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## Update: Private Option claim refund requests and remittance offsets

The Department of Human Services (DHS) has announced that Centers for Medicare & Medicaid Services (CMS) has agreed to fund health insurers, including Arkansas Blue Cross Blue Shield, for the reinstatement of Private Option enrollees that had been retroactively terminated. On February 16, 2016, a determination to reinstate policies was received in a press release from DHS. CMS has agreed to reinstate the monthly premiums recouped from Arkansas' Private Option health plans. Arkansas Blue Cross health plans will no longer need to recoup monies paid to healthcare providers for claims paid during this retroactive period on Private Option members who will be reinstated. The determination was made following Governor Asa Hutchinson's meeting with U.S. Department of Health and Human Services Secretary, Sylvia Burwell. The Governor asked the Secretary to consider allowing the premiums to be reinstated. DHS will be providing information on how and when the reinstatements will be made, and has reported policy changes to prevent retroactive closures in the future.





# PROVIDE SERVICES TO **Private Option Enrollees?**

**HELP THEM KEEP THEIR COVERAGE!**

**TELL THEM THE IMPORTANCE OF  
CONTACTING DHS AS SOON AS POSSIBLE!**

The Department of Human Services has contacted many enrollees in the Arkansas Healthcare Independence Program (or Private Option) who must verify their eligibility to continue receiving health coverage in 2016. Arkansas Blue Cross and Blue Shield is also contacting these enrollees to encourage them to submit any necessary information.

Please help us communicate to Private Option enrollees that – if they received a letter from DHS or Arkansas Blue Cross – they must contact and submit information to DHS immediately or their coverage could end. Private Option enrollees should call **1-855-372-1084** or visit their local DHS county office.

NOTE: Asking Private Option members to verify their eligibility with DHS will help to keep them enrolled.

Thank you for your help!



# AHIN Professional Services

AHIN Professional Services is a results-driven division of the Advanced Health Information Network (AHIN), dedicated to the needs of the healthcare industry, offering advanced functionality and integrated capabilities at competitive pricing. We can provide you with the ability to manage clinical, financial and administrative functions through a single point of contact.

It is our goal to help you navigate the ever-changing healthcare landscape. Our team has expertise in revenue cycle management, fully integrated PM/EHR system implementation and support, billing services, practice assessments, clearinghouse services and much more. Your office can focus on providing the best medical care for your patients, while we focus on

quality-driven solutions for your clinic.

We assist hospitals, physician practices and multi-specialty medical groups in designing, developing and implementing solutions to help businesses reach higher levels of success. Utilizing our services can help your practice prepare for the future, even during times of constant change.

At AHIN Professional Services, it is our belief every medical practice is different, requiring unique solutions based on your individual situation. Our team will immerse themselves in your organization to understand your goals, challenges, business philosophy and the environment in which you operate. Through one-on-one consultation with

our experienced Arkansas-based consultants, we will partner with you to develop customized implementation strategies and ideal solutions placing your practice in a position for continued success.

We recognize our success depends on the success of our clients. Let the AHIN Professional Services team help you, not only achieve, but surpass your goals by collaborating with your team and providing resources to create a healthcare legacy lasting a lifetime.

Contact us today to get started. We look forward to hearing from you soon.

Phone: 501-378-2446  
Web: [ahinservices.com](http://ahinservices.com)  
Email: [info@ahinservices.com](mailto:info@ahinservices.com).

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## AHIN overpayment notification

Do you have an AHIN workstation? Providers can notify Arkansas Blue Cross and Blue Shield, Health Advantage, the Federal Employee Program (FEP), and BlueAdvantage Administrators of Arkansas regarding overpaid claims. AHIN includes a function to allow electronic notification and response from the appropriate claims division. This tool is for overpaid claims only. Please do not

submit corrected claims or customer service questions via this tool.

For assistance with AHIN, please contact AHIN Customer Support at 501-378-2336.

This article was previously published in the December 2015 issue of *Providers' News*.



# Taxonomy code update

Over the years, a provider's taxonomy code has become more important in the payer industry. Healthcare provider taxonomy codes are designed to categorize the type, classification, and/or specialization of healthcare providers. Most providers developed awareness of the taxonomy codes through the requirement to obtain their national provider identifier (NPI). The National Plan and Provider Enumerator System (NPPES) required providers to self-report and enter this 10-digit expanded specialty code when obtaining their NPI.

Many medical providers were likely not very concerned with the self-reported taxonomy code and even less likely to have given their taxonomy a second thought since obtaining their NPI.

Arkansas Blue Cross and Blue Shield, its affiliates and subsidiaries have at least two purposes for taxonomy codes requiring accuracy on the NPPES record.

First, the Arkansas Insurance

Department (AID) will now be using a provider's taxonomy code to assist in determining the network adequacy of the payers involved in the Health Insurance Marketplace/Exchange. In conjunction with the information being sent to the AID from the payers, the AID will utilize the taxonomy code attached to a provider's NPI that is on file at the NPPES. If a provider's taxonomy has changed or a provider believes his/her taxonomy codes need to be more specific, the provider should go to the NPPES and revise their taxonomy code.

Second, Arkansas Blue Cross will begin using provider taxonomy codes on file when processing claims in the BlueCard Program. Claims adjudication may be affected by the taxonomy code, as it is today with provider specialty codes. Arkansas Blue Cross has the taxonomy information providers submitted on their respective NPI notification from NPPES. We will continue to use taxonomy information on file within our provider data systems instead of any taxonomy information

submitted on a claim record.

If your NPI needs to be revised, please do so through the NPPES. Next, send the NPPES information with the revisions and any taxonomy changes to Arkansas Blue Cross Network Operations via [providernetwork@arkansasbluecross.com](mailto:providernetwork@arkansasbluecross.com).

A few reasons a taxonomy code may need to be revised:

1. A physician might have completed an additional fellowship.
2. A certified nurse practitioner may have started collaborating with a specialist and is no longer in the primary arena.
3. A facility may have built a new wing for additional services.

Please update any necessary information to ensure correct benefit adjudication, and Arkansas Blue Cross can accurately determine network adequacy.



# Reminders about HIPAA and 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: [hhs.gov/ocr/privacy/index.html](https://www.hhs.gov/ocr/privacy/index.html).

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## New pharmacy benefit manager

The Arkansas State Employees and Public School Employees will have a new pharmacy benefit manager, MedImpact, on June 1, 2016. The new specialty pharmacy will be US Bio Services.

Providers will continue to call EBRx at 866-564-8528 for drug prior authorization.



# Controlled substance safety and monitoring program

Arkansas Blue Cross and Blue Shield is encouraging physicians to use the Arkansas Prescription Monitoring Program. The number of opioid prescriptions, emergency department visits related to opioid drug misuse or abuse, and drug overdose deaths involving opioid pain relievers are exponentially increasing. Arkansas Blue Cross has a Prescription Safety and Monitoring Solution Program that identifies members who are potentially abusing or misusing controlled substances. The main focus is to ensure quality patient care and safety. High-risk members are identified through an algorithm based on pharmacy claims history and are flagged when there are prescriptions for several controlled substances, prescriptions filled at several pharmacies, and prescriptions written by several physicians. When a high-risk member is identified, a letter is sent to each physician who prescribed a controlled medication in the

last nine months to verify and evaluate the patient's drug therapy. Based on physician responses and further investigation by the Arkansas Blue Cross Special Investigations Unit, these members are frequently evaluated for unusual medication utilization patterns.

As a provider, you can assist by verifying patients' drug therapy and patterns using the Arkansas Prescription Monitoring Program (AR PMP). All prescriptions for controlled substances, whether paid for by any insurance or cash, will show up on your patients' profile. The AR PMP recently added a delegate function so physicians can delegate someone on staff to access the database on their behalf. Checking the AR PMP is a helpful tool to proactively identify high-risk patients before they are flagged by the Arkansas Blue Cross Prescription Safety and Monitoring Solution Program. Register or access the database at [arkansaspmp.com/](http://arkansaspmp.com/).

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## Omalizumab (Xolair) prior authorization

The Omalizumab: 2016003 coverage policy lists coverage criteria for use to treat asthma or chronic idiopathic urticaria. Arkansas Blue Cross and Blue Shield requires prior authorization be obtained for this drug prior to initial administration and concurrent authorization as specified for those members previously approved. This request must contain medical record documentation verifying coverage criteria are met.

### Severe Persistent Asthma

Initial authorization of Omalizumab for asthma requires medical record documentation of:

1. Moderate to severe persistent asthma, AND

2. a positive skin test or in vitro reactivity to a perennial aeroallergen, AND
3. age > 12 y/o, AND
4. FEV1 < 80%, AND
5. documentation that member is not an active smoker, AND
6. evidence of inadequate controlled asthma with standard therapy (daily use of inhaled corticosteroids, long-acting beta agonists, and other drugs), AND
7. an IgE level greater than 30 IU/ML and less than 700 IU/ML and body weight are necessary to determine dose.

Initial authorization will approve six months use.

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### Omalizumab (Xolair) prior authorization (Continued from page 6)

Subsequent authorizations will permit use for 12 months and will require medical record documentation of:

- Improved FEV1 over baseline.
- Decreased use of rescue agents.
- Decrease in acute exacerbations.

The appropriate asthma diagnosis to document need for Omalizumab is ICD-10 codes J45.40 or J45.50 (ICD-9 493.00 for claims prior to October 2015).

