

# Providers' News

March 2009

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

## **The Providers' News**

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

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# Clinical Radiation and Patient Safety

Arkansas Blue Cross and Blue Shield and its affiliates have initiated a program to raise the awareness of participating providers and members regarding the safety concerns associated with diagnostic imaging, specifically those producing ionizing radiation. Arkansas Blue Cross and its affiliates will begin a concerted effort to share radiation safety information with our participating physicians and members during 2009.

Arkansas Blue Cross knows that as a physician, you desire — as we do — for our members (your patients) to receive safe, appropriate medical care and treatment. Diagnostic imaging can be a valuable part of that care. However, there is risk associated with diagnostic imaging, so Arkansas Blue Cross wants to provide this information for consideration as you provide sound advice to patients in your care.

The management of the use of medically related ionizing radiation has long been a challenge demanding careful consideration of the potential benefit weighed against the potential harm. For the past two years Arkansas Blue Cross has attempted to tabulate all known X-ray examinations attributable to its members, based on claims data. The measurement of the baseline cumulative dose is only the starting point.

As part of Arkansas Blue Cross' high-tech imaging authorization process, administered by National Imaging Associates (NIA), this X-ray examination history is shared with the requesting physician or office during the pre-procedure review and approval process before many radiology studies are performed in an attempt to bring additional consideration of prior X-ray exposure into the provider's decision-making process. After consideration of the member's X-ray examination history, some physicians are choosing to use non-radiation

producing diagnostic examinations as a substitute for their initial choice.

As a reminder, radiation exposure from medical imaging is a growing patient safety issue. The increasing use of diagnostic studies that produce ionizing radiation and recent reports related to the potential human consequences of cumulative radiation exposure have contributed to this concern.

Multiple environmental sources of radiation exist, including sunshine, cellular phones, radar, microwaves, electrical power lines, nuclear power plant materials and medical uses (both diagnostic and therapeutic). Some types of radiation are known to be able to break chemical bonds. Due to the displacement of electrons and creation of charged atoms or molecules, this energy is referred to as *ionizing* radiation.

As you know, radiation dose is a complex concept and somewhat difficult to measure and will only be briefly addressed here. *Exposure* is a basic measurement of radiation emitted from a source. The *effective dose* that is then received by the human body depends on many factors, including distance from the source, time of exposure, presence of shielding, amount of patient exposed, and the nature of the exposed tissues (overall body size, amount of fat, the location, composition and size of organs, etc.). Thus, there can be a significant variation in absorption and potential biological interaction because of differences among patients, their clinical situations and the imaging sources. Estimates of effective radiation doses have been developed with the aid of certain conversion and weighting factors.

Beyond a certain threshold of radiation exposure, severe non-malignant damage to various tissues and organs and even death can occur. These effects only follow high-radiation

*(Continued on page 3)*

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doses, as were seen following the detonation of the atomic bombs in 1945 and subsequent severe nuclear power plant accidents.

The health effects of medical imaging are different, where the concern is the potential for incurring cancer and hereditary anomalies. These results can occur even at relatively low levels of radiation exposure. Dissenting opinions notwithstanding, the scientific evidence suggests a linear relationship between radiation dose and cancer outcomes.

Therefore, there is no "threshold" and *any* level of radiation exposure leads to an increased cancer risk. Moreover, it is believed that multiple exposures are additive in their risks, though it is difficult to formulate an exact relationship.

Why is radiation an issue now? In recent years, there has been a decrease in the utilization of conventional radiography and fluoroscopic procedures. Meanwhile, high-dose computed tomography (CT) and nuclear medicine studies have increased significantly. The highest levels of radiation exposure in the most common diagnostic tests are generated by CT scans.

The National Academies of Sciences (NAS) Biological Effects of Ionized Radiation (BEIR) VII report indicates that a cumulative effective dose of 10 millisieverts (abbreviated mSv; 1 mSv = mGv) may be associated with an increase in the possibility of fatal cancer of approximately one chance in 2000. This increase in the possibility of a fatal cancer from radiation can be compared to the natural incidence of fatal cancer in the U.S. population, which is 20 percent. Therefore, the BEIR VII reports that 400 out of 2000 people will die of cancer as a background incidence. A 10 mSv level of exposure will increase the risk to 401 per 2000 people. The level of risk increases proportionately to the amount of absorbed radiation.

There are documented examples of individuals who do not have cancer who have been

exposed to more than 500 mSv; therefore, the risk may be variable.

Arkansas Blue Cross and its affiliates encourage providers to consider the following precautions in managing a patient's ionizing imaging exposure:

- Consult with a radiologist before planning and performing additional exams that result in significant levels of ionizing radiation levels.
- Order CT scans only when the benefits far outweigh the risks.
- Substitute clinical evaluation for ionizing radiation imaging for any disease process or trauma where possible and prudent in your independent medical judgment.
- Utilize alternative imaging where appropriate in your independent medical judgment.

On Jan. 1, 2009, for those members identified with an mSv cumulative dose of 100 or greater, NIA began offering the requesting provider a radiation consultation when a request for prior authorization is made for a high-tech ionized radiation procedure. This consultation will not affect the criteria for prior authorization approval. Members will be educated about radiation awareness through upcoming newsletter publications. No specific radiation dose information is currently being shared with members directly from Arkansas Blue Cross or its affiliates.

Though they now account for only a very small portion of overall cancer incidence, the adverse effects of radiation received during medical care are not insignificant. Given the recent utilization trends, these consequences may well increase in future years.

For more detailed information about the subject of radiation safety, please refer to the NIA Web site at [www.radmd.com](http://www.radmd.com). Providers can select "Online Tools" and then "Radiation Safety Information" to learn more. Providers may also review more of the Food and Drug Administration's findings at [www.fda.gov/cdrh/ct/risks.html](http://www.fda.gov/cdrh/ct/risks.html).

# Guidelines for Advanced Imaging Centers

To become – or remain – a participating imaging center in the provider networks of Arkansas Blue Cross and Blue Shield, USAble Corporation, and Health Advantage providers must meet our Provider Assessment guidelines administered by National Imaging Associates. These guidelines have been communicated for over two years and have been most recently published in the September 2008 issue of the *Providers' News*.

Any non-hospital-based diagnostic CT, MRI, PET, or nuclear cardiology machine/facility must meet these guidelines and maintain accreditation to be a participating provider. If a facility is applying to become a network participant, the accreditation must have been obtained prior to the enrollment application being submitted to Arkansas Blue Cross or its affiliate companies.

If an existing participating imaging facility that has already met the guidelines and has accreditation for all current modalities adds an advanced imaging machine, the participating facility will have nine months from the delivery date of the equipment to obtain the applicable accreditation for the new machine. Failure to meet these guidelines will not only exclude the new machine from participation but will jeopardize network status of the already accredited equipment. All services provided by a participating imaging center must obtain and continuously maintain the required appropriate accreditation.

