

providers' news

A publication for our providers and their office staffs

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Medicare Certification Required for Facilities

For many years, Arkansas Blue Cross and Blue Shield, Health Advantage and USABLE Corporation have required facilities to obtain their Medicare certification before becoming a participant in all of their provider networks. This requirement is still in place and is stated in all facility contracts:

"Facility agrees, warrants and represents to Arkansas Blue Cross and Blue Shield that Facility currently holds and throughout the duration of this Agreement shall at all times maintain all local, state or federal authorizations . . . including but not limited to unrestricted eligibility to participate as a Facility in all state and federal programs (including Medicare and Medicaid)"

The beginning effective date of a facility's Medicare certification will be the earliest possible effective date to participate in the provider networks of Arkansas Blue Cross, Health Advantage and USABLE Corporation.

“Never Events” Policy Reminders

“Never Events” are adverse events or errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients. Identifying and addressing adverse medical events and “Never Events” has gained more attention throughout the health-care industry. Industry drivers include the following:

- The National Quality Forum (NQF) has identified a list of 28 “Never Events” that is gaining interest from various constituencies focused on health-care quality, including health plan organizations, employers and state hospital organizations.
- Since October 1, 2008, the Centers for Medicare and Medicaid Services (CMS) no longer pays the extra cost of treating the 12 Hospital Acquired Conditions (HACs) that occur while the patient is in the hospital.
- CMS requires that most hospitals use a Present on Admission (POA) indicator on claims to indicate if the patient’s specific condition was present when the patient was admitted to the hospital or if it was acquired during the inpatient stay (e.g., infection or ulcers). In addition, CMS will require all Medicare Advantage plans to report “Never Events” and claims with the POA indicator by January 1, 2010.
- The National Business Group on Health, which represents 300 large employers, supports the reporting of medical errors and continues to apply pressure to all payers for solutions.
- **The Blue Cross and Blue Shield Association will require Arkansas Blue Cross and Blue Shield**

to implement a “Never Events” policy effective January 1, 2010.

As of October 1, 2008 Medicare-defined HACs are considered “Never Events” as they relate to this policy. HACs include:

- Pressure ulcers, Stages III and IV,
- Catheter-associated urinary tract infections,
- Vascular catheter-associated infection,
- Surgical site infection, mediastinitis, following coronary artery bypass graft (CABG),
- Air embolism,
- Blood incompatibility,
- Foreign object retained after surgery,
- Falls and trauma (fracture, dislocation, intracranial injury, crushing injury, burn, electric shock),
- Surgical-site infections following certain orthopedic procedures,
- Surgical-site infections following bariatric surgery for obesity,
- Manifestations of poor glycemic control, and
- Deep vein thrombosis and pulmonary embolism following certain orthopedic procedures.

In addition, “Never Events” include:

- Surgery performed on a wrong body part,
- Surgery performed on a wrong patient, and
- Wrong surgical procedure performed.

The Arkansas Blue Cross “Never Event” policy, effective January 1, 2010, states:

- All acute care hospitals participating in the Arkansas Blue Cross and Blue Shield, US Able Corporation and Health Advantage provider networks must populate the POA indicator

on all acute care inpatient hospital claims for all “Never Events”, as applicable. POA has been required since October 1, 2008 for most hospitals. Valid POA values include:

- Y = Yes
- N = No
- U = Unknown/No information in the record
- W = clinically undetermined
- 1 = exempt from reporting on 837 claim
- blank = exempt from reporting on paper claim

- This policy applies to all acute care hospitals including critical access hospitals and specialty hospitals.
- All participating acute care inpatient hospitals will not receive or retain reimbursement for inpatient services related to “Never Events”.
- All participating acute care inpatient hospitals will not bill members (hold harmless) for any inpatient services related to “Never Events”.

All HACs should be billed normally using the correct diagnosis codes and will be accommodated through POA indicators. All appropriate E codes should be billed for “Never Events”. All inpatient hospital claims will be passed through the Arkansas Blue Cross internal DRG grouper. Hospitals will NOT receive a higher reimbursement rate due to “Never Events” and members will not be responsible for higher deductible, copayments or coinsurance amounts due to “Never Events”.

Arkansas Blue Cross, Health Advantage and US Able Corporation will not reimburse hospitals, ambulatory surgery centers or other outpatient

(continued from page 2)

settings for surgery performed on a wrong body part, surgery performed on a wrong patient or the wrong surgical procedure performed. This includes all services related to these “Never Events”.

- All services provided in the operating room or applicable surgical setting when the error occurs are considered related. These services will not be reimbursed nor will members be liable for their charges.

- All providers in the operating room or applicable surgical setting when the error occurs, who could bill individually for their services, are not eligible for payment nor will members be liable for their charges.

- All related services provided during the same hospitalization or outpatient setting in which the error occurred will not be reimbursed nor will members be liable for their charges.

- Providers should note that related services do not include performance of the correct procedure.

“Never Events” discovered through any and all avenues such as post pay audits and customer service calls are subject to this policy.

Provider Data Breach Alert

Arkansas Blue Cross and Blue Shield was recently made aware that the Blue Cross and Blue Shield Association (Association) in Chicago experienced a security breach of provider information. Network providers' Tax ID numbers inadvertently may have been compromised when a laptop was stolen that contained this information in spreadsheet form.

Each week, Arkansas Blue Cross shares data with the Association through a secure telecommunications line, which enables the Association to update the national Doctor and Hospital Finder Web site. This Web site contains the participating provider listings for Arkansas Blue Cross and all other independent companies licensed to use the Association's “Cross” and “Shield” service marks (these independent companies are referred to for convenience as “Blue Plans”). These listings are used by members of Blue Plans throughout

the United States when selecting a provider who participates in the local area networks of each Blue Plan.

Despite the best efforts of the Association to maintain the security of this information and against Association policy, an employee of the Association loaded a laptop computer with an unsecured version of this electronic file. Arkansas Blue Cross has been assured by the Association that appropriate action is being taken with regard to this situation. Specifically, the Association is reviewing and updating its controls and training protocol in an effort to prevent another occurrence.

Arkansas Blue Cross is posting this alert as a precaution. Not all providers in our network are affected by this breach. Those whose information may have been compromised will receive additional information from Arkansas Blue Cross by mail.

Arkansas Blue Cross apologize for any concern or inconvenience the actions of the Association may cause you. Arkansas Blue Cross take seriously our responsibility to protect provider's personal information and are committed to working with the Association to strengthen its security provisions. The Association has offered to provide credit-monitoring services for any affected provider who wishes to receive such assistance. Those providers affected will receive further communication regarding this service.

If you have questions, please feel free to contact your regional network development representative. Thank you for your continued commitment to providing quality health-care services to our members.

Coverage Changes to Xolair®

Beginning September 1, 2009, Arkansas Blue Cross and Blue Shield and its family of companies will cover the omalizumab injection, Xolair®, through its medical benefit. Arkansas Blue Cross will no longer cover Xolair® under its retail pharmacy benefit.

In 2008, Genentech, the manufacturer of Xolair®, clarified that “Xolair® should only be administered in a health-care setting by health-care providers prepared to manage anaphylaxis that can be life-threatening.”^[1] As a general rule, any medication designated by the manufacturer to be administered in a health-care professional’s office or designated by the manufacturer to be administered by a health-care professional will be subject to coverage under the medical benefit policy. The retail

pharmacy coverage policy covers only those medications that are intended by the manufacturer for self-administration. The medical coverage policy 2009016 for this medication is available on the Arkansas Blue Cross Web site.

Until January 1, 2010, pre-authorization for Xolair® will be available by calling 501-378-3392. Effective January 1, 2010, Xolair® will be subject to a pre-payment post-service review, the same review as other medications administered in physician’s office, and the need for prior authorization will no longer be required.

Timeline summary:

- September 1, 2009 – Xolair® will no longer be processed under the pharmacy benefit. It should be billed

under the medical benefit policy. Any requirements for a prior authorization will continue to be handled by the Arkansas Blue Cross Pharmacy Department (501-378-3392).

- January 1, 2010 – Xolair® will no longer require a prior authorization, but it will be subject to a pre-payment post-service review.

If you have any questions or need more information, please call the Arkansas Blue Cross Pharmacy Department at 501-378-3392.

^[1]Xolair® prescribing information. South San Francisco, CA. Genentech, Inc: July 2008.

GI Endoscopy and Anesthesia

The American Society for Gastrointestinal Endoscopy 2003 guidelines for anesthesia during gastrointestinal endoscopy states:

“The routine assistance of an anesthesiologist for average risk patients undergoing standard upper and lower endoscopic procedures is not warranted and is cost prohibitive. Sedation-related risk factors, the depth of sedation and the urgency of the endoscopic procedure all play important roles in determining whether or not the assistance of an anesthesiologist is needed. The sedation-related risk factors include: significant medical conditions such as extremes of age, severe pulmonary, cardiac, renal or hepatic disease, pregnancy, the abuse of drugs or alcohol, uncooperative patients, or potentially difficult airway for positive pressure ventilation, and individuals with anatomy that is associated with more difficult intubation.”

The American Gastroenterology Association published a similar guideline in 2007 and the American Society of Gastrointestinal Endoscopy published another guideline in 2008, “Sedation and Anesthesia in GI Endoscopy”, which contained similar information. The following guidelines are used to determine if anesthesia during a GI endoscopy meets primary coverage and/or medical necessity criteria. Claims for anesthesia related to GI endoscopy procedures that do not meet the requirements will be denied.

Coverage of general or monitored anesthesia for upper endoscopy is provided for:

- Patients with more extensive GI endoscopy procedures (e.g., ERCP, GUS);
- Patients with complicated co-morbid medical conditions;
- Patients who cannot tolerate conscious sedation; and
- Patients with an increased risk for airway obstruction due to an anatomic variant.

Administration of Vaccines (90465-90474)

The correct Current Procedural Terminology (CPT) codes for administration of vaccines are 90465 – 90474. Arkansas Blue Cross and Blue Shield has seen numerous cases where 96372 is being billed for the administration of vaccines, which is inappropriate coding. Arkansas Blue Cross will deny the administration of vaccines when billed inappropriately with procedure code 96372.

Novel H1N1 Influenza Testing

The Arkansas Department of Health issued an interim guideline on September 3, 2009, recommending testing for pregnant women, hospitalized patients and health care workers only. The Center for Disease Control (CDC) published even narrower guidelines on September 8, 2009 when it

recommended that testing be performed on hospitalized patients suspected of being infected with novel H1N1 virus, but the CDC statement also allowed for additional testing based on recommendations from local health departments. Allowances will be made for testing in the recommended patient groups.

Testing for the novel H1N1 influenza for other patients does not meet primary coverage criteria at this time. This testing will become reimbursable for other patient groups when recommended by the CDC or the Arkansas Department of Health.

Billing Novel H1N1 Influenza Vaccine

HCPCS code G9141 is the correct code to be used for reporting the novel H1N1 influenza vaccine. The cost of the vaccine is borne by the federal government, so HCPCS code G9141 should be billed with a zero charge. The injection is to be billed with HCPCS code G9142 if no other vaccine is administered on that day. Arkansas Blue Cross and Blue Shield will reimburse for the administration of this vaccine.