### Severe Chronic Idiopathic Urticaria

Chronic idiopathic urticaria (or chronic spontaneous urticaria) is defined as spontaneous hives and/or angioedema with no specific cause persisting at least six weeks. The American Academy of Allergy, Asthma & Immunology (AAAAI) notes "For patients with chronic urticaria with otherwise unremarkable history and physical examination findings, skin or in vitro testing for IgE to inhalants or foods and/or extensive laboratory testing are not recommended because such testing is not cost-effective and does not lead to improved patient care outcomes."\*

Initial authorization of Omalizumab will be for four months and requires the following medical record documentation:

- Age >12 y/o
- Minimum of three months of symptoms: six weeks to establish diagnosis of CIU and 6wks of treatment with step-care approach as recommended by AAAAI (includes H1 antihistamines, H2 antihistamines, and leukotriene receptor antagonists).\*

**Step 1:** Monotherapy with second generation antihistamine.

**Step 2:** One or more of the following as appropriate:

- Dose advancement of second generation antihistamine used in step 1;
- Add another second generation antihistamine, AND/OR
- Add H2 antagonist, AND/OR
- Add leukotriene receptor antagonist, AND/OR
- Add first generation antihistamine to be taken at bedtime.

**Step 3:** Dose advancement of potent antihistamines (e.g. hydroxyzine or doxepin) as tolerated.

**Step 4:** Add an alternative agent

- Omalizumab or cyclosporine OR
- Other anti-inflammatory agents, immunosuppressants, or biologics.

Subsequent authorizations will be for a period of 12 months and will require medical record documentation of:

- Clinically meaningful improvement in symptoms (i.e. urticaria activity score—UAS7) by least 50 percent.
- If remission is achieved, recurrence of CIU when omalizumab is withheld.

\*Bernstein, JA, et al, The Diagnosis and Management of Acute and Chronic Urticaria: 2014 Update, JACI 2014: 1270-7.

The appropriate CIU diagnosis to document need for Omalizumab is ICD-10 L50.1 (ICD-9 708.1 for claims submitted before October 1, 2105).

**Omalizumab for the treatment of other allergic conditions, other forms of urticaria, or any other condition is not covered.**

Prior authorization requests with all necessary documentation may be faxed to 1-501-378-6647.



# New group vision plans offered: transition of many plans to VSP

Arkansas Blue Cross and Blue Shield now is working with Vision Service Plan (VSP) to offer a new selection of vision plans for members whose coverage is through their employer in Arkansas. We're excited about the opportunity to provide these new plans, and our members are excited about the expanded benefits and large network of vision service providers.

The majority of current Arkansas Blue Cross vision groups are transitioning on renewal from Davis Vision to VSP. All transitioned group

members are getting a vision plan ID card that identifies the cardholder as an Arkansas Blue Cross vision plan member.

Another bloc of Arkansas Blue Cross business that was with Life & Specialty Ventures (LSV) is transitioning to the new Arkansas Blue Cross vision plans for a March 1, 2016, effective date. Approximately 180 groups fall into this transition. These members have not previously had a vision plan ID card, but will be receiving one upon the effective date.

Although not every Arkansas Blue Cross vision plan will be transitioned to VSP, the majority will. Some group vision plans will remain with Davis.

For questions about network participation, please contact the VSP Provider Relations Department at 1-800-615-1883 or fill out the online form at [vspglobal.com/cms/doctors/be-a-vsp-doctor.html](http://vspglobal.com/cms/doctors/be-a-vsp-doctor.html). Vision claims and customer service questions can be addressed using the telephone numbers found on the member's vision plan ID card.

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## 2016 patient-centered medical home program

The Primary Care team will host learning sessions for the Patient-Centered Medical Home program. The sessions will include webinars and regional training sessions for those enrolled in the PCMH program. The first in the series will be a webinar covering:

- Foundational aspects of a patient centered medical home
- The quality metrics tracked in the ABCBS PCMH program
- The three month practice transformation activities to be completed by participating practices

Enrollment information for each session will be published through AHIN alerts, *Providers' News*, PCMH portal alerts and email notifications. For additional information please contact us at [primarycare@arkbluecross.com](mailto:primarycare@arkbluecross.com) or 501-378-2370.





# Blue Cross and Blue Shield of Alabama oncology select program

Blue Cross and Blue Shield of Alabama (BCBSAL) has many members living in Arkansas. BCBSAL has chosen to work with an independent third party vendor, AIM Specialty Health (AIM), to create the Oncology Select program, which will promote evidence-based treatment. For medical oncology, evidence-based treatment with medical best practices (including evidence-based treatment

regimens, and cancer care “pathways” for all tumor types) drives the clinical appropriateness review of the cancer treatment plan (e.g., chemotherapy drug regimen).

The AIM portal has been available for all providers to use for courtesy predetermination of treatment plans since September 1, 2015, with

predetermination decisions being upheld when rendered. Providers should continue to utilize the Blue Exchange tool to verify eligibility and benefits. If applicable, they can access the AIM precertification system through the Blue Exchange tool. Effective April 1, 2016, BCBSAL requires precertification for BCBSAL members treated in Arkansas for in-scope drugs.

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## Arkansas Blue Cross and Blue Shield 2016 HEDIS season

Arkansas Blue Cross and Blue Shield is committed to participating in quality of care improvement initiatives with the physicians and providers who care for our members. To support our HEDIS audit requirements, we need to collect data from medical records which detail the care you have provided

to our members, your patients.

In 2016, Arkansas Blue Cross is working with **Inovalon** to help us collect these medical records. We want to work efficiently and effectively, with as little burden as possible to your practice. A representative will be

contacting you to schedule an appointment and will make every effort to meet the scheduling needs of your office during the late February and early March timeframe.

We appreciate your cooperation with this important effort.



# ASE/PSE: bariatric surgery program recommenced

Enrollment into the Bariatric Surgery Pilot Program resumed on January 4, 2016. For members accepted into the program, ARBenefits will provide coverage for surgery to include:

- Gastric bypass surgery
- Adjustable gastric banding surgery
- Sleep gastrectomy surgery
- Duodenal switch biliopancreatic diversion

The Arkansas State and Public School Life and Health Insurance board must approve additional procedures. Surgical procedures must be pre-certified by the surgeon and supported as medically necessary by the primary care physician prior to surgery.

The eligibility criteria are as follows:

1. Only Arkansas State and Public School employees, ages 25-55, with a BMI greater than 35 will be considered for bariatric surgery (no dependents or spouses).
2. If the employee's BMI is between 35 and 40, candidates must have co-morbid conditions, such as cardiopulmonary disease, sleep apnea, hypertension or diabetes. (If the member is followed by the physician for, or are on medications

to treat a condition, they must enroll in a disease management program.)

3. The employee under the plan must have been a plan participant for a minimum of one plan year prior to enrollment in the bariatric program.

A full list of participation criteria and link for frequently asked questions is available at [ARBenefits.org](http://ARBenefits.org) and by clicking on resources and links in the Health Enhancement section of the EBD homepage.

Please note that this program will only cover the first bariatric procedure per lifetime. (Employees who have had previous bariatric procedures are ineligible.)

Any requirements are subject to change. Members must call EBD at 501-682-9656 or 1-877-815-1017 to enroll. Each year the Arkansas State Legislature gives the plan a set amount of funds that go towards fighting obesity. Those funds are split between the ASE and PSE plans.

With only a set amount of funds available, enrollment into the program will cease once those funds are exhausted.



# CMS issues guidelines for online provider directories

The Centers for Medicare & Medicaid Services (CMS) is requiring all Medicare Advantage plans to provide its enrollees with the most up-to-date information regarding participating providers on their online provider directories. CMS has issued guidelines that all Medicare Advantage plans and participating providers must follow.

Under the new CMS program, Medicare Advantage plans must have regular, ongoing communications with providers to ascertain their availability and, more specifically, whether they are accepting new patients. Plans are required to maintain accurate online provider directories by:

- Displaying all active participating providers
- Identifying providers whose practice is closed or providers not accepting new patients
- Updating online provider directories in real-time
- Communicating with providers monthly regarding their network status and information accuracy

Medicare Advantage plans are expected to require participating providers to inform the plan of any change to street addresses, phone numbers, office hours or any other change that can affect their availability. Medicare Advantage plans are also required

to develop and implement a protocol to effectively address inquiries and complaints related to enrollees being denied access to a participating provider and make immediate corrections to their online provider directory.

In order to meet these CMS requirements, providers participating in the Medi-Pak® Advantage PFFS, Medi-Pak® Advantage LPPO, and Medi-Pak® Advantage HMO plans are now required to maintain and updated their information with Arkansas Blue Cross and Blue Shield.

To assist providers, Arkansas Blue Cross is developing an information update screen on the AHIN website. Providers will be able to update information such as their status of accepting new patients, joining or terminating from an existing clinic, and their hours of service. On the AHIN provider detail page, providers will be able to update their patient restrictions under the network tab and update their office hours under the provider association tab. Reminders will also be published in subsequent editions of the Providers' News as well as monthly reminders on AHIN.

This article was previously published in the September and December 2015 issues of *Providers' News*.