The original accreditation deadline for imaging centers participating as an in network facility prior to October 1, 2008 was December 31, 2008. This deadline was extended to March 31, 2009 for imaging centers that were in the process of accreditation. As communicated previously, **imaging centers not meeting the provider assessment requirements are therefore subject to network termination effective April 1, 2009.**

All non-hospital-based diagnostic imaging centers are required to report any changes or updates to the services being provided, or their applicable accreditation, to:

Provider Assessment Department  
National Imaging Associates, Inc.  
11020 White Rock Rd, Suite 200  
Rancho Cordova, CA 95670



## Timely Filing of Corrected Claims

As a reminder, Arkansas Blue Cross and Blue Shield has set a 180 day timely filing limit for first-time claims as well as corrected claims.

When it is necessary to file a corrected claim, please ensure it is done within time limit or the corrected claims will be rejected or returned.

# HCPSC Codes: Reminder for Home Infusion Therapy Flushes

Most home infusion therapy service types have HCPSC codes that include the supplies, administrative and professional services and care coordination. For example, HCPSC code S9494 includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment per diem for antibiotic, antiviral or antifungal home infusion therapy. Flushes (heparin, normal saline, sterile water, etc.) are included in these type of codes and should not be billed separately when administered on the same day as any administrative per diem code.

If flushes are billed separately with J3490 or any other code, they will be denied as fragmentation of another code. These codes

are not eligible for coverage if billed separately and will be denied and participating providers are prohibited by contract to bill members.



## BlueCard

The following articles apply to BlueCard.

## Mental Health Carve-Outs

If an account or group carves out behavioral health services from its Arkansas Blue Cross and Blue Shield Plan, those claims are non-BlueCard and cannot be processed through Arkansas Blue Cross as a BlueCard claim. The

carve-out claims must be filed to the company that the account hired to handle its behavioral health claims. Check the member's ID card for specific claims filing information.

## Provider Survey

Some providers will be receiving a phone call sometime in the next two months asking them to respond in a provider satisfaction survey. Please help Arkansas Blue Cross and Blue Shield by participating in the survey.

# AHIN

The following article applies to the Advanced Health Information Network (AHIN).

## Medical Record Request Letters Available on AHIN

As a reminder, Medical Record Request (MRR) bar-code letters are available on AHIN. The MRR letters are available to providers on AHIN as an additional resource to assist in claim research. Providers can access the MRR Letters through the claim status search function on AHIN. Therefore, the security to the letters is limited to only those claims that providers have access to on AHIN.

Providers will have access to all MRR letters sent on their claims. Providers will see those sent to them, those sent to members, and

those sent to different providers (i.e. referring provider). The status of the MRR letter (such as response received) is also provided on the MRR portion of the claims screen.

Arkansas Blue Cross and Blue Shield and its affiliates still fax and/or mail Medical Record Request letters to providers and providers should continue to respond to the MRR letters through fax or mail.

## Last Update Date Added to Eligibility Screen

Arkansas Blue Cross and Blue Shield is pleased to announce enhancements in the Advanced Health Information Network (AHIN) display of Member Information. The date of the last AHIN update will now be displayed under the member information. Providers will now know when the member's information was last updated.

To access AHIN, go to the Arkansas Blue Cross web site at [www.arkbluecross.com](http://www.arkbluecross.com), click on the Provider Page and Select the AHIN link. AHIN access is free of charge and is EASY to use. For more information on setting up a front office staff or admissions staff to have this easy access to AHIN, please call **501-378-2336**.



## Present On Admission Modifier Required on Facility Claims for Private Business

Arkansas Blue Cross Blue Shield and its subsidiaries will follow Medicare guidelines for the Present On Admission (POA) Modifier for private business facility claims. A modifier will be REQUIRED for each diagnosis code beginning October 1, 2008 (unless the facility is an exempt facility). Effective April 1, 2009, private business facility claims missing the appropriate POA indicator will be rejected.

*Article has been updated from its original publication in the March 2008 issue of Providers' News.*



## FEP

The following articles apply to the Federal Employees Program (FEP).

### Electronic Funds Transfer

Arkansas Blue Cross and Blue Shield is pleased to announce that the Federal Employee Program (FEP) will implement Electronic Funds Transfer (EFT) payments on February 16, 2009. Providers who are currently receiving payments via EFT from other

Arkansas Blue Cross lines of business, will begin receiving FEP payments via EFT after February 16, 2009. Providers who have not signed up for EFT may contact their Network Development Representative for additional information.

### Filing Renal Dialysis Claims

Effective May 1, 2009, the Federal Employee Program (FEP) will require that providers submitting renal dialysis claims with Bill Type 721 and Revenue Codes 821, 831, 841 and 851 file each date of service on a separate line with service unit of one. This will ensure FEP properly applies the daily copayments. Claims submitted for these services not filed correctly

on or after May 1, 2009 will be rejected and returned to the provider with the following message:

**“Units of service cannot be greater than one when statement from and thru are not equal. Please itemize dates of service for this line item revenue code.”**

# Clarification of Durable Medical Equipment Billing

- Rentals of Durable Medical Equipment (DME) should be billed using the beginning date of rental (not a date range), units of service of 1, and the Modifier RR.
  - HCPCS Code E2402: Negative pressure wound therapy electrical pump, stationary or portable. *(Note: this item is a contract exclusion in most member contracts.)*
- Ten monthly rental payments of DME equipment will be considered the same as purchase of the equipment. Additional DME billings for rental and/or purchase of the item will be denied as duplicate billings.
- Low-cost DME items will require purchase rather than rental.
- Satisfaction of the Primary Coverage Criteria is required for high cost DME items.
- Purchase of covered home supplies will be limited to a 90-day supply. The Medicare limitations will be used as a guide.
- For procedures routinely rented on a daily basis, please indicate the number of days rented in the units of service column. If the rental is for a full month, 30 units of service should be used with the coordinating date span.
  - HCPCS Code E0781: Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient;
  - HCPCS Code E0935: Continuous passive motion exercise device for use on knee only (maximum rental = 21 days);

Article originally printed in the June 2008 issue of the *Providers' News*.



## Unsolicited Refunds Reminder

Anytime an unsolicited refund is sent to Arkansas Blue Cross and Blue Shield, the remittance advice or explanation of payment along with documentation as to why the refund

is being issued must be included with the returned check. If not included, the check will be returned requesting needed information.



## Multiple GI Endoscopies

Generally, upper GI endoscopies and colonoscopies can be performed in the same setting on a single date of service. Services are paid based on multiple surgery guidelines.

Arkansas Blue Cross and Blue Shield, Health Advantage, and BlueAdvantage Administrators of Arkansas have received claims when upper and lower GI endoscopies have been performed on consecutive days or separated by a few days or weeks. Review of records on some of these procedures does not indicate a medical reason for **not** doing the procedures on the same day.