Present on Admission Modifier Required on Facility Claims for Private Business

Arkansas Blue Cross and Blue Shield and its subsidiaries will follow Medicare guidelines for the Present on Admission (POA) modifier for private business facility claims. A modifier has been REQUIRED for each diagnosis code since October 1, 2008 (unless the facility is an exempt facility). See “Never Events” article for changes effective January 1, 2010.

Molecular Diagnostic Testing (CPT Codes 83890-83914 and HCPCS Codes S3800-S3862)

CPT procedure codes 83890 – 83894 are for molecular diagnostic testing and HCPCS codes S3800-S3862 are for genetic testing. In order to adjudicate claims for these procedures without requesting additional informa-

tion from providers, all of the following information must be supplied on each billing for these codes:

- The appropriate CPT code from 83890-83914 or HCPCS code from S3800-S3862.

- The number of probes performed for each code in the units of service field.
- The appropriate genetic testing modifier from Appendix I of the most current CPT book.

AHIN

Planning for Influenza Outbreaks: Update Your Office Staff on AHIN and My BlueLine Now

The Centers for Disease Control and Prevention (CDC) anticipates that more communities may be affected by the novel H1N1 (swine) flu this fall and winter than were affected in the spring and summer. For this reason, it is imperative that providers prepare their office staff now for activities related to pandemic flu and the seasonal influenza viruses that may cause illness at the same time.

Arkansas Blue Cross and Blue Shield does not want any care delayed while a provider is waiting on eligibility or claims status information. Arkansas Blue Cross will do its best to have Provider Services representatives available during peak influenza levels. However, with the potential for high absenteeism as Customer Service staff takes care of their own illness and that of their families, providers should plan to use the self-service tools that are always available through Arkansas Blue Cross, Health Advantage and BlueAdvantage Administrators of Arkansas.

Arkansas Blue Cross updates information daily on the Advanced Health Information Network (AHIN) and My BlueLine, its automated voice response telephone system, including member

benefits, claims status, accumulators, and more. Arkansas Blue Cross would like to encourage providers who currently are not using AHIN to begin using it for all eligibility and benefit inquiries. AHIN allows a provider's front office staff and admission office the ability to retrieve patient eligibility and benefit information in real time, without calling Customer Service. AHIN shows the same information that our Customer Service representatives access and is not just for submitting claims.

To access AHIN, go to the Arkansas Blue Cross and Blue Shield Web site, arkbluecross.com, select the "Providers" tab at the top and then select the "AHIN" link. AHIN access is free of charge and 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. If needed, an AHIN account can be set up to limit access only to eligibility and benefit information.

Providers also may call My BlueLine to check a patient's eligibility and benefits. My BlueLine is available 24/7 by calling 1-800-827-4814. Use a natural, conversational voice to ask for patient-specific information, like

eligibility and benefits, claims status and addresses. My BlueLine is simple and it frees up Customer Service staff to answer more complicated inquiries.

Arkansas Blue Cross would like to thank all providers already accessing AHIN for eligibility and benefit information.

All eligibility and benefits information is conditional upon verification when the claim is received and processed, and should not be relied upon as assurance of payment of the claim. While Arkansas Blue Cross strives to provide the most current information via Provider Services representatives, AHIN and My BlueLine, it cannot guarantee that all information has been furnished timely or that computer entries have been updated at the time of the inquiry. All eligibility or benefits information given, via AHIN, My BlueLine or otherwise, is subject to the terms, conditions, exclusions, and limitations of the applicable member's health plan or insurance contract and the participating provider agreement, which take precedence over any inconsistent or contrary information oral or written.

Overpayment Notification

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

AHIN

Providers' News Goes Green

Reducing the amount of printed material is one way Arkansas Blue Cross and Blue Shield is doing its part to care for the environment. Several Arkansas Blue Cross publications are now only posted online or received by e-mail in an effort to increase communication and reduce costs. *Providers' News* is one of the publications already

available online. The online version of the newsletter is available weeks before the printed copies reach their destinations. With the help of the Advanced Health Information Network (AHIN), *Providers' News* will go green. When an issue of the *Providers' News* is available on the Arkansas Blue Cross Web site, a message will be placed on the AHIN

bulletin board. Starting with the December 2009 issue, providers who receive their Remittance Advice through AHIN will no longer receive a paper copy of the newsletter. Not only will this save paper, but providers can view the online document sooner than those receiving a printed copy. (Reprinted from June 2009 issue of *Providers' News*)

BlueCard

Avoiding Misrouted Claims

In order to avoid misrouted claims and delay in claims processing, Arkansas providers should submit claims for out-of-state BlueCard members to Arkansas Blue Cross for processing. Do not submit claims directly to the member's out-of-state Blue Plan as this will cause a delay in claims processing. (The only exception is where an Arkansas provider also contracts with the out-of-state Blue Plan, as referenced in the article "Where and How do Providers Submit BlueCard Claims" located on page 9.)

Unsolicited Medical Records Coming Back

Occasionally Arkansas Blue Cross and Blue Shield receives medical records that have not been properly faxed with the bar-coded cover sheet. Sometimes medical records are submitted with claims and other times medical records are sent attached to corrected claim forms. Arkansas Blue Cross will begin reinforcing previous notifications of returning all unsolicited medical records back to the provider's office.

In the past, Arkansas Blue Cross has kept the unsolicited medical records

on file. However in most cases, when a provider's office calls regarding the status of an associated claim, the corresponding medical records cannot be located in the large file of unsolicited medical records. Since Customer Services representatives show no record of receipt, providers become frustrated.

Please do not send medical records until requested. Please fax the medical records using the bar-coded sheet as the cover page. If there is a specific reason to send medical records

not formally requested, please be sure to send the records to the attention of a specific person or area (i.e., Appeals Department, Medical Re-Review, etc.).

It is the goal of Arkansas Blue Cross to provide the most effective and efficient administration of Customer Service in the industry. With the assistance of our providers, Arkansas Blue Cross will reach that goal and assure that our providers' claims and requests are processed in the most efficient manner.

BlueCard

Appeal Filing Procedures

All re-review and appeal requests should be submitted in writing within 180 days of the denial of benefits on a claim and should include:

- the issue being appealed,
- the date of service,
- the patient's name and ID number,
- the provider's name, and
- reasons why the provider/member believes that the claim was incorrectly denied in whole or in part.

The request should also include any medical records relevant to the appeal. For greater efficiency, providers are encouraged to pursue resolution with customer service prior to filing a re-review or appeal with Arkansas Blue Cross. An appeal or re-review request should not be submitted with a Corrected Claim form; this will only delay the appeal or re-review response.

Each Blue Cross Blue Shield Plan is an independent licensee of the Blue Cross and Blue Shield Association. Therefore, each Plan develops their own certificates and policies and controls benefits for their members.

Arkansas Blue Cross and Blue Shield acts as the Host Plan for other Blue Cross Plans when Arkansas Providers are used for services. Arkansas Blue Cross and Blue Shield only prices the claim when the member is covered under a Blue Cross Plan other than Arkansas Blue Cross and the provider is in Arkansas. The member's Home Plan determines if benefits are due. Providers who disagree with the way a claim was processed or paid may contact BlueCard Customer Service at 1-800-880-0918 for assistance.

(a) Provider Re-review of the allowance for a service: Providers should send their request in writing to:

Arkansas Blue Cross and Blue Shield
Attn: Medical Re-review
P.O. Box 3688
Little Rock, AR 72203

If the provider continues to dispute the allowance for a service after the re-review response, a written appeal may be filed with the Arkansas Blue Cross

and Blue Shield Appeals Coordinator by writing the Arkansas Blue Cross and Blue Shield Appeals Coordinator at the address below.

(b) Provider Appeals related to benefits available under Arkansas Blue Cross or another Blue Cross Plan: Providers should send their request in writing to:

Arkansas Blue Cross and Blue Shield
Appeals Department
Attn: Appeals Coordinator
P.O. Box 2181
Little Rock, AR 72203

Fax: 501-378-3366

Email: appealscoordinator@arkblue-cross.com

Arkansas Blue Cross and Blue Shield will forward the appeal to the member's correct Home Plan for response by the other Blue Cross Plan.

Bar Code Letters

Do not write messages on medical records, operative reports and invoice bar-coded requests. Medical records requests for BlueCard are generated using the same fax process that Arkansas Blue Cross and Blue Shield's regular business currently utilizes. Medical record requests are faxed to the provider using the same fax number as Arkansas Blue Cross. The requests

include a bar code and tracking number.

The only difference in the request process is when the letter is faxed back to Arkansas Blue Cross. Once the medical records are faxed back with the bar code sheet on top, the records are automatically faxed to the member's Home Plan. Please do not write messages on the bar code sheet requesting that records be sent to another ad-

dress, provider, etc. These messages are automatically sent to the member's Home Plan.

With the new automated system, if the member's Home Plan requests more than one type of document, a letter automatically generates based on the document type. This could result in providers receiving multiple letters for the same claim and/or dates of service.

BlueCard

BlueCard Medicare Claims Cross-over Consolidation Process

How do providers submit Medicare primary/Blue Plan secondary claims? For members with Medicare primary coverage and secondary coverage through a "Blue Plan", providers should submit claims to their Medicare intermediary and/or Medicare carrier.

When providers receive the remittance advice from the Medicare intermediary, was the claim automatically forwarded (crossed over) to the Blue Plan? If the remittance indicates

that the claim was "crossed over", Medicare has forwarded the claim on the provider's behalf to the appropriate Blue Plan and the claim is in process. However if the claim is rejected before it is forwarded to the Home Plan, Medicare will send a notification letter to the provider advising them of the rejection. At that time, providers should resubmit the claim to Arkansas Blue Cross and Blue Shield with the Medicare remittance advice attached.

REMINDER: It may take an additional 14 to 30 business days for providers to receive the secondary payment from the Blue Plan. Do not file a paper claim directly to Arkansas Blue Cross unless a notification letter is received advising of failure to crossover, or at least 30 business days have elapsed since the provider received the Medicare payment.

Where and How do Providers Submit BlueCard Claims?

Providers should submit BlueCard claims electronically through the Advanced Health Information Network (AHIN) which is Arkansas Blue Cross and Blue Shield's preferred method of submitting claims. If a provider contracts with the member's Home Plan (for example: contiguous counties or overlapping service areas), then the

provider should file the claim directly to the member's Home Plan. Providers need to include the member's complete identification number when submitting claims. The complete member identification number includes the three-character alpha prefix.

Do not make up alpha prefixes. Incorrect or missing alpha prefixes and

member identification numbers only delay claims processing. Once Arkansas Blue Cross receives a claim, it is electronically routed to the member's Home Plan. The member's Home Plan processes the claim and approves payment and Arkansas Blue Cross will then pay the provider.

Highlighting Information on an Attachment to a Claim (i.e. EOBs)

Please do not highlight information on documents that are attached to the claim, such as an explanation of benefits (EOB). This makes the information unreadable after it is scanned into the system and delays the handling of the claims.

