

PROVIDERS' NEWS

A publication for participating providers and their office staffs

MARCH 2015

INSIDE

ICD-10 countdown	1
ICD-10 assistance	1
Risk adjustment and HEDIS record requirements	2
ASE/PSE: bariatric surgery pilot program	2
ICD-10 revised compliance date	2
ICD-10 testing - frequently asked questions	3
Medi-Pak Advantage: modifier requirement for HCPCS codes E1825, E1830, or E1831	4
Medi-Pak Advantage: face-to-face visit for home health services	4
BlueCard: private room claims filing guidelines for all private facilities	5
Deadline for filing 2014 claims	5
New fax number for hospital precertification services	5
Physical therapy assistants	6
Claims: timely filing guidelines	7
New primary care alignment initiative	8
Revenue codes requiring CPT or HCPCS codes	8
Chronic care improvement program	9
Reminders about HIPAA & HITECH that affect providers	9
Coverage policy manual updates	10
2015 spring provider workshops	11
Fee schedule: additions and changes	12
Fee schedule: outpatient hospital	14
Fee schedule: drug screening codes	16
Fee schedule: ambulatory surgery center	19

**ICD-10
countdown**
6 Months
Until the ICD-10
Compliance
October 1, 2015
Will you be ready?

ICD-10 assistance

Did you know that Arkansas Blue Cross and Blue Shield is offering a free* tool to help providers with ICD-10? Get comfortable with the new world of ICD 10 by creating an account today!

Website: <http://icdassist.com>

*This tool is free for Arkansas Blue Cross providers only. Your NPI will be asked during registration for verification. The free account is valid for one user per facility. Additional users from the same provider will be available upon payment.



An Independent Licensee of the Blue Cross and Blue Shield Association



Risk adjustment and HEDIS record requirements

The Blue Cross Blue Shield Association requires its member Blue Plans and its Blue Plans’ network participating providers to comply with procedures that support healthcare effectiveness data and information set (HEDIS), risk adjustment, and government required activities around HEDIS and risk adjustment. The Association has employed third party vendors to coordinate medical records requests in support of risk adjustment and HEDIS activities. These

- activities include:
- Risk adjustment audits.
 - Reporting HEDIS measures.
 - Communicating coding gaps identified in patient records.
 - Compliance with government required activities.

All providers participating in the Arkansas Blue Cross and Blue Shield Preferred Payment Plan, USABLE Corporation’s True Blue PPO and Arkansas FirstSource PPO , Health Advantage HMO, and Medi-Pak

Advantage’s PFFS, LPPO and HMO provider networks must follow the needed processes for medical record audits and record requests within the required timeframe.

This notice should be considered a provider contract amendment to the provider network participation agreements listed in the preceding paragraph. This policy has been in effect since January 1, 2014.

ASE/PSE: bariatric surgery pilot program

The bariatric surgery pilot program for Arkansas State and Public School plan members was reinstated on January 1, 2015. To learn more about the program, please visit the Employee

Benefits Division website at www.arbenefits.org and select “Resources & Links” located under “Health Enhancement” or review the summary plan description for the program details. Please

be advised, the bariatric surgery program is closed for new enrollment for state employees only until further notice.

ICD-10 revised compliance date

The U.S. Department of Health and Human Services (HHS) has issued a rule finalizing October 1, 2015, as the new compliance date for health care providers, health plans and health care clearinghouses to transition to ICD-10. This new deadline allows

providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on October 1, 2015.

Arkansas Blue Cross is actively performing ICD-

10 end-to-end testing with providers. See frequently asked questions to get started. Arkansas Blue Cross encourage providers to initiate ICD-10 testing effort as soon as possible.



ICD-10 testing - frequently asked questions

Why should providers test with Arkansas Blue Cross and Blue Shield?

- To resolve problems early and avoid possible delays in submission, processing, and payments.
- To help ensure your internal systems and teams are equipped to handle ICD-10.
- ICD-10 compliance is the law. CMS is firm on October 1st 2015 implementation date.

Do providers need to be involved with testing?

- ICD-10 may impact payments and/or benefits for institutional, professional, outpatient, and dental (medical) claims.
- Providers should test equivalency of benefits and payments under ICD-9 and ICD-10.
- Testing objective for providers will be different than that for clearing houses and vendors.
- Providers can avoid major issues by choosing test scenarios that are most important to them.

What resources are provided by Arkansas Blue Cross?

- ICD Assist (<http://icdassist.com>) - Arkansas Blue Cross is offering a free tool to providers to help with mapping, code search and lookup. The free tool provides customized listing of top frequency ICD-9 codes for each provider.
- ICD-10 Resource Center at <http://www.arkansasbluecross.com/providers/ICD10ResourceCenter.aspx>

Whom should providers contact for ICD-10?

- Email: icd10@arkbluecross.com or call Sharon Stone at 501-378-3623 or Jignesh Borad at 501-399-3876

How should providers start?

Step 1: Registration

- Registration is required.
- Email Provider Name, Address, NPI, and requested testing date.
- Receive confirmation and testing guide.