Arkansas Blue Cross, Health Advantage, and Blue Advantage, have instituted the following policy:

**“When outpatient EGD and colonoscopies are performed within 30 days of one another, the EGD will be paid at 50% of its usual allowance, unless there is documentation that the two procedures could not be done on the same day. “**

Article originally printed in the September 2003 issue of *Providers' News*.

## Corrected Claims: Electronic Corrected Claims are Accepted

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

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

### **Electronic Submission:**

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

Providers need to ask their software vendor to open an area within the 2300 loop for the remarks in the NTE segment as to what was corrected on the claim. In order to expedite

processing time and identify the actual corrections and the reason for the correction for both facility and professional corrected claims, Arkansas Blue Cross would appreciate receiving a total replacement claim in order for a complete comparison to the original claim along with the explanation in the NTE segment. To file corrected claims electronically for the UB claim form, the facility will need to use XX7 type of bill.

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

AHIN Customer Support: (501) 378-2336

EDI (501) 378-2419

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

# 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 December 2008. Other revised policies are not listed because no change was made in coverage/non-coverage. To view the entire policy, providers can access the coverage policies at [www.arkbluecross.com](http://www.arkbluecross.com).

Policy #	Policy Name
1998027	Plagiocephaly Without Synostosis, Treatment
2001032	Closure Devices for Atrial or Ventricular Septal Defects (ASD, VSD), Percutaneous
1998164	Recombinant Human Thyrotropin for Ablation and Monitoring of Thyroid Carcinoma
1998144	Pulmonary Arterial Hypertension, Pharmacological Treatment with Prostacyclin Analogues, Endothelin Receptors Antagonists, or Phosphodiesterase Inhibitors
1998143	Extracorporeal Membrane Oxygenation (ECMO)
1998051	Genetic Test: BRCA1 or BRCA2 Mutations
2001004	Magnetic Resonance Imaging, Cardiac Applications
1997133	Mastectomy, Prophylactic
1998026	Infusion Pumps, External
2002017	Cholesterol, Skin Test for
2007018	Genetic Testing: Prothrombin Thrombophilia (Mod 3G) (G20210A)
1998144	Pulmonary Arterial Hypertension, Pharmacological Treatment with Prostacyclin Analogues, Endothelin Receptors Antagonists, or Phosphodiesterase Inhibitors
1997167	PET Scan, Positron Emission Tomography _Cardiac Applications
1998149	Partial Left Ventriculectomy (Left Ventricular Reduction, LVRS, PLV, Cardioreduction. Batista)

# Provider Workshops—Spring 2009

## Conway

**Wednesday, April 15, 2009**

University of Central Arkansas

Brewer-Hegeman Conference Center - Room 5A/B

**Registration 8:00; Session 8:30—11:30**

**Registration 12:30; Session 1:00—4:00**

## Fort Smith

**Friday, May 8, 2009**

St. Edward's Mercy Medical Center

Hennessy Room

**Registration: 8:30; Session 9:00—12:00**

## Jonesboro

**Wednesday, May 13, 2009**

St. Bernard's Regional Medical Center Auditorium

505 East Washington

**Registration: 8:00; Session 8:30—11:00**

**Registration: 1:00; Session 1:30—4:30**

## Mountain Home

**Friday, April 3, 2009**

Baxter Regional Medical Center

Lagerborg Dining Room

**Registration: 8:00; Session: 8:15—11:00**

## Springdale

**Tuesday, April 7, 2009**

Jones Center for Families

Corner of Emma & Highway 265

**Registration: 8:00; Session: 8:15 — 11:00**

## El Dorado

**Tuesday, May 5, 2009**

AHEC South Arkansas

Warner Brown Bldg 1st Floor

**Registration: 12:30; Session 1:00—4:00**

## Hot Springs

**Thursday, April 30, 2009**

St. Joseph's Hospital

Mercy/McAuley Room

**Registration: 1:00; Session: 1:30—4:30**

## North Little Rock

**Tuesday, April 14, 2009**

Wyndham Riverfront Hotel

Silver City Rooms 5 and 6

**Registration 8:00; Session 8:30—11:30**

**Registration 12:30; Session 1:00—4:00**

## Pine Bluff

**Tuesday, April 28, 2009**

Southeast Arkansas College

1900 Hazel Street

**Registration 8:30; Session 9:00—12:00**

## Texarkana

**Wednesday, April 29, 2009**

Christus St. Michael's

Main Conference Room

**Registration: 8:30; Session 9:00—12:00**

For additional information regarding provider workshops in your area or to RSVP to a workshop invitation, contact your regional Network Development Representative.

# Arkansas State and Public School Employees Preventive Benefits (updated January 2009)

CPT Codes	Ages	Diagnosis Code Required	
<b>New Patient - Well Baby Visits:</b>			
99381	Under 1 year	Must be billed with diagnosis code V20.2	
<b>New Patient - Annual Preventive (Under 18 years of age):</b>			
99382	Age 1-4	Early Childhood -- Must be billed with diagnosis code V20.2	
99383	Age 5-11	Late Childhood -- Must be billed with diagnosis code V20.2	
99384	Age 12-17	Adolescent -- Must be billed with diagnosis code V20.2	
<b>New Patient - Annual Preventive (Over 18 years of age):</b>			
99385	Age 18-39	Must be billed with diagnosis codes: V70.0, V72.31, or V76.10 thru V76.19.	
99386	Age 40-64		
99387	Age 65+		
<b>Established Patient - Well Baby Visits (Under 18 years of age):</b>			
99391	Under 1 Year	Must be billed with diagnosis code V20.2	
<b>Established Patient - Annual Preventive Care ( Under 18 years of age):</b>			
99392	Age 1-4	Early Childhood -- Must be billed with diagnosis code V20.2	
99393	Age 5-11	Late Childhood -- Must be billed with diagnosis code V20.2	
99394	Age 12-17	Adolescent -- Must be billed with diagnosis code V20.2	
<b>Established Patient - Annual Preventive Care (Over 18 years of age):</b>			
99395	Age 18-39	Must be billed with diagnosis codes: V70.0, V72.31, or V76.10 thru V76.19.	
99396	Age 40-64		
99397	Age 65+		
<b>Newborn Care -Well Baby Visits (Under 18 years of age):</b>			
99432	Under 1 Year	Must be billed with diagnosis code V20.2	
Description	CPT Codes	Ages	Diagnosis Code Required
<b>Preventive Care—Adult (members age 18 and over):</b>			
Annual Physical		Age 18+	Must be billed with Diagnosis codes: V70.0, V72.31, or V76.10 thru V76.19.
Office Visit	99385 & 99395	Age 18-39	
Office Visit	99386 & 99396	Age 40-64	
Office Visit	99387 & 99397	Age 65 +	
Laboratory Services	81000-81005, 80051, 80053, 80061, 85018, 85014, 85025, or 85027	Age 18+	
<b>- Screening Mammogram (including breast exam)</b>			
Mammogram - with computer-aided detection	77055, 77056 billed with 77051 77057 billed w/ 77052	Age 40 + Annually	Allowable with any diagnosis code.
Digital Mammogram - Computer-aided detection add-on codes are ineligible when billed with a digital mammogram.	G0202, G0204, G0206 or Revenue code 403	Age 40 + Annually	

