipped to Arkansas.<br><br>**File to: Arkansas** |
| **Specialty Pharmacy**<br><br>Types of Service: Non-routine, biological therapeutics ordered by a health care professional as a covered medical benefit as defined by the member's Plan's Specialty Pharmacy formulary. Include, but are not limited to: injectable, infusion therapies, etc. | **Referring Provider:**<br>• Field 17B on CMS 1500 Health Insurance Claim Form or<br>• Loop 2310A (claim level) on the 837 Professional Electronic Submission. | File the claim to the Plan whose state the Ordering Physician is located. | Patient is seen by a physician in Illinois who orders a specialty pharmacy injectable for this patient. Patient will receive the injections in Arkansas where the member lives for 6 months of the year.<br>File to: Illinois |

# Medi-Pak® Choice

## 2012 Pharmacy Formularies

Beginning January 1, 2012, Arkansas Blue Cross and Blue Shield will be adding age edits for many of the drugs that the Center for Medicare & Medicaid Services (CMS) has deemed to be high risk medications. Members 65 and older will be required to get a prior authorization in order to have these prescriptions covered.

## Medi-Pak® Advantage (PFFS) Changes for 2012

Arkansas Blue Cross and Blue Shield's Medi-Pak® Advantage Private Fee-For-Service (PFFS) plan has continued to have significant membership growth during 2011 in large part because of our network of doctors and hospitals. Arkansas Blue Cross has more than 7,000 participating providers in the Medi-Pak® Advantage PFFS network. Providers who are interested in participating in the Medi-Pak® Advantage PFFS network should contact their regional network development representative (NDR).

Arkansas Blue Cross is committed to providing timely and accurate claims processing. Providers should not hesitate to call Medi-Pak® Advantage customer service with any claims issues and your NDR with any complex unresolved issues. Providers who are paid based on interim rates can help by making sure their NDR has their most current interim rate letter.

Arkansas Blue Cross is continuing to offer all the same options for our members. In today's economy, Arkansans are looking for value so Arkansas Blue Cross made every effort to keep premiums as low as possible. Arkansas Blue Cross will be offering a $0 premium Medi-Pak® Advantage plan in 52 counties.

Finally, we wanted to remind you of the new program for our members with certain chronic conditions. Our members with diabetes, COPD, asthma, heart failure and coronary artery disease have access to health coaching free of charge. If you have a Medi-Pak® Advantage PFFS patient who you think could benefit from this program, please let us know. We have also improved our benefits for diabetic shoes and insert, spacers and peak flow meters.

**Common In-Network Benefits:**

- **Skilled Nursing Facility** - $0 copayment days 1-20, $146 copayment days 21-100;
- **Home Health** - $0 copayment;
- **Emergency Room Visits** - $65 copayment per visit;
- **Ambulance** - $250 copayment ground transportation, $750 copayment air transportation;
- **Diagnostic Labs and X-rays** - $0 copayment;
- **Medicare Covered Preventive Services** - $0 copayment;
- **Diabetic Shoes and Inserts** - $0 copayment;
- **Spacers -** peak flow meters are $0 copayment;
- **All other Durable Medical Equipment/Prosthetic/Diabetic Supplies, Therapeutic Radiology, Part B Drugs, End Stage Renal Disease** - 20% coinsurance.

**Out-of-Network Benefits:**

- $500 deductible then 30% coinsurance. Emergency room and ambulance services are always considered in-network.