# Annual compliance training requirements

Arkansas Blue Cross and Blue Shield is required to develop and maintain a compliance program as a contractor with Centers for Medicare & Medicaid Services (CMS) and a QHP through the U.S. Department of Health and Human Services (HHS) through the Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act of 2010 (together referred to as the Affordable Care Act). The compliance program requires ensuring annual compliance training is satisfied by our first-tier, downstream and related entities (FDRs) and delegated entities (DEs). According to the Federal Register Notice CMS-4124-FC and 45 C.F.R. Subpart D §156.340, providers are considered first tier and/or delegated entities when there is a direct contract for Medicare/ACA Services between Arkansas Blue Cross and each provider. The Office of Inspector General (OIG) has issued guidance with reference to “effective compliance programs” for specific healthcare providers. The guidance is available at [oig.hhs.gov/fraud/complianceguidance.asp](http://oig.hhs.gov/fraud/complianceguidance.asp).

As a CMS plan sponsor, Arkansas Blue Cross must ensure that our FDRs/DEs

receive general compliance training as well as fraud, waste, and abuse (FWA) training. FDRs deemed to have met the FWA training and education certification requirements through enrollment into Parts A or B of the Medicare program or through accreditation as a supplier of DMEPOS are NOT exempt from the general compliance training requirement.

## Methods for completing the training

Guidance states that FDRs/DEs have three (3) options ensuring that general compliance training requirement is satisfied:

1. FDRs/DEs can complete the general compliance and/or FWA training modules located on the CMS MLN. Once an individual completes the training, the system will generate a certificate of completion. The MLN certificate of completion must be accepted by Plan Sponsors.
2. Sponsors and FDRs/DEs can download and incorporate the content of the CMS standardized training modules from the CMS website into their organizations’ existing compliance training materials/systems.
3. Sponsors and FDRs/

DEs can incorporate the content of the CMS training modules into written documents for providers (e.g. provider guides, participation manuals, business associate agreements, etc.).

To ensure this requirement is met and to largely reduce the duplicative training required of FDRs/DEs by multiple organizations with whom you contract, CMS developed web-based compliance training. The CMS compliance training module contains general compliance and FWA training courses. Training courses are available on the CMS Medicare Learning Network® (MLN): [cms.gov/MLNProducts](http://cms.gov/MLNProducts). While the training does not qualify for continuing education credits through CMS, the contact hours are included on the certificate of completion. This training provides separate content for compliance and FWA, and is available through web-based or downloadable versions for the learner. The training content is generic since various entities (e.g., health plans, labs, hospitals, etc.) complete the training. A certificate of completion

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Annual compliance training requirements (Continued from page 12)

is generated upon passing a short test with a score of 70% or higher at the end of the training module.

**Who must complete the training?**

Annual compliance training should be completed by the provider, the provider’s staff with contact (indirect or direct including billing, receptionist, lab, and clinical staff) with Medicare beneficiaries and ACA members.

**What do we do with our training records?**

All training documents, including a copy of the

training materials and training logs, must be retained by your organization for 10 years, in accordance with CMS/HHS record retention guidelines. **No documentation should be returned to Arkansas Blue Cross at this time.** However, Arkansas Blue Cross is developing an attestation that will be administered through AHIN, for a representative to attest that each FDR/DE has completed the appropriate general compliance and FWA training either through their organization or through the Medicare Learning Network® (MLN).

**When should the training be completed?**

The general compliance training must occur within 90 days of initial hiring and annually thereafter. The annual training can be completed any time between January 1 – December 31 of any given contract year. All documentation is subject to random audit by Arkansas Blue Cross or may be requested as part of a Compliance Program Audit by CMS/HHS or CMS/HHS designees.

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## 2016 Medi-Pak® Advantage risk/quality improvement program

Arkansas Blue Cross and Blue Shield is continuing our partnership efforts with our valued network providers in providing high quality, affordable healthcare to our members, your patients by designing program goals/incentives to accurately capture, close and report on quality and risk gaps.

Arkansas Blue Cross will

introduce our 2016 program goals and a preliminary review of the 2015 program results by end of February/early March. These programs continue to promote enhanced physician and patient encounters by providing actionable and relevant data to better assist in improving quality outcomes and accurately capturing the necessary

coding to ensure compliancy with defined CMS guidelines.

Watch for applicable program details and supporting educational documentation before end of first quarter.



# Medi-Pak<sup>®</sup> Advantage chronic care improvement plan

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

Arkansas Blue Cross and Blue Shield is a proud supporter of the CCIP initiative supported

by our Medi-Pak Advantage health plan. The Medi-Pak Advantage health plans will focus will on helping our 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
- Medication adherence
- Diet and exercise compliance

We have care management teams focused on these

issues, and we are here to support you as you care for our members, your patients. We can assist you with activities such as coordination of care, home visits, caregiver support, health education, medication adherence, health plan benefits, community resources and much more.

We look forward to working with you to help increase the quality of care and improve health outcomes for our members. If you have any questions about our role in the CCIP initiative, please call us at 1-800-285-6658.

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## Medi-Pak<sup>®</sup> Advantage: 2016 fee schedule updates recently released by CMS

The Centers for Medicare and Medicaid Services (CMS) published Medicare Fee Schedules and Pricer Updates for the first quarter in 2016. Medi-Pak Advantage updated their payment system to price the following claims with the updated fee schedules.

- Ambulatory Surgical Centers (ASC)
- Anesthesia Conversion Factor (CF)
- Average Sales Price (ASP)
- Clinical Lab (service rendered in provider’s office)
- Clinical Lab (service rendered at an independent lab)
- End Stage Renal Disease (ESRD)
- Outpatient Prospective Payment System (OPPS)
- Medicare Physician Fee Schedule (MPFS)
- Skilled Nursing Facility (SNF)
- Medicare Physician Pricers

Claims impacted by the updates will be reprocessed.

If you have any questions, please contact your network development representative.



# Technical guidance on implementation of Medi-Pak® Advantage Part D prescriber enrollment requirement

The Centers for Medicare & Medicaid Services (CMS) is providing technical guidance to Part D sponsors and their pharmacy benefit managers (PBMs) to apply once the Part D Prescriber Enrollment requirement is enforced beginning June 1, 2016. The term “Part D Prescriber Enrollment Requirement” refers generally to the provisions in the two applicable rules: 1) final rule CMS-4159-F Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs (79 FR 29843; May 23, 2014); and

2) the interim final rule with comment (“IFC”) CMS6107-IFC Medicare Program; Changes to the Requirements for Part D Prescribers (80 FR 25958; May 6, 2015). Additionally, the term “Part D sponsor” in this document means the “Part D sponsor and its PBM” unless noted otherwise.

This guidance addresses topics CMS acknowledged in the preamble to the IFC that would need further guidance and is also based on comments received on the IFC as to areas needing further technical guidance. CMS also intends to publish a final rule addressing timely

comments received on the May 6, 2015 IFC. This and other previously issued and posted guidance on the Part D Prescriber Enrollment Requirement can be found at [cms.gov/Medicare/Prescription-DrugCoverage/PrescriptionDrugCovGenIn/Prescriber-Enrollment-Information.html](http://cms.gov/Medicare/Prescription-DrugCoverage/PrescriptionDrugCovGenIn/Prescriber-Enrollment-Information.html) and [go.cms.gov/PrescriberEnrollment](http://go.cms.gov/PrescriberEnrollment).

This article references previously published article “Medi-Pak® Advantage Part D prescriber requirements” in the September and December 2015 issues of *Providers’ News*.

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## Medicaid eligibility and claims for Blue Cross plans outside Arkansas

The Blue Cross and Blue Shield Association has provided information for providers in handling eligibility and claims for Blue Cross Plans that currently administer Medicaid programs in their states. Providers should use the regular BlueCard eligibility phone line, 800-676-BLUE or submit the inquiry using BlueExchange for all

eligibility inquiries. Prior authorization information can be obtained through the regular electronic provider access tool. The ID cards will have the Blue Cross logo but some member’s cards will not indicate the member has a Medicaid product. The back of the ID card will provide information about benefit limitations and copays, coinsurance and deductibles.

Texas and Tennessee are neighboring states administering Medicaid programs, but there are 17 in the United States.

BlueCard Medicaid claims should be filed to Arkansas Blue Cross and reimbursement will be the

(Continued on page 16)



## Medicaid eligibility and claims for Blue Cross plans outside Arkansas (Continued from page 15)

Medicaid fee schedule that applies in the member's home state. Providers should check the Medicaid website of the state where the member resides for information on Medicaid billing requirements.

Providers must be enrolled in that state's Medicaid Program in order to file claims.

When claims are submitted from an unenrolled provider, they will be denied until enrollment is completed.

Billing out-of-state Medicaid members for the amount between Medicaid allowed charges and charges for covered services is prohibited by federal regulations.

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# Medicaid claims handling for Medicaid members

Blue Cross and Blue Shield Plans currently administer Medicaid programs in California, Delaware, Hawaii, Illinois, Indiana, Kentucky, Michigan, Minnesota, New Jersey, New Mexico, New York, Pennsylvania, South Carolina, Tennessee, Texas, Virginia and Wisconsin as a managed care organization (MCO), providing comprehensive Medicaid benefits to the eligible population. Because Medicaid is a state-run program, requirements vary for each state, and thus each Blue Plan. Medicaid members have limited out-of-state benefits, generally covering only emergent situations. In some cases, such as continuity of care, children attending college out-of-state, or a lack of specialists in the member's home state, a Medicaid member may receive care in another state, and generally the care requires prior authorization.

