

Providers' News

December 2008

Inside the December Issue:

- Access Only PPO Customers of US Able Corporation Effective January 1, 2009 10
- Claims Filing Procedure for PPO Primary Care Physician's Office Services — Family Medicine, General Practice, Internal Medicine, and Pediatric Medicine 6
- Contraceptive Services 2
- Coverage Policy Manual Updates 18
- CPT Code Crosswalk: From Deleted 2008 CPT Codes to 2009 CPT Codes 13
- Durable Medical Equipment 20
- Fee Schedule Updates 12
- FEP: 2009 Federal Employee Program Benefit Changes 7
- Health and Behavior Assessment/ Intervention 9
- Imaging Center Provider Assessment Update 3
- Injection Codes Update 23
- Medi-Pak[®] Advantage Provider Network Agreements 2
- MRI: Low Field Strength Magnet Coding (0.3—0.7) 3
- New Healthy Initiative at Wal-Mart 10
- Paper Remittance Advice Revisions 12
- Participating Provider Agreements for Pharmacists 6
- Pharmacy: Formulary Changes for 2009 4
- Pharmacy: Synthroid, Lanoxin, and Dilantin Moving to Third Tier 5
- RBRVS: Arkansas Blue Cross Adopts RBRVS for 2009 12

Please Note:

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

Any five-digit Physician's Current Procedural Terminology (CPT) codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2008 American Medical Association. All Rights Reserved.

We're on the Web!

www.ArkansasBlueCross.com
www.HealthAdvantage-hmo.com
www.BlueAdvantageArkansas.com
 and **www.fepblue.org**

The Providers' News

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

Karen Green, Editor
 Arkansas Blue Cross and Blue Shield
 P. O. Box 2181
 Little Rock AR 72203-2181
 Email: krgreen@arkbluecross.com



**Arkansas
 BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

Medi-Pak[®] Advantage Provider Network Agreements

Arkansas Blue Cross and Blue Shield is improving its service to the seniors of Arkansas. With a current enrollment of over 60,000 members, our Medicare Advantage plans have proven to be attractive alternatives to original Medicare. Therefore, Arkansas Blue Cross is building provider networks around these Medicare Advantage products to offer clarity to health care providers regarding the terms and conditions of these products and to promote provider participation and accessibility to Medicare Advantage members.

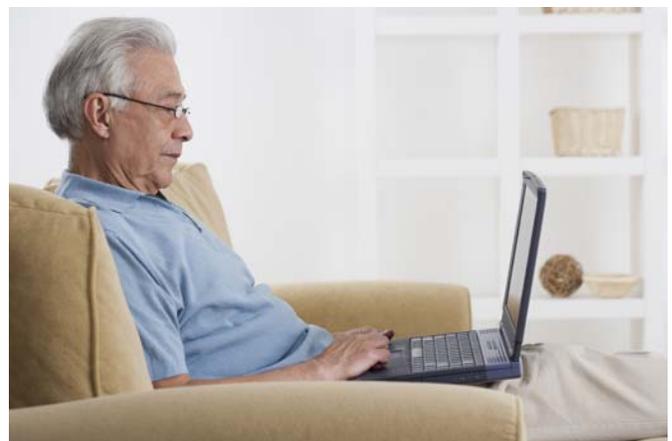
Arkansas Blue Cross believe the seniors of Arkansas deserve a thorough understanding of the Medicare Advantage products they are considering and the participating healthcare providers from whom they choose to receive health care. Development of Medicare Advantage-specific contracts also promotes better provider understanding of applicable reimbursement and terms for participation. Through the development of a new Medicare Advantage provider network, Arkansas Blue Cross seeks to achieve both objectives of better service to Medicare Advantage members and greater clarity in provider relations.

Arkansas Blue Cross is developing a Private-Fee-For-Service (PFFS) provider network state wide and a Local Preferred Provider

Organization (LPPO) network in 12 counties (Benton, Boone, Carroll, Clark, Faulkner, Garland, Jefferson, Madison, Newton, Pulaski, Saline and Washington).

By now, most providers should have received a participating provider agreement for the Medi-Pak[®] Advantage PFFS and the LPPO (if applicable) networks. **The effective date for each contract is January 1, 2010.**

The deadline to return an activated contract is December 31, 2008. Providers who have any questions may call their respective regional office. Arkansas Blue Cross looks forward to working with you in the future.



Contraceptive Services

Diagnosis codes V251 (Insertion of intrauterine contraceptive device) and V255 (Insertion of implantable sub dermal contraceptive) are being removed from the list of wellness diagnosis codes.

Since these contraceptive management codes are now paid as any other illness, these two diagnoses will not contribute to any wellness maximums for member.

Imaging Center Provider Assessment Update

Arkansas Blue Cross and Blue Shield, USAble Corporation and Health Advantage have extended the deadline for advanced imaging centers to obtain accreditation and pass the assessment conducted by National Imaging Associates (NIA). The original deadline of December 31, 2008 has been extended to March 31, 2009 for imaging centers that have completed the NIA assessment documents and have attempted to obtain accreditation.

Arkansas Blue Cross has heard from a number of providers that their accreditation application had been active for quite some time but that the accrediting agencies were not sure they would reach the original December 31, 2008 deadline. If a imaging center has completed the NIA assessment documentation and is still in the process of correcting their deficiencies,

or their application is in process with the respective accrediting agencies, they will have until March 31, 2009 to pass the assessment.

Imaging Centers that have not attempted to complete the NIA Provider Assessment documents will be terminated January 1, 2009 from the Preferred Payment Plan (PPP), True Blue PPO and Arkansas' FirstSource® PPO networks, Health Advantage HMO and the employer directed networks for the employees of Arkansas Blue Cross and Blue Shield and Baptist Health.

For those imaging centers who have already passed the NIA provider assessment, thank you for the quick response towards the efforts of ensuing Arkansas Blue Cross customers are provided safe and effective advanced imaging services.

MRI—Low Field Strength Magnet Coding (0.3—0.7)

Claims for imaging procedures using low-field strength MRI devices having a field strength less than 0.7 to 0.3 Tesla (T) should use HCPCS code S8042.

Conventional MRI devices have field strengths of 1.0 – 1.5T. High field strength MRI have field strengths of 3.0T or greater. Very low field strength MRI devices have field strengths less than 0.3T.

As a general rule, the increased field strength is associated with a superior spatial and contrast resolution as well as faster imaging time and more detailed imaging. The higher the field strength the imager has the better the signal to noise ratio as compared to lower field strength units. The quality of high grade units allow for more accurate interpretation than the low field

units and this may affect clinical treatment.

HCPCS Code S8042 (Magnetic resonance imaging (MRI), low-field) was introduced in April 1, 2002. Beginning September 1, 2006 HCPCS S8042 required prior authorization through National Imaging Associates (NIA).

Low field strength magnets (0.3T to less than 0.7T) will be reimbursed at a lower rate. The policy for low-field strength MRI first appeared on page 3 of the June 2001 issue of the *Providers' News* in the article titled "Dedicated MRI Information".