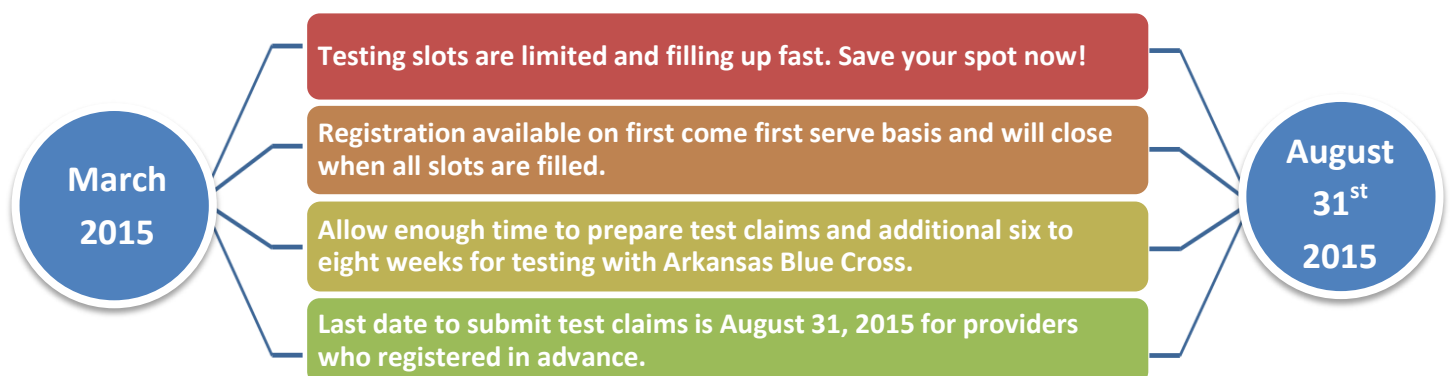
Step 2: Create test claims

- Can your software (or vendors) support ICD-10?
- Select original ICD-9 claims (20-25).
- Code equivalent ICD-10 claims.

Step 3: Submission and Review

- Follow submission instructions in test guide.
- Review results.
- Select and submit additional claims if needed.

Can providers afford to wait?





Medi-Pak Advantage: modifier requirement for HCPCS codes E1825, E1830 or E1831

As a Medicare replacement plan, Medi-Pak Advantage follows the Centers for Medicare & Medicaid Services (CMS) guidelines for processing services provided to our members. On November 13, 2014, Cigna Government Services (CGS) gave providers notification that effective for dates of service on or after January 1, 2015, devices coded as HCPCS code E1825 (dynamic adjustable finger extension/flexion device, includes soft interface material) must use the appropriate FA, F1-F9 modifier to identify the

digit(s) treated. Per this same CGS notification, devices coded as E1830 (dynamic adjustable toe extension/flexion device, includes soft interface material) or E1831 (static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories) must use the appropriate TA, T1-T9 modifier to identify the digit(s) treated.

Medi-Pak Advantage implementation of this directive is being delayed in order to provide prior notification to our providers.

Medi-Pak Advantage will be implementing this CGS directive for dates of service on or after April 1, 2015. Failure to append the appropriate modifier to HCPCS codes E1825, E1830, or E1831 for dates of service on or after April 1, 2015, will result in a denial for incorrect coding. If a device is denied for incorrect coding, a corrected claim will be required in order to receive consideration for reimbursement.

Medi-Pak Advantage: face-to-face visit for home health services

As a Medicare replacement plan, Medi-Pak Advantage follows the Centers for Medicare & Medicaid Services (CMS) guidelines for processing services provided to our members. CMS mandates that the certifying physician or qualified non-physician practitioner of home health services must perform a documented face-to-face encounter with the patient whose condition requires the need for home health services within 90 days prior

to or 30 days after the start date of care.

Effective for dates of service on or after April 1, 2015, Medi-Pak Advantage claims submitted for home health services must have the date of the face-to-face encounter documented. This should be documented in Box 19 of the CMS 1500 claim form. Claims submitted without the face-to-face encounter date will be denied as not medically necessary. If a home health service is denied because

the face-to-face encounter was not documented on the claim, providers may submit the medical records documentation of the face-to-face encounter with a request for review in order to receive further consideration for reimbursement.

For complete information regarding the content required for the physician certification for home health services, please refer to Chapter 7, section 30.50.1 of the Medicare Benefit Policy (IOM 100-02).



BlueCard: private room claims filing guidelines for all private facilities

When billing private room charges for an all private facility, value code 02 must be entered in the V002 electronic record or in the value code fields (39-41) on a UB04 claim form when submitting a paper claim. Using the value code will ensure the full DRG allowance is passed to the members Home Plan on the BlueCard claims.

Deadline for filing 2014 claims

Please file claims with 2014 dates of service by March 31, 2015 with Arkansas Blue Cross and Blue Shield and its family of companies. With the Affordable Care Act, there are new reinsurance requirements for insurers to have processed 2014 dates of service claims by April 2015. In order for Arkansas Blue Cross and its subsidiaries to have the most up to date information, we encourage providers to file claims with 2014 dates of service claims as soon as possible.

New fax number for hospital precertification services

Arkansas Blue Cross and Blue Shield is making upgrades to the utilization management services. As a

result, the hospital admission fax number is changing. Beginning June 1, 2015, the new hospital admission

precertification fax number will be 501-378-2050. Please make sure all clinics and facilities begin using the new fax number on June 1, 2015 when sending precertification clinical information for members of BlueAdvantage Administrators of Arkansas, FEP, and USABLE Administrators.

The fax number is the only change for the utilization management services. The hospital admission precertification phone number is not changing.

Providers, who have questions regarding this change, should contact their network development representative.

New Precertification FAX NUMBER

Are you faxing precertification information for a hospital admission? Beginning **June 1, 2015**, there's a new fax number for:

- BlueAdvantage Administrators of Arkansas
- FEP
- USABLE Administrators

PLEASE FAX INFORMATION TO
501-378-2050

Questions? Contact your network development representative.