## Identifying Medicaid Members to Determine Eligibility and Benefits

Blue Plan ID cards do not always indicate that a member has a Medicaid product. Blue Plan ID cards for Medicaid members do not include the suitcase logo that you may have seen on most Blue Cross ID cards, but they do include a disclaimer on the back of the ID card providing information on benefit limitations. For members with such ID cards, you should obtain eligibility and benefit information and prior authorization for services using the same tools as you would for other Blue Plan members.

- Submit an eligibility inquiry by calling the BlueCard Eligibility Line at 800-676-BLUE.
- Submit an eligibility inquiry using BlueExchange.
- Obtain pre-service review using the electronic provider access (EPA) tool.

## Medicaid Reimbursement and Billing

Claims for all Blue Cross Medicaid members should be submitted to your local Blue Plan. If you are contracted with your local Blue Plan for Medicaid, your local Medicaid rates will only apply for Arkansas Blue Cross and Blue Shield members; they do not apply to out-of-state Medicaid members. When you see a Medicaid member from another state and submit the claim, you must accept the Medicaid fee schedule that applies in the member's home state. Please remember that billing out-of-state Medicaid members for the amount between the Medicaid-allowed amount and charges for Medicaid-covered services is specifically prohibited by Federal regulations (42 CFR 447.15).

If you provide services that are not covered by Medicaid

(Continued on page 17)





## Medicaid claims handling for Medicaid members (Continued from page 16)

to a Medicaid member, you will not be reimbursed. You may only bill a Medicaid member for services not covered by Medicaid if you have obtained written approval from the member in advance of the services being rendered.

In some circumstances, a state Medicaid program will have an applicable copayment, deductible or coinsurance applied to the member's plan. You may collect this amount from the member as applicable. Note that the coinsurance amount is based on the Medicaid fee schedule for that service.

### Medicaid Billing Data Requirements

When billing for a Medicaid member, please remember to check the Medicaid website of the state where the member resides for information on Medicaid billing requirements.

Providers should always include their National Provider Identifier (NPI) on Medicaid claims, unless the provider is considered atypical. Providers should also bill using National Drug Codes (NDC) on applicable claims. These data elements and other data elements that are important to submit, when applicable, on Medicaid claims.

Effective March 2016, applicable Medicaid claims submitted without these data elements will be denied. Prior to March 2016, applicable Medicaid claims submitted without these data elements may be pended or denied until the required information is received:

- National Drug Code
- Rendering Provider Identifier (NPI)
- Billing Provider Identifier (NPI)

Applicable Medicaid claims submitted without these data elements may be pended or denied until the required information is received:

- Billing provider (Second) address line
- Billing provider middle name or initial
- (Billing) provider taxonomy code
- (Rendering) provider taxonomy code
- (Service) laboratory or facility postal zone or ZIP code
- (Ambulance) transport distance
- (Service) laboratory facility name
- (Service) laboratory or facility state or province code
- Value code amount
- Value code
- Condition code
- Occurrence codes and date
- Occurrence span codes

and dates

- Referring provider identifier and identification code qualifier
- Ordering provider identifier and identification code qualifier
- Attending provider NPI
- Operating physician NPI
- Claim or line note text
- Certification condition applies indicator and condition indicator (early and periodic screening diagnosis and treatment (EPSDT))
- Service facility name and location information
- Ambulance transport information
- Patient weight
- Ambulance transport reason code
- Round trip purpose description
- Stretcher purpose description

### Medicaid Encounter Data Reporting

The data elements mentioned above need to be included on Medicaid claims, so that Blue Plan MCOs are able to comply with encounter data reporting requirements applicable in their respective state.

### Provider Enrollment Requirements

You may be required to enroll in another state's Medicaid program, which will be determined upon submitting an eligibility or benefit inquiry

(Continued on page 18)



## Medicaid claims handling for Medicaid members (Continued from page 17)

to the out-of-state Medicaid program. You should enroll in that state’s Medicaid program before submitting the claim. If you submit a claim without enrolling, your out-of-state Medicaid claims will be denied and you will receive information from your local Blue Cross Plan regarding the Medicaid provider enrollment requirements.

### Commonly Asked Questions

#### How do I submit Medicaid claims?

Medicaid claims should be submitted to your local Blue Plan in the same manner as you submit claims for other Blue Plan members. You will also receive your payment in the same manner, although the payment amount will likely be different from your contracted rate, or different from the Medicaid rate in the state in which you practice.

#### How do I know that I am seeing a Medicaid member?

Members enrolled in a Blue Plan Medicaid product are issued Blue Plan ID cards. Blue Plan Medicaid ID cards do not always indicate that a member is enrolled in a Medicaid product. Blue Plan ID cards for Medicaid members:

- Will not include a suitcase logo.
- Will contain disclaimer language on the back

of the ID card indicating benefit limitations for provider awareness, for example, “This member has limited benefits outside of Arkansas Blue Cross.”

Providers should request eligibility/benefit information. Providers should always submit an eligibility inquiry if the Plan ID card has no suitcase logo and includes a disclaimer with benefit limitations, using the same tools available for BlueCard:

- BlueCard Eligibility Line
- BlueExchange

Because Plan member ID cards will not always indicate that the member is enrolled in a Medicaid product, you should always obtain eligibility and benefit information. With an eligibility response, you should receive information on Medicaid coverage.

#### What amount should I expect to receive for members that reside outside of Arkansas Blue Cross service area?

When billing for services rendered to an out-of-state Medicaid member, you will be reimbursed according to the member’s home state Medicaid fee schedule, which may or may not be equal to what you are accustomed to receiving for the same service in your state.

#### My state does not require me to include an NPI or NDC code and many of the other data elements listed above on a Medicaid claim. Why do I have to include these codes?

Most state Medicaid programs require NPI and NDC codes and the additional data elements (when applicable) to be populated on claims submitted for Medicaid members for encounter data reporting purposes. To ensure compliance with state Medicaid requirements, providers who bill for Medicaid members should include these data elements on applicable Blue Plan Medicaid claims or the claims may be pended or denied.

#### I do not often see Medicaid members from another state. Why must I enroll as a Medicaid provider outside of my own state when billing for some Medicaid members in other states?

Many state Medicaid programs require providers to enroll before reimbursement may be provided by the Blue Plan. If you do not enroll with the state where required, the claim could be denied.

#### Whom do I contact if I have questions?

If you have questions, please call Arkansas Blue Cross toll free at 1-800-800-4298.

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**Exhibit 1 – Medicaid Billing Data Elements**

<b>Required Data Elements for Medicaid Claims</b>				
<b>NOTE: Effective March 2016, applicable Medicaid claims submitted without these data elements will be denied.</b>				
<b>837 Reference</b>	<b>837 Professional<sup>1</sup> Data Element Reference</b>	<b>837 Institutional<sup>2</sup> Data Element Reference</b>	<b>Professional Paper Claim Item Reference (CMS1500)<sup>3</sup></b>	<b>Institutional Paper Claim Form Locator (UB04)<sup>4</sup></b>
National Drug Code	Loop 2410 LIN03	Loop 2410 LIN03	Item Number 24 Shaded Portion	Form Locator 43
Rendering Provider Identifier (NPI)	Loop 2310B NM109 unless overridden when reported in Loop 2420A NM109 ONLY when Rendering is different from Loop 2010AA Billing Provider	Loop 2310D NM109 unless overridden when reported in Loop 2420C NM109 ONLY when Rendering is different from Loop 2310A Attending Provider	Item Number 33A NPI# or Item Number 24J (Unshaded) Rendering Provider ID#	Form Locators 78-79 Form Locator 43 Line Level
Billing Provider NPI	Loop 2010AA NM109	Loop 2010AA NM109	Item Number 33A NPI#	Form Locator 56

<b>Other Data Elements for Medicaid Claims</b>				
<b>NOTE: Applicable Medicaid claims submitted without these data elements may be pended or denied until the required information is received.</b>				
<b>837 Reference</b>	<b>837 Professional<sup>1</sup> Data Element Reference</b>	<b>837 Institutional<sup>2</sup> Data Element Reference</b>	<b>Professional Paper Claim Item Reference (CMS1500)<sup>3</sup></b>	<b>Institutional Paper Claim Form Locator (UB04)<sup>4</sup></b>
Billing Provider (Second) Address Line	Loop 2010AA N302	Loop 2010AA N302	Item Number 33 Billing Provider Information and Phone Number Line 2	Form Locator 1 Line 2
Billing Provider Middle Name or Initial	Loop 2010AA NM105	Loop 2010AA NM105	Item Number 33 Billing Provider Information and Phone Number Line 1	Form Locator 1 Line 1
(Billing) Provider Taxonomy Code	Loop 2000A PRV03	Loop 2000A PRV03	Item Number 33B Other ID #	Form Locator 81
(Rendering) Provider Taxonomy Code	Loop 2310B PRV03 unless overridden when reported in Loop 2420A PRV03	Not applicable for institutional claim	Item Number 24I ID Qualifier Number	Not applicable for institutional claim

(Continued on page 20)



Medicaid claims handling for Medicaid members(Continued from page 19)