# Medi-Pak® Advantage Private Fee-For-Service (PFFS) 2012 Variable Benefits - In-Network

| Service Area/ Product | Premium | Combined Out-of-Pocket Max | Inpatient Hospital Copayments | Office Visits Copayments | Physical, Occupational, and Speech Therapy | Outpatient Hospital/ Surgery/ Adv Imaging Copayments |
|---|---|---|---|---|---|---|
| Area 1: MA-PD Option 1 | $0.00 | $5,750 | $265 days 1-6, $0 additional days | • $15 PCP; • $35 SCP; • $20 Chiropractors & Podiatrist | $35 copayment | $280 |
| Area 1: MA-PD Option 2 | $37.60 | $4,750 | $175 days 1-6, $0 additional days | • $15 PCP; • $35 SCP; • $20 Chiropractors & Podiatrist | $35 copayment | $200 |
| Area 2: MA | $0.00 | $6,700 | $265 days 1-6, $0 additional days | • $25 PCP; • $40 SCP; • $20 Chiropractors & Podiatrist | $40 copayment | $250 |
| Area 2: MA-PD | $55.20 | $6,700 | $265 days 1-6, $0 additional days | • $15 PCP; • $40 SCP; • $20 Chiropractors & Podiatrist | $40 copayment | $250 |
| Area 3: MA | $27.20 | $6,700 | $265 days 1-6, $0 additional days | • $25 PCP; • $40 SCP; • $20 Chiropractors & Podiatrist | $40 copayment | $250 |
| Area 3: MA-PD | $75.10 | $6,700 | $265 days 1-6, $0 additional days | • $15 PCP; • $35 SCP; • $20 Chiropractors & Podiatrist | $35 copayment | $250 |

- **Area 1:** Baxter, Benton, Boone, Carroll, Conway, Crawford, Franklin, Fulton, Johnson, Lee, Lincoln, Logan, Madison, Marion, Newton, Ouachita, Perry, Phillips, Pope, Randolph, Scott, Searcy, Sebastian, St. Francis, Stone, Van Buren, and Washington.

- **Area 2:** Ashley, Bradley, Cleveland, Craighead, Crittenden, Dallas, Faulkner, Grant, Howard, Izard, Jefferson, Lonoke, Miller, Monroe, Montgomery, Nevada, Pike, Poinsett, Polk, Pulaski, Sevier, Sharp, Union, Woodruff, and Yell.

- **Area 3:** Arkansas, Calhoun, Chicot, Clark, Clay, Cleburne, Columbia, Cross, Desha, Drew, Garland, Greene, Hempstead, Hot Spring, Independence, Jackson, Lafayette, Lawrence, Little River, Mississippi, Prairie, Saline, and White.

# Coverage Policy Manual Updates

The following policies were added or updated in Arkansas Blue Cross and Blue Shield's Coverage Policy Manual since September 2011. To view entire policies, access the coverage policies located our Web site at arkansasbluecross.com.

**New / Updated Policies:**

| Policy# | Policy Name |
|---|---|
| 1997061 | Coronary Artery Calcium Scoring; Screening, to Predict Risk for Coronary Artery Disease |
| 1997088 | Hyperbaric Oxygen Pressurization (HBO) |
| 1997177 | Tumor Antigen, Prostate Specific Antigen (PSA) |
| 1997185 | Tumor Markers, Urinary Bladder Cancer |
| 1997186 | Bone Markers (Collagen Crosslink as Biological Markers of Bone Turnover) |
| 1997254 | Vacuum Assisted Closure Device |
| 1998043 | Biofeedback for Miscellaneous Indications |
| 1998144 | Pulmonary Arterial Hypertension, Pharmacological Treatment With Prostacyclin Analogues, Endothelin Receptors Antagonists, or Phosphodiesterase Inhibitors |
| 1998158 | Trastuzumab |
| 1998161 | Infliximab (Remicade) |
| 1999001 | Nerve Conduction Studies (NCS), Electromyography (EMG) |
| 1999017 | Molecular Diagnostic Tests for Infectious Diseases |
| 2000047 | HDC & Autologous Stem and/or Progenitor Cell Support for Primitive Neuroectodermal Tumors (PNET) & Ependymoma |
| 2001004 | Magnetic Resonance Imaging (MRI), Cardiac Applications |
| 2001015 | Human Papilloma Virus Testing of Cervical Pap Smears |
| 2001026 | Tumor Antigen, Breast Cancer, CA 15-3, CA 27.29 |
| 2001034 | HDC & Autologous Stem and/or Progenitor Cell Support-Solid Tumors of Childhood |
| 2003044 | Computed Tomography (CT) Scanning for Lung Cancer Screening |
| 2003056 | Celiac Disease Antibody Testing |
| 2004017 | Genetic Test: Screening, Detection and/or Management of Prostate Cancer (PCA3) (SNP Testing) (TMPRSS Fusion Genes) (GSTP1) |
| 2004039 | Genetic Test: Hemochromatosis |
| 2004043 | Genetic Test: Melanoma, Hereditary |

