March 2010

providers' news

A publication for our providers and their office staffs

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Internal Disc Decompression Therapy

Arkansas Blue Cross and Blue Shield does not cover Internal Disc Decompression (IDD) therapy. Use of the Spinal Decompression Therapeutic table for the treatment of low back pain is not covered due to lack of medical data attesting to its effectiveness. Therefore, it does not meet member benefit contract Primary Coverage Criteria requirements for coverage. To report IDD therapy to Arkansas Blue Cross or its affiliates, use HCPCS Code S9090. If a provider is using CPT Code 97012, this is considered incorrect coding. Coverage Policy 1997233 for Spinal Decompression Therapy (IDD or Spinal Distraction therapy) is available on the Arkansas Blue Cross Web site at arkansasbluecross.com. Coverage Policy can be found under both the "Member" and the "Provider" sections of the Web site.

Arkansas BlueCross BlueShield
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Medicaid Billing Issues

Arkansas Blue Cross and Blue Shield and its family of companies values their partnership with providers and needs your help to ensure that claims for your patients with group health care coverage and Medicaid are properly filed to the primary insurer first.

When filing a claim where the insured has both health insurance and Medicaid, the health insurance should be billed first and any additional costs should be submitted to Medicaid after health insurance has paid on the claim. Unfortunately, some of our members who have Medicaid forget to share that they also have health insurance coverage when they visit their provider. For Arkansas Blue Cross, BlueAdvantage Administrators of Arkansas and Health Advantage patients, always check AHIN for the most up-to-date eligibility information before submitting claims, especially if the patient indicates that they have, or once had, Medicaid. In other instances, Medicaid and the insurer have both been billed as the primary insurer.

Under Arkansas law (A.C.A. §20-77-306), Arkansas Blue Cross must rectify any misdirected claims with Medicaid. Because currently there is no way to efficiently cross-reference these misdirected claims, the process can take a considerable amount of time, which ties up Medicaid funding that could be used for other patients.

By asking your Medicaid patients directly if they have additional health insurance, providers can help ensure the claim is properly billed. Some patients may be hesitant to offer information on their health insurance because they think they are responsible for the copayments or coinsurance. We ask that you consider working with these patients and to file their claims to Arkansas Blue Cross and Medicaid before seeking direct payment. If you are aware of patients with both Medicaid and other insurance that would be primary and the insurance is not present in the Arkansas Eligibility Verification System, please call Arkansas Medicaid at 501-682-6715. By working together, we can help your patients receive the care they need and streamline the claims system to allow the appropriate entity to cover these costs.

If you need more information about AHIN, please call us at (501) 378-2336 or e-mail customer support@ahin.net.

Personal Health Statements Now Available to Members

Arkansas Blue Cross and Blue Shield members began receiving their new Personal Health Statements (PHS) in March. The PHS replaces the traditional Explanation of Benefits (EOB) health care benefit statement, which is generated each time a doctor or hospital files a claim.

The PHS is more comprehensive than the EOB and designed to make claims processing easier to understand. With the PHS, industry terms have been rewritten into everyday language, claims are more clearly explained, and members will know exactly where they are with their out-of-pocket costs (deductibles, copayments, coinsurance and more). The PHS also gives more information about health benefits.

In addition, a “Benefits at a Glance” section has been added, so members are reminded of their health benefits. Additional charts and graphs should make the information displayed easier to understand as well.

The “Benefits at a Glance” also shows members their personal health benefits and tracks where they are in meeting deductibles and annual coinsurance maximums. Pharmacy information has been added, including recommendations for generic medications. Another new feature on the PHS will be personal health messages and reminders to get health screenings.

The new PHS will be issued two times a month instead of every time a claim is filed. The new PHS is already available to Arkansas Blue Cross members and will be sent to Health Advantage members later in the year. A sample of the new PHS is available to view at arkansasbluecross.com, “Members Section.”

Should your patients have questions about the new PHS, they may call our Customer Service Division at 1-800-880-0918. If you or your staff has questions about the PHS, please call us.

Proper Billing of Molecular Diagnostics and Cytogenetic Testing

Arkansas Blue Cross and Blue Shield recently has noticed a significant increase in the number of molecular diagnostic and cytogenetic testing claims received. Many of the claims being filed for these services are filed incorrectly. Effective immediately, Arkansas Blue Cross and its affiliates no longer will review the denied claims for these services if the claim is billed with any of the molecular diagnostic or cytogenetic testing codes (83890-83914 and 88230-88299) when the claims are submitted without a specific genetic modifier, found in Appendix I of the 2010 Current Procedural Terminology (CPT®) Manual, and the number of probes performed with each code. The following information is what any facility or lab must include on a claim for molecular diagnostic or cytogenetic testing:

1) Claims must have the name of the genetic test that was performed along with the reason the test was ordered.

2) All of the molecular diagnostic codes (codes contained in the series from 83890-83914) and/or cytogenetic codes (codes contained in the series from 88230-88299) must be included on the claim for that genetic test ordered. In addition, the exact number of probes performed for each molecular diagnostic or cytogenetic code must be appended to the claim.

3) The correct genetic modifier, found in Appendix I of the 2010 CPT Manual for the genetic test ordered must be appended to the claim.