<b>Other Data Elements for Medicaid Claims</b> NOTE: Applicable Medicaid claims submitted without these data elements may be pended or denied until the required information is received.				
837 Reference	837 Professional <sup>1</sup> Data Element Reference	837 Institutional <sup>2</sup> Data Element Reference	Professional Paper Claim Item Reference (CMS1500) <sup>3</sup>	Institutional Paper Claim Form Locator (UB04) <sup>4</sup>
(Service) Laboratory or Facility Postal Zone or Zip Code	Loop 2310C N403 unless overridden when reported in Loop 2420C N403	Loop 2310E N403	Item Number 32 Service Facility Location Information Line 3	Form Locator 1 Line 3
(Ambulance) Transport Distance	Loop 2300 CR106 unless overridden when reported in Loop 2400 CR106	Loop 2400 SV205 with applicable revenue code	Not reportable on 1500 form	Form Locator 42 with applicable revenue code
(Service) Laboratory Facility Name	Loop 2310C NM103 unless overridden when reported in Loop 2420C NM103	Loop 2310E NM103	Item Number 32 Service Facility Location Information Line 1	Form Locator 1 Line 1
(Service) Laboratory or Facility State or Province Code	Loop 2310C N402 unless overridden when reported in Loop 2420C N402	Loop 2310E N402	Item Number 32 Service Facility Location Information Line 3	Form Locator 1 Line 3
Value Code Amount	Not applicable for professional claim	Loop 2300 HI in 5th position within the composite data element (Value Information HI) Up to 24 value codes may be reported with a corresponding amount	Not applicable for professional claim	Form Locators 39-41 Up to 12 value codes may be reported with a corresponding amount Form Locator 81 after above are exhausted
Value Code	Not applicable for professional claim	Loop 2300 HI in 2nd position within the composite data element (Value Information HI) Up to 24 value codes may be reported	Not applicable for professional claim	Form Locators 39-41 Up to 12 value codes may be reported Form Locator 81 after above are exhausted
Condition Code	Loop 2300 HI in 2nd position within the composite data element (Condition Information HI) Up to 24 condition codes may be reported	Loop 2300 HI in 2nd position within the composite data element (Condition Information HI) Up to 24 condition codes may be reported	Item Number 10d	Form Locators 18-28 Up to 11 condition codes may be reported Form Locator 81 after above are exhausted

(Continued on page 21)



Medicaid claims handling for Medicaid members(Continued from page 20)

<b>Other Data Elements for Medicaid Claims</b> NOTE: Applicable Medicaid claims submitted without these data elements may be pended or denied until the required information is received.				
837 Reference	837 Professional <sup>1</sup> Data Element Reference	837 Institutional <sup>2</sup> Data Element Reference	Professional Paper Claim Item Reference (CMS1500) <sup>3</sup>	Institutional Paper Claim Form Locator (UB04) <sup>4</sup>
Occurrence Codes and Dates	Not applicable for professional claim	Loop 2300 HI in 2nd and 4th positions within the composite data element (Occurrence Information HI) Up to 24 occurrence codes and associated dates may be reported	Not applicable for professional claim	Form Locators 31-34 Up to 8 occurrence codes and associated dates may be reported Form Locators 35-36 (FROM field) may be used when available Form Locator 81 after above are exhausted
Occurrence Span Codes and Dates	Not applicable for professional claim	Loop 2300 HI in 2nd and 4th positions within the composite data element (Occurrence Span Information HI) Up to 24 occurrence codes and associated dates may be reported	Not applicable for professional claim	Form Locators 35-36 Up to 4 occurrence span codes and associated dates may be reported Form Locator 81 after above are exhausted
Referring Provider Identifier and Identification Code Qualifier	Loop 2310A NM108/09 or REF01/02 unless overridden when reported in Loop 2420F NM108/09 or REF01/02	Loop 2310F NM108/09 or REF01/02 unless overridden when reported in Loop 2420D NM108/09 or REF01/02	Item Number 17a Other ID# or 17b NPI #	Form Locators 78-79
Ordering Provider Identifier and Identification Code Qualifier	Loop 2420E NM108/09 or REF01/02 when a different from the service line Rendering Provider	Not applicable for institutional claim	Item Number 17a Other ID number or 17b NPI number	Not applicable for institutional claim
Attending Provider NPI	Not applicable for professional claim	Loop 2310A NM109	Not applicable for professional claim	Form Locator 76 Line 1
Operating Physician NPI	Not applicable for professional claim	Loop 2310B NM109 unless overridden when reported in Loop 2420A NM108/09	Not applicable for professional claim	Form Locator 77 Line 1
Claim or Line Note Text	Loop 2300 NTE02 unless overridden when reported in Loop 2400 NTE02 (Line Note NTE)	Loop 2300 NTE02	Item Number 19 Additional Claim Information	Form Locator 80

(Continued on page 22)

<b>Other Data Elements for Medicaid Claims</b> NOTE: Applicable Medicaid claims submitted without these data elements may be pended or denied until the required information is received.				
837 Reference	837 Professional <sup>1</sup> Data Element Reference	837 Institutional <sup>2</sup> Data Element Reference	Professional Paper Claim Item Reference (CMS1500) <sup>3</sup>	Institutional Paper Claim Form Locator (UB04) <sup>4</sup>
Certification Condition Applies Indicator and Condition Indicator (Early and Periodic screening diagnosis and treatment (EPSDT) )	Loop 2300 CRC02, CRC03 (EPSDT Referral CRC)Loop 2300 CRC04 and CRC05 are used when additional conditions apply	Loop 2300 CRC02, CRC03 (EPSDT Referral CRC)Loop 2300 CRC04 and CRC05 are used when additional conditions apply	Item Number 24H EPSDT/Family Plan	Form Locators 18-28
Service Facility Name and Location Information	Not applicable for professional claim	Loop 2310E	Not applicable for professional claim	Form Locator 1
Ambulance Transport Information Patient Weight Ambulance Transport Reason Code Round Trip Purpose Description Stretcher Purpose Description	Loop 2300 CR102 CR104 CR109 CR110	Not applicable for institutional claim	Not reportable on 1500 form	Not applicable for institutional claim

**Endnotes**

<sup>1</sup>ASC X12 Standards for Electronic Data Interchange Technical Report Type 3—Health Care Claim: Professional (837), May 2006, ASC X12N/005010X222, Type 1 Errata to Health Care Claim: Professional (837), June 2010, ASC X12N/005010X222A1 and Errata to Health Care Claim: Professional (837), January 2009, ASC X12N/005010X222E1.

<sup>2</sup>ASC X12 Standards for Electronic Data Interchange Technical Report Type 3—Health Care Claim: Institutional (837), May 2006, ASC X12N/005010X223, Type 1 Errata to Health Care Claim: Institutional (837), October 2007, ASC X12N/005010X223A1, Type 1 Errata to Health Care Claim: Institutional (837), June 2010, ASC X12N/005010X223A2 and Errata to Health Care Claim: Institutional (837), January 2009, ASC X12N/005010X223E1.

<sup>3</sup>National Uniform Claim Committee (NUCC). 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12. Version 2.0. July 2014.

<sup>4</sup>National Uniform Billing Committee (NUBC). Official UB-04 Data Specifications Manual 2015. Version 9.00. July 2014.



# 2016 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

Wednesday, May 4  
**Little Rock**  
Chenal Country Club  
10 Chenal Club Blvd

### 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

Thursday, May 12  
**Jonesboro**  
St. Bernard’s Medical Center  
- Auditorium  
505 E Washington Ave  
(Choose AM or PM session)

### 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

Friday, May 20  
**Mountain Home**  
Baxter Regional Medical Ctr  
- Lagerborg Conference Ctr  
624 Hospital Dr

### Morning session:

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

## Northwest Region

Thursday, May 5  
**Springdale**  
Jones Center for Families  
- Auditorium/Chapel  
922 East Emma Ave

### Afternoon session:

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

## South Central Region

Wednesday, May 11  
**Hot Springs**  
National Park Comm College  
- Martin Eisele Auditorium  
101 College Dr

### Afternoon session:

Registration 1:15 – 1:30 p.m.  
Workshop 1:30 – 4:30 p.m.

## Southeast Region

Tuesday, May 3  
**Pine Bluff**  
Pine Bluff Country Club  
1100 W 46th Ave

### Morning session:

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

## Southwest Region

Wednesday, May 18  
**El Dorado**  
El Dorado Country Club  
101 Shady Side Street

### Afternoon session:

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

## Southwest Region

Tuesday, May 17  
**Texarkana**  
Texarkana Convention Center  
2910 S. Cowhorn Creek Loop

### Afternoon session:

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

## West Central Region

Friday, May 6  
**Fort Smith**  
Sparks Regional Medical Ctr  
- Shuffield Center  
1001 Towson Ave

### 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/r/SWREGIONELDORADO>

Fort Smith: <https://www.surveymonkey.com/r/abcbs2016-FortSmith>

Hot Springs: <https://www.surveymonkey.com/r/abcbs2016-southcentral>

Jonesboro: [jdbailey@arkbluecross.com](mailto:jdbailey@arkbluecross.com)

Little Rock: <https://www.surveymonkey.com/r/abcbs2016-central>

Mtn. Home: <https://www.surveymonkey.com/r/abcbs2016-MountainHome>

Pine Bluff: <https://www.surveymonkey.com/r/SoutheastRegion2016>

Springdale: <https://www.surveymonkey.com/r/abcbs2016-Springdale>

Texarkana: <https://www.surveymonkey.com/r/SWRegiontexarkana>



# Fee schedule: additions and changes

The following additions and changes were made to Arkansas Blue Cross and Blue Shield’s fee schedule effective January 1, 2016:

Please direct questions and/or comments to [providerreimbursement@arkbluecross.com](mailto:providerreimbursement@arkbluecross.com)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
10035	\$639.87	\$0.00	\$0.00	\$112.18	\$0.00	\$0.00
10036	\$552.90	\$0.00	\$0.00	\$56.42	\$0.00	\$0.00
31652	\$1,092.73	\$0.00	\$0.00	\$304.10	\$0.00	\$0.00
31653	\$1,162.12	\$0.00	\$0.00	\$335.63	\$0.00	\$0.00
31654	\$135.45	\$0.00	\$0.00	\$88.01	\$0.00	\$0.00
33477	\$1,662.89	\$0.00	\$0.00	\$1,662.89	\$0.00	\$0.00
37252	\$1,657.21	\$0.00	\$0.00	\$117.46	\$0.00	\$0.00
37253	\$260.68	\$0.00	\$0.00	\$93.81	\$0.00	\$0.00
39401	\$392.50	\$0.00	\$0.00	\$392.50	\$0.00	\$0.00
39402	\$512.45	\$0.00	\$0.00	\$512.45	\$0.00	\$0.00
43210	\$550.62	\$0.00	\$0.00	\$550.62	\$0.00	\$0.00
47531	\$448.23	\$0.00	\$0.00	\$124.47	\$0.00	\$0.00
47532	\$986.81	\$0.00	\$0.00	\$280.62	\$0.00	\$0.00
47533	\$1,604.83	\$0.00	\$0.00	\$396.35	\$0.00	\$0.00
47534	\$1,980.58	\$0.00	\$0.00	\$525.74	\$0.00	\$0.00
47535	\$1,323.67	\$0.00	\$0.00	\$300.78	\$0.00	\$0.00
47536	\$976.36	\$0.00	\$0.00	\$192.35	\$0.00	\$0.00
47537	\$483.92	\$0.00	\$0.00	\$128.12	\$0.00	\$0.00
47538	\$5,341.25	\$0.00	\$0.00	\$429.46	\$0.00	\$0.00
47539	\$5,847.02	\$0.00	\$0.00	\$581.10	\$0.00	\$0.00
47540	\$6,087.01	\$0.00	\$0.00	\$694.17	\$0.00	\$0.00
47541	\$1,419.81	\$0.00	\$0.00	\$367.79	\$0.00	\$0.00
47542	\$616.19	\$0.00	\$0.00	\$167.58	\$0.00	\$0.00
47543	\$1,576.23	\$0.00	\$0.00	\$211.27	\$0.00	\$0.00
47544	\$978.49	\$0.00	\$0.00	\$275.20	\$0.00	\$0.00
49185	\$1,185.99	\$0.00	\$0.00	\$159.74	\$0.00	\$0.00
50430	\$630.70	\$0.00	\$0.00	\$216.64	\$0.00	\$0.00
50431	\$196.44	\$0.00	\$0.00	\$85.33	\$0.00	\$0.00





CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
50432	\$1,017.89	\$0.00	\$0.00	\$286.73	\$0.00	\$0.00
50433	\$1,367.98	\$0.00	\$0.00	\$354.26	\$0.00	\$0.00
50434	\$1,081.79	\$0.00	\$0.00	\$271.14	\$0.00	\$0.00
50435	\$566.30	\$0.00	\$0.00	\$131.00	\$0.00	\$0.00
50606	\$638.40	\$0.00	\$0.00	\$204.35	\$0.00	\$0.00
50693	\$1,269.82	\$0.00	\$0.00	\$283.98	\$0.00	\$0.00
50694	\$1,402.65	\$0.00	\$0.00	\$367.28	\$0.00	\$0.00
50695	\$1,712.17	\$0.00	\$0.00	\$465.82	\$0.00	\$0.00
50705	\$2,030.76	\$0.00	\$0.00	\$261.25	\$0.00	\$0.00
50706	\$921.16	\$0.00	\$0.00	\$244.06	\$0.00	\$0.00
54437	\$865.50	\$0.00	\$0.00	\$865.50	\$0.00	\$0.00
54438	\$1,746.89	\$0.00	\$0.00	\$1,746.89	\$0.00	\$0.00
61645	\$986.63	\$0.00	\$0.00	\$986.63	\$0.00	\$0.00
61650	\$672.00	\$0.00	\$0.00	\$672.00	\$0.00	\$0.00
61651	\$286.04	\$0.00	\$0.00	\$286.04	\$0.00	\$0.00
64461	\$185.48	\$0.00	\$0.00	\$112.65	\$0.00	\$0.00
64462	\$105.30	\$0.00	\$0.00	\$70.76	\$0.00	\$0.00
64463	\$204.50	\$0.00	\$0.00	\$111.28	\$0.00	\$0.00
65785	\$2,516.81	\$0.00	\$0.00	\$482.28	\$0.00	\$0.00
69209	\$16.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
72081	\$46.54	\$17.15	\$29.39	\$17.15	\$17.15	\$0.00
72082	\$74.33	\$20.80	\$53.52	\$20.80	\$20.80	\$0.00
72083	\$80.83	\$22.72	\$58.10	\$22.72	\$22.72	\$0.00
72084	\$96.19	\$26.44	\$69.76	\$26.44	\$26.44	\$0.00
73501	\$35.79	\$12.23	\$23.56	\$12.23	\$12.23	\$0.00
73502	\$49.36	\$14.56	\$34.80	\$14.56	\$14.56	\$0.00
73503	\$68.95	\$20.68	\$48.29	\$20.68	\$20.68	\$0.00
73521	\$47.69	\$14.98	\$32.72	\$14.98	\$14.98	\$0.00
73522	\$58.39	\$19.43	\$38.96	\$19.43	\$19.43	\$0.00
73523	\$67.67	\$20.80	\$46.87	\$20.80	\$20.80	\$0.00
73551	\$33.16	\$10.85	\$22.31	\$10.85	\$10.85	\$0.00
73552	\$38.70	\$12.23	\$26.47	\$12.23	\$12.23	\$0.00



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
74712	\$579.18	\$194.97	\$384.21	\$194.97	\$194.97	\$0.00
74713	\$280.11	\$115.47	\$164.64	\$115.47	\$115.47	\$0.00
77767	\$269.27	\$69.99	\$199.28	\$69.99	\$69.99	\$0.00
77768	\$420.43	\$92.88	\$327.55	\$92.88	\$92.88	\$0.00
77770	\$387.16	\$129.36	\$257.80	\$129.36	\$129.36	\$0.00
77771	\$722.23	\$252.67	\$469.56	\$252.67	\$252.67	\$0.00
77772	\$1,099.24	\$358.32	\$740.93	\$358.32	\$358.32	\$0.00
78265	\$487.40	\$62.47	\$424.93	\$62.47	\$62.47	\$0.00
78266	\$577.77	\$69.19	\$508.58	\$69.19	\$69.19	\$0.00
80081	\$101.97	\$7.14	\$94.83	\$0.00	\$7.14	\$0.00
81162	\$2,485.86	\$174.01	\$2,311.85	\$0.00	\$174.01	\$0.00
81170	\$329.51	\$23.07	\$306.44	\$0.00	\$23.07	\$0.00
81218	\$329.51	\$23.07	\$306.44	\$0.00	\$23.07	\$0.00
81219	\$165.68	\$11.60	\$154.08	\$0.00	\$11.60	\$0.00
81272	\$329.51	\$23.07	\$306.44	\$0.00	\$23.07	\$0.00
81273	\$124.87	\$8.74	\$116.13	\$0.00	\$8.74	\$0.00
81276	\$197.19	\$13.80	\$183.39	\$0.00	\$13.80	\$0.00
81311	\$295.79	\$20.71	\$275.08	\$0.00	\$20.71	\$0.00
81314	\$329.51	\$23.07	\$306.44	\$0.00	\$23.07	\$0.00
81412	BR	BR	BR	BR	BR	BR
81432	BR	BR	BR	BR	BR	BR
81433	BR	BR	BR	BR	BR	BR
81434	BR	BR	BR	BR	BR	BR
81437	BR	BR	BR	BR	BR	BR
81438	BR	BR	BR	BR	BR	BR
81442	BR	BR	BR	BR	BR	BR
81490	BR	BR	BR	BR	BR	BR
81493	BR	BR	BR	BR	BR	BR
81525	BR	BR	BR	BR	BR	BR
81528	\$508.87	\$35.62	\$473.25	\$0.00	\$35.62	\$0.00
81535	\$579.46	\$40.56	\$538.90	\$0.00	\$40.56	\$0.00
81536	\$177.56	\$12.43	\$165.13	\$0.00	\$12.43	\$0.00