Very low field MRI (less than 0.3T) is addressed in coverage policy number 2006025. In most cases, very low field MRI's will not be reimbursed by Arkansas Blue Cross and its affiliate companies.

Pharmacy: Formulary Changes for 2009

Each year a committee of pharmacists and prescribing physicians reviews medications assigned to the second-tier and third-tier copayment levels and at times, recommend changes in preferred drug and copayment tier status. Members who receive drugs on the third tier must pay a higher copayment for those prescriptions. Arkansas Blue Cross and Blue

Shield attempts to hold these changes to a minimum.

On January 1, 2009, several medications will move to the third- tier. A list of the medications moving to the third tier, along with alternative preferred or second-tier medications, is listed below.

New Third-Tier Drugs	Formulary Alternatives
Activella	Generic estrogens
Betimol	Betoptic S®; generics
Blephamide / S.O.P.	Tobradex®; generics
Concerta	Vyvanse®; Strattera®; generics
Maxalt / MLT	Imitrex®; Relpax®
Ortho Evra	YAZ®; Seasonique®; generics
Ortho Tri-Cyclen LO	YAZ®; Seasonique®; generics
Tegretol XR	Carbamazepine (generic); Gabapentin (generic); Lamotrigine (generic); Oxcarbazepine (generic); Zonisamide (generic)
Vytorin	Simvastatin (generic); Pravastatin (generic); Lovastatin (generic); Lipitor®
Xopenex	Albuterol nebulizer solution
Xopenex HFA	ProAir HFA®

Effective January 1, 2009, the following third-tier medications will move to the second-tier which may result in a lower payment for the member.

- Cenestin
- Epipen Jr
- Pataday
- Simcor
- Epipen
- Lipitor
- Reflpax
- Vyvanse

Providers who have questions concerning these changes or pharmacy coverage should call the Arkansas Blue Cross pharmacy member service number at 1-800-863-5561.

Pharmacy: Synthroid, Lanoxin, and Dilantin Moving to Third Tier

Beginning January 1, 2009, the brand name medications Synthroid, Lanoxin, and Dilantin will be moved from their second tier placement on the formulary to a third tier placement. The generics for these medications are already available on the first tier and have been for some time. For each of these medications, there is a current average generic dispensing rate of 69%, 53%, and 38% respectively.

If an Arkansas Blue Cross and Blue Shield member remains on the brand name medications, a few could see an increase in cost, but the majority of them will not see an increase in cost. The current average cost per claim for these brand name medications is \$16.54, \$8.95, and \$32.25 respectively. As most Arkansas Blue Cross members have an average second tier copayment of \$26.90, they already are paying near the full cost if not the full cost for the brand name products.

The U.S. Food and Drug Administration has given an "AB" rating to the generics of these medications. The rating system is briefly described by the following statements from the 28th edition of the **Approved Drug Products with Therapeutic Equivalence Evaluations** (commonly known as the Orange Book).

"The two basic categories into which multi-source drugs have been placed are indicated by the first letter as follows:

A Drug products that FDA considers to be therapeutically equivalent to other pharmaceutically equivalent products, i.e., drug products for which:

- (1) there are no known or suspected bioequivalence problems. These are designated **AA, AN, AO, AP, or AT**, depending on the dosage form; or*
- (2) actual or potential bioequivalence problems have been resolved with*

*adequate in vivo and/or in vitro evidence supporting bioequivalence. These are designated **AB**.*

B Drug products that FDA at this time, considers not to be therapeutically equivalent to other pharmaceutically equivalent products, i.e.,

*drug products for which actual or potential bioequivalence problems have not been resolved by adequate evidence of bioequivalence. Often the problem is with specific dosage forms rather than with the active ingredients. These are designated **BC, BD, BE, BN, BP, BR, BS, BT, BX, or B***."*

For more information concerning the FDA's process for evaluating and determining the ratings given to particular generic products or for a more detailed discussion of the levothyroxine generic products, please visit the following website:

<http://www.fda.gov/cder/ob/docs/preface/ecpreface.htm#Therapeutic%20Equivalence-Related%20Terms> .



Participating Provider Agreements for Pharmacists

Provider participations agreements are available for pharmacists for the Arkansas Blue Cross and Blue Shield Preferred Payment Plan (PPP), USAble Corporation True Blue PPO, and Health Advantage HMO provider networks. These agreements are for individual pharmacists not the pharmacy (which are already available for DME/medical supply purposes). The Network Participation Guidelines for Pharmacists are available on the "Provider" page of the Arkansas Blue Cross Web site at www.arkbluecross.com.

In order for pharmacists to be eligible for a participating provider agreement, pharmacists must meet the Network Participation Guidelines. These criteria include possessing the added license certification for the authority to administer medications / immunizations including requires the following:

1. Successful completion of a Pharmacy Board-approved course of study. Examination and certification related to immunization;
2. Obtain and maintain current certification in cardiopulmonary resuscitation (CPR) or basic cardiac life support (BCLS);
3. Successfully complete one (1) hour of CE related to immunization every year.

Pharmacists will not be reimbursed for services rendered by other practitioners, such as registered nurses, and billed by the pharmacist (sometimes referred to as "incident to billing"). The Pharmacist must administer and bill for the service or it can be administered and billed by a provider type recognized by Arkansas Blue Cross Blue Shield, its subsidiaries and affiliates (e.g. Advanced Practice Nurse).

Pharmacists interested in network participation should contact their Network Development Representative.

Claims Filing Procedure for PPO Primary Care Physician's Office Services — Family Medicine, General Practice, Internal Medicine, and Pediatric Medicine

Article from the September 2002 issue of the Providers' News

When filing claims for patients who have a PPO encounter fee copayment, it is very important to include all procedures performed during one office visit on the same claim form. Several claims submitted for services on the same date of service, can result in the encounter fee copayment being applied several times causing incorrect payment.

Detecting this error and correcting it delays payment and can be an inconvenience to the patient. Submitting one claim form for all procedures performed during a patient's visit is a simple way to avoid confusion and make sure that full payment is made the first time.

FEP: 2009 Federal Employee Program Benefit Changes

The following are benefit changes for 2009 for the Federal Employee Program (FEP) Service Benefit Plan.

