

# PROVIDERS' NEWS

A publication for participating providers and their office staffs

SEPTEMBER 2014

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## Payment policy for high-cost injectable drugs

Arkansas Blue Cross and Blue Shield and subsidiaries' payment policy for high-cost injectable drugs limits reimbursement to a maximum of \$400 over the cost of the drug. For example, if the average sales price (ASP) of the drug is equal to or greater than \$4,000, the maximum reimbursement will be ASP plus \$400. For an ASP of \$4,000, the maximum reimbursement will be \$4,400. For an ASP of \$6,000, the maximum reimbursement will be \$6,400. Even though this policy has been in place since July 2011, it has been inconsistently applied. The addition of Claims Check Plus will allow more accurate and consistent application to pricing of claims for injectable drugs.



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# Use AHIN for verifying eligibility, benefits & claims status

The 2015 open enrollment period for the federal Health Insurance Marketplace begins November 15, 2014, and continues through February 15, 2015. Because of the anticipated enrollment of many new members and the renewal of current members effective on the same dates, Arkansas Blue Cross and Blue Shield strongly encourages physicians and other health care professional offices,

including facilities, to use the Advanced Health Information Network (AHIN) for verifying eligibility, benefits and claims status. Please note that several recent enhancements to AHIN will display additional information on benefits that should help providers when scheduling appointments, checking eligibility and benefits.

Arkansas Blue Cross is planning and staffing to answer all calls, however

there may be periods of time when the call volumes spike and exceed our ability to answer all of the calls. Therefore, we request physicians and other health care professional offices to please use AHIN as much as possible. AHIN has the same member information as the Arkansas Blue Cross Customer Service representatives, and AHIN is always up to date.

## AHIN: new member benefit display

AHIN implemented a new benefit display for Arkansas in-state members on August 22, 2014. The aim is to improve the quality of services and deliver more transparency to providers when inquiring on members' benefits. The new page display is structured in sections: member insurance (header), service types (left scroll column) and member benefits (main content column).

**Member Insurance (header)**

Payer: ARKANSAS BLUE CROSS BLUE SHIELD  
 Group Number: PPO HIGH OPTION-BUY UP - 028190000  
 Pre-Existing: No Pre-Existing Period  
 Web site: Physician Visit - Office: Well Coverage Policy

Member: XCA9999999901  
 Business: Preferred Provider Organization (PPO)  
 EXPERIENCE PROSPECTIVE 101 + EMPLOY

Subscriber: XCA9999999901  
 Plan: 06/01/2010 - 12/31/9999

**Service Types (scroll)**

- Abortion
- Air Transportation
- Allergy Testing
- Ambulatory Service Center Fac
- Anesthesia
- Audiology Exam
- Cardiac Rehabilitation
- Chemotherapy
- Chiropractic
- Dental Care
- Diabetic Supplies
- Diagnostic Lab
- Diagnostic Medical
- Diagnostic X-ray
- Dialysis
- Durable Med Equip Purchase
- Durable Med Equip Rental
- Durable Medical Equipment
- Emergency Services
- Family Planning
- Flu Vaccination
- General Benefits
- Gynecological
- Health Benefit Plan Coverage
- Home Health Care
- Hospice
- Hospital
- Hospital - Ambulatory
- Hospital - Emergency Accident
- Hospital - Emergency Medical
- Hospital - Inpatient
- Hospital - Outpatient
- Immunizations
- In-vitro Fertilization
- Infertility
- Licensed Ambulance
- Mammogram High Risk Patient
- Mammogram Low Risk Patient
- Maternity
- Medical Care
- Mental Health
- Mental Health Facility - Inpatient
- Mental Health Facility - Outpatient
- Mental Health Provider - Inpatient
- Mental Health Provider - Outpatient

**Member Benefits (main content)**

**Prof (physician) Visit - Office**  
 Professional services of a physician or other healthcare provider during a sick office visit.

Current:  Contract Level  AHIN Collection  RSPs

Member's Cost	In Network	Out of Network
<b>Co-Insurance</b>	Begin Date: 01/01/2014	Begin Date: 01/01/2014
	20% (Calendar Year)	40% (Calendar Year)
<b>Pre-Authorization</b>	No	No
<b>Deductible</b>	Begin Date: 01/01/2014	
Individual	\$500.00 (Calendar Year)	
Remaining	\$500.00 (Remaining)	
Family	\$1,000.00 (Calendar Year)	
Remaining	\$1,000.00 (Remaining)	
<b>Out of Pocket</b>	Begin Date: 01/01/2014	Begin Date: 01/01/2014
Individual	\$2,000.00 (Calendar Year)	\$8,000.00 (Calendar Year)
Remaining	\$2,000.00 (Remaining)	\$8,000.00 (Remaining)
Family	\$4,000.00 (Calendar Year)	\$16,000.00 (Calendar Year)
Remaining	\$4,000.00 (Remaining)	\$16,000.00 (Remaining)
<b>Informational Messages</b>		
1 MEMBERS MUST MEET INDIVIDUAL OUT OF POCKET AMOUNT. DEDUCTIBLE AND COPAY ARE EXCLUDED FROM OOP REMAINING 0 MEMBERS HAVE MET THEIR OUT OF POCKET AMOUNT.		1 MEMBERS MUST MEET INDIVIDUAL OUT OF POCKET AMOUNT. DEDUCTIBLE AND COPAY ARE EXCLUDED FROM OOP REMAINING 0 MEMBERS HAVE MET THEIR OUT OF POCKET AMOUNT.
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# AHIN: new help screens

Help screens have been implemented to assist users with AHIN functionality. Several help screens now are available for AHIN functions.

The screenshot shows the AHIN Bulletin Board interface. At the top, there is a navigation bar with links: Home, Insurance, Members, Providers, Clearinghouse, Links, Admin, Transfer, API Portal, Contact Us, Cache, Tutorial, Print. A question mark icon is in the top right corner. Below the navigation bar, there is a 'Last Document Posted: 02/11/2014' and an 'Add' button. The main content area is titled 'AHIN Bulletin Board'. On the left, there is a sidebar with various menu items: Show Open Files, Show Reports, User Administration, Clearinghouse Requests: 0/0/0/0, Clearinghouse Requests: 3/1, Enrollment Requests: 16/5 4/0. Below this is a 'Quick Search' section with input fields for Last Name, First Name, Birth, and Claim Num, and buttons for Claims, Claim Status, Members, and Providers. Further down are 'Submitter Errors' and 'CPT/HCPCS Search' sections. A modal window titled 'AHIN Help' is open, displaying a 'Help Index' with links for Arkansas Members/In State, Member Search, and Benefits. A callout box points to the question mark icon in the top right corner of the main page, and another callout box points to the 'AHIN Help' window.

- AHIN Help is accessed by clicking the question mark icon in the menu bar.
- Clicking the question mark displays the AHIN Help Index

- Currently these topics are documented and available via AHIN Help.
- As other screen functions are documented they will appear in the index.
- Click on a topic for detailed functionality

When help is needed, click the help icon to display documentation.

The screenshot shows the AHIN Member Search interface. At the top, there is a navigation bar with links: Home, Insurance, Members, Providers, Clearinghouse, Links, Admin, API Portal, Contact Us, Cache, Tutorial, Print. A question mark icon is in the top right corner. Below the navigation bar, there is a 'Search Criteria' section with input fields for Last Name, First Name, Middle Init, Birth, Member ID, Policy Num, SSN, and UPI, and buttons for Search, Trans Hist, and Clear. Below this is a table with columns: Last Name, First Name, MI, Birth, Policy - Coverage Dates. A modal window titled 'AHIN Help' is open, displaying a 'Member Search' screen with text explaining the search process and providing examples. A callout box points to the question mark icon in the top right corner of the main page, and another callout box points to the 'X' button and the scrollbar in the 'AHIN Help' window.

*Click for AHIN Help*

- Click the "X" to close AHIN Help
- Use the Scroll bar to navigate through the documentation

If you have questions not answered by the help screens, please contact customersupport@ahin.net for assistance.



# Medi-Pak Advantage & member wellness exams

On January 1, 2011, Medicare started covering preventive services, which meant they were covered by all Medi-Pak Advantage PFFS/PPO/HMO products too. At Arkansas Blue Cross and Blue Shield, we want Medi-Pak Advantage members to take full advantage of the preventive services available to them.

Your Medi-Pak Advantage patients are eligible for three distinct wellness exams:

- 1) Initial preventive physical exam (IPPE) or “Welcome to Medicare” visit.** New members are entitled to the IPPE within the first twelve months of coverage with a \$0 copayment. The IPPE should develop your patient’s personal prevention plan and should include:
  - Review of medical and social history
  - Review of potential risk factors for depression
  - Review of functional ability and level of safety, including hearing impairment, daily living activities, fall risk and home safety
  - Physical exam including height, weight, blood pressure, body mass index, visual

- acuity and other measurements
- End-of-life planning assistance and advance directives
- Additional education and counseling related to health and prevention
- Counseling and referrals for additional appropriate screenings and preventive services

Submit HCPCS code G0402 for the once in a lifetime IPPE.

- 2) Personalized prevention plan services (PPPS) or “Annual Wellness” visit.** Existing members are entitled to an annual wellness exam every twelve months with a \$0 copayment. This allows the provider and member to develop a personalized prevention plan that considers age-appropriate preventive services plus additional services based upon a patient’s health status. During the PPPS, you would:
  - Establish or update medical and family history
  - Review of potential risk factors for depression
  - Review of functional ability and level of safety, including

- hearing impairment, daily living activities, fall risk and home safety
- Record a physical exam including height, weight, body mass index, blood pressure and other routine measurements
- List or update the member’s medical providers and suppliers
- Detect any cognitive impairment the member may have
- Establish a screening schedule for the next several years
- Establish or update the member’s list of risk factors
- Give health advice and appropriate referrals to education or preventive services

Submit HCPCS code G0438 (first visit) or G0439 (subsequent visits) for the PPPS.

- 3) Annual routine physical examination.** Each Medicare Advantage patient is entitled to an annual routine physical exam performed by the member’s primary care physician (PCP) with a \$0 copayment. The purpose of this exam is to provide a comprehensive physical

(continued on page 5)



Medi-Pak Advantage & member wellness exams (continued from page 4)

examination in order to screen for disease, promote a healthy lifestyle and assess a member’s potential risk factors for future medical problems. Any clinical laboratory or other diagnostic services performed at the time of the wellness visit could be subject to copayments or coinsurance.

The annual routine physical exam includes performance of all of the following:

- History, vital signs and general appearance
- Heart and lung exam
- Head and neck exam
- Abdominal exam
- Neurological exam
- Dermatological exam
- Extremities exam
- Specific male and female exams
- Counseling (include healthy behaviors and screening services)

Submit CPT codes 99385-99387 or 99395-99397 for the annual routine physical exam. All codes are subject to change. Please review coding prior to claims submission through the Centers for Medicare & Medicaid Services website at cms.gov.

**Patient eligibility:**

All Medicare Advantage members are eligible for initial and subsequent annual wellness visits as long as they have been a Medicare beneficiary for at least 12 months or longer.

It is important to ask your patients if they have had an annual wellness visit when the appointment is scheduled. Why?

- Patients are eligible for only one IPPE visit per lifetime, even if the member is new to your practice. The subsequent annual routine physical exam visits are covered once every 12 months.
- The annual wellness visit cannot take place within 11 months of a member’s initial preventive physical examination (IPPE).
- Medi-Pak Advantage also offers routine physical exams for our members.

**Coding and billing:**

(See the example below)

The annual wellness exam may be performed by a physician (doctor of medicine or osteopathy), a qualified non-physician practitioner (a physician assistant, nurse practitioner or certified clinical nurse specialist), or a medical professional (including a health educator, registered dietitian, nutrition professional or other licensed practitioner), or a team of professionals working under the direct supervision of a

physician.

In addition to billing the PPS with a preventive diagnosis code, it is critical that all documented conditions are reported using the most appropriate diagnosis codes. These must be submitted for each and every physician visit.

Please be sure you are reporting all chronic conditions at least once a year, regardless of the purpose for that visit. Example: amputation, COPD, diabetes, osteoporosis, mastectomy, etc.

Providers may perform a yearly physical exam, treat a medical condition and order screening or diagnostic lab studies on the same day as a wellness visit. Providers must submit the appropriate G code for the wellness visit and E&M code, with the 25 modifier, for the comprehensive annual physical visit or office visit.

Should you order additional diagnostic tests during a wellness visit, the member could be responsible for additional out-of-pocket expenses. For additional information, specifics, and more visit the Medicare website at www.cms.gov.

Joe Landry turned 65 on December 7, 2013, and was eligible for Medi-Pak Advantage on January 1, 2014.

Jan 2014 Eligible for IPPE G0402 Until 12/31/14	Jan 2015 Eligible for PPS G0438 11 months after IPPE	Jan 2016 Eligible for Subsequent PPS G0439 11 months after PPS
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# Medi-Pak Advantage: revision to the Medi-Pak remittance advice

During June 2014, a revision was made to the Medi-Pak paper remittance advice (RA) heading to distinguish the actual method of payment. Previously the heading on the RA read "Check/EFT number," but did not distinguish how the payment was conveyed. Now, the Check/EFT heading indicates the true method of payment delivery. The heading states "Check" for payments made via hard copy check, "EFT" for payments made via electronic funds transfer, and "RA Number" when no claim on the RA has a payment.

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## Hot Springs office relocating

In order to better serve our members and providers, the Arkansas Blue Cross and Blue Shield office in Hot Springs moved to a new location on September 8. The new location, which now is an ArkansasBlue health insurance retail store, is:

Arkansas Blue Cross and Blue Shield  
1635 Higdon Ferry Road, Suite J  
Hot Springs, AR 71913

Please make note of the address change and feel free to contact our customer service department with any questions. Note: The phone and fax numbers remain the same.

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## ASE/PSE: changes for specialty drugs, oncology precertification and plan names

- Effective September 1, 2014, prior authorization will be required for specialty drugs covered under medical for Arkansas State employees and Public School employees (ASE/PSE) members. Please see AHIN for a list of specialty drugs covered under medical benefits.
- Effective January 1, 2015, ARBenefits for ASE and PSE will begin requiring pre-certification of all outpatient oncology-related treatments. Providers initiating new treatment regimens will be required to call 1-877-815-1017, option 2, and follow the pre-certification prompts. Providers will be asked for member demographics, diagnosis, pertinent clinical information, as well as treatment plan in order for medical necessity and experimental/investigational status to be determined.
- Effective January 1, 2015, if a pre-certification is not obtained for a service, the service will be denied without member responsibility.
- Effective January 1, 2015, the plan names for Arkansas State Employees (ASE) and Public School Employee (PSE) will change. The new plan names will be Premium, Classic and Basic.



# Medi-Pak Advantage: annual Medicare compliance training

As a contractor for the Centers for Medicare & Medicaid Services (CMS), Arkansas Blue Cross and Blue Shield is required by the Medicare Managed Care Manual (42CFR Parts 422 and 423) Chapter 21: Compliance Program Guidelines and Chapter 9: Prescription Drug Manual, to develop and maintain and communicate this information to all first-tier, downstream and related entities (FDRs).

As a contracted provider (FDR) that provides a service to our Medi-Pak® Advantage PFFS/PPO/HMO and Medi-Pak® Rx PDP members, providers are required to complete annual Medicare compliance training. It also is the

provider's responsibility to ensure that all staff, including front office, lab techs, nurses, billing and any other ancillary staff serving these Medicare beneficiaries, complete the annual compliance training. All new hires must complete the training within 90 days of hire and annually thereafter.

In the event that your organization does not have Medicare compliance training in place, Arkansas Blue Cross has created the 2014 Medicare Compliance Training for Providers to meet CMS' training requirements. The training is available on AHIN and at [www.arkbluecross.com/providers](http://www.arkbluecross.com/providers) under "Resource Center." Providers who've

already completed the annual compliance training from another insurer, it isn't necessary to complete the training with Arkansas Blue Cross. Providers need to retain a copy of the training and training log for 10 years. All documentation is subject to random audit by Arkansas Blue Cross or may be requested as part of a compliance program audit by CMS or a CMS designee.

Compliance training should be completed by December 31, 2014, or within 90 days of hire for all new employees.

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## Patient-centered medical home program to expand

Arkansas Blue Cross and Blue Shield, its subsidiaries and affiliate companies will expand its primary care programs to include the patient-centered medical homes (PCMH) already created by Arkansas Medicaid. The current draft of Arkansas Rule 108 requires qualified health plans who are selling business on the

Arkansas health insurance marketplace to promote the Arkansas PCMH model.

Arkansas Blue Cross has been participating in the Comprehensive Primary Care Initiative (CPCI) coordinated by Centers for Medicare & Medicaid Services (CMS) for the past two years and is excited about the opportunity to add additional clinics to

support its primary care strategy through the PCMH program. Many of the Medicaid PCMH clinics are already in the Arkansas Blue Cross CPCI program. Through the remainder of 2014, Arkansas Blue Cross will be developing its PCMH program and adding the non-CPCI clinics to it.



# Medi-Pak Advantage: discontinue use of the advanced beneficiary notice of non-coverage

Medicare Advantage Organizations (MAOs) have received direction from the Centers for Medicare & Medicaid Services (CMS) to immediately discontinue the use of the Advanced Beneficiary Notice of Non-coverage (ABN) form (CMS-R-131).

The ABN was created under the original Medicare program to notify a Medicare beneficiary when Medicare payment is expected to be denied. According to the memo recently released by CMS, MAOs have been reminded that the ABN form cannot be used to notify Medicare

Advantage members of non-coverage. Instead, Medicare Advantage enrollees have the right to request a pre-service organization determination.