| Policy# | Policy Name |
|---|---|
| 2004044 | Genetic Test: Factor V Leiden |
| 2005010 | Computed Tomography, Cardiac and Coronary Artery |
| 2006028 | Homocysteine Measurement |
| 2006031 | Natriuretic Peptide (BNP, NT-PROBNP) |
| 2011010 | Preventive Services for Non-Grandfathered Plans: Serum Lipids Screening |
| 2011012 | Preventive Services for Non-Grandfathered Plans: Alcohol Misuse Counseling And/Or Screening |
| 2011013 | Preventive Services for Non-Grandfathered Plans: Aspirin to Prevent Cardiovascular Disease in Adults |
| 2011014 | Preventive Services for Non-Grandfathered Plans: Iron Deficiency Anemia Screening in Pregnant Women |
| 2011015 | Preventive Services for Non-Grandfathered Plans: High Blood Pressure Screening in Adults |
| 2011016 | Preventive Services for Non-Grandfathered Plans: BRCA Testing; Genetic Counseling & Evaluation |
| 2011017 | Preventive Services for Non-Grandfathered Plans: Breast Cancer Preventive Medication |
| 2011018 | Preventive Services for Non-Grandfathered Plans: Breast Cancer Screening (Mammography) |
| 2011019 | Preventive Services for Non-Grandfathered Plans: Breastfeeding Counseling |
| 2011022 | Preventive Services for Non-Grandfathered Plans: Chlamydial Infection Screening in Women |
| 2011024 | Preventive Services for Non-Grandfathered Plans: Tobacco Use, Screening, Counseling and Interventions |
| 2011026 | Preventive Services for Non-Grandfathered Plans: Type 2 Diabetes Mellitus Screening for Adults |
| 2011029 | Preventive Services for Non-Grandfathered Plans: Dental Caries Prevention in Preschool Children |
| 2011034 | Preventive Services for Non-Grandfathered Plans: Nutrition (Dietary) Counseling, Adults |
| 2011036 | Preventive Services for Non-Grandfathered Plans: Hearing Loss Screening in Newborns |
| 2011040 | Preventive Services for Non-Grandfathered Plans: Human Immunodeficiency Virus (HIV) Screening |

(Continued from page 15) Coverage Policy Manual Updates

| Policy# | Policy Name |
|---|---|
| 2011041 | Preventive Services for Non-Grandfathered Plans: Folic Acid for Prevention of Neural Tube Defects |
| 2011042 | Preventive Services for Non-Grandfathered Plans: Iron Supplementation for Children |
| 2011043 | Preventive Services for Non-Grandfathered Plans: Depression Screening, Adults |
| 2011044 | Preventive Services for Non-Grandfathered Plans: Depression Screening in Adolescents |
| 2011045 | Preventive Services for Non-Grandfathered Plans: Colorectal Cancer Screening |
| 2011053 | Autism Spectrum Disorder Early Behavioral Intervention |
| 2011054 | Autism Spectrum Disorder Interventions Other Than Early Behavioral Intervention |
| 2011055 | HDC & Allogeneic Stem &/Or Progenitor Cell Support-Solid Tumors of Childhood |
| 2011056 | Electrical Stimulation, Posterior Tibial Nerve Stimulation for the Treatment of Voiding Dysfunction |
| 2011057 | Genetic Testing: Aspirin Treatment, Lipoprotein(A) Variant(S) As A Decision Aid |
| 2011058 | Autologous Stem-Cell Therapy to Treat Peripheral Arterial Disease |
| 2011059 | Genetic Testing: Adolescent Idiopathic Scoliosis; Prediction of Disease Progression |
| 2011060 | Biomarker Test (Vectra™ DA) for Monitoring Disease Activity in Rheumatoid Arthritis |
| 2011061 | Genetic Testing: Melanoma, V600e Mutation Testing to Predict Response to Vemurafenib (Zelboraf™) Treatment |
| 2011062 | Electrical Stimulation, Baroreflex Stimulation for the Treatment of Hypertension |
| 2011063 | Scleral Contact Lens, Gas Permeable |
| 2011064 | Viscocanalostomy |
| 2011066 | Preventive Services for Non-Grandfathered Plans: Overview |
| 2011067 | Genetic Testing: Multiple Myeloma, Gene Expression Profiling |
| 2011068 | Genetic Testing: Hermark, HER2 Breast Cancer Assay for Measurement of HER2 Total Protein Expression and HER2 Dimers |
| 2011069 | PET or PET/CT for Anal Carcinoma |
| 2011070 | Electrical Stimulation, Auricular Stimulation |