Physical therapy assistants

Arkansas Blue Cross and Blue Shield and Health Advantage member benefit certificates do not recognize physical therapy assistants as “providers” as defined in their certificates. However, Arkansas Blue Cross and Health Advantage have determined that for members covered under certificates insured or underwritten by Arkansas Blue Cross or Health Advantage, the services of physical therapy assistants may be covered if all the following conditions are met:

1. Services provided by physical therapy assistants must fall within the scope and definition of covered services under the written terms of the member’s benefit certificate;
2. Services provided by physical therapy assistants must not fall within the scope or definition of any exclusion in the member’s benefit certificate (other than the definition of “provider”);
3. All services provided by physical therapy assistants must be supervised by a licensed physical therapist;
4. Physical therapy assistants must hold an active and unrestricted license to perform physical therapy assistants services, in full compliance with applicable state laws and regulations;
5. The supervising licensed physical therapist (or hospital employing the supervising licensed physical therapist) must bill for services provided by physical therapy assistants. Physical therapy assistants may not bill separately or directly for any physical therapy assistants services;
6. Services provided by physical therapy assistants will not be covered or paid by Arkansas Blue Cross or Health Advantage for their insured or underwritten members if services include any evaluation or assessment services¹ or if services include the physical therapy assistants making clinical judgments or decisions regarding the member’s care or treatment;
7. Services provided by physical therapy assistants will not be covered or paid by Arkansas Blue Cross or Health Advantage for their insured or underwritten members if the services include the development, management or furnishing of any skilled maintenance program services¹ or if the services include the physical therapy assistants taking or asserting overall responsibility for services;
8. Services provided by

physical therapy assistants will not be covered or paid by Arkansas Blue Cross or Health Advantage for their insured or underwritten members if the services are not supervised at the level appropriate to the particular setting involved, meaning that (a) at least general supervision² by a licensed physical therapist is always required and (b) direct supervision³ by a licensed physical therapist is required for any physical therapy assistants services administered outside of a hospital inpatient or hospital outpatient setting.

Special note with respect to self-funded health plans: The preceding standards may or may not apply where self-funded health benefit plan members served by Arkansas Blue Cross, BlueAdvantage Administrators of Arkansas, or Health Advantage are concerned. While some self-funded health benefit plans may choose to adopt the same approach as outlined above, others may choose to continue excluding coverage for physical therapy assistants altogether. As with all services to self-funded plan members, providers (and members) must check the terms of

(Continued on page 7)



Physical therapy assistants (continued from page 6)

the specific, applicable self-funded health benefit plan's Summary Plan Description

in order to determine the specific coverage criteria of the self-funded plan with

respect to physical therapy assistants or their services.

- ¹ Skilled maintenance program services as defined by assessment, evaluation and re-evaluation listed in Chapter 15, Section 220.A of the Medicare Benefit Policy Manual and Pub 100-02.
- ² General supervision means the procedure is furnished under the physician's or non-physician practitioner's overall direction and control, but the physician's or non-physician practitioner's presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician or non-physician practitioner.
- ³ Direct supervision means that the supervising physician or non-physician practitioner must be present on the same campus where the services are being furnished.

Claims: timely filing guidelines

As a reminder, the following information regarding timely claims filling applies to Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas and Health Advantage and includes claims for members of other Blue Cross Plans.

Filing Original Claim:

Providers must submit claims for any service, supply, prescription drug, test, equipment or other treatment within 180 days after such service, supply, prescription drug, test, equipment or treatment is provided. In the case of a claim for inpatient services for multiple consecutive days, a written proof must be submitted no later than 180 days following the date of discharge for that admission.

Re-submitting Claims:

Arkansas Blue Cross and its affiliates also require

providers to use this 180-day timely filing limit for re-submitting claims for adjustments, or for submitting additional information on a previously filed claim.

Adjudicated Claims/COB:

Arkansas Blue Cross and its affiliates extends the timely filing requirements to include 180 days after the primary insurer adjudicates the claim. Timely deadline for secondary claims is 180 days from the date processed by the primary carrier.

Member Responsibility:

The 180-day timely filing provision is applicable for both providers and members. When a patient covered by Arkansas Blue Cross or an affiliate does not provide their provider with proof of coverage until after the 180-day timely filing has expired, that patient is responsible for the services

and the provider should not bill Arkansas Blue Cross or its affiliates.

All contract holders should have a member identification card and should present their ID card prior to each service. Arkansas Blue Cross and its affiliates encourage all providers to have their patients complete insurance coverage update forms at the time of each service. By completing an insurance coverage update form, patients are given every opportunity to provide up-to-date insurance information.

For questions regarding coverage, providers should refer to AHIN (Advanced Health Information Network) for member eligibility and claims status or call The BlueLine, our voice activated response service, available 24 hours a day, 7 days a week.

(This information does not apply to the Federal Employee Program (FEP)).



New primary care alignment initiative

Arkansas Blue Cross and Blue Shield and its family of companies are beginning an initiative to align members with primary care physicians (PCP). Our goals include:

- Ensuring members get the preventive care needed, assisting members with managing chronic conditions.
- Facilitating development of programs that pay physician incentives for appropriately managing patient care.
- Providing reports to enable physicians to identify care gaps and appropriate interventions for population management.

Many members have an established relationship with a PCP that is easily identifiable through claims data. Members who are not seeing a PCP will be asked

to select one. In the event a member does not select a physician, a PCP in their community will be assigned to that member.