**ASE /PSE Preventive Benefits continued:**

CPT Codes		Age/Frequency	Diagnosis Code Required
<b>- Pap Smear</b>			
88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174-88175, G0101, Q0091		Age 18 + Annually	Allowable with any diagnosis code.
<b>- Prostate Specific Antigen (PSA)</b>			
84152, 84153, 84154, G0102, G0103		Age 40 + ; Annually	Allowable with any diagnosis code.
Description	CPT Codes	Age/Frequency	Diagnosis Code Required
<b>- Colorectal Cancer Screening (Choice of the following beginning at age 50)</b>			
Fecal occult blood test and one of the following:	82270, 82274, G0107, G0328	Annually	Allowable with any diagnosis code.
- Sigmoidoscopy	45300 - 45339, G0104	Every 5 years	
- Colonoscopy	45378 - 45385, G0105 or G0121	Once every 10 yrs	
- Double contrast barium enema	74280, G0106	Once every 5 yrs	
<b>- Cholesterol and HDL Screening</b>			
Males Age 35+	82465, 83718—83721	Once every 5 yrs	Allowable with any diagnosis code.
Females Age 45+	82465, 83718-83721	Once every 5 yrs	
<b>Immunizations – Adult (members age 18 and over):</b>			
Diphtheria and Tetanus toxoid	90718-90719	Every 10 years	Allowable with any diagnosis code.
Hepatitis A & B (combined)	90636	Once Per Lifetime	
Hepatitis A (Hep A)	90632	Once Per Lifetime	
Hepatitis B (Hep B)	90740 (billed on time), 90747 (3 doses - billed 3 times), 90746 (4 doses - billed 4 times)	Once Per Lifetime	
Human papilloma virus (HPV)	Gardasil 90649	Age 19 - 26	
Influenza	90658	Annually	
Pneumococcal Conjugate	90732	Age 18 and over; Once every five years	
Meningitis	90733, 90734	Age 18 - 24	
Herpes Zoster (or a \$30 copay at pharmacy)	90736	Adults 60 and over; Once per lifetime	
<b>Preventive Care — Child:</b>			
All childhood immunizations	Mandated services	Under age 18	Allowable with any diagnosis code.
Hepatitis A (Hep A)	90633 - 90634	Once Per Lifetime	
Hepatitis B (Hep B)	90743 - 90744	Once Per Lifetime	
Human papilloma virus (HPV)	Gardasil 90649	Age 9 - 18	
Rotavirus	Rota Teq 90680	Age 8 - 32 weeks	
Meningitis	90733, 90734	Age 11 - 18	
Pneumococcal Conjugate Vaccine	90732, 90657 - 90660	Codes specific for age; every five years	

# Home Health Agency Fee Schedule

Fee schedule updates for Home Health Agencies effective February 1, 2009

Revenue Code	CPT/ HCPCS Code	Description	Allowance	Comments
571 (Home Health Aide Visit)	99600	Unlisted home health service or procedure	Per Case Manager	This code and service is only paid when <u>pre-approved by case management</u> . A detailed description of service will likely be requested.
552	S9123	Nursing care, in the home; by RN, per hour	\$39 per hour	This code and service is only paid when <u>pre-approved by case management</u> . A detailed description of service will likely be requested.
572	S9122	Home health aide or certified nurse assistant, per hour.	\$17 per hour	One unit equals one hour. Payment for this service <u>will require case management approval</u> . Four hours/units equals one Home Health Aide visit.
552	S9124	Nursing care, in the home; by LPN, per hour.	\$33 per hour	This code and service is only paid when <u>pre-approved by case management</u> . A detailed description of service will likely be requested.
551	99500— 99512, 99600	RN Visit; See CPT code book for code descriptions Modifier TD Required	\$118 per visit	One unit equals one visit (up to two hours)
551	99500— 99512, 99600	LPN Visit; See CPT code book for code descriptions Modifier TE Required	\$109 per visit	One unit equals one visit (up to two hours)
561		Social work visit in the home, per diem	\$70	One unit equals services for one day.
441	S9128	Speech Therapy in the home, per diem	\$70	One unit equals services for one day.
431	S9129	Occupational Therapy in the home per diem	\$70	One unit equals services for one day.
421	S9131	Physical Therapy in the home, per diem	\$107	One unit equals services for one day.

# Fee Schedule Updates

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

CPT/ HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS/ Used
90586	\$197.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90648	\$28.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90655	\$18.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90656	\$19.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90657	\$14.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90658	\$28.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90675	\$201.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90691	\$58.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90698	\$90.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90702	\$35.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90703	\$27.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90713	\$29.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90714	\$23.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90715	\$46.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90717	\$74.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90721	\$55.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90733	\$125.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90734	\$122.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90735	\$120.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
93351	\$455.27	\$199.18	\$256.09	\$0.00	\$199.18	\$0.00
A4648	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9576	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9577	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9578	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9579	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1885	\$1.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9031	\$197.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S0625	\$108.60	\$45.00	\$63.60	\$0.00	\$0.00	\$0.00
S3711	\$280.15	\$175.23	\$104.92	\$0.00	\$175.23	\$0.00
S9123	\$39.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S9124	\$33.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

# Injection Code Updates

The following injection codes were updated on the Arkansas Blue Cross and Blue Shield fee schedule on February 1, 2009.