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
81538	BR	BR	BR	BR	BR	BR
81540	BR	BR	BR	BR	BR	BR
81545	BR	BR	BR	BR	BR	BR
81595	BR	BR	BR	BR	BR	BR
88350	\$87.48	\$36.71	\$50.77	\$36.71	\$36.71	\$0.00
90620	\$160.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90621	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90625	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90697	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
92537	\$50.79	\$40.97	\$9.83	\$40.97	\$40.97	\$0.00
92538	\$25.73	\$20.48	\$5.25	\$20.48	\$20.48	\$0.00
92543	\$22.71	\$9.00	\$13.71	\$0.00	\$9.00	\$0.00
93050	\$24.15	\$12.68	\$11.47	\$12.68	\$12.68	\$0.00
96931	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
96932	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96933	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
96934	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
96935	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96936	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
99177	\$9.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
99415	\$11.47	\$0.00	\$0.00	\$11.47	\$0.00	\$0.00
99416	\$0.75	\$0.00	\$0.00	\$0.75	\$0.00	\$0.00
96931	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
0347T	BR	BR	BR	BR	BR	BR
0348T	BR	BR	BR	BR	BR	BR
0349T	BR	BR	BR	BR	BR	BR
0350T	BR	BR	BR	BR	BR	BR
0351T	BR	BR	BR	BR	BR	BR
0352T	BR	BR	BR	BR	BR	BR
0353T	BR	BR	BR	BR	BR	BR
0354T	BR	BR	BR	BR	BR	BR
0355T	BR	BR	BR	BR	BR	BR



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
0356T	BR	BR	BR	BR	BR	BR
0357T	BR	BR	BR	BR	BR	BR
0381T	BR	BR	BR	BR	BR	BR
0382T	BR	BR	BR	BR	BR	BR
0383T	BR	BR	BR	BR	BR	BR
0384T	BR	BR	BR	BR	BR	BR
0385T	BR	BR	BR	BR	BR	BR
0386T	BR	BR	BR	BR	BR	BR
0387T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0388T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0389T	BR	BR	BR	BR	BR	BR
0390T	BR	BR	BR	BR	BR	BR
0391T	BR	BR	BR	BR	BR	BR
0392T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0393T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0394T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0395T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0396T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0397T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0398T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0399T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0400T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0401T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0402T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0403T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0404T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0405T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0406T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0407T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0505F	BR	BR	BR	BR	BR	BR
0507F	BR	BR	BR	BR	BR	BR
0545F	BR	BR	BR	BR	BR	BR



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
1040F	BR	BR	BR	BR	BR	BR
1491F	BR	BR	BR	BR	BR	BR
2030F	BR	BR	BR	BR	BR	BR
2031F	BR	BR	BR	BR	BR	BR
3126F	BR	BR	BR	BR	BR	BR
3267F	BR	BR	BR	BR	BR	BR
3720F	BR	BR	BR	BR	BR	BR
3775F	BR	BR	BR	BR	BR	BR
3776F	BR	BR	BR	BR	BR	BR
6100F	BR	BR	BR	BR	BR	BR
6101F	BR	BR	BR	BR	BR	BR
6102F	BR	BR	BR	BR	BR	BR
6110F	BR	BR	BR	BR	BR	BR
A4337	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E0465	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E0466	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E1012	\$0.00	BR	BR	BR	BR	BR
G0296	\$102.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G0297	\$303.07	\$293.46	\$9.61	\$293.46	\$293.46	\$0.00
G0298	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
G0299	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
G0300	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
G0460	BR	BR	BR	BR	BR	BR
G0475	BR	BR	BR	BR	BR	BR
G0476	BR	BR	BR	BR	BR	BR
G0477	\$22.29	\$1.56	\$20.73	\$0.00	\$1.56	\$0.00
G0478	\$29.72	\$2.08	\$27.63	\$0.00	\$2.08	\$0.00
G0479	\$79.25	\$5.55	\$73.70	\$0.00	\$5.55	\$0.00
G0480	\$79.94	\$5.60	\$74.34	\$0.00	\$5.60	\$0.00
G0481	\$122.99	\$8.61	\$114.38	\$0.00	\$8.61	\$0.00
G0482	\$166.03	\$11.62	\$154.41	\$0.00	\$11.62	\$0.00
G0483	\$215.23	\$15.07	\$200.16	\$0.00	\$15.07	\$0.00



<b>CPT / HCPCS Code</b>	<b>Total / Purchase</b>	<b>Professional / Rental</b>	<b>Technical / Used</b>	<b>Total SOS / Purchase</b>	<b>Prof SOS / Rental</b>	<b>Tech SOS / Used</b>
G9140	BR	BR	BR	BR	BR	BR
G9473	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9474	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9475	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9476	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9477	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9478	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9479	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9480	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9496	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9497	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9498	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9499	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9503	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9504	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9505	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9506	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9507	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9508	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9509	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9510	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9511	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9512	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9514	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9515	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9516	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9517	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9518	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
G9519	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9520	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9521	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9522	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9523	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9524	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9525	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9529	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9530	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9531	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9532	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9533	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9534	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9535	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9536	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9537	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9538	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9540	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9541	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9542	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9543	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9544	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9547	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9548	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9549	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9550	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9551	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9552	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9553	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9554	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



<b>CPT / HCPCS Code</b>	<b>Total / Purchase</b>	<b>Professional / Rental</b>	<b>Technical / Used</b>	<b>Total SOS / Purchase</b>	<b>Prof SOS / Rental</b>	<b>Tech SOS / Used</b>
G9555	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9556	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9557	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9558	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9559	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9560	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9561	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9562	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9563	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9572	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9573	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9574	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9577	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9578	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9579	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9580	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9581	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9582	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9583	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9584	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9585	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9593	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9594	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9596	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9596	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9597	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9598	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9599	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9600	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9601	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9602	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9603	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00





CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
G9604	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9605	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9606	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9607	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9608	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9609	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9610	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9611	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9612	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9613	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9614	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9615	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9616	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9617	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9618	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9619	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9620	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9621	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9622	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9623	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9624	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9625	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9626	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9627	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9628	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9629	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9630	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9631	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9632	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9633	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9634	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9635	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



<b>CPT / HCPCS Code</b>	<b>Total / Purchase</b>	<b>Professional / Rental</b>	<b>Technical / Used</b>	<b>Total SOS / Purchase</b>	<b>Prof SOS / Rental</b>	<b>Tech SOS / Used</b>
G9636	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9637	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9638	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9639	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9640	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9641	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9642	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9643	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9644	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9645	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9646	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9647	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9648	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9649	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9650	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9651	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9652	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9653	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9654	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9655	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9656	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9657	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9658	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9659	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9660	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9661	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9662	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9663	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9664	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9665	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9666	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9667	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
G9668	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9669	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9670	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9671	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9672	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9673	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9674	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9675	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9676	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G9677	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K0008	BR	BR	BR	BR	BR	BR
K0013	BR	BR	BR	BR	BR	BR
K0900	BR	BR	BR	BR	BR	BR
L8607	BR	BR	BR	BR	BR	BR
P9070	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
P9071	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
P9072	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4082	BR	BR	BR	BR	BR	BR
Q4161	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4162	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4163	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4164	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4165	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



# Fee schedule: injection codes

The following injection codes were updated on Arkansas Blue Cross and Blue Shield's fee schedule effective January 1, 2016:

Please direct questions and/or comments to [providerreimbursement@arkbluecross.com](mailto:providerreimbursement@arkbluecross.com)

CPT/ HCPCS Code	Allowed
90371	\$117.75
90375	\$296.59
90376	\$273.32
90585	\$128.71
90586	\$128.71
90632	\$53.28
90675	\$291.41
90691	\$78.13
90714	\$23.66
90715	\$32.45
90732	\$85.82
A9575	\$0.22
A9576	\$1.71
A9577	\$2.22
A9578	\$2.09
A9583	\$15.41
A9585	\$0.41
J0129	\$41.02
J0130	\$1,056.17
J0132	\$1.79
J0133	\$0.08
J0135	\$783.39
J0153	\$1.00
J0171	\$0.13
J0178	\$1,019.72

CPT/ HCPCS Code	Allowed
J0180	\$164.82
J0202	\$1,813.57
J0207	\$393.00
J0220	\$214.97
J0256	\$4.78
J0257	\$4.44
J0278	\$1.20
J0280	\$9.23
J0285	\$20.31
J0287	\$13.55
J0290	\$1.48
J0295	\$2.36
J0348	\$0.61
J0360	\$10.92
J0400	\$0.79
J0401	\$4.42
J0470	\$40.26
J0475	\$172.59
J0476	\$79.45
J0480	\$3,128.29
J0490	\$43.11
J0500	\$60.06
J0515	\$21.14
J0558	\$6.85
J0561	\$8.66

CPT/ HCPCS Code	Allowed
J0583	\$3.13
J0586	\$8.22
J0587	\$12.07
J0588	\$4.96
J0592	\$3.11
J0594	\$34.50
J0595	\$2.49
J0597	\$48.17
J0598	\$56.65
J0610	\$3.23
J0630	\$1,141.75
J0637	\$13.46
J0638	\$95.80
J0640	\$3.99
J0641	\$1.68
J0670	\$2.04
J0690	\$0.93
J0692	\$2.61
J0694	\$5.09
J0695	BR
J0696	\$0.81
J0697	\$2.51
J0698	\$3.27
J0702	\$6.06
J0712	\$2.36

CPT/ HCPCS Code	Allowed
J0713	\$2.49
J0717	\$6.73
J0725	\$21.02
J0735	\$12.01
J0740	\$589.54
J0743	\$4.72
J0744	\$1.06
J0770	\$10.82
J0775	\$40.00
J0780	\$13.61
J0795	\$8.03
J0875	\$15.17
J0878	\$0.83
J0881	\$4.32
J0882	\$4.32
J0885	\$12.82
J0886	\$12.82
J0894	\$22.65
J0895	\$15.61
J0897	\$16.11
J1000	\$14.36
J1020	\$4.67
J1030	\$4.48
J1040	\$8.67
J1100	\$0.14