Modifiers that Impact Pricing

Some modifiers impact pricing. Listed below are modifiers and their applicable pricing adjustments.

- Modifiers TC and UE point to the technical component fee schedule amounts in the Arkansas Blue Cross and Blue Shield Fee Schedule.
- Modifiers 26 and RR point to the professional component fee schedule amounts in the Arkansas Blue Cross Fee Schedule.
- Modifier NU points to the total component fee schedule amount in the Arkansas Blue Cross Fee Schedule.
- Modifier 22: Increased Services — % of allowable charges based on documentation.
- Modifier 50: Bilateral Surgery - 50% of allowable charges (Services must be billed on two lines)
- Modifier 51: Multiple Surgery - 50% of allowable charges
- Modifier 52: Reduced Services - % of allowable charges based on documentation
- Modifier 53: Discontinued Procedure - 32% of allowable charge
- Modifier 62: Co-Surgery - 62.5% of allowable charge
- Modifier 63: Infant Procedure - 120% of allowable charge
- Modifier 73: Discontinued Procedure - 50% of allowable charge (Limited to facility billings)
- Modifier 78: OR Return - 70% of allowable charge
- Modifier 80: Assistant Surgeon - 20% of allowable charge

Arkansas Blue Cross does not recognize modifiers 54, 55, or 56. Providers have been instructed to bill E&M codes for these services rather than billing the surgery code with these modifiers.

Coverage Policy Manual Updates

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

New Policies

Policy ID	Policy Name
2009012	Repair of Durable Medical Equipment (DME) and External Prosthetic Devices
2009004	Biochemical Marker's, Alzheimer's Disease
2009013	Testing for Drugs of Abuse
2009015	Golimumab (Simponi®)
2009016	Omalizumab for Asthma
2009017	Total Facet Arthroplasty
2009021	Wireless Capsule Endoscopy in the Evaluation of Disorders of the Colon
2009022	Metabolite Testing Monitor Antimetabolite Therapy for Inflammatory Bowel & Collagen Vascular Disease, Acute Lymphoblastic Leukemia
2009023	Radiofrequency Facet Joint Denervation
2009024	Endothelial Keratoplasty
2009026	Biofeedback as a Treatment of Headache
2009025	Biofeedback as a Treatment of Urinary Incontinence in Adults
2009027	Biofeedback as a Treatment of Chronic Pain
2009028	Biofeedback as a Treatment of Fecal Incontinence
2009029	Immune Cell Function Assay in Solid Organ Transplantation
2009030	Genetic Test: Non-BRCA Breast Cancer Risk Assessment (OncoVue)

Coverage Policy Manual Updates - Updated Policies

Policy ID	Policy Name
1997194	Respiratory Syncytial Virus Immune Globulin
1998012	Decongestive Physiotherapy, Complex
1998051	Genetic Test: BRCA1 or BRCA2 Mutations
1998076	Meniscal Allograft Transplantation
1998144	Pulmonary Arterial Hypertension, Pharmacological Treatment with Prostacyclin Analogues, Endothelin Receptors Antagonists, or Phosphodiesterase Inhibitors
1998155	Respiratory Syncytial Virus, Immune Prophylaxis with Palivizumab (Synagis)
1998168	Etanercept (Enbrel)
1999009	Prothrombin Time Monitoring, home Testing
1999017	Molecular Diagnostic Tests for Infectious Diseases
2000049	HDC & Hematopoietic Stem Cell Support-Miscellaneous Solid Tumors in Adults
2000051	HDC & Hemopoietic Stem Cell Support for Breast Cancer
2000053	HDC & Hematopoietic Stem Cell Support-Autoimmune Diseases, Including Multiple Sclerosis
2001032	Closure Devices for Atrial or Ventricular Septal Defects (ASD, VSD), Percutaneous
2003002	Cryoablation of Prostate Cancer
2003019	Phenotypic And Genotypic Resistance Assays In HIV Management
2003037	Assisted Reproductive Technologies
2004010	Magnetoencephalography / Magnetic Source Imaging
2004017	Genetic Test: Screening, Detection and/or Management of Prostate Cancer
2004021	Proteomics Pattern Analysis for Identification of Cancer
2005021	Preimplantation Genetic Diagnosis, Testing or Treatment
2007004	Alpha-Fetoprotein-L3 for Prediction of risk of Hepatocellular Cancer and Cholangiocarcinoma
2007024	Genetic Test: HER2 Testing
2008007	Cardiac Event Recorder, Mobile Telemetry
2008013	Certified Nurse Midwives
2008021	Radiofrequency Ablation Barrett's Esophagus

Inpatient Hospital Copayment Option to be Available to Arkansas Blue Cross and Blue Shield Groups

Arkansas Blue Cross and Blue Shield will begin offering fully insured groups (who choose it as part of their health benefit plan) an inpatient hospital copayment option. The new benefit feature will be available October 1, 2009 and will be added to a group's benefit plan at their renewal date (if selected).

There will be two copayment options: \$250 and \$500 per inpatient hospital stay. The copayment option will be capped at three admissions per member per year. While the copayment itself does not apply toward deductibles

or coinsurance, the inpatient claim will apply to deductible and coinsurance 'after' the copayment has been applied. The copayment option applies to in-network and out-of-network admissions for inpatient medical/surgical and inpatient psychiatric, drug and alcohol hospital care. The inpatient hospital copayment option is not automatic. A group must choose to make it part of their health insurance plan.

This copayment option information will NOT be reflected on the member's ID card; however, some of the information will be displayed on the schedule

of benefits, which is attached to the member ID card when they receive it in the mail. Hospitals may verify whether a group has the copayment option through the Advanced Health Information Network (AHIN). Verification through My BlueLine (IVR) can be obtained at 1-800-378-2307 later this year.

Providers who have questions or need additional information should contact their Arkansas Blue Cross Network Development Representative.

Medi-Pak[®] Advantage is Changing

Arkansas Blue Cross and Blue Shield is getting ready to roll out a new and improved 2010 Medi-Pak[®] Advantage Private Fee-For-Service (PFFS) plan. Arkansas Blue Cross migrated from a non-contracted private fee-for-service plan to a contracted private fee-for-service plan. By signing up to be a part of the Medi-Pak[®] Advantage network, providers agree up front to accept the terms and conditions. This gives members added peace of mind.

Arkansas Blue Cross was very successful in its contracting efforts and has more than 6,000 participating providers. It's not too late to sign up. Providers who are interested in participating should contact their regional network development representative (NDR). Arkansas Blue Cross is committed to providing timely and accurate claims processing. Please don't hesitate to call customer service with any claims issues and your NDR with any complex unresolved issues. Providers who are paid based on interim rates can help by making sure their NDR has their most current interim rate letter.

In addition to a new provider network, Arkansas Blue Cross is also introducing medical management programs. Arkansas Blue Cross provides free disease-specific programs on:

- Diabetes,
- Chronic obstructive pulmonary disease (COPD),
- Chronic bronchitis and pneumonia,
- Hypertension,
- Depression, and
- Weight management.

Arkansas Blue Cross also has a nurse hotline available 24/7 for members needing help with depression. Members will be able to receive their Medicare-covered smoking cessation

counseling services from an in-network provider with no copayment.

Finally, Arkansas Blue Cross has added extra plan options for members. In today's economy, Arkansans are looking for value so Arkansas Blue Cross made every effort to keep premiums as low as possible. Arkansas Blue Cross will be offering a \$0 premium Medi-Pak Advantage plan in 52 counties. With the funding cuts to these programs, the only way Arkansas Blue Cross could keep premiums low was to reduce some benefits. Arkansas Blue Cross knows some members would prefer to pay a little more to keep the benefits they had, so richer benefit options were introduced.

The following premiums and benefits are being offered::

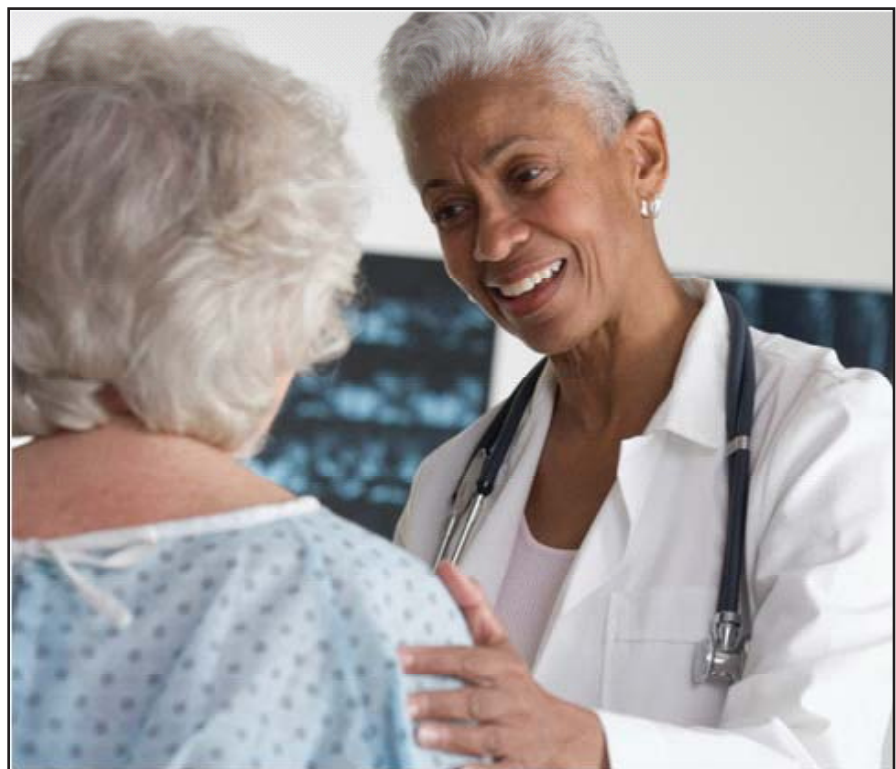
Common In-Network Benefits:

- Skilled Nursing Facility - \$0 copay days 1-20, \$133 copay days 21-100;

- Home Health - \$0 copay;
- Emergency Room - \$50 copay per visit;
- Ambulance - \$150 copay ground, \$300 copay air;
- Diagnostic labs and x-rays - \$0 copay;
- Medicare covered preventive services - \$0 copay;
- DME/Prosthetic/Diabetic Supplies, Therapeutic Rad, Part B Drugs, ESRD - 20% coinsurance.

