

# Providers' News

March 2006

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## Please Note:

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

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## We're on the Web!

[www.ArkansasBlueCross.com](http://www.ArkansasBlueCross.com)  
[www.HealthAdvantage-hmo.com](http://www.HealthAdvantage-hmo.com)  
[www.BlueAdvantageArkansas.com](http://www.BlueAdvantageArkansas.com)  
 and [www.fepblue.org](http://www.fepblue.org)

## The Providers' News

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

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**Arkansas  
 BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

# Coordination of Benefits & Subrogation Reminder

Participating Network Providers with Arkansas Blue Cross and Blue Shield, Health Advantage, and US Able Corporation (True Blue PPO and/or FirstSource PPO) agree to cooperate fully with Arkansas Blue Cross, Blue Advantage, Federal Employee Program (FEP) and Health Advantage (the Applicable Payers) and its designated representative in identifying all third party liability including other insurance (COB), workers' compensation, and potential subrogation.

Providers understand and agree that if a member's health condition and/or injury is a compensable injury under the workers' compensation laws, the applicable Payers for such member does not cover claims for such

compensable injuries. Accordingly, providers agree not to file claims with applicable payers for treatment of the member's health conditions and/or injuries for which the member has filed or recovered any workers' compensation claim or settlement.

Whenever coordination of benefit, subrogation, or workers compensation payments have been made by Applicable Payers in a total amount including the other third party liability payment in excess of 100% of the Network's allowed amount of payment, Applicable Payers shall have the right, at any time, to recover such payment, to the extent of such excess above the Network Allowance.

# Appropriate Modifier Usage

It is extremely important that pricing modifiers be submitted in the **FIRST** modifier position on a claim form. Submission of the pricing modifier in other modifier positions may result in incorrect pricing of the claim. Informational modifiers (i.e., **LT** (Left side), **RT** (Right side)) are important but should be submitted in a secondary modifier position **IF** a pricing modifier is also needed on the line item.

There are a few instances where **TWO** pricing modifiers are appropriate on the same line item. One example would be an assistant surgeon billing for multiple surgical procedures. The secondary surgical procedure would require both the assistant surgery Modifier 80 and the multiple surgery Modifier 51. Modifier 80 should be placed in the first modifier position and Modifier 51 would be placed in the second modifier position.

The pricing modifiers are:

- 26—Professional Component
- TC—Technical Component
- 50—Bilateral Procedure
- 51—Multiple Procedures
- 52—Reduced Services
- 62—Co-Surgery
- 66—Team Surgery
- 80—Assistant Surgery
- 81—Minimum Assistant Surgeon
- 82—Assistant Surgeon (when qualified resident surgeon not available)

It is **NEVER** appropriate to bill both Modifier 26 AND Modifier TC on the same line item. If providers are billing for the total component of the procedure, no modifier is required.

# Select Quality Care

Select Quality Care, introduced in June 2005, is a web-based, health-care decision tool that provides members a way to review an independent comparison of hospital quality measures by procedure or diagnosis. Select Quality Care offers side-by-side comparisons that are based on evidence-based measures such as patient volume, mortality rates and unfavorable outcomes.

## Hospital Choice:

Select Quality Care provides members with access to information (i.e. number of patients treated, number of complications, mortality rate, and length of stay) that they can discuss with their physicians when making their choice.

Select Quality Care provides information on all hospitals in Arkansas, both in-network and out-of-network. However, now members will have the hospitals identified as to whether they are in-network or out-of-network.

For network hospitals located outside the state of Arkansas, the other state's database will be used for the hospital-specific information displayed. Members are asked to always confirm with Customer Service that a selected hospital is within their covered network.

## New Features:

- Members now have a choice of selecting either the health plan information or the Medicare information. The health plan information provides diagnoses and procedures, such as deliveries and pediatric surgeries, which are absent in the Medicare information.

- Another enhancement provided to members is the addition of the 20 quality of care measures for heart attacks, heart failure, pneumonia, and surgery, as standardized by the Centers for Medicaid and Medicare Services (CMS).

## How Members Use Select Quality Care:

To use the hospital quality comparison tool, members can visit either the Arkansas Blue Cross and Blue Shield, Health Advantage or Blue Advantage Administrators of Arkansas websites ([www.ArkansasBlueCross.com](http://www.ArkansasBlueCross.com), [www.HealthAdvantage-HMO.com](http://www.HealthAdvantage-HMO.com), or [www.BlueAdvantageArkansas.com](http://www.BlueAdvantageArkansas.com)) and click on the *My Blueprint* link located on the home page.

USable Administrators members can access the Select Quality Care tool by visiting the USable website ([www.usableadmin.com](http://www.usableadmin.com)) and clicking on the *My Tracker* link located on the home page. USable members will then log in to the secured member portal before receiving access.

Select Quality Care is provided as a value-added service of the member's health plan. Additional information about Select Quality Care can be found in the June 2005 issue of *Providers' News*.



# Hospital Revenue Code Requirements

As of April 17, 2006 the following revenue code requirements outlined in the NUBC (National Uniform Billing Committee) manual will be enforced. Any claims received not complying with the requirements below, will be rejected:

- The use of 4-digit revenue codes as opposed to 3-digit revenue codes will be required on all claims, whether submitted electronic or paper. Example: Pharmacy Revenue Code 0250 can no longer be submitted as 250.
- Revenue Code 0001 for Total Charges is not valid for electronically submitted ANSI Institutional Claims. The Total Charge for an ANSI Institutional claim must be in the 2300 CLM02 field. Claims submitted paper or in the NSF (National Standard Format) will still require the 0001 Total Charge Revenue code.
- Procedure Code Method is no longer valid. Procedure Code Method should not be submitted in the FL 79 on the UB92 form or in the NSF Record 70 Field 27 Position 181.
- A valid ICD-9 Procedure Code is required for Principle Procedure Codes and Other Procedures Codes submitted. CPT4 codes will reject in these fields.

## Arkansas Blue Cross and Blue Shield Accounts Receivable Reconciliation System (ARRS)

Arkansas Blue Cross Blue Shield announces the implementation of an automated accounts receivable system for claim over-payments effective February 1, 2006. Modifications to the claim adjustment process made in conjunction with this implementation will automate the comparison of the adjudicated payment amount of the claim previously paid in error to the adjudicated payment amount of the corrected claim and will enable the claims system to take appropriate action based on the results of that comparison.

If the payment amount of the corrected claim does not change, claims history will be updated appropriately and no action will be required on the part of the provider or member.

If the payment amount of the corrected claim is greater, an additional payment will be made. If the payment amount of the corrected claim is

less, a letter will be generated to the provider's payment address requesting a refund of the overpaid amount. Details in the refund request letter will essentially be the same as they are today which includes the patient's identification and account numbers, original claim number, original payment amount, paid date, and check/EFT number.

A financial control number, which provides the reference "key" used in all subsequent recovery actions or correspondence for a claim, will be printed in the upper right corner of the letter. The financial control number consists of an indicator that identifies the claims payment system (G for GCPS — the Arkansas Blue Cross regular, commercial policies or M for Medipak — the Arkansas Blue Cross Medicare Supplement policies), the affected claim number, and the patient identification number.

The option to issue a refund check to Arkansas Blue Cross or have the overpayment withheld (offset) from future remittances is the provider's choice. However, the offset process is usually preferred since it generally reduces the administrative effort for both parties - provider and payer.

Providers with questions regarding the refund request should contact Customer Service immediately at the numbers noted in the letter. In order to expedite the review, the disputed refund request should be identified by the financial control number. Providers who agree with the overpayment determination and prefer that the offset transaction be completed sooner than thirty (30) days from the letter date (and thus be able to 'close' the patient account records more timely) should return the refund request letter with a message "Recoup Immediately". The recoup transaction will take place within ten (10) business days following receipt of the provider's written instructions.

The reporting of adjustments on the Arkansas Blue Cross remittance advice has also been modified to be more consistent with the reversal and correction process defined in the ANSI 835 implementation guide and is similar to the way adjustments have been reported on the BlueCard remittance advice for the past year.

Claim records with negative amounts will represent the void/reversal of claims previously paid in error. A Payment Code of 'R' will be displayed in the last column on the right.

If the voided claim was re-processed for the same provider and patient, a claim record with positive amounts that represents the reissue/correction of that claim is printed immediately after the void claim record.

**NOTE:** The first nine digits of the reissue Claim Number will be the same as on the voided claim. (A Payment Code of 'C' will be displayed in the last column on the right.)

If there is no reissue or if the reissue amount

is less than the void amount, the overpaid amount will not be deducted from the current remittance. As stated earlier, a letter will be sent giving the provider an opportunity to refund the overpayment within 30 days.

To negate the impact of the reversal/correction on the current remittance, a line will be inserted to show the "Net Amount Added to Accounts Receivable". This line will also display the same financial control number that will be printed on the refund request letter.

This line on the paper remittance advice will correspond to a PLB segment that serves the same purpose on the 835. The amount in the 835 PLB segment will be negative, which means that it is added to the sum of the CLP segment paid amounts to tie back to the total paid amount in the BPR segment. This gives providers sufficient information to post the patient's account and/or take other actions needed to close the patient's account and establish an account payable to Arkansas Blue Cross.

If Arkansas Blue Cross has not received the requested refund after 30 days, or if a provider has notified Arkansas Blue Cross to "recoup immediately", the amount of the overpayment will be withheld/offset from the provider's next claims payment. Offset details will be reported at the end of the remittance advice and will again reference the financial control number. (The offset will also be shown on the 835 in a PLB segment. The amount in the 835 PLB segment for an offset will be positive, which means that it is deducted from the sum of the CLP segment paid amounts to tie back to the total paid amount in the BPR segment.)

**NOTE:** ARRS is effective for regular Blue Cross and Blue Shield claims activity only at this time. Adjustments for Medipak<sup>®</sup> will be added to this process in the second quarter of 2006. These changes do not affect claims for BlueAdvantage Administrators of Arkansas, Health Advantage, or the Federal Employee Program (FEP).



# Interim and Adjustment Bill Type Processing Changes

Effective for hospital admission dates of February 1, 2006 and later, Arkansas Blue Cross and Blue Shield will implement changes to the way in which regular Blue Cross and Blue Shield inpatient hospital interim bills and inpatient adjustment claims are processed. These changes do not affect Health Advantage or Blue Advantage Administrators of Arkansas claims.

The first interim claim (bill type 112) will process routinely. As subsequent interim claims (bill type 113) and the final claim (bill type 114) are received, a confirmation of receipt of each claim will be sent to the hospital provider on the next remittance advice.

Utilizing the system modifications made for the Accounts Receivable and Reconciliation System (ARRS), the first interim bill's previously adjudicated payment amount will be combined with the billed amounts of any subsequent interim claims then compared to previous payment amounts. This enables the claims system to calculate additional liability for the claim up to the point of the patient's hospital stay.

Adjustment and late charge claims (bill type codes 115-118) will be handled in a similar manner. The previously adjudicated payment amount will be compared to the corrected claim

adjudicated payment amount allowing the system to take appropriate action based on the results of that comparison.

If the payment amount of the corrected claim does not change (the data elements being corrected are not related to the payment calculation), the claims history will be updated appropriately and no action will be required on the part of the provider or member. If the payment amount of the corrected claim is greater, an additional payment will be made. If the payment amount of the corrected claim is less, a letter will be generated to the provider's payment address requesting a refund of the overpaid amount.

Please refer to the Accounts Receivable and Reconciliation System (ARRS) announcement (on pages 4-5) for more information regarding refund request, offsets, and Arkansas Blue Cross and Blue Shield remittance advice adjustment reporting. This change does not apply to the Federal Employee Program (FEP).

## Telemedicine Services

Modifier GT (via interactive audio and video telecommunication) should be used when billing for telemedicine services except for interpretation of radiology procedures or interpretation of rhythm strips.

Effective July 2004, telemedicine is not covered based on member benefit contract exclusions for Arkansas Blue Cross and Blue Shield.

# Wal-Mart Health Plans For 2006

Effective January 1, 2006, Wal-Mart Stores, Inc. added several new health plan options, thus giving their Associates additional choices in medical coverage. In Arkansas, the plans are administered by BlueAdvantage Administrators of Arkansas and utilize the TrueBlue PPO provider network.

Below is an overview of the plans available for Wal-Mart Associates. One key feature of all of the plans is the \$20 copay for outpatient doctor visits and Well Child doctor visit. **(Well Child Doctor Visits are not subject to the Annual Deductible.)**

## Value Plans:

- Associates in the Value Plans must use True Blue PPO network hospitals and doctors to receive full benefits.
- There is an individual annual deductible amount of \$1,000.
- There is a \$20 copayment for the **first three True Blue PPO network doctor visits prior to the annual deductible being met** (per covered family member).
- Subsequent doctor visits are the participant's responsibility until the annual deductible is met.
- **After the annual deductible has been met, there is a \$20 copayment** per True Blue PPO network doctor visit. Most other benefits are generally payable at 80% of covered charges.

## Standard Plans:

- Associates in the Standard Plans must use True Blue PPO network hospitals for inpatient stays to receive full benefits; however, during the inpatient stay, participants can use any doctor and still receive full benefits.
- Individual deductible amounts will vary based on the plan chosen by the Wal-Mart Associate.

- There is a \$20 copayment **after the annual deductible is met** for outpatient doctor visits. Most other benefits are generally payable at 80% of covered charges.

## Network Saver and HSA Qualified Plans (Health Savings Account):

- Associates in the Network Saver and HSA Qualified Plans must use True Blue PPO network hospitals and doctors to receive full benefits.
- Individual deductible amounts vary based on the plan chosen by the Associate.
- There is a \$20 copayment **after the annual deductible is met** for outpatient doctor visits. Most other benefits are generally payable at 80% of covered charges.