CPT/ HCPCS Code	Allowed
J1110	\$79.81
J1120	\$21.59
J1162	\$2,748.42
J1165	\$0.68
J1170	\$2.14
J1190	\$173.45
J1200	\$0.51
J1205	\$120.47
J1212	\$226.25
J1230	\$10.67
J1240	\$6.48
J1245	\$0.85
J1250	\$5.76
J1260	\$8.08
J1265	\$0.64
J1267	\$0.83
J1270	\$0.96
J1290	\$420.87
J1325	\$16.10
J1335	\$43.30
J1364	\$50.33
J1380	\$10.69
J1410	\$237.50
J1438	\$366.20
J1439	\$1.10
J1442	\$1.05
J1447	\$0.80
J1450	\$5.01
J1458	\$378.96

CPT/ HCPCS Code	Allowed
J1459	\$39.79
J1460	\$34.79
J1556	\$40.41
J1557	\$38.80
J1560	\$347.89
J1561	\$43.44
J1566	\$36.29
J1568	\$44.14
J1569	\$39.64
J1570	\$68.83
J1571	\$58.04
J1572	\$40.93
J1575	\$11.26
J1580	\$1.31
J1602	\$25.34
J1610	\$205.86
J1626	\$0.45
J1630	\$1.58
J1631	\$21.10
J1642	\$0.19
J1645	\$16.22
J1650	\$1.19
J1652	\$2.64
J1670	\$418.93
J1720	\$7.80
J1740	\$112.68
J1742	\$98.02
J1743	\$540.51
J1750	\$12.68

CPT/ HCPCS Code	Allowed
J1756	\$0.38
J1800	\$3.01
J1815	\$0.82
J1817	\$8.69
J1885	\$0.72
J1930	\$50.09
J1940	\$3.01
J1950	\$966.10
J1953	\$0.21
J1955	\$18.13
J1956	\$2.49
J1980	\$25.36
J2010	\$11.66
J2020	\$24.66
J2060	\$0.79
J2150	\$1.67
J2175	\$4.71
J2210	\$5.12
J2270	\$1.27
J2274	\$8.91
J2278	\$7.47
J2280	\$9.55
J2300	\$2.47
J2310	\$29.11
J2323	\$17.70
J2353	\$165.06
J2354	\$1.28
J2357	\$31.17
J2360	\$5.93

CPT/ HCPCS Code	Allowed
J2400	\$23.73
J2407	\$26.64
J2410	\$2.96
J2425	\$17.07
J2426	\$9.03
J2430	\$12.04
J2469	\$22.33
J2501	\$0.99
J2503	\$1,077.60
J2504	\$292.66
J2505	\$3,981.22
J2507	\$1,417.94
J2510	\$23.42
J2515	\$43.34
J2540	\$0.98
J2543	\$2.70
J2545	\$118.29
J2550	\$1.70
J2560	\$30.36
J2562	\$320.19
J2597	\$14.06
J2675	\$1.01
J2680	\$23.15
J2690	\$47.99
J2700	\$1.88
J2704	\$0.13
J2720	\$1.21
J2724	\$15.74
J2760	\$165.36



CPT/ HCPCS Code	Allowed
J2765	\$0.73
J2770	\$345.42
J2778	\$403.16
J2780	\$1.10
J2783	\$241.15
J2785	\$56.21
J2788	\$25.37
J2790	\$87.08
J2791	\$4.92
J2792	\$21.03
J2794	\$7.57
J2796	\$61.48
J2800	\$44.95
J2805	\$95.77
J2810	\$0.30
J2820	\$35.65
J2860	BR
J2916	\$2.67
J2920	\$3.01
J2930	\$4.27
J2997	\$77.68
J3000	\$12.33
J3060	\$40.10
J3070	\$128.93
J3090	\$1.26
J3095	\$5.51
J3101	\$97.68
J3105	\$0.88
J3230	\$19.97

CPT/ HCPCS Code	Allowed
J3240	\$1,489.25
J3243	\$2.53
J3250	\$24.68
J3260	\$2.79
J3262	\$4.16
J3300	\$3.90
J3301	\$1.88
J3315	\$248.53
J3357	\$177.82
J3360	\$6.91
J3370	\$4.02
J3380	\$17.71
J3385	\$356.58
J3396	\$11.41
J3410	\$2.27
J3411	\$3.34
J3415	\$10.26
J3430	\$2.85
J3465	\$4.04
J3471	\$0.33
J3473	\$0.37
J3475	\$0.23
J3480	\$0.15
J3485	\$1.56
J3486	\$16.20
J3489	\$28.63
J7030	\$1.95
J7040	\$0.98
J7042	\$0.62

CPT/ HCPCS Code	Allowed
J7060	\$1.91
J7070	\$3.72
J7120	\$1.90
J7180	\$8.09
J7182	\$1.51
J7183	\$1.04
J7185	\$1.27
J7187	\$1.04
J7188	BR
J7189	\$2.05
J7192	\$1.22
J7193	\$1.14
J7194	\$1.26
J7197	\$3.76
J7198	\$1.98
J7200	\$1.29
J7205	\$1.97
J7308	\$304.26
J7312	\$209.16
J7313	\$510.58
J7316	\$1,088.62
J7321	\$91.64
J7323	\$155.06
J7324	\$175.28
J7325	\$13.65
J7326	\$586.16
J7336	\$3.01
J7340	BR
J7500	\$0.37

CPT/ HCPCS Code	Allowed
J7502	\$3.49
J7503	BR
J7504	\$1,182.41
J7507	\$0.88
J7509	\$0.34
J7510	\$0.13
J7511	\$668.72
J7515	\$1.01
J7516	\$44.40
J7517	\$1.05
J7518	\$3.18
J7520	\$10.05
J7525	\$171.02
J7527	\$7.79
J7605	\$8.59
J7606	\$9.78
J7608	\$4.18
J7612	\$0.29
J7614	\$0.08
J7626	\$5.53
J7631	\$0.83
J7639	\$40.54
J7644	\$0.22
J7674	\$0.54
J7682	\$57.83
J8501	\$10.61
J8510	\$12.84
J8520	\$5.45
J8521	\$17.31



CPT/ HCPCS Code	Allowed
J8530	\$3.82
J8560	\$71.36
J8600	\$11.66
J8610	\$1.44
J8655	\$513.84
J8700	\$3.76
J8705	\$105.21
J9000	\$3.23
J9017	\$61.63
J9019	\$404.23
J9025	\$3.11
J9027	\$143.86
J9031	\$128.71
J9032	\$33.80
J9033	\$25.57
J9035	\$73.68
J9040	\$22.04
J9041	\$48.63
J9042	\$129.40
J9043	\$153.63
J9045	\$3.78
J9047	\$32.12
J9050	\$3,346.21
J9055	\$55.96
J9060	\$1.61
J9065	\$18.24
J9070	\$50.62
J9098	\$604.60
J9100	\$0.92

CPT/ HCPCS Code	Allowed
J9130	\$3.93
J9150	\$27.52
J9155	\$3.79
J9171	\$2.70
J9178	\$1.68
J9179	\$108.60
J9181	\$0.66
J9185	\$70.09
J9190	\$1.88
J9200	\$72.38
J9201	\$9.07
J9202	\$287.73
J9207	\$76.41
J9208	\$32.17
J9209	\$4.32
J9211	\$40.62
J9214	\$24.86
J9217	\$262.69
J9218	\$16.81
J9225	\$3,127.69
J9226	\$22,841.88
J9228	\$144.83
J9230	\$251.38
J9245	\$1,668.21
J9260	\$2.40
J9261	\$154.04
J9263	\$0.40
J9264	\$10.43
J9267	\$0.16

CPT/ HCPCS Code	Allowed
J9268	\$1,685.57
J9271	\$47.52
J9293	\$28.46
J9299	\$26.38
J9301	\$57.57
J9302	\$52.55
J9303	\$107.52
J9305	\$64.23
J9306	\$10.89
J9307	\$230.62
J9308	\$56.18
J9310	\$799.77
J9315	\$311.28
J9320	\$332.81
J9328	\$7.01
J9330	\$66.29
J9351	\$2.08
J9355	\$93.09
J9357	\$1,158.73
J9360	\$3.10
J9370	\$6.75
J9371	\$2,413.00
J9390	\$11.44
J9395	\$97.32
J9400	\$8.54
Q0138	\$0.86
Q0139	\$0.86
Q0164	\$0.05
Q0166	\$1.35

CPT/ HCPCS Code	Allowed
Q0167	\$1.70
Q0180	\$115.98
Q2043	\$34,752.33
Q2050	\$448.78
Q3027	\$43.47
Q4074	\$116.05
Q4081	\$1.28
Q4101	\$32.46
Q4102	\$11.10
Q4104	\$33.66
Q4105	\$22.45
Q4106	\$34.17
Q4107	\$102.93
Q4108	\$37.05
Q4110	\$39.09
Q4111	\$7.19
Q4112	\$232.68
Q4113	\$232.68
Q4114	\$1,640.81
Q4115	\$9.95
Q4116	\$33.87
Q4121	\$40.01
Q4123	\$23.14
Q4131	\$195.03
Q9950	\$34.38
Q9956	\$36.31
Q9957	\$54.46
Q9965	\$0.91



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# PROVIDERS' NEWS STAFF

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