Out-of-Network Benefits:

Separate out-of-network out-of-pocket maximum equal to in-network maximum, \$500 deductible then 30% coinsurance. Emergency room and ambulance services are always considered in-network



Medi-Pak[®] Advantage Private Fee-For-Service (PFFS) 2010 Variable Benefits - In-Network

Service Area/ Product	Premium	Out-of- Pocket Maximum	Inpatient Hospital Copayments	Office Visits Copayments	Physical, Occupational, and Speech Therapy	Outpatient Hospital/ Surgery/ Adv Imaging Copayments
Area 1 MA	\$0.00	\$3,400	\$175 days 1-5, \$0 additional days	\$10 PCP/\$25 SCP/ \$20 Chiro & Podiatrist	\$25 copay	\$150
Area 1 MA-PD Option 1	\$0.00	\$4,750	\$220 days 1-5, \$0 additional days	\$18 PCP/ \$35 SCP/ \$25 Chiro & Podiatrist	\$35 copay	\$250
Area 1 MA-PD Option 2	\$19.30	\$4,000	\$175 days 1-5, \$0 additional days	\$15 PCP/ \$35 SCP/ \$25 Chiro & Podiatrist	\$35 copay	\$200
Area 2 MA	\$0.00	\$5,100	\$220 days 1-5, \$0 additional days	\$20 PCP/ \$40 SCP/ \$25 Chiro & Podiatrist	\$40 copay	\$250
Area 2 MA-PD Option 1	\$44.90	\$5,100	\$220 days 1-5, \$0 additional days	\$15 PCP/ \$35 SCP/ \$25 Chiro & Podiatrist	\$35 copay	\$250
Area 2 MA-PD Option 2	\$67.10	\$4,000	\$175 days 1-5, \$0 additional days	\$15 PCP/ \$35 SCP/ \$25 Chiro & Podiatrist	\$35 copay	\$200
Area 3 MA	\$40.60	\$5,100	\$220 days 1-5, \$0 additional days	\$20 PCP/ \$40 SCP/ \$25 Chiro & Podiatrist	\$40 copay	\$250
Area 3 MA-PD	\$75.80	\$5,100	\$220 days 1-5, \$0 additional days	\$15 PCP/ \$35 SCP/ \$25 Chiro & Podiatrist	\$35 copay	\$250

Area 1 Counties: Baxter, Benton, Boone, Carroll, Conway, Crawford, Franklin, Fulton, Johnson, Lee, Lincoln, Logan, Madison, Marion, Newton, Ouachita, Perry, Phillips, Pope, Randolph, Scott, Searcy, Sebastian, St. Francis, Stone, Van Buren, and Washington.

Area 2 Counties: Ashley, Bradley, Cleveland, Craighead, Crittenden, Dallas, Faulkner, Grant, Howard, Izard, Jefferson, Lonoke, Miller, Monroe, Montgomery, Nevada, Pike, Poinsett, Polk, Pulaski, Sevier, Sharp, Union, Woodruff, and Yell.

Area 3 Counties: Arkansas, Calhoun, Chicot, Clark, Clay, Cleburne, Columbia, Cross, Desha, Drew, Garland, Greene, Hempstead, Hot Spring, Independence, Jackson, Lafayette, Lawrence, Little River, Mississippi, Prairie, Saline, and White.

Reporting of E&M Services on the Same Date as Services Represented by Other CPT codes - Use of Modifier 24 or 25

Modifier '24': A surgeon who has performed a procedure with a 10-day or 90-day global period may have to see that patient for a condition unrelated to the surgery that was performed, or the condition of the patient may be so severe/critical that the time spent evaluating or managing the patient is considerably more than the usual time included in codes 99231-99233 or 99212-99215. In that situation, the surgeon may report the appropriate E&M code (99231-99233, 99212-99215, 99291-99292, 99469, 99472, 99476, 99478-99480) with modifier '24' appended.

Modifier '25': All interventional and therapeutic procedures and many interpretative diagnostic procedures include relative value units for pre- and post-procedure evaluation. It is accepted that if a patient is to have an interventional procedure by a physician, and is a new patient to that physician or physician group (a "new" patient is a patient that has not been seen by a physician or the partners of a group of physicians within 3 years), it is necessary for the physician to perform a new patient evaluation which may have to be done on the same day as the interventional procedure. That E&M evaluation should be documented in the record and reported with the appropriate code in the 99201-99205 range and modifier '25' should be appended.

If, on the day of a procedure or intervention, an evaluation and management service is required that is separate and identifiable from the procedure or intervention, the E&M service (99212-99215; 99241-99245; 99251-99255) should be documented and reported with modifier '25'. To be "separate and identifiable" does not necessarily require a diagnosis distinct from the diagnosis submitted for the procedure; however, modifier '25' should not be used for patient's known to the physician or physician group when a thorough re-evaluation is not documented as performed. Records of consultation codes or established patient codes billed with modifier '25' may be requested for review to determine that a separate and identifiable service has been performed. The level of E&M service provided must meet the criteria for that level of service, and must meet medical necessity for that level of service.

The following is a summary of coverage of E&M services billed on the same day as codes from sections other than codes 99201-99499:

- **Anesthesia codes (CPT 00100-01999):** E&M services for outpatient or office visits reported on the same day as anesthesia codes are considered a component of the E&M code, and included in the base unit of the anesthesia code.

- **Surgical codes (CPT 10021-69999):** E&M services provided on the same day as a minor or major procedure that is identified by CPT 10021-69999 are allowed if the E&M service is for a medically necessary identifiable evaluation (or management) separate from the procedure being performed. However, the relative value units of each procedure in the 10021-69999 codes include some E&M component for the pre- and post-op evaluation of the patient. If a separate E&M service is performed and recorded, the E&M service should have modifier '25' appended.

CPT codes 29000-29590 represent the supplies for casting, splinting and/or strapping. A physician reporting one of these codes should not report E&M services in addition unless a significant identifiable service is provided at the time of cast application or strapping (CPT-4 Manual coding instructions) and identified with modifier '25'. E&M visit codes billed within 90 days of these procedures may be reviewed for fragmentation.

- **Obstetrical Care codes (CPT 59400, 59410, 59510, 59515, 59610, 59614, 59618, and 59622):** E&M services are considered a component of the obstetrical care codes that include antepartum and/or postpartum care for 270 days prior to and/or

42 after delivery, if provided by the same physician or physician group, unless the E/M service is for a condition unrelated to the pregnancy (e.g., if a patient followed for pre- or post-partum care is seen for pneumonia, the E/M service is covered. The physician will need to report the reason for the E/M service).

- **Radiology codes (CPT 70010-77084):** E&M codes are not allowed for standard radiological procedures, CT scans, MRI scans, PET scans, or diagnostic ultrasound studies identified in the 70000 series of CPT codes when reported for procedures done in radiology facilities or facility site-of-service, as these codes include the E&M services provided with the radiology services. If reported from physician offices (other than radiology offices), appropriate E&M services are recognized without the addition of modifier '25'.
- **Interventional Radiology codes:** Interventional radiology procedures are reported with codes in the surgical section or cardiac catheterization section of CPT. Separate and identifiable E&M services provided and documented on the same day as the interventional codes require modifier '25'.
- **Radiology S&I codes:** E&M services reported on the same day as a code representing a radiological S&I service are not covered as the S&I is for the supervision of the radiological procedure and interpretation of the x-ray (including CT, MRI, PET, or ultrasound).

- **Therapeutic Radiation Therapy (77261-77263; 77280-77299; 77427-77499):** E&M services are considered a fragmentation of radiation oncology procedures if billed with treatment planning (CPT 77261-77263); therapeutic radiology simulation-aided field setting (CPT 77280-77299); and radiation treatment management (CPT 77427-77499) as these services include E&M services. If, during the management of the radiation oncology, the patient develops a condition unrelated to the radiation treatment management and an E&M service is provided by the radiation oncologist on the same day as radiation therapy management, the E&M service should be reported with modifier '25'.
- **Neutron Beam Treatment Delivery (77422-77423):** E&M services are considered a fragmentation of neutron beam treatment delivery unless, during the treatment delivery, the patient develops a condition unrelated to the radiation treatment and an E&M service is provided by the radiation oncologist on the same day as proton beam delivery treatment, the E&M service should be reported with modifier '25'.
- **Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services (CPT 77300-77334):** E&M services are considered a fragmentation of CPT 77300-77334, as the management of the calculations, etc., is included in the codes.
- **Medical Physics Consultations (CPT 77336, 77370):** E&M services are considered a fragmen-

tation of CPT 77336 and 77370 as medical physics consultations and include evaluation & management.

- **Radiation Treatment Delivery (CPT 77401-77417):** E&M services are considered a fragmentation of CPT 77401-77417 as these codes represent the technical component of radiation treatment delivery.
 - **Intensity Modulated Radiation Therapy (CPT 77418):** E&M services are considered a fragmentation of CPT 77418 as this code includes any E&M service related to IMRT. If, during the delivery of IMRT, the patient develops a condition unrelated to the radiation treatment and an E&M service is provided by the radiation oncologist on the same day as IMRT, the E&M service should be reported with modifier '25'.
 - **Stereoscopic X-Ray Guidance (CPT 77421):** E&M services are considered a fragmentation of CPT 77421 as this code includes any E&M service related to stereoscopic guidance. If, during the delivery of stereoscopic X-Ray guidance, the patient develops a condition unrelated to the radiation treatment and an E&M service is provided by the radiation oncologist on the same day as stereoscopic guidance, the E&M service should be reported with modifier '25'.
 - **Proton Beam Treatment Delivery (CPT 77520-77525):** E&M services are considered a fragmentation of proton beam treatment delivery unless, during the
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treatment delivery, the patient develops a condition unrelated to the radiation treatment and an E&M service is provided by the radiation oncologist on the same day as proton beam delivery treatment, E&M service should be reported with modifier '25'.

- **Hyperthermia Treatments (CPT 77600-77620):** E&M services provided on the same day with CPT 77520-77525 include management during the course of therapy and follow-up care for 3-months after completion, but do not include consultation prior to the hyperthermia (CPT-4 Manual coding instructions).
- **Clinical Brachytherapy (77750-77799):** provided in a hospital setting, and the codes include the admission to the hospital and daily visits (CPT-4 Manual coding instructions), and have a 90-day global payment; therefore, outpatient E&M codes would not be expected to be billed with these codes.
- **Nuclear Medicine (CPT 78000-78899; 79000-79999):** E&M services provided on the same day as a nuclear medicine code are considered a fragmentation of the nuclear medicine code unless a medically necessary E&M service is provided for a separate and identifiable E&M service. In such case, modifier '25 should be appended to the E&M code.
- **Laboratory Services: (CPT 80047-80440, 81000-87999, 88000-88099):** E&M services are not covered specifically for the

interpretation of individual laboratory studies, as the interpretation of laboratory studies does not meet the definition of E&M, and the interpretation of the test, and reporting of the test results to the patient are included in any other E&M service provided on the same or subsequent day. E&M codes reported from the attending physician's office for patient visits on the same day as codes from the 80000 series do not require the addition of modifier '25'.

- **Clinical Pathology Consultations (CPT 80500-80502):** E&M codes are a fragmentation of CPT 80500-80502.
- **Anatomic Pathology (CPT 88104-88399):** E&M codes are a fragmentation of CPT 88000-88399.
- **Transcutaneous Procedures (CPT 88720-88741):** E&M codes reported from the attending physician's office on the same day as CPT 88720-88741 does not require the addition of modifier '25'.
- **Other Pathology and Laboratory Procedures (CPT 89049-89240):** E&M codes reported with CPT 89050-89240 are allowed only from the attending physician's office and do not require the addition of modifier '25'.
- **Reproductive Medicine Procedures (CPT 89250-89356):** E&M codes reported with CPT 89250-89356 are allowed only from the attending physician's office and require the addition of modifier '25' and records will be requested in most instances.