# Access Only - Current PPO Groups

Access Only PPO Customers of USAble Corporation as of January 1, 2012

| Access Only Group | PPO Network |
|---|---|
| AALF's Manufacturing Inc / Midland's Choice | True Blue |
| Ark Sheet Metal Workers -Local #36-L | True Blue |
| Arkansas State University Athletes | True Blue |
| ArVest Bank | True Blue |
| Ashley County Medical Center | Arkansas' FirstSource® |
| BEKAERT - Rogers, AR Location | True Blue |
| BEKAERT - Van Buren, AR Location | True Blue |
| Brentwood Industries, Inc | Arkansas' FirstSource® |
| Bryce Corporation | True Blue |
| Christus St Michael - Cobra Employees | Arkansas' FirstSource® |
| Corizon / Correction Medical Services | True Blue |
| Diocese of Little Rock / Christian Brothers | True Blue |
| Franklin Electric | Arkansas' FirstSource® |
| Harps Food Stores | True Blue |
| Hickory Springs | True Blue (Effective 01/15/11) |
| KLA Benefits/Klipsch LLC | Arkansas' FirstSource® |
| LA Darling | True Blue |
| Magnolia Hospital | Arkansas' FirstSource® |
| Motor Appliance Corporation | Arkansas' FirstSource® |
| Odom's Tennessee Pride Sausage | True Blue |
| Razorback Concrete Company | True Blue |
| Rea Magnet Wire | True Blue |
| Stevens Media Group | True Blue |
| UFCW (Kroger & Consumer Market) | True Blue |
| Wabash National / Cloud Corp | Arkansas' FirstSource® |

# Access Only - Terminated PPO Groups

| Terminated Access Only Groups | Term Date |
|---|---|
| Levi Hospital | 12/01/2011 |
| Iron Workers Local 321 | 7/31/2010 |
| Siplast Inc | 11/01/2011 |
| St. Michael - C H Wilkerson | 6/30/2010 |

| Terminated Access Only Groups | Term Date |
|---|---|
| St. Michael Healthcare - COBRA | 6/30/2010 |
| St. Michael Healthcare - Hospital | 6/30/2010 |
| St. Michael Healthcare - Rehab | 6/30/2010 |

# Fee Schedule

## Home Health Agency Fee Schedule

The following Home Health Agency codes were updated on the Arkansas Blue Cross fee schedule on September 1, 2011.

| Revenue Code | CPT/ HCPCS Code | Description | Allowance | Comments |
|---|---|---|---|---|
| 571 (Home Health Aide Visit) | 99600 | Unlisted home health service or procedure | Per Case Manager must be AT LEAST MEDICAID RATE | This code and service only paid when pre-approved by case management. Detailed description of service will likely be requested. (Medicaid Allow is approximately $67.00 PER VISIT) |
| 552 | S9123 | Nursing care, in the home; by RN, per hour | $42.00 Per hour | This code and service only paid when pre-approved by case management. Detailed description of service will likely be requested. |
| 572 | S9122 | Home health aide or certified nurse assistant, per hour. | $19.00 Per Hour | One unit equals one hour. This service will require case management approval. Four hours/units equals one Home Health Aide visit |
| 552 | S9124 | Nursing care, in the home; by LPN, per hour | $32.00 Per hour | This code and service only paid when pre-approved by case management. Detailed description of service will likely be requested. |
| 551 | 99500-99512, 99600 | RN Visit See CPT code book for code descriptions Modifier TD Required | $146 per visit | One unit equals one visit (up to approximately 2 hours) |
| 551 | 99500-99512, 99600 | LPN Visit See CPT code book for code descriptions Modifier TE Required | $98 per visit | One unit equals one visit (up to approximately 2 hours) |
| 561 | S9127 | Social Work visit, in the home, per diem | $70.00 | One unit equals one day's services |
| 441 | S9128 | Speech Therapy, in the home, per diem | $80.00 | One unit equals one day's services |
| 431 | S9129 | Occupational Therapy, in the home, per diem | $80.00 | One unit equals one day's services |
| 421 | S9131 | Physical Therapy, in the home, per diem | $142.00 | One unit equals one day's services |

