

# PROVIDERS' NEWS

A publication for participating providers and their office staffs



DECEMBER 2014

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## ICD-10 assistance

Did you know that Arkansas Blue Cross and Blue Shield is offering a free\* tool to help providers with ICD-10? Get comfortable with the new world of ICD 10 by creating an account today!

Website: <http://icdassist.com>

\*This tool is free for Arkansas Blue Cross providers only. Your NPI will be asked during registration for verification. The free account is valid for one user per facility. Additional users from the same provider will be available upon payment.

## ICD-10 countdown

9 Months  
Until the ICD-10  
Compliance  
October 1, 2015  
Will you be ready?



An Independent Licensee of the Blue Cross and Blue Shield Association



# 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 new 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.

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

Arkansas Blue Cross and Blue Shield is actively performing ICD-10 testing with providers. If you're not already involved, Arkansas Blue Cross encourages your participation as soon as possible.

Based on our testing, providers spend two to four weeks preparing test claims before submitting them to Arkansas Blue Cross. Once test claims are submitted, it

may take an additional four to six weeks to view and analyze the results. Due to the timing requirements of testing, Arkansas Blue Cross will be accepting test claims until August 31, 2015. Test claims submitted after August 31, 2015 will not be considered for testing.

With only 35 weeks to test during 2015, testing slots are limited and are filling up quickly. Sign

up now and reserve a testing slot while times are available. For a test-slot reservation or any ICD-10 related questions, email us at [icd10@arkbluecross.com](mailto:icd10@arkbluecross.com). For updated ICD-10 information, visit the "ICD-10 Resource Center" located on the provider page of the Arkansas Blue Cross website.

## Claims timely filing guidelines

As a reminder, the following information regarding timely claims filing applies to Arkansas Blue Cross and Blue Shield, BlueAdvantage Administrators of Arkansas and Health Advantage and includes claims for members of other Blue Cross Plans.

### Filing Original Claim:

Providers must submit claims for any service, supply, prescription drug, test, equipment or other

treatment within 180 days after such service, supply, prescription drug, test, equipment or treatment is provided. In the case of a claim for inpatient services for multiple consecutive days, a written proof must be submitted no later than 180 days following the date of discharge for that admission.

### Re-submitting Claims:

Arkansas Blue Cross and its affiliates also require providers to use

this 180-day timely filing limit for re-submitting claims for adjustments, or for submitting additional information on a previously filed claim.

### Adjudicated Claims/COB:

Arkansas Blue Cross and its affiliates extends the timely filing requirements to include 180 days after the primary insurer adjudicates the claim. Timely deadline for secondary claims is 180 days from the date

(Continued on page 3)



## Claims timely filing guidelines (continued from page 2)

processed by the primary carrier.

### **Member Responsibility:**

The 180-day timely filing provision is applicable for both providers and members. When a patient covered by Arkansas Blue Cross or an affiliate does not provide their provider with proof of coverage until after the 180-day timely filing has expired, that patient is responsible for the services and the provider should not bill Arkansas

Blue Cross or its affiliates.

All contract holders should have a member identification card and should present their ID card prior to each service. Arkansas Blue Cross and its affiliates encourage all providers to have their patients complete insurance coverage update forms at the time of each service. By completing an insurance coverage update form, patients are given every opportunity to provide up-to-date insurance

information.

For questions regarding coverage, providers should refer to AHIN (Advanced Health Information Network) for member eligibility and claims status or call The BlueLine, our voice activated response service, available 24 hours a day, 7 days a week.

(This information does not apply to the Federal Employee Program (FEP)).

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# Arkansas Blue Cross gearing up for HEDIS in 2015

The National Committee for Quality Assurance (NCQA) designed the Healthcare Effectiveness Data and Information Set (HEDIS) performance measures to ensure the general public has equivalent information in order to compare the performance of health plans. Arkansas Blue Cross and Blue Shield assesses the overall performance of care delivered to our members based on the HEDIS measures of accessibility, effectiveness and satisfaction.