Providers should no longer utilize the ABN to advise Medi-Pak Advantage members of non-coverage for an item or service. If a decision regarding coverage is needed prior to the service being rendered, a pre-service organization determination form should be completed and faxed by the member or their provider. Without a pre-service organization determination form on file,

providers cannot hold the member liable for non-covered services that have been rendered.

The pre-service organization determination form is located on the “forms” page of the Arkansas Blue Cross and Blue Shield website ([www.arkansasbluecross.com/providers/forms.aspx](http://www.arkansasbluecross.com/providers/forms.aspx)). Completed forms should be faxed to 501-379-2703. Providers may request assistance in completing the form by contacting Medi-Pak Advantage at 1-800-298-2288, Monday through Friday, 8 a.m. to 5 p.m.

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## Reminder: clinic visits billed by a facility

Arkansas Blue Cross and Blue Shield, Health Advantage and USAble Corporation do not recognize facility charges for clinic visits. Facility charges for services performed in a clinic should be billed under revenue codes 0510-0519. These services will be denied and charges for these services should not be collected from Arkansas Blue Cross policyholders. Covered services performed in a clinic will be reimbursed when billed on a professional claim.

(Article originally printed in the September 2008 issue of *Providers' News*.)

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## Coordination of benefits with private option

There continues to be some confusion about coordination of benefits (COB) between the private option and other health plans. While the private option does have some funding from the State of Arkansas, it is not considered Medicaid. Because the private option is considered private insurance, traditional COB rules between health plans apply. For example, if a private option policyholder also is a spouse covered on an Arkansas Blue Cross and Blue Shield group family policy, the private option will be the primary payer for this member.





# Health Insurance Marketplace: Metallic benefits requiring an authorization

The following benefits require authorization for metallic plan members:

1. Hospital services in connection with dental treatment with prior approval.
2. Advanced diagnostic imaging services with prior approval.
3. In vitro fertilization with prior approval.
4. Autism spectrum disorder benefits with prior approval
5. Durable medical equipment with costs >\$5,000.00 with prior approval
6. Implantable osseointegrated hearing aids for patients with single-sided deafness, for chronic external otitis or otitis media with prior approval
7. Prosthetic devices with costs >\$20,000 with prior approval
8. Reduction mammoplasty with prior approval

9. Certain drugs with prior approval
10. All transplants other than kidney/cornea with prior approval
11. Neurologic rehabilitation facility services with prior approval
12. Pediatric vision services, vision therapy developmental testing with prior approval
13. Enteral feedings with prior approval
14. Gastric pacemaker with prior approval
15. "Off label" medicine use with prior approval

Services that are not specifically listed in the individual or group benefit certificate as having to receive a prior authorization should not be submitted for a prior authorization review, including inpatient notification and concurrent reviews.

Note that prior approval does not mean that the

service, supply or treatment will be covered regardless of other terms, conditions or limitations outlined, but means only that coverage will not be denied for failing to meet the primary coverage criteria if complete and accurate information has been furnished when prior approval is given.

Without limiting the application of other coverage limitations or exclusions, for example, prior approval shall not be interpreted to waive eligibility requirements such as employment or dependent status or timely premium payment, nor shall prior approval be deemed to waive network benefit limits or any other specific policy condition, exclusion or limit, such as a calendar year maximum or policy limit.

(Article originally printed in the September 2013 issue of *Providers' News*.)

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## FEP: claims payment schedule

During the fourth quarter of 2014, the Federal Employees Program claim payments will change from a daily schedule to twice weekly. The payments will be processed on Wednesday and Friday, adjusting for holidays as needed. Updates providing the exact timing of the conversion will be posted on AHIN.

(Article originally printed in the June 2014 issue of *Providers' News*.)



# ICD-10 revised compliance date

The U.S. Department of Health and Human Services (HHS) has issued a rule finalizing October 1, 2015, as the new compliance date for health care providers, health plans and health care clearinghouses to transition to ICD-10. This deadline allows providers, insurance companies, and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on October 1, 2015.

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## Don't delay. Sign-up for testing now!

Arkansas Blue Cross and Blue Shield is actively performing ICD-10 end-to-end testing with providers and can help you get started. We encourage providers to initiate your ICD-10 testing effort as soon as possible by contacting us at [icd10@arkbluecross.com](mailto:icd10@arkbluecross.com). You may also use [icd10@arkbluecross.com](mailto:icd10@arkbluecross.com) for any ICD-10 related inquiries or communication. For updated information regarding ICD-10, visit the "ICD-10 Resource Center" located in the provider section of the Arkansas Blue Cross website, [www.arkansasbluecross.com/providers/ICD10ResourceCenter.aspx](http://www.arkansasbluecross.com/providers/ICD10ResourceCenter.aspx).

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## Reminder of CMS-1500 (02/12) qualifier requirements

Arkansas Blue Cross and Blue Shield and its affiliates, USABLE Corporation, and Health Advantage are still receiving a large quantity of improperly formatted claims. The CMS-1500 (02/12) version contains changes from the previous CMS 1500 (08/05) version. The CMS-1500 (02/12) version has additional required qualifier fields. Many providers are still failing to include these qualifiers when certain situations require it. The following fields have additional requirements:

- **Box 14: Date of Current Illness, Injury or Pregnancy.** If a date is put in Box 14, the appropriate qualifier indicating the type of date is required.

- **Box 15: Other Date.** If a date is put in Box 15, the appropriate qualifier indicating the type of date is required.
- **Box 17: Name of Referring Provider or Other Source.** If a provider name is indicated in Box 17, the appropriate qualifier indicating the type of provider is required.
- **Box 21: Diagnosis or Nature of Illness or Injury.** An International Classification of Diseases (ICD) indicator is now required. Use "9" to indicate ICD-9 codes are being submitted or use "0" to indicate ICD-10 codes. Currently only ICD-9 codes should be used.
- **Box 24E: Diagnosis Pointer.** A diagnosis

pointer has always been required. However, with the 02/12 version of the claim form, corresponding alpha characters A through L should be used instead of numbers.

For detailed instructions on how to properly complete the CMS-1500 (02/12) claim form, Arkansas Blue Cross recommends following the National Uniform Claim Committee (NUCC) guidelines. The guidelines include valid qualifier values and definitions and can be found at [nucc.org](http://nucc.org). Improperly formatted paper claims will be rejected.



# New Qualifier Fields Reference Guide

## For CMS-1500 (02/12) Form Version

**Box 14 - Date of Current Illness, Injury or Pregnancy (LMP):**  
If a date is submitted in Box 14, the corresponding qualifier is *required*.

Qualifier	Definition
431	Onset of current symptoms or illness
484	Last menstrual period

**Box 15 - Other Date:**

If a date is submitted in Box 15, the corresponding qualifier is *required*.

Qualifier	Definition
454	Initial treatment
304	Latest visit or consultation
453	Acute manifestation of a chronic condition
439	Accident
455	Last x-ray
471	Prescription
090	Report start (assumed care date)
091	Report end (relinquished care date)
444	First visit or consultation

**DRAFT - NOT FOR OFFICIAL USE**

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDIGAP TRICARE CHAMPVA SEVERE DISABILITY PLAN RESERVE PLAN OTHER 1a. INSURED'S ID NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last name, First name, Middle initial) 3. PATIENT'S BIRTHDATE (MM DD YY) SEX 4. INSURED'S NAME (Last name, First name, Middle initial)

5. PATIENT'S ADDRESS (In, Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (In, Street)

8. RESERVED FOR NUGC USE 9. OTHER INSURED'S NAME (Last name, First name, Middle initial) 10. IS PATIENT'S CO-INSURED?

11. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

12. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) 15. OTHER DATE

13. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) 15. OTHER DATE

16. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

22. DATE(S) OF SERVICE From To PLACE OF SERVICE EMG CPT/HCPCS MODIFIER DIAGNOSIS POINTER

23. FEDERAL TAX ID NUMBER 24. PATIENT'S ACCOUNT NO. 25. ACCEPT ASSIGNMENT 26. TOTAL CHARGE 27. AMOUNT PAID 28. PAID BY NUGC USE

29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If one of the statements on the reverse applies to this box and use make a part thereof) 30. SERVICE FACILITY LOCATION INFORMATION 31. BILLING PROVIDER INFO & PH#

NUCC Endorser Manual available at: www.nucc.org PLEASE PRINT OR TYPE OMB APPROVAL PENDING

**Box 17 - Name of Referring Provider or Other Source:**  
If a provider is named in Box 17, the corresponding qualifier is *required*.

Qualifier	Definition
DN	Referring Provider
DK	Ordering Provider
DQ	Supervising Provider

**Box 21 - ICD Qualifier:**

The qualifier indicating what type of diagnoses are used in 21A-L is *required*.

Qualifier	Definition
9	ICD9 Code
0	ICD10 Code

**Box 24E - Diagnosis Pointer:**

Diagnosis Pointers must be an alpha character (A-L), which corresponds to diagnosis code in Box 21. The first letter indicates the primary diagnosis and is *required*. A maximum of 4 pointers per service line is allowed.



# Do not use out-of-network laboratories

Arkansas Blue Cross and Blue Shield and its affiliates have recently noticed an increase in the utilization of non-participating laboratory vendors and the performance of novel “cardiovascular risk” panels at an out-of-network laboratory. These panels include assays which are not covered benefits under the terms of the members’ health plans or policies.

Many of the claims for novel “cardiovascular risk” panel at an out-of-network laboratory are being submitted to one particular out-of-network vendor, Health Diagnostic Laboratory (HDL). As a reminder, using HDL or other out-of-network laboratory service providers could result in termination of your network participation agreements with Arkansas Blue Cross and its affiliates, USABLE Corporation (True Blue and Arkansas’ FirstSource®

PPO networks) and Health Advantage (Health Advantage HMO network).

Referral to out-of-network providers – including labs – constitutes a breach of the network participation agreement except where referral is unavoidable due to an emergency or if a covered service is not available in-network. Referral to out-of-network providers is not just a business or contract concern of Arkansas Blue Cross and its affiliates but these violations have adverse financial consequences for members as well if members are subjected to “balance billing” in excess of the in-network allowance.

Please be aware that if a provider’s network participation agreements are terminated due to breach, including a breach due to out-of-network lab referrals, then the provider will not be eligible or

considered for re-admission to the networks for three years.

Most out-of-state labs are NOT in the Arkansas Blue Cross or its affiliate’s networks. Claims for specimens collected in Arkansas cannot be submitted through other Blues Plans via the BlueCard system. The claim must be filed with a participating Arkansas Blue Cross provider. Other labs that are not in network for Arkansas Blue Cross or its affiliates include Ameritox, Aegis Sciences Corp, Ambry Genetics, Clariant Diagnostics, Genomics Health, GenPath, Health Diagnostics Lab, Medical Diagnostic Lab (MDL), PerkinElmer Labs, Sequenom, Veracyte and Verinata. For a list of current in network laboratory service providers, visit the Arkansas Blue Cross website at [arkbluecross.com](http://arkbluecross.com).

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## Alpha prefix changes on ID cards

When services are billed on a Blue Cross and Blue Shield member, please ensure you have the most current ID card that indicates the correct alpha prefix on the member’s contract number. For example, on October 1, 2014, Blue Cross and Blue Shield of Michigan will stop using some prefixes and will reject claims unless they are submitted with the most current member ID.



# Photocopying of paper claim attachments to stop

Effective November 1, 2014, Arkansas Blue Cross and Blue Shield and its affiliates, USABLE Corporation (True Blue and Arkansas' FirstSource® PPO networks) and Health Advantage (Health Advantage HMO network), will no longer make courtesy photocopies of attachments to accompany paper claim forms, CMS 1500 (02/12) or UB04, when multiple claims are submitted at the same time.

Providers will be required to submit all necessary paperwork for each unique paper claim submission. This primarily affects claims

that are required to have primary insurance payment information attached. If a provider has more than one paper claim submission but only includes one copy of payment information for all the claims, it will be included with the first claim only. Subsequent claims needing the same information may get rejected for missing required payment information. Arkansas Blue Cross and its affiliates, USABLE Corporation, and Health Advantage accept and prefer all secondary insurance claims with payment information to be filed electronically.

Medical records and other types of non-payment documentation are rarely needed at the time of initial claim submission. Providers should wait until additional information is specifically requested before submitting other types of paperwork. However, if additional documentation is submitted, it will be included with the first claim only. Unless additional copies are submitted by the provider, subsequent claims will not have the additional attachments.

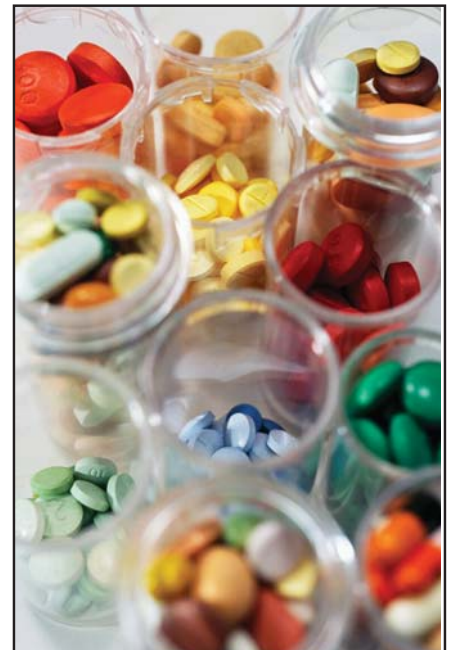
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## Validation of national drug codes

In early 2015, all national drug codes submitted on professional and/or institutional claims will be required to be in the 5-4-2 NDC format and edited to ensure the code is valid as well as valid for the date of service submitted. Additionally, the national drug quantity and unit of measure will be required for each code. Prior to the implementation of these new edits, providers should confirm the codes

submitted meet the criteria described. For professional (837P) and institutional (837I) medical claims, the NDC information is located in the 2410 Drug Identification Loop, in the LIN and CTP segments.

If you have questions regarding the changes, please contact AHIN Customer Support at 501-378-2336 or 855-822-2446 or [customersupport@ahin.net](mailto:customersupport@ahin.net).







# Provider “third party liability” or “subrogation” activities and member claims

Arkansas Blue Cross and Blue Shield would like to provide the following notice regarding applicable claims filing policies and procedures of Arkansas Blue Cross and its affiliate, Health Advantage, in situations in which a third party or their liability carrier are responsible for the injuries an Arkansas Blue Cross or Health Advantage member sustains (generally referred to for shorthand convenience as “Third Party Liability” or “Subrogation” matters). These policies and procedures have been in place for many years but are being restated for emphasis due to increasing Third Party Liability or Subrogation activities of some providers. Providers are reminded that their network participation agreements obligate them to comply with all claims filing policies and procedures, including those published in Providers’ News.

1. Arkansas Blue Cross and Blue Shield and Health Advantage encourage providers to file all claims, rather than

holding such claims to pursue Third Party Liability or Subrogation. Filing the claim allows quick provision of any available health plan or insurance contract benefits to our members, and provides the fastest payment to providers.

2. Although filing of claims is strongly encouraged and preferred, Arkansas Blue Cross and Health Advantage provider contracts do not require that claims be filed with them, and recognize that state law specifically grants a lien to providers for Third Party Liability (i.e., providers can claim a part of any third party recovery the member may otherwise seek or be entitled to recover).
3. While Arkansas Blue Cross and Health Advantage understand this state lien law, and do not purport to change or challenge it, Arkansas Blue Cross and Health Advantage do require as an express term of their network participation agreements that

participating providers must not pursue the member for any amounts in excess of the Arkansas Blue Cross or Health Advantage payment (“Excess Amounts”) although participating providers may collect applicable member deductible, coinsurance or copayments. This means that while a provider can go after the third party or their carrier without violating their network participation agreement, the provider cannot attempt to recover “Excess Amounts” from the member. Any attempt to bill the member or collect against the member or their assets for Covered Services will be deemed a violation of the network participation agreement.

4. Providers are reminded that network participation agreements impose a 180-day timely filing requirement for all claims, and expressly bar collection – either

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Provider “third party liability” or “subrogation” activities and member claims (continued from page 14)

from Arkansas Blue Cross or Health Advantage or the member – on claims not filed within 180 days. Thus, if a provider elects not to file a claim in favor of exclusively pursuing Third Party Liability or Subrogation, if that effort causes a delay in filing the claim past the 180-day filing deadline, providers cannot thereafter bill either the member or Arkansas Blue Cross or Health Advantage for any amount on such claims.

5. Providers are also reminded that while they may elect not to file a claim, members may still file the claim with Arkansas Blue Cross or Health Advantage based on the provisions of their member certificate or evidence of coverage. If the member files a claim that a provider has withheld, Arkansas Blue Cross or Health Advantage will attempt to develop and process that member-submitted claim. Providers are contractually obligated in such circumstances to provide to Arkansas Blue Cross and Health Advantage information needed to evaluate and process the claim. Any payments determined due on such claims will be paid

to the provider. Providers may not decline to accept the Arkansas Blue Cross or Health Advantage payment in such situations. If a provider does breach the participation agreement by declining to accept payment, Arkansas Blue Cross or Health Advantage will then make payment to the member. In either case, whether the payment is accepted or declined, and whether payment is made to the provider or the member (following provider refusal to accept), the provider cannot pursue collection against the member for Excess Amounts.

- 6. Arkansas Blue Cross and Health Advantage do not take a position regarding a provider’s option to
  - (a) File claims and receive the Arkansas Blue Cross or Health Advantage payment and also
  - (b) Pursue Third Party Liability or Subrogation for the remaining portion of their bills (the Excess Amounts).

The only interest for Arkansas Blue Cross and Health Advantage is in ensuring that providers understand that once they become a participating provider in these networks,

they cannot pursue the member for amounts beyond the Arkansas Blue Cross or Health Advantage payments.