Medicine Section

Codes from the following subsections of the Medicine Services section of CPT do not require modifier '25' appended to an E&M service billed on the same day. Records may be requested to review level of service provided and whether or not code criteria are met.

- Provision of Immune Globulins (CPT 90281-90399)
- Immunization Administration for Vaccines/Toxoids (CPT 90465-90474)
- Provision of Vaccines or Toxoids (CPT 90476-90749)
- Narcosynthesis for psychiatric diagnostic and therapeutic purposes (CPT 90865)
- Special Ophthalmological Services (CPT 92015-92287)
- Cardiography (CPT 93000-93278)
- Echocardiography (CPT 93303-93352)
- Peripheral Arterial Disease Rehabilitation (93668)
- Other vascular studies (CPT 93701-93790)
- Other Cardiovascular procedures (93797-93799)
- Non-invasive Vascular Diagnostic Studies (CPT 93875-93990)
- Endocrinology (CPT 95250)
- Routine electroencephalography (CPT 95812-95827)
- Electromyography and nerve conduction tests (CPT 95860-95904)
- Intraoperative neurophysiology (CPT 95920)
- Autonomic function tests (CPT 95921-95923)
- Evoked potentials and reflex tests (CPT 95925-95937)
- Motion Analysis (CPT 96000-96004)
- Central nervous systems assessments (CPT 96101-96125)

- Therapeutic, Prophylactic or Diagnostic Injection (CPT 96365-96379)
- Special services, procedures, and reports (CPT 99000-99091).

Physical Therapy (CPT 97032-97546) when billed by a physician: E&M codes are not allowed if billed by a physical therapist or occupational therapist.

Pulmonary Section (CPT 94010-94799)

- E&M services are considered a component of ventilation assist & management (CPT 94656 & 94657) unless a separate and identifiable E&M service is performed and billed with modifier '25' appended. CPT 94656 & 94657 are always included in CPT 99291, 99292, 99469, 99472, 99476, 99478-99480.
- E&M services are considered a component of chest wall manipulation to facilitate lung function (CPT 94667 and 94668), unless a separate and identifiable E&M service is performed and billed with modifier '25' appended. CPT 94667 & 94668 are always included in CPT 99291, 99292, 99293-99299.
- E&M services are considered a component of continuous positive airway pressure ventilation (CPT 94660), and continuous negative pressure ventilation (CPT 94662), unless a separate and identifiable E&M service is performed and billed with modifier '25' appended. CPT 94660 & 94662 are always included in CPT 99291, 99292, 99293-99299.

E&M codes are a fragmentation of codes from the following subsections of the Medicine Services section of CPT:

- Any E&M code is considered a component of Psychotherapy (CPT 90804, 90806, 90808, 90810, 90812, 90814, 90816, 90818, 90821, 90823, 90826, and 90828) as psychotherapy codes which include E&M services have been so designated by CPT (CPT-4 Manual coding instructions).
- Any E&M code is considered a component of Psychotherapy (CPT 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, and 90829) as the definition of each of these codes includes evaluation and management services (CPT-4 Manual coding instructions).
- Any E&M code is considered a component of Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (CPT 90862).
- Any E&M code is considered a component of Health & Behavior Assessment/Intervention (CPT 96150-96155) (CPT-4 Manual coding instructions). Codes 96150-96155 are not reportable by physicians (CPT-4 Manual coding instructions).
- Any E&M code is considered a component of General Ophthalmological Services (CPT 92002-92014) (CPT-4 Manual coding instructions).

- Any E&M code is considered a component of Physical Medicine & Rehabilitation (CPT 97001-97006) as these codes represent consultation services provided by physical medicine, occupational medicine specialists and athletic trainers.
- Any E&M code is considered a component of Medical Nutrition Therapy (CPT 97802-97804) as these codes are reported by nutrition therapists. Medical nutrition therapy and/or intervention performed by a physician is to be reported with E&M codes (CPT-4 Manual coding instructions).
- An E&M code is considered a component of Active Wound Care Management (CPT 97597-97606) as these codes are for non-physician providers only.
- An E&M code is considered a component of Tests and Measurements (CPT 97750-97755).

E&M codes reported with codes from the following subsections of the Medicine Services section of CPT require for payment that modifier '25' be appended when a separate and identifiable service has been provided:

- Electroconvulsive therapy; single seizure (CPT 90870); and multiple seizures, same day (CPT 90871)
- Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with patient), with psychotherapy, 20-30 minutes (CPT

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90875), and 45-50 minutes (CPT 90876)

- Hypnotherapy (CPT 90880)
- Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests (CPT 90885) is a bundled code. Appropriate E&M services billed on the same day as 90885 are allowed, but CPT 90885 is considered a fragmentation.
- Interpretation of explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (CPT 90887) is a bundled code. Appropriate E&M services billed on the same day as 90885 are allowed, but CPT 90887 is considered a fragmentation.
- Preparation of report of patient's psychiatric status, history, treatment, or progress for other physicians, agencies, or insurance carriers (CPT 90889) is a contract exclusion. Appropriate E&M services billed on the same day as 90889
- Biofeedback (CPT 90901-90911)
- End Stage Renal Disease Services (CPT 90951-90970): E&M services reported by the same physician or group of physicians billing for ESRD services are allowed only if the E&M service is for a condition unrelated to ESRD (CPT-4 coding instructions). If reporting non-ESRD E&M services, the appropriate E&M code should



be reported with modifier '25' appended (CPT-4 Manual coding instructions).

- Hemodialysis services (CPT 90935-90940) or Miscellaneous Dialysis Procedures (CPT 90945-90999): E&M services unrelated to the dialysis or the condition for which the dialysis is being performed, provided on the same day as hemodialysis or dialysis procedures other than hemodialysis, require modifier '25' (CPT-4 Manual coding instructions).
- Gastroenterology (CPT 91000-91133)
- Special Otorhinolaryngologic Services (CPT 92502-92700)
- Cardiovascular Therapeutic Services (CPT 92950-92998)
- Cardiac Catheterization (CPT 93501-93581)
- Intracardiac Electrophysiological Procedures/Studies (CPT 93600-93662)
- Allergy Testing (95004-95075)
- Allergen Immunology (CPT 95115-95199)

- Sleep Testing (CPT 95803-95811)
- Muscle and Range of Motion Testing (CPT 95831-95858)
- Neurostimulators, Analysis-Programming (CPT 95970-95991)
- Chemotherapy Administration (CPT 96400-96549)
- Photodynamic Therapy (CPT 96567-96571)
- Special Dermatological Procedures (CPT 96900-96999)
- Osteopathic Manipulative Treatment (CPT 98925-98929) and Chiropractic Manipulative Treatment (CPT 98940-98943) (CPT-4 Manual coding instructions)
- Functional Brain mapping (CPT 96020)

E&M services may be reported separately with modifier '25' appended if the patient is new to the treating physician, or if the patient's condition has worsened and the patient's overall status must be re-evaluated before initiating therapy.

Spotlight on Mental Health Parity

The new Mental Health Parity Act, which takes effect later this year, requires that mental health benefits be equal to physical health benefits. The effective dates will be the employer group health plan's annual renewal date.

Depending on a member's employer group health plan benefits, and if subject to this new law, some Arkansas Blue Cross and Blue Shield and Health Advantage employer group plans and a number of the employer group health plans administered by BlueAdvantage Administrators of Arkansas will change as a result of the act. Members subject to this law will receive a new ID card with a mental health assistance phone number which will indicate that the patient's health benefit plan now includes changes under Mental Health Parity (MHP).

The Mental Health Parity act:

- Removes limits for inpatient day and outpatient visits.
- Requires that specialty provider copayments, coinsurance must be the same and out-of-network mental

health benefits must be provided if provided for physical health benefits. The following will be required for members whose health plans were revised in response to the act:

Inpatient:

- Prior authorization of inpatient admissions for mental health and substance abuse, Call 877-801-1159 for Mental Health services.
- Concurrent stay review and discharge planning.

Outpatient:

- Prior authorization of outpatient counseling services. Call 877-801-1159 for Mental Health services
- 24/7 access to mental health professionals who will assist in locating and referring patients to professional resources.

Behavioral Health Management

Arkansas Blue Cross, Health Advantage and BlueAdvantage (for applicable employer groups) have contracted with New Directions, a full-service behavioral health organization based in

the Kansas City area. New Directions will perform utilization management services for members whose benefits have been changed due to MHP. These utilization management services specifically include preauthorization of inpatient admissions, concurrent stay renewals and review of outpatient treatment plans.

New Directions provides managed behavioral health care and employee services to over one million members, and has been accredited for utilization management by URAC. New Directions first offered employee assistance program services in 1978 and introduced behavioral health carve-out services in 1995.

Arkansas Blue Cross will be holding workshops throughout the state to introduce New Directions. Contact your Network Development Representative for times and locations. Information related to mental health services will be available on the Arkansas Blue Cross Web site and AHIN. For more information on New Directions, visit their Web site at ndbh.com.

Percutaneous Closure of Patent Foramen Ovale

Percutaneous closure of patent foramen ovale (PFO), for example as a treatment for migraine headache or to prevent cryptogenic stroke, does not meet primary coverage criteria for effectiveness. There are no FDA approved devices for this indication. There are ongoing clinical trials for effectiveness, and several professional societies have

strongly recommended that patients being considered for PFO closure for cryptogenic stroke be enrolled in clinical trials, since it is unknown whether the procedure is effective in preventing recurrent stroke.

Arkansas Blue Cross has received a number of claims for percutaneous PFO closure (CPT 93580). This pro-

cedure is correctly billed by the facility using ICD-9 procedure code 35.52. Claims have also been filed using ICD-9 codes 35.50, 35.70, and 35.71. Physician and facility claims for these codes will be denied. Please refer to coverage policy number 2001032.