As a result of this initiative, you may be selected by members without a PCP or you may be assigned patients who do not select a PCP. This process is outlined in the Arkansas Blue Cross network participation agreement under the "General Obligations" section. HMO participation agreements contain additional sections regarding PCP selection and termination of the member-PCP relationship. A PCP may request a member to be transferred from their care when the patient-physician relationship becomes unacceptable to either party. Please refer to your provider contact for further clarification.

Providers who do not wish to accept new patients can submit their request through the Advanced Health Information Network (AHIN) or by notifying Arkansas Blue Cross in writing. Written request can be emailed to providernetwork@arkbluecross.com or mailed to Provider Network Operations, P. O. Box 2181, Little Rock, AR 72203

Through this initiative and others like it, Arkansas Blue Cross is working to educate members on the significant health benefits of having a PCP. Arkansas Blue Cross appreciates the care our providers deliver to Arkansans every day.

Revenue codes requiring CPT or HCPCS codes

Beginning July 1, 2015, outpatient institutional claims (UB04) containing revenue codes 0480, 0481, 0482, 0483 and 0489 will require CPT/HCPCS codes in conjunction with these revenue codes. The

additional CPT/HCPCS codes will be required on both electronic and paper claims. Claims submitted without the appropriate CPT/HCPCS codes will be rejected and the member will not be held responsible. This revision

applies to all outpatient UB04 claims submitted to Arkansas Blue Cross and Blue Shield, Blue Advantage Administrators of Arkansas and Health Advantage.



Chronic care improvement program

In September 2011, the Department of Health and Human Services launched the Million Hearts initiative with a goal of preventing one million heart attacks and strokes by 2017. The Centers for Medicare & Medicaid Services (CMS) partnered with Million Hearts and announced their own initiative focused on reducing cardiovascular disease over the next five years called the Chronic Care Improvement Program (CCIP).

Arkansas Blue Cross and Blue Shield is a proud supporter of the CCIP initiative for the third year. Arkansas Blue Cross is focusing attention on

two major risk factors for cardiovascular disease: diabetes and hypertension control. This year, CMS has asked Arkansas Blue Cross to increase our efforts in the community — the primary focus is helping Medicare Advantage members with diabetes and hypertension that lack:

- Consistent primary care visits
- A1C testing and other self-management measures
- LDL screenings
- Statin use
- Blood pressure control

Arkansas Blue Cross geriatric case managers will be addressing the health care needs of members by

offering health education, aid in medication adherence/reconciliation, home visits, scheduling primary care follow-ups and linking to community resources. Arkansas Blue Cross also will be working with providers to close gaps in care.

Arkansas Blue Cross looks forward to working with providers to help increase the quality of care and improve health outcomes for members. Providers, who have questions about the CCIP initiative or need assistance, should call the Geriatric Case Managers at 1-800-285-6658.

Reminders about HIPAA & HITECH that affect providers

As a Qualified Health Plan participating in the Federal Facilitated Marketplace (FFM) including the Multi State Plan Program (collectively known as the Exchange) this is Arkansas Blue Cross and Blue Shield's reminder to all network participating providers that they must be compliant with their applicable sections of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economics and Clinical Health (HITECH) in order to be in our provider networks.

- Please be aware that:
1. Providers must comply with applicable interoperability standards and demonstrate meaningful use of health information technology in accordance with the HITECH Act, and
 2. Subcontractors, large providers, providers, vendors and other entities required by HIPAA to maintain a notice of privacy practices, must post such notices prominently at the point where an Exchange enrollee enters the website

or web portal of such subcontractors, large providers, providers and/or vendors.

For more detailed information, please visit: <http://www.hhs.gov/ocr/privacy/index.html>



Coverage policy manual updates

Since December 2014, the following policies were added or updated in Arkansas Blue Cross and Blue Shield's Coverage Policy manual. To view entire policies, access the coverage policies located our website at arkansasbluecross.com.

New / Updated policies:

Policy#	Policy Description
1997153	Iron Therapy, Parenteral
1997177	Tumor Antigen, Prostate Specific Antigen (PSA)
2001009	Glucose Monitoring, Continuous
2003044	Computed Tomography (CT) Scanning for Lung Cancer Screening
2004034	Screening for Vertebral Fracture with Dual X-ray Absorptiometry (DEXA)
2008020	Cryosurgical Ablation of Primary or Metastatic Liver Tumors - ARCHIVED
2008027	Genetic Test: Colon Cancer, KRAS, NRAS and BRAF Mutation Analysis to Determine Tumor Sensitivity to Chemotherapy
2011072	Aflibercept (Eylea) for Wet Age-Related Macular Degeneration
2014021	Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis (Sure-Swab)
2014022	Autonomic Nervous System Testing
2014023	Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy
2014024	Procalcitonin
2014025	Powered Exoskeleton for Ambulation in Patients with Lower Limb Disabilities
2014026	Electric Breast Pump (Hospital Grade)
2015001	Omalizumab (Xolair) for Chronic Urticaria
2015002	Mutation Molecular Analysis for Targeted Therapy in Patients With Non-Small-Cell Lung Cancer



2015 spring provider workshops

Providers interested in attending one of the workshops listed below can now register on-line. If you have any additional questions regarding a workshop in your area, contact your Network Development Representative.

Central Region

Little Rock

Chenal Country Club
Wednesday, May 6

Morning session:

Registration 8:30 – 9:00 a.m.
Workshop 9:00 – 11:00 a.m.