- 7. To the extent that any of the preceding rules of network participation have not been clearly understood or interpreted by any provider or party, this Providers’ News article shall be deemed to constitute notice of an amendment to the network participation agreement of Arkansas Blue Cross and Health Advantage participating providers.
- 8. With respect to Arkansas’ FirstSource® PPO and True Blue PPO networks of USABLE Corporation, the same policies and procedures as referenced above shall apply, with the only variation being that USABLE Corporation is not a payer of any claims of self-funded groups that access these networks; accordingly, payment of all such self funded group claims is always subject to funding and direction of the employer sponsor as Plan Administrator of such plans.

(Article originally printed in the September 2008 issue of *Providers’ News*.)



# High tech imaging center participation standards

The following participation standards will become effective January 1, 2015, for all imaging centers participating in the Preferred Payment Plan, Medi-Pak<sup>®</sup> Advantage PFFS, Medi-Pak<sup>®</sup> Advantage LPPO, Medi-Pak<sup>®</sup> Advantage HMO, Arkansas' FirstSource<sup>®</sup> PPO, True Blue PPO and Health Advantage HMO (the foregoing referred to collectively hereinafter as the "networks").

These standards and requirements are intended to promote reasonable and consistent quality and safety standards for the provision of imaging services. These standards apply to all non-hospital based imaging centers (ICs), including ICs and in-office ICs performing high-tech imaging procedures which include computed tomography (CT), magnetic resonance (MR), positron emission tomography (PET), nuclear medicine and nuclear cardiology services. ICs must maintain ongoing compliance with these standards as a condition of participation in the networks.

## I. General requirements for imaging centers

1. All ICs shall provide a written report within five (5) business days from date of service to the ordering provider. (Mammography reports must be completed within thirty (30) days, per Mammography Quality Standards Act (MQSA) guidelines.)
2. All ICs are required to read and report on urgent/STAT studies within four hours.
3. All ICs shall have a documented Quality Control Program inclusive of both imaging equipment and film processors.
4. All ICs shall have a documented Radiation Safety and As Low As Reasonably Achievable (ALARA) Program.
5. All ICs utilizing equipment or radioactive materials emitting ionizing radiation shall have a current (within three (3) years) letter of state inspection, calibration report, or physicist's report.
6. ICs must have a policy and procedure for the administration of contrast, if applicable.
7. ICs must have a policy and procedure for conscious sedation, if applicable.
8. ICs must have emergency policies, procedures and equipment on site (i.e. crash cart, automated external defibrillator (AED)).

9. ICs imaging pediatric patients must have established and utilize unique pediatric protocols.
10. ICs imaging pediatric patients must utilize special software to reduce radiation dose to pediatric patients.
11. At least one radiologic technologist must be Basic Life Support (BLS) certified.
12. All ICs must have a formal preventative maintenance program per original equipment specifications.
13. All ICs must have documented HIPAA policies and procedures in place.

## II. Modality Specific Guidelines

### A. Computed Tomography (CT), Magnetic Resonance (MR) and/or Positron Emission Tomography (PET) Services

1. Physician Staffing:
  - a. CT and MR services: Each IC performing CT or MR must be staffed on-site by a board certified radiologist during performance of all contrast enhanced CT and MR procedures.
  - i. An exception may be allowed to utilize teleradiology coverage by a Board Certified Radiologist – see section III, A for the specific teleradiology requirements. For those CT/ MR sites using teleradiology

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## High tech imaging center participation standards (continued from page 16)

- coverage there must be a board certified physician with current certification in basic life support (BLS), advanced cardiac life support (ACLS) or advanced radiologic life support (ARLS) onsite during performance of all contrast enhanced CT and MR procedures.
- b. PET services: Each IC performing PET must be staffed by a physician who is board certified in diagnostic radiology, nuclear medicine or, under special circumstances, cardiology.
    - i. An exception may be allowed to utilize teleradiology coverage by a board certified radiologist – see section III, A for the specific teleradiology requirements. For PET using teleradiology coverage there must be a board certified physician with current certification in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) or Advanced Radiologic Life Support (ARLS) must be onsite during performance of all PET procedures.
2. Other staffing
    - a. ICs performing CT must employ an American Registry of Radiologic Technologists® (ARRT) registered technologist with specific training and clinical experience in CT.
    - b. ICs performing MR must employ a technologist with specific MRI clinical scanning experience and is either ARRT registered or holds an unlimited state license.
    - c. ICs performing PET must employ a technologist who is either ARRT registered and certified in Nuclear Medicine or is certified by the Nuclear Medicine Technology Certification Board (NMTCB) or holds an equivalent state license for nuclear medicine technology.
  3. Equipment: MR Services
    - a. Devices with field strength of less than 0.3T will not be permitted.
    - b. Devices with field strength between 0.3 and 0.9 T will be limited to performing examinations of the brain, spine and extremities.
    - c. Devices with field strength between 1.0 and 1.4 T must have parallel processing capability. Otherwise, the device will be limited to performing examinations of the brain, spine, and extremities.
    - d. Devices with field strength of 1.5 T or greater will be permitted to perform all examinations, including angiographic, magnetic resonance cholangiopancreatography (MRCP) and breast studies.
    - e. Devices to be used for cardiac work must have electrocardiogram (EKG) gating and at least eight (8) channel parallel processing.
    - f. If performing breast MRI:
      - i. A dedicated breast coil is required.
      - ii. The facility must have the capability of performing MRI-guided breast biopsies.
  4. Equipment: CT Services
    - a. A full service CT unit must demonstrate helical or spiral image acquisition capability.
    - b. ICs performing CT must utilize a dual auto injector.
    - c. CT units performing cardiac computed tomography angiography (CCTA) must have a minimum of 64 slices per rotation. (see Cardiac CTA)
    - d. CT units performing computed

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- tomography angiography (CTA) must have a minimum of 16 slices per rotation.
- e. Cone Beam CT scanners are not accepted.
- f. These standards apply to any diagnostic CT studies performed on a PET/CT device.
- 5. Equipment: PET Services
  - a. Only high performance full ring PET systems will be considered. Sodium iodide detector systems as upgrades to gamma cameras are unacceptable.
  - b. PET equipment must be fusion capable. Equipment and related workstations must have the ability to register PET and CT information as a single image.
- 6. Accreditation: All ICs who perform CT, MRI, breast MRI, nuclear medicine imaging, nuclear cardiology and PET must have acceptable accreditation for each modality as follows:
  - a. CT: American College of Radiology (ACR); or Intersocietal Accreditation Commission (IAC) CT;
  - b. MRI and Breast MRI: ACR or IAC MRI; and
  - c. PET, Nuclear Medicine and Nuclear Cardiology: ACR or IAC Nuclear/ PET
- 7. Other requirements:
  - a. All ICs performing MR, CT, PET, Nuclear Cardiology and/or Nuclear Medicine must have an annual system performance evaluation performed by a medical physicist.
  - b. Physicians interpreting CT exams must review protocol page and document exposure. If exposure is excessive, the radiation safety officer should be alerted.

## B. Cardiac CTA (CCTA)

1. Cardiac CTA must be performed at an IC that fulfills the CT and MR requirements above.
2. Cardiac CTA must be performed on a CT scanner with a minimum of 64 slices per rotation.
3. ICs performing Cardiac CTA must employ a protocol for heart rate control.
4. ICs performing Cardiac CTA must utilize a dual auto injector.
5. ICs must employ a state licensed or ARRT registered technologist trained in the performance of cardiac CTA.
6. Must be staffed on-site by a board certified radiologist or cardiologist with the documented minimal experience and training in the performance and interpretation of cardiac CT:
  - a. Radiologists must meet the qualifications of personnel outlined in the ACR Clinical Statement on noninvasive cardiac imaging<sup>1</sup> for cardiac CT (not including examinations performed exclusively for calcium scoring):
    - i. Certified in radiology or diagnostic radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or Le College des Medecins du Quebec, and have supervised and interpreted 75 cardiac CT cases, excluding those performed exclusively for calcium scoring, in the past 36 months; or completed an Accreditation Council for Graduate Medical Education (ACGME)-approved radiology

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High tech imaging center participation standards (continued from page 18)

- residency program and have supervised and interpreted 75 cardiac CT cases, excluding those performed exclusively for calcium scoring, in the past 36 months; and
  - ii. Completed at least 40 hours of category I continuing medical education in cardiac imaging, including cardiac CT, anatomy, physiology, and/or pathology or documented equivalent supervised experience in a center actively performing cardiac CT; and
  - iii. Demonstrate maintenance of competence with a minimum of 75 examinations, excluding those performed exclusively for calcium scoring, and maintain 150 hours of approved continuing medical education every three years.
- b. Cardiologists must meet the training to achieve clinical competence in cardiac CT outlined and defined in the American College of Cardiology Foundation/ American Heart Association Clinical Competence Statement on Cardiac Imaging With Computed Tomography and Magnetic Resonance<sup>2</sup> and the American College of Cardiology Foundation/American Heart Association Clinical Competence Task Force 12: Training in advanced cardiovascular imaging (computed tomography)<sup>3</sup> level 2 contrast, defined as the minimum recommended training for a physician to independently perform and interpret cardiac CT:
- i. Two months cumulative duration of training (35 or more hours per week which includes 140 or more hours in the laboratory); and
  - ii. Minimum of 50 mentored non-contrast cardiac CT examinations interpreted; and
  - iii. Minimum of 150 mentored contrast cardiac CT examinations interpreted; and
  - iv. Minimum of 35 of the mentored cardiac CT examinations interpreted the cardiologist must be physically present during the performance; and
  - v. During training, the review of all cardiac CT cases includes non-cardiac findings; and
  - vi. Review of the cardiac CT cases should include the review of a dedicated teaching file of 25 cardiac CT cases featuring the presence of significant non-cardiac pathology; and
  - vii. Completion of 20 hours/lectures related to CT in general and/or cardiac CT in particular; and
  - viii. Demonstrate maintenance of competence with a minimum of 50 cardiac CT examinations conducted and interpreted per year.
  - viiii. Physicians have one year to complete the ACR Cardiac CT certificate of Advanced Proficiency Exam.
- C. Nuclear Medicine**
- 1. Nuclear medicine practices must employ at least one physician who is board certified in diagnostic radiology or nuclear medicine.
  - 2. Nuclear medicine practices must employ a technologist who is either ARRT registered and certified in Nuclear Medicine or is certified by the NMTCB or hold equivalent state license in nuclear medicine technology.

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3. Nuclear medicine practices must provide a copy of a Radioactive Materials License that is specific for the practice that indicates the practice address and the name of the nuclear medicine physician(s) performing and/or interpreting nuclear medicine studies. The address and physician name(s) must be the same as those listed on the application completed by the practice.
4. Accreditation
  - i. All ICs performing nuclear medicine imaging must have acceptable accreditation by ACR or IAC Nuclear/PET.

#### **D. Nuclear Cardiology**

1. Physician staffing:
  - a. Nuclear cardiology practices must employ at least one physician who is board certified in diagnostic radiology, nuclear medicine or has received certification by the Certification Board of Nuclear Cardiology (CBNC).
  - i. Nuclear cardiology practices that do not meet the above criteria will be considered for participation upon submitting evidence that at least one physician has satisfied the Level II training in nuclear cardiology as recommended in the American College of Cardiology/American Society of Nuclear Cardiology COCATS (Core Cardiology Training Symposium) training guidelines.
  - b. Cardiac stress tests must be performed while a licensed physician who has a current ACLS certification is on site.
2. Other staffing: Nuclear cardiology practices must employ a technologist who is either ARRT registered and

certified in Nuclear Medicine or is certified by the NMTCB or holds an equivalent state license for nuclear medicine technology.

3. Equipment requirements: Nuclear cardiology imaging requirements:
  - a. Quantitative analysis package;
  - b. Gating;
  - c. Ejection fraction calculated;
  - d. Motion correction, back filter projection reconstruction, or line spread function software; and
4. Other requirements: Nuclear cardiology practices must provide a copy of a Radioactive Materials License that is specific for the practice that indicates the practice address and the name of the nuclear cardiology physician(s) performing and/or interpreting nuclear cardiology studies. The address and physician name(s) must be the same as those listed on the Application completed by the practice.
5. Accreditation
  - i. All ICs performing nuclear cardiology imaging must have acceptable accreditation by ACR or IAC Nuclear/PET.

#### **E. System Performance:**

1. All ICs performing MR, CT, PET, nuclear cardiology and/or nuclear medicine must have an annual system performance evaluation performed by a medical physicist.

#### **Other specific requirements:**

##### **A. Teleradiology**

The imaging location must have either a board certified radiologist or other board certified physician on site when the imaging location utilizes teleradiology and meets the following requirements:

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High tech imaging center participation standards (continued from page 20)

1. The radiologist or other board certified physician on-site:
  - a. Is available for patient, referring physician and teleradiologist consultation;
  - b. Has a current BLS, ACLS or ARLS certification; and
  - c. Is onsite during performance of all PET procedures and contrast enhanced CT and MR procedures?
2. The radiologist performing the imaging reading services via teleradiology:
  - a. Is licensed in the state where the imaging site is physically located and where diagnostic services are rendered to the patient;
  - b. Is dedicated to providing radiology services via teleradiology during the practice location's normal business hours;
  - c. Is available for consultation with the imaging practice, ordering physician and patient at the time of service during the practice location's normal business hours.
3. Images must be transmitted in a real-time or near real-time mode (< 2 minutes) to ensure that the interpreting radiologist can collaborate with the rendering physician and radiology technicians performing the studies;
4. At a minimum, sites must be connected via broadband or the necessary bandwidth to ensure

real-time or near real-time image availability to the radiologist (< 2 minutes);

5. When a teleradiology system is used to render the official interpretation, there is no clinically significant loss of data from image acquisition through transmission for final image display;
6. Sites must have a PACS (picture archiving and communications system); and
7. Sites must have minimum monitor resolution (matrix) of 512 x 512 at 8-bit pixel depth for MR, CT, nuclear medicine, fluorography and 2.5 lp/mm at 10-bit pixel depth for plain film.

**B. Mobile Services**

1. ICs utilizing mobile services will not be considered for participation unless services are provided in rural or underserved areas.
2. Transportable services
  - a. Medical ICs that maintain multiple ICs or locations may transport their own equipment from one location to another. This must be clearly detailed on the application.
  - b. The equipment must be owned, managed and operated by that facility.

<sup>1</sup> Weinreb JC et al. ACR Clinical Statement on Noninvasive Cardiac Imaging. J Am Coll. Radiol. 2005; 2;6:471-7.

<sup>2</sup> Budoff, et al. ACCF/AHA Clinical Competence Statement on Cardiac Imaging with Computed Tomography and Magnetic Resonance. JACC 2005;46;2:389.

<sup>3</sup> Budoff, et al. Task Force 12: Training in Advanced Cardiovascular Imaging (CT). JACC 2006; 47;4:915-20.



# Change in coverage for viscosupplementation as treatment of osteoarthritis of the knee

Results of randomized controlled trials studying hyaluronan injections for the treatment of osteoarthritis (OA) have been published over the past several years with contrasting outcomes in the different clinical studies. Several well-designed studies have shown a significant improvement in pain at follow-up compared with baseline but no significant improvement when comparing the efficacy of hyaluronan with placebo (saline) or with other conservative treatment options.

The American Academy of Orthopaedic Surgeons (AAOS) conducted a meta-analysis in 2013 that included 14 moderate to high-strength studies. The conclusion of the study was that the improvements in health outcomes with intra-articular hyaluronan injections were statistically but not clinically significant.

In May 2013, the AAOS published evidence-based guidelines for treatment of osteoarthritis of the knee. Major outcomes of treatment considered by AAOS were pain relief, functional status and range

of motion. The objectives of the guidelines were to:

- Evaluate the current best evidence associated with treatment of osteoarthritis of the knee.
- Guide qualified physicians and clinicians in making treatment decisions that improve the quality and efficacy of care.
- Assist treatment providers not only in making clinical decisions with their patients, but also in describing to patients why a selected intervention represents the best available course of treatment.

The consensus workgroup stated in their recommendation that they “cannot recommend” using hyaluronic acid for patients with symptomatic osteoarthritis of the knee.

In previous years, the Agency for Healthcare Research and Quality (AHRQ) had published reports with similar results. In September 2007, AHRQ published an evidence report on the treatment of primary and secondary osteoarthritis of the knee using three interventions:

- (1) intra-articular viscosupplementation;
- (2) oral glucosamine, chondroitin or the combination; and
- (3) arthroscopic lavage or debridement.

The conclusions were that the three interventions are widely used in the treatment of OA of the knee, yet the best available evidence did not clearly demonstrate clinical benefit. According to the report, the uncertainty regarding clinical benefit can only be resolved by rigorous, multicenter random controlled trials. Then, in April 2009, AHRQ published a clinician’s guide of treatments for osteoarthritis of the knee which stated that there is insufficient evidence to demonstrate clinical benefit of viscosupplementation.

Therefore, based on recent review analysis and previous evidence reports, Arkansas Blue Cross and Blue Shield is changing the coverage policy to state that injections of hyaluronan polymers do not meet the primary coverage criteria for effectiveness and they are non-covered.

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Change in coverage for viscosupplementation as treatment of osteoarthritis of the knee (continued from page 22)

Effective October 1, 2014, viscosupplementation for the treatment of osteoarthritis of the knee, or any other joint, will no longer be covered. Any treatment regimen requiring multiple injections started prior to October 1, 2014, must be completed before January 1, 2015. Claims for single injections will be denied effective October 1, 2014. Effective January 1, 2015, all claims will be denied as not meeting primary coverage criteria.