Fee Schedule

Fee Schedule Updates

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

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
0199T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0200T	\$2,455.46	\$0.00	\$0.00	\$775.86	\$0.00	\$0.00
0200T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0201T	\$2,823.78	\$0.00	\$0.00	\$892.24	\$0.00	\$0.00
0201T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0202T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
37205	BR	\$0.00	\$0.00	\$733.29	\$0.00	\$0.00
37206	BR	\$0.00	\$0.00	\$351.53	\$0.00	\$0.00
90698	\$72.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90736	\$153.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
91110	\$940.60	\$308.26	\$632.34	\$0.00	\$308.26	\$0.00
95970	\$63.65	\$63.65	\$0.00	\$33.65	\$33.65	\$0.00
95971	\$93.07	\$93.07	\$0.00	\$65.80	\$65.80	\$0.00
95972	\$165.98	\$165.98	\$0.00	\$125.08	\$125.08	\$0.00
95973	\$90.70	\$90.70	\$0.00	\$74.10	\$74.10	\$0.00
95974	\$277.43	\$277.43	\$0.00	\$243.05	\$243.05	\$0.00
95975	\$154.13	\$154.13	\$0.00	\$140.49	\$140.49	\$0.00
95978	\$329.60	\$329.60	\$0.00	\$285.14	\$285.14	\$0.00
95979	\$147.61	\$147.61	\$0.00	\$133.97	\$133.97	\$0.00
95980	\$0.00	\$0.00	\$0.00	\$44.80	\$44.80	\$0.00
95981	\$30.40	\$30.40	\$0.00	\$17.60	\$17.60	\$0.00
95982	\$47.60	\$47.60	\$0.00	\$36.00	\$36.00	\$0.00
96379	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
97545	\$82.00	\$0.00	\$0.00	\$82.00	\$0.00	\$0.00
97546	\$28.80	\$0.00	\$0.00	\$28.80	\$0.00	\$0.00
A6450	\$13.74	\$13.74	\$0.00	\$0.00	\$0.00	\$0.00
A6451	\$40.34	\$40.34	\$0.00	\$0.00	\$0.00	\$0.00
A9274	\$34.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9276	\$10.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E0570	\$161.10	\$16.11	\$120.83	\$0.00	\$0.00	\$0.00
E0910	\$200.00	\$20.00	\$150.00	\$0.00	\$0.00	\$0.00
J1267	\$0.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7307	\$595.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S2900	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S3854	\$3,252.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Fee Schedule

Fee Schedule Changes

The Rental/Professional allowance has been removed from the following HCPCS codes on the Arkansas Blue Cross and Blue Shield fee schedule.

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
A4611	\$196.45	\$0.00	\$147.34	\$0.00	\$0.00	\$0.00
A4612	\$79.93	\$0.00	\$60.95	\$0.00	\$0.00	\$0.00
A4613	\$144.21	\$0.00	\$104.29	\$0.00	\$0.00	\$0.00
A4635	\$4.35	\$0.00	\$2.88	\$0.00	\$0.00	\$0.00
A4636	\$3.58	\$0.00	\$2.61	\$0.00	\$0.00	\$0.00
A4637	\$2.13	\$0.00	\$1.61	\$0.00	\$0.00	\$0.00
A4640	\$53.82	\$0.00	\$40.31	\$0.00	\$0.00	\$0.00
A7017	\$134.04	\$0.00	\$100.52	\$0.00	\$0.00	\$0.00
A7045	\$19.47	\$0.00	\$14.60	\$0.00	\$0.00	\$0.00
A8000	\$153.35	\$0.00	\$115.03	\$0.00	\$0.00	\$0.00
A8001	\$153.35	\$0.00	\$115.03	\$0.00	\$0.00	\$0.00
E0100	\$21.07	\$0.00	\$16.80	\$0.00	\$0.00	\$0.00
E0105	\$49.11	\$0.00	\$37.86	\$0.00	\$0.00	\$0.00
E0111	\$53.26	\$0.00	\$41.07	\$0.00	\$0.00	\$0.00
E0112	\$37.00	\$0.00	\$28.23	\$0.00	\$0.00	\$0.00
E0113	\$20.65	\$0.00	\$15.50	\$0.00	\$0.00	\$0.00
E0114	\$47.19	\$0.00	\$35.67	\$0.00	\$0.00	\$0.00
E0116	\$27.74	\$0.00	\$20.88	\$0.00	\$0.00	\$0.00
E0117	\$192.71	\$0.00	\$144.55	\$0.00	\$0.00	\$0.00
E0130	\$70.23	\$0.00	\$54.73	\$0.00	\$0.00	\$0.00
E0135	\$83.84	\$0.00	\$64.32	\$0.00	\$0.00	\$0.00
E0141	\$115.29	\$0.00	\$86.47	\$0.00	\$0.00	\$0.00
E0143	\$120.23	\$0.00	\$89.98	\$0.00	\$0.00	\$0.00
E0148	\$127.05	\$0.00	\$95.28	\$0.00	\$0.00	\$0.00
E0149	\$223.20	\$0.00	\$167.39	\$0.00	\$0.00	\$0.00
E0153	\$69.38	\$0.00	\$52.03	\$0.00	\$0.00	\$0.00
E0154	\$70.51	\$0.00	\$53.57	\$0.00	\$0.00	\$0.00
E0155	\$26.83	\$0.00	\$20.44	\$0.00	\$0.00	\$0.00
E0156	\$26.43	\$0.00	\$19.85	\$0.00	\$0.00	\$0.00
E0157	\$81.92	\$0.00	\$61.45	\$0.00	\$0.00	\$0.00
E0158	\$29.20	\$0.00	\$21.89	\$0.00	\$0.00	\$0.00
E0159	\$17.87	\$0.00	\$13.40	\$0.00	\$0.00	\$0.00
E0163	\$110.29	\$0.00	\$85.05	\$0.00	\$0.00	\$0.00
E0164	\$154.19	\$0.00	\$116.46	\$0.00	\$0.00	\$0.00

Fee Schedule Changes (continued)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
E0165	\$157.90	\$0.00	\$118.43	\$0.00	\$0.00	\$0.00
E0166	\$264.70	\$0.00	\$198.53	\$0.00	\$0.00	\$0.00
E0167	\$12.00	\$0.00	\$9.04	\$0.00	\$0.00	\$0.00
E0168	\$150.92	\$0.00	\$113.18	\$0.00	\$0.00	\$0.00
E0181	\$260.60	\$0.00	\$195.45	\$0.00	\$0.00	\$0.00
E0182	\$222.50	\$0.00	\$166.88	\$0.00	\$0.00	\$0.00
E0184	\$194.70	\$0.00	\$146.03	\$0.00	\$0.00	\$0.00
E0185	\$271.88	\$0.00	\$208.66	\$0.00	\$0.00	\$0.00
E0186	\$172.60	\$0.00	\$129.45	\$0.00	\$0.00	\$0.00
E0187	\$197.30	\$0.00	\$147.98	\$0.00	\$0.00	\$0.00
E0196	\$276.20	\$0.00	\$207.15	\$0.00	\$0.00	\$0.00
E0197	\$188.34	\$0.00	\$165.44	\$0.00	\$0.00	\$0.00
E0198	\$188.34	\$0.00	\$142.92	\$0.00	\$0.00	\$0.00
E0231	\$100.06	\$0.00	\$75.05	\$0.00	\$0.00	\$0.00
E0232	BR	\$0.00	BR	\$0.00	\$0.00	\$0.00
E0271	\$222.04	\$0.00	\$173.46	\$0.00	\$0.00	\$0.00
E0272	\$202.37	\$0.00	\$151.05	\$0.00	\$0.00	\$0.00
E0280	\$38.20	\$0.00	\$28.65	\$0.00	\$0.00	\$0.00
E0305	\$151.20	\$0.00	\$113.40	\$0.00	\$0.00	\$0.00
E0310	\$194.14	\$0.00	\$146.91	\$0.00	\$0.00	\$0.00
E0485	BR	\$0.00	BR	\$0.00	\$0.00	\$0.00
E0560	\$171.52	\$0.00	\$128.64	\$0.00	\$0.00	\$0.00
E0561	\$107.00	\$0.00	\$80.24	\$0.00	\$0.00	\$0.00
E0570	\$161.10	\$0.00	\$120.83	\$0.00	\$0.00	\$0.00
E0580	\$134.04	\$0.00	\$100.52	\$0.00	\$0.00	\$0.00
E0606	\$195.00	\$0.00	\$146.25	\$0.00	\$0.00	\$0.00
E0610	\$202.18	\$0.00	\$151.66	\$0.00	\$0.00	\$0.00
E0621	\$95.99	\$0.00	\$72.36	\$0.00	\$0.00	\$0.00
E0655	\$107.92	\$0.00	\$81.05	\$0.00	\$0.00	\$0.00
E0660	\$159.75	\$0.00	\$119.80	\$0.00	\$0.00	\$0.00
E0665	\$136.99	\$0.00	\$102.88	\$0.00	\$0.00	\$0.00
E0666	\$138.08	\$0.00	\$103.59	\$0.00	\$0.00	\$0.00
E0667	\$323.77	\$0.00	\$242.83	\$0.00	\$0.00	\$0.00
E0668	\$439.03	\$0.00	\$329.27	\$0.00	\$0.00	\$0.00
E0669	\$183.31	\$0.00	\$137.51	\$0.00	\$0.00	\$0.00
E0673	\$268.17	\$0.00	\$201.15	\$0.00	\$0.00	\$0.00
E0779	\$167.30	\$0.00	\$125.48	\$0.00	\$0.00	\$0.00
E0840	\$63.02	\$0.00	\$47.28	\$0.00	\$0.00	\$0.00
E0850	\$105.06	\$0.00	\$78.80	\$0.00	\$0.00	\$0.00
E0860	\$38.53	\$0.00	\$29.51	\$0.00	\$0.00	\$0.00
E0870	\$98.86	\$0.00	\$74.48	\$0.00	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
E0880	\$106.71	\$0.00	\$80.77	\$0.00	\$0.00	\$0.00
E0890	\$120.41	\$0.00	\$96.99	\$0.00	\$0.00	\$0.00
E0900	\$128.12	\$0.00	\$96.12	\$0.00	\$0.00	\$0.00
E0910	\$200.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00
E0942	\$16.87	\$0.00	\$12.65	\$0.00	\$0.00	\$0.00
E0944	\$39.00	\$0.00	\$29.24	\$0.00	\$0.00	\$0.00
E0945	\$37.67	\$0.00	\$29.16	\$0.00	\$0.00	\$0.00
E0950	\$88.36	\$0.00	\$66.27	\$0.00	\$0.00	\$0.00
E0951	\$16.13	\$0.00	\$12.09	\$0.00	\$0.00	\$0.00
E0952	\$18.83	\$0.00	\$14.13	\$0.00	\$0.00	\$0.00
E0955	\$202.18	\$0.00	\$151.63	\$0.00	\$0.00	\$0.00
E0957	\$137.93	\$0.00	\$103.45	\$0.00	\$0.00	\$0.00
E0959	\$44.21	\$0.00	\$33.46	\$0.00	\$0.00	\$0.00
E0960	\$90.98	\$0.00	\$68.24	\$0.00	\$0.00	\$0.00
E0961	\$29.74	\$0.00	\$14.86	\$0.00	\$0.00	\$0.00
E0966	\$67.36	\$0.00	\$50.52	\$0.00	\$0.00	\$0.00
E0967	\$65.69	\$0.00	\$49.25	\$0.00	\$0.00	\$0.00
E0968	\$152.40	\$0.00	\$114.30	\$0.00	\$0.00	\$0.00
E0969	\$133.14	\$0.00	\$99.86	\$0.00	\$0.00	\$0.00
E0970	\$39.05	\$0.00	\$29.29	\$0.00	\$0.00	\$0.00
E0971	\$49.39	\$0.00	\$32.56	\$0.00	\$0.00	\$0.00
E0973	\$97.72	\$0.00	\$73.30	\$0.00	\$0.00	\$0.00
E0974	\$66.65	\$0.00	\$50.36	\$0.00	\$0.00	\$0.00
E0978	\$36.30	\$0.00	\$26.91	\$0.00	\$0.00	\$0.00
E0980	\$28.10	\$0.00	\$20.96	\$0.00	\$0.00	\$0.00
E0981	\$47.15	\$0.00	\$35.70	\$0.00	\$0.00	\$0.00
E0982	\$49.70	\$0.00	\$37.29	\$0.00	\$0.00	\$0.00
E0985	\$202.85	\$0.00	\$152.12	\$0.00	\$0.00	\$0.00
E0990	\$99.82	\$0.00	\$77.99	\$0.00	\$0.00	\$0.00
E0992	\$95.15	\$0.00	\$71.37	\$0.00	\$0.00	\$0.00
E0994	\$17.63	\$0.00	\$13.23	\$0.00	\$0.00	\$0.00
E0995	\$30.40	\$0.00	\$22.78	\$0.00	\$0.00	\$0.00
E0998	\$32.54	\$0.00	\$24.42	\$0.00	\$0.00	\$0.00
E0999	\$97.72	\$0.00	\$73.30	\$0.00	\$0.00	\$0.00
E1001	\$98.06	\$0.00	\$72.55	\$0.00	\$0.00	\$0.00
E1009	\$66.80	\$0.00	\$50.10	\$0.00	\$0.00	\$0.00
E1015	\$114.70	\$0.00	\$86.02	\$0.00	\$0.00	\$0.00
E1016	\$131.31	\$0.00	\$98.48	\$0.00	\$0.00	\$0.00
E1020	\$243.41	\$0.00	\$182.55	\$0.00	\$0.00	\$0.00
E1028	\$206.54	\$0.00	\$154.89	\$0.00	\$0.00	\$0.00
E1038	\$180.30	\$0.00	\$135.23	\$0.00	\$0.00	\$0.00