Injection Code	Updated Fee	Injection Code	Updated Fee	Injection Code	Updated Fee
90371	\$ 125.28	90718	\$ 14.40	J0280	\$ 0.44
90375	\$ 145.94	90746	\$ 62.10	J0282	\$ 0.25
90376	\$ 128.21	A9577	\$ 2.90	J0285	\$ 13.76
90385	\$ 15.68	A9578	\$ 2.69	J0287	\$ 11.00
90585	\$ 143.25	A9579	\$ 2.44	J0288	\$ 14.56
90586	\$ 130.37	J0129	\$ 19.91	J0289	\$ 35.80
90632	\$ 50.15	J0130	\$ 462.09	J0290	\$ 2.31
90633	\$ 25.40	J0132	\$ 2.35	J0295	\$ 3.75
90656	\$ 18.93	J0133	\$ 0.03	J0300	\$ 11.98
90657	\$ 6.87	J0135	\$ 358.65	J0330	\$ 0.14
90658	\$ 13.75	J0150	\$ 9.30	J0348	\$ 1.33
90660	\$ 23.21	J0152	\$ 73.24	J0360	\$ 5.10
90669	\$ 99.30	J0170	\$ 0.69	J0364	\$ 3.85
90675	\$ 154.68	J0180	\$ 138.06	J0400	\$ 0.30
90691	\$ 56.64	J0205	\$ 43.14	J0456	\$ 9.54
90703	\$ 23.37	J0207	\$ 401.74	J0460	\$ 0.26
90704	\$ 23.69	J0210	\$ 18.59	J0470	\$ 27.92
90705	\$ 17.75	J0215	\$ 29.68	J0475	\$ 194.36
90707	\$ 46.52	J0220	\$ 132.25	J0476	\$ 72.77
90713	\$ 27.23	J0256	\$ 3.86	J0480	\$ 1,651.58
90714	\$ 20.78	J0270	\$ 0.90	J0500	\$ 19.32
90715	\$ 36.45	J0275	\$ 25.43	J0515	\$ 28.38
90716	\$ 80.51	J0278	\$ 0.55	J0540	\$ 35.20



Injection Code	Updated Fee
J0550	\$ 35.20
J0560	\$ 25.66
J0570	\$ 44.80
J0580	\$ 51.30
J0583	\$ 2.45
J0585	\$ 5.69
J0592	\$ 0.78
J0594	\$ 13.34
J0595	\$ 0.59
J0610	\$ 0.30
J0630	\$ 51.15
J0636	\$ 0.46
J0637	\$ 13.98
J0640	\$ 0.93
J0670	\$ 1.12
J0690	\$ 0.61
J0692	\$ 5.46
J0694	\$ 7.14
J0697	\$ 4.09
J0698	\$ 4.71
J0702	\$ 6.32
J0704	\$ 1.18
J0706	\$ 0.64
J0713	\$ 3.39
J0720	\$ 16.17
J0725	\$ 3.28
J0735	\$ 69.10
J0740	\$ 791.87

Injection Code	Updated Fee
J0743	\$ 14.22
J0744	\$ 1.84
J0745	\$ 1.32
J0770	\$ 17.07
J0795	\$ 4.43
J0835	\$ 106.58
J0850	\$ 913.98
J0881	\$ 3.18
J0882	\$ 3.18
J0885	\$ 9.57
J0886	\$ 9.57
J0894	\$ 28.99
J0895	\$ 11.46
J0970	\$ 37.06
J1000	\$ 6.76
J1020	\$ 1.96
J1030	\$ 4.30
J1040	\$ 8.18
J1051	\$ 7.58
J1070	\$ 4.09
J1080	\$ 5.77
J1094	\$ 0.24
J1100	\$ 0.10
J1110	\$ 23.59
J1120	\$ 36.82
J1160	\$ 1.39
J1162	\$ 508.11
J1165	\$ 0.67

Injection Code	Updated Fee
J1170	\$ 1.39
J1190	\$ 215.49
J1200	\$ 0.76
J1205	\$ 243.76
J1230	\$ 4.02
J1240	\$ 3.41
J1245	\$ 1.00
J1250	\$ 5.83
J1260	\$ 4.82
J1270	\$ 3.44
J1300	\$ 183.44
J1325	\$ 14.93
J1327	\$ 18.70
J1335	\$ 27.11
J1364	\$ 7.50
J1380	\$ 10.37
J1390	\$ 20.74
J1410	\$ 81.63
J1438	\$ 179.74
J1440	\$ 210.19
J1441	\$ 322.53
J1450	\$ 7.73
J1451	\$ 11.87
J1455	\$ 11.04
J1458	\$ 339.72
J1460	\$ 13.38
J1470	\$ 26.77
J1480	\$ 40.13

Injection Code	Updated Fee
J1490	\$ 53.53
J1500	\$ 66.92
J1510	\$ 80.36
J1520	\$ 93.60
J1530	\$ 107.07
J1540	\$ 120.55
J1550	\$ 133.83
J1560	\$ 133.83
J1561	\$ 36.95
J1562	\$ 7.30
J1566	\$ 30.61
J1568	\$ 38.35
J1569	\$ 36.79
J1570	\$ 46.82
J1571	\$ 45.85
J1572	\$ 37.02
J1573	\$ 45.85
J1580	\$ 0.91
J1595	\$ 70.35
J1600	\$ 8.20
J1610	\$ 77.94
J1626	\$ 4.22
J1630	\$ 1.59
J1631	\$ 3.43
J1640	\$ 8.17
J1642	\$ 0.09
J1644	\$ 0.21
J1645	\$ 11.50

Injection Code	Updated Fee
J1650	\$ 6.45
J1652	\$ 6.93
J1655	\$ 2.21
J1670	\$ 224.10
J1720	\$ 2.56
J1740	\$ 144.52
J1742	\$ 406.87
J1743	\$ 473.23
J1745	\$ 59.21
J1750	\$ 12.25
J1756	\$ 0.38
J1785	\$ 4.26
J1800	\$ 4.61
J1815	\$ 0.32
J1817	\$ 3.20
J1830	\$ 124.07
J1835	\$ 43.97
J1840	\$ 4.52
J1850	\$ 0.68
J1885	\$ 0.28
J1931	\$ 25.95
J1940	\$ 0.22
J1945	\$ 187.24
J1950	\$ 486.04
J1955	\$ 6.98
J1956	\$ 6.21
J1980	\$ 10.05
J2001	\$ 0.02

Injection Code	Updated Fee
J2010	\$ 4.90
J2020	\$ 30.60
J2060	\$ 0.78
J2150	\$ 0.95
J2175	\$ 1.48
J2185	\$ 4.23
J2210	\$ 5.76
J2248	\$ 1.24
J2260	\$ 5.45
J2270	\$ 1.81
J2271	\$ 2.54
J2275	\$ 2.78
J2278	\$ 6.77
J2280	\$ 2.98
J2300	\$ 1.08
J2310	\$ 3.87
J2323	\$ 8.23
J2325	\$ 36.40
J2353	\$ 110.06
J2354	\$ 2.03
J2355	\$ 256.66
J2357	\$ 18.96
J2360	\$ 7.70
J2370	\$ 0.85
J2400	\$ 13.39
J2405	\$ 0.21
J2425	\$ 11.82
J2430	\$ 32.07

Injection Code	Updated Fee
J2440	\$ 0.67
J2469	\$ 17.30
J2501	\$ 3.81
J2503	\$ 1,070.53
J2504	\$ 213.33
J2505	\$ 2,263.19
J2510	\$ 10.19
J2515	\$ 9.54
J2540	\$ 0.83
J2543	\$ 5.80
J2545	\$ 51.24
J2550	\$ 1.71
J2560	\$ 3.37
J2590	\$ 1.33
J2597	\$ 1.18
J2650	\$ 0.18
J2675	\$ 1.48
J2680	\$ 3.77
J2690	\$ 3.69
J2700	\$ 1.89
J2710	\$ 0.11
J2724	\$ 12.68
J2730	\$ 92.91
J2760	\$ 55.04
J2765	\$ 0.37
J2770	\$ 150.76
J2778	\$ 422.86
J2780	\$ 1.03