Changes to Standard Option only

- **Office Visits Copayment:** The copayment for office visits to Preferred providers is \$20 per visit.
- **Office Visit Coinsurance:** The coinsurance amount for office visits to Non-preferred providers has increased to 30% of the Plan allowance.
- **Coinsurance for Preferred Services:** The coinsurance amount for certain Preferred professional services is now 15% of the Plan allowance.
- **Coinsurance for Non-Preferred Services:** The coinsurance amount for certain Non-preferred professional services is now 30% of the Plan allowance.
- **Inpatient Hospital Care Copayment:** The copayment for inpatient hospital care at Preferred hospitals has increased to \$200 per admission.
- **Ambulance Copayment:** The copayment for ambulance transport related to a medical emergency is now \$100 per day for ground ambulance transport and \$150 per day for air or sea ambulance transport.
- **Outpatient Mental Health & Substance Abuse Services:** To be a covered benefit, the member must now obtain prior approval before receiving any outpatient Mental Health/Substance Abuse services. A treatment plan from the provider prior to the member's ninth outpatient Mental Health/Substance Abuse visit is no longer required.
- **Catastrophic Out-of-Pocket Maximum:** The catastrophic out-of-pocket maximum for deductibles, coinsurance, and copayments is now \$5,000 per year when the member uses Preferred providers and \$7,000 per year when the member uses a combination of Preferred and Non-preferred providers.
- **Coinsurance for Non-Preferred Radiologists, Pathologists, and Assistant Surgeons:** Coinsurance for services provided in Preferred facilities by Non-preferred radiologists, pathologists, and assistant surgeons (including assistant surgeons in a physician's office) is 15% of the Plan allowance. The member is also responsible for any difference between the allowance and the billed amount.
- **Surgery by Non-Preferred Providers:** Member will now pay 100% of the billed amount up to a maximum of \$7,500 for surgery performed by a Non-preferred providers.
- **Non-Preferred Anesthesiologist or CRNA's:** The member will now pay 100% of the billed amount up to a maximum of \$800 for anesthesia provided by a Non-preferred anesthesiologist or certified registered nurse anesthetist (CRNA).
- **Non-Preferred Emergency Room Physicians:** The member will now pay 100% of the billed amount up to a maximum of \$350 per visit for professional care provided in an emergency room by a Non-preferred emergency room physician.
- **Mail Service Prescription Drug Program for Generic Drugs:** The copayment for generic drugs purchased through the Mail Service Prescription Drug Program is now waived for the first 4 generic prescriptions filled (and/or refills ordered) per calendar year.

(Continued on page 8)

(Continued from page 7)

- **Mail Service Prescription Drug Program for Brand-Name Drugs:** The copayment for brand-name drugs purchased through the Mail Service Prescription Drug Program is now \$65 per prescription for the first 30 brand-name prescriptions filled (and/or refills ordered) per calendar year and \$50 per brand-name prescription/refill thereafter.
- **Preferred Retail Pharmacies for Generic Drugs:** The coinsurance amount for generic drugs when purchased at Preferred Retail Pharmacies is now 20% of the Plan allowance. In addition, the coinsurance amount for brand-name drugs is now 30% of the Plan allowance.
- **Diabetic Test Strips:** Prescription Drug Benefits are available for diabetic test strips.

Changes to the Basic Option only:

- **Office Visits Copayment:** The copayment for office visits to Preferred primary care providers is now \$25 per visit.
- **Copayment for Outpatient Care:** The copayment for outpatient care at Preferred hospitals is now \$50 per day per facility.
- **Copayment for Emergency Room Care:** The copayment for emergency room care related to an accidental injury or medical emergency is now \$75 per visit.
- **Ambulance Copayment:** The copayment for ambulance transport related to a medical emergency or accidental injury is now \$100 per day for ground ambulance transport and \$150 per day for air or sea ambulance transport.
- **Preferred Retail Pharmacy for Level II Brand-Name Drugs:** The copayment for Level II formulary or preferred brand-name drugs purchased at a Preferred Retail Pharmacy is now \$35 per prescription. In addition, the minimum amount the member pays for Level III non-formulary or non-preferred brand-name drugs is now \$45 for each 34-day supply or \$135 for a 90-day supply.

Changes to both the Standard and Basic Options:

- **Portable X-Ray Equipment:** Benefits are now available for the set-up of portable X-ray equipment.
- **Preventive Care Benefits for Adults:** Preventive Care Benefits for Adults for the screening and behavioral change interventions for tobacco use and alcohol/substance abuse are now available.
- **Benefits for Amblyopia and Strabismus:** Benefits are now available for nonsurgical treatment of amblyopia and strabismus for children from birth through age 18. Previously, benefits were through age 12.
- **Hearing Aids for Adults:** Benefits are now available for hearing aids for adults, limited to \$1,000 per ear per 36-month period and subject to the member cost sharing amounts.
- **Medical Foods Administered Orally:** Benefits are now available for medical foods that are administered orally and provide the sole source (100%) of nutrition for children up to age 22, for up to one year following the date of the initial prescription or physician order for the medical food.
- **Stem Cell Transplants:** Benefits are now available for additional types of stem cell transplants.
- **Flu Vaccine:** Prescription Drug Benefits are now available for one influenza vaccine each flu season provided by a Preferred retail pharmacy.
- **Prior Approval for Outpatient Surgery:** In order to be a covered benefit, members must now obtain prior approval for outpatient surgery for morbid obesity, outpatient surgical correction of congenital anomalies, and outpatient surgery needed to correct accidental injuries to jaws, cheeks, lips, tongue, roof and floor of mouth. The specific CPT and HCPCS codes needing prior approval are identified on the following page.

Surgery	Procedure Codes
Morbid Obesity	<p>CPT: 43644, 43645, 43770, 43771, 43773, 43842, 43843, 43845, 43846, 43847, 43848, 43888. HCPCS: S2083</p> <p>Note: Procedure codes 43644 and 43645 will be added to the gastric bypass benefit based on the process date.</p>
Oral / Maxillofacial	<p>CPT: 20605, 21010, 21026, 21030, 21031, 21032, 21034, 21037, 21040, 21044, 21045, 21046, 21047, 21048, 21049, 21050, 21060, 21070, 21073, 21116, 21240, 21242, 21243, 21480, 21485, 21490, 29800, 29804, 40490, 40500, 40510, 40520, 40525, 40527, 40530, 40650, 40808, 40800, 40801, 40804, 40805, 40806, 40810, 40812, 40814, 40816, 40819, 40820, 40830, 40831, 40840, 40842, 40843, 40844, 40845, 41000, 41005, 41006, 41007, 41008, 41009, 41010, 41015, 41016, 41017, 41018, 41100, 41105, 41108, 41110, 41112, 41113, 41114, 41115, 41116, 41120, 41130, 41150, 41250, 41251, 41252, 41520, 42000, 42100, 42104, 42106, 42107, 42120, 42140, 42145, 42160, 42300, 42305, 42310, 42320, 42330, 42335, 42340.</p> <p>Note: Prior Approval is only required for oral maxillofacial surgeries needed to correct accidental injuries.</p>
Congenital Anomalies	<p>CPT: 33813, 40700, 40701, 40702, 40703, 40720, 40761, 42200, 42205, 42210, 42215, 42220, 42225, 50070, 50135, 50405, 61680, 61682, 61684, 61686, 61690, 61692, 61710, 63250, 63251, 63252. HCPCS: C8921</p>

Health and Behavior Assessment/Intervention

Procedure codes 96150-96155 are designated by CPT for non-physician practitioners. Per CPT Assistant:

“The codes included in the CPT book for health and behavioral assessment are intended to be used by nonphysician practitioners to identify assessment and treatment for biopsychosocial factors affecting a patient’s physical health problems. Specifically, this service identifies efforts to assess a patient’s behavior and emotional state, as well as the cognitive and/or social factors that are important to the prevention, treatment, or management of the physical health problem. In addition, these procedures identify intervention provided for the same types of health problems. As is noted in the code language, these codes are intended to be reported according to the time spent providing these services. Therefore, documentation should include the total amount of time spent providing these types of services.”