# Fee Schedule

## Injection Code Updates

The following durable injection codes were updated on Arkansas Blue Cross fee schedule on October 1, 2011.

| Code | Allowance |
|---|---|
| 90371 | $120.31 |
| 90375 | $196.89 |
| 90376 | $188.48 |
| 90385 | $26.16 |
| 90585 | $118.96 |
| 90586 | $124.38 |
| 90632 | $50.14 |
| 90654 | $19.12 |
| 90655 | $16.33 |
| 90662 | $32.16 |
| 90670 | $134.45 |
| 90675 | $217.81 |
| 90691 | $70.59 |
| 90703 | $32.78 |
| 90714 | $20.29 |
| 90715 | $42.91 |
| 90718 | $18.71 |
| 90743 | $25.19 |
| 90744 | $27.36 |
| A9577 | $2.39 |
| A9578 | $2.33 |
| A9579 | $2.23 |
| A9583 | $13.16 |
| J0129 | $21.97 |
| J0130 | $581.89 |
| J0132 | $2.91 |
| J0133 | $0.02 |
| J0135 | $435.60 |
| J0150 | $6.30 |
| J0152 | $100.09 |
| J0171 | $0.06 |
| J0180 | $146.84 |
| J0205 | $43.71 |
| J0207 | $334.90 |
| J0210 | $41.51 |
| J0215 | $41.05 |
| J0256 | $4.06 |
| J0270 | $0.57 |
| J0278 | $0.80 |
| J0280 | $0.40 |
| J0285 | $12.26 |
| J0287 | $8.93 |
| J0290 | $2.30 |
| J0295 | $3.02 |
| J0348 | $1.28 |
| J0360 | $3.86 |
| J0364 | $5.42 |
| J0400 | $0.42 |
| J0456 | $5.52 |
| J0470 | $30.23 |
| J0475 | $198.70 |
| J0476 | $80.98 |
| J0480 | $2,322.01 |
| J0515 | $26.84 |
| J0558 | $3.60 |
| J0561 | $4.55 |
| J0586 | $7.72 |
| J0587 | $11.42 |
| J0592 | $0.78 |
| J0594 | $19.84 |
| J0610 | $0.73 |
| J0630 | $59.32 |
| J0636 | $0.23 |
| J0640 | $1.52 |
| J0641 | $1.68 |
| J0670 | $1.40 |
| J0690 | $0.72 |
| J0692 | $3.47 |
| J0694 | $5.13 |
| J0697 | $2.53 |
| J0698 | $1.81 |
| J0706 | $0.40 |
| J0713 | $2.32 |
| J0718 | $4.37 |
| J0720 | $22.04 |
| J0725 | $12.77 |
| J0735 | $20.28 |
| J0740 | $787.22 |
| J0744 | $1.18 |
| J0770 | $15.68 |
| J0780 | $1.87 |
| J0795 | $5.91 |
| J0834 | $71.79 |
| J0850 | $1,004.73 |
| J0878 | $0.50 |
| J0881 | $3.32 |
| J0882 | $3.32 |
| J0885 | $10.29 |
| J0886 | $10.29 |
| J0894 | $33.86 |
| J0895 | $10.70 |
| J1000 | $7.10 |
| J1020 | $1.49 |
| J1030 | $3.42 |
| J1040 | $8.36 |
| J1051 | $8.53 |