To determine which plan an Associate is participating in, or to determine if an Associate has met his or her deductible, please call contact BlueAdvantage customer service at (866) 823-3790. Actual Plan provisions will control in the event of a discrepancy.



# ARHealth

ARHealth is a new “open-access” product designed for Arkansas State Retirees and Public School Retirees designed by the Department of Finance Administration, Employee Benefit Division and administered by Health Advantage. ARHealth is co-branded by the State of Arkansas and Health Advantage as indicated on the member identification cards.

ARHealth has two plan designs - one plan for members with Medicare and one for members not yet Medicare eligible. Both plan designs are ‘open access’ - no referrals required for in-network services.

For members with “Medicare Primary Eligible” indicated at the bottom of the ID card, the plan will simply pay the coinsurance and deductibles not covered by Medicare. **Medicare eligible members will not owe a copayment for office visits at the time of service.**

The only additional benefit for the “Medicare Primary Eligible” members, above those covered by Medicare, is one vision exam every 24 months by a Health Advantage participating provider. The member will owe a \$30 copay for the vision exam.

Members with Medicare as their primary coverage are not restricted to the Health Advantage network and may access any Medicare participating provider. Providers should submit claims to Medicare. Medicare will then forward the deductible or coinsurance amounts to Health Advantage for payment.

For those retirees not Medicare eligible, there is an abbreviated plan design available (see the following page). These members will owe a copayment at the time of service and are restricted to current providers within the Health Advantage network.

ARHealth is the same for both the Arkansas State and Public School Retirees, with one exception. Medicare eligible Arkansas State Retirees and any dependents of these retirees (both State and Public School) will continue to have the state sponsored prescription drug coverage. However, Public School Retirees, with Medicare as their primary coverage, will not have the state sponsored drug card. Public School Retirees with Medicare as their primary coverage are encouraged to purchase a Medicare Part D Prescription Drug Plan.

If you have benefit or claim questions regarding the ARHealth plan, call the Arkansas State and Public School Employees Customer Service area at 1-800-482-8416.

ARHealth		Health Advantage	
		Plan Code	
		022/522	
RxBin:	601577	Copay:	\$20/\$30
Grp/Plan:	0040020000	Rx Copay	
Issuer:	(80840)	Generic:	\$10
		Preferred:	\$25
		Brand:	\$50
ID:	XCHY0012345601		
NAME:	JOHN DOE		
DOB:	04/11/1943		

ARHealth		Health Advantage	
		Plan Code	
		022/522	
RxBin:	601577	Rx Copay	
Grp/Plan:	0040020000	Generic:	\$10
Issuer:	(80840)	Preferred:	\$25
		Brand:	\$50
ID:	XCHY0012345601		
NAME:	JOHN DOE		
DOB:	04/11/1943		
<b>Medicare Primary Eligible</b>			





For Retirees  
and their dependents  
Without Medicare

**Health Advantage**



	In-Network		Out-of-Network
	Copayment	Coinsurance	Coinsurance
Deductible - Individual	None	None	\$500
Deductible - Family	None	None	\$1,000
Annual Individual Out-of-Pocket	Unlimited	\$1,250	\$4,000
Annual Family Out-of-Pocket	Unlimited	\$2,500	\$8,000
<b>Preventive Care Services</b>			
Physical Exams, Adults (visit only)	\$0	0%	30% after deductible
Well Baby/Child Care /immunizations	\$0	0%	30% after deductible
Annual Gynecological /Mammogram	\$0	0%	30% after deductible
<b>Physician Services</b>			
PCP Visits	\$20	0%	30% after deductible
Specialist Visits	\$30	0%	30% after deductible
Inpatient Medical Care	\$0	15%	30% after deductible
Outpatient Surgical Care	\$0	15%	30% after deductible
<b>Outpatient Services</b>			
Diagnostic Testing (lab and X-ray)	\$0	15%	30% after deductible
Surgical Services (facility charge)	\$100	15%	30% after deductible
Emergency Room Visit	\$100 (waived if admitted to same hospital)	15%	\$100 copayment 15% coinsurance
Urgent Care Center/ ER After-hours Clinic Visit	\$100 (waived if admitted to same hospital)	15%	\$100 copayment 15% coinsurance
Observation Services	\$100 (waived if admitted to same hospital)	15%	\$100 copayment 15% coinsurance
<b>Ambulance (Land or Air)</b>			
(\$1,000 max per year for transport services)	\$0	15%	30% after deductible
<b>Physical, Occupational, Speech Therapy, Cardiac Rehab and Chiropractic Services</b>			
(60 visits per member per year combined)	\$0	20%	30% after deductible
<b>Inpatient Hospital</b>			
(unlimited days at semiprivate room rate)	\$400 copay per admission (max: 3 co-payments per year, per person)	15%	30% after deductible
<b>Durable Medical Equipment</b>			
(\$10,000 maximum per year)	\$0	20%	30% after deductible
<b>Prosthetics</b>			
(\$15,000 maximum per year)	\$0	20%	30% after deductible

# NPI Implementation

The National Provider Identifier (NPI) will be the only provider identifier allowed on HIPAA electronic standard transactions conducted between covered entities on or after May 23, 2007 by virtue of HIPAA Regulations. Arkansas Blue Cross and Blue Shield, Health Advantage, BlueAdvantage Administrators of Arkansas and our other affiliated companies will meet all regulatory requirements by the HIPAA compliance date.

Since May 23, 2005, healthcare providers have been able to apply for and be assigned an NPI. Many providers within Arkansas have already received their NPI. In order for Arkansas Blue Cross to identify a provider by their NPI, we must have a record of their NPI on file. The Provider Network Operations division of Arkansas Blue Cross and Blue Shield began actively accumulating the necessary NPI information from providers on March 1, 2006.

Arkansas Blue Cross is aware that conversion to the NPI may be a burden to the provider community. To help minimize that burden, Arkansas Blue Cross will attempt to parallel the transition plan with CMS (the largest provider payer in the country).

CMS is strongly encouraging providers to apply for an separate NPI for each legacy number an organization now uses. Arkansas Blue Cross also encourages organizational providers to apply for an NPI for each Arkansas Blue Cross provider number they currently use.

Individual providers and sole-proprietorships are only allowed one NPI. CMS plans to begin their transition period on October 2, 2006. For those providers that have properly registered their NPI with Arkansas Blue Cross, we will also begin using their NPI on October 2, 2006.

Up until the compliance date of May 23, 2007, Arkansas Blue Cross will accept and process electronic claims transactions that contain the NPI as long as the Arkansas Blue Cross provider number is also included. After the compliance date, only the NPI will be required.

The current CMS 1500 and UB-92 paper claim forms were not designed to accommodate the NPI. New paper claim forms have been approved that will accommodate the NPI. The NUCC has proposed that the new professional paper claims forms be used exclusively after February 1, 2007 with a transition period beginning on October 1, 2006.

NUBC (National Uniform Billing Committee) has proposed the UB-04 Institutional paper claim form be used exclusively after May 22, 2007 with a transition period beginning on March 1, 2007. It is anticipated that Arkansas Blue Cross and our affiliated companies, will accommodate the proposed schedules for these new paper claim forms and will require the NPI on those claims.

# Arkansas Blue Cross Needs Your NPI!

If you have already applied and received your National Provider Identifier (NPI), Arkansas Blue Cross and Blue Shield needs it to ensure our payment systems is updated before the NPI deadline.

Please send a copy of the verification from the National Plan and Provider Enumeration System (NPPES) that indicates the provider and/or organization name and the newly assigned NPI to the Provider Network Operations division of Arkansas Blue Cross and Blue Shield.

Providers may mail, fax, or email their NPI verification to the Provider Network Operations division of Arkansas Blue Cross.

Arkansas Blue Cross and Blue Shield  
Provider Network Operations  
P.O. Box 2181  
Little Rock, Arkansas 72203-2181

Fax: 501-378-2465

E-mail: [providernetwork@arkbluecross.com](mailto:providernetwork@arkbluecross.com)

Please attach the "Provider Change of Data" form (located under "Forms for Providers" on the "Provider" page of the Arkansas Blue Cross Web site at [www.arkbluecross.com](http://www.arkbluecross.com)) with the NPPES confirmation form. If provider demographics or payment information data has not changed, providers should only complete the Provider #, Name, Email Address, Medical Records Fax Number, NPI, and Practice Location Address information on the "Provider Change of Data" form.

Representatives from Arkansas Blue Cross and Shield will also be collecting the NPI verification information at the upcoming provider workshops (see workshop schedules located on pages 24 & 25).

If you have not already applied for your NPI, please do ASAP. HIPAA requires that all covered entities completing electronic claims transactions (such as providers, healthcare clearinghouses, and large health plans) must use only the NPI to identify covered healthcare providers in all standard transactions by May 23, 2007.

For additional information on NPI, visit the CMS website at <http://new.cms.hhs.gov/>. Select "Regulations & Guidelines" under CMS Programs & Information and "National Provider Identifier Standard" under the HIPAA Administrative Simplification. Click on "How to Apply" which will direct providers to a PDF form to print and complete. Providers can also click on the NPPES link or go directly to their website at <http://nppes.cms.hhs.gov> and apply online.

## AHIN - Extended Hours of Operation

AHIN (Advanced Health Information Network) has extended hours of operation. Please note the updated hours of operation below:

**Monday thru Saturday 6 am until midnight.**

## Arkansas Blue Cross and Blue Shield Imaging Provider Assessment Postponed

Imaging provider assessments that were to be performed by NIA have been postponed. A new target date for these assessments has not been determined at this time. In addition, the imaging center billing changes for CT, MR, PET and nuclear cardiology that have been communicated in the January, February and March provider workshops will also be postponed.

Imaging Center provider numbers will not be issued at this time and the current Arkansas Blue Cross and Health Advantage billing policies for CT, MR, PET, and nuclear cardiology should continue. The prior authorization program for CT, MR, PET and nuclear cardiology remains in effect and is not affected by this delay of the provider assessments.

## Payment for Multiple Prostate Biopsies

Over the last year, Arkansas Blue Cross and Blue Shield has received multiple billings for CPT Code 88305 for pathological interpretation of multiple prostate biopsy specimens. Commonly, up to 12 or more billings per patient have been received.

Arkansas Blue Cross has consulted with pathologists and urologists, both in-state and out-of-state. Arkansas Blue Cross has been informed that this frequency of pathology billing is not indicated.

The standard of practice recommended was to have the prostate specimens submitted to represent sections of the prostate that could be treated clinically. Knowing the location of the tumor in greater detail than a sextant site was considered not to add anything to patient management. Effective April 1, 2006, all claims for interpretation of prostate biopsies will be limited to no more than 6 units-of-service.

## Billing Procedure for Obstetric Epidurals by Delivering Physician

Correct coding guidelines typically call for the inclusion of charges for anesthesia administered by the operating surgeon with the charges for the surgery itself. This guideline applies to Neuraxial Labor Anesthesia (CPT 01967) with Vaginal Delivery (CPT 59400) as well, so that for many third-party payors the physician performing the delivery receives no additional reimbursement for the management of the epidural.

Claims processing systems are typically programmed to adjudicate claims in this manner. However, the Arkansas Blue Cross and Blue Shield payment policy calls for a separate reimbursement to the obstetrician for the epidural management, contrary to what is described above. To achieve this, it will be necessary for the obstetrician who performs both to attach Modifier 59 to CPT 01967, in order to distinguish this as separate and identifiable from the delivery.

# BlueCard<sup>®</sup> - Medicare Claims New Crossover Consolidation Process

**How do providers submit Medicare primary/Blue Plan secondary claims?** For members with Medicare primary coverage and "Blue Plan" secondary coverage, submit claims to your Medicare intermediary and/or Medicare carrier. When submitting the claim, it is essential that the provider enter the correct "Blue Plan" name as the secondary carrier. This may be different from the local Arkansas Blue Cross and Blue Shield plan.

Check the member's ID card for additional verification. The member's ID card will include the alpha prefix in the first three positions. The alpha prefix is critical for confirming membership and coverage, and is key to facilitating prompt payments.

**When providers receive the remittance advice from the Medicare intermediary, was the claim automatically forwarded (crossed over) to the Blue Plan?** If the remittance indicates that the claim was crossed over, Medicare has forwarded the claim on your behalf to the appropriate Blue Plan and the claim is in process. There is no need to resubmit that claim to Arkansas Blue Cross and Blue Shield. If the remittance indicates that the claim was not crossed over, submit the claim to Arkansas Blue Cross with the Medicare remittance advice.

**What is Medicare crossover consolidation and how does it affect a provider's claim processing?** To simplify and streamline claim submission, CMS (the Centers for Medicare and Medicaid Services) is now consolidating its claim crossover process under the special Coordination of Benefits Contractor (COBC) by means of the Coordination of Benefits Agreement (COBA). Under this program, the COBC will automatically forward most Medicare claims to the secondary payer, eliminating the need to separately bill the secondary payer.

Blue Plans are now implementing the Medicare crossover consolidation process system-wide and will continue over the next few months. Once the consolidated crossover process is fully implemented, providers should experience an increased level of "one-stop" billing for the Medicare primary claims.

## **Can this change affect the timing of the secondary payment from the Blue Plan?**

The claims providers submit to the Medicare intermediary will be crossed over to the Blue Plan only after the claims have been processed by the Medicare intermediary. This process may take up to 14 business days which means the Medicare intermediary will be releasing the claim to the Blue Plan for processing about the same time providers receive the Medicare remittance advice. As a result, it may take an additional 14-30 business days for providers to receive payment from the Blue Plan.