Billing of these procedures is limited to Advanced Nurse Practitioners, Clinical Nurse Specialists, Physician Assistants, Licensed Clinical Social Workers and Licensed Professional Counselors.

Arkansas Blue Cross and Blue Shield member group contracts exclude coverage of the following described assessment services:

“Health and Behavior Assessment/ Intervention. Evaluation of psychosocial factors potentially impacting physical health problems and treatments are not covered. This includes health and behavior assessment procedures used to identify psychological, behavioral, emotional, cognitive, and social factors affecting physical health problems.”

Note that this exclusion does not extend to psychiatric services. Also, the exclusion stated above [may not] [does not] appear in [some] individual health insurance contracts.

New Healthy Initiative at Wal-Mart

Life with Baby is a maternity program available to Wal-Mart Associates and their spouses who are pregnant and enrolled in the Freedom or Value health care plans. The program was developed to ensure the best possible health care before, during, and after each pregnancy. *Life with Baby* is all about helping mothers have a safe, successful pregnancy.

Enrollment is easy! Wal-Mart Associates and their spouses who are pregnant and enrolled in the Freedom or Value health care plans can call (888) 659-8936 to speak with a *Life with Baby* representative who will ask her a series of questions. *Life with Baby* is an opt-in program which means participants must take the step to enroll. Once enrolled, participants will receive:

- Books related to pregnancy and childhood development as well as free gifts.

- Access to a registered nurse who is available Monday through Friday to answer questions and offer support
- Benefits for outpatient lactation consultation visits
- Access to a maternity smoking cessation program for those participants who smoke and are ready for change.
- Benefits for two additional dental cleanings during their pregnancy period and up to three months following delivery. The participant must be enrolled in the Wal-Mart Dental Plan in order to receive this benefit.
- Education and support after the baby is born to assist with questions such as colic, umbilical cord cleansing, immunizations and childhood development.

Access Only PPO Customers of US Able Corporation Effective January 1, 2009

Group Name	Network
Aalf's Manufacturing Inc / Midland's Choice	Arkansas' FirstSource PPO
Ark Sheet Metal Workers -Local #36-L	True Blue PPO
Arkansas Pipe Trades Health & Welfare	True Blue PPO
Arkansas State University Athletes	Arkansas' FirstSource PPO
Arvest Bank	True Blue PPO
Ashley County Medical Center	Arkansas' FirstSource PPO
BEKAERT - Rogers, AR Location	Arkansas' FirstSource PPO
BEKAERT - Van Buren, AR Location	Arkansas' FirstSource PPO
Brentwood Industries, Inc	Arkansas' FirstSource PPO
Bryce Corporation	True Blue PPO
Columbia Forest Products	True Blue PPO

Group Name	Network
Diocese Of Little Rock / Christian Brothers	Arkansas' FirstSource PPO
Franklin Electric	Arkansas' FirstSource PPO
Harps Food Stores	True Blue PPO
Iberia Bank	True Blue PPO
KLA Benefits/Klipsch LLC	Arkansas' FirstSource PPO
LA Darling	True Blue PPO
Levi Hospital	Arkansas' FirstSource PPO
Magnolia Hospital	Arkansas' FirstSource PPO
Maverick Tube Corp	True Blue PPO
Motor Appliance Corporation	Arkansas' FirstSource PPO
Nestle USA	True Blue PPO
Odom's Tennessee Pride Sausage	True Blue PPO
Razorback Concrete Co	True Blue PPO
Rea Magnet Wire Co	Arkansas' FirstSource PPO
Siplast Inc	Arkansas' FirstSource PPO
St. Michael Healthcare - Cobra	Arkansas' FirstSource PPO
St. Michael CH Wilkerson - Texarkana	Arkansas' FirstSource PPO
St. Michael Healthcare-Hosp	Arkansas' FirstSource PPO
St. Michael Healthcare-Rehab	Arkansas' FirstSource PPO
Stevens Media Group	True Blue PPO
Townsend Foods	True Blue PPO
UFCW (Kroger & Consumer Market)	True Blue PPO
Wabash National / Cloud Corp	Arkansas' FirstSource PPO

Groups Terminating	Termination Date
Anchor Packaging / Hermann Co.	12/31/2007
Boar's Head Provisions Co	12/31/2007
Bridgestone - Firestone	12/31/2007
Defiance Metals	12/31/2007
Marshalltown Company	7/31/2008
Peterson Manufacturing / Mission Plas	12/31/2008
Town & Country Grocers / Price Chopper	7/31/2008

Arkansas Blue Cross Adopts RBRVS for 2009

Effective April 1, 2009, Arkansas Blue Cross and Blue Shield will, for most services, adopt the 2009 Resource Based Relative Value System (RBRVS) Relative Value Units (RVUs) which were published in the November 19, 2008 Federal Register Final Rule. A new

Arkansas Blue Cross and Blue Shield fee schedule using the 2009 RBRVS will be available on the Advanced Health Information Network (AHIN) website bulletin board beginning January 1, 2009.

Paper Remittance Advice Revisions

The following changes are being made to the Medipak Paper Remittance Advice (RA) and Electronic Remittance Advice for Arkansas Blue Cross and Blue Shield effective February 1, 2009.

- The dollar fields for "Reported Charge", "Allowed Charge", and "Medi-Pak Allowed"

have been expanded from 9 positions to 13 positions which includes two decimal positions.

- The claim totals and provider totals are a maximum of \$999,999,999.99.

Fee Schedule Updates

The following CPT / HCPCS codes were added or 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
90698	\$72.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90734	\$93.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9226	\$14,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
V2781	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT Code Crosswalk: From Deleted 2008 CPT Codes to 2009 CPT Codes

The following 2008 CPT codes will be deleted from the 2009 CPT Code list and will not be valid for dates of service on or after January 1, 2009. Please use the 2009 CPT Codes listed below.