Afternoon session:

Registration 1:00 – 1:30 p.m.
Workshop 1:30 – 3:30 p.m.

Northeast Region

Jonesboro

St. Bernard’s Medical Center
- Auditorium
Wednesday, May 13

Morning session:

Registration 8:30 – 9:00 a.m.
Workshop 9:00 – 11:00 a.m.

Afternoon session:

Registration 1:00 – 1:30 p.m.
Workshop 1:30 – 3:30 p.m.

Northwest Region

Mountain Home

Baxter Regional Medical Ctr
- Lagerborg Conference Ctr
Friday, May 22

Morning session:

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

Northwest Region

Springdale

Jones Center for Families
- Auditorium/Chapel
Thursday, May 14

Afternoon session:

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

South Central Region

Hot Springs

National Park Comm College
- Martin Eisele Auditorium
Thursday, May 21

Afternoon session:

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

Southeast Region

Pine Bluff

Pine Bluff Country Club
Tuesday, May 12

Morning session:

Registration 8:30 – 9:00 a.m.
Workshop 9:00 – 11:00 a.m.

Southwest Region

El Dorado

El Dorado Country Club
Tuesday, May 12

Afternoon session:

Registration 1:30 – 2:00 p.m.
Workshop 2:00 – 4:00 p.m.

Southwest Region

Texarkana

Texarkana Country Club
Wednesday, May 20

Afternoon session:

Registration 1:30 – 2:00 p.m.
Workshop 2:00 – 4:00 p.m.

West Central Region

Fort Smith

Sparks Regional Medical Ctr
- Shuffield Center
Friday, May 15

Morning session:

Registration 8:30 – 9:00 a.m.
Workshop 9:00 – noon

To register on-line, please choose from the following locations:

El Dorado: <https://www.surveymonkey.com/s/EIDorado2015>

Fort Smith: <https://www.surveymonkey.com/s/abcbs2015-fortsmith>

Hot Springs: <https://www.surveymonkey.com/s/abcbs2015-southcentral>

Jonesboro: jdbailey@arkbluecross.com

Little Rock: <https://www.surveymonkey.com/s/abcbs2015-central>

Mtn. Home: <https://www.surveymonkey.com/s/abcbs2015-mountainhome>

Pine Bluff: <https://www.surveymonkey.com/s/bcbs-se-2015>

Springdale: <https://www.surveymonkey.com/s/abcbs2015-springdale>

Texarkana: <https://www.surveymonkey.com/s/Texarkana2015>



Fee schedule: additions and changes

The following additions and changes were made to the Arkansas Blue Cross and Blue Shield's fee schedule:

CPT / HCPS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
35471	\$0.00	\$0.00	\$0.00	\$836.49	\$0.00	\$0.00
35472	\$0.00	\$0.00	\$0.00	\$572.33	\$0.00	\$0.00
45388	\$973.47	\$0.00	\$0.00	\$776.64	\$0.00	\$0.00
80163	\$27.11	\$1.90	\$25.21	\$0.00	\$1.90	\$0.00
80165	\$27.66	\$1.94	\$25.72	\$0.00	\$1.94	\$0.00
80332	\$36.54	\$2.56	\$33.98	\$0.00	\$2.56	\$0.00
80333	\$36.54	\$2.56	\$33.98	\$0.00	\$2.56	\$0.00
80334	\$36.54	\$2.56	\$33.98	\$0.00	\$2.56	\$0.00
80349	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80350	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80351	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80352	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80355	\$27.14	\$1.90	\$25.24	\$0.00	\$1.90	\$0.00
80357	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80359	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80360	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80366	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80367	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80368	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80371	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80374	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80375	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80376	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
80377	\$28.70	\$2.01	\$26.69	\$0.00	\$2.01	\$0.00
83006	\$44.90	\$3.14	\$41.75	\$0.00	\$3.14	\$0.00
87505	\$174.58	\$12.22	\$162.36	\$0.00	\$12.22	\$0.00



CPT / HCPS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
87506	\$290.45	\$20.33	\$270.12	\$0.00	\$20.33	\$0.00
87507	\$567.18	\$39.70	\$527.48	\$0.00	\$39.70	\$0.00
87623	\$71.64	\$5.01	\$66.63	\$0.00	\$5.01	\$0.00
87624	\$71.64	\$5.01	\$66.63	\$0.00	\$5.01	\$0.00
87625	\$71.64	\$5.01	\$66.63	\$0.00	\$5.01	\$0.00
87806	\$49.16	\$3.44	\$45.71	\$0.00	\$3.44	\$0.00
90651	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E0483	\$11,151.70	\$1,115.17	\$8,363.78	\$0.00	\$0.00	\$0.00
E0603	\$160.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E0604	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00
G0279	\$87.45	\$50.31	\$37.14	\$0.00	\$50.31	\$0.00
G0464	\$492.72	\$34.49	\$458.23	\$0.00	\$34.49	\$0.00
G0471	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0153	\$0.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1071	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1745	\$88.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2260	\$51.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2274	\$9.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3121	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7200	\$1.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7201	\$2.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7300	\$739.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7336	\$2.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9206	\$4.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9267	\$0.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q2052	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S8032	\$189.26	\$64.07	\$125.19	\$0.00	\$64.07	\$0.00
S9140	\$23.56	\$0.00	\$0.00	\$11.68	\$0.00	\$0.00
S9141	\$23.56	\$0.00	\$0.00	\$11.68	\$0.00	\$0.00



Fee schedule: outpatient hospital

The following outpatient hospital codes were updated on Arkansas Blue Cross and Blue Shield's fee schedule.