## **What should providers do in the meantime?**

If a provider has submitted the claim to the Medicare intermediary/carrier and the provider has not received a response to their initial claim submission, **don't** automatically submit another claim. Instead, providers should:

- Wait 30 days.
- Check claims status before resubmitting.

Sending another claim or having a billing agency resubmit claims automatically actually slows down the claim payment process and creates confusion for the member.

**Who do providers contact if they have any questions?** If the claim did cross over to the secondary "Blue Plan", providers must contact that Plan directly. If the claim did not cross over and a paper claim was filed with Arkansas Blue Cross with an EOMB attached, contact BlueCard Customer Service at 1-800-880-0918.



## NUCC Approves Revised Version of the 1500 Health Insurance Claim Form

The National Uniform Claim Committee (NUCC) announces the release of the new version of the 1500 Health Insurance Claim Form (version 08/05) that accommodates the reporting of the National Provider Identifier (NPI). This new version will update the existing 1500 Claim Form (version 12/90), often referred to as the HCFA 1500 or CMS 1500.

The revised 1500 Claim Form has been submitted to the Office of Management and Budget (OMB) for approval for use with federal programs, such as Medicare. The revised form is currently available for testing and transition preparation purposes only. It is not to be used for the official purpose of claims submission at this time.

Although not mandated by law, the NUCC recommends the following timeline for transitioning to the new version of the 1500 Claim Form:

- Ø **October 1, 2006:** Health plans, clearing-houses, and other information support vendors should be ready to handle and accept the revised (08/05) 1500 Claim Form.
- Ø **October 1, 2006 – February 1, 2007:** Providers can use either the current (12/90) version or the revised (08/05) version of the 1500 Claim Form.
- Ø **February 1, 2007:** The current (12/90) version of the 1500 Claim Form will be discontinued; only the revised (08/05) form will be used. All rebilling of claims should use the revised (08/05) form from this date forward, even though earlier submissions may have been on the current (12/90) 1500 Claim Form.

Because the current 1500 Claim Form (version 12/90) is due to expire with the OMB in March 2006, it will be renewed to allow its continued use during this transition period.

The NUCC began the revisions to the 1500 Claim Form in June 2004 by identifying how to best accommodate the NPI with minimal changes to the current form. Two public comment periods were held to solicit feedback on the proposed changes to the form. All of the revisions made to the form were either NPI related or a significant need for the change was identified.

### **Form Availability:**

Documents related to the release of the new version of the 1500 Claim Form, including the revised form, new reference instruction manual, log of changes to the current form, and the recommended transition timeline are available at [www.nucc.org](http://www.nucc.org).

The revised 1500 Claim Form available on the NUCC website can not print to its exact specifications unless using a special printer programmed to print forms. To receive copies of the revised form with the specifications needed for testing purposes, please email TFP Data Systems at [JRMagdaleno@tfpdata.com](mailto:JRMagdaleno@tfpdata.com).

In addition to revising the 1500 Claim Form, the NUCC has drafted a new reference instruction manual detailing how to complete the updated form. The purpose of this manual is to help standardize nationally the manner in which the form is being completed. A copy of the instruction manual is also available on the NUCC website.

### **OMB Approval Process:**

During the OMB approval process, the revised 1500 Claim Form will be released for two public comment periods. Although the NUCC does not anticipate major additional changes being made to the revised form, it is possible that changes could be made as part of the OMB approval process.

Once the revised 1500 Claim Form has been officially approved by the OMB, the NUCC will release the final version of the form, which will include the OMB numbers added to the bottom of the form. Approval is expected to take place in Spring 2006.

#### **About the NUCC:**

The National Uniform Claim Committee is a voluntary organization whose members include representatives from major provider, payer, health researchers, and other organizations representing billing professionals and electronic standard developers.

NUCC maintains the uniform data set known as the National Uniform Claim Committee Data Set designed for the non-institutional claims. The NUCC is one of the four national

organizations named in the 1996 HIPAA Administrative Simplification legislation for a consultative role in establishing administrative standards for health care. The NUCC is also signatory to a Memorandum of Understanding with five other organizations designated by the U.S. Department of Health and Human Services to collectively serve as the Designated Standard Maintenance Organizations (DSMO) to the HIPAA Transaction Standard Implementation Guides.

For more information on the revision of the 1500 Claim Form, visit the NUCC website at [www.nucc.org](http://www.nucc.org) or email Nancy Spector, NUCC Secretary, at [nancy.spector@ama-assn.org](mailto:nancy.spector@ama-assn.org).

## Providers Considered Specialists

The following provider types are always considered "Specialist" providers not a Primary Care Physician (PCP) for Arkansas Blue Cross and Blue Shield, Health Advantage, and BlueAdvantage Administrators of Arkansas:

- Advanced Practice Nurses
- Certified Midwives
- Clinical Nurse Specialists
- Audiologists
- Registered Dietitians
- Licensed Professional Counselors
- Licensed Psychological Examiners
- Licensed Clinical Social Workers
- Respiratory Therapists
- Physical Therapists
- Speech Therapists
- Occupational Therapists

Members will be charged the specialty copay/coinsurance and deductible applicable to their health benefit plan. Some "Specialist" services have benefit limitations (i.e., mental health and

rehabilitation therapy). A "Specialist" cannot refer to another specialist. The referral must come from the PCP.

For electronic claims, the referral must be entered in field 2300ref segment with a G1 qualifier for ANSI. When filing paper claims, the referral must be entered in field 23 on the CMS 1500 claim form.

Referrals are required for Health Advantage HMO traditional plans and the Point of Service plans in order for the member to receive in-network benefits.

The Health Advantage Open Access plans do not require referrals. Open Access members may see any provider within the participating network and receive in-network benefits.

# National Imaging Associates (NIA)

As a provider, you are no doubt aware of the escalation in the cost of health care. The National Manufacturing Association has concluded that America's standard of living will decrease in the coming years due to the transfer of jobs overseas. One major reason cited for this job loss is the cost of health care borne by American employers.

Most physicians are not aware that the fastest growing area in health care is medical imaging. Arkansas Blue Cross and Blue Shield currently pays approximately the same amount in claims for imaging as for pharmacy, and imaging costs are increasing at a much faster rate.

In 2005, Arkansas Blue Cross members will receive one CT or MRI for every three people. In addition to the increased financial burden this places on those paying health insurance premiums, the rapid acceleration in radiological imaging is exposing patients to worrisome doses of radiation. For example, each cranial CT scan with and without contrast delivers the radiation equivalent of 200 chest X-rays, while a chest CT provides 350 chest X-ray equivalents. For these reasons, Arkansas Blue Cross, BlueAdvantage, Health Advantage, and USABLE Corporation have entered into an agreement with National Imaging Associates, Inc., (NIA) for outpatient imaging management services.

On February 1, 2006, a prior authorization program for the outpatient diagnostic imaging procedures was implemented. Providers will have from February 1 to June 1, 2006, to become familiar with the requirements of the program prior to the full implementation date of June 1, 2006. This correspondence serves as notice of changes to the Utilization Review Programs under the Arkansas Blue Cross and Blue Shield provider agreement.

On February 1, 2006, the prior authorization program was applied to all Arkansas Blue Cross members, including those who access the True Blue PPO network, as well as all Health Advantage members.

Customers of BlueAdvantage Administrators of Arkansas can elect to add this program on a group-by-group basis, which would be indicated on the member's ID card. These services do not apply to members of the Federal Employee Program (FEP) at this time.

Under terms of the agreement, Arkansas Blue Cross, Health Advantage and BlueAdvantage will retain ultimate responsibility and control over claims adjudication and all coverage policies and procedures. NIA will manage outpatient imaging/radiology services through existing contractual relationships. **Claims for imaging services will continue to be processed based upon the terms of the Arkansas Blue Cross Preferred Payment Plan, Health Advantage, Usable Corporation Arkansas' FirstSource, and True Blue provider agreement(s).**



# Improved Prior Authorization Program - Issues Being Resolved

As with any new operational process, the first few days of the new outpatient imaging prior authorization program were not without minor glitches. Even though only four modalities are involved, high-call volume, longer waiting times for approval, confusion, and questions about the process has led to physician concerns.

Arkansas Blue Cross and Blue Shield and Health Advantage take those concerns very seriously and have worked diligently to simplify the process for physicians. National Imaging Associations, Inc. (NIA) — the company assisting with outpatient imaging management services — has hired additional staff to handle the call volume and to decrease the wait time for approvals.

The *Radiology Management Reference Guide*, which was updated in February 2006 and provides detailed information regarding the new prior authorization program for outpatient diagnostic imaging services, has been placed on Advanced Health Information Network (AHIN) and the Arkansas Blue Cross and Health Advantage Web sites for easy access to help answer questions. Also, watch AHIN for additional updates and improvements regarding the new prior authorization program.

Effective February 1, 2006, physicians who order high-tech outpatient radiology services, including CT, MRI/MRA (Magnetic Resonance Angiography), Nuclear Cardiology or PET, on an outpatient basis for any Arkansas Blue Cross or Health Advantage individual or group member (except Medi-Pak members) must obtain prior authorization (approval) before services can be considered for reimbursement under the member's health plan. Prior approval is not required for emergency, observation department of a hospital, or inpatient services.

BlueAdvantage Administrators of Arkansas groups can elect to add this service on a group-by-group basis, which should be indicated on the member's ID card. At this time, these services do not apply to members of the Federal Employee Program (FEP).

**The ordering physician is responsible for obtaining the prior authorization.** Members (patients) are not required to gain prior authorization and will not be held liable for costs associated with unapproved radiology services if a participating provider renders the service.

NIA uses the following criteria to approve or deny a prior authorization request from a physician:

1. American College of Radiology "Appropriateness Guidelines";
2. Specialty society guidelines and diagnostic algorithms;
3. Literature reviews specific to a given test for a given condition or symptom; and
4. Arkansas Blue Cross, Health Advantage and BlueAdvantage (if applicable) coverage policies.

For additional information, please refer to the updated "*Radiology Management Reference Guide*" (located on pages 18–24). Authorization does not guarantee payment if the procedure is not covered under the patient's coverage policy.

# Radiology Management Reference Guide

(updated February 2006)

## Prior Authorization Fact Sheet:

- A prior authorization program for outpatient diagnostic imaging procedures will be implemented beginning February 1, 2006. Providers will have from February 1 to June 1, 2006, to become familiar with the requirements of the program prior to the full implementation date of June 1, 2006. This correspondence serves as notice of change to the Utilization Review Programs under the Arkansas Blue Cross and Blue Shield Preferred Payment Plan, Health Advantage, True Blue, and the USAble Corporation Arkansas' FirstSource provider agreements.
  - The following outpatient services require the new prior authorization\*:
    - CT Scan                      • Nuclear Cardiology
    - MRI/MRA                    • PET Scan

\*A separate authorization number is required for each procedure ordered.
  - Emergency room, observation department of a hospital, and inpatient imaging procedures do not require prior authorization.
  - These services will apply to all Arkansas Blue Cross and Blue Shield members, including those who access the Arkansas' FirstSource and True Blue PPO network, as well as Health Advantage members.
  - Customers of BlueAdvantage Administrators of Arkansas can elect to add this program on a group-by-group basis, which would be indicated on the member's ID card.
  - These radiology services do not apply to members of the Federal Employee Program (FEP) at this time.
  - The ordering physician is responsible for obtaining the prior authorization number for the study requested. Patient symptoms, past clinical history and prior treatment information will be requested and should be available at the time of the call.
  - Call center hours of operation are Monday through Friday, 7 a.m. to 7 p.m.
  - Providers may obtain prior authorization by calling NIA at 1-877-642-0722. (Studies ordered after normal business hours or on weekends should be conducted by the rendering facility as requested by the ordering physician. However, the ordering physician must contact NIA within five business days of the date of service and before the claim is submitted to obtain proper authorization for the studies, which will still be subject to review.)
  - Average calls are completed within five minutes. Peak call volume occurs between the hours of 1 p.m. to 6 p.m.
  - The NIA's **Guidelines for Clinical Use of Diagnostic Imaging Examinations** were developed from practice experiences, literature reviews, specialty criteria sets and empirical data. NIA's guidelines are located on their website at: [www.RadMD.com](http://www.RadMD.com). The guidelines are available in a PDF format that may be printed for future reference.
  - Prior authorization is not a guarantee of coverage. The radiology services are subject to the member's eligibility and benefit plan provisions.
- The Prior Authorization Implementation Recommendations for Ordering Physicians and Participating Facilities:** As a participating provider of diagnostic imaging services that require prior authorization, it is essential that providers develop a process to ensure the appropriate authorization number(s) is obtained. The following recommendations are offered for review and consideration in developing a procedure that will be effective for each facility. These recommendations are for informational purposes only.



### Ordering Physician:

It is the responsibility of the physician ordering the imaging examination to call NIA for prior authorization. A separate authorization number is required for each procedure ordered.

Emergency room, observation department of a hospital and inpatient imaging procedures do not require prior authorization.

To expedite the authorization process, please have the following information ready before calling the NIA Utilization Management staff (**\*Information is required**):

- Name and office telephone number of ordering physician\*;
- Member name and ID number\*;
- Requested examination\*;
- Name of provider office or facility where the service will be performed\*;
- Anticipated date of service (if known); and
- Details justifying examination:\*
  - Symptoms and their duration;
  - Physical exam findings;
  - Conservative treatment patient already has completed (for example: physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications);
  - Preliminary procedures already completed (for example: X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation); and
  - Reason the study is being requested (for example: further evaluation, rule out a disorder);

If requested, please be prepared to fax the following information:

- Clinical notes;
- X-ray reports;
- Previous CT/MRI reports;
- Specialist reports/evaluation; and
- Ultrasound reports;

### Participating Imaging Facilities:

It is the responsibility of the ordering physician to ensure that prior authorization is obtained. The rendering facility should not schedule procedures without prior authorization. For urgent tests, the rendering facility can begin the process, and NIA will follow up with the ordering physician to complete the process.