Deleted 2008 Codes	CPT 2009 Codes	CPT 2008 Code Descriptor
0058T	89240	Cryopreservation; reproductive tissue, ovarian
0059T	89240	Cryopreservation; oocyte(s)
0088T	41530	Submucosal radiofrequency tissue volume reduction of tongue base, one or more sites, per session (ie, for treatment of obstructive sleep apnea syndrome)
0089T	95803	Actigraphy testing, recording, analysis and interpretation (minimum of three-day recording)
0090T	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression) cervical; single interspace
0093T	22864	Removal of total disc arthroplasty, anterior approach cervical; single interspace
0096T	22861	Revision of total disc arthroplasty, anterior approach cervical; single interspace
0137T	55706	Biopsy, prostate, needle, saturation sampling for prostate mapping
0162T	95980 - 95982	Electronic analysis and programming, reprogramming of gastric neurostimulator (ie, morbid obesity)
20986	0054T, 0055T	Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on intraoperatively obtained images (eg, fluoroscopy, ultrasound) (List separately in addition to code for primary procedure)
20987	0054T, 0055T	Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on preoperative images (List separately in addition to code for primary procedure)
52606	52214	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time
52612	52601	Transurethral resection of prostate; first stage of two-stage resection (partial resection)
52614	52601	Transurethral resection of prostate; second stage of two-stage resection (resection completed)

Deleted 2008 Codes	CPT 2009 Codes	CPT 2008 Code Descriptor
52620	52630	Transurethral resection; of residual obstructive tissue after 90 days postoperative
61793	61796 - 61800, 63620, 63621	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions
77781	77785 - 77786	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters
77782	77785 - 77787	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters
77783	77785 - 77787	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters
77784	77785 - 77787	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters
88400	88720	Bilirubin, total, transcutaneous
90760	96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
90761	96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
90765	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
90766	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
90767	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
90768	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
90769	96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
90770	96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
90771	96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
90772	96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
90773	96373	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial

Deleted 2008 Codes	CPT 2009 Codes	CPT 2008 Code Descriptor
90774	96374	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
90775	96375	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
90776	96376	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
90779	96379	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
90918	90951 - 90953, 90963, 90967	End-stage renal disease (ESRD) related services per full month; for patients younger than two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90919	90954 - 90956, 90964, 90968	End-stage renal disease (ESRD) related services per full month; for patients between two and eleven years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90920	90957 - 90959, 90965, 90969	End-stage renal disease (ESRD) related services per full month; for patients between twelve and nineteen years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90921	90960 - 90962, 90966, 90970	End-stage renal disease (ESRD) related services per full month; for patients twenty years of age and older
90922	90951 - 90953, 90963, 90967	End-stage renal disease (ESRD) related services (less than full month), per day; for patients younger than two years of age
90923	90954 - 90956, 90964, 90968	End-stage renal disease (ESRD) related services (less than full month), per day; for patients between two and eleven years of age
90924	90957 - 90959, 90965, 90969	End-stage renal disease (ESRD) related services (less than full month), per day; for patients between twelve and nineteen years of age
90925	90960 - 90962, 90966, 90970	End-stage renal disease (ESRD) related services (less than full month), per day; for patients twenty years of age and older
93727	93285, 93291, 93298	Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)

Deleted 2008 Codes	CPT 2009 Codes	CPT 2008 Code Descriptor
93731	93280, 93288, 93294	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis
93732	93280, 93288, 93294	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis
93733	93293	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93734	93279, 93288, 93294	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis
93735	93279, 93288, 93294	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis
93736	93293	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93741	93282, 93289, 93292, 93295	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation
93742	93282, 93289, 93292, 93295	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation
93743	93283, 93289, 93295	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation
93744	93283, 93289, 93295	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation

Deleted 2008 Codes	CPT 2009 Codes	CPT 2008 Code Descriptor
99289	99466	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport
99290	99467	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to code for prima
99293	99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99294	99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99295	99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99296	99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99298	99478	Subsequent intensive care, per day, for the evaluation and management of recovering very low birth weight infant (present body weight < 1500 g)
99299	99479	Subsequent intensive care, per day, for evaluation and management of recovering low birth weight infant (present body weight of 1500-2500 g)
99300	99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 g)
99431	99460	History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records. (This code should also be used for birthing room deliveries.)
99432	99461	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)
99433	99462	Subsequent hospital care, for the evaluation and management of a normal newborn, per day
99435	99463	History and examination of the normal newborn infant, including the preparation of medical records. (This code should only be used for newborns assessed and discharged from the hospital or birthing room on the same date.)
99436	99464	Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn
99440	99465	Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output

Coverage Policy Manual Updates

The following policies have been added to the Arkansas Blue Cross and Blue Shield Coverage Policy Manual or coverage has changed since September 2008. Other revised policies are not listed here because no change was made in coverage/non-coverage. To view the entire policy, providers can access the coverage policies at www.arkbluecross.com.

Policy #	Policy Name
1997008	Measurement of Apolipoprotein B
1997075	Fluorescein Angiography
1997092	Hernia Repair, Implantation of Mesh or Other Prosthesis
1997096	Indocyanine Green Angiography
1997113	Immune Globulin, Intravenous and Subcutaneous
1997117	Keratophakia
1997130	Cardiac Event Recorder Continuous 24-Hr (Holter)
1997142	Multiple Surgery and Co-Surgery
1997155	Ileal Bypass for Hypercholesterolemia
1997169	Photochemotherapy (PUVA)
1997190	Stem Cell Growth Factors, Epoetin
1997234	Laser Instruments for Drawing Capillary Blood Samples
1998012	Decongestive Physiotherapy, Complex
1998118	Surgery for Morbid Obesity
1998140	Verticle Expandable Prosthetic Titanium Rib
1998165	Sentinel Node Biopsy for Breast Cancer
1998166	Gabapentin
1999002	Fasciotomy, Endoscopic
1999016	Intradiscal Electrothermal Therapy
2002008	Wireless Capsule Endoscopy, Small Bowel Study
2002020	Virtual Colonoscopy / CT Colonography

Policy #	Policy Name
2003022	Radioimmunosciintigraphy Imaging - Indium-111 Capromab Pendetide (Prosta Scint)
2004011	Photodynamic Therapy for Dermatologic Conditions
2004020	Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea
2004027	Stem Cell Growth Factor, Darbepoetin
2005018	HDC Progenitor Cell Support AL Amyloidosis (Light Chain Amyloidosis)
2006007	Iontophoresis as a Technique for Drug Delivery
2006016	Rituximab (Rituxan), Off-label Use
2006041	Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)
2008012	Radiotherapy Charged Particle (Proton or Helium Ion) Irradiation Other than Prostate
2008018	Stem Cell Growth Factors, Pegfilgrastim
2008019	Reverse Shoulder Arthroplasty
2008021	Radiofrequency Treatment of Barrett's Esophagus
2008022	Genetic Testing Uncertain Tumors In-Vitro Multivariate Index Assay (IVDMIA), Pathwork Tissue of Origin Test
2008023	Corticosteroid Infusion of Middle Ear for Sudden Hearing Loss
2008025	Stem Cell Growth Factor Romiplostim (Nplate)
2008026	Digital Imaging Systems for the Detection and Evaluation of Diabetic Retinopathy
2008027	Genetic Testing_KRAS Mutation to Determine Tumor Sensitivity to Chemotherapy
2008028	Galsulfase (Naglazyme™)
2008029	Idursulfase (Elaprase™)
2008030	Laronidase (Aldurazyme®)
2008031	Riloncept (Arcalyst)

Durable Medical Equipment

The following HCPCS codes for Durable Medical Equipment were updated on the Arkansas Blue Cross and Blue Shield fee schedule effective October 1, 2008.