Injection Code	Updated Fee
J2783	\$ 172.50
J2788	\$ 24.44
J2790	\$ 89.71
J2792	\$ 17.04
J2794	\$ 5.18
J2800	\$ 25.23
J2805	\$ 63.64
J2820	\$ 25.03
J2850	\$ 21.13
J2916	\$ 4.93
J2920	\$ 2.33
J2930	\$ 3.29
J2941	\$ 54.04
J2993	\$ 904.89
J2997	\$ 35.46
J3000	\$ 4.80
J3030	\$ 77.69
J3070	\$ 6.64
J3105	\$ 2.60
J3120	\$ 4.46
J3130	\$ 7.97
J3230	\$ 8.27
J3240	\$ 1,005.01
J3243	\$ 1.14
J3246	\$ 8.05
J3250	\$ 5.11
J3260	\$ 2.27
J3285	\$ 59.31

Injection Code	Updated Fee
J3301	\$ 1.57
J3303	\$ 1.38
J3315	\$ 174.45
J3355	\$ 54.06
J3360	\$ 1.11
J3365	\$ 476.04
J3370	\$ 3.20
J3396	\$ 9.73
J3411	\$ 2.73
J3415	\$ 5.23
J3420	\$ 0.27
J3430	\$ 4.41
J3465	\$ 5.53
J3470	\$ 17.70
J3472	\$ 134.62
J3473	\$ 0.50
J3475	\$ 0.05
J3480	\$ 0.02
J3485	\$ 1.23
J3486	\$ 5.57
J3487	\$ 223.82
J3488	\$ 227.25
J7030	\$ 1.13
J7040	\$ 0.56
J7050	\$ 0.28
J7060	\$ 1.13
J7070	\$ 2.27
J7110	\$ 18.11

Injection Code	Updated Fee
J7120	\$ 0.99
J7187	\$ 0.92
J7189	\$ 1.32
J7190	\$ 0.89
J7193	\$ 0.94
J7194	\$ 0.87
J7195	\$ 1.11
J7197	\$ 2.38
J7198	\$ 1.55
J7308	\$ 122.01
J7321	\$ 101.29
J7322	\$ 190.15
J7323	\$ 115.45
J7324	\$ 185.21
J7500	\$ 0.11
J7501	\$ 94.54
J7502	\$ 3.55
J7504	\$ 482.12
J7505	\$ 1,120.11
J7507	\$ 4.21
J7509	\$ 0.09
J7511	\$ 386.55
J7513	\$ 361.51
J7515	\$ 0.84
J7516	\$ 27.05
J7517	\$ 3.32
J7518	\$ 2.81
J7520	\$ 8.86

Injection Code	Updated Fee
J7525	\$ 145.06
J7605	\$ 5.15
J7608	\$ 2.10
J7611	\$ 0.09
J7612	\$ 0.17
J7613	\$ 0.05
J7614	\$ 0.25
J7620	\$ 0.28
J7626	\$ 5.86
J7631	\$ 0.13
J7639	\$ 23.21
J7669	\$ 0.23
J7674	\$ 0.44
J7682	\$ 66.06
J8501	\$ 5.57
J8510	\$ 3.03
J8515	\$ 13.03
J8520	\$ 5.43
J8521	\$ 18.11
J8530	\$ 0.96
J8540	\$ 0.38
J8560	\$ 30.75
J8610	\$ 0.17
J8700	\$ 8.58
J9000	\$ 3.94
J9001	\$ 458.90
J9010	\$ 576.07
J9015	\$ 845.07

Injection Code	Updated Fee
J9017	\$ 36.00
J9020	\$ 60.39
J9025	\$ 4.82
J9027	\$ 121.28
J9031	\$ 130.37
J9035	\$ 59.67
J9040	\$ 33.10
J9041	\$ 37.72
J9045	\$ 5.98
J9050	\$ 174.96
J9055	\$ 51.73
J9060	\$ 2.32
J9062	\$ 11.59
J9065	\$ 30.42
J9070	\$ 3.02
J9080	\$ 6.03
J9090	\$ 15.08
J9091	\$ 30.16
J9092	\$ 60.32
J9093	\$ 1.88
J9094	\$ 3.77
J9095	\$ 9.41
J9096	\$ 18.83
J9097	\$ 37.65
J9098	\$ 465.97
J9100	\$ 1.42
J9110	\$ 7.11
J9120	\$ 523.54

Injection Code	Updated Fee
J9130	\$ 4.57
J9140	\$ 8.89
J9150	\$ 17.16
J9151	\$ 58.42
J9160	\$ 1,489.43
J9170	\$ 350.42
J9175	\$ 4.24
J9178	\$ 3.66
J9185	\$ 206.47
J9190	\$ 1.61
J9200	\$ 59.47
J9201	\$ 143.72
J9202	\$ 190.31
J9206	\$ 22.58
J9208	\$ 34.84
J9209	\$ 6.06
J9211	\$ 161.67
J9212	\$ 5.51
J9214	\$ 15.34
J9216	\$ 321.97
J9217	\$ 207.00
J9218	\$ 7.34
J9219	\$ 4,547.00
J9225	\$ 1,524.34
J9226	\$ 14,490.00
J9230	\$ 153.07
J9260	\$ 2.40
J9261	\$ 101.29

Injection Code	Updated Fee
J9263	\$ 9.95
J9264	\$ 9.43
J9265	\$ 7.86
J9268	\$ 1,665.31
J9280	\$ 15.91
J9290	\$ 63.63
J9291	\$ 127.26
J9293	\$ 88.18
J9300	\$ 2,595.90
J9303	\$ 86.90
J9305	\$ 50.15
J9310	\$ 556.73
J9320	\$ 287.42
J9340	\$ 97.87
J9350	\$ 959.78
J9355	\$ 64.11
J9360	\$ 0.83
J9370	\$ 6.67
J9375	\$ 13.34
J9380	\$ 33.36
J9390	\$ 16.32
J9395	\$ 84.63
J9600	\$ 2,699.50
P9043	\$ 23.24
P9045	\$ 56.87
P9046	\$ 26.62
P9048	\$ 42.86
Q0163	\$ 0.02

Injection Code	Updated Fee
Q0165	\$ 0.04
Q0166	\$ 17.25
Q0167	\$ 6.05
Q0168	\$ 11.97
Q0169	\$ 0.44
Q0170	\$ 0.14
Q0173	\$ 0.65
Q0175	\$ 0.26
Q0176	\$ 0.31
Q0177	\$ 0.05
Q0178	\$ 0.06
Q0179	\$ 3.47
Q0180	\$ 53.87
Q0515	\$ 1.83
Q2009	\$ 0.63
Q2017	\$ 321.01
Q3025	\$ 165.21
Q4080	\$ 51.81
Q4081	\$ 0.96
Q9954	\$ 10.00
Q9956	\$ 62.02
Q9957	\$ 62.02
Q9958	\$ 0.07
Q9960	\$ 0.12
Q9961	\$ 0.14
Q9965	\$ 1.42
Q9967	\$ 0.22

# Fee Schedule Additions

The following CPT / HCPCS codes were added to the Arkansas Blue Cross fee schedule.