Procedures performed that have not been properly authorized will not be reimbursed, and the member cannot be balance billed. A separate authorization number is required for each procedure ordered.

Emergency room, observation department of a hospital and inpatient imaging procedures do not require prior authorization. If an emergency clinical situation exists outside of a hospital emergency room, providers should proceed with the examination and call NIA the next business day at 1-877-642-0722 to proceed with the normal review process.

To ensure that authorization numbers have been obtained, the following recommendations should be considered:

- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the listed procedures.
- If a physician office calls to schedule a patient for a procedure requiring prior authorization, request the authorization number.
- If the provider has not obtained prior authorization, inform the provider of the requirement and advise them to call NIA at the toll-free number, 1-877-642-0722. Facilities may elect to institute a time period in which to obtain the authorization number (for example, one business day).
- If a patient calls to schedule a procedure that requires prior authorization and the patient does not have the authorization number, the patient should be directed back to the referring physician who ordered the examination.

(Continued from page 19)

### **Frequently Asked Questions:**

The following are the most common questions with answers regarding the prior authorization changes from NIA .

#### **Q.1. Is prior authorization from NIA required for all radiological procedures?**

A.1. No. Only outpatient CT, MRI/MRA, PET and Nuclear Cardiology procedures require prior authorization.

#### **Q.2. Who is responsible for obtaining prior authorization from NIA?**

A.2. The ordering physician is always responsible for obtaining authorization from NIA prior to scheduling procedures.

#### **Q.3. Are there situations that do not require prior authorization from NIA?**

A.3. Yes, there are three situations that do not require prior authorization from NIA when billed with the applicable location code:

- When the procedure is ordered as part of emergency room services.
- When the procedure is ordered as part of an observation bed stay.
- When the procedure is ordered as part of an inpatient stay.

#### **Q.4. Is prior authorization required for an emergency situations?**

A.4. No. Patients who are directed to the emergency room are exempt from prior authorization. It is not necessary for anyone to call NIA retrospectively to authorize any imaging procedure performed during an emergency room visit.

#### **Q.5. How is Observation/Rapid Treatment handled?**

A.5. Imaging services occurring in the Observation / Rapid Treatment area of a hospital do not require prior authorization nor do these services require the ordering physician to contact NIA within the next business day of rendering the service. These services are easily identifiable in the Companies' claims systems and will be paid without an authorization from NIA.

#### **Q.6. What information does the ordering physician need to expedite a prior authorization call to NIA?**

A.6. To expedite the process, please have the following information ready before calling the NIA Utilization Management staff (\*Information is required):

- Name and office telephone number of ordering physician\*;
- Member name and ID number\*;
- Requested examination\*;
- Name of provider office or facility where the service will be performed\*;
- Anticipated date of service (if known);
- Details justifying examination:\*
  - Symptoms and their duration;
  - Physical exam findings;
  - Conservative treatment patient already has completed (for example: physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications);
  - Preliminary procedures already completed (for example: X-rays, CT's, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation);
  - Reason the study is being requested (for example: further evaluation, rule out a disorder).

**Q.7. What kind of response time can the ordering physicians expect for prior authorization?**

A.7. In many cases, especially when the caller requesting the review has sufficient clinical documentation, authorization can be obtained during the first telephone call. In general, approximately 60-65 percent of the requests will be approved during the initial telephone call. Generally, within two business days after receipt of request, a determination will be made. In certain cases, the review process may take longer if additional clinical information is required to make a determination.

**Q.8. Can NIA handle multiple authorization requests per telephone call?**

A.8. Yes.

**Q.9. What is the process for obtaining prior authorization from NIA for CT, MRI/MRA, PET or Nuclear Cardiology procedures ordered outside of normal business hours?**

A.9. The rendering facility should proceed with the study. The ordering physician should contact NIA within five business days from the date of service and before the claim is submitted and proceed with the authorization process.

**Q.10. What is the process for obtaining prior authorization from NIA for emergency procedures ordered at a location other than a hospital emergency room?**

A.10. The authorization process will be the same. Studies conducted outside an emergency room setting will require prior authorization.

**Q.11. Do physicians have to obtain the prior authorization before they call to schedule an appointment?**

A.11. Yes. Physicians should obtain the prior authorization before scheduling the patient.

**Q.12. Does NIA ask for a date of service when authorizing a procedure?**

A.12. At the end of the authorization process, the NIA authorization representative asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required.

**Q.13. How long is an authorization number valid?**

A.13. The authorization number is valid for 60 days. When a procedure is authorized, NIA will use the date of determination as the starting point for the 60-day period in which the examination must be completed.

**Q.14. What if my office staff forgets to call NIA and then goes ahead to schedule an imaging procedure requiring prior authorization?**

A.14. It is important to notify office staff and educate them about this new policy. This policy is effective February 1, 2006. Claims for CT, MRI/MRA, PET and Nuclear Cardiology procedures that are not prior authorized will not be paid, and the members must be held harmless if the service is provided by a participating provider.

**Q.15. Can the participating rendering facility obtain authorization in the event of an urgent test?**

A.15. Yes, if they begin the process, NIA will follow up with the ordering physician to complete the process.

(Continued from page 21)

**Q16 Who will receive the prior authorization number from NIA?**

A.16. On completion of the prior authorization process, NIA will notify the ordering physician of the authorization status. If the ordering physician is able to provide sufficient clinical and demographic information at the time of the initial call, a verbal authorization number will be issued. If the authorization request requires additional review, NIA will provide an authorization tracking number that will serve as a means of tracking the status of the process. Once a final determination has been reached, NIA will notify the ordering physician of the decision verbally or in writing (fax or letter). If the ordering physician does not complete the prior authorization process, the status will be **"transaction denied for prior authorization non-compliance, no member liability"**.

**Q.17. How can the NIA authorization number be identified?**

A.17. The NIA authorization number consists of 11 alphanumeric characters (Example: NYYMMDD#####).

**Q.18. If two authorization numbers are associated with the patient encounter, which one should be printed on the claim?**

A.18. Any of the two authorization numbers should appear on the claim form. The authorization number not entered on the claim form will be captured internally within the claims system.

**Q.19. Which provider(s) are responsible for putting the prior authorization number on the claim(s)?**

A.19. The rendering facility and/or clinic and the provider who reads the test.

**Q.20. Is an NIA prior authorization number needed for a CT-guided biopsy?**

A.20. No.

**Q.21. Which PET scans require a prior authorization?**

A.21. All PET scans performed in physician offices or on an outpatient basis (non-ER or observation departments) require prior authorization by NIA.

**Q.22. What happens if a patient is prior authorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?**

A.22. The radiologist or rendering physician should proceed with the pelvic study. If this occurs, the provider should notify the patient's ordering physician of the additional test the same day, as a matter of courtesy and appropriate medical procedure. The original ordering physician should call NIA after the study is provided to proceed with the normal review process to get an additional authorization number.

**Q.23. If a patient needs a CT in preparation for radiation therapy, is a prior authorization necessary?**

A.23. No.

**Q.24. After receiving a prior authorization from NIA, can the ordering physician change the planned procedure, the servicing facility, or the date of the procedure?**

A.24. Yes, but the NIA Call Center must be contacted if the planned procedure or the servicing provider changes. The date of the procedure can take place on any date within the 60 days that the authorization number is valid. If the date of service is rescheduled beyond the 60 days, the NIA Call Center must be contacted.

**Q.25. Is a prior authorization necessary when Arkansas Blue Cross, Health Advantage or BlueAdvantage (if applicable) is not the member's primary insurance?**

A.25. Yes.

**Q.26. How are procedures that do not require an NIA prior authorization handled?**

A.26. These procedures should be handled as they are today.

**Q.27. Can I speak directly with a clinical reviewer or physician (peer-to-peer) level reviewer?**

A.27. Once the initial intake process is complete, you may request to be transferred to the clinical level of review. Initial intake information is necessary to determine member eligibility and to process the request.

**Q.28. What steps will the ordering provider take when the authorization is not given during the initial intake process (level 1)?**

A.28. The case will be forwarded to NIA's clinical departments who will review the clinical information submitted. If needed, the clinical staff will request via fax, additional clinical information. This information can be faxed to NIA's dedicated clinical fax line. An ordering office might request a hot transfer to a nurse clinical review (level2) during the initial request, however, this should only be requested if the office has a clinician who can speak with the NIA nurses and who have additional clinical information that would support the requested study.

**Q.29. If NIA denies the prior authorization of an imaging study, does a provider have the option to appeal the decision?**

A.29. Yes, through normal appeal procedures as directed in the denial letter. If NIA makes the decision to deny the request at the end of the telephone call, and the physician does not agree with the decision made by NIA, the physician should request an appeal of the decision from NIA.

**Q.30. Is there a way to bypass the NIA recorded announcement?**

A.30. When dialing into the toll-free number, callers will hear a seven-second system greeting that identifies the NIA Imaging Authorization Service. The short announcement will instruct callers to press option one to initiate a new request for authorization on an imaging exam or option two for the status of a case that was previously called in for authorization. The announcement also will provide information that emergency procedures do not require a prior authorization. The entire greeting may be bypassed by immediately pressing the desired option whenever the announcement starts.

**Q.31. If NIA approves prior authorization of an imaging study, does this guarantee payment of the claim?**

A.31. No. A prior authorization does not guarantee payment or ensure coverage; it means only that the information furnished to NIA at the time indicates that the imaging study that is the subject of the prior authorization meets the Primary Coverage Criteria. A claim receiving prior authorization must still meet all other coverage terms, conditions, and limitations. Coverage

*(Continued on page 24)*



(Continued from page 23)

for any such prior authorized claim may still be limited or denied if, when the claimed imaging study is completed and Arkansas Blue Cross, BlueAdvantage, and Health Advantage receives the post-service claim(s), investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date imaging study services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in the patient's health plan applies to limit or exclude payment of the claim.

**Q.32. What is the toll-free telephone number and hours of operation for the NIA Call Center?**

A.32. Providers can reach the NIA Call Center by calling the toll-free number 1-877-642-0722, Monday through Friday, from 7 a.m. to 7 p.m.

# Statewide Provider Workshops

**Physical Therapy, Occupational Therapy, Speech Therapy Providers:**

**North Little Rock:**

Tuesday, May 2, 2006

Session 1: 8:30 - 12:00 and Session 2: 1:00 - 4:30

Riverfront Wyndham Hotel - Conference Room

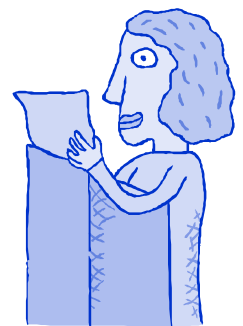
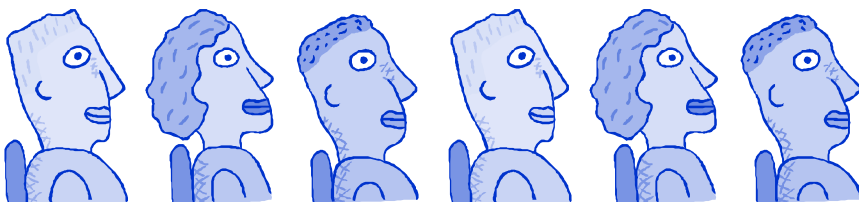
**Mental Health Providers:**

**North Little Rock:**

Wednesday, May 3, 2006

Session 1: 8:30 - 12:00 and Session 2: 1:00 - 4:30

Riverfront Wyndham Hotel - Conference Room



# Provider Workshops

**Conway**

Tuesday, March 28, 2006 at 8:30 am  
University of Central Arkansas  
Brewer-Hegeman Conference Center

**El Dorado**

Wednesday, April 12, 2006 at 9:00 am  
Warner Brown Hospital  
Ellis Conference Center

**Fort Smith**

Wednesday, April 19, 2006 at 8:30 am  
St. Edwards Mercy Medical Center  
Hennessy Room

**Hot Springs**

Tuesday, April 11, 2006 at 12:30 pm  
Mercy Health Center  
Mercy-McAuley Room

**Jonesboro**

Wednesday, March 15, 2006 at 8:30 am  
St. Bernard's Regional Medical Center  
Auditorium

**Little Rock**

Thursday, March 30, 2006  
Session 1 - 8:30 am & Session 2 - 1:00 pm  
Baptist Health Medical Center  
Gilbreath Conference Center

**Pine Bluff**

Tuesday, April 18, 2006 at 8:30 am  
Pine Bluff Convention Center

**Searcy**

Wednesday, March 29, 2006 at 8:00 am  
White County Medical Center  
Hubach Conference Center

**Springdale**

Thursday, April 20, 2006 at 1:00 pm  
Holiday Inn — NW Arkansas  
Hammons Hall

**Texarkana**

Monday, April 24, 2006 at 9:00  
Christus St. Michaels Hospital  
Conference Room (North entry)

# Arkansas' FirstSource PPO Access Only Groups Effective March 2006

GROUP NAME	COMMENTS
AALF's Manufacturing Inc / Midland's Choice	Arkansas' FirstSource PPO
Anchor Packaging / Hermann Co.	True Blue PPO (01/01/2006)
Ark Sheet Metal Workers -Local #36-L	Arkansas' FirstSource PPO
Arkansas Carpenters Health & Welfare Fund	Arkansas' FirstSource PPO
Arkansas State University Athletes	Arkansas' FirstSource PPO
Arvest Bank	True Blue PPO (01/01/2006)
Ashley County Medical Center	Arkansas' FirstSource PPO
BEKAERT - Rogers, AR Location	Arkansas' FirstSource PPO
BEKAERT - Van Buren, AR Location	Arkansas' FirstSource PPO
Boar's Head Provisions Co	Arkansas' FirstSource PPO
Brentwood Industries, Inc	Arkansas' FirstSource PPO
Bridgestone - Firestone	Arkansas' FirstSource PPO
Bryce Corporation	Arkansas' FirstSource PPO
Columbia Forest Products	True Blue PPO (01/01/2006)
Defiance Metals	Arkansas' FirstSource PPO
Diocese Of Little Rock / Christian Brothers	Arkansas' FirstSource PPO
FedEx Freight East, Inc. (Formerly American Freightways)	Arkansas' FirstSource PPO
Franklin Electric	Arkansas' FirstSource PPO
Genmar - Ranger Boats	Arkansas' FirstSource PPO