(Continued from page 15) Injection Code Updates

| Code | Allowance |
|---|---|
| J1070 | $3.64 |
| J1080 | $6.11 |
| J1100 | $0.10 |
| J1110 | $26.23 |
| J1120 | $43.74 |
| J1160 | $3.87 |
| J1162 | $664.32 |
| J1165 | $0.35 |
| J1170 | $1.76 |
| J1200 | $0.72 |
| J1205 | $286.05 |
| J1240 | $4.40 |
| J1245 | $0.86 |
| J1250 | $5.96 |
| J1260 | $5.97 |
| J1265 | $0.59 |
| J1270 | $2.86 |
| J1290 | $300.63 |
| J1325 | $14.77 |
| J1327 | $23.34 |
| J1335 | $31.35 |
| J1364 | $10.21 |
| J1380 | $7.68 |
| J1410 | $109.76 |
| J1438 | $216.56 |
| J1440 | $261.61 |
| J1441 | $413.47 |
| J1450 | $4.61 |

| Code | Allowance |
|---|---|
| J1451 | $7.32 |
| J1453 | $1.79 |
| J1457 | $2.15 |
| J1458 | $361.88 |
| J1459 | $36.48 |
| J1460 | $21.85 |
| J1560 | $218.53 |
| J1561 | $38.98 |
| J1566 | $32.29 |
| J1569 | $39.30 |
| J1570 | $70.58 |
| J1571 | $55.23 |
| J1572 | $36.56 |
| J1573 | $55.23 |
| J1580 | $0.97 |
| J1600 | $15.58 |
| J1610 | $107.37 |
| J1626 | $0.91 |
| J1630 | $2.44 |
| J1631 | $14.24 |
| J1640 | $11.04 |
| J1644 | $0.29 |
| J1645 | $11.76 |
| J1650 | $6.44 |
| J1652 | $6.28 |
| J1670 | $259.73 |
| J1720 | $3.88 |
| J1740 | $156.90 |

| Code | Allowance |
|---|---|
| J1742 | $141.83 |
| J1745 | $68.29 |
| J1750 | $12.23 |
| J1756 | $0.34 |
| J1790 | $2.52 |
| J1800 | $2.68 |
| J1817 | $2.68 |
| J1930 | $32.84 |
| J1940 | $1.70 |
| J1945 | $366.96 |
| J1950 | $626.15 |
| J1953 | $0.31 |
| J1955 | $8.26 |
| J1980 | $14.07 |
| J2010 | $6.35 |
| J2020 | $36.55 |
| J2060 | $0.77 |
| J2150 | $0.99 |
| J2175 | $1.97 |
| J2210 | $5.88 |
| J2250 | $0.15 |
| J2270 | $2.84 |
| J2271 | $0.95 |
| J2275 | $2.60 |
| J2280 | $3.73 |
| J2300 | $0.93 |
| J2310 | $13.31 |
| J2315 | $2.95 |

| Code | Allowance |
|---|---|
| J2323 | $10.94 |
| J2325 | $49.14 |
| J2353 | $124.14 |
| J2354 | $1.53 |
| J2355 | $254.29 |
| J2357 | $22.62 |
| J2360 | $6.06 |
| J2370 | $1.05 |
| J2400 | $14.72 |
| J2405 | $0.10 |
| J2425 | $12.14 |
| J2426 | $6.95 |
| J2430 | $14.32 |
| J2440 | $0.91 |
| J2469 | $19.96 |
| J2501 | $2.59 |
| J2503 | $1,061.42 |
| J2504 | $263.47 |
| J2505 | $2,837.08 |
| J2510 | $12.78 |
| J2515 | $22.50 |
| J2543 | $4.48 |
| J2545 | $55.33 |
| J2550 | $1.71 |
| J2560 | $3.05 |
| J2562 | $292.35 |
| J2590 | $0.77 |
| J2597 | $3.67 |

| Code | Allowance |
|---|---|
| J2675 | $1.60 |
| J2680 | $11.21 |
| J2690 | $9.06 |
| J2700 | $2.66 |
| J2720 | $0.46 |
| J2724 | $13.67 |
| J2730 | $93.83 |
| J2760 | $56.76 |
| J2765 | $0.31 |
| J2770 | $181.77 |
| J2778 | $419.26 |
| J2780 | $0.85 |
| J2783 | $200.32 |
| J2785 | $54.29 |
| J2788 | $22.81 |
| J2790 | $87.07 |
| J2792 | $18.24 |
| J2794 | $5.38 |
| J2796 | $48.62 |
| J2800 | $28.73 |
| J2805 | $79.21 |
| J2820 | $25.67 |
| J2916 | $6.41 |
| J2920 | $1.88 |
| J2930 | $2.63 |
| J2993 | $1,721.00 |
| J2997 | $44.77 |
| J3000 | $10.96 |
| J3010 | $0.40 |