CPT/ HCPCS Code	Allowed
69436	\$1,009.00
92950	\$105.00
92953	\$105.00
92960	\$479.00
92961	\$479.00
0296T	\$105.00
0297T	\$105.00
20822	\$2,010.00
20950	\$105.00
21150	\$3,195.00
21172	\$3,195.00
21175	\$3,195.00
21181	\$3,195.00
21195	\$3,195.00
21256	\$3,195.00
21260	\$3,195.00
21261	\$3,195.00
21263	\$3,195.00
21408	\$3,195.00
21557	\$1,101.00
21558	\$1,537.00
21742	\$2,655.00
21743	\$2,655.00
22856	\$3,560.00

CPT/ HCPCS Code	Allowed
23470	\$3,560.00
23473	\$2,386.00
24370	\$3,560.00
24371	\$3,560.00
27006	\$2,010.00
27027	\$2,010.00
27057	\$1,537.00
27059	\$1,537.00
27179	\$3,954.00
27220	\$105.00
27722	\$2,655.00
28805	\$1,537.00
32607	\$2,655.00
32608	\$2,655.00
32609	\$2,655.00
34501	\$2,655.00
34510	\$2,655.00
34520	\$2,655.00
34530	\$2,655.00
35045	\$1,287.00
35180	\$1,287.00
35321	\$1,287.00
35458	\$2,655.00
35460	\$2,655.00

CPT/ HCPCS Code	Allowed
35761	\$1,287.00
35860	\$1,287.00
35883	\$2,655.00
35884	\$2,655.00
35903	\$1,287.00
37183	\$2,655.00
37188	\$2,655.00
37195	\$105.00
37197	\$1,537.00
37615	\$1,713.00
37619	\$1,713.00
41530	\$1,713.00
42842	\$3,195.00
42844	\$3,195.00
42890	\$3,195.00
42892	\$3,195.00
43130	\$3,195.00
43420	\$1,713.00
43510	\$635.00
43831	\$635.00
44186	\$3,195.00
45499	\$2,386.00
45541	\$2,146.00
46751	\$1,713.00

CPT/ HCPCS Code	Allowed
50727	\$1,101.00
51060	\$2,655.00
51535	\$1,713.00
51860	\$1,713.00
53085	\$1,537.00
54336	\$2,010.00
54560	\$1,537.00
54650	\$2,146.00
57106	\$1,537.00
57107	\$1,537.00
57109	\$1,537.00
57282	\$2,386.00
57283	\$2,386.00
57292	\$2,386.00
57335	\$1,537.00
58263	\$2,386.00
58292	\$2,386.00
58770	\$1,537.00
58805	\$1,537.00
59100	\$1,537.00
59612	\$1,537.00
59866	\$277.00
60252	\$3,195.00
60502	\$3,195.00



CPT/ HCPCS Code	Allowed
60520	\$3,195.00
61330	\$3,195.00
61770	\$2,146.00
61880	\$2,010.00
62000	\$3,195.00
63741	\$2,146.00
64763	\$1,287.00
64766	\$2,146.00
64804	\$1,287.00
64910	\$2,146.00
64911	\$2,146.00
69955	\$3,195.00
69960	\$3,195.00
69970	\$3,195.00
69979	\$105.00
76641	\$87.17
76642	\$66.69
77061	\$0.00
77062	\$0.00
77063	\$0.00
77085	\$50.14
77086	\$0.00
77306	\$106.93
77307	\$195.66
77316	\$165.91
77317	\$216.54

CPT/ HCPCS Code	Allowed
77318	\$293.78
81420	\$1,355.48
88341	\$55.37
88344	\$93.71
88364	\$85.43
88366	\$105.04
88369	\$59.29
88373	\$47.52
88374	\$194.80
88377	\$181.29
91200	\$31.26
92145	\$0.00
92977	\$105.00
93260	\$30.73
93261	\$30.73
93581	\$6,246.00
G0413	\$2,010.00
G6001	\$31.78
G6002	\$79.79
G6003	\$236.37
G6004	\$182.61
G6005	\$204.53
G6006	\$203.49
G6007	\$375.72
G6008	\$253.07
G6009	\$280.21

CPT/ HCPCS Code	Allowed
G6010	\$280.21
G6011	\$401.82
G6012	\$332.40
G6013	\$374.68
G6014	\$374.16
G6015	\$583.45
G6016	\$583.45
G6030	\$38.88
G6031	\$39.66
G6032	\$36.91
G6034	\$33.24
G6035	\$34.93
G6036	\$36.91
G6037	\$29.05
G6038	\$15.22
G6039	\$43.40
G6040	\$21.29
G6041	\$64.36
G6042	\$43.40
G6043	\$24.56
G6044	\$32.48
G6045	\$44.28
G6046	\$55.10
G6047	\$55.35
G6048	\$29.68
G6049	\$46.05

CPT/ HCPCS Code	Allowed
G6050	\$37.06
G6051	\$42.45
G6052	\$37.80
G6053	\$35.00
G6054	\$31.78
G6055	\$50.78
G6056	\$41.72
G6057	\$33.40
G6058	\$28.40



Fee schedule: drug screening codes

The following drug screening codes were added/updated on Arkansas Blue Cross and Blue Shield's fee schedule.