CPT/ HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS/ Used
A4206	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4207	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4208	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4209	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4213	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4215	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4254	\$6.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4265	\$3.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4310	\$6.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4356	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4458	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4559	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4632	\$6.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4638	\$6.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4643	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4648	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A4650	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A5083	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A6413	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A7042	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A7043	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9155	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9275	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B9000	\$1,112.50	\$111.25	\$834.38	\$0.00	\$0.00	\$0.00
B9002	\$1,112.50	\$111.25	\$834.38	\$0.00	\$0.00	\$0.00
B9004	\$2,386.38	\$238.64	\$1,789.79	\$0.00	\$0.00	\$0.00
B9006	\$2,386.38	\$238.64	\$1,789.79	\$0.00	\$0.00	\$0.00
E0118	BR	BR	BR	\$0.00	\$0.00	\$0.00
E0170	\$1,607.20	\$160.72	\$1,205.40	\$0.00	\$0.00	\$0.00

(Continued from page 20)

Durable Medical Equipment (continued)

CPT/ HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS/ Used
E0171	\$289.20	\$28.92	\$216.90	\$0.00	\$0.00	\$0.00
E0185	\$271.88	\$27.19	\$208.66	\$0.00	\$0.00	\$0.00
E0194	\$32,543.20	\$3,254.34	\$24,407.40	\$0.00	\$0.00	\$0.00
E0202	\$626.10	\$62.61	\$469.58	\$0.00	\$0.00	\$0.00
E0203	\$337.30	\$33.73	\$252.98	\$0.00	\$0.00	\$0.00
E0217	\$496.47	\$49.65	\$372.32	\$0.00	\$0.00	\$0.00
E0221	\$2,113.46	\$211.34	\$1,585.10	\$0.00	\$0.00	\$0.00
E0273	\$30.48	\$4.83	\$22.86	\$0.00	\$0.00	\$0.00
E0274	\$48.32	\$4.83	\$36.24	\$0.00	\$0.00	\$0.00
E0303	\$3,039.80	\$303.98	\$2,279.85	\$0.00	\$0.00	\$0.00
E0304	\$7,706.70	\$770.67	\$5,780.03	\$0.00	\$0.00	\$0.00
E0424	\$0.00	\$198.40	\$0.00	\$0.00	\$0.00	\$0.00
E0431	\$0.00	\$31.79	\$0.00	\$0.00	\$0.00	\$0.00
E0434	\$0.00	\$31.79	\$0.00	\$0.00	\$0.00	\$0.00
E0439	\$0.00	\$198.40	\$0.00	\$0.00	\$0.00	\$0.00
E0445	\$1,304.20	\$130.42	\$978.15	\$0.00	\$0.00	\$0.00
E0463	\$14,063.80	\$1,406.38	\$10,547.85	\$0.00	\$0.00	\$0.00
E0464	\$14,063.80	\$1,406.38	\$10,547.85	\$0.00	\$0.00	\$0.00
E0471	\$5,458.40	\$545.84	\$4,093.80	\$0.00	\$0.00	\$0.00
E0472	\$5,458.40	\$545.84	\$4,093.80	\$0.00	\$0.00	\$0.00
E0483	\$10,631.30	\$1,063.13	\$7,973.48	\$0.00	\$0.00	\$0.00
E0485	BR	BR	BR	\$0.00	\$0.00	\$0.00
E0602	\$29.52	\$2.96	\$22.14	\$0.00	\$0.00	\$0.00
E0603	\$86.88	\$8.69	\$65.16	\$0.00	\$0.00	\$0.00
E0604	\$261.91	\$26.19	\$196.43	\$0.00	\$0.00	\$0.00
E0636	\$10,545.60	\$1,054.56	\$7,909.20	\$0.00	\$0.00	\$0.00
E0641	\$853.57	\$85.36	\$640.28	\$0.00	\$0.00	\$0.00
E0642	\$853.57	\$85.36	\$640.28	\$0.00	\$0.00	\$0.00
E0650	\$716.22	\$71.62	\$537.17	\$0.00	\$0.00	\$0.00
E0651	\$918.42	\$91.84	\$688.82	\$0.00	\$0.00	\$0.00
E0652	\$5,301.45	\$530.15	\$3,972.53	\$0.00	\$0.00	\$0.00
E0655	\$107.92	\$10.79	\$81.05	\$0.00	\$0.00	\$0.00

(Continued from page 21)

Durable Medical Equipment (continued)

CPT/ HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS/ Used
E0660	\$159.75	\$15.98	\$119.80	\$0.00	\$0.00	\$0.00
E0665	\$136.99	\$13.70	\$102.88	\$0.00	\$0.00	\$0.00
E0666	\$138.08	\$13.81	\$103.59	\$0.00	\$0.00	\$0.00
E0667	\$323.77	\$32.38	\$242.83	\$0.00	\$0.00	\$0.00
E0668	\$439.03	\$43.90	\$329.27	\$0.00	\$0.00	\$0.00
E0669	\$183.31	\$43.90	\$137.51	\$0.00	\$0.00	\$0.00
E0758	\$4,255.41	\$425.54	\$3,191.56	\$0.00	\$0.00	\$0.00
E0759	\$626.09	\$62.61	\$469.57	\$0.00	\$0.00	\$0.00
E0764	\$10,775.80	\$1,077.58	\$8,081.91	\$0.00	\$0.00	\$0.00
E0860	\$38.53	\$3.85	\$29.51	\$0.00	\$0.00	\$0.00
E0870	\$98.86	\$9.89	\$74.48	\$0.00	\$0.00	\$0.00
E0880	\$106.71	\$10.67	\$80.77	\$0.00	\$0.00	\$0.00
E0890	\$120.41	\$12.41	\$96.99	\$0.00	\$0.00	\$0.00
E0900	\$128.12	\$12.81	\$96.12	\$0.00	\$0.00	\$0.00
E0911	\$498.50	\$49.85	\$373.88	\$0.00	\$0.00	\$0.00
E0912	\$1,144.70	\$114.47	\$858.53	\$0.00	\$0.00	\$0.00
E0947	\$515.49	\$51.55	\$386.61	\$0.00	\$0.00	\$0.00
E0948	\$498.60	\$49.86	\$351.65	\$0.00	\$0.00	\$0.00
E0983	\$2,499.30	\$249.93	\$1,874.48	\$0.00	\$0.00	\$0.00
E0984	\$1,910.58	\$191.06	\$1,474.27	\$0.00	\$0.00	\$0.00
E1035	\$6,132.00	\$613.20	\$4,599.00	\$0.00	\$0.00	\$0.00
E1037	\$1,084.90	\$108.49	\$813.68	\$0.00	\$0.00	\$0.00
E1065	\$2,471.16	\$247.12	\$1,853.37	\$0.00	\$0.00	\$0.00
E1130	\$445.40	\$44.54	\$334.05	\$0.00	\$0.00	\$0.00
E1140	\$685.20	\$68.52	\$513.90	\$0.00	\$0.00	\$0.00
E1372	\$163.03	\$16.30	\$120.68	\$0.00	\$0.00	\$0.00
E1700	\$293.11	\$29.31	\$219.84	\$0.00	\$0.00	\$0.00
E1841	\$4,530.00	\$453.00	\$3,397.50	\$0.00	\$0.00	\$0.00
E2120	\$2,835.20	\$283.52	\$2,126.40	\$0.00	\$0.00	\$0.00
E2224	\$98.06	\$9.81	\$73.55	\$0.00	\$0.00	\$0.00
E2321	\$2,231.00	\$223.10	\$1,191.84	\$0.00	\$0.00	\$0.00

Injection Codes Update

The following injection codes were updated on the Arkansas Blue Cross fee schedule.