Fee Schedule Changes (continued)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
E1228	\$274.10	\$0.00	\$205.58	\$0.00	\$0.00	\$0.00
E1297	\$104.61	\$0.00	\$78.45	\$0.00	\$0.00	\$0.00
E1353	\$109.89	\$0.00	\$82.42	\$0.00	\$0.00	\$0.00
E1355	\$75.56	\$0.00	\$56.67	\$0.00	\$0.00	\$0.00
E1372	\$163.03	\$0.00	\$120.68	\$0.00	\$0.00	\$0.00
E1575	\$50.55	\$0.00	\$37.91	\$0.00	\$0.00	\$0.00
E1820	\$81.74	\$0.00	\$61.31	\$0.00	\$0.00	\$0.00
E1821	\$105.25	\$0.00	\$78.95	\$0.00	\$0.00	\$0.00
E2101	\$188.56	\$0.00	\$141.42	\$0.00	\$0.00	\$0.00
E2205	\$32.67	\$0.00	\$24.52	\$0.00	\$0.00	\$0.00
E2206	\$40.68	\$0.00	\$30.50	\$0.00	\$0.00	\$0.00
E2207	\$43.35	\$0.00	\$32.51	\$0.00	\$0.00	\$0.00
E2208	\$118.78	\$0.00	\$89.09	\$0.00	\$0.00	\$0.00
E2209	\$107.16	\$0.00	\$80.38	\$0.00	\$0.00	\$0.00
E2210	\$6.55	\$0.00	\$4.92	\$0.00	\$0.00	\$0.00
E2211	\$35.03	\$0.00	\$26.27	\$0.00	\$0.00	\$0.00
E2212	\$5.88	\$0.00	\$4.42	\$0.00	\$0.00	\$0.00
E2213	\$30.41	\$0.00	\$22.79	\$0.00	\$0.00	\$0.00
E2214	\$36.00	\$0.00	\$26.99	\$0.00	\$0.00	\$0.00
E2215	\$9.60	\$0.00	\$7.18	\$0.00	\$0.00	\$0.00
E2216	\$9.60	\$0.00	\$7.18	\$0.00	\$0.00	\$0.00
E2217	\$9.60	\$0.00	\$7.18	\$0.00	\$0.00	\$0.00
E2218	\$9.60	\$0.00	\$7.18	\$0.00	\$0.00	\$0.00
E2219	\$41.85	\$0.00	\$31.39	\$0.00	\$0.00	\$0.00
E2220	\$28.52	\$0.00	\$21.81	\$0.00	\$0.00	\$0.00
E2221	\$25.55	\$0.00	\$19.18	\$0.00	\$0.00	\$0.00
E2222	\$21.06	\$0.00	\$15.81	\$0.00	\$0.00	\$0.00
E2223	\$5.61	\$0.00	\$4.21	\$0.00	\$0.00	\$0.00
E2224	\$98.06	\$0.00	\$73.55	\$0.00	\$0.00	\$0.00
E2225	\$17.40	\$0.00	\$13.04	\$0.00	\$0.00	\$0.00
E2226	\$37.94	\$0.00	\$28.46	\$0.00	\$0.00	\$0.00
E2323	\$69.16	\$0.00	\$51.87	\$0.00	\$0.00	\$0.00
E2324	\$43.82	\$0.00	\$32.87	\$0.00	\$0.00	\$0.00
E2360	\$95.49	\$0.00	\$71.62	\$0.00	\$0.00	\$0.00
E2361	\$139.47	\$0.00	\$104.62	\$0.00	\$0.00	\$0.00
E2362	\$91.98	\$0.00	\$68.98	\$0.00	\$0.00	\$0.00
E2363	\$186.00	\$0.00	\$139.50	\$0.00	\$0.00	\$0.00
E2364	\$95.49	\$0.00	\$71.62	\$0.00	\$0.00	\$0.00
E2365	\$112.17	\$0.00	\$84.15	\$0.00	\$0.00	\$0.00
E2366	\$263.62	\$0.00	\$197.72	\$0.00	\$0.00	\$0.00
E2371	\$150.74	\$0.00	\$113.06	\$0.00	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
E2372	\$150.74	\$0.00	\$113.06	\$0.00	\$0.00	\$0.00
E2381	\$76.18	\$0.00	\$57.14	\$0.00	\$0.00	\$0.00
E2382	\$20.77	\$0.00	\$15.57	\$0.00	\$0.00	\$0.00
E2383	\$151.88	\$0.00	\$113.91	\$0.00	\$0.00	\$0.00
E2384	\$80.91	\$0.00	\$60.68	\$0.00	\$0.00	\$0.00
E2385	\$49.50	\$0.00	\$37.11	\$0.00	\$0.00	\$0.00
E2386	\$150.51	\$0.00	\$112.87	\$0.00	\$0.00	\$0.00
E2387	\$67.49	\$0.00	\$50.65	\$0.00	\$0.00	\$0.00
E2396	\$66.51	\$0.00	\$49.89	\$0.00	\$0.00	\$0.00
E2601	\$61.16	\$0.00	\$45.87	\$0.00	\$0.00	\$0.00
E2602	\$119.40	\$0.00	\$89.55	\$0.00	\$0.00	\$0.00
E2603	\$151.59	\$0.00	\$113.69	\$0.00	\$0.00	\$0.00
E2604	\$188.41	\$0.00	\$141.33	\$0.00	\$0.00	\$0.00
E2605	\$269.17	\$0.00	\$201.91	\$0.00	\$0.00	\$0.00
E2606	\$419.93	\$0.00	\$314.94	\$0.00	\$0.00	\$0.00
E2607	\$289.85	\$0.00	\$217.39	\$0.00	\$0.00	\$0.00
E2618	\$153.68	\$0.00	\$115.25	\$0.00	\$0.00	\$0.00
E2619	\$51.32	\$0.00	\$38.51	\$0.00	\$0.00	\$0.00
E2620	\$547.70	\$0.00	\$410.79	\$0.00	\$0.00	\$0.00
E2621	\$574.76	\$0.00	\$431.08	\$0.00	\$0.00	\$0.00
K0015	\$181.70	\$0.00	\$136.27	\$0.00	\$0.00	\$0.00
K0017	\$51.11	\$0.00	\$38.33	\$0.00	\$0.00	\$0.00
K0018	\$28.55	\$0.00	\$21.43	\$0.00	\$0.00	\$0.00
K0019	\$17.24	\$0.00	\$12.93	\$0.00	\$0.00	\$0.00
K0020	\$46.46	\$0.00	\$34.83	\$0.00	\$0.00	\$0.00
K0037	\$40.94	\$0.00	\$30.71	\$0.00	\$0.00	\$0.00
K0038	\$24.26	\$0.00	\$18.20	\$0.00	\$0.00	\$0.00
K0039	\$53.88	\$0.00	\$40.41	\$0.00	\$0.00	\$0.00
K0040	\$74.67	\$0.00	\$55.99	\$0.00	\$0.00	\$0.00
K0041	\$52.92	\$0.00	\$39.69	\$0.00	\$0.00	\$0.00
K0042	\$33.32	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00
K0043	\$19.53	\$0.00	\$14.66	\$0.00	\$0.00	\$0.00
K0044	\$16.64	\$0.00	\$12.48	\$0.00	\$0.00	\$0.00
K0045	\$56.62	\$0.00	\$42.47	\$0.00	\$0.00	\$0.00
K0046	\$19.53	\$0.00	\$14.66	\$0.00	\$0.00	\$0.00
K0047	\$76.48	\$0.00	\$57.34	\$0.00	\$0.00	\$0.00
K0050	\$32.50	\$0.00	\$24.39	\$0.00	\$0.00	\$0.00
K0051	\$52.61	\$0.00	\$39.44	\$0.00	\$0.00	\$0.00
K0052	\$92.44	\$0.00	\$69.32	\$0.00	\$0.00	\$0.00
K0053	\$102.01	\$0.00	\$76.51	\$0.00	\$0.00	\$0.00
K0056	\$95.10	\$0.00	\$71.34	\$0.00	\$0.00	\$0.00

Fee Schedule Changes (continued)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
K0059	\$31.72	\$0.00	\$23.79	\$0.00	\$0.00	\$0.00
K0065	\$44.46	\$0.00	\$33.34	\$0.00	\$0.00	\$0.00
K0069	\$99.92	\$0.00	\$74.94	\$0.00	\$0.00	\$0.00
K0070	\$183.16	\$0.00	\$137.37	\$0.00	\$0.00	\$0.00
K0071	\$109.25	\$0.00	\$81.92	\$0.00	\$0.00	\$0.00
K0072	\$65.76	\$0.00	\$49.32	\$0.00	\$0.00	\$0.00
K0073	\$34.80	\$0.00	\$26.10	\$0.00	\$0.00	\$0.00
K0077	\$58.85	\$0.00	\$44.13	\$0.00	\$0.00	\$0.00
K0091	\$20.77	\$0.00	\$15.57	\$0.00	\$0.00	\$0.00
K0092	\$243.13	\$0.00	\$182.35	\$0.00	\$0.00	\$0.00
K0093	\$151.88	\$0.00	\$113.91	\$0.00	\$0.00	\$0.00
K0094	\$49.50	\$0.00	\$37.11	\$0.00	\$0.00	\$0.00
K0095	\$49.50	\$0.00	\$37.11	\$0.00	\$0.00	\$0.00
K0096	\$274.29	\$0.00	\$205.72	\$0.00	\$0.00	\$0.00
K0097	\$63.09	\$0.00	\$47.31	\$0.00	\$0.00	\$0.00
K0098	\$27.21	\$0.00	\$20.39	\$0.00	\$0.00	\$0.00
K0104	\$118.78	\$0.00	\$89.09	\$0.00	\$0.00	\$0.00
K0105	\$99.43	\$0.00	\$74.57	\$0.00	\$0.00	\$0.00
K0106	\$107.16	\$0.00	\$80.38	\$0.00	\$0.00	\$0.00
K0195	\$210.70	\$0.00	\$158.03	\$0.00	\$0.00	\$0.00
K0607	\$209.97	\$0.00	\$145.67	\$0.00	\$0.00	\$0.00
K0608	\$131.04	\$0.00	\$90.91	\$0.00	\$0.00	\$0.00
K0733	\$30.21	\$0.00	\$22.67	\$0.00	\$0.00	\$0.00
L3972	\$142.86	\$0.00	\$107.14	\$0.00	\$0.00	\$0.00
L3974	\$121.17	\$0.00	\$90.87	\$0.00	\$0.00	\$0.00