If a review of a denied claim is received and the claim was not submitted correctly, a letter will be sent to the provider stating the following:

> "Please be advised, the claims will not be paid when submitted unless the proper genetic modifier, which is found in Appendix I of the 2010 CPT Manual, is properly appended to the claim with the molecular diagnostic/cytogenetic testing codes with each code having the number of probes that was performed with each code."

The claim denial also will be changed to the appropriate code per line of business, indicating the claim was incorrectly coded and the member cannot be held financially responsible.

HbA1c for the Diagnosis of Type 2 Diabetes

The American Diabetes Association has determined that HbA1c may be used for the diagnosis of type 2 diabetes as published in Diabetes Care, 2010; 33 (Supplement 1):S62-S69. "The diagnostic test should be performed using a method certified by the National Glycohemoglobin Standardization Program (NGSP) and standardized or traceable to the Diabetes Control and Complications Trial (DCCT) reference assay. Point-of-care A1C assays are not sufficiently accurate at this time to use for diagnostic purposes." The American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE) also support the use of HbA1c for the diagnosis of type 2 diabetes in certain situations.

This test is not appropriate for all patient groups including children; to diagnose gestational diabetes; to diagnose diabetes in several ethnic populations; or to diagnose diabetes in settings of various hemoglobinopathies, anemias or severe hepatic and renal disease. An HbA1c result of 6.5 percent or higher is considered to be diagnostic for type 2 diabetes but this will identify approximately 20 percent fewer people with diabetes than existing criteria based on fasting blood glucose or oral glucose tolerance tests.

Arkansas Blue Cross and Blue Shield and its subsidiaries will reimburse HbA1c testing (CPT 83036) for members with signs or symptoms of possible type 2 diabetes who do not belong to patient groups listed in the above paragraph when done with a certified or standardized assay.

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. Since July of 2004, telemedicine has not been covered based on member benefit contract exclusions for Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas, Health Advantage and USAble Administrators.

2010 Spring Provider Workshops

Central Region:
North Little Rock
Wyndham Hotel
Wednesday, May 5

Morning session:
Registration 8:30 – 9:00 a.m.
Workshop 9:00 a.m. – Noon

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

Northeast Region:
Jonesboro
St. Bernard's Medical Center
Auditorium
Thursday, May 13

Morning session:
Registration 8: 00 – 8:15 a.m.
Workshop 8:15 – 11:30 a.m.

Afternoon session:
Registration 12:45 – 1:00 p.m.
Workshop 1:00 – 4: 00 p.m.

Northwest Region:
Mountain Home
Baxter Regional Medical Center
Lagerborg Conf Room
Wednesday, April 21
Registration 8:00 – 8:30 a.m.
Workshop 8:30– 11:30 a.m.

Northwest Region:
Springdale
Jones Center for Families
Rooms 227-228
Tuesday, April 20
Registration 8:30 – 9:00 a.m.
Workshop 9:00 a.m. – Noon

South Central Region:
Hot Springs
St. Joseph's Mercy Health Center
Mercy/McAuley room
Tuesday, May 18
Registration 12:30 – 1:00 p.m.
Workshop 1:00 – 4:00 p.m.

Southeast Region:
Pine Bluff
SE Arkansas Community College
Wednesday, April 28
Registration 8:30 – 9:00 a.m.
Workshop 9:00 a.m. – Noon

Southwest Region:
El Dorado
Warner Brown Building
Tuesday, May 11
Registration 12:30 – 1:00 p.m.
Workshop 1:00 – 4:00 p.m.

Southwest Region:
Texarkana
Christus St. Michael Medical Center
Conference room
Monday, May 17
Registration 8:30 – 9:00 a.m.
Workshop 9:00 a.m. – Noon

West Central Region:
Fort Smith
St. Edward Mercy Medical Center
Hennessey Room
Friday, May 7, 2010
Registration 8:30 – 9:00 a.m.
Workshop 9:00 a.m. – Noon

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

Hearing Aid Billing

Providers always should bill the monaural code (one ear) that applies to the type of hearing aid they are supplying, and bill each ear separately. Providers should use Modifiers LT and/or RT on each line, whatever is applicable. One unit of service should be used per claim line. Providers should not submit a claim for a hearing aid until the aid has been placed in the member's ear — not when the order for the hearing aid is placed.

Hospital Room Rates

All hospital room rates including private, semi-private and special care units are to be registered with Arkansas Blue Cross and Blue Shield when such rates change and at least annually. The Bed Complement Form is located in your Arkansas Blue Cross Policy and Procedure Manual for Reimbursement. Providers also can access the form on the Web site at arkansasbluecross.com. Select the "Provider" tab and select "Provider Manual – Arkansas Blue Cross and Blue Shield." The Bed Complement Form can be found in "Section 7: Hospital and Inpatient Information – Registration of Rates."

The hospital room rates and changes should be sent to:

Arkansas Blue Cross and Blue Shield
Hospital Reimbursement & Pricing
P. O. Box 2181
Little Rock, AR 72203

Please remember, hospitals are responsible for sending changes.