Code	Definition
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose

## Fee schedule: additions & updates

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

CPT/HCPCS Code	Total / Purchase	Prof / Rental	Tech / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
21742	\$0.00	\$0.00	\$0.00	\$1,662.71	\$0.00	\$0.00
21743	\$0.00	\$0.00	\$0.00	\$1,662.71	\$0.00	\$0.00
41899	BR	\$0.00	\$0.00	BR	\$0.00	\$0.00
49436	\$297.39	\$0.00	\$0.00	\$297.39	\$0.00	\$0.00
65778	\$2,047.55	\$0.00	\$0.00	\$119.82	\$0.00	\$0.00
88342	\$153.49	\$76.75	\$76.74	\$0.00	\$76.75	\$0.00
88343	\$94.03	\$47.02	\$47.01	\$0.00	\$47.02	\$0.00
90649	\$141.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90736	\$173.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E1390	\$1,633.10	\$163.31	\$1,224.83	\$0.00	\$0.00	\$0.00
G0452	\$22.31	\$22.31	\$0.00	\$22.31	\$22.31	\$0.00
J1040	\$10.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8499	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00





# Coverage policy manual updates

Since June 2014, the following policies were added or updated in Arkansas Blue Cross and Blue Shield's Coverage Policy manual. To view entire policies, access the coverage policies located our website at [www.arkansasbluecross.com](http://www.arkansasbluecross.com).

New / Updated Policies:

Policy#	Policy Description
1998023	Ultrasound Accelerated Fracture Healing Device
1998038	Allergy Immunotherapy
1998068	Scintimammography and Gamma Imaging of the Breast and Axilla
1998102	Transplant, Allogeneic Islet Cell or Pancreas for Diabetes Mellitus
1998104	Transplant, Liver
1998118	Surgery for Morbid Obesity
1998147	Electrical and/or Magnetic Stimulation, Pelvic Floor Muscles-Adult Urinary and Fecal Incontinence
2001030	PET or PET/CT for Esophageal Cancer
2003018	Genetic Test: Fecal DNA to Detect Colorectal Cancer, Screening
2003046	Laser Treatment of Congenital Port Wine Stain Hemangiomas
2004029	Genetic Test: Breast Ca; Risk Recurrence to Determine Need for Adjuvant Therapy (Oncotype DX)
2004044	Genetic Test: Factor V Leiden
2004045	Genetic Test: Canavan Disease
2004046	Genetic Test: FMR 1 Mutations Including Fragile X Syndrome
2007011	Genetic Test: KIT (C-KIT, Cd117)
2007016	Genetic Test: Amyotrophic Lateral Sclerosis
2007018	Genetic Test: Inherited Thrombophilia, Prothrombin Gene Mutations (G20210A) and MTHFR Mutations
2008021	Radiofrequency Ablation, Barrett's Esophagus
2009040	Radioimmunotherapy in the Treatment of Non-Hodgkin Lymphoma
2010007	Genetic Test: Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia (BCR-ABL)
2010013	Injection, Clostridial Collagenase for Fibroproliferative Disorders



Policy#	Policy Description
2010046	Intravitreal Implant, Dexamethasone (Ozurdex)
2011016	Preventive Services for Non-Grandfathered (PPACA) Plans: BRCA Testing; Genetic Counseling and Evaluation
2011017	Preventive Services for Non-Grandfathered (PPACA) Plans: Breast Cancer Preventive Medication
2011033	Preventive Services for Non-Grandfathered (PPACA) Plans: Visual Impairment Screening in Children
2011043	Preventive Services for Non-Grandfathered (PPACA) Plans: Depression Screening, Adults
2011053	Autism Spectrum Disorder, Early Behavioral Intervention
2011066	Preventive Services for Non-Grandfathered (PPACA) Plans: Overview
2012008	Pneumatic Compression Device, Intermittent, for Home use Following Hip and Knee Arthroplasty, Hip Fracture Repair
2012009	Skin and Soft Tissue Substitutes, Bio-Engineered Products
2012032	Preventive Services for Non-Grandfathered (Ppaca) Plans: Gestational Diabetes Screening
2012049	Genetic Test: Prenatal Analysis of Fetal Dna In Maternal Blood to Detect Fetal Aneuploidy
2013017	Fecal Microbiota Transplantation For The Treatment of Clostridium Difficile
2014004	Clinical Trials PPACA Requirements, Non-Grandfathered Plans
2014006	Sofosbuvir (Sovaldi)
2014007	Simeprevir (Olysio®)
2014008	Infertility Services
2014009	Endovascular Procedures for Intracranial Arterial Disease and Extracranial Vertebral Artery Disease
2014011	Corneal Collagen Cross-Linking
2014012	Genetic Test: Mitochondrial Disorders
2014013	Genetic Test: Li-Fraumeni Syndrome
2014014	Pertuzumab
2014015	Genetic Test: Chromosomal Microarray Testing for the Evaluation of Early Pregnancy Loss
2014016	Phosphodiesterase-5 (PDE-5) Inhibitors for Benign Prostatic Hypertrophy (Tadalafil)



# Fee schedule: changes

The following changes were made to the Arkansas Blue Cross fee schedule:

- The Anesthesia Conversion Factor has been updated to \$ 52.50 effective July 1, 2014.
- The office allowances have been removed from the following CPT codes: 37220-37235, 37236-37244, 92978-92979, 93451-93463, 93501, 93505-93533, 93600-93612, 93614-93642, 93662, and 93660

# Fee schedule: injection code updates

The following injection codes were updated on Arkansas Blue Cross and Blue Shield fee schedule effective July 1, 2014.

CPT/ HCPCS Code	Allowed
90371	\$122.95
90375	\$250.68
90376	\$240.23
90385	\$36.05
90585	\$127.07
90586	\$127.07
90675	\$240.15
90691	\$70.58
90703	\$42.75
90714	\$21.94
A9575	\$0.46
A9576	\$1.84
A9577	\$2.32
A9578	\$1.42
A9579	\$2.05
A9581	\$14.56
A9583	\$12.73
J0129	\$33.50
J0130	\$770.47
J0132	\$2.38

CPT/ HCPCS Code	Allowed
J0135	\$638.92
J0150	\$6.25
J0151	\$2.75
J0171	\$0.15
J0180	\$158.10
J0207	\$306.24
J0220	\$214.90
J0221	\$159.78
J0256	\$4.34
J0257	\$4.11
J0278	\$1.45
J0280	\$3.88
J0285	\$16.21
J0287	\$11.03
J0289	\$32.97
J0290	\$1.57
J0295	\$1.70
J0348	\$0.74
J0360	\$3.19
J0400	\$0.67

CPT/ HCPCS Code	Allowed
J0456	\$3.37
J0461	\$0.04
J0470	\$30.12
J0475	\$170.08
J0476	\$79.06
J0480	\$2,724.05
J0485	\$3.97
J0490	\$40.92
J0500	\$41.88
J0515	\$21.73
J0558	\$4.95
J0561	\$6.23
J0583	\$3.58
J0585	\$5.79
J0586	\$7.75
J0587	\$11.76
J0592	\$3.47
J0595	\$1.78
J0597	\$37.78
J0598	\$53.70

CPT/ HCPCS Code	Allowed
J0600	\$1,640.35
J0610	\$1.45
J0630	\$71.81
J0636	\$0.37
J0637	\$12.75
J0640	\$4.22
J0641	\$1.79
J0670	\$2.37
J0690	\$0.75
J0692	\$2.47
J0694	\$5.28
J0697	\$2.75
J0698	\$1.99
J0702	\$5.82
J0713	\$2.10
J0717	\$6.79
J0720	\$33.01
J0725	\$17.67
J0735	\$21.74

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Fee Schedule: Injection code updates (continued from page 26)

CPT/ HCPCS Code	Allowed
J0740	\$624.94
J0744	\$1.23
J0770	\$12.06
J0775	\$40.24
J0780	\$10.20
J0795	\$8.08
J0840	\$2,583.79
J0881	\$3.85
J0882	\$3.85
J0885	\$11.83
J0886	\$11.83
J0894	\$30.58
J0897	\$15.02
J1000	\$10.51
J1020	\$3.62
J1030	\$3.26
J1040	\$6.19
J1050	\$0.28
J1070	\$5.80
J1080	\$5.99
J1100	\$0.15
J1110	\$34.67
J1120	\$24.19
J1160	\$4.42
J1162	\$1,711.73
J1165	\$0.57
J1170	\$2.09
J1190	\$146.69
J1200	\$0.64
J1205	\$137.21
J1212	\$76.73

CPT/ HCPCS Code	Allowed
J1230	\$7.61
J1240	\$5.43
J1245	\$0.83
J1250	\$6.04
J1260	\$5.95
J1265	\$0.41
J1267	\$0.64
J1270	\$1.73
J1290	\$383.65
J1325	\$16.14
J1335	\$36.69
J1364	\$47.22
J1380	\$9.43
J1410	\$180.54
J1438	\$291.33
J1442	\$1.04
J1450	\$4.11
J1458	\$373.10
J1459	\$38.55
J1460	\$29.83
J1556	\$39.43
J1557	\$41.98
J1559	\$8.25
J1560	\$298.25
J1561	\$41.93
J1566	\$29.86
J1568	\$33.24
J1569	\$41.27
J1570	\$78.09
J1571	\$53.70
J1572	\$40.36

CPT/ HCPCS Code	Allowed
J1580	\$1.28
J1602	\$24.88
J1610	\$146.14
J1630	\$1.75
J1631	\$19.95
J1640	\$19.78
J1642	\$0.18
J1644	\$0.22
J1645	\$14.68
J1650	\$2.01
J1652	\$4.33
J1670	\$318.05
J1720	\$6.00
J1740	\$166.77
J1742	\$146.14
J1743	\$502.35
J1750	\$12.31
J1756	\$0.32
J1800	\$0.74
J1815	\$0.50
J1817	\$6.02
J1930	\$41.24
J1931	\$30.56
J1940	\$5.51
J1950	\$857.47
J1953	\$0.13
J1955	\$8.55
J1980	\$19.19
J2010	\$9.27
J2060	\$0.70
J2150	\$2.07

CPT/ HCPCS Code	Allowed
J2175	\$5.25
J2210	\$4.94
J2270	\$2.12
J2278	\$7.14
J2280	\$5.86
J2300	\$2.64
J2310	\$50.38
J2315	\$2.85
J2323	\$15.54
J2353	\$146.10
J2354	\$1.14
J2355	\$330.09
J2357	\$27.64
J2360	\$6.23
J2370	\$3.06
J2400	\$23.98
J2405	\$0.09
J2410	\$2.47
J2425	\$15.46
J2426	\$8.19
J2430	\$11.45
J2469	\$20.03
J2501	\$2.09
J2503	\$1,077.91
J2504	\$290.74
J2505	\$3,503.53
J2507	\$769.87
J2510	\$17.11
J2515	\$36.28
J2540	\$0.66

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Fee Schedule: Injection code updates (continued from page 27)

CPT/ HCPCS Code	Allowed
J2543	\$1.61
J2545	\$90.39
J2560	\$20.31
J2562	\$314.20
J2597	\$5.37
J2675	\$1.13
J2680	\$23.99
J2690	\$47.87
J2700	\$1.79
J2720	\$1.09
J2724	\$15.11
J2730	\$91.94
J2760	\$110.95
J2765	\$0.83
J2770	\$242.17
J2778	\$412.45
J2780	\$1.26
J2783	\$227.34
J2785	\$54.95
J2788	\$6.41
J2790	\$87.04
J2791	\$4.96
J2792	\$19.72
J2794	\$6.39
J2796	\$55.44
J2800	\$41.15
J2805	\$85.72
J2810	\$0.28
J2820	\$34.71
J2916	\$2.66
J2920	\$2.01

CPT/ HCPCS Code	Allowed
J2930	\$3.02
J2997	\$66.28
J3000	\$11.77
J3010	\$0.56
J3070	\$150.37
J3101	\$82.95
J3105	\$3.44
J3130	\$9.89
J3230	\$23.78
J3240	\$1,489.08
J3243	\$2.03
J3250	\$20.30
J3260	\$2.88
J3262	\$3.84
J3300	\$3.83
J3301	\$1.85
J3303	\$1.74
J3315	\$193.33
J3357	\$163.21
J3360	\$4.82
J3370	\$2.39
J3385	\$367.45
J3396	\$11.14
J3410	\$0.47
J3411	\$3.54
J3415	\$7.49
J3420	\$2.28
J3430	\$1.23
J3465	\$4.33
J3480	\$0.13
J3486	\$11.87

CPT/ HCPCS Code	Allowed
J3489	\$64.04
J7030	\$1.44
J7040	\$0.72
J7042	\$0.61
J7060	\$1.28
J7100	\$24.60
J7120	\$1.23
J7183	\$0.98
J7185	\$1.24
J7189	\$1.79
J7190	\$0.97
J7193	\$1.05
J7194	\$1.17
J7195	\$1.42
J7197	\$3.26
J7198	\$1.77
J7311	\$18,539.43
J7312	\$209.46
J7316	\$1,088.62
J7321	\$93.46
J7323	\$168.36
J7324	\$186.05
J7325	\$12.86
J7326	\$582.34
J7335	\$27.57
J7500	\$0.16
J7502	\$3.36
J7504	\$857.08
J7506	\$0.09
J7507	\$1.37
J7508	\$0.41

CPT/ HCPCS Code	Allowed
J7509	\$0.57
J7510	\$0.13
J7511	\$626.35
J7515	\$0.91
J7516	\$42.17
J7517	\$1.65
J7518	\$3.60
J7520	\$16.37
J7525	\$140.42
J7605	\$6.65
J7606	\$6.89
J7608	\$5.28
J7611	\$0.12
J7612	\$0.22
J7613	\$0.06
J7614	\$0.09
J7620	\$0.19
J7626	\$5.10
J7631	\$0.42
J7639	\$36.78
J7674	\$0.52
J7682	\$101.67
J7686	\$502.31
J8501	\$7.73
J8510	\$11.46
J8520	\$10.23
J8521	\$34.14
J8530	\$1.13
J8540	\$0.19
J8560	\$60.20

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Fee Schedule: Injection code updates (continued from page 28)

CPT/ HCPCS Code	Allowed
J8600	\$9.80
J8610	\$1.00
J8700	\$6.14
J8705	\$98.43
J9000	\$3.07
J9017	\$53.08
J9019	\$368.95
J9025	\$4.61
J9027	\$138.24
J9031	\$127.07
J9033	\$22.59
J9035	\$69.22
J9040	\$22.06
J9041	\$47.92
J9042	\$115.37
J9043	\$148.83
J9045	\$3.61
J9047	\$30.79
J9050	\$1,479.68
J9055	\$55.51
J9060	\$2.05
J9065	\$22.71
J9070	\$67.13
J9098	\$575.98
J9100	\$0.95
J9120	\$712.84
J9130	\$4.27
J9150	\$24.82
J9155	\$3.58
J9171	\$5.17
J9178	\$1.52

CPT/ HCPCS Code	Allowed
J9179	\$103.19
J9181	\$0.76
J9185	\$81.34
J9190	\$1.95
J9200	\$70.86
J9201	\$6.52
J9202	\$230.40
J9206	\$4.52
J9207	\$73.13
J9208	\$33.04
J9209	\$2.95
J9211	\$48.63
J9214	\$21.55
J9217	\$243.11
J9218	\$7.58
J9225	\$3,100.97
J9226	\$16,330.07
J9228	\$136.95
J9245	\$1,269.32
J9250	\$0.23
J9260	\$2.29
J9261	\$143.86
J9264	\$10.19
J9265	\$4.47
J9266	\$1,197.08
J9268	\$1,489.72
J9280	\$23.88
J9293	\$35.84
J9302	\$49.63
J9303	\$98.35
J9305	\$62.74

CPT/ HCPCS Code	Allowed
J9306	\$10.63
J9307	\$205.17
J9310	\$735.77
J9315	\$276.04
J9320	\$348.54
J9328	\$5.37
J9330	\$60.55
J9351	\$2.14
J9354	\$30.31
J9355	\$85.66
J9357	\$1,114.18
J9360	\$2.09
J9370	\$7.07
J9371	\$2,144.84
J9390	\$11.42
J9395	\$94.56
J9400	\$7.39
Q0138	\$0.76
Q0139	\$0.76
Q0162	\$0.07
Q0163	\$0.24
Q0164	\$0.05
Q0166	\$2.11
Q0167	\$3.65
Q0169	\$0.09
Q0180	\$79.44
Q2038	\$12.53
Q2043	\$32,412.57
Q2050	\$510.47
Q3027	\$37.45
Q4074	\$91.58

CPT/ HCPCS Code	Allowed
Q4081	\$1.18
Q4101	\$35.13
Q4104	\$26.35
Q4105	\$14.90
Q4106	\$41.41
Q4107	\$101.09
Q4108	\$31.50
Q4110	\$39.41
Q4111	\$7.25
Q4112	\$369.40
Q4113	\$369.40
Q4114	\$1,376.36
Q4115	\$10.07
Q4116	\$34.03
Q4121	\$22.42
Q4123	\$14.57
Q4131	\$225.41
Q9956	\$39.09
Q9957	\$58.63
Q9960	\$0.19
Q9961	\$0.19
Q9966	\$0.24
Q9967	\$0.17
Q9970	BR
Q9974	BR
S0144	\$0.15



# Fee schedule: durable medical equipment

The following durable medical equipment codes were updated on Arkansas Blue Cross fee schedule effective August 1, 2014.