| Code | Allowance |
|---|---|
| J3030 | $81.32 |
| J3070 | $12.77 |
| J3095 | $2.19 |
| J3101 | $60.58 |
| J3105 | $2.91 |
| J3120 | $4.77 |
| J3130 | $10.84 |
| J3230 | $9.75 |
| J3240 | $1,094.19 |
| J3246 | $9.45 |
| J3250 | $6.05 |
| J3260 | $1.71 |
| J3301 | $1.68 |
| J3303 | $1.57 |
| J3315 | $186.75 |
| J3355 | $69.60 |
| J3357 | $122.26 |
| J3360 | $1.15 |
| J3370 | $2.90 |
| J3396 | $10.35 |
| J3410 | $1.34 |
| J3411 | $3.32 |
| J3415 | $6.59 |
| J3420 | $0.53 |
| J3465 | $6.44 |
| J3471 | $0.21 |
| J3475 | $0.08 |
| J3480 | $0.01 |
| J3486 | $7.42 |

| Code | Allowance |
|---|---|
| J3487 | $233.51 |
| J3488 | $231.55 |
| J7030 | $1.20 |
| J7040 | $0.60 |
| J7050 | $0.30 |
| J7060 | $1.11 |
| J7070 | $2.20 |
| J7100 | $21.72 |
| J7120 | $1.10 |
| J7185 | $1.13 |
| J7187 | $0.93 |
| J7189 | $1.61 |
| J7190 | $0.89 |
| J7192 | $1.15 |
| J7193 | $0.94 |
| J7194 | $0.96 |
| J7197 | $2.88 |
| J7308 | $156.67 |
| J7312 | $203.79 |
| J7321 | $93.28 |
| J7323 | $154.86 |
| J7324 | $176.11 |
| J7325 | $12.64 |
| J7335 | $26.58 |
| J7500 | $0.11 |
| J7501 | $129.88 |
| J7502 | $3.51 |
| J7504 | $589.90 |
| J7505 | $1,178.29 |

| Code | Allowance |
|---|---|
| J7506 | $0.02 |
| J7507 | $2.78 |
| J7509 | $1.04 |
| J7510 | $0.03 |
| J7511 | $458.14 |
| J7515 | $0.91 |
| J7516 | $26.16 |
| J7517 | $1.35 |
| J7518 | $3.46 |
| J7520 | $11.44 |
| J7525 | $145.08 |
| J7605 | $5.60 |
| J7606 | $5.03 |
| J7608 | $1.46 |
| J7611 | $0.11 |
| J7612 | $0.23 |
| J7613 | $0.06 |
| J7614 | $0.23 |
| J7620 | $0.33 |
| J7626 | $4.57 |
| J7631 | $0.50 |
| J7639 | $29.24 |
| J7644 | $0.28 |
| J7674 | $0.51 |
| J7682 | $82.97 |
| J7686 | $434.89 |
| J8501 | $6.42 |
| J8510 | $3.99 |
| J8520 | $7.76 |

(Continued from page 17) Injection Code Updates

| Code | Allowance |
|---|---|
| J8521 | $26.11 |
| J8560 | $39.79 |
| J8562 | $81.05 |
| J8600 | $7.63 |
| J8610 | $0.12 |
| J8700 | $10.05 |
| J8705 | $82.59 |
| J9000 | $5.00 |
| J9001 | $556.87 |
| J9010 | $609.69 |
| J9015 | $1,027.78 |
| J9017 | $42.50 |
| J9025 | $5.46 |
| J9027 | $126.87 |
| J9031 | $124.38 |
| J9033 | $19.58 |
| J9035 | $63.58 |
| J9040 | $28.73 |
| J9045 | $4.40 |
| J9050 | $182.88 |
| J9060 | $2.23 |
| J9065 | $25.38 |
| J9070 | $14.24 |
| J9098 | $533.69 |
| J9100 | $0.75 |
| J9120 | $601.32 |
| J9130 | $3.77 |
| J9150 | $16.53 |
| J9155 | $2.87 |