Immunization / Vaccine Coverage

When billing for Human Papilloma Viruses (HPV) vaccinations, providers should use diagnosis code V20.2 (immunization on infant or child) and not V04.89 (vaccination for an adult). It also is important for providers to use the appropriate procedure code. The appropriate procedure code is 99381 – 99384 or 99391 – 99394, preventive medicine evaluation and management (E&M) for new or established patients ages less than one year through 17. If a preventive medicine E&M code for children is not used when billing with diagnosis code V20.2 and if the member's health policy does not include wellness benefits for adults, the claim will be denied.

Observation Beds

Facility charges for observation beds are to be billed under revenue code 762. Coverage guidelines for observation beds are as follows:

1. Observation bed charges will be recognized from general acute care hospitals only.
2. Reimbursement for observation bed charges will be limited to one day's semiprivate room allowance.
3. Hospital outpatient surgery fee schedule amount (global allowance) will encompass observation bed charges and related services.
4. Observation bed services that occur within 24 hours of a hospital admission will be considered part of the inpatient hospital billing. The admission date will be the day that the patient is first considered an inpatient. For purposes of precertification (if applicable), the admission will be treated as an emergency so that the 48 hours prior notice requirement will not have to be met. The managed care company following the admission will post the actual admission date to their records.

Electronic Corrected Claims are Accepted

Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas, Health Advantage, FEP and BlueCard accept electronic corrected claims.

What is a corrected claim? A corrected claim is one that has been previously submitted for processing and has been finalized and reported on the provider's remittance advice.

Electronic Submission:

To file corrected claims electronically for the CMS 1500 claim form, providers should enter the number 7 in 2300/CLM05-3 and include the ICN number or BlueCard SCCF# of the original claim. The original ICN or SCCF# (Document Control Number - DCN) should be placed in the REF segment of the Loop 2300 with a qualifier of Ref01=F8. If these are not submitted, the claims will be returned as a duplicate.

Providers need to ask their software vendor to open an area within the 2300 loop for the remarks in the NTE segment as to what was corrected on the claim. Arkansas Blue Cross would appreciate receiving a total replacement claim in order for a complete comparison to the original claim along with the explanation in the NTE segment. This will expedite processing time and identify the actual corrections and the reason for the correction for both facility and professional corrected claims. To file corrected claims electronically for the UB claim form, the facility will need to use XX7 type of bill.

If you have questions regarding corrected claims, please contact Customer Service at:

AHIN Customer Support: 501-378-2336
EDI: 501-378-2419 or 866-582-3247

Article originally printed in the June 2007 issue of Providers' News.

BlueCard

Provider Calls Regarding Out-of-State Members' Claims

Effective immediately, Arkansas Blue Cross and Blue Shield will make two attempts by telephone call to a provider's office to obtain information needed to finalize a claim. If a message is left requesting a return call and no response is received within two work days after the second attempt, the member's plan will be notified to deny the claim as "unable to obtain information from provider".

Avoiding Misrouted BlueCard Claims

In order to avoid misrouted claims and delays in claims processing, Arkansas providers should submit claims for out-of-state BlueCard members to Arkansas Blue Cross and Blue Shield for processing. Do not submit claims directly to the member's out-of-state Blue Plan as this will cause a delay in claims processing. The only exception is when an Arkansas Blue Cross provider also contracts with the out-of-state Blue Plan.

Another form of misroute notification can be received directly from a Home plan. When a provider receives a 1050 or 1051 denial notification on a remittance advise, the Home plans are notifying the provider that they hold no membership for that patient and/or the claim has been routed to them in error. At that time, providers need to obtain a current copy of the patient's ID card for correct filing.

AHIN

AHIN to Require E-Mail Address for All Users

The Advanced Health Information Network (AHIN) continues to look for ways to improve processes in providing health care professionals with the information they need at the point of service. In today's health care environment, we understand the need to spend less time on the telephone and more time with the patient.

In the upcoming months, AHIN will implement several process improvement changes. To provide better service, each user will be required to have an e-mail address on file with AHIN. The user's e-mail address will be used to facilitate a user's password reset and establish a means of communication to each user.

E-mail has become an important method of business communication. With an e-mail address, AHIN users can reset their own passwords by providing the correct answer to their secret question. After the request is received, the AHIN system responds in seconds to the user, which saves time in the health care work place.

Based on a recent analysis of current AHIN users, 23 percent do not have an e-mail address on file with AHIN. During the next few weeks, all AHIN users will be required to update their user profile with a valid e-mail address. Those users who have an e-mail address with AHIN should verify that address; users who don't have an e-mail address will need to add one. All e-mail addresses should be updated in AHIN no later than April 15, 2010. Any user whose e-mail field is blank will not be able to log on AHIN after April 15, 2010.

For those users without an e-mail address on record with AHIN, here are some options:

- A user can get a free e-mail address through several vendors, including yahoo.com, hotmail.com or hushmail.com.
- Use a co-worker's existing e-mail address.

After entering an e-mail address, log into AHIN and update your user profile. For assistance with updating a user profile or for any AHIN questions, please contact AHIN Customer Support at (501) 378-2336 or e-mail customer-support@ahin.net.