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A4211	\$26.75	\$0.00	\$0.00
A4216	\$0.00	\$0.00	\$0.48
A4217	\$0.00	\$0.00	\$3.43
A4218	\$2.08	\$0.00	\$0.00
A4220	\$44.04	\$0.00	\$0.00
A4221	\$0.00	\$0.00	\$24.76
A4222	\$0.00	\$0.00	\$51.11
A4223	\$80.08	\$0.00	\$0.00
A4244	\$1.10	\$0.00	\$0.00
A4245	\$3.20	\$0.00	\$0.00
A4246	\$3.20	\$0.00	\$0.00
A4247	\$4.76	\$0.00	\$0.00
A4248	\$2.29	\$0.00	\$0.00
A4250	\$20.61	\$0.00	\$0.00
A4252	\$7.04	\$0.00	\$0.00
A4257	\$0.00	\$0.00	\$13.95
A4261	\$40.67	\$0.00	\$0.00
A4262	\$0.56	\$0.00	\$0.00
A4263	\$41.60	\$0.00	\$0.00
A4264	\$929.24	\$0.00	\$0.00
A4266	\$23.97	\$0.00	\$0.00
A4267	\$0.56	\$0.00	\$0.00
A4268	\$1.19	\$0.00	\$0.00
A4269	\$1.10	\$0.00	\$0.00
A4270	\$20.02	\$0.00	\$0.00
A4280	\$0.00	\$0.00	\$5.83

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A4286	\$88.27	\$0.00	\$0.00
A4300	\$17.64	\$0.00	\$0.00
A4301	\$14.74	\$0.00	\$0.00
A4310	\$0.00	\$0.00	\$7.42
A4311	\$0.00	\$0.00	\$16.22
A4312	\$0.00	\$0.00	\$19.72
A4313	\$0.00	\$0.00	\$20.24
A4314	\$0.00	\$0.00	\$27.65
A4315	\$0.00	\$0.00	\$27.68
A4316	\$0.00	\$0.00	\$27.68
A4320	\$0.00	\$0.00	\$5.83
A4322	\$0.00	\$0.00	\$3.31
A4326	\$0.00	\$0.00	\$11.80
A4328	\$0.00	\$0.00	\$11.07
A4330	\$0.00	\$0.00	\$7.14
A4331	\$0.00	\$0.00	\$3.48
A4333	\$0.00	\$0.00	\$2.41
A4334	\$0.00	\$0.00	\$5.38
A4335	\$2.09	\$0.00	\$0.00
A4336	\$0.00	\$0.00	\$1.58
A4338	\$0.00	\$0.00	\$13.41
A4340	\$0.00	\$0.00	\$34.72
A4344	\$0.00	\$0.00	\$17.51
A4346	\$0.00	\$0.00	\$18.21
A4349	\$0.00	\$0.00	\$2.21
A4351	\$0.00	\$0.00	\$1.87



Fee Schedule: Durable medical equipment (continued from page 30)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A4352	\$0.00	\$0.00	\$5.97
A4353	\$0.00	\$0.00	\$7.66
A4354	\$0.00	\$0.00	\$12.91
A4354	\$0.00	\$0.00	\$12.91
A4355	\$0.00	\$0.00	\$9.75
A4356	\$0.00	\$0.00	\$49.89
A4357	\$0.00	\$0.00	\$10.61
A4358	\$0.00	\$0.00	\$7.25
A4361	\$0.00	\$0.00	\$19.57
A4362	\$0.00	\$0.00	\$3.79
A4363	\$0.00	\$0.00	\$2.59
A4364	\$0.00	\$0.00	\$3.21
A4366	\$0.00	\$0.00	\$1.42
A4367	\$0.00	\$0.00	\$7.64
A4368	\$0.00	\$0.00	\$0.28
A4369	\$0.00	\$0.00	\$2.65
A4371	\$0.00	\$0.00	\$3.99
A4373	\$0.00	\$0.00	\$6.86
A4375	\$0.00	\$0.00	\$18.79
A4381	\$0.00	\$0.00	\$5.05
A4384	\$0.00	\$0.00	\$10.51
A4385	\$0.00	\$0.00	\$5.58
A4388	\$0.00	\$0.00	\$4.78
A4389	\$0.00	\$0.00	\$6.80
A4390	\$0.00	\$0.00	\$10.50
A4391	\$0.00	\$0.00	\$7.73
A4393	\$0.00	\$0.00	\$9.89
A4394	\$0.00	\$0.00	\$2.83
A4396	\$0.00	\$0.00	\$44.27

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A4397	\$0.00	\$0.00	\$5.23
A4398	\$0.00	\$0.00	\$15.11
A4399	\$0.00	\$0.00	\$13.41
A4400	\$0.00	\$0.00	\$53.44
A4402	\$0.00	\$0.00	\$1.75
A4404	\$0.00	\$0.00	\$1.84
A4405	\$0.00	\$0.00	\$3.73
A4406	\$0.00	\$0.00	\$6.27
A4407	\$0.00	\$0.00	\$9.58
A4408	\$0.00	\$0.00	\$10.79
A4409	\$0.00	\$0.00	\$6.80
A4410	\$0.00	\$0.00	\$9.89
A4411	\$0.00	\$0.00	\$5.58
A4412	\$0.00	\$0.00	\$2.96
A4413	\$0.00	\$0.00	\$6.02
A4414	\$0.00	\$0.00	\$5.38
A4415	\$0.00	\$0.00	\$6.55
A4416	\$0.00	\$0.00	\$3.01
A4417	\$0.00	\$0.00	\$4.07
A4418	\$0.00	\$0.00	\$1.99
A4419	\$0.00	\$0.00	\$1.90
A4421	\$4.00	\$0.00	\$0.00
A4423	\$0.00	\$0.00	\$2.04
A4424	\$0.00	\$0.00	\$5.20
A4425	\$0.00	\$0.00	\$3.92
A4426	\$0.00	\$0.00	\$2.99
A4427	\$0.00	\$0.00	\$3.04
A4428	\$0.00	\$0.00	\$7.12
A4430	\$0.00	\$0.00	\$9.31

Fee Schedule: Durable medical equipment (continued from page 31)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A4432	\$0.00	\$0.00	\$3.93
A4433	\$0.00	\$0.00	\$3.66
A4434	\$0.00	\$0.00	\$4.11
A4435	\$0.00	\$0.00	\$6.32
A4452	\$0.00	\$0.00	\$0.43
A4455	\$0.00	\$0.00	\$1.57
A4456	\$0.00	\$0.00	\$0.27
A4461	\$0.00	\$0.00	\$3.60
A4463	\$0.00	\$0.00	\$14.56
A4466	\$33.36	\$0.00	\$0.00
A4481	\$0.00	\$0.00	\$0.41
A4520	\$0.73	\$0.00	\$0.00
A4550	\$30.91	\$0.00	\$0.00
A4554	\$3.20	\$0.00	\$0.00
A4555	\$16.56	\$0.00	\$0.00
A4556	\$0.00	\$0.00	\$13.28
A4557	\$0.00	\$0.00	\$23.08
A4558	\$0.00	\$0.00	\$5.96
A4561	\$0.00	\$0.00	\$22.51
A4562	\$0.00	\$0.00	\$55.97
A4566	\$20.02	\$0.00	\$0.00
A4575	\$630.41	\$0.00	\$0.00
A4580	\$42.84	\$0.00	\$0.00
A4590	\$40.58	\$0.00	\$0.00
A4595	\$0.00	\$0.00	\$31.51
A4600	\$167.70	\$0.00	\$0.00
A4601	\$1.64	\$0.00	\$0.00
A4604	\$0.00	\$0.00	\$62.96
A4605	\$0.00	\$0.00	\$17.93

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A4608	\$0.00	\$0.00	\$54.81
A4614	\$0.00	\$0.00	\$26.01
A4615	\$0.00	\$0.00	\$0.79
A4617	\$0.00	\$0.00	\$3.39
A4618	\$0.00	\$0.00	\$9.72
A4619	\$0.00	\$0.00	\$2.03
A4620	\$0.00	\$0.00	\$0.69
A4623	\$0.00	\$0.00	\$7.16
A4624	\$0.00	\$0.00	\$2.88
A4625	\$0.00	\$0.00	\$7.58
A4626	\$0.00	\$0.00	\$3.49
A4628	\$0.00	\$0.00	\$4.09
A4629	\$0.00	\$0.00	\$5.07
A4630	\$0.00	\$0.00	\$6.83
A4637	\$0.00	\$0.00	\$2.33
A4640	\$0.00	\$0.00	\$58.85
A4649	\$0.32	\$0.00	\$0.00
A4653	\$41.89	\$0.00	\$0.00
A4671	\$33.17	\$0.00	\$0.00
A4672	\$12.52	\$0.00	\$0.00
A4673	\$8.84	\$0.00	\$0.00
A4674	\$1.67	\$0.00	\$0.00
A4770	\$21.89	\$0.00	\$0.00
A4771	\$6.70	\$0.00	\$0.00
A4927	\$6.53	\$0.00	\$0.00
A4931	\$0.49	\$0.00	\$0.00
A5051	\$0.00	\$0.00	\$2.26
A5054	\$0.00	\$0.00	\$1.97
A5055	\$0.00	\$0.00	\$1.58



Fee Schedule: Durable medical equipment (continued from page 32)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A5056	\$0.00	\$0.00	\$5.10
A5057	\$0.00	\$0.00	\$10.50
A5061	\$0.00	\$0.00	\$3.86
A5062	\$0.00	\$0.00	\$2.43
A5063	\$0.00	\$0.00	\$2.96
A5071	\$0.00	\$0.00	\$6.57
A5073	\$0.00	\$0.00	\$3.48
A5082	\$0.00	\$0.00	\$13.00
A5093	\$0.00	\$0.00	\$1.99
A5102	\$0.00	\$0.00	\$24.69
A5105	\$0.00	\$0.00	\$41.81
A5112	\$0.00	\$0.00	\$37.85
A5113	\$0.00	\$0.00	\$5.15
A5114	\$0.00	\$0.00	\$9.79
A5120	\$0.00	\$0.00	\$0.26
A5121	\$0.00	\$0.00	\$8.15
A5126	\$0.00	\$0.00	\$1.44
A5131	\$0.00	\$0.00	\$14.74
A5200	\$0.00	\$0.00	\$12.36
A5500	\$0.00	\$0.00	\$69.53
A5501	\$0.00	\$0.00	\$208.55
A5503	\$0.00	\$0.00	\$33.97
A5504	\$0.00	\$0.00	\$33.97
A5505	\$0.00	\$0.00	\$33.97
A5507	\$0.00	\$0.00	\$33.97
A5512	\$0.00	\$0.00	\$28.36
A5513	\$0.00	\$0.00	\$42.33
A6010	\$0.00	\$0.00	\$33.87
A6011	\$0.00	\$0.00	\$2.49

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A6021	\$0.00	\$0.00	\$22.99
A6022	\$0.00	\$0.00	\$22.99
A6023	\$0.00	\$0.00	\$208.11
A6154	\$0.00	\$0.00	\$15.72
A6196	\$0.00	\$0.00	\$8.04
A6197	\$0.00	\$0.00	\$17.97
A6199	\$0.00	\$0.00	\$5.78
A6203	\$0.00	\$0.00	\$3.67
A6204	\$0.00	\$0.00	\$6.81
A6207	\$0.00	\$0.00	\$8.02
A6209	\$0.00	\$0.00	\$8.17
A6210	\$0.00	\$0.00	\$21.79
A6211	\$0.00	\$0.00	\$32.12
A6212	\$0.00	\$0.00	\$10.61
A6214	\$0.00	\$0.00	\$11.25
A6215	\$3.58	\$0.00	\$0.00
A6219	\$0.00	\$0.00	\$1.04
A6220	\$0.00	\$0.00	\$2.83
A6222	\$0.00	\$0.00	\$2.33
A6223	\$0.00	\$0.00	\$2.65
A6224	\$0.00	\$0.00	\$3.95
A6229	\$0.00	\$0.00	\$3.95
A6231	\$0.00	\$0.00	\$5.12
A6232	\$0.00	\$0.00	\$7.51
A6233	\$0.00	\$0.00	\$20.98
A6234	\$0.00	\$0.00	\$7.15
A6235	\$0.00	\$0.00	\$18.38
A6236	\$0.00	\$0.00	\$29.80
A6237	\$0.00	\$0.00	\$8.66



Fee Schedule: Durable medical equipment (continued from page 33)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A6238	\$0.00	\$0.00	\$24.93
A6240	\$0.00	\$0.00	\$13.39
A6241	\$0.00	\$0.00	\$2.81
A6242	\$0.00	\$0.00	\$6.63
A6243	\$0.00	\$0.00	\$13.47
A6244	\$0.00	\$0.00	\$42.96
A6245	\$0.00	\$0.00	\$7.94
A6246	\$0.00	\$0.00	\$10.86
A6247	\$0.00	\$0.00	\$26.01
A6248	\$0.00	\$0.00	\$17.76
A6251	\$0.00	\$0.00	\$2.18
A6252	\$0.00	\$0.00	\$3.56
A6253	\$0.00	\$0.00	\$6.93
A6254	\$0.00	\$0.00	\$1.32
A6255	\$0.00	\$0.00	\$3.32
A6257	\$0.00	\$0.00	\$1.68
A6258	\$0.00	\$0.00	\$4.72
A6259	\$0.00	\$0.00	\$11.97
A6266	\$0.00	\$0.00	\$2.11
A6403	\$0.00	\$0.00	\$0.46
A6407	\$0.00	\$0.00	\$2.06
A6410	\$0.00	\$0.00	\$0.42
A6413	\$0.96	\$0.00	\$0.00
A6441	\$0.00	\$0.00	\$0.74
A6443	\$0.00	\$0.00	\$0.31
A6444	\$0.00	\$0.00	\$0.61
A6445	\$0.00	\$0.00	\$0.35
A6446	\$0.00	\$0.00	\$0.44
A6447	\$0.00	\$0.00	\$0.74

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A6448	\$0.00	\$0.00	\$1.27
A6449	\$0.00	\$0.00	\$1.92
A6452	\$0.00	\$0.00	\$6.46
A6452	\$0.00	\$0.00	\$6.46
A6453	\$0.00	\$0.00	\$0.68
A6454	\$0.00	\$0.00	\$0.85
A6455	\$0.00	\$0.00	\$1.53
A6456	\$0.00	\$0.00	\$1.39
A6457	\$0.00	\$0.00	\$1.25
A6504	\$219.62	\$0.00	\$0.00
A6505	\$114.58	\$0.00	\$0.00
A6506	\$65.07	\$0.00	\$0.00
A6507	\$89.17	\$0.00	\$0.00
A6509	\$419.92	\$0.00	\$0.00
A6510	\$180.39	\$0.00	\$0.00
A6511	\$389.50	\$0.00	\$0.00
A6512	\$37.40	\$0.00	\$0.00
A6531	\$0.00	\$0.00	\$47.31
A6532	\$0.00	\$0.00	\$66.66
A6545	\$0.00	\$0.00	\$93.15
A6549	\$85.06	\$0.00	\$0.00
A6550	\$0.00	\$0.00	\$25.86
A7000	\$0.00	\$0.00	\$10.43
A7001	\$0.00	\$0.00	\$32.28
A7002	\$0.00	\$0.00	\$3.56
A7003	\$0.00	\$0.00	\$3.00
A7004	\$0.00	\$0.00	\$1.68
A7005	\$0.00	\$0.00	\$28.65
A7006	\$0.00	\$0.00	\$10.43



Fee Schedule: Durable medical equipment (continued from page 34)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A7007	\$0.00	\$0.00	\$4.82
A7008	\$0.00	\$0.00	\$10.23
A7009	\$0.00	\$0.00	\$45.28
A7010	\$0.00	\$0.00	\$21.93
A7012	\$0.00	\$0.00	\$4.14
A7013	\$0.00	\$0.00	\$0.77
A7014	\$0.00	\$0.00	\$4.91
A7015	\$0.00	\$0.00	\$2.06
A7016	\$0.00	\$0.00	\$7.55
A7017	\$0.00	\$0.00	\$146.57
A7018	\$0.00	\$0.00	\$0.35
A7020	\$15.83	\$0.00	\$0.00
A7027	\$0.00	\$0.00	\$203.97
A7028	\$0.00	\$0.00	\$54.19
A7029	\$0.00	\$0.00	\$22.13
A7030	\$0.00	\$0.00	\$177.80
A7031	\$0.00	\$0.00	\$65.76
A7032	\$0.00	\$0.00	\$38.20
A7033	\$0.00	\$0.00	\$26.78
A7034	\$0.00	\$0.00	\$110.87
A7035	\$0.00	\$0.00	\$34.67
A7036	\$0.00	\$0.00	\$14.84
A7037	\$0.00	\$0.00	\$38.29
A7038	\$0.00	\$0.00	\$5.09
A7039	\$0.00	\$0.00	\$12.27
A7042	\$0.00	\$0.00	\$189.72
A7043	\$0.00	\$0.00	\$31.63
A7044	\$0.00	\$0.00	\$113.96
A7045	\$0.00	\$0.00	\$18.34

HCPCS Code	Prof Fee	Tech Fee	Total Fee
A7046	\$0.00	\$0.00	\$18.38
A7501	\$0.00	\$0.00	\$114.85
A7502	\$0.00	\$0.00	\$54.59
A7504	\$0.00	\$0.00	\$0.74
A7505	\$0.00	\$0.00	\$5.12
A7506	\$0.00	\$0.00	\$0.36
A7507	\$0.00	\$0.00	\$2.72
A7508	\$0.00	\$0.00	\$3.13
A7509	\$0.00	\$0.00	\$1.55
A7520	\$0.00	\$0.00	\$51.92
A7521	\$0.00	\$0.00	\$51.44
A7522	\$0.00	\$0.00	\$49.39
A7524	\$0.00	\$0.00	\$84.65
A7525	\$0.00	\$0.00	\$2.26
A7526	\$0.00	\$0.00	\$3.69
A7527	\$0.00	\$0.00	\$3.92
A8000	\$0.00	\$125.78	\$167.70
A8001	\$0.00	\$125.78	\$167.70
A8002	\$361.41	\$0.00	\$0.00
A8003	\$477.19	\$0.00	\$0.00
A8004	\$69.83	\$0.00	\$0.00
A9272	\$215.06	\$0.00	\$0.00
A9273	\$9.26	\$0.00	\$0.00
A9275	\$10.68	\$0.00	\$0.00
A9280	\$65.27	\$0.00	\$0.00
A9283	\$74.42	\$0.00	\$0.00
A9284	\$38.99	\$0.00	\$0.00
B4087	\$51.26	\$0.00	\$0.00
B4088	\$51.26	\$0.00	\$0.00