| Code | Allowance |
|---|---|
| J9160 | $1,699.20 |
| J9171 | $16.70 |
| J9178 | $1.98 |
| J9181 | $0.80 |
| J9185 | $107.95 |
| J9190 | $1.45 |
| J9200 | $64.47 |
| J9201 | $95.02 |
| J9202 | $197.62 |
| J9206 | $6.81 |
| J9207 | $67.28 |
| J9208 | $33.95 |
| J9209 | $4.25 |
| J9211 | $61.82 |
| J9217 | $229.91 |
| J9218 | $4.69 |
| J9225 | $3,200.00 |
| J9245 | $1,603.47 |
| J9250 | $0.17 |
| J9260 | $1.75 |
| J9261 | $120.83 |
| J9263 | $10.55 |
| J9264 | $9.89 |
| J9265 | $9.90 |
| J9268 | $1,149.15 |
| J9293 | $39.61 |
| J9302 | $47.22 |
| J9303 | $90.72 |
| J9305 | $55.92 |

| Code | Allowance |
|---|---|
| J9307 | $172.25 |
| J9310 | $652.14 |
| J9315 | $233.78 |
| J9320 | $281.63 |
| J9328 | $5.04 |
| J9330 | $53.60 |
| J9340 | $139.05 |
| J9351 | $10.44 |
| J9355 | $75.34 |
| J9360 | $1.02 |
| J9370 | $4.08 |
| J9390 | $18.50 |
| J9395 | $88.65 |
| Q0138 | $0.69 |
| Q0139 | $0.69 |
| Q0163 | $0.03 |
| Q0164 | $0.03 |
| Q0165 | $0.07 |
| Q0166 | $1.28 |
| Q0167 | $5.55 |
| Q0168 | $14.79 |
| Q0169 | $0.31 |
| Q0170 | $0.08 |
| Q0179 | $0.70 |
| Q0180 | $69.15 |
| Q2009 | $0.62 |
| Q2017 | $335.28 |
| Q2035 | $12.00 |
| Q2037 | $14.20 |

| Code | Allowance |
|---|---|
| Q2038 | $13.84 |
| Q2040 | $5.75 |
| Q2041 | $0.90 |
| Q2043 | $34,174.40 |
| Q2044 | $40.16 |
| Q3025 | $252.59 |
| Q4074 | $71.66 |
| Q4081 | $1.03 |
| Q4101 | $38.04 |
| Q4102 | $6.08 |
| Q4103 | $6.08 |
| Q4104 | $17.23 |
| Q4105 | $10.20 |
| Q4106 | $42.94 |
| Q4107 | $100.65 |
| Q4108 | $23.03 |
| Q4110 | $33.31 |
| Q4111 | $7.19 |
| Q4112 | $352.18 |
| Q4113 | $352.18 |
| Q4114 | $1,081.09 |
| Q4116 | $33.63 |
| Q9954 | $11.06 |
| Q9956 | $42.54 |
| Q9957 | $63.81 |
| Q9958 | $0.08 |
| Q9961 | $0.18 |
| Q9963 | $0.19 |
| Q9965 | $1.11 |

# 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 |
|---|---|---|---|---|---|---|
| 90378 | $1,180.19 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 90378 | $1,209.74 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 93313 | $68.55 | $68.55 | $0.00 | $68.55 | $68.55 | $0.00 |
| G0442 | $10.81 | $0.00 | $0.00 | $10.33 | $0.00 | $0.00 |
| G0443 | $32.41 | $0.00 | $0.00 | $31.00 | $0.00 | $0.00 |
| H0031 | $120.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| H0032 | $360.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| H2012 | $120.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| H2019 | $30.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| H2020 | BR | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| J7300 | $460.60 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| J7300 | $540.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

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# providers' news staff

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## Please Note

Providers' News contains information pertaining to Arkansas Blue Cross and Blue Shield and its affiliated companies. The newsletter does not pertain to Medicare. Medicare policies are outlined in the Medicare Providers' News bulletins. If you have any questions, please feel free to call (501) 378-2307 or (800) 827-4814.

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