CPT/ HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS/ Used
00211						
00567						
0193T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0194T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0195T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0196T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0197T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0198T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20696	\$0.00	\$0.00	\$0.00	\$1,668.14	\$0.00	\$0.00
20697	\$1,323.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22856	\$0.00	\$0.00	\$0.00	\$2,295.15	\$0.00	\$0.00
22861	\$0.00	\$0.00	\$0.00	\$2,835.74	\$0.00	\$0.00
22864	\$0.00	\$0.00	\$0.00	\$2,640.07	\$0.00	\$0.00
27027	\$0.00	\$0.00	\$0.00	\$1,325.50	\$0.00	\$0.00
27057	\$0.00	\$0.00	\$0.00	\$1,458.88	\$0.00	\$0.00
35535	\$0.00	\$0.00	\$0.00	\$3,367.70	\$0.00	\$0.00
35570	\$0.00	\$0.00	\$0.00	\$2,600.02	\$0.00	\$0.00
35632	\$0.00	\$0.00	\$0.00	\$3,197.56	\$0.00	\$0.00
35633	\$0.00	\$0.00	\$0.00	\$3,453.06	\$0.00	\$0.00
35634	\$0.00	\$0.00	\$0.00	\$3,129.39	\$0.00	\$0.00
41512	\$0.00	\$0.00	\$0.00	\$928.32	\$0.00	\$0.00
41530	\$3,202.82	\$0.00	\$0.00	\$608.21	\$0.00	\$0.00
43273	\$206.29	\$0.00	\$0.00	\$206.29	\$0.00	\$0.00
43279	\$0.00	\$0.00	\$0.00	\$1,937.86	\$0.00	\$0.00
46930	\$311.81	\$0.00	\$0.00	\$225.86	\$0.00	\$0.00
49652	\$0.00	\$0.00	\$0.00	\$1,177.89	\$0.00	\$0.00
49653	\$0.00	\$0.00	\$0.00	\$1,470.14	\$0.00	\$0.00
49654	\$0.00	\$0.00	\$0.00	\$1,351.58	\$0.00	\$0.00
49655	\$0.00	\$0.00	\$0.00	\$1,627.24	\$0.00	\$0.00
49656	\$0.00	\$0.00	\$0.00	\$1,356.92	\$0.00	\$0.00
49657	\$0.00	\$0.00	\$0.00	\$1,959.20	\$0.00	\$0.00

CPT/ HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS/ Used
55706	\$0.00	\$0.00	\$0.00	\$647.93	\$0.00	\$0.00
61796	\$0.00	\$0.00	\$0.00	\$1,202.20	\$0.00	\$0.00
61797	\$328.41	\$0.00	\$0.00	\$328.41	\$0.00	\$0.00
61798	\$0.00	\$0.00	\$0.00	\$1,202.20	\$0.00	\$0.00
61799	\$454.08	\$0.00	\$0.00	\$454.08	\$0.00	\$0.00
61800	\$0.00	\$0.00	\$0.00	\$232.97	\$0.00	\$0.00
62267	\$391.84	\$0.00	\$0.00	\$259.65	\$0.00	\$0.00
63620	\$0.00	\$0.00	\$0.00	\$1,202.20	\$0.00	\$0.00
63621	\$377.61	\$0.00	\$0.00	\$377.61	\$0.00	\$0.00
64455	\$80.62	\$0.00	\$0.00	\$64.02	\$0.00	\$0.00
64632	\$130.42	\$0.00	\$0.00	\$111.45	\$0.00	\$0.00
65756	\$0.00	\$0.00	\$0.00	\$1,629.01	\$0.00	\$0.00
65757	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
77785	\$239.54	\$117.37	\$122.17	\$0.00	\$117.37	\$0.00
77786	\$700.38	\$264.39	\$435.99	\$0.00	\$264.39	\$0.00
77787	\$1,126.55	\$406.07	\$720.48	\$0.00	\$406.07	\$0.00
78808	\$72.91	\$72.91	\$0.00	\$0.00	\$72.91	\$0.00
83876	\$18.91	\$1.32	\$17.59	BR	BR	BR
83951	\$94.04	\$6.58	\$87.46	BR	BR	BR
85397	\$33.51	\$2.33	\$31.18	BR	BR	BR
87905	BR	BR	BR	BR	BR	BR
88720	\$7.33	\$0.51	\$6.82	BR	BR	BR
88740	\$7.33	\$0.51	\$6.82	BR	BR	BR
88741	\$7.33	\$0.51	\$6.82	BR	BR	BR
90951	\$1,581.00	\$0.00	\$0.00	\$1,581.00	\$0.00	\$0.00
90952	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
90953	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
90954	\$1,295.27	\$0.00	\$0.00	\$1,295.27	\$0.00	\$0.00
90955	\$734.48	\$0.00	\$0.00	\$734.48	\$0.00	\$0.00
90956	\$497.36	\$0.00	\$0.00	\$497.36	\$0.00	\$0.00
90957	\$1,040.36	\$0.00	\$0.00	\$1,040.36	\$0.00	\$0.00
90958	\$702.47	\$0.00	\$0.00	\$702.47	\$0.00	\$0.00
90959	\$460.61	\$0.00	\$0.00	\$460.61	\$0.00	\$0.00
90960	\$462.98	\$0.00	\$0.00	\$462.98	\$0.00	\$0.00
90961	\$373.46	\$0.00	\$0.00	\$373.46	\$0.00	\$0.00