Fee Schedule: Durable medical equipment (continued from page 35)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
B4100	\$0.64	\$0.00	\$0.00
B4102	\$4.64	\$0.00	\$0.00
B4103	\$7.33	\$0.00	\$0.00
B4104	\$5.68	\$0.00	\$0.00
B4157	\$5.73	\$0.00	\$0.00
B4158	\$2.53	\$0.00	\$0.00
B4159	\$2.81	\$0.00	\$0.00
B4160	\$2.00	\$0.00	\$0.00
B4161	\$2.10	\$0.00	\$0.00
B4162	\$8.72	\$0.00	\$0.00
B4185	\$16.51	\$0.00	\$0.00
E0100	\$0.00	\$17.28	\$23.04
E0105	\$0.00	\$40.28	\$53.71
E0110	\$0.00	\$63.64	\$84.85
E0111	\$0.00	\$43.68	\$58.24
E0112	\$0.00	\$30.35	\$40.46
E0113	\$0.00	\$16.94	\$22.58
E0114	\$0.00	\$38.71	\$51.61
E0116	\$0.00	\$22.76	\$30.34
E0117	\$0.00	\$158.06	\$210.75
E0118	\$314.40	\$31.44	\$235.80
E0130	\$0.00	\$49.65	\$66.20
E0135	\$0.00	\$59.27	\$79.02
E0140	\$34.00	\$254.99	\$339.98
E0141	\$0.00	\$81.50	\$108.67
E0141	\$0.00	\$81.50	\$108.67
E0143	\$0.00	\$84.99	\$113.32
E0144	\$30.02	\$225.11	\$300.15
E0147	\$54.18	\$406.33	\$541.77

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E0148	\$0.00	\$89.82	\$119.76
E0149	\$0.00	\$157.78	\$210.37
E0153	\$0.00	\$56.91	\$75.88
E0154	\$0.00	\$49.85	\$66.46
E0155	\$0.00	\$18.95	\$25.27
E0156	\$0.00	\$18.69	\$24.92
E0157	\$0.00	\$57.92	\$77.22
E0158	\$0.00	\$20.64	\$27.52
E0159	\$0.00	\$12.63	\$16.84
E0163	\$0.00	\$90.45	\$120.60
E0165	\$0.00	\$129.53	\$172.70
E0167	\$0.00	\$9.84	\$13.12
E0168	\$0.00	\$123.78	\$165.04
E0171	\$31.63	\$237.23	\$316.30
E0172	\$300.58	\$30.06	\$225.44
E0181	\$28.49	\$213.68	\$284.90
E0184	\$0.00	\$159.69	\$212.92
E0185	\$29.73	\$222.98	\$297.30
E0186	\$0.00	\$141.53	\$188.70
E0188	\$0.00	\$21.69	\$28.91
E0189	\$0.00	\$36.23	\$48.31
E0191	\$0.00	\$7.69	\$10.25
E0193	\$851.53	\$6,386.48	\$8,515.30
E0194	\$3,558.77	\$26,690.78	\$35,587.70
E0197	\$0.00	\$154.47	\$205.96
E0202	\$68.47	\$0.00	\$0.00
E0210	\$0.00	\$22.76	\$30.34
E0232	\$85.46	\$0.00	\$0.00
E0235	\$0.00	\$141.53	\$188.70



Fee Schedule: Durable medical equipment (continued from page 36)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E0236	\$48.38	\$362.85	\$483.80
E0239	\$41.82	\$313.65	\$418.20
E0250	\$92.13	\$690.98	\$921.30
E0255	\$110.73	\$830.48	\$1,107.30
E0260	\$132.39	\$992.93	\$1,323.90
E0261	\$129.07	\$968.03	\$1,290.70
E0265	\$188.40	\$1,413.00	\$1,884.00
E0266	\$167.39	\$1,255.43	\$1,673.90
E0271	\$0.00	\$156.96	\$209.28
E0272	\$0.00	\$143.06	\$190.74
E0277	\$663.07	\$4,973.03	\$6,630.70
E0294	\$123.14	\$923.55	\$1,231.40
E0297	\$132.58	\$994.35	\$1,325.80
E0301	\$255.17	\$1,913.78	\$2,551.70
E0302	\$674.32	\$5,057.40	\$6,743.20
E0303	\$286.51	\$2,148.83	\$2,865.10
E0304	\$726.38	\$5,447.85	\$7,263.80
E0328	\$77.41	\$0.00	\$0.00
E0329	\$350.74	\$35.07	\$263.06
E0371	\$418.93	\$3,141.98	\$4,189.30
E0424	\$178.24	\$1,336.80	\$1,782.40
E0431	\$29.97	\$0.00	\$0.00
E0433	\$51.63	\$0.00	\$0.00
E0434	\$29.97	\$0.00	\$0.00
E0439	\$178.24	\$0.00	\$0.00
E0446	\$420.47	\$42.05	\$315.35
E0455	\$23.94	\$0.00	\$0.00
E0470	\$241.85	\$1,813.88	\$2,418.50
E0471	\$514.47	\$3,858.53	\$5,144.70

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E0472	\$514.47	\$3,858.53	\$5,144.70
E0480	\$41.20	\$309.00	\$412.00
E0481	\$362.84	\$36.28	\$272.13
E0482	\$470.26	\$3,526.95	\$4,702.60
E0483	\$1,162.58	\$8,719.35	\$11,625.80
E0484	\$0.00	\$30.29	\$40.38
E0487	\$149.38	\$0.00	\$0.00
E0550	\$46.60	\$349.50	\$466.00
E0560	\$0.00	\$121.25	\$161.66
E0561	\$0.00	\$75.64	\$100.85
E0562	\$28.39	\$212.93	\$283.91
E0565	\$56.71	\$425.33	\$567.10
E0570	\$0.00	\$132.15	\$176.20
E0574	\$44.03	\$330.23	\$440.30
E0575	\$112.39	\$842.93	\$1,123.90
E0580	\$0.00	\$94.76	\$126.34
E0585	\$38.34	\$287.55	\$383.40
E0600	\$42.56	\$319.20	\$425.60
E0601	\$89.50	\$671.25	\$895.00
E0602	\$0.00	\$24.21	\$32.28
E0607	\$0.00	\$54.80	\$73.06
E0610	\$0.00	\$165.82	\$221.09
E0618	\$306.59	\$2,299.43	\$3,065.90
E0621	\$0.00	\$78.73	\$104.97
E0627	\$36.11	\$270.83	\$361.11
E0628	\$36.11	\$270.83	\$361.11
E0629	\$36.11	\$270.83	\$361.11
E0630	\$111.41	\$835.58	\$1,114.10
E0635	\$133.80	\$1,003.50	\$1,338.00

Fee Schedule: Durable medical equipment (continued from page 37)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E0636	\$1,153.21	\$8,649.10	\$11,532.10
E0640	\$1,185.80	\$118.58	\$889.35
E0650	\$97.18	\$728.90	\$971.80
E0651	\$102.60	\$769.50	\$1,026.00
E0652	\$579.74	\$4,348.03	\$5,797.37
E0655	\$0.00	\$88.52	\$118.03
E0656	\$63.17	\$473.81	\$631.74
E0657	\$59.35	\$445.13	\$593.51
E0666	\$0.00	\$113.26	\$151.01
E0667	\$35.41	\$265.55	\$354.06
E0668	\$48.01	\$360.07	\$480.09
E0669	\$0.00	\$150.35	\$200.46
E0671	\$45.42	\$340.66	\$454.21
E0672	\$35.29	\$264.68	\$352.91
E0673	\$29.33	\$219.94	\$293.25
E0675	\$420.52	\$3,153.90	\$4,205.20
E0691	\$98.27	\$736.99	\$982.65
E0694	\$484.15	\$3,631.13	\$4,841.50
E0705	\$0.00	\$45.21	\$60.28
E0720	\$40.20	\$301.47	\$401.96
E0730	\$39.80	\$298.46	\$397.95
E0731	\$39.01	\$292.55	\$390.06
E0740	\$57.18	\$428.83	\$571.77
E0745	\$83.21	\$624.08	\$832.10
E0747	\$428.24	\$3,211.80	\$4,282.40
E0748	\$425.47	\$3,191.00	\$4,254.66
E0760	\$353.56	\$2,651.66	\$3,535.55
E0762	\$120.24	\$901.82	\$1,202.43
E0766	\$0.00	\$425.55	\$0.00

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E0776	\$0.00	\$99.80	\$133.07
E0780	\$11.34	\$0.00	\$0.00
E0781	\$9.66	\$0.00	\$0.00
E0784	\$456.63	\$3,424.73	\$4,566.30
E0791	\$10.03	\$0.00	\$0.00
E0849	\$56.35	\$422.64	\$563.52
E0855	\$54.96	\$412.23	\$549.64
E0856	\$0.00	\$126.33	\$168.44
E0860	\$0.00	\$31.61	\$42.14
E0870	\$0.00	\$81.09	\$108.12
E0890	\$0.00	\$98.75	\$131.66
E0900	\$0.00	\$105.09	\$140.12
E0910	\$0.00	\$141.38	\$188.50
E0912	\$107.90	\$809.25	\$1,079.00
E0930	\$45.47	\$341.00	\$454.70
E0935	\$23.32	\$174.90	\$233.20
E0936	\$254.87	\$25.49	\$197.52
E0940	\$32.77	\$245.78	\$327.70
E0941	\$43.31	\$324.83	\$433.10
E0942	\$0.00	\$13.84	\$18.45
E0944	\$0.00	\$31.98	\$42.64
E0947	\$58.45	\$438.40	\$584.50
E0950	\$0.00	\$72.47	\$96.63
E0951	\$0.00	\$13.24	\$17.65
E0952	\$0.00	\$15.44	\$20.58
E0955	\$0.00	\$165.83	\$221.10
E0956	\$0.00	\$80.86	\$107.81
E0956	\$0.00	\$80.86	\$107.81
E0957	\$0.00	\$113.13	\$150.84





Fee Schedule: Durable medical equipment (continued from page 38)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E0958	\$47.70	\$357.75	\$477.00
E0959	\$0.00	\$36.26	\$48.34
E0960	\$0.00	\$74.62	\$99.49
E0961	\$0.00	\$24.40	\$32.53
E0966	\$0.00	\$55.25	\$73.67
E0967	\$0.00	\$53.87	\$71.82
E0971	\$0.00	\$35.58	\$47.44
E0973	\$0.00	\$80.15	\$106.86
E0978	\$0.00	\$29.78	\$39.70
E0980	\$0.00	\$23.05	\$30.73
E0981	\$0.00	\$38.68	\$51.57
E0982	\$0.00	\$40.77	\$54.36
E0986	\$531.93	\$3,989.45	\$5,319.27
E0990	\$0.00	\$81.87	\$109.16
E0992	\$0.00	\$78.05	\$104.06
E0994	\$0.00	\$14.45	\$19.27
E0995	\$0.00	\$24.94	\$33.25
E1002	\$443.24	\$3,324.27	\$4,432.36
E1007	\$955.90	\$7,169.22	\$9,558.96
E1008	\$955.98	\$7,169.87	\$9,559.82
E1010	\$125.08	\$938.09	\$1,250.78
E1014	\$39.93	\$299.48	\$399.30
E1015	\$0.00	\$94.08	\$125.44
E1017	\$393.53	39.35	296.48
E1018	\$148.54	\$0.00	\$0.00
E1020	\$26.59	\$199.40	\$265.90
E1028	\$0.00	\$169.40	\$225.86
E1029	\$40.41	\$303.08	\$404.11
E1031	\$55.24	\$414.30	\$552.40

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E1035	\$670.57	\$5,029.28	\$6,705.70
E1037	\$118.63	\$889.73	\$1,186.30
E1038	\$0.00	\$147.83	\$197.10
E1039	\$37.39	\$280.43	\$373.90
E1060	\$137.85	\$1,033.88	\$1,378.50
E1070	\$119.78	\$898.40	\$1,197.80
E1087	\$123.06	\$923.00	\$1,230.60
E1088	\$140.15	\$1,051.13	\$1,401.50
E1092	\$119.46	\$895.95	\$1,194.60
E1093	\$120.86	\$906.50	\$1,208.60
E1100	\$113.51	\$851.30	\$1,135.10
E1150	\$89.20	\$669.00	\$892.00
E1160	\$68.35	\$512.60	\$683.50
E1161	\$258.74	\$1,940.57	\$2,587.43
E1195	\$116.77	\$875.78	\$1,167.70
E1222	\$74.05	\$555.40	\$740.50
E1224	\$88.70	\$665.60	\$887.00
E1225	\$47.31	\$354.83	\$473.10
E1226	\$61.41	\$460.60	\$614.10
E1230	\$243.26	\$1,824.50	\$2,432.60
E1231	\$1,793.69	179.37	1345.27
E1232	\$233.84	\$1,753.83	\$2,338.44
E1233	\$242.30	\$1,817.25	\$2,423.00
E1234	\$210.94	\$1,582.05	\$2,109.40
E1235	\$203.12	\$1,523.39	\$2,031.18
E1236	\$179.20	\$1,344.02	\$1,792.02
E1237	\$180.77	\$1,355.76	\$1,807.68
E1238	\$179.20	\$1,344.02	\$1,792.02
E1240	\$112.66	\$844.95	\$1,126.60

Fee Schedule: Durable medical equipment (continued from page 39)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E1270	\$86.33	\$647.50	\$863.30
E1280	\$122.00	\$915.00	\$1,220.00
E1295	\$112.91	\$846.80	\$1,129.10
E1296	\$54.62	\$409.70	\$546.20
E1352	\$30.85	\$0.00	\$0.00
E1353	\$0.00	\$82.42	\$109.89
E1354	\$28.06	\$0.00	\$0.00
E1355	\$0.00	\$56.67	\$75.56
E1356	\$93.28	\$0.00	\$0.00
E1357	\$123.94	\$0.00	\$0.00
E1358	\$75.31	\$0.00	\$0.00
E1391	\$178.24	\$1,336.80	\$1,782.40
E1500	\$167.63	\$0.00	\$0.00
E1592	\$4.10	\$0.00	\$0.00
E1615	\$241.72	\$0.00	\$0.00
E1620	\$372.37	\$37.24	\$279.28
E1625	\$1,338.58	\$133.86	\$1,003.94
E1630	\$103.06	\$0.00	\$0.00
E1634	\$7.54	\$0.00	\$0.00
E1700	\$320.05	\$240.40	\$320.53
E1800	\$113.87	\$854.03	\$1,138.70
E1801	\$141.07	\$1,058.00	\$1,410.70
E1805	\$117.44	\$880.80	\$1,174.40
E1806	\$115.83	\$868.73	\$1,158.30
E1810	\$115.80	\$868.50	\$1,158.00
E1811	\$146.67	\$1,100.00	\$1,466.70
E1812	\$94.03	\$705.20	\$940.30
E1815	\$117.44	\$880.80	\$1,174.40
E1816	\$148.99	\$1,117.40	\$1,489.90

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E1818	\$152.10	\$1,140.80	\$1,521.00
E1820	\$0.00	\$67.04	\$89.39
E1821	\$0.00	\$86.32	\$115.09
E1825	\$117.44	\$880.80	\$1,174.40
E1830	\$117.44	\$880.80	\$1,174.40
E1831	\$722.60	\$72.26	\$541.95
E1840	\$415.65	\$3,117.40	\$4,156.50
E2000	\$56.68	\$425.10	\$566.80
E2201	\$40.80	\$306.01	\$408.01
E2202	\$51.83	\$388.73	\$518.31
E2203	\$52.37	\$392.90	\$523.87
E2205	\$0.00	\$26.79	\$35.72
E2206	\$0.00	\$33.36	\$44.48
E2208	\$0.00	\$97.43	\$129.90
E2209	\$0.00	\$87.89	\$117.19
E2210	\$0.00	\$5.37	\$7.16
E2211	\$0.00	\$28.73	\$38.30
E2212	\$0.00	\$4.82	\$6.42
E2213	\$0.00	\$24.95	\$33.26
E2214	\$0.00	\$29.53	\$39.37
E2215	\$0.00	\$7.87	\$10.49
E2219	\$0.00	\$34.32	\$45.76
E2220	\$0.00	\$23.40	\$31.20
E2221	\$0.00	\$20.96	\$27.94
E2222	\$0.00	\$17.27	\$23.03
E2224	\$0.00	\$80.42	\$107.23
E2225	\$0.00	\$14.27	\$19.03
E2226	\$0.00	\$31.13	\$41.50
E2228	\$102.39	\$767.89	\$1,023.85