Fee Schedule

Injection Code Updates

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

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
90378	\$848.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90707	\$47.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90713	\$28.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90714	\$20.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90715	\$35.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90716	\$82.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90718	\$20.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0129	\$19.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0130	\$478.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0132	\$2.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0133	\$0.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0135	\$375.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0150	\$9.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0152	\$79.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0205	\$43.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0207	\$382.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0210	\$28.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0215	\$29.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0220	\$132.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0256	\$3.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0270	\$0.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0275	\$25.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0278	\$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0280	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0282	\$0.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0285	\$13.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0290	\$2.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0295	\$3.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0330	\$0.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0348	\$1.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0360	\$4.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0364	\$4.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0365	\$2.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0400	\$0.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0456	\$7.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Injection Code Changes (continued)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J0460	\$0.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0470	\$27.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0475	\$210.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0476	\$75.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0480	\$1,710.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0500	\$18.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0515	\$34.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0540	\$36.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0550	\$36.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0560	\$26.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0570	\$46.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0580	\$50.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0583	\$2.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0585	\$5.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0587	\$9.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0592	\$0.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0594	\$14.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0595	\$0.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0600	\$83.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0610	\$0.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0630	\$51.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0636	\$0.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0637	\$12.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0640	\$0.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0641	\$1.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0670	\$1.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0690	\$0.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0692	\$4.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0694	\$7.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0697	\$3.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0698	\$4.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0702	\$6.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0704	\$1.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0706	\$0.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0713	\$2.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0720	\$16.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0725	\$3.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0735	\$80.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0740	\$791.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0743	\$13.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0744	\$1.46	\$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
J0745	\$1.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0760	\$6.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0770	\$16.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0780	\$2.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0795	\$4.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0835	\$97.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0881	\$3.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0882	\$3.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0885	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0886	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0894	\$29.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0895	\$11.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0970	\$25.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1000	\$7.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1020	\$1.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1030	\$4.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1040	\$7.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1051	\$7.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1070	\$3.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1080	\$5.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1100	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1110	\$21.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1120	\$37.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1160	\$1.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1162	\$488.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1165	\$0.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1170	\$1.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1200	\$0.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1205	\$309.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1212	\$71.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1230	\$5.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1240	\$3.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1245	\$1.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1250	\$5.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1260	\$5.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1265	\$0.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1270	\$3.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1300	\$188.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1325	\$14.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1327	\$19.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1335	\$27.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Injection Code Changes (continued)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J1364	\$7.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1380	\$10.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1390	\$20.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1410	\$85.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1438	\$187.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1440	\$216.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1441	\$335.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1450	\$6.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1451	\$9.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1453	\$1.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1455	\$10.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1457	\$1.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1458	\$353.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1459	\$36.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1460	\$15.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1470	\$30.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1480	\$46.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1490	\$61.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1500	\$77.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1510	\$92.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1520	\$108.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1530	\$123.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1540	\$154.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1550	\$154.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1560	\$154.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1561	\$38.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1562	\$7.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1566	\$32.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1568	\$39.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1569	\$40.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1570	\$49.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1571	\$50.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1572	\$38.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1573	\$50.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1580	\$0.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1600	\$7.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1610	\$84.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1626	\$2.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1630	\$1.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1631	\$2.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1642	\$0.13	\$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
J1644	\$0.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1645	\$11.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1650	\$6.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1652	\$6.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1655	\$2.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1670	\$202.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1720	\$3.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1740	\$147.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1742	\$427.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1743	\$473.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1745	\$58.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1750	\$12.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1756	\$0.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1790	\$1.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1800	\$5.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1815	\$0.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1817	\$3.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1840	\$3.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1850	\$0.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1930	\$30.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1945	\$185.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1950	\$499.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1955	\$6.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1956	\$5.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1980	\$10.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2010	\$5.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2020	\$31.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2060	\$0.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2175	\$1.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2185	\$4.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2210	\$6.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2248	\$1.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2250	\$0.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2260	\$4.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2270	\$2.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2271	\$1.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2275	\$2.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2278	\$6.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2280	\$2.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2300	\$1.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2310	\$5.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Injection Code Changes (continued)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J2315	\$2.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2323	\$8.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2325	\$37.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2353	\$111.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2354	\$1.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2355	\$257.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2357	\$19.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2360	\$7.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2370	\$0.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2400	\$12.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2405	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2410	\$2.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2425	\$11.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2430	\$21.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2440	\$0.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2469	\$18.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2501	\$3.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2503	\$1,077.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2504	\$257.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2505	\$2,333.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2510	\$11.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2515	\$12.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2540	\$0.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2543	\$6.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2545	\$46.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2550	\$1.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2560	\$3.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2590	\$1.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2597	\$1.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2675	\$1.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2680	\$5.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2690	\$4.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2700	\$1.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2724	\$12.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2760	\$55.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2770	\$152.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2778	\$424.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2780	\$1.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2783	\$172.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2785	\$52.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2788	\$26.86	\$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
J2790	\$89.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2791	\$5.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2792	\$17.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2794	\$5.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2800	\$26.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2805	\$67.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2820	\$25.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2850	\$21.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2916	\$4.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2920	\$2.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2930	\$3.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2993	\$1,089.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2997	\$36.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3000	\$6.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3010	\$0.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3030	\$85.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3070	\$7.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3101	\$43.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3105	\$3.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3120	\$4.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3130	\$7.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3230	\$8.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3240	\$1,004.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3243	\$1.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3246	\$7.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3250	\$5.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3260	\$2.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3285	\$58.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3300	\$3.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3303	\$1.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3315	\$168.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3355	\$60.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3360	\$1.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3370	\$3.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3396	\$9.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3410	\$0.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3411	\$2.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3415	\$5.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3420	\$0.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3465	\$5.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3470	\$16.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Injection Code Changes (continued)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J3472	\$132.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3473	\$0.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3486	\$5.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3487	\$226.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3488	\$229.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7030	\$0.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7042	\$0.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7060	\$1.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7070	\$2.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7110	\$13.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7120	\$1.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7186	\$0.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7187	\$0.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7189	\$1.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7190	\$0.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7192	\$1.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7193	\$0.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7194	\$0.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7195	\$1.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7197	\$2.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7198	\$1.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7308	\$135.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7321	\$97.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7322	\$215.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7323	\$119.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7324	\$186.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7500	\$0.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7501	\$95.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7502	\$3.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7504	\$499.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7505	\$1,161.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7507	\$4.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7510	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7511	\$462.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7513	\$378.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7515	\$0.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7516	\$21.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7517	\$3.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7518	\$3.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7520	\$9.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7525	\$145.19	\$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
J7605	\$5.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7606	\$4.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7608	\$1.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7611	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7612	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7614	\$0.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7620	\$0.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7626	\$6.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7631	\$0.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7639	\$23.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7669	\$0.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7674	\$0.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7682	\$70.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8501	\$5.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8510	\$3.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8515	\$12.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8520	\$5.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8521	\$19.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8530	\$0.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8540	\$0.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8560	\$31.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8600	\$4.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8610	\$0.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8700	\$8.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8705	\$72.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9000	\$3.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9001	\$475.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9010	\$592.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9015	\$877.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9017	\$39.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9020	\$60.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9027	\$121.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9031	\$122.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9033	\$19.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9035	\$59.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9040	\$32.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9041	\$38.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9045	\$5.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9050	\$184.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9060	\$2.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9062	\$12.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Injection Code Changes (continued)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J9065	\$28.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9070	\$4.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9080	\$8.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9090	\$20.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9091	\$41.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9092	\$83.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9093	\$2.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9094	\$5.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9098	\$508.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9100	\$1.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9110	\$4.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9120	\$565.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9130	\$4.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9140	\$8.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9150	\$16.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9151	\$58.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9160	\$1,481.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9170	\$358.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9178	\$3.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9181	\$0.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9185	\$169.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9190	\$1.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9200	\$58.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9201	\$146.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9202	\$203.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9206	\$15.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9207	\$66.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9208	\$31.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9209	\$4.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9211	\$133.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9212	\$6.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9214	\$16.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9216	\$311.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9217	\$206.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9218	\$6.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9225	\$1,642.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9250	\$0.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9260	\$2.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9261	\$104.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9263	\$9.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9264	\$9.59	\$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
J9265	\$8.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9268	\$1,443.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9280	\$14.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9290	\$59.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9291	\$118.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9293	\$71.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9300	\$2,660.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9303	\$89.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9305	\$51.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9310	\$571.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9320	\$293.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9330	\$50.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9340	\$101.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9355	\$65.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9357	\$619.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9360	\$1.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9370	\$5.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9375	\$11.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9380	\$29.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9390	\$13.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9395	\$85.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9600	\$2,816.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
P9041	\$29.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
P9043	\$23.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0164	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0165	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0166	\$5.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0167	\$7.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0168	\$14.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0170	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0173	\$0.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0175	\$0.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0178	\$0.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0179	\$8.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0180	\$52.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q2009	\$0.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q3025	\$185.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4080	\$52.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4081	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4101	\$34.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4102	\$4.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Injection Code Changes (continued)

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
Q4103	\$4.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4104	\$12.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4105	\$12.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4106	\$41.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4107	\$94.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4108	\$18.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4109	\$82.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4110	\$35.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4111	\$7.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4112	\$326.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4113	\$326.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4114	\$911.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q9954	\$10.34	\$10.34	\$0.00	\$0.00	\$0.00	\$0.00
Q9956	\$61.28	\$61.28	\$0.00	\$0.00	\$0.00	\$0.00
Q9957	\$64.64	\$64.64	\$0.00	\$0.00	\$0.00	\$0.00
Q9960	\$0.12	\$0.12	\$0.00	\$0.00	\$0.00	\$0.00
Q9965	\$1.34	\$1.34	\$0.00	\$0.00	\$0.00	\$0.00
Q9966	\$0.39	\$0.39	\$0.00	\$0.00	\$0.00	\$0.00
Q9967	\$0.21	\$0.21	\$0.00	\$0.00	\$0.00	\$0.00

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providers' news staff

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Please Note

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