GROUP NAME	COMMENTS
Harding University	Arkansas' FirstSource PPO
Harps Food Stores	Arkansas' FirstSource PPO
KLA Benefits / Klipsch LLC	Arkansas' FirstSource PPO
LA Darling	True Blue PPO (01/01/2006)
Levi Hospital	Arkansas' FirstSource PPO
Magnolia Hospital	Arkansas' FirstSource PPO
Marshalltown Company	Arkansas' FirstSource PPO
Maverick Tube Corp	Arkansas' FirstSource PPO
Motor Appliance Corporation	Arkansas' FirstSource PPO
Nestle USA	Arkansas' FirstSource PPO
Odom's Tennessee Pride Sausage	Arkansas' FirstSource PPO
Peterson Manufacturing / Mission Plas	Arkansas' FirstSource PPO
Rea Magnet Wire Co	Arkansas' FirstSource PPO
Siplast Inc	Arkansas' FirstSource PPO
Southern Painters Welfare	Arkansas' FirstSource PPO
St. Michael Healthcare - Cobra	Arkansas' FirstSource PPO
St. Michael Healthcare - Hospital	Arkansas' FirstSource PPO
St. Michael Healthcare - Rehabilitation	Arkansas' FirstSource PPO
Stephens Media Group	True Blue PPO (01/01/2006)
Town & Country Grocers / Price Chopper	Arkansas' FirstSource PPO
Townsend Foods	True Blue PPO (01/01/2006)
UFCW (Kroger & Consumer Market)	True Blue PPO (10/01/05)
Wabash National / Cloud Corp	Arkansas' FirstSource PPO
Wallace & Owens	True Blue PPO (01/01/2006)

# Coverage Policy Manual Updates

The following policies have been added or revised in the Arkansas Blue Cross and Blue Shield coverage policy manual:

- Amevive (alefacept);
- Bladder Cancer, Urinary Tumor Markers;
- Carotid Intimal-Medial Thickness, Ultrasound Measurement to Assess Subclinical Atherosclerosis;
- Chemodenervation with Botulinum Toxin.
- Computed Tomography, Cardiac and Coronary Artery;
- Constraint-Induced Movement Therapy;
- First Trimester Detection of Down Syndrome Using Fetal Ultrasound Assessment of Nuchal Translucency Combined with Maternal Serum Assessment;
- Gastric Restrictive or Bypass Surgery for Morbid Obesity;
- Genetic Testing for Inherited BRCA1 or BRCA2 Mutations;
- HDC & Allogeneic Stem &/or Progenitor Cell Support – Ewing's Sarcoma;
- HDC & Autologous Stem &/or Progenitor Cell Support – Waldenstrom's Macroglobulinemia;
- HDC & Autologous Stem &/or Progenitor Cell Support – Myelodysplastic Syndrome;
- Identification of Microorganisms Using Nucleic Acid Probes;
- Myocardial Perfusion Imaging;
- PET Scan for Breast Cancer;
- PET Scan for Colorectal Cancer;
- PET Scan for Lymphoma;
- PET Scan for Malignancy of Unknown Primary;
- PET Scan for Melanoma;
- PET Scan for Ovarian Cancer;
- PET Scan for Testicular Germ Cell Cancer;
- Radiofrequency Ablation of Renal Tumors;
- Surgical Ventricular Restoration;
- Transmyocardial Laser Revascularization;
- Uterine Artery Embolization;





# Fee Schedule Updates

The following codes were updated on the Arkansas Blue Cross and Blue Shield Fee Schedule.

Effective October 1, 2005

Code	Total	Prof.	Tech	Total SOS	Prof SOS	Tech SOS
90675	\$144.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Effective December 14, 2005

Code	Total	Prof.	Tech	Total SOS	Prof SOS	Tech SOS
G0237	\$24.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G0238	\$25.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G0239	\$17.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G0283	\$14.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Effective January 1, 2006

Code	Total	Prof.	Tech	Total SOS	Prof SOS	Tech SOS
A9700	\$136.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Effective January 17, 2006

Code	Total	Prof.	Tech	Total SOS	Prof SOS	Tech SOS
L5685	\$103.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Effective January 1, 2005 until March 31, 2006

Code	Total	Prof.	Tech	Total SOS	Prof SOS	Tech SOS
58558	\$497.16	\$0.00	\$0.00	\$443.41	\$0.00	\$0.00

Effective immediately, the following codes were update on the Arkansas Blue Cross and Blue Shield Fee Schedule:

Code	Total	Prof.	Tech	Total SOS	Prof SOS	Tech SOS
89230	\$5.59	\$0.39	\$5.20	\$5.59	\$0.39	\$5.20
K0108	\$60.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

# DME Fee Schedule

The following HCPCS Codes for DME supplies and services have been added to the Arkansas Blue Cross and Blue Shield fee schedule effective January 1, 2006.

HCPCS	Purchase	Prof (Rental)	Tech (Used)	HCPCS	Purchase	Prof (Rental)	Tech (Used)
A4233	\$0.80	\$0.00	\$0.00	E2221	\$25.55	\$2.58	\$19.18
A4234	\$3.63	\$0.00	\$0.00	E2222	\$21.06	\$2.09	\$15.81
A4235	\$2.34	\$0.00	\$0.00	E2223	\$5.61	\$0.56	\$4.21
A4236	\$1.68	\$0.00	\$0.00	E2224	\$98.06	\$10.29	\$73.55
A4411	\$5.10	\$0.00	\$0.00	E2225	\$17.40	\$1.74	\$13.04
A4412	\$2.70	\$0.00	\$0.00	E2226	\$37.94	\$3.79	\$28.46
A4604	\$66.81	\$0.00	\$0.00	E2371	\$150.74	\$15.08	\$113.06
A5120	\$0.22	\$0.00	\$0.00	L0491	\$621.58	\$0.00	\$0.00
A5512	\$24.22	\$0.00	\$0.00	L0492	\$402.85	\$0.00	\$0.00
A5513	\$36.14	\$0.00	\$0.00	L0621	\$75.19	\$0.00	\$0.00
A6457	\$1.14	\$0.00	\$0.00	L0622	\$194.47	\$0.00	\$0.00
A6531	\$43.27	\$0.00	\$0.00	L0625	\$44.59	\$0.00	\$0.00
A6532	\$60.96	\$0.00	\$0.00	L0626	\$63.09	\$0.00	\$0.00
E0170	\$0.00	\$160.72	\$0.00	L0627	\$332.68	\$0.00	\$0.00
E0171	\$0.00	\$28.92	\$0.00	L0628	\$67.89	\$0.00	\$0.00
E0764	\$10,775.87	\$1,077.58	\$8,081.91	L0630	\$131.06	\$0.00	\$0.00
E0911	\$0.00	\$49.85	\$0.00	L0631	\$830.85	\$0.00	\$0.00
E0912	\$0.00	\$114.47	\$0.00	L0633	\$232.08	\$0.00	\$0.00
E1392	\$0.00	\$32.07	\$0.00	L0635	\$800.80	\$0.00	\$0.00
E2207	\$43.35	\$4.34	\$32.51	L0636	\$1,085.59	\$0.00	\$0.00
E2208	\$118.78	\$11.87	\$89.09	L0637	\$983.28	\$0.00	\$0.00
E2209	\$107.16	\$10.74	\$80.38	L0638	\$1,067.44	\$0.00	\$0.00
E2210	\$6.55	\$0.66	\$4.92	L0639	\$983.28	\$0.00	\$0.00
E2211	\$35.03	\$3.41	\$26.27	L0640	\$846.86	\$0.00	\$0.00
E2212	\$5.88	\$0.61	\$4.42	L0859	\$1,222.71	\$0.00	\$0.00
E2213	\$30.41	\$3.05	\$22.79	L5858	\$15,071.15	\$0.00	\$0.00
E2214	\$36.00	\$3.96	\$26.99	L8609	\$5,283.50	\$0.00	\$0.00
E2215	\$9.60	\$0.95	\$7.18	L8623	\$52.45	\$0.00	\$0.00
E2219	\$41.85	\$4.72	\$31.39	L8624	\$130.75	\$0.00	\$0.00
E2220	\$28.52	\$2.75	\$21.81	L8680	\$372.49	\$0.00	\$0.00

HCPCS	Purchase	Prof (Rental)	Tech (Used)
L8681	\$865.16	\$0.00	\$0.00
L8682	\$4,834.45	\$0.00	\$0.00
L8683	\$4,255.41	\$0.00	\$0.00
L8684	\$626.09	\$0.00	\$0.00
L8685	\$10,604.26	\$0.00	\$0.00
L8686	\$6,766.36	\$0.00	\$0.00
L8687	\$13,800.39	\$0.00	\$0.00
L8688	\$8,805.74	\$0.00	\$0.00
L8689	\$33.74	\$0.00	\$0.00
Q0480	\$73,035.27	\$0.00	\$0.00
Q0481	\$11,783.40	\$0.00	\$0.00
Q0482	\$3,690.77	\$0.00	\$0.00
Q0483	\$15,204.35	\$0.00	\$0.00
Q0484	\$2,952.63	\$0.00	\$0.00
Q0485	\$285.08	\$0.00	\$0.00
Q0486	\$237.26	\$0.00	\$0.00
Q0487	\$276.81	\$0.00	\$0.00
Q0489	\$13,181.37	\$0.00	\$0.00
Q0490	\$570.16	\$0.00	\$0.00
Q0491	\$896.35	\$0.00	\$0.00

HCPCS	Purchase	Prof (Rental)	Tech (Used)
Q0492	\$72.23	\$0.00	\$0.00
Q0493	\$205.61	\$0.00	\$0.00
Q0494	\$173.98	\$0.00	\$0.00
Q0495	\$3,387.28	\$0.00	\$0.00
Q0496	\$1,215.73	\$0.00	\$0.00
Q0497	\$379.62	\$0.00	\$0.00
Q0498	\$416.52	\$0.00	\$0.00
Q0499	\$135.33	\$0.00	\$0.00
Q0500	\$24.76	\$0.00	\$0.00
Q0501	\$414.15	\$0.00	\$0.00
Q0502	\$527.23	\$0.00	\$0.00
Q0503	\$1,054.52	\$0.00	\$0.00
Q0504	\$556.43	\$0.00	\$0.00
E0641	\$853.57	\$85.36	\$640.18
E0642	\$853.57	\$85.36	\$640.18
E2216	\$9.60	\$0.95	\$7.18
E2217	\$9.60	\$0.95	\$7.18
E2218	\$9.60	\$0.95	\$7.18
E2372	\$150.74	\$15.08	\$113.06

# Updated Vision Codes

The following HCPCS Codes regarding vision services were added to the Arkansas Blue Cross and Blue Shield Fee Schedule.

Code	AR	Description
V2020	\$53.99	Vision svcs frames purchases
V2100	\$38.53	Lens spher single plano 4.00
V2101	\$44.13	Single visn sphere 4.12-7.00
V2102	\$49.06	Singl visn sphere 7.12-20.00
V2103	\$29.19	Spherocylindr 4.00d/12-2.00d
V2104	\$34.51	Spherocylindr 4.00d/2.12-4d
V2105	\$33.80	Spherocylinder 4.00d/4.25-6d
V2106	\$40.37	Spherocylinder 4.00d/>6.00d
V2107	\$43.53	Spherocylinder 4.25d/12-2d
V2108	\$42.70	Spherocylinder 4.25d/2.12-4d
V2109	\$40.95	Spherocylinder 4.25d/4.25-6d
V2110	\$39.32	Spherocylinder 4.25d/over 6d
V2111	\$46.04	Spherocylindr 7.25d/.25-2.25
V2112	\$59.53	Spherocylindr 7.25d/2.25-4d
V2113	\$64.07	Spherocylindr 7.25d/4.25-6d
V2114	\$72.68	Spherocylinder over 12.00d
V2115	\$79.10	Lens lenticular bifocal
V2118	\$58.81	Lens aniseikonic single
V2121	\$80.96	Lenticular lens, single
V2200	\$47.49	Lens sphere bifoc plano 4.00d
V2201	\$50.01	Lens sphere bifocal 4.12-7.0
V2202	\$56.83	Lens sphere bifocal 7.12-20.
V2203	\$46.63	Lens sphcyl bifocal 4.00d/.1
V2204	\$47.46	Lens sphcy bifocal 4.00d/2.1
V2205	\$49.53	Lens sphcy bifocal 4.00d/4.2
V2206	\$50.62	Lens sphcy bifocal 4.00d/ove
V2207	\$47.16	Lens sphcy bifocal 4.25-7d/.
V2208	\$52.36	Lens sphcy bifocal 4.25-7/2.