CPT / HCPS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
80300	\$30.71	\$2.15	\$28.56	\$0.00	\$2.15	\$0.00
80301	\$99.95	\$7.00	\$92.95	\$0.00	\$7.00	\$0.00
80302	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80304	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80320	\$20.27	\$1.42	\$18.85	\$0.00	\$1.42	\$0.00
80321	\$20.27	\$1.42	\$18.85	\$0.00	\$1.42	\$0.00
80322	\$20.27	\$1.42	\$18.85	\$0.00	\$1.42	\$0.00
80323	\$61.28	\$4.29	\$56.99	\$0.00	\$4.29	\$0.00
80324	\$31.73	\$2.22	\$29.50	\$0.00	\$2.22	\$0.00
80325	\$31.73	\$2.22	\$29.50	\$0.00	\$2.22	\$0.00
80326	\$31.73	\$2.22	\$29.50	\$0.00	\$2.22	\$0.00
80327	\$52.70	\$3.69	\$49.01	\$0.00	\$3.69	\$0.00
80328	\$52.70	\$3.69	\$49.01	\$0.00	\$3.69	\$0.00
80329	\$14.49	\$1.01	\$13.48	\$0.00	\$1.01	\$0.00
80330	\$14.49	\$1.01	\$13.48	\$0.00	\$1.01	\$0.00
80331	\$14.49	\$1.01	\$13.48	\$0.00	\$1.01	\$0.00
80332	BR	BR	BR	\$0.00	BR	\$0.00
80333	BR	BR	BR	\$0.00	BR	\$0.00
80334	BR	BR	BR	\$0.00	BR	\$0.00
80335	\$36.54	\$2.56	\$33.98	\$0.00	\$2.56	\$0.00
80336	\$36.54	\$2.56	\$33.98	\$0.00	\$2.56	\$0.00
80337	\$36.54	\$2.56	\$33.98	\$0.00	\$2.56	\$0.00
80338	\$36.54	\$2.56	\$33.98	\$0.00	\$2.56	\$0.00
80339	BR	BR	BR	\$0.00	BR	\$0.00
80340	BR	BR	BR	\$0.00	BR	\$0.00
80341	BR	BR	BR	\$0.00	BR	\$0.00
80342	\$31.79	\$2.22	\$29.56	\$0.00	\$2.22	\$0.00
80343	\$31.79	\$2.22	\$29.56	\$0.00	\$2.22	\$0.00



CPT / HCPS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
80344	\$31.79	\$2.22	\$29.56	\$0.00	\$2.22	\$0.00
80345	\$37.76	\$2.64	\$35.11	\$0.00	\$2.64	\$0.00
80346	\$40.41	\$2.83	\$37.58	\$0.00	\$2.83	\$0.00
80347	\$40.41	\$2.83	\$37.58	\$0.00	\$2.83	\$0.00
80348	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
80349	BR	BR	BR	\$0.00	BR	\$0.00
80350	BR	BR	BR	\$0.00	BR	\$0.00
80351	BR	BR	BR	\$0.00	BR	\$0.00
80352	BR	BR	BR	\$0.00	BR	\$0.00
80353	\$30.93	\$2.17	\$28.76	\$0.00	\$2.17	\$0.00
80354	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
80355	BR	BR	BR	\$0.00	BR	\$0.00
80356	\$52.47	\$3.67	\$48.80	\$0.00	\$3.67	\$0.00
80357	BR	BR	BR	\$0.00	BR	\$0.00
80358	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
80359	BR	BR	BR	\$0.00	BR	\$0.00
80360	BR	BR	BR	\$0.00	BR	\$0.00
80361	\$52.47	\$3.67	\$48.80	\$0.00	\$3.67	\$0.00
80362	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
80363	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
80364	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
80365	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
80366	BR	BR	BR	\$0.00	BR	\$0.00
80367	BR	BR	BR	\$0.00	BR	\$0.00
80368	BR	BR	BR	\$0.00	BR	\$0.00
80369	\$35.97	\$2.52	\$33.45	\$0.00	\$2.52	\$0.00
80370	\$35.97	\$2.52	\$33.45	\$0.00	\$2.52	\$0.00
80371	BR	BR	BR	\$0.00	BR	\$0.00
80372	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
80373	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
80374	BR	BR	BR	\$0.00	BR	\$0.00



Fee schedule: drug screening codes (continued from page 17)