Overpayment Notification

Do you have an AHIN workstation? In the near future, providers will be able to notify Arkansas Blue Cross and Blue Shield, Health Advantage and BlueAdvantage Administrators of Arkansas regarding overpaid claims. AHIN will offer a new function to allow electronic notification and response from the appropriate claims division. For information please contact your Network Development Representative

Sharing of AHIN User IDs and Passwords

On March 19, 2010, AHIN began enforcing a provision of the Network Access Confidentiality Agreement that each AHIN user has agreed to and signed. AHIN no longer allows more than one concurrent logon with the same user ID and password.

Sharing of user IDs and passwords has never been permissible as noted in the Network Access Confidentiality Agreement – Item #3 of the third paragraph. It reads as follows:

"Security of confidential information is essential to the integrity and operation of the network. User will not permit unauthorized access to the network and will not disclose user's name and/or password to any person. User shall be responsible for any damages to AHIN or the network for the unauthorized use of user's name and/or password or the unauthorized use of user's access to the network for which user is responsible."

Upon implementation of this change, the provider will be logged off of AHIN and returned to the AHIN login page if another logon using the same user ID and password is detected. If a user is sharing a user ID and password, users should immediately contact AHIN Customer Support at (501) 378-2336 to initiate the process to obtain a unique user ID and password.

FEP

FEP Will Pay Additional Radiation Therapy Procedure Codes

The Federal Employee Program (FEP) will provide benefits for claims with certain diagnosis codes, in combination with certain radiation treatment therapy procedure codes. For claims processed on or after April 10, 2010, benefits will be provided from Table 1 below when billed with the radiation treatment therapy procedures listed in Table 2.

Table1: Diagnosis Codes:

Diagnosis Codes
001 - 139
140 - 239
240 – 289
320 – 779
800 - 999

Following are the procedure codes that pay as radiation treatment therapy services when billed with the diagnosis codes in Table 1:

Table 2 Procedures Codes

Procedure Codes			
77299	77404	77421	77610
77301	77406	77422	77615
77305	77407	77423	77750
77310	77408	77427	77761
77315	77409	77432	77762
77321	77411	77435	77763
77333	77412	77520	77776
77334	77413	77522	77777
77399	77414	77523	77778
77401	77416	77525	77781
77402	77417	77600	77790
77403	77418	77605	77799

Intensity Modulated Radiation Therapy

The Federal Employee Program (FEP) for both the Standard and Basic Option, requires prior approval for Intensity Modulated Radiation Therapy (IMRT). Prior approval is required for both outpatient professional and outpatient facility services for the following procedures codes 77301, 77418, and 0073T.

Mental Health and Substance Abuse Treatments

Providers should be aware that the Federal Employee Program (FEP) requires prior approval for all outpatient mental health and substance abuse services. This includes mental health and substance abuse services provided to FEP members by providers in or out of the FEP mental health network excluding pharmacotherapy or psychological testing. Prior approval can be obtained by calling 1-800-367-0406.

Health Advantage

Mental Health Reminder

There has been a lot of confusion as to whether or not a PCP referral is needed for services that go through New Directions. Referrals are required for all mental health services for the Heath Advantage traditional HMO and Point of Service (POS) plans except the services after the eighth visit that go through New Directions for prior approval.

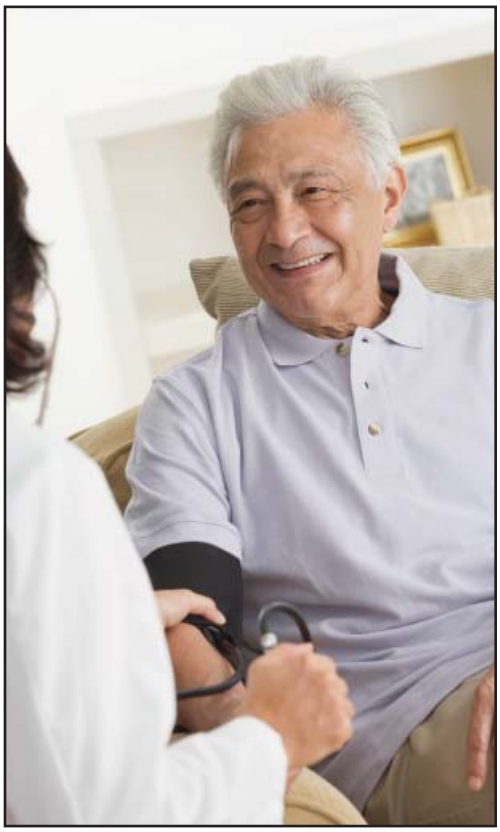
Medi-Pak®

Arkansas Blue Cross Offers New Medi-Pak® Supplement Plans

The federal government has "re-standardized" Medicare supplement plans, which means companies like Arkansas Blue Cross and Blue Shield must begin issuing new Medicare supplement plans starting June 1, 2010. The federal government chose to use the same names for the new plans as they had for the old. The Medicare supplement plans companies may offer include: A, B, C, D, F, High-Deductible F, G, K, L, M and N. M and N are new plans with greater member cost-share.