<b>Code</b>	<b>AR</b>	<b>Description</b>
V2209	\$51.78	Lens sphcy bifocal 4.25-7/4.
V2210	\$59.19	Lens sphcy bifocal 4.25-7/ov
V2211	\$59.23	Lens sphcy bifo 7.25-12/.25-
V2212	\$61.16	Lens sphcyl bifo 7.25-12/2.2
V2213	\$65.35	Lens sphcyl bifo 7.25-12/4.2
V2214	\$67.15	Lens sphcyl bifocal over 12.
V2215	\$76.58	Lens lenticular bifocal
V2218	\$81.12	Lens aniseikonic bifocal
V2219	\$41.25	Lens bifocal seg width over
V2220	\$37.75	Lens bifocal add over 3.25d
V2221	\$80.64	Lenticular lens, bifocal
V2300	\$62.01	Lens sphere trifocal 4.00d
V2301	\$81.21	Lens sphere trifocal 4.12-7.
V2302	\$81.60	Lens sphere trifocal 7.12-20
V2303	\$58.94	Lens sphcy trifocal 4.0/.12-
V2304	\$57.54	Lens sphcy trifocal 4.0/2.25
V2305	\$71.45	Lens sphcy trifocal 4.0/4.25
V2306	\$85.72	Lens sphcyl trifocal 4.00/>6
V2307	\$64.43	Lens sphc trifocal 4.25-7/.
V2308	\$67.03	Lens sphc trifocal 4.25-7/2
V2309	\$74.97	Lens sphc trifocal 4.25-7/4
V2310	\$68.67	Lens sphc trifocal 4.25-7/>6
V2311	\$85.87	Lens sphc trifo 7.25-12/.25-
V2312	\$81.18	Lens sphc trifo 7.25-12/2.25
V2313	\$84.79	Lens sphc trifo 7.25-12/4.25
V2314	\$86.19	Lens sphcyl trifocal over 12
V2315	\$95.69	Lens lenticular trifocal
V2318	\$117.64	Lens aniseikonic trifocal
V2319	\$44.95	Lens trifocal seg width > 28
V2320	\$56.02	Lens trifocal add over 3.25d
V2321	\$95.40	Lenticular lens, trifocal
V2410	\$84.84	Lens variab asphericity sing
V2430	\$98.26	Lens variable asphericity bi



Code	AR	Description
V2500	\$81.49	Contact lens pmma spherical
V2501	\$99.29	Contact lens pmma-toric/prism
V2502	\$122.31	Contact lens pmma bifocal
V2503	\$112.65	Contact lens pmma color vision
V2510	\$117.67	Contact gas permeable sphericl
V2511	\$152.60	Contact toric prism ballast
V2512	\$201.43	Contact lens gas permbl bifocl
V2513	\$169.12	Contact lens extended wear
V2520	\$101.26	Contact lens hydrophilic
V2521	\$154.83	Contact lens hydrophilic toric
V2522	\$188.95	Contact lens hydrophil bifocl
V2523	\$147.59	Contact lens hydrophil extend
V2530	\$228.00	Contact lens gas impermeable
V2531	\$439.07	Contact lens gas permeable
V2623	\$959.84	Plastic eye prosth custom
V2624	\$64.05	Polishing artificial eye
V2625	\$307.63	Enlargemnt of eye prosthesis
V2626	\$213.33	Reduction of eye prosthesis
V2627	\$1,161.41	Scleral cover shell
V2628	\$302.14	Fabrication & fitting
V2700	\$42.48	Balance lens
V2710	\$63.78	Glass/plastic slab off prism
V2715	\$10.53	Prism lens/es
V2718	\$26.15	Fresnell prism press-on lens
V2730	\$22.55	Special base curve
V2744	\$16.76	Tint photochromatic lens/es
V2745	\$10.98	Tint, any color/solid/grad
V2750	\$20.41	Anti-reflective coating
V2755	\$17.76	UV lens/es
V2760	\$14.23	Scratch resistant coating
V2762	\$48.34	Polarization, any lens
V2770	\$17.16	Occluder lens/es
V2780	\$10.05	Oversize lens/es
V2782	\$52.20	Lens, 1.54-1.65 p/1.60-1.79g
V2783	\$58.86	Lens, >= 1.66 p/>=1.80 g
V2784	\$38.28	Lens polycarb or equal

# Updated Injection Codes

On January 1, 2006, the following HCPCS Codes regarding injections were updated on the Arkansas Blue Cross and Blue Shield Fee Schedule:

Code	Total	Prof	Tech	Total SOS	Prof SOS	Tech SOS
90378	\$683.07	0	0	0	0	0
J0135	\$297.88	0	0	0	0	0
J0180	\$123.12	0	0	0	0	0
J0205	\$33.18	0	0	0	0	0
J0215	\$27.86	0	0	0	0	0
J0585	\$4.89	0	0	0	0	0
J0587	\$7.77	0	0	0	0	0
J0850	\$699.43	0	0	0	0	0
J0880	\$21.96	0	0	0	0	0
J0970	\$27.63	0	0	0	0	0
J1325	\$15.74	0	0	0	0	0
J1380	\$6.91	0	0	0	0	0
J1390	\$13.81	0	0	0	0	0
J1438	\$149.00	0	0	0	0	0
J1440	\$180.81	0	0	0	0	0
J1441	\$183.77	0	0	0	0	0
J1595	\$37.80	0	0	0	0	0
J1645	\$11.15	0	0	0	0	0
J1650	\$2.00	0	0	0	0	0
J1652	\$5.36	0	0	0	0	0
J1655	\$3.39	0	0	0	0	0
J1745	\$58.10	0	0	0	0	0
J1785	\$3.32	0	0	0	0	0
J1825	\$226.01	0	0	0	0	0
J1830	\$60.48	0	0	0	0	0
J1931	\$23.10	0	0	0	0	0
J2353	\$87.64	0	0	0	0	0
J2354	\$5.00	0	0	0	0	0
J2355	\$246.76	0	0	0	0	0

Code	Total	Prof	Tech	Total SOS	Prof SOS	Tech SOS
J2357	\$16.63	0	0	0	0	0
J2675	\$3.26	0	0	0	0	0
J2820	\$26.54	0	0	0	0	0
J7190	\$0.68	0	0	0	0	0
J7192	\$0.98	0	0	0	0	0
J7193	\$0.80	0	0	0	0	0
J7194	\$0.51	0	0	0	0	0
J7195	\$0.93	0	0	0	0	0
J7198	\$1.14	0	0	0	0	0
J7317	\$107.12	0	0	0	0	0
J7320	\$197.90	0	0	0	0	0
J7639	\$19.02	0	0	0	0	0
J7682	\$51.62	0	0	0	0	0
J8520	\$3.66	0	0	0	0	0
J8700	\$7.17	0	0	0	0	0
J9015	\$751.28	0	0	0	0	0
J9202	\$375.99	0	0	0	0	0
J9215	\$7.23	0	0	0	0	0
J9217	\$186.96	0	0	0	0	0
J9293	\$332.97	0	0	0	0	0
J9355	\$56.58	0	0	0	0	0
Q0136	\$12.27	0	0	0	0	0
Q0137	\$4.39	0	0	0	0	0
Q2022	\$0.73	0	0	0	0	0
Q3025	\$75.34	0	0	0	0	0
Q3026	\$59.12	0	0	0	0	0
Q4054	\$4.39	0	0	0	0	0
Q4055	\$11.86	0	0	0	0	0
Q4077	\$61.75	0	0	0	0	0

## HCPCS Code Updates - Ambulance Services

On January 1, 2006, the following HCPCS Codes for Ambulance Services were updated on the Arkansas Blue Cross and Blue Shield Fee Schedule.

Code	Description	Total	Total SOS
A0380	BLS mileage (per mile): use A0425	\$0.00	\$0.00
A0382	BLS routine disposable supplies (included in base rate)	\$0.00	\$0.00
A0384	BLS specialized service disposable supplies, defibrillation	\$15.00	\$15.00
A0390	ALS mileage (per mile): use A0425	\$0.00	\$0.00
A0394	ALS specialized service disposable supplies, IV drug therapy	\$25.00	\$25.00
A0396	ALS specialized service disposable supplies, esophageal intubation	\$20.00	\$20.00
A0398	ALS routine disposable supplies (included in base rate)	\$0.00	\$0.00
A0420	Ambulance waiting time (ALS or BLS) or air (requires medical review)	BR	BR
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	\$40.00	\$40.00
A0424	Extra ambulance attendant, ground (ALS or BLE) or air; (requires medical review)	BR	BR
A0425	Ground mileage, per statute mile	\$6.25	\$6.25
A0426	Ambulance service ALS, non-emergency transport, level 1 (ALS1)	\$250.00	\$250.00
A0427	Ambulance service ALS, emergency transport, level 1 (ALS1-emergency)	\$375.00	\$375.00
A0428	Ambulance service, BLS, non-emergency transport (BLS)	\$200.00	\$200.00
A0429	Ambulance service, BLS, emergency transport (BLS-emergency)	\$300.00	\$300.00
A0430	Ambulance service conventional air services, transport, one way (fixed wing)	BR	BR
A0431	Ambulance service conventional air services, transport, one way (rotary wing)	BR	BR
A0432	Paramedic intercept, rural area, transport furnished by a volunteer ambulance company which is prohibited from billing third party payers	\$350.00	\$350.00
A0433	Advanced life support, level 2 (ALS2)	\$525.00	\$525.00
A0434	Specialty care transport (SCT)	\$625.00	\$625.00
A0435	Fixed wing air mileage, per statute mile	BR	BR
A0436	Rotary wing air mileage, per statute mile	BR	BR
Q3019	ALS vehicle used, emergency transport, no ALS level services furnished	\$300.00	\$300.00
Q3020	ALS vehicle used, non-emergency transport, no ALS level services furnished	\$200.00	\$200.00

Note - Air ambulance BR to force review.

# Arkansas Blue Cross and Blue Shield Fee Schedule Updates/Additions

The following CPT and HCPCS Codes were updated on the Arkansas Blue Cross and Blue Shield fee schedule effective January 1, 2006.

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
15040	\$403.70			\$199.77		
15110	\$1,275.11			\$1,056.96		
15111	\$201.55			\$171.91		
15115	\$1,198.05			\$1,086.60		
15116	\$261.42			\$234.16		
15130	\$1,058.74			\$849.48		
15131	\$164.80			\$139.31		
15135	\$1,282.23			\$1,178.49		
15136	\$153.54			\$140.49		
15150	\$1,059.33			\$939.59		
15151	\$212.82			\$185.55		
15152	\$261.42			\$231.78		
15155	\$1,060.52			\$1,009.54		
15156	\$276.84			\$257.87		
15157	\$306.48			\$280.99		
15170	\$556.64			\$469.50		
15171	\$143.46			\$139.90		
15175	\$786.05			\$701.28		
15176	\$228.23			\$221.11		
15300	\$455.86			\$398.36		
15301	\$95.44			\$91.29		
15320	\$528.18			\$463.57		
15321	\$142.27			\$136.34		
15330	\$455.27			\$397.77		
15331	\$94.85			\$91.29		
15335	\$505.66			\$444.60		
15336	\$137.53			\$130.42		
15340	\$482.54			\$408.44		
15341	\$69.36			\$45.05		
15360	\$520.48			\$438.08		
15361	\$110.85			\$103.74		
15365	\$543.60			\$462.98		
15366	\$137.53			\$130.42		
15420	\$581.54			\$522.85		

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
15421	\$179.62			\$138.12		
15430	\$790.20			\$773.01		
15431	BR			BR		
22010	\$0.00			\$1,285.78		
22015	\$0.00			\$1,274.52		
22523	\$0.00			\$965.67		
22524	\$0.00			\$925.36		
22525	\$0.00			\$442.82		
28890	BR			BR		
32503	\$0.00			\$2,933.17		
32504	\$0.00			\$3,354.66		
33507	\$0.00			\$2,829.43		
33548	\$0.00			\$3,724.56		
33768	\$0.00			\$703.06		
33880	\$0.00			\$2,919.54		
33881	\$0.00			\$2,508.14		
33883	\$0.00			\$1,856.06		
33884	\$0.00			\$690.02		
33886	\$0.00			\$1,602.93		
33889	\$0.00			\$1,380.04		
33891	\$0.00			\$1,760.62		
33925	\$0.00			\$2,892.86		
33926	\$0.00			\$3,908.33		
36598	\$203.92			\$203.92		
37184	\$0.00			\$680.37		
37185	\$0.00			\$251.29		
37186	\$0.00			\$377.03		
37187	\$0.00			\$632.25		
37188	\$0.00			\$455.22		
37718	\$0.00			\$650.30		
37722	\$0.00			\$774.79		
43770	\$0.00			\$1,578.03		
43771	\$0.00			\$1,816.93		
43772	\$0.00			\$1,384.78		
43773	\$0.00			\$1,817.52		
43774	\$0.00			\$1,388.34		
43886	\$0.00			\$438.08		
43887	\$0.00			\$429.19		
43888	\$0.00			\$608.81		
44180	\$0.00			\$1,334.99		



CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
44186	\$0.00			\$939.00		
44187	\$0.00			\$1,551.36		
44188	\$0.00			\$1,701.93		
44213	\$0.00			\$305.88		
44227	\$0.00			\$2,402.03		
45395	\$0.00			\$2,835.36		
45397	\$0.00			\$3,080.19		
45400	\$0.00			\$1,655.69		
45402	\$0.00			\$2,244.34		
45499	BR			BR		
45990	\$0.00			\$163.61		
46505	\$358.64			\$294.62		
46710	\$0.00			\$1,490.89		
46712	\$0.00			\$3,126.43		
50250	\$0.00			\$1,810.41		
50382	\$0.00			\$421.00		
50384	\$0.00			\$383.18		
50387	\$856.07			\$152.47		
50389	\$580.56			\$84.16		
50592	\$0.00			\$545.23		
51999	BR			BR		
57295	\$0.00			\$758.78		
58110	\$83.58			\$69.36		
61630	BR			BR		
61635	BR			BR		
61640	BR			BR		
61641	BR			BR		
61642	BR			BR		
64650	\$96.63			\$62.84		
64653	\$111.45			\$79.44		
75956	\$0.00	\$616.51	\$0.00	\$0.00	\$616.51	\$0.00
75957	\$0.00	\$528.18	\$0.00	\$0.00	\$528.18	\$0.00
75958	\$0.00	\$352.12	\$0.00	\$0.00	\$352.12	\$0.00
75959	\$0.00	\$308.26	\$0.00	\$0.00	\$308.26	\$0.00
76376	\$42.19	\$17.19	\$25.00	\$0.00	\$17.19	\$0.00
76377	\$42.19	\$17.19	\$25.00	\$0.00	\$17.19	\$0.00
77421	\$101.21	\$32.01	\$69.20	\$32.01	\$32.01	\$0.00
77422	\$76.11	\$0.00	\$76.11	\$0.00	\$0.00	\$0.00
77423	\$98.11	\$0.00	\$98.11	\$0.00	\$0.00	\$0.00
80195	\$19.17	\$1.34	\$17.83	\$0.00	\$1.34	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
82271	\$6.81	\$0.48	\$6.33	\$0.00	\$0.48	\$0.00
82272	\$6.81	\$0.48	\$6.33	\$0.00	\$0.48	\$0.00
83037	\$20.34	\$1.42	\$18.92	\$0.00	\$1.42	\$0.00
83631	\$27.42	\$1.92	\$25.50	\$0.00	\$1.92	\$0.00
83695	\$18.09	\$1.27	\$16.82	\$0.00	\$1.27	\$0.00
83700	\$15.73	\$1.10	\$14.63	\$0.00	\$1.10	\$0.00
83701	\$34.05	\$2.38	\$31.67	\$0.00	\$2.38	\$0.00
83704	\$44.08	\$3.09	\$40.99	\$0.00	\$3.09	\$0.00
83900	\$46.84	\$3.28	\$43.56	\$0.00	\$3.28	\$0.00
83907	\$18.66	\$1.31	\$17.35	\$0.00	\$1.31	\$0.00
83908	\$23.42	\$1.64	\$21.78	\$0.00	\$1.64	\$0.00
83909	\$23.42	\$1.64	\$21.78	\$0.00	\$1.64	\$0.00
83914	\$23.42	\$1.64	\$21.78	\$0.00	\$1.64	\$0.00
86200	\$18.09	\$1.27	\$16.82	\$0.00	\$1.27	\$0.00
86355	\$52.70	\$3.69	\$49.01	\$0.00	\$3.69	\$0.00
86357	\$52.70	\$3.69	\$49.01	\$0.00	\$3.69	\$0.00
86367	\$52.70	\$3.69	\$49.01	\$0.00	\$3.69	\$0.00
86480	\$86.59	\$6.06	\$80.53	\$0.00	\$6.06	\$0.00
86923	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86960	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87209	\$25.11	\$1.76	\$23.35	\$0.00	\$1.76	\$0.00
87900	\$182.11	\$12.75	\$169.36	\$0.00	\$12.75	\$0.00
88333	\$129.30	\$104.93	\$24.37	\$0.00	\$104.93	\$0.00
88334	\$66.36	\$51.57	\$14.79	\$0.00	\$51.57	\$0.00
88384	\$0.00	\$80.00	\$0.00	\$0.00	\$80.00	\$0.00
88385	\$0.00	\$131.01	\$0.00	\$0.00	\$131.01	\$0.00
88386	\$0.00	\$164.80	\$0.00	\$0.00	\$164.80	\$0.00
89049	\$228.95	\$0.00	\$0.00	\$97.35	\$0.00	\$0.00
90649	BR			BR		
90736	BR			BR		
90760	\$99.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90761	\$31.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90765	\$120.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90766	\$40.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90767	\$66.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90768	\$38.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90772	\$29.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90773	\$30.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90774	\$90.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90775	\$42.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
90779	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
91022	\$278.15	\$119.75	\$158.40	\$119.75	\$119.75	\$0.00
92626	\$36.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
92627	\$36.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
92630	\$97.81	\$0.00	\$0.00	\$45.65	\$0.00	\$0.00
92633	\$97.81	\$0.00	\$0.00	\$45.65	\$0.00	\$0.00
95251	\$43.27	\$0.00	\$0.00	\$43.27	\$0.00	\$0.00
95865	\$185.55	\$143.46	\$42.09	\$0.00	\$143.46	\$0.00
95866	\$125.08	\$111.45	\$13.63	\$0.00	\$111.45	\$0.00
95873	\$45.65	\$32.60	\$13.04	\$0.00	\$32.60	\$0.00
95874	\$46.24	\$33.20	\$13.04	\$0.00	\$33.20	\$0.00
96101	\$151.76	\$0.00	\$0.00	\$150.57	\$0.00	\$0.00
96102	\$69.36	\$0.00	\$0.00	\$40.31	\$0.00	\$0.00
96103	\$43.87	\$0.00	\$0.00	\$41.50	\$0.00	\$0.00
96116	\$170.13	\$0.00	\$0.00	\$158.87	\$0.00	\$0.00
96118	\$203.33	\$0.00	\$0.00	\$158.28	\$0.00	\$0.00
96119	\$103.74	\$0.00	\$0.00	\$54.54	\$0.00	\$0.00
96120	\$75.29	\$0.00	\$0.00	\$41.50	\$0.00	\$0.00
96401	\$103.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96402	\$55.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96405	\$168.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96406	\$227.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96408	\$186.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96409	\$191.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96410	\$261.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96411	\$110.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96412	\$58.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96413	\$270.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96414	\$324.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96415	\$61.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96416	\$290.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96417	\$132.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96420	\$171.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96422	\$301.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96423	\$122.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96425	\$279.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96520	\$238.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96521	\$239.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96522	\$173.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96523	\$43.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
96530	\$172.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96545	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96549	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
97760	\$40.91	\$0.00	\$0.00	\$33.93	\$0.00	\$0.00
97761	\$37.42	\$0.00	\$0.00	\$32.93	\$0.00	\$0.00
97762	\$34.42	\$0.00	\$0.00	\$22.95	\$0.00	\$0.00
98960	BR			BR		
98961	BR			BR		
98962	BR			BR		
99051	BR			BR		
99053	BR			BR		
99060	BR			BR		
99143	\$114.24	\$0.00	\$0.00	\$51.66	\$0.00	\$0.00
99144	\$114.24	\$0.00	\$0.00	\$51.66	\$0.00	\$0.00
99145	\$28.56	\$0.00	\$0.00	\$17.22	\$0.00	\$0.00
99148	\$131.46	\$0.00	\$0.00	\$59.22	\$0.00	\$0.00
99149	\$114.24	\$0.00	\$0.00	\$51.66	\$0.00	\$0.00
99150	\$32.76	\$0.00	\$0.00	\$19.74	\$0.00	\$0.00
99300	\$0.00	\$0.00	\$0.00	\$253.80	\$0.00	\$0.00
99304	\$78.30	\$0.00	\$0.00	\$78.30	\$0.00	\$0.00
99305	\$103.95	\$0.00	\$0.00	\$103.95	\$0.00	\$0.00
99306	\$128.25	\$0.00	\$0.00	\$128.25	\$0.00	\$0.00
99307	\$40.50	\$0.00	\$0.00	\$40.50	\$0.00	\$0.00
99308	\$67.05	\$0.00	\$0.00	\$67.05	\$0.00	\$0.00
99309	\$94.50	\$0.00	\$0.00	\$94.50	\$0.00	\$0.00
99310	\$118.35	\$0.00	\$0.00	\$118.35	\$0.00	\$0.00
99318	\$78.30	\$0.00	\$0.00	\$78.30	\$0.00	\$0.00
99324	\$69.75	\$0.00	\$0.00	\$64.80	\$0.00	\$0.00
99325	\$102.15	\$0.00	\$0.00	\$96.30	\$0.00	\$0.00
99326	\$148.05	\$0.00	\$0.00	\$141.75	\$0.00	\$0.00
99327	\$194.85	\$0.00	\$0.00	\$189.45	\$0.00	\$0.00
99328	\$241.20	\$0.00	\$0.00	\$236.25	\$0.00	\$0.00
99334	\$54.00	\$0.00	\$0.00	\$47.70	\$0.00	\$0.00
99335	\$85.50	\$0.00	\$0.00	\$78.75	\$0.00	\$0.00
99336	\$131.85	\$0.00	\$0.00	\$124.65	\$0.00	\$0.00
99337	\$193.95	\$0.00	\$0.00	\$186.30	\$0.00	\$0.00
99339	BR			BR		
99340	BR			BR		
0001F	BR			BR		
0005F	BR			BR		

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
0115T	BR			BR		
0116T	BR			BR		
0117T	BR			BR		
0120T	BR			BR		
0123T	BR			BR		
0124T	BR			BR		
0126T	BR			BR		
0130T	BR			BR		
0133T	BR			BR		
0135T	BR			BR		
0137T	BR			BR		
0140T	BR			BR		
0141T	BR			BR		
0142T	BR			BR		
0143T	BR			BR		
0144T	\$25.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00
0145T	\$481.01	\$112.04	\$398.67	\$0.00	\$112.04	\$0.00
0146T	\$481.01	\$112.04	\$398.67	\$0.00	\$112.04	\$0.00
0147T	\$481.01	\$112.04	\$398.67	\$0.00	\$112.04	\$0.00
0148T	\$481.01	\$112.04	\$398.67	\$0.00	\$112.04	\$0.00
0149T	\$481.01	\$112.04	\$398.67	\$0.00	\$112.04	\$0.00
0150T	\$481.01	\$112.04	\$398.67	\$0.00	\$112.04	\$0.00
0151T	\$25.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00
0152T	BR			BR		
0153T	BR			BR		
0154T	BR			BR		
1003F	BR			BR		
1004F	BR			BR		
1005F	BR			BR		
1006F	BR			BR		
1007F	BR			BR		
1008F	BR			BR		
2001F	BR			BR		
2002F	BR			BR		
2003F	BR			BR		
2004F	BR			BR		
3000F	BR			BR		
3002F	BR			BR		
4003F	BR			BR		
4012F	BR			BR		



CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
4014F	BR			BR		
4015F	BR			BR		
4016F	BR			BR		
4017F	BR			BR		
4018F	BR			BR		
A0998	BR			BR		
A4218	BR			BR		
A4233	\$0.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4234	\$3.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4235	\$2.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4236	\$1.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4305	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4306	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4411	\$5.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4412	\$2.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4604	\$66.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A5120	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A5512	\$24.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A5513	\$36.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A6457	\$1.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A6513	BR			\$0.00	\$0.00	\$0.00
A6530	BR			\$0.00	\$0.00	\$0.00
A6531	\$43.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A6532	\$60.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A6533	BR			\$0.00	\$0.00	\$0.00
A6534	BR			\$0.00	\$0.00	\$0.00
A6535	BR			\$0.00	\$0.00	\$0.00
A6536	BR			\$0.00	\$0.00	\$0.00
A6537	BR			\$0.00	\$0.00	\$0.00
A6538	BR			\$0.00	\$0.00	\$0.00
A6539	BR			\$0.00	\$0.00	\$0.00
A6540	BR			\$0.00	\$0.00	\$0.00
A6541	BR			\$0.00	\$0.00	\$0.00
A6542	BR			\$0.00	\$0.00	\$0.00
A6543	BR			\$0.00	\$0.00	\$0.00
A6544	BR			\$0.00	\$0.00	\$0.00
A6549	BR			\$0.00	\$0.00	\$0.00
A9275	BR			\$0.00	\$0.00	\$0.00
A9281	\$10.00			\$0.00	\$0.00	\$0.00
A9282	BR			\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
A9535	BR			\$0.00	\$0.00	\$0.00
A9536	\$800.00			\$0.00	\$0.00	\$0.00
A9537	\$47.75			\$0.00	\$0.00	\$0.00
A9538	\$26.00			\$0.00	\$0.00	\$0.00
A9539	\$17.10			\$0.00	\$0.00	\$0.00
A9540	\$22.67			\$0.00	\$0.00	\$0.00
A9541	\$66.10			\$0.00	\$0.00	\$0.00
A9542	\$2,260.00			\$0.00	\$0.00	\$0.00
A9543	\$19,625.00			\$0.00	\$0.00	\$0.00
A9544	\$112.50			\$0.00	\$0.00	\$0.00
A9545	\$975.00			\$0.00	\$0.00	\$0.00
A9546	BR			\$0.00	\$0.00	\$0.00
A9547	\$511.60			\$0.00	\$0.00	\$0.00
A9548	\$238.79			\$0.00	\$0.00	\$0.00
A9549	\$1,025.00			\$0.00	\$0.00	\$0.00
A9550	BR			\$0.00	\$0.00	\$0.00
A9551	\$111.08			\$0.00	\$0.00	\$0.00
A9552	\$0.00			\$0.00	\$0.00	\$0.00
A9553	\$564.00			\$0.00	\$0.00	\$0.00
A9554	\$517.50			\$0.00	\$0.00	\$0.00
A9555	BR			\$0.00	\$0.00	\$0.00
A9556	\$18.34	\$0.00	\$0.00	\$18.34	\$0.00	\$0.00
A9557	\$40.00			\$0.00	\$0.00	\$0.00
A9558	\$32.00			\$0.00	\$0.00	\$0.00
A9559	BR			\$0.00	\$0.00	\$0.00
A9560	\$67.40			\$0.00	\$0.00	\$0.00
A9561	\$28.80			\$0.00	\$0.00	\$0.00
A9562	\$39.08			\$0.00	\$0.00	\$0.00
A9563	\$100.96			\$0.00	\$0.00	\$0.00
A9564	\$227.47			\$0.00	\$0.00	\$0.00
A9565	\$160.00			\$0.00	\$0.00	\$0.00
A9566	BR			\$0.00	\$0.00	\$0.00
A9567	\$17.10			\$0.00	\$0.00	\$0.00
A9698	BR			\$0.00	\$0.00	\$0.00
B4185	BR			\$0.00	\$0.00	\$0.00
C8950	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C8951	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C8952	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C8953	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C8954	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
C8955	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C8956	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C8957	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E0170	\$0.00	\$160.72	\$0.00	\$0.00	\$0.00	\$0.00
E0171	\$0.00	\$28.92	\$0.00	\$0.00	\$0.00	\$0.00
E0172	BR			\$0.00	\$0.00	\$0.00
E0485	BR			\$0.00	\$0.00	\$0.00
E0486	BR			\$0.00	\$0.00	\$0.00
E0641	\$853.57	\$85.36	\$640.18	\$0.00	\$0.00	\$0.00
E0642	\$853.57	\$85.36	\$640.18	\$0.00	\$0.00	\$0.00
E0705	BR			\$0.00	\$0.00	\$0.00
E0762	BR			\$0.00	\$0.00	\$0.00
E0764	\$10,775.87	\$1,077.58	\$8,081.91	\$0.00	\$0.00	\$0.00
E0911	\$0.00	\$49.85	\$0.00	\$0.00	\$0.00	\$0.00
E0912	\$0.00	\$114.47	\$0.00	\$0.00	\$0.00	\$0.00
E1392	\$0.00	\$32.07	\$0.00	\$0.00	\$0.00	\$0.00
E1812	BR			\$0.00	\$0.00	\$0.00
E2207	\$43.35	\$4.34	\$32.51	\$0.00	\$0.00	\$0.00
E2208	\$118.78	\$11.87	\$89.09	\$0.00	\$0.00	\$0.00
E2209	\$107.16	\$10.74	\$80.38	\$0.00	\$0.00	\$0.00
E2210	\$6.55	\$0.66	\$4.92	\$0.00	\$0.00	\$0.00
E2211	\$35.03	\$3.41	\$26.27	\$0.00	\$0.00	\$0.00
E2212	\$5.88	\$0.61	\$4.42	\$0.00	\$0.00	\$0.00
E2213	\$30.41	\$3.05	\$22.79	\$0.00	\$0.00	\$0.00
E2214	\$36.00	\$3.96	\$26.99	\$0.00	\$0.00	\$0.00
E2215	\$9.60	\$0.95	\$7.18	\$0.00	\$0.00	\$0.00
E2216	\$9.60	\$0.95	\$7.18	\$0.00	\$0.00	\$0.00
E2217	\$9.60	\$0.95	\$7.18	\$0.00	\$0.00	\$0.00
E2218	\$9.60	\$0.95	\$7.18	\$0.00	\$0.00	\$0.00
E2219	\$41.85	\$4.72	\$31.39	\$0.00	\$0.00	\$0.00
E2220	\$28.52	\$2.75	\$21.81	\$0.00	\$0.00	\$0.00
E2221	\$25.55	\$2.58	\$19.18	\$0.00	\$0.00	\$0.00
E2222	\$21.06	\$2.09	\$15.81	\$0.00	\$0.00	\$0.00
E2223	\$5.61	\$0.56	\$4.21	\$0.00	\$0.00	\$0.00
E2224	\$98.06	\$10.29	\$73.55	\$0.00	\$0.00	\$0.00
E2225	\$17.40	\$1.74	\$13.04	\$0.00	\$0.00	\$0.00
E2226	\$37.94	\$3.79	\$28.46	\$0.00	\$0.00	\$0.00
E2371	\$150.74	\$15.08	\$113.06	\$0.00	\$0.00	\$0.00
E2372	\$150.74	\$15.08	\$113.06	\$0.00	\$0.00	\$0.00
G0332	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
G0333	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G0372	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G0378	BR			\$0.00	\$0.00	\$0.00
G0379	BR			\$0.00	\$0.00	\$0.00
G8006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8007	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8008	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8009	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8020	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8027	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8029	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8030	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8031	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8032	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8033	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8034	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8035	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8036	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8037	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8038	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8039	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8040	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8041	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
G8051	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8052	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8053	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8054	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8055	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8056	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8057	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8058	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8059	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8060	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8061	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8062	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8075	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8076	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8077	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8078	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8079	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8080	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8081	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8082	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8093	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8094	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8103	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8104	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8106	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8107	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8108	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8109	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8110	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8112	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8113	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8114	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8115	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8116	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8117	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8126	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8127	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
G8128	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8129	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8130	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8131	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8135	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8152	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8153	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8154	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8155	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8156	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8157	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8158	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8159	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8160	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8161	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8162	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8163	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8164	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8165	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8166	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8167	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8170	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8171	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8172	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8182	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8183	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8184	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8185	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8186	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9050	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9051	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9052	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9053	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9054	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9055	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9056	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9057	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9058	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9059	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9060	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

<b>CPT/HCPCS</b>	<b>Total/Purchase</b>	<b>Prof/Rental</b>	<b>Tech/Used</b>	<b>SOS Total</b>	<b>SOS PC</b>	<b>SOS TC</b>
G9061	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9062	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9063	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9064	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9065	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9066	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9067	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9068	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9069	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9070	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9071	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9072	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9073	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9074	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9075	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9076	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9077	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9078	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9079	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9080	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9081	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9082	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9083	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9084	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9085	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9086	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9087	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9088	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9089	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9090	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9091	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9092	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9093	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9094	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9095	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9096	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9097	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9098	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9099	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9100	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
G9101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9102	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9103	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9104	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9105	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9106	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9107	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9108	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9109	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9110	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9112	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9113	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9114	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9115	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9116	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9117	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9118	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9119	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9120	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9121	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9122	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9123	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9124	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9125	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9126	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9127	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9128	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9129	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9130	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0132	BR			\$0.00	\$0.00	\$0.00
J0133	BR			\$0.00	\$0.00	\$0.00
J0278	BR			\$0.00	\$0.00	\$0.00
J0365	BR			\$0.00	\$0.00	\$0.00
J0480	BR			\$0.00	\$0.00	\$0.00
J0795	BR			\$0.00	\$0.00	\$0.00
J0881	\$4.39			\$0.00	\$0.00	\$0.00
J0882	\$4.39			\$0.00	\$0.00	\$0.00
J0885	\$12.27			\$0.00	\$0.00	\$0.00
J0886	\$11.86			\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
J1162	\$480.00			\$0.00	\$0.00	\$0.00
J1265	\$1.08			\$0.00	\$0.00	\$0.00
J1430	\$80.16			\$0.00	\$0.00	\$0.00
J1451	\$12.03			\$0.00	\$0.00	\$0.00
J1566	\$33.00			\$0.00	\$0.00	\$0.00
J1567	\$33.00			\$0.00	\$0.00	\$0.00
J1640	\$6.39			\$0.00	\$0.00	\$0.00
J1675	\$1.00			\$0.00	\$0.00	\$0.00
J1751	\$16.83			\$0.00	\$0.00	\$0.00
J1752	\$16.83			\$0.00	\$0.00	\$0.00
J1945	\$144.40			\$0.00	\$0.00	\$0.00
J2278	\$304.08			\$0.00	\$0.00	\$0.00
J2325	\$14.72			\$0.00	\$0.00	\$0.00
J2425	\$11.00			\$0.00	\$0.00	\$0.00
J2503	\$995.00			\$0.00	\$0.00	\$0.00
J2504	\$169.33			\$0.00	\$0.00	\$0.00
J2513	\$12.72			\$0.00	\$0.00	\$0.00
J2805	\$51.64			\$0.00	\$0.00	\$0.00
J2850	\$20.31			\$0.00	\$0.00	\$0.00
J3285	\$61.75			\$0.00	\$0.00	\$0.00
J3355	\$65.52			\$0.00	\$0.00	\$0.00
J3471	\$108.35			\$0.00	\$0.00	\$0.00
J3472	\$108.35			\$0.00	\$0.00	\$0.00
J7188	\$0.68			\$0.00	\$0.00	\$0.00
J7189	BR			\$0.00	\$0.00	\$0.00
J7306	\$412.33			\$0.00	\$0.00	\$0.00
J7318	\$4.28			\$0.00	\$0.00	\$0.00
J7341	BR			\$0.00	\$0.00	\$0.00
J7620	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7640	\$1.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8498	BR			\$0.00	\$0.00	\$0.00
J8515	\$15.39			\$0.00	\$0.00	\$0.00
J8540	\$0.10			\$0.00	\$0.00	\$0.00
J8597	BR			\$0.00	\$0.00	\$0.00
J9025	\$3.96			\$0.00	\$0.00	\$0.00
J9027	\$112.50			\$0.00	\$0.00	\$0.00
J9175	BR			\$0.00	\$0.00	\$0.00
J9225	\$5,000.00			\$0.00	\$0.00	\$0.00
J9264	\$7.96			\$0.00	\$0.00	\$0.00
L0491	\$621.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
L0492	\$402.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0621	\$75.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0622	\$194.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0623	BR			\$0.00	\$0.00	\$0.00
L0624	BR			\$0.00	\$0.00	\$0.00
L0625	\$44.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0626	\$63.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0627	\$332.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0628	\$67.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0629	BR			\$0.00	\$0.00	\$0.00
L0630	\$131.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0631	\$830.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0632	BR			\$0.00	\$0.00	\$0.00
L0633	\$232.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0634	BR			\$0.00	\$0.00	\$0.00
L0635	\$800.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0636	\$1,085.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0637	\$983.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0638	\$1,067.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0639	\$983.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0640	\$846.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0859	\$1,222.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L2034	BR			\$0.00	\$0.00	\$0.00
L2387	BR			\$0.00	\$0.00	\$0.00
L3671	BR			\$0.00	\$0.00	\$0.00
L3672	BR			\$0.00	\$0.00	\$0.00
L3673	BR			\$0.00	\$0.00	\$0.00
L3702	BR			\$0.00	\$0.00	\$0.00
L3763	BR			\$0.00	\$0.00	\$0.00
L3764	BR			\$0.00	\$0.00	\$0.00
L3765	BR			\$0.00	\$0.00	\$0.00
L3766	BR			\$0.00	\$0.00	\$0.00
L3905	BR			\$0.00	\$0.00	\$0.00
L3913	BR			\$0.00	\$0.00	\$0.00
L3919	BR			\$0.00	\$0.00	\$0.00
L3921	BR			\$0.00	\$0.00	\$0.00
L3933	BR			\$0.00	\$0.00	\$0.00
L3935	BR			\$0.00	\$0.00	\$0.00
L3961	BR			\$0.00	\$0.00	\$0.00
L3967	BR			\$0.00	\$0.00	\$0.00

CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
L3971	BR			\$0.00	\$0.00	\$0.00
L3973	BR			\$0.00	\$0.00	\$0.00
L3975	BR			\$0.00	\$0.00	\$0.00
L3976	BR			\$0.00	\$0.00	\$0.00
L3977	BR			\$0.00	\$0.00	\$0.00
L3978	BR			\$0.00	\$0.00	\$0.00
L5703	BR			\$0.00	\$0.00	\$0.00
L5858	\$15,071.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L5971	BR			\$0.00	\$0.00	\$0.00
L6621	BR			\$0.00	\$0.00	\$0.00
L6677	BR			\$0.00	\$0.00	\$0.00
L6883	BR			\$0.00	\$0.00	\$0.00
L6884	BR			\$0.00	\$0.00	\$0.00
L6885	BR			\$0.00	\$0.00	\$0.00
L7400	BR			\$0.00	\$0.00	\$0.00
L7401	BR			\$0.00	\$0.00	\$0.00
L7402	BR			\$0.00	\$0.00	\$0.00
L7403	BR			\$0.00	\$0.00	\$0.00
L7404	BR			\$0.00	\$0.00	\$0.00
L7405	BR			\$0.00	\$0.00	\$0.00
L7600	BR			\$0.00	\$0.00	\$0.00
L8609	\$5,283.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8623	\$52.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8624	\$130.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8680	\$372.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8681	\$865.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8682	\$4,834.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8683	\$4,255.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8684	\$626.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8685	\$10,604.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8686	\$6,766.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8687	\$13,800.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8688	\$8,805.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8689	\$33.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0480	\$73,035.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0481	\$11,783.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0482	\$3,690.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0483	\$15,204.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0484	\$2,952.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0485	\$285.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



CPT/HCPCS	Total/Purchase	Prof/Rental	Tech/Used	SOS Total	SOS PC	SOS TC
Q0486	\$237.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0487	\$276.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0489	\$13,181.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0490	\$570.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0491	\$896.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0492	\$72.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0493	\$205.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0494	\$173.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0495	\$3,387.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0496	\$1,215.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0497	\$379.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0498	\$416.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0499	\$135.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0500	\$24.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0501	\$414.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0502	\$527.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0503	\$1,054.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0504	\$556.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0510	\$0.00			\$0.00	\$0.00	\$0.00
Q0511	\$0.00			\$0.00	\$0.00	\$0.00
Q0512	\$0.00			\$0.00	\$0.00	\$0.00
Q0513	\$0.00			\$0.00	\$0.00	\$0.00
Q0514	\$0.00			\$0.00	\$0.00	\$0.00
Q0515	\$0.03			\$0.00	\$0.00	\$0.00
S2068	BR			\$0.00	\$0.00	\$0.00
S2078	BR			\$0.00	\$0.00	\$0.00
S2079	BR			\$0.00	\$0.00	\$0.00
S3854	BR			\$0.00	\$0.00	\$0.00
V2788	\$0.00			\$0.00	\$0.00	\$0.00

# Providers' News

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Presorted Standard  
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