CPT / HCPS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
80375	BR	BR	BR	\$0.00	BR	\$0.00
80376	BR	BR	BR	\$0.00	BR	\$0.00
80377	BR	BR	BR	\$0.00	BR	\$0.00
G6030	\$36.54	\$2.56	\$33.98	\$0.00	\$2.56	\$0.00
G6031	\$37.76	\$2.64	\$35.11	\$0.00	\$2.64	\$0.00
G6032	\$35.13	\$2.46	\$32.67	\$0.00	\$2.46	\$0.00
G6034	\$31.64	\$2.21	\$29.42	\$0.00	\$2.21	\$0.00
G6035	\$33.24	\$2.33	\$30.91	\$0.00	\$2.33	\$0.00
G6036	\$35.13	\$2.46	\$32.67	\$0.00	\$2.46	\$0.00
G6037	\$27.66	\$1.94	\$25.72	\$0.00	\$1.94	\$0.00
G6038	\$14.49	\$1.01	\$13.48	\$0.00	\$1.01	\$0.00
G6039	\$41.31	\$2.89	\$38.42	\$0.00	\$2.89	\$0.00
G6040	\$20.27	\$1.42	\$18.85	\$0.00	\$1.42	\$0.00
G6041	\$61.28	\$4.29	\$56.99	\$0.00	\$4.29	\$0.00
G6042	\$31.73	\$2.22	\$29.50	\$0.00	\$2.22	\$0.00
G6043	\$23.37	\$1.64	\$21.73	\$0.00	\$1.64	\$0.00
G6044	\$30.93	\$2.17	\$28.76	\$0.00	\$2.17	\$0.00
G6045	\$42.15	\$2.95	\$39.20	\$0.00	\$2.95	\$0.00
G6046	\$52.47	\$3.67	\$48.80	\$0.00	\$3.67	\$0.00
G6047	\$52.70	\$3.69	\$49.01	\$0.00	\$3.69	\$0.00
G6048	\$28.28	\$1.98	\$26.30	\$0.00	\$1.98	\$0.00
G6049	\$43.86	\$3.07	\$40.79	\$0.00	\$3.07	\$0.00
G6050	\$35.28	\$2.47	\$32.81	\$0.00	\$2.47	\$0.00
G6051	\$40.41	\$2.83	\$37.58	\$0.00	\$2.83	\$0.00
G6052	\$35.97	\$2.52	\$33.45	\$0.00	\$2.52	\$0.00
G6053	\$33.33	\$2.33	\$31.00	\$0.00	\$2.33	\$0.00
G6054	\$30.24	\$2.12	\$28.12	\$0.00	\$2.12	\$0.00
G6055	\$48.35	\$3.38	\$44.96	\$0.00	\$3.38	\$0.00
G6056	\$39.72	\$2.78	\$36.94	\$0.00	\$2.78	\$0.00
G6057	\$31.79	\$2.22	\$29.56	\$0.00	\$2.22	\$0.00
G6058	\$27.05	\$1.89	\$25.15	\$0.00	\$1.89	\$0.00



Fee schedule: ambulatory surgery center

The following ambulatory surgery center codes were updated on Arkansas Blue Cross and Blue Shield's fee schedule.

CPT/ HCPCS Code	Allowed	CPT/ HCPCS Code	Allowed	CPT/ HCPCS Code	Allowed	CPT/ HCPCS Code	Allowed
92977	\$0.00	27059	\$1,080.00	41530	\$1,080.00	58263	\$0.00
93581	\$0.00	27179	\$0.00	42842	\$0.00	58292	\$0.00
0296T	\$0.00	27220	\$309.00	42844	\$0.00	58770	\$0.00
0297T	\$0.00	27722	\$0.00	42890	\$1,790.00	58805	\$1,080.00
20822	\$1,269.00	28805	\$0.00	42892	\$1,790.00	59100	\$1,080.00
20950	\$309.00	32607	\$0.00	43130	\$1,790.00	59612	\$0.00
21150	\$1,790.00	32608	\$0.00	43420	\$0.00	59866	\$309.00
21172	\$0.00	32609	\$0.00	43510	\$0.00	60252	\$0.00
21175	\$0.00	34501	\$0.00	43831	\$0.00	60502	\$0.00
21181	\$1,790.00	34510	\$0.00	44186	\$0.00	60520	\$0.00
21195	\$0.00	34520	\$0.00	45499	\$0.00	61330	\$1,790.00
21256	\$0.00	34530	\$0.00	45541	\$1,490.00	61770	\$1,499.00
21260	\$1,790.00	35045	\$0.00	46751	\$0.00	61880	\$1,269.00
21261	\$0.00	35180	\$0.00	50727	\$769.00	62000	\$0.00
21263	\$0.00	35321	\$0.00	51060	\$0.00	63741	\$0.00
21408	\$0.00	35458	\$0.00	51535	\$1,080.00	64763	\$769.00
21557	\$769.00	35460	\$1,790.00	51860	\$0.00	64766	\$1,499.00
21558	\$1,080.00	35761	\$1,269.00	53085	\$948.00	64804	\$0.00
21742	\$0.00	35860	\$0.00	54336	\$0.00	64910	\$1,499.00
21743	\$0.00	35883	\$0.00	54560	\$1,080.00	64911	\$0.00
22856	\$0.00	35884	\$0.00	54650	\$0.00	69955	\$0.00
23470	\$0.00	35903	\$0.00	57106	\$0.00	69960	\$0.00
23473	\$0.00	37183	\$0.00	57107	\$0.00	69970	\$0.00
24370	BR	37188	\$1,790.00	57109	\$0.00	69979	\$0.00
24371	BR	37195	\$0.00	57282	\$0.00	G0413	\$0.00
27006	\$0.00	37197	\$1,269.00	57283	\$0.00		
27027	\$0.00	37615	\$0.00	57292	\$0.00		
27057	\$0.00	37619	\$0.00	57335	\$0.00		



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

P.O. Box 2181
Little Rock, AR 72203

PRSR STD
U.S. POSTAGE
PAID
LITTLE ROCK, AR
PERMIT #1913

PROVIDERS' NEWS STAFF

Providers' News is published quarterly for providers and their office staffs by Arkansas Blue Cross and Blue Shield
Editor: Karen Green • 501-378-6628 • FAX 501-378-2464 • ProvidersNews@arkbluecross.com

PLEASE NOTE

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

Any five-digit Physician's Current Procedural Terminology (CPT) codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2015 American Medical Association. All Rights Reserved.

We're on the Web!

arkansasbluecross.com
healthadvantage-hmo.com
blueadvantagearkansas.com
fepblue.org



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