To make things even more confusing, it is important to note that the current plans are not going away. Anyone who purchased a Medicare supplement plan prior to June 1, 2010, will keep that plan and their plan benefits will remain the same. Providers will be seeing some patients with the 1992 Plan F and other patients with the 2010 Plan F and their benefits will not be the same. The good news is that there are relatively minor differences between the old plans and new plans with the same name.

Arkansas Blue Cross will be offering four new supplement plans, A, F, G and N. Plan N works a little differently than any of the other plans. It covers 100% of the Part A covered services. However, Plan N does have copayments for doctor office and emergency room visits. For Plan N Part B services, members must first meet the $155 Part B deductible. After that, for doctor visits, members will pay the lesser of a $20 copayment or the 20% Part B coinsurance. Similarly, members will pay the lesser of a $50 emergency room copayment or 20% Part B coinsurance. The emergency room copayment is waived if the member is admitted to the hospital. For all other Part B services, Plan N covers the 20% coinsurance.



Bottom line is there are new supplement plans available to Medicare beneficiaries in Arkansas, but there shouldn't be many changes for the providers, except for the addition of copayments for Plan N. Providers will file claims the same way for both the old and new plans.

If you have any questions, please contact Arkansas Blue Cross customer service at 1-800-238-8379 or your regional network development representative.

Coverage Policy Manual Updates

The following policies were added or updated in the Arkansas Blue Cross and Blue Shield Coverage Policy Manual since December 2009. To view the entire policies, access the coverage policies located on the Arkansas Blue Cross Web site at arkansasbluecross.com.

New Policies

Policy ID	Policy Name
2009040	Radioimmunotherapy in the treatment of non-Hodgkin lymphoma
2009041	Electrocardiographic body surface mapping
2009042	Embolectomy, mechanical, endovascular for treatment of acute stroke
2009043	Electrical stimulation, vagus nerve stimulation for the treatment of essential tremors
2009044	Electrical stimulation, vagus nerve stimulation for treatment of obesity
2009045	Electromagnetic navigation bronchoscopy
2009046	Genetic test: breast cancer predict; risk of distant metastasis to determine need for adjuvant chemotherapy (mammostrat®)
2009048	Bone growth stimulation, electrical, adjunct to spinal fusion
2009049	Platelet-rich plasma (autologous growth factors) orthopedic applications
2009050	Sleep apnea, laser-assisted uvulopalatoplasty (LAUP)
2010002	Tocolysis, acute and maintenance therapy
2010003	Measurement of serum intermediate density lipoproteins (remnant-like particles)
2010004	Genetic test: breast cancer predict; risk of recurrence to determine need for adjuvant chemotherapy (theros breast cancer index)
2010005	Electrical stimulation, percutaneous electrical nerve stimulation (PENS) or percutaneous neuromodulation therapy (PNT)
2010006	Genetic test: TheraGuide 5-FUtm (Myriad Genetic Laboratories Inc.) for predicting toxicity to 5-fluorouracil (5-FU)/ capecitabine-based chemotherapy
2010007	Genetic test: BCR-ABL for chronic myelogenous leukemia

(Continued from page 10) Coverage Policy Manual Updates

Updated Policies

Policy ID	Policy Name
1997008	Measurement of apolipoprotein b
1997057	Bone growth stimulation, electrical, appendicular skeleton
1997112	Intradialytic parenteral nutrition
1997113	Immune globulin, intravenous and subcutaneous
1997130	Cardiac event recorder, continuous 24-hr (Holter)
1997249	Pain management, facet nerve denervation, other than radiofrequency
1998154	Electrical Stimulation, Transcutaneous Electrical Nerve Stimulator (TENS)
2000015	Renal artery, angioplasty/stenting, percutaneous
2000057	Extracorporeal shock wave therapy for plantar fasciitis and other musculoskeletal conditions
2003028	Total ankle replacement
2003035	Antineoplaston cancer therapy
2003047	Antiprothrombin antibody
2003056	Celiac disease antibody testing
2003061	Brachytherapy, radioembolization of primary & metastatic tumors of the liver with therapeutic microspheres
2004030	Bone morphogenetic protein
2005012	Intrastromal corneal ring segments, implantation
2008002	Transanal endoscopic microsurgy (TEMS)
2009019	Sleep apnea-testing
2009039	Intraepidermal nerve fiber density

High Tech Radiology Procedures

The outpatient High Tech Radiology procedure codes requiring prior authorization are listed below and also are available through AHIN.

Head and Neck	
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70450	Computed tomography, head or brain; without contrast material
70460	Computed tomography, head or brain; with contrast material(s)
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	Computed tomography, maxillofacial area; without contrast material
70487	Computed tomography, maxillofacial area; with contrast material(s)
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	Computed tomography, soft tissue neck; without contrast material
70491	Computed tomography, soft tissue neck; with contrast material(s)
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70498	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head; without contrast material(s)
70545	Magnetic resonance angiography, head; with contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences

Head and Neck	
70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neuro-functional testing
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time
Chest	
71250	Computed tomography, thorax; without contrast material
71260	Computed tomography, thorax; with contrast material(s)
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	Computed tomographic angiography, chest (noncoronary), without contrast material(s), followed by contrast material(s) and further sections, including image postprocessing
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
Spine & Pelvis	
72125	Computed tomography, cervical spine; without contrast material
72126	Computed tomography, cervical spine; with contrast material