Fee Schedule: Durable medical equipment (continued from page 40)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E2230	\$574.04	\$57.40	\$430.53
E2231	\$0.00	\$126.04	\$168.05
E2295	\$71.59	\$0.00	\$0.00
E2301	\$1,153.24	\$115.32	\$864.93
E2310	\$122.75	\$920.64	\$1,227.52
E2310	\$127.97	\$959.78	\$1,279.71
E2311	\$259.08	\$1,943.12	\$2,590.82
E2312	\$281.27	\$2,109.53	\$2,812.71
E2313	\$35.02	\$262.66	\$350.21
E2321	\$243.97	\$1,829.78	\$2,439.71
E2323	\$0.00	\$56.72	\$75.63
E2324	\$0.00	\$35.93	\$47.91
E2328	\$541.89	\$4,064.15	\$5,418.87
E2340	\$39.19	\$293.91	\$391.88
E2342	\$48.99	\$367.42	\$489.89
E2343	\$78.38	\$587.87	\$783.83
E2358	\$94.90	\$0.00	\$0.00
E2359	\$0.00	\$142.82	\$190.43
E2361	\$0.00	\$114.38	\$152.51
E2363	\$0.00	\$152.54	\$203.39
E2364	\$0.00	\$78.32	\$104.43
E2365	\$0.00	\$91.99	\$122.65
E2366	\$28.83	\$216.21	\$288.28
E2367	\$45.83	\$343.71	\$458.28
E2368	\$56.49	\$423.67	\$564.89
E2369	\$49.20	\$369.03	\$492.04
E2370	\$87.79	\$658.46	\$877.94
E2373	\$137.61	\$1,032.05	\$1,376.06
E2374	\$58.40	\$437.98	\$583.97

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E2375	\$93.67	\$702.51	\$936.68
E2376	\$146.78	\$1,100.86	\$1,467.82
E2377	\$53.12	\$398.36	\$531.15
E2378	\$559.53	\$55.96	\$419.66
E2381	\$0.00	\$62.48	\$83.30
E2382	\$0.00	\$17.03	\$22.71
E2383	\$0.00	\$124.56	\$166.08
E2384	\$0.00	\$66.38	\$88.50
E2386	\$0.00	\$123.44	\$164.59
E2387	\$0.00	\$55.35	\$73.80
E2388	\$0.00	\$41.33	\$55.11
E2389	\$0.00	\$22.45	\$29.93
E2390	\$0.00	\$35.10	\$46.80
E2391	\$0.00	\$16.82	\$22.43
E2392	\$0.00	\$44.18	\$58.91
E2394	\$0.00	\$62.95	\$83.93
E2395	\$0.00	\$44.74	\$59.65
E2396	\$0.00	\$54.55	\$72.73
E2402	\$53.92	\$0.00	\$0.00
E2510	\$740.14	\$5,551.03	\$7,401.38
E2601	\$0.00	\$50.17	\$66.89
E2602	\$0.00	\$97.93	\$130.57
E2603	\$0.00	\$124.33	\$165.77
E2604	\$0.00	\$154.52	\$206.03
E2605	\$29.44	\$220.76	\$294.35
E2606	\$45.92	\$344.42	\$459.22
E2607	\$31.70	\$237.73	\$316.97
E2608	\$38.06	\$285.48	\$380.64
E2609	\$189.29	\$0.00	\$0.00

Fee Schedule: Durable medical equipment (continued from page 41)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
E2610	\$329.26	\$32.93	\$246.95
E2611	\$34.16	\$256.17	\$341.56
E2612	\$46.21	\$346.56	\$462.08
E2613	\$42.98	\$322.36	\$429.81
E2615	\$49.47	\$370.99	\$494.65
E2617	\$288.97	\$28.90	\$216.73
E2619	\$0.00	\$42.10	\$56.13
E2620	\$59.89	\$449.21	\$598.94
E2622	\$36.25	\$271.85	\$362.47
E2623	\$46.12	\$345.93	\$461.24
E2624	\$36.55	\$274.09	\$365.45
K0001	\$58.25	\$436.88	\$582.50
K0002	\$89.48	\$671.10	\$894.80
K0003	\$97.98	\$734.85	\$979.80
K0004	\$124.22	\$931.65	\$1,242.20
K0005	\$202.15	\$1,516.28	\$2,021.71
K0006	\$116.58	\$874.35	\$1,165.80
K0007	\$95.19	\$1,463.93	\$1,951.90
K0009	\$81.31	\$609.83	\$813.10
K0015	\$0.00	\$149.03	\$198.70
K0017	\$0.00	\$41.93	\$55.90
K0018	\$0.00	\$23.42	\$31.23
K0019	\$0.00	\$14.14	\$18.85
K0037	\$0.00	\$33.57	\$44.76
K0038	\$0.00	\$19.89	\$26.52
K0040	\$0.00	\$61.24	\$81.65
K0042	\$0.00	\$27.34	\$36.45
K0043	\$0.00	\$16.02	\$21.36
K0044	\$0.00	\$13.64	\$18.19

HCPCS Code	Prof Fee	Tech Fee	Total Fee
K0045	\$0.00	\$46.44	\$61.92
K0046	\$0.00	\$16.02	\$21.36
K0047	\$0.00	\$62.73	\$83.64
K0052	\$0.00	\$75.81	\$101.08
K0053	\$0.00	\$83.66	\$111.55
K0056	\$0.00	\$78.00	\$104.00
K0065	\$0.00	\$36.46	\$48.61
K0069	\$0.00	\$81.96	\$109.28
K0070	\$0.00	\$150.22	\$200.29
K0071	\$0.00	\$89.60	\$119.47
K0072	\$0.00	\$53.94	\$71.92
K0077	\$0.00	\$48.27	\$64.36
K0105	\$0.00	\$81.55	\$108.73
K0195	\$0.00	\$172.80	\$230.40
K0455	\$289.65	\$2,172.40	\$2,896.50
K0552	\$0.00	\$0.00	\$2.90
K0601	\$0.00	\$0.00	\$1.21
K0603	\$0.00	\$0.00	\$0.62
K0604	\$0.00	\$0.00	\$6.65
K0606	\$2,753.85	\$20,653.90	\$27,538.50
K0669	\$401.27	\$40.13	\$300.95
K0672	\$0.00	\$60.29	\$80.39
K0733	\$0.00	\$24.78	\$33.04
K0738	\$173.31	\$1,299.00	\$1,733.10
K0739	\$20.13	\$0.00	\$0.00
K0740	\$57.66	\$0.00	\$0.00
K0743	\$138.43	\$0.00	\$0.00
K0744	\$2.12	\$0.00	\$0.00
K0745	\$3.47	\$0.00	\$0.00



Fee Schedule: Durable medical equipment (continued from page 42)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
K0746	\$6.76	\$0.00	\$0.00
K0800	\$121.85	\$1,299.83	\$1,218.47
K0807	\$223.67	\$1,677.51	\$2,236.68
K0814	\$436.59	\$3,274.40	\$4,365.90
K0816	\$476.09	\$3,570.70	\$4,760.90
K0822	\$565.17	\$4,238.78	\$5,651.70
K0823	\$568.89	\$4,266.68	\$5,688.90
K0824	\$684.65	\$5,134.90	\$6,846.50
K0825	\$626.80	\$4,701.00	\$6,268.00
K0826	\$886.38	\$6,647.85	\$8,863.80
K0827	\$753.67	\$5,652.50	\$7,536.70
K0848	\$747.10	\$5,603.25	\$7,471.00
K0850	\$866.62	\$6,499.70	\$8,666.20
K0856	\$801.94	\$6,014.55	\$8,019.40
K0861	\$1,034.66	\$7,759.95	\$10,346.60
K0862	\$994.98	\$7,462.35	\$9,949.80
L0120	\$0.00	\$0.00	\$23.40
L0140	\$0.00	\$0.00	\$57.59
L0150	\$0.00	\$0.00	\$95.28
L0160	\$0.00	\$0.00	\$184.13
L0170	\$0.00	\$0.00	\$603.13
L0172	\$0.00	\$0.00	\$124.27
L0174	\$0.00	\$0.00	\$242.22
L0180	\$0.00	\$0.00	\$362.95
L0200	\$0.00	\$0.00	\$525.16
L0220	\$0.00	\$0.00	\$143.99
L0454	\$0.00	\$0.00	\$328.79
L0456	\$0.00	\$0.00	\$942.90
L0458	\$0.00	\$0.00	\$845.50

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L0460	\$0.00	\$0.00	\$951.68
L0464	\$0.00	\$0.00	\$1,409.18
L0472	\$0.00	\$0.00	\$392.40
L0480	\$0.00	\$0.00	\$1,352.08
L0482	\$0.00	\$0.00	\$1,367.34
L0484	\$0.00	\$0.00	\$1,566.99
L0486	\$0.00	\$0.00	\$1,690.89
L0491	\$0.00	\$0.00	\$728.09
L0621	\$0.00	\$0.00	\$88.08
L0623	\$27.58	\$0.00	\$0.00
L0624	\$38.42	\$0.00	\$0.00
L0625	\$0.00	\$0.00	\$52.24
L0626	\$0.00	\$0.00	\$73.90
L0627	\$0.00	\$0.00	\$389.70
L0628	\$0.00	\$0.00	\$79.52
L0629	\$75.48	\$0.00	\$0.00
L0630	\$0.00	\$0.00	\$153.52
L0631	\$0.00	\$0.00	\$973.25
L0632	\$1,224.85	\$0.00	\$0.00
L0633	\$0.00	\$0.00	\$271.86
L0634	\$314.66	\$0.00	\$0.00
L0636	\$0.00	\$0.00	\$1,271.61
L0637	\$0.00	\$0.00	\$1,151.77
L0638	\$0.00	\$0.00	\$1,250.36
L0639	\$0.00	\$0.00	\$1,151.77
L0640	\$0.00	\$0.00	\$991.98
L0641	\$73.90	\$0.00	\$0.00
L0700	\$0.00	\$0.00	\$1,809.47
L0710	\$0.00	\$0.00	\$1,949.25



Fee Schedule: Durable medical equipment (continued from page 43)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L0810	\$0.00	\$0.00	\$2,414.88
L0859	\$0.00	\$0.00	\$1,432.24
L0972	\$0.00	\$0.00	\$117.23
L0976	\$0.00	\$0.00	\$165.94
L0978	\$0.00	\$0.00	\$173.85
L0984	\$0.00	\$0.00	\$53.54
L1001	\$36.89	\$0.00	\$0.00
L1005	\$0.00	\$0.00	\$3,034.30
L1010	\$0.00	\$0.00	\$69.74
L1020	\$0.00	\$0.00	\$96.63
L1030	\$0.00	\$0.00	\$74.79
L1040	\$0.00	\$0.00	\$78.19
L1050	\$0.00	\$0.00	\$94.64
L1060	\$0.00	\$0.00	\$91.84
L1080	\$0.00	\$0.00	\$50.54
L1200	\$0.00	\$0.00	\$1,588.91
L1210	\$0.00	\$0.00	\$230.72
L1220	\$0.00	\$0.00	\$223.28
L1230	\$0.00	\$0.00	\$501.23
L1240	\$0.00	\$0.00	\$73.93
L1250	\$0.00	\$0.00	\$71.72
L1260	\$0.00	\$0.00	\$72.17
L1270	\$0.00	\$0.00	\$69.39
L1280	\$0.00	\$0.00	\$76.06
L1290	\$0.00	\$0.00	\$69.30
L1300	\$0.00	\$0.00	\$1,697.77
L1600	\$0.00	\$0.00	\$151.50
L1610	\$0.00	\$0.00	\$40.14
L1620	\$0.00	\$0.00	\$118.14

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L1640	\$0.00	\$0.00	\$468.52
L1650	\$0.00	\$0.00	\$215.16
L1652	\$0.00	\$0.00	\$337.96
L1660	\$0.00	\$0.00	\$201.20
L1680	\$0.00	\$0.00	\$1,270.05
L1685	\$0.00	\$0.00	\$1,048.83
L1686	\$0.00	\$0.00	\$804.33
L1690	\$0.00	\$0.00	\$1,833.25
L1710	\$0.00	\$0.00	\$1,944.93
L1810	\$0.00	\$0.00	\$94.31
L1820	\$0.00	\$0.00	\$126.87
L1830	\$0.00	\$0.00	\$77.14
L1831	\$0.00	\$0.00	\$279.02
L1832	\$0.00	\$0.00	\$536.08
L1834	\$0.00	\$0.00	\$684.47
L1836	\$0.00	\$0.00	\$126.47
L1840	\$0.00	\$0.00	\$996.20
L1843	\$0.00	\$0.00	\$850.62
L1844	\$0.00	\$0.00	\$1,471.51
L1845	\$0.00	\$0.00	\$825.89
L1846	\$0.00	\$0.00	\$1,034.96
L1850	\$0.00	\$0.00	\$293.50
L1900	\$0.00	\$0.00	\$305.47
L1902	\$0.00	\$0.00	\$93.85
L1904	\$0.00	\$0.00	\$414.64
L1906	\$0.00	\$0.00	\$106.04
L1907	\$0.00	\$0.00	\$533.46
L1920	\$0.00	\$0.00	\$319.17
L1930	\$0.00	\$0.00	\$278.12



Fee Schedule: Durable medical equipment (continued from page 44)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L1932	\$0.00	\$0.00	\$846.00
L1940	\$0.00	\$0.00	\$446.48
L1945	\$0.00	\$0.00	\$816.23
L1950	\$0.00	\$0.00	\$659.01
L1951	\$0.00	\$0.00	\$796.19
L1960	\$0.00	\$0.00	\$488.74
L1970	\$0.00	\$0.00	\$627.42
L1971	\$0.00	\$0.00	\$444.36
L1980	\$0.00	\$0.00	\$338.28
L1990	\$0.00	\$0.00	\$393.04
L2005	\$0.00	\$0.00	\$3,884.75
L2010	\$0.00	\$0.00	\$873.36
L2020	\$0.00	\$0.00	\$1,029.58
L2030	\$0.00	\$0.00	\$903.09
L2035	\$0.00	\$0.00	\$164.24
L2036	\$0.00	\$0.00	\$1,719.01
L2037	\$0.00	\$0.00	\$1,468.64
L2040	\$0.00	\$0.00	\$156.55
L2050	\$0.00	\$0.00	\$498.25
L2060	\$0.00	\$0.00	\$576.47
L2070	\$0.00	\$0.00	\$119.46
L2108	\$0.00	\$0.00	\$1,025.09
L2112	\$0.00	\$0.00	\$499.45
L2114	\$0.00	\$0.00	\$578.16
L2116	\$0.00	\$0.00	\$692.66
L2134	\$0.00	\$0.00	\$1,003.61
L2136	\$0.00	\$0.00	\$1,136.24
L2180	\$0.00	\$0.00	\$137.68
L2184	\$0.00	\$0.00	\$131.42

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L2186	\$0.00	\$0.00	\$132.75
L2190	\$0.00	\$0.00	\$88.28
L2200	\$0.00	\$0.00	\$55.89
L2210	\$0.00	\$0.00	\$59.27
L2220	\$0.00	\$0.00	\$77.03
L2230	\$0.00	\$0.00	\$71.19
L2232	\$0.00	\$0.00	\$91.60
L2250	\$0.00	\$0.00	\$313.32
L2260	\$0.00	\$0.00	\$182.41
L2265	\$0.00	\$0.00	\$138.45
L2270	\$0.00	\$0.00	\$47.35
L2275	\$0.00	\$0.00	\$115.21
L2280	\$0.00	\$0.00	\$399.27
L2300	\$0.00	\$0.00	\$316.54
L2320	\$0.00	\$0.00	\$197.93
L2330	\$0.00	\$0.00	\$366.95
L2340	\$0.00	\$0.00	\$488.68
L2350	\$0.00	\$0.00	\$837.22
L2360	\$0.00	\$0.00	\$60.83
L2370	\$0.00	\$0.00	\$258.76
L2380	\$0.00	\$0.00	\$144.73
L2385	\$0.00	\$0.00	\$152.48
L2387	\$0.00	\$0.00	\$145.93
L2390	\$0.00	\$0.00	\$96.52
L2395	\$0.00	\$0.00	\$183.94
L2397	\$0.00	\$0.00	\$103.34
L2405	\$0.00	\$0.00	\$82.66
L2415	\$0.00	\$0.00	\$115.16
L2425	\$0.00	\$0.00	\$135.89

Fee Schedule: Durable medical equipment (continued from page 45)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L2430	\$0.00	\$0.00	\$135.89
L2492	\$0.00	\$0.00	\$100.36
L2525	\$0.00	\$0.00	\$1,074.85
L2530	\$0.00	\$0.00	\$208.88
L2550	\$0.00	\$0.00	\$253.24
L2570	\$0.00	\$0.00	\$559.98
L2610	\$0.00	\$0.00	\$285.51
L2620	\$0.00	\$0.00	\$275.87
L2622	\$0.00	\$0.00	\$360.53
L2624	\$0.00	\$0.00	\$313.52
L2627	\$0.00	\$0.00	\$1,511.58
L2628	\$0.00	\$0.00	\$1,477.28
L2630	\$0.00	\$0.00	\$258.19
L2640	\$0.00	\$0.00	\$339.42
L2650	\$0.00	\$0.00	\$127.47
L2750	\$0.00	\$0.00	\$96.91
L2755	\$0.00	\$0.00	\$123.90
L2760	\$0.00	\$0.00	\$71.43
L2768	\$0.00	\$0.00	\$123.51
L2780	\$0.00	\$0.00	\$59.68
L2785	\$0.00	\$0.00	\$27.95
L2795	\$0.00	\$0.00	\$86.36
L2800	\$0.00	\$0.00	\$94.05
L2810	\$0.00	\$0.00	\$76.66
L2820	\$0.00	\$0.00	\$76.57
L2830	\$0.00	\$0.00	\$82.84
L2840	\$0.00	\$0.00	\$51.37
L2850	\$0.00	\$0.00	\$58.74
L2861	\$605.67	\$0.00	\$0.00