CPT/ HCPCS Code	Total / Purchase						
90371	\$128.82	90746	\$62.09	J0295	\$4.23	J0595	\$0.53
90375	\$94.53	90747	\$124.19	J0300	\$11.77	J0610	\$0.33
90376	\$102.00	A9576	\$2.46	J0348	\$1.40	J0630	\$50.91
90385	\$27.03	A9578	\$2.72	J0360	\$5.18	J0636	\$0.45
90585	\$122.82	A9579	\$2.49	J0364	\$3.82	J0637	\$15.34
90586	\$119.06	J0129	\$19.43	J0365	\$2.75	J0640	\$0.86
90632	\$48.73	J0130	\$459.71	J0400	\$0.29	J0670	\$1.11
90633	\$26.15	J0132	\$2.27	J0456	\$11.43	J0692	\$5.94
90655	\$17.55	J0133	\$0.01	J0460	\$0.22	J0694	\$6.98
90656	\$18.92	J0135	\$358.84	J0470	\$27.82	J0697	\$4.15
90660	\$23.20	J0152	\$73.60	J0475	\$195.33	J0698	\$5.00
90669	\$81.95	J0170	\$0.77	J0476	\$72.22	J0702	\$6.33
90675	\$152.75	J0207	\$440.99	J0480	\$1,659.45	J0704	\$1.17
90691	\$55.45	J0210	\$13.13	J0500	\$19.26	J0706	\$0.66
90703	\$22.86	J0215	\$29.48	J0515	\$27.35	J0713	\$3.79
90704	\$23.09	J0220	\$132.28	J0530	\$15.33	J0720	\$15.66
90705	\$17.82	J0256	\$3.83	J0540	\$33.91	J0725	\$3.36
90706	\$19.67	J0270	\$0.45	J0550	\$33.91	J0735	\$67.21
90707	\$46.60	J0275	\$25.24	J0560	\$24.37	J0740	\$792.55
90713	\$27.57	J0278	\$0.63	J0570	\$42.57	J0743	\$14.49
90714	\$20.48	J0280	\$0.40	J0580	\$48.99	J0744	\$2.06
90715	\$36.08	J0282	\$0.20	J0583	\$2.43	J0745	\$1.21
90716	\$80.42	J0285	\$13.17	J0585	\$5.61	J0760	\$6.83
90718	\$12.69	J0287	\$10.65	J0587	\$9.48	J0770	\$19.39
90740	\$124.19	J0290	\$2.24	J0594	\$12.64	J0780	\$2.12

(Continued from page 23)

Injection Codes Update (Continued)

CPT/ HCPCS Code	Total / Purchase						
J0795	\$4.56	J1212	\$68.17	J1500	\$62.86	J1645	\$11.70
J0835	\$101.06	J1230	\$3.51	J1510	\$75.44	J1650	\$6.56
J0850	\$913.97	J1240	\$3.30	J1520	\$87.97	J1652	\$6.39
J0881	\$3.08	J1245	\$1.01	J1530	\$100.58	J1655	\$2.18
J0882	\$3.08	J1250	\$5.85	J1540	\$113.19	J1670	\$143.04
J0885	\$9.46	J1260	\$4.79	J1550	\$125.73	J1720	\$2.43
J0886	\$9.46	J1265	\$0.49	J1560	\$125.73	J1740	\$144.45
J0894	\$28.94	J1270	\$2.88	J1561	\$36.18	J1742	\$385.95
J0895	\$12.19	J1300	\$183.43	J1562	\$7.35	J1743	\$473.24
J1000	\$6.68	J1325	\$14.90	J1566	\$30.40	J1745	\$59.36
J1020	\$2.39	J1327	\$18.60	J1568	\$37.29	J1790	\$1.66
J1030	\$4.53	J1335	\$26.35	J1569	\$36.40	J1800	\$5.27
J1040	\$8.55	J1380	\$9.07	J1570	\$48.36	J1815	\$0.31
J1051	\$7.30	J1390	\$18.14	J1571	\$45.67	J1817	\$3.13
J1060	\$4.30	J1410	\$78.61	J1572	\$37.12	J1830	\$114.39
J1070	\$4.39	J1438	\$180.82	J1573	\$45.67	J1835	\$39.04
J1080	\$5.87	J1440	\$208.33	J1580	\$0.94	J1840	\$4.73
J1094	\$0.23	J1441	\$319.52	J1590	\$0.82	J1850	\$0.71
J1110	\$21.40	J1450	\$8.40	J1595	\$67.27	J1885	\$0.34
J1120	\$36.63	J1451	\$12.32	J1600	\$8.02	J1940	\$0.21
J1160	\$1.42	J1455	\$11.13	J1610	\$75.68	J1945	\$183.72
J1162	\$513.70	J1458	\$345.49	J1626	\$4.50	J1950	\$461.86
J1165	\$0.56	J1460	\$12.57	J1630	\$1.65	J1955	\$7.30
J1170	\$1.40	J1470	\$25.14	J1631	\$3.20	J1956	\$6.22
J1200	\$0.71	J1480	\$37.71	J1642	\$0.11	J1980	\$10.26
J1205	\$200.95	J1490	\$50.29	J1644	\$0.12	J2001	\$0.01

(Continued from page 24)

Injection Codes Update (Continued)