(Continued from page 13) High Tech Radiology Procedures

Spine & Pelvis (continued)	
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	Computed tomography, thoracic spine; without contrast material
72129	Computed tomography, thoracic spine; with contrast material
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	Computed tomography, lumbar spine; without contrast material
72132	Computed tomography, lumbar spine; with contrast material
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72191	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
72192	Computed tomography, pelvis; without contrast material
72193	Computed tomography, pelvis; with contrast material(s)

Spine & Pelvis (continued)	
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
Upper Extremities	
73200	Computed tomography, upper extremity; without contrast material
73201	Computed tomography, upper extremity; with contrast material(s)
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73206	Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
Lower Extremities	
73700	Computed tomography, lower extremity; without contrast material
73701	Computed tomography, lower extremity; with contrast material(s)

(Continued from page 15) High Tech Radiology Procedures

Lower Extremities (continued)	
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
Abdomen	
74150	Computed tomography, abdomen; without contrast material
74160	Computed tomography, abdomen; with contrast material(s)
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74175	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)

Abdomen (continued)	
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image postprocessing
S8037	Magnetic resonance cholangiopancreatography (MRCP)
Heart	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s); followed by contrast material(s) and further sequences;
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s); followed by contrast material(s) and further sequences; with stress imaging
75565	Cardiac magnetic resonance imaging for velocity flow mapping
Vascular Procedures	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
Other Procedures	
76093	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral (valid for dates of service prior to 12/31/2006 only)
76094	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral (valid for dates of service prior to 12/31/2006 only)
76380	Computed tomography, limited or localized follow-up study
76390	Magnetic resonance spectroscopy
76400	Magnetic resonance (eg, proton) imaging, bone marrow blood supply (valid for dates of service prior to 12/31/2006 only)

(Continued from page 17) High Tech Radiology Procedures

Breast Mammography	
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral (valid for dates of service on or after 1/01/2007 only)
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral (valid for dates of service on or after 01/01/2007 only)
Bone/Joint Studies	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply (valid for dates of service on or after 01/01/2007 only)
Nuclear Medicine – Cardiovascular System	
78451	Myocardial perfusion imaging; tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique additional quantification when performed); single study, at rest and/or stress (exercise and/or pharmacologic)
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78481	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/ or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine

Nuclear Medicine – Nervous System (PET)	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation
Nuclear Medicine – Other Procedures (PET)	
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh
78813	Tumor imaging, positron emission tomography (PET); whole body
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body
G0235	PET imaging, any site, not otherwise specified
Computed Tomography – Heart	
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
Other Procedures	
S8042	Magnetic resonance imaging (MRI), low-field