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L3000	\$0.00	\$0.00	\$297.81
L3001	\$0.00	\$0.00	\$125.38
L3002	\$0.00	\$0.00	\$153.10
L3003	\$0.00	\$0.00	\$165.18
L3010	\$0.00	\$0.00	\$165.18
L3020	\$0.00	\$0.00	\$188.08
L3030	\$0.00	\$0.00	\$72.35
L3031	\$116.10	\$0.00	\$0.00
L3040	\$0.00	\$0.00	\$44.61
L3050	\$0.00	\$0.00	\$44.61
L3060	\$0.00	\$0.00	\$69.92
L3070	\$0.00	\$0.00	\$30.14
L3080	\$0.00	\$0.00	\$30.14
L3090	\$0.00	\$0.00	\$38.60
L3100	\$0.00	\$0.00	\$40.98
L3140	\$0.00	\$0.00	\$84.41
L3150	\$0.00	\$0.00	\$77.16
L3170	\$0.00	\$0.00	\$48.24
L3224	\$0.00	\$0.00	\$51.85
L3225	\$0.00	\$0.00	\$60.79
L3300	\$0.00	\$0.00	\$49.43
L3310	\$0.00	\$0.00	\$77.16
L3332	\$0.00	\$0.00	\$69.92
L3334	\$0.00	\$0.00	\$36.17
L3350	\$0.00	\$0.00	\$21.68
L3360	\$0.00	\$0.00	\$33.76
L3370	\$0.00	\$0.00	\$47.01
L3380	\$0.00	\$0.00	\$47.01
L3390	\$0.00	\$0.00	\$47.01



Fee Schedule: Durable medical equipment (continued from page 46)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L3400	\$0.00	\$0.00	\$38.60
L3410	\$0.00	\$0.00	\$88.05
L3420	\$0.00	\$0.00	\$51.83
L3450	\$0.00	\$0.00	\$100.06
L3460	\$0.00	\$0.00	\$32.54
L3470	\$0.00	\$0.00	\$59.06
L3480	\$0.00	\$0.00	\$59.06
L3500	\$0.00	\$0.00	\$27.75
L3510	\$0.00	\$0.00	\$27.75
L3520	\$0.00	\$0.00	\$30.14
L3530	\$0.00	\$0.00	\$30.14
L3540	\$0.00	\$0.00	\$48.24
L3580	\$0.00	\$0.00	\$61.49
L3590	\$0.00	\$0.00	\$50.65
L3595	\$0.00	\$0.00	\$39.77
L3600	\$0.00	\$0.00	\$72.35
L3610	\$0.00	\$0.00	\$95.26
L3620	\$0.00	\$0.00	\$72.35
L3630	\$0.00	\$0.00	\$95.26
L3650	\$0.00	\$0.00	\$56.08
L3660	\$0.00	\$0.00	\$88.68
L3670	\$0.00	\$0.00	\$101.30
L3671	\$0.00	\$0.00	\$777.44
L3674	\$0.00	\$0.00	\$1,019.86
L3678	\$93.25	\$0.00	\$0.00
L3702	\$0.00	\$0.00	\$249.15
L3710	\$0.00	\$0.00	\$128.18
L3720	\$0.00	\$0.00	\$654.65
L3730	\$0.00	\$0.00	\$957.54

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L3740	\$0.00	\$0.00	\$1,229.54
L3760	\$0.00	\$0.00	\$431.48
L3762	\$0.00	\$0.00	\$92.79
L3763	\$0.00	\$0.00	\$604.06
L3764	\$0.00	\$0.00	\$656.34
L3765	\$0.00	\$0.00	\$1,106.31
L3766	\$0.00	\$0.00	\$1,171.51
L3806	\$0.00	\$0.00	\$391.92
L3807	\$0.00	\$0.00	\$215.75
L3808	\$0.00	\$0.00	\$288.33
L3891	\$178.60	\$0.00	\$0.00
L3900	\$0.00	\$0.00	\$1,127.84
L3905	\$0.00	\$0.00	\$855.62
L3906	\$0.00	\$0.00	\$340.94
L3908	\$0.00	\$0.00	\$51.70
L3912	\$0.00	\$0.00	\$107.58
L3913	\$0.00	\$0.00	\$233.68
L3915	\$0.00	\$0.00	\$458.64
L3917	\$0.00	\$0.00	\$91.12
L3919	\$0.00	\$0.00	\$233.68
L3921	\$0.00	\$0.00	\$277.12
L3923	\$0.00	\$0.00	\$75.06
L3925	\$0.00	\$0.00	\$46.35
L3927	\$0.00	\$0.00	\$30.20
L3929	\$0.00	\$0.00	\$79.36
L3931	\$0.00	\$0.00	\$177.24
L3933	\$0.00	\$0.00	\$184.11
L3935	\$0.00	\$0.00	\$190.64
L3956	\$77.56	\$0.00	\$0.00

Fee Schedule: Durable medical equipment (continued from page 47)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L3960	\$0.00	\$0.00	\$773.17
L3962	\$0.00	\$0.00	\$619.08
L3973	\$0.00	\$0.00	\$1,711.52
L3976	\$0.00	\$0.00	\$1,449.60
L3977	\$0.00	\$0.00	\$1,624.59
L3980	\$0.00	\$0.00	\$317.63
L3982	\$0.00	\$0.00	\$358.44
L3984	\$0.00	\$0.00	\$311.84
L3995	\$0.00	\$0.00	\$36.79
L4002	\$21.54	\$0.00	\$0.00
L4060	\$0.00	\$0.00	\$280.22
L4080	\$0.00	\$0.00	\$89.19
L4090	\$0.00	\$0.00	\$100.75
L4110	\$0.00	\$0.00	\$82.74
L4350	\$0.00	\$0.00	\$81.06
L4360	\$0.00	\$0.00	\$244.15
L4370	\$0.00	\$0.00	\$166.46
L4386	\$0.00	\$0.00	\$150.32
L4392	\$0.00	\$0.00	\$22.33
L4396	\$0.00	\$0.00	\$159.13
L4398	\$0.00	\$0.00	\$73.24
L4631	\$0.00	\$0.00	\$1,402.30
L5000	\$0.00	\$0.00	\$632.85
L5020	\$0.00	\$0.00	\$2,158.69
L5050	\$0.00	\$0.00	\$2,717.47
L5100	\$0.00	\$0.00	\$2,670.36
L5200	\$0.00	\$0.00	\$3,556.84
L5301	\$0.00	\$0.00	\$2,590.78
L5312	\$0.00	\$0.00	\$3,457.93

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L5321	\$0.00	\$0.00	\$3,614.50
L5331	\$0.00	\$0.00	\$5,441.51
L5450	\$0.00	\$0.00	\$510.29
L5530	\$0.00	\$0.00	\$1,861.45
L5540	\$0.00	\$0.00	\$1,999.73
L5580	\$0.00	\$0.00	\$2,651.34
L5590	\$0.00	\$0.00	\$2,602.68
L5611	\$0.00	\$0.00	\$1,513.53
L5613	\$0.00	\$0.00	\$2,331.29
L5618	\$0.00	\$0.00	\$283.79
L5620	\$0.00	\$0.00	\$348.22
L5622	\$0.00	\$0.00	\$454.07
L5624	\$0.00	\$0.00	\$455.36
L5626	\$0.00	\$0.00	\$500.06
L5629	\$0.00	\$0.00	\$398.05
L5630	\$0.00	\$0.00	\$485.92
L5631	\$0.00	\$0.00	\$550.33
L5632	\$0.00	\$0.00	\$208.58
L5636	\$0.00	\$0.00	\$239.36
L5637	\$0.00	\$0.00	\$361.84
L5643	\$0.00	\$0.00	\$1,572.55
L5645	\$0.00	\$0.00	\$751.06
L5646	\$0.00	\$0.00	\$668.13
L5647	\$0.00	\$0.00	\$747.25
L5649	\$0.00	\$0.00	\$2,282.47
L5650	\$0.00	\$0.00	\$538.14
L5651	\$0.00	\$0.00	\$1,504.19
L5652	\$0.00	\$0.00	\$477.81
L5654	\$0.00	\$0.00	\$370.32



Fee Schedule: Durable medical equipment (continued from page 48)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L5655	\$0.00	\$0.00	\$288.09
L5656	\$0.00	\$0.00	\$357.08
L5661	\$0.00	\$0.00	\$571.67
L5665	\$0.00	\$0.00	\$514.05
L5666	\$0.00	\$0.00	\$87.68
L5668	\$0.00	\$0.00	\$126.48
L5670	\$0.00	\$0.00	\$339.87
L5671	\$0.00	\$0.00	\$540.10
L5672	\$0.00	\$0.00	\$280.12
L5673	\$0.00	\$0.00	\$688.21
L5676	\$0.00	\$0.00	\$443.33
L5678	\$0.00	\$0.00	\$49.73
L5679	\$0.00	\$0.00	\$573.49
L5680	\$0.00	\$0.00	\$306.64
L5681	\$0.00	\$0.00	\$1,249.47
L5683	\$0.00	\$0.00	\$1,249.47
L5684	\$0.00	\$0.00	\$50.56
L5685	\$0.00	\$0.00	\$121.65
L5688	\$0.00	\$0.00	\$72.14
L5694	\$0.00	\$0.00	\$227.23
L5695	\$0.00	\$0.00	\$204.27
L5696	\$0.00	\$0.00	\$208.51
L5697	\$0.00	\$0.00	\$75.41
L5698	\$0.00	\$0.00	\$112.42
L5700	\$0.00	\$0.00	\$2,691.30
L5701	\$0.00	\$0.00	\$3,232.06
L5702	\$0.00	\$0.00	\$4,089.03
L5703	\$0.00	\$0.00	\$2,503.68
L5704	\$0.00	\$0.00	\$503.49

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L5705	\$0.00	\$0.00	\$899.62
L5707	\$0.00	\$0.00	\$1,162.65
L5781	\$0.00	\$0.00	\$3,800.67
L5782	\$0.00	\$0.00	\$4,006.73
L5785	\$0.00	\$0.00	\$544.17
L5810	\$0.00	\$0.00	\$504.98
L5811	\$0.00	\$0.00	\$748.01
L5812	\$0.00	\$0.00	\$566.03
L5814	\$0.00	\$0.00	\$3,527.74
L5816	\$0.00	\$0.00	\$910.48
L5826	\$0.00	\$0.00	\$2,966.38
L5828	\$0.00	\$0.00	\$2,652.79
L5830	\$0.00	\$0.00	\$1,956.38
L5840	\$0.00	\$0.00	\$3,295.61
L5845	\$0.00	\$0.00	\$1,702.55
L5848	\$0.00	\$0.00	\$1,021.42
L5850	\$0.00	\$0.00	\$160.23
L5855	\$0.00	\$0.00	\$322.88
L5856	\$0.00	\$0.00	\$22,802.76
L5859	\$13,782.16	\$0.00	\$0.00
L5910	\$0.00	\$0.00	\$453.63
L5920	\$0.00	\$0.00	\$664.58
L5925	\$0.00	\$0.00	\$420.86
L5930	\$0.00	\$0.00	\$3,197.21
L5940	\$0.00	\$0.00	\$628.28
L5950	\$0.00	\$0.00	\$974.48
L5960	\$0.00	\$0.00	\$1,207.49
L5961	\$4,479.03	\$0.00	\$0.00
L5962	\$0.00	\$0.00	\$595.95



Fee Schedule: Durable medical equipment (continued from page 49)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L5964	\$0.00	\$0.00	\$879.77
L5966	\$0.00	\$0.00	\$1,121.04
L5968	\$0.00	\$0.00	\$3,451.79
L5972	\$0.00	\$0.00	\$402.50
L5973	\$0.00	\$0.00	\$16,342.46
L5974	\$0.00	\$0.00	\$249.01
L5976	\$0.00	\$0.00	\$570.23
L5979	\$0.00	\$0.00	\$2,143.47
L5980	\$0.00	\$0.00	\$3,684.09
L5981	\$0.00	\$0.00	\$2,813.53
L5984	\$0.00	\$0.00	\$631.56
L5985	\$0.00	\$0.00	\$268.22
L5986	\$0.00	\$0.00	\$628.41
L5987	\$0.00	\$0.00	\$6,833.22
L5988	\$0.00	\$0.00	\$1,897.58
L5990	\$0.00	\$0.00	\$1,723.28
L6000	\$0.00	\$0.00	\$1,406.05
L6050	\$0.00	\$0.00	\$2,161.68
L6100	\$0.00	\$0.00	\$2,217.83
L6110	\$0.00	\$0.00	\$2,354.27
L6250	\$0.00	\$0.00	\$3,103.40
L6615	\$0.00	\$0.00	\$182.38
L6628	\$0.00	\$0.00	\$484.91
L6630	\$0.00	\$0.00	\$269.94
L6632	\$0.00	\$0.00	\$61.03
L6641	\$0.00	\$0.00	\$183.23
L6650	\$0.00	\$0.00	\$397.27
L6660	\$0.00	\$0.00	\$96.96
L6670	\$0.00	\$0.00	\$60.07

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L6672	\$0.00	\$0.00	\$167.14
L6675	\$0.00	\$0.00	\$117.21
L6676	\$0.00	\$0.00	\$123.21
L6680	\$0.00	\$0.00	\$290.60
L6682	\$0.00	\$0.00	\$284.55
L6687	\$0.00	\$0.00	\$541.86
L6688	\$0.00	\$0.00	\$640.42
L6691	\$0.00	\$0.00	\$324.27
L6696	\$0.00	\$0.00	\$1,249.47
L6698	\$0.00	\$0.00	\$540.10
L6703	\$0.00	\$0.00	\$310.68
L6704	\$0.00	\$0.00	\$728.57
L6707	\$0.00	\$0.00	\$1,344.96
L6708	\$0.00	\$0.00	\$903.92
L6713	\$0.00	\$0.00	\$1,484.01
L6721	\$0.00	\$0.00	\$2,234.09
L6883	\$0.00	\$0.00	\$1,752.90
L6890	\$0.00	\$0.00	\$173.17
L6900	\$0.00	\$0.00	\$1,452.46
L6905	\$0.00	\$0.00	\$1,379.23
L7362	\$0.00	\$0.00	\$272.05
L7368	\$0.00	\$0.00	\$479.42
L7400	\$0.00	\$0.00	\$291.12
L7403	\$0.00	\$0.00	\$349.80
L7510	\$36.46	\$0.00	\$0.00
L7600	\$47.68	\$0.00	\$0.00
L7900	\$0.00	\$0.00	\$514.11
L7902	\$17.87	\$0.00	\$0.00
L8000	\$0.00	\$0.00	\$35.25



Fee Schedule: Durable medical equipment (continued from page 50)

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L8001	\$0.00	\$0.00	\$119.14
L8002	\$0.00	\$0.00	\$156.72
L8015	\$0.00	\$0.00	\$56.94
L8020	\$0.00	\$0.00	\$213.44
L8030	\$0.00	\$0.00	\$313.35
L8031	\$0.00	\$0.00	\$313.35
L8032	\$0.00	\$0.00	\$37.21
L8035	\$0.00	\$0.00	\$3,480.01
L8040	\$0.00	\$0.00	\$2,264.07
L8041	\$0.00	\$0.00	\$2,728.96
L8042	\$0.00	\$0.00	\$3,066.25
L8044	\$0.00	\$0.00	\$3,802.13
L8045	\$0.00	\$0.00	\$2,380.88
L8300	\$0.00	\$0.00	\$79.24
L8310	\$0.00	\$0.00	\$125.11
L8400	\$0.00	\$0.00	\$14.79
L8410	\$0.00	\$0.00	\$21.63
L8417	\$0.00	\$0.00	\$71.42
L8420	\$0.00	\$0.00	\$19.53
L8430	\$0.00	\$0.00	\$21.45
L8435	\$0.00	\$0.00	\$22.65
L8440	\$0.00	\$0.00	\$41.51
L8460	\$0.00	\$0.00	\$72.20
L8470	\$0.00	\$0.00	\$7.52
L8480	\$0.00	\$0.00	\$9.88
L8485	\$0.00	\$0.00	\$10.45
L8500	\$0.00	\$0.00	\$730.32
L8501	\$0.00	\$0.00	\$113.48
L8507	\$0.00	\$0.00	\$39.78

HCPCS Code	Prof Fee	Tech Fee	Total Fee
L8509	\$0.00	\$0.00	\$103.74
L8511	\$0.00	\$0.00	\$69.08
L8513	\$0.00	\$0.00	\$4.95
L8600	\$0.00	\$0.00	\$586.60
L8603	\$0.00	\$0.00	\$411.35
L8606	\$0.00	\$0.00	\$206.72
L8610	\$0.00	\$0.00	\$623.18
L8612	\$0.00	\$0.00	\$602.16
L8613	\$0.00	\$0.00	\$282.76
L8614	\$0.00	\$0.00	\$18,182.12
L8615	\$0.00	\$0.00	\$428.42
L8616	\$0.00	\$0.00	\$99.78
L8618	\$0.00	\$0.00	\$24.90
L8619	\$0.00	\$0.00	\$7,805.45
L8621	\$0.00	\$0.00	\$0.58
L8624	\$0.00	\$0.00	\$153.15
L8628	\$0.00	\$0.00	\$1,175.08
L8641	\$0.00	\$0.00	\$328.83
L8642	\$0.00	\$0.00	\$273.44
L8670	\$0.00	\$0.00	\$522.92
L8680	\$0.00	\$0.00	\$436.32
L8681	\$0.00	\$0.00	\$1,013.42
L8689	\$0.00	\$0.00	\$1,638.51
L8690	\$0.00	\$0.00	\$4,518.74
L8691	\$0.00	\$0.00	\$4,518.74
L8692	\$200.15	\$0.00	\$0.00



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# PROVIDERS' NEWS STAFF

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[arkansasbluecross.com](http://arkansasbluecross.com)  
[healthadvantage-hmo.com](http://healthadvantage-hmo.com)  
[blueadvantagearkansas.com](http://blueadvantagearkansas.com)  
[fepblue.org](http://fepblue.org)



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