CPT/ HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS/ Used
90962	\$269.72	\$0.00	\$0.00	\$269.72	\$0.00	\$0.00
90963	\$892.76	\$0.00	\$0.00	\$892.76	\$0.00	\$0.00
90964	\$743.96	\$0.00	\$0.00	\$743.96	\$0.00	\$0.00
90965	\$707.21	\$0.00	\$0.00	\$707.21	\$0.00	\$0.00
90966	\$369.31	\$0.00	\$0.00	\$369.31	\$0.00	\$0.00
90967	\$32.01	\$0.00	\$0.00	\$32.01	\$0.00	\$0.00
90968	\$24.90	\$0.00	\$0.00	\$24.90	\$0.00	\$0.00
90969	\$24.30	\$0.00	\$0.00	\$24.30	\$0.00	\$0.00
90970	\$13.04	\$0.00	\$0.00	\$13.04	\$0.00	\$0.00
93228	\$42.09	\$42.09	\$0.00	\$42.09	\$42.09	\$0.00
93229	BR	BR	BR	BR	BR	BR
93279	\$91.88	\$59.28	\$32.60	\$0.00	\$59.28	\$0.00
93280	\$108.48	\$71.14	\$37.35	\$0.00	\$71.14	\$0.00
93281	\$126.86	\$82.99	\$43.87	\$0.00	\$82.99	\$0.00
93282	\$117.37	\$77.66	\$39.72	\$0.00	\$77.66	\$0.00
93283	\$142.86	\$97.81	\$45.05	\$0.00	\$97.81	\$0.00
93284	\$167.17	\$116.19	\$50.98	\$0.00	\$116.19	\$0.00
93285	\$79.44	\$48.61	\$30.83	\$0.00	\$48.61	\$0.00
93286	\$45.05	\$24.90	\$20.16	\$0.00	\$24.90	\$0.00
93287	\$59.28	\$36.16	\$23.12	\$0.00	\$36.16	\$0.00
93288	\$71.14	\$39.72	\$31.42	\$0.00	\$39.72	\$0.00
93289	\$109.08	\$71.73	\$37.35	\$0.00	\$71.73	\$0.00
93290	\$52.76	\$34.98	\$17.78	\$0.00	\$34.98	\$0.00
93291	\$68.17	\$40.31	\$27.86	\$0.00	\$40.31	\$0.00
93292	\$61.65	\$39.72	\$21.93	\$0.00	\$39.72	\$0.00
93293	\$98.40	\$27.86	\$70.54	\$0.00	\$27.86	\$0.00
93294	\$60.47	\$0.00	\$0.00	\$60.47	\$0.00	\$0.00
93295	\$109.08	\$0.00	\$0.00	\$109.08	\$0.00	\$0.00
93296	\$59.87	\$0.00	\$59.87	\$0.00	\$0.00	\$0.00
93297	\$42.09	\$0.00	\$0.00	\$42.09	\$0.00	\$0.00
93298	\$48.61	\$0.00	\$0.00	\$48.61	\$0.00	\$0.00
93299	BR	BR	BR	BR	BR	BR
93306	\$439.86	\$117.97	\$321.89	\$0.00	\$117.97	\$0.00
93351	\$455.27	\$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
93352	\$63.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
95803	BR	BR	BR	BR	BR	BR
95992	\$66.99	\$0.00	\$0.00	\$60.47	\$0.00	\$0.00
96360	\$93.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96361	\$27.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96365	\$113.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96366	\$36.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96367	\$56.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96368	\$33.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96369	\$246.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96370	\$26.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96371	\$119.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96372	\$34.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96373	\$29.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96374	\$89.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96375	\$39.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96376	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96379	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
99460	\$70.20	\$0.00	\$0.00	\$70.20	\$0.00	\$0.00
99461	\$105.30	\$0.00	\$0.00	\$78.75	\$0.00	\$0.00
99462	\$37.35	\$0.00	\$0.00	\$37.35	\$0.00	\$0.00
99463	\$0.00	\$0.00	\$0.00	\$94.05	\$0.00	\$0.00
99464	\$88.20	\$0.00	\$0.00	\$88.20	\$0.00	\$0.00
99465	\$180.90	\$0.00	\$0.00	\$180.90	\$0.00	\$0.00
99466	\$289.35	\$0.00	\$0.00	\$289.35	\$0.00	\$0.00
99467	\$144.45	\$0.00	\$0.00	\$144.45	\$0.00	\$0.00
99468	\$1,086.30	\$0.00	\$0.00	\$1,086.30	\$0.00	\$0.00
99469	\$473.40	\$0.00	\$0.00	\$473.40	\$0.00	\$0.00
99471	\$970.65	\$0.00	\$0.00	\$970.65	\$0.00	\$0.00
99472	\$479.25	\$0.00	\$0.00	\$479.25	\$0.00	\$0.00
99475	\$669.15	\$0.00	\$0.00	\$669.15	\$0.00	\$0.00
99476	\$397.35	\$0.00	\$0.00	\$397.35	\$0.00	\$0.00
99478	\$172.35	\$0.00	\$0.00	\$172.35	\$0.00	\$0.00
99479	\$151.65	\$0.00	\$0.00	\$151.65	\$0.00	\$0.00
99480	\$145.80	\$0.00	\$0.00	\$145.80	\$0.00	\$0.00



CPT/ HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS/ Used
G0411	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G0412	\$0.00	\$0.00	\$0.00	\$1,134.62	\$0.00	\$0.00
G0413	\$0.00	\$0.00	\$0.00	\$1,653.91	\$0.00	\$0.00
G0414	\$0.00	\$0.00	\$0.00	\$1,563.81	\$0.00	\$0.00
G0415	\$0.00	\$0.00	\$0.00	\$2,140.01	\$0.00	\$0.00
G0416	\$703.60	\$206.00	\$497.60	\$0.00	\$206.00	\$0.00
G0417	\$1,367.20	\$394.80	\$972.40	\$0.00	\$394.80	\$0.00
G0418	\$2,266.40	\$685.20	\$1,661.20	\$0.00	\$685.20	\$0.00
G0419	\$2,785.20	\$792.00	\$1,993.20	\$0.00	\$792.00	\$0.00
G8489	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8490	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8491	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8492	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8493	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8494	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8495	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8496	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8497	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8498	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8499	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8500	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8503	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8504	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8505	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8506	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8507	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8508	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8509	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8510	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8511	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8512	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8513	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8514	\$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
G8515	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8516	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8517	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8518	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8519	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8520	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8521	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8522	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8523	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8524	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8525	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8526	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8527	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8528	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8529	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8530	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8531	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8532	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8533	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8534	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8535	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8536	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8537	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8538	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8539	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8540	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8541	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8542	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8543	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8544	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0641	\$1.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1267	\$0.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1453	\$1.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1459	\$35.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1930	\$27.92	\$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
J1953	\$0.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2785	\$49.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3101	\$42.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3300	\$3.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7186	\$0.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7606	\$4.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8705	\$72.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9033	\$19.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9207	\$66.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9330	\$49.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L0113	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L6711	\$613.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L6712	\$1,129.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L6713	\$1,424.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L6714	\$1,206.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L6721	\$2,145.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L6722	\$1,849.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8604	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4100	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4101	\$32.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4102	\$4.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4103	\$4.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4104	\$12.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4105	\$12.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4106	\$39.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4107	\$92.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4108	\$19.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4109	\$81.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4110	\$35.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4111	\$7.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4112	\$323.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4113	\$323.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4114	\$933.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S3711	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S9433	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00





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## Providers' News

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

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*Permit #1913*