Fee Schedule

Fee Schedule Updates

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

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
14301	$1,690.67	$0.00	$0.00	$1,431.02	$0.00	$0.00
14302	$371.09	$0.00	$0.00	$371.09	$0.00	$0.00
21011	$503.29	$0.00	$0.00	$393.62	$0.00	$0.00
21012	$0.00	$0.00	$0.00	$538.86	$0.00	$0.00
21013	$781.90	$0.00	$0.00	$634.30	$0.00	$0.00
21014	$0.00	$0.00	$0.00	$832.29	$0.00	$0.00
21016	$0.00	$0.00	$0.00	$1,673.47	$0.00	$0.00
21552	$0.00	$0.00	$0.00	$719.66	$0.00	$0.00
21554	$0.00	$0.00	$0.00	$1,182.04	$0.00	$0.00
21558	$0.00	$0.00	$0.00	$2,218.85	$0.00	$0.00
21931	$0.00	$0.00	$0.00	$753.45	$0.00	$0.00
21932	$0.00	$0.00	$0.00	$1,083.05	$0.00	$0.00
21933	$0.00	$0.00	$0.00	$1,194.49	$0.00	$0.00
21936	$0.00	$0.00	$0.00	$2,311.33	$0.00	$0.00
22901	$0.00	$0.00	$0.00	$1,065.85	$0.00	$0.00
22902	$672.24	$0.00	$0.00	$537.67	$0.00	$0.00
22903	$0.00	$0.00	$0.00	$704.25	$0.00	$0.00
22904	$0.00	$0.00	$0.00	$1,669.32	$0.00	$0.00
22905	$0.00	$0.00	$0.00	$2,163.72	$0.00	$0.00
23071	$0.00	$0.00	$0.00	$669.27	$0.00	$0.00
23073	$0.00	$0.00	$0.00	$1,109.72	$0.00	$0.00
23078	$0.00	$0.00	$0.00	$2,251.45	$0.00	$0.00
24071	$0.00	$0.00	$0.00	$649.71	$0.00	$0.00
24073	$0.00	$0.00	$0.00	$1,115.06	$0.00	$0.00
24079	$0.00	$0.00	$0.00	$2,075.99	$0.00	$0.00
25071	$0.00	$0.00	$0.00	$680.53	$0.00	$0.00
25073	$0.00	$0.00	$0.00	$847.11	$0.00	$0.00
25078	$0.00	$0.00	$0.00	$1,812.78	$0.00	$0.00
26111	$0.00	$0.00	$0.00	$659.19	$0.00	$0.00
26113	$0.00	$0.00	$0.00	$867.27	$0.00	$0.00
26118	$0.00	$0.00	$0.00	$1,703.11	$0.00	$0.00
27043	$0.00	$0.00	$0.00	$752.26	$0.00	$0.00
27045	$0.00	$0.00	$0.00	$1,196.27	$0.00	$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
27059	$0.00	$0.00	$0.00	$2,932.58	$0.00	$0.00
27337	$0.00	$0.00	$0.00	$671.05	$0.00	$0.00
27339	$0.00	$0.00	$0.00	$1,208.72	$0.00	$0.00
27364	$0.00	$0.00	$0.00	$2,524.74	$0.00	$0.00
27616	$0.00	$0.00	$0.00	$2,060.57	$0.00	$0.00
27632	$0.00	$0.00	$0.00	$662.75	$0.00	$0.00
27634	$0.00	$0.00	$0.00	$1,080.08	$0.00	$0.00
28039	$761.75	$0.00	$0.00	$545.38	$0.00	$0.00
28041	$0.00	$0.00	$0.00	$716.70	$0.00	$0.00
28047	$0.00	$0.00	$0.00	$1,509.27	$0.00	$0.00
29581	$142.27	$0.00	$0.00	$52.76	$0.00	$0.00
31626	$553.44	$0.00	$0.00	$318.64	$0.00	$0.00
31627	$1,332.28	$0.00	$0.00	$154.28	$0.00	$0.00
32552	$296.99	$0.00	$0.00	$263.20	$0.00	$0.00
32553	$955.00	$0.00	$0.00	$339.67	$0.00	$0.00
32561	$154.72	$0.00	$0.00	$118.56	$0.00	$0.00
32562	$137.53	$0.00	$0.00	$106.11	$0.00	$0.00
33782	$0.00	$0.00	$0.00	$5,389.74	$0.00	$0.00
33783	$0.00	$0.00	$0.00	$5,826.04	$0.00	$0.00
33981	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
33982	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
33983	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
36147	$929.86	$0.00	$0.00	$289.86	$0.00	$0.00
36148	$289.21	$0.00	$0.00	$77.61	$0.00	$0.00
37761	$0.00	$0.00	$0.00	$943.14	$0.00	$0.00
43281	$0.00	$0.00	$0.00	$2,531.85	$0.00	$0.00
43282	$0.00	$0.00	$0.00	$2,847.81	$0.00	$0.00
43775	$0.00	$0.00	$0.00	$2,125.78	$0.00	$0.00
45171	$0.00	$0.00	$0.00	$953.82	$0.00	$0.00
45172	$0.00	$0.00	$0.00	$1,310.68	$0.00	$0.00
46707	$0.00	$0.00	$0.00	$729.74	$0.00	$0.00
49411	$829.33	$0.00	$0.00	$326.04	$0.00	$0.00
51727	$380.83	$177.84	$202.99	$0.00	$177.84	$0.00
51728	$379.66	$175.47	$204.19	$0.00	$175.47	$0.00
51729	$415.26	$208.67	$206.59	$0.00	$208.67	$0.00
53855	$1,070.60	$0.00	$0.00	$135.75	$0.00	$0.00
57426	$0.00	$0.00	$0.00	$1,401.97	$0.00	$0.00
63661	$878.53	$0.00	$0.00	$490.84	$0.00	$0.00
63662	$0.00	$0.00	$0.00	$1,128.69	$0.00	$0.00
63663	$1,301.79	$0.00	$0.00	$758.78	$0.00	$0.00