CPT/ HCPCS Code	Total / Purchase						
J2010	\$4.76	J2400	\$14.35	J2720	\$0.53	J3010	\$0.33
J2020	\$29.87	J2405	\$0.19	J2724	\$12.67	J3030	\$75.47
J2060	\$0.73	J2410	\$2.47	J2730	\$88.55	J3070	\$6.63
J2175	\$1.59	J2425	\$11.84	J2760	\$54.97	J3100	\$2,045.21
J2185	\$4.02	J2430	\$30.40	J2765	\$0.40	J3105	\$2.39
J2210	\$5.75	J2440	\$0.73	J2770	\$145.36	J3120	\$4.68
J2248	\$1.29	J2469	\$17.10	J2778	\$421.86	J3130	\$8.62
J2250	\$0.17	J2501	\$3.85	J2780	\$0.87	J3230	\$7.87
J2260	\$5.27	J2503	\$1,062.92	J2783	\$161.47	J3240	\$1,018.98
J2270	\$1.79	J2504	\$2.35	J2788	\$27.93	J3243	\$1.13
J2271	\$3.06	J2505	\$2,284.41	J2790	\$87.92	J3246	\$7.61
J2275	\$3.00	J2510	\$10.28	J2791	\$5.45	J3250	\$5.20
J2278	\$6.75	J2515	\$8.24	J2792	\$17.47	J3260	\$2.47
J2280	\$2.87	J2540	\$0.82	J2794	\$5.15	J3265	\$2.27
J2300	\$1.05	J2543	\$5.59	J2800	\$25.35	J3301	\$1.49
J2310	\$3.20	J2545	\$47.84	J2805	\$63.60	J3303	\$1.37
J2320	\$3.90	J2550	\$1.61	J2810	\$0.02	J3315	\$158.58
J2321	\$7.41	J2560	\$3.17	J2820	\$27.30	J3355	\$53.03
J2322	\$15.61	J2590	\$1.95	J2850	\$21.12	J3360	\$1.05
J2325	\$35.95	J2597	\$1.35	J2916	\$4.90	J3365	\$476.03
J2353	\$108.00	J2650	\$0.17	J2920	\$2.13	J3370	\$3.18
J2354	\$1.96	J2675	\$1.49	J2930	\$3.22	J3396	\$9.70
J2355	\$256.52	J2680	\$1.29	J2941	\$52.81	J3410	\$0.26
J2357	\$18.85	J2690	\$3.44	J2993	\$877.96	J3411	\$2.99
J2360	\$7.91	J2700	\$1.80	J2997	\$34.19	J3415	\$5.64
J2370	\$0.78	J2710	\$0.09	J3000	\$7.79	J3420	\$0.23

(Continued from page 25)

Injection Codes Update (Continued)

CPT/ HCPCS Code	Total / Purchase						
J3465	\$5.49	J7321	\$102.84	J7517	\$3.27	J8610	\$0.16
J3470	\$17.85	J7322	\$192.16	J7518	\$2.70	J8700	\$8.57
J3472	\$138.45	J7323	\$113.98	J7520	\$8.73	J9000	\$4.84
J3475	\$0.04	J7324	\$186.66	J7525	\$145.18	J9001	\$446.69
J3486	\$5.29	J7340	\$32.77	J7605	\$5.18	J9010	\$573.29
J3487	\$222.62	J7341	\$4.24	J7608	\$1.98	J9015	\$840.33
J3488	\$227.34	J7342	\$40.01	J7611	\$0.08	J9017	\$35.91
J7030	\$1.16	J7343	\$11.79	J7612	\$0.16	J9020	\$60.38
J7040	\$0.58	J7344	\$91.19	J7613	\$0.04	J9025	\$4.76
J7042	\$0.32	J7346	\$398.59	J7614	\$0.22	J9027	\$120.42
J7050	\$0.29	J7347	\$17.83	J7620	\$0.31	J9031	\$119.06
J7060	\$1.20	J7348	\$73.71	J7626	\$5.60	J9035	\$59.66
J7070	\$2.40	J7349	\$36.12	J7631	\$0.73	J9040	\$36.22
J7110	\$10.82	J7500	\$0.12	J7639	\$22.47	J9045	\$9.99
J7120	\$0.96	J7501	\$94.62	J7644	\$0.22	J9050	\$170.99
J7187	\$0.91	J7502	\$3.81	J7669	\$0.25	J9055	\$51.74
J7189	\$1.28	J7504	\$457.05	J7682	\$66.10	J9060	\$2.39
J7190	\$0.86	J7505	\$1,148.34	J8501	\$5.54	J9062	\$11.97
J7192	\$1.12	J7506	\$0.03	J8510	\$2.90	J9065	\$30.52
J7194	\$0.85	J7507	\$4.05	J8515	\$13.11	J9070	\$2.24
J7195	\$1.10	J7510	\$0.02	J8520	\$5.11	J9080	\$4.49
J7197	\$2.29	J7511	\$387.22	J8521	\$16.99	J9090	\$11.23
J7198	\$1.54	J7513	\$358.33	J8530	\$0.94	J9091	\$22.46
J7308	\$122.21	J7515	\$0.91	J8540	\$0.37	J9092	\$44.93
J7310	\$16,000.00	J7516	\$20.14	J8560	\$30.51	J9094	\$3.87

(Continued from page 26)

Injection Codes Update (Continued)

CPT/ HCPCS Code	Total / Purchase						
J9095	\$9.69	J9209	\$7.24	J9305	\$49.18	Q0172	\$0.03
J9096	\$19.38	J9211	\$243.89	J9310	\$512.85	Q0173	\$0.34
J9097	\$38.77	J9212	\$5.14	J9320	\$204.58	Q0175	\$0.21
J9098	\$466.09	J9213	\$42.14	J9340	\$98.32	Q0176	\$0.22
J9100	\$1.75	J9214	\$15.31	J9355	\$63.95	Q0177	\$0.04
J9110	\$8.75	J9216	\$365.85	J9360	\$1.04	Q0179	\$4.09
J9120	\$515.43	J9217	\$179.85	J9370	\$7.07	Q0180	\$59.36
J9130	\$4.63	J9218	\$6.94	J9375	\$14.14	Q2009	\$0.75
J9140	\$9.12	J9219	\$1,761.13	J9380	\$35.35	Q2017	\$314.83
J9150	\$17.57	J9225	\$1,487.61	J9390	\$17.23	Q3025	\$152.52
J9151	\$58.34	J9230	\$150.46	J9395	\$84.48	Q4080	\$50.44
J9160	\$1,489.58	J9245	\$1,689.58	J9600	\$2,639.96	Q4096	\$0.79
J9170	\$348.02	J9250	\$0.23	P9041	\$28.41	Q4097	\$34.98
J9175	\$4.23	J9260	\$2.45	P9045	\$56.86	Q4098	\$12.28
J9178	\$5.66	J9261	\$99.93	P9046	\$26.61	Q4099	\$4.46
J9181	\$0.50	J9263	\$9.94	P9047	\$53.24	Q9954	\$10.12
J9182	\$5.03	J9265	\$11.47	Q0163	\$0.01	Q9956	\$41.93
J9185	\$230.05	J9268	\$1,687.55	Q0164	\$0.05	Q9957	\$64.64
J9190	\$1.74	J9280	\$16.49	Q0165	\$0.03	Q9958	\$0.06
J9200	\$52.56	J9290	\$65.98	Q0166	\$18.59	Q9960	\$0.11
J9201	\$140.48	J9291	\$131.97	Q0167	\$6.11	Q9961	\$0.16
J9202	\$197.02	J9293	\$90.67	Q0168	\$12.31	Q9965	\$1.44
J9206	\$38.47	J9300	\$2,595.10	Q0169	\$0.43	Q9966	\$0.41
J9208	\$35.15	J9303	\$85.13	Q0170	\$0.13		

YOU SEE WHAT WE SEE...anytime you need to check an Arkansas Blue Cross and Blue Shield, BlueAdvantage, Blue-Card or Health Advantage patient's eligibility or benefits always use **AHIN FIRST!**

Providers' News

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

Presorted Standard
U.S. Postage Paid
Little Rock, AR
Permit #1913