Fee Schedule Updates (continued from page 21)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
63664	$0.00	$0.00	$0.00	$1,174.93	$0.00	$0.00
64490	$218.99	$0.00	$0.00	$156.99	$0.00	$0.00
64491	$113.30	$0.00	$0.00	$92.50	$0.00	$0.00
64492	$114.50	$0.00	$0.00	$93.70	$0.00	$0.00
64493	$195.43	$0.00	$0.00	$132.63	$0.00	$0.00
64494	$100.63	$0.00	$0.00	$79.03	$0.00	$0.00
64495	$101.83	$0.00	$0.00	$80.23	$0.00	$0.00
74261	$512.39	$181.40	$330.99	$0.00	$181.40	$0.00
74262	$574.17	$199.18	$374.99	$0.00	$199.18	$0.00
74263	$843.89	$189.70	$654.19	$0.00	$189.70	$0.00
75565	$108.54	$20.75	$87.79	$0.00	$20.75	$0.00
75571	$68.59	$0.00	$68.59	$0.00	$0.00	$0.00
75572	$309.43	$112.04	$197.39	$0.00	$139.90	$0.00
75573	$391.43	$112.04	$279.39	$0.00	$200.37	$0.00
75574	$626.63	$112.04	$514.59	$0.00	$112.04	$0.00
75791	$502.69	$136.94	$365.76	$0.00	$136.94	$0.00
77338	$649.70	$369.91	$279.79	$0.00	$369.91	$0.00
78451	$282.26	$109.67	$172.59	$0.00	$109.67	$0.00
78452	$463.22	$129.82	$333.39	$0.00	$129.82	$0.00
78453	$240.43	$79.44	$160.99	$0.00	$79.44	$0.00
78454	$240.91	$105.52	$135.39	$0.00	$105.52	$0.00
83987	$22.74	$1.59	$21.15	$0.00	$1.59	$0.00
84145	$27.76	$1.94	$25.82	$0.00	$1.94	$0.00
84431	$27.81	$1.30	$17.24	$0.00	$1.30	$0.00
86305	$29.81	$2.09	$27.72	$0.00	$2.09	$0.00
86352	$97.30	$6.81	$90.49	$0.00	$6.81	$0.00
86780	$18.92	$1.32	$17.60	$0.00	$1.32	$0.00
86825	$86.52	$6.06	$80.26	$0.00	$6.06	$0.00
86826	$28.84	$2.02	$26.82	$0.00	$2.02	$0.00
87150	$50.27	$3.52	$46.75	$0.00	$3.52	$0.00
87493	$50.27	$3.52	$46.75	$0.00	$3.52	$0.00
87905	$26.25	$1.23	$16.28	$0.00	$1.23	$0.00
88387	$64.62	$51.57	$13.04	$0.00	$51.57	$0.00
88388	$38.53	$32.01	$6.52	$0.00	$32.01	$0.00
88738	$4.97	$0.35	$4.62	$0.00	$0.35	$0.00
90663	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
92540	$155.91	$128.64	$27.27	$0.00	$128.64	$0.00
92550	$33.79	$0.00	$0.00	$0.00	$0.00	$0.00
92570	$45.79	$0.00	$0.00	$43.79	$0.00	$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
93750	$85.96	$0.00	$0.00	$75.29	$0.00	$0.00
94011	$0.00	$0.00	$0.00	$158.28	$0.00	$0.00
94012	$0.00	$0.00	$0.00	$243.64	$0.00	$0.00
94013	$0.00	$0.00	$0.00	$51.57	$0.00	$0.00
95905	$125.08	$4.74	$120.34	$0.00	$4.74	$0.00
A4456	$0.26	$0.00	$0.00	$0.00	$0.00	$0.00
A9541	$93.03	$93.03	$0.00	$0.00	$0.00	$0.00
A9581	$14.04	$0.00	$0.00	$0.00	$0.00	$0.00
E0433	$0.00	$51.63	$0.00	$0.00	$0.00	$0.00
G0420	$135.00	$0.00	$0.00	$0.00	$0.00	$0.00
G0421	$31.95	$0.00	$0.00	$0.00	$0.00	$0.00
G0422	$61.20	$0.00	$0.00	$61.20	$0.00	$0.00
G0423	$61.20	$0.00	$0.00	$61.20	$0.00	$0.00
G0424	$29.25	$0.00	$0.00	$11.70	$0.00	$0.00
G0425	$0.00	$0.00	$0.00	$124.20	$0.00	$0.00
G0426	$0.00	$0.00	$0.00	$168.75	$0.00	$0.00
G0427	$0.00	$0.00	$0.00	$247.95	$0.00	$0.00
G0430	$20.38	$1.46	$19.37	$0.00	$1.46	$0.00
G0431	$19.72	$1.38	$18.34	$0.00	$1.38	$0.00
J0461	$0.04	$0.00	$0.00	$0.00	$0.00	$0.00
J0559	$0.08	$0.00	$0.00	$0.00	$0.00	$0.00
J0586	$8.40	$0.00	$0.00	$0.00	$0.00	$0.00
J0598	$40.33	$0.00	$0.00	$0.00	$0.00	$0.00
J0718	$3.87	$0.00	$0.00	$0.00	$0.00	$0.00
J0833	$68.04	$0.00	$0.00	$0.00	$0.00	$0.00
J0834	$94.85	$0.00	$0.00	$0.00	$0.00	$0.00
J1680	$0.91	$0.00	$0.00	$0.00	$0.00	$0.00
J1785	$1.13	$0.00	$0.00	$0.00	$0.00	$0.00
J2562	$279.46	$0.00	$0.00	$0.00	$0.00	$0.00
J2562	$268.72	$0.00	$0.00	$0.00	$0.00	$0.00
J2793	$22.73	$0.00	$0.00	$0.00	$0.00	$0.00
J2796	$45.34	$0.00	$0.00	$0.00	$0.00	$0.00
J7325	$12.21	$0.00	$0.00	$0.00	$0.00	$0.00
J9155	$2.99	$0.00	$0.00	$0.00	$0.00	$0.00
J9171	$18.33	$0.00	$0.00	$0.00	$0.00	$0.00
J9328	$4.62	$0.00	$0.00	$0.00	$0.00	$0.00
L5973	$15,691.70	$0.00	$0.00	$0.00	$0.00	$0.00
L8627	$6,366.34	$0.00	$0.00	$0.00	$0.00	$0.00
L8628	$1,128.30	$0.00	$0.00	$0.00	$0.00	$0.00
Q0138	$0.86	$0.00	$0.00	$0.00	$0.00	$0.00
Q0139	$0.86	$0.00	$0.00	$0.00	$0.00	$0.00

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providers' news staff

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Please Note

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