Arkansas Blue Cross has contracted with Optum, a health care technology company, to schedule chart reviews (via fax or on-site review) with selected

providers to measure certain HEDIS criteria. Arkansas Blue Cross will be sending providers a list of Medi-Pak® Advantage and exchange members whose medical records will be reviewed. Members are chosen randomly for the HEDIS chart review, and as a result, not all physician offices have patients in the chart review sample. Chart reviews will begin in February 2015 and continue until May 2015.

According to the Health Insurance Portability and Accountability Act (HIPAA) privacy rule (45 CFR 164), health care providers can disclose protected health information (PHI) to health plans for the purpose of: quality assurance, quality

improvement, accreditation activities. Furthermore, providers can disclose PHI to health plans for HEDIS data collection without authorization from the patient, when both the provider and health plan have a relationship with the patient and the information relates to that relationship. Optum has executed a HIPAA-compliant business agreement to perform this medical record review while ensuring that the privacy of the data is protected as required by law.

Arkansas Blue Cross appreciates your cooperation and timeliness in submitting the requested medical record information. For more about NCQA, go to [ncqa.org](http://ncqa.org).



# Guidelines for responding to medical records request

Requests for medical records are generated using a fax process. The request is faxed to a provider and includes a bar-coded cover letter with a tracking number. When faxing the requested medical record information or fact sheet, please use the bar-coded letter first as the cover letter. The bar-coded letter will allow the information to be tracked and processed

faster. The bar-coded letter is unique for each medical record request and cannot be reused for other patients or request.

Once the completed requests are faxed with the bar code sheet on top, the medical records will automatically be forwarded to the member's home plan. Paper copies of medical records, operative reports, etc. should not

be mailed unless the document is too large to fax. Effective immediately, medical records and other documents sent on a computer disc (CD) will no longer be accepted.

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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 always has 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 GROUP HEALTH PLAN OTHER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (Incl. Street)

6. PATIENT'S RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS (Incl. Street)

8. RESERVED FOR NUGC USE

9. RESERVED FOR NUGC USE

10. IS PATIENT'S CO-INSURED?

11. AUTO ACCIDENT?

12. OTHER ACCIDENT?

13. CLAIM CODES

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

15. OTHER DATE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. NPI

17b. NPI

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

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

24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER

25. FEDERAL TAX ID NUMBER

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT?

28. TOTAL CHARGE

29. AMOUNT PAID

30. REIMB. BY NUGC UNIT

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH#

SIGNED DATE 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.



# FEP: Benefit changes for 2015

The following benefits changes apply to Federal Employee Program (FEP) members for 2015.

## Changes for the Standard Option:

- The copayment for care related to a medical emergency provided at a preferred urgent care center has been reduced to \$30 per visit.
- The cost share for an inpatient admission to a non-member hospital or other covered facility for mental health and substance abuse services is now 35% of the plan's allowance, and any remaining balance after payment from Arkansas Blue Cross.
- The cost share for inpatient professional mental health and substance abuse services is now 35% of the plan allowance for participating and non-participating providers. For services performed by non-participating providers, members also are responsible for the difference between the Arkansas Blue Cross allowance and the billed amount.

FEP now provides benefits for inpatient admissions to residential treatment centers for mental health and substance abuse services for members who have

primary Medicare Part A coverage.

## Changes for the Basic Option:

- The cost share for cardiovascular monitoring services is now \$40 for services performed by preferred professional or facility providers. Members continue to have no copayment for standard EKGs.
- The copayment for care related to an accidental injury or medical emergency provided at a preferred urgent care center is now \$35 per visit.

## Changes for Both the Standard and Basic Options:

- FEP now provides preventive care benefits for genetic counseling and evaluation services and for preventive BRCA testing for males, age 18 and over, whose family history is associated with an increased risk for harmful mutations in BRCA1 or BRCA2 genes. Benefits are limited to one BRCA test per lifetime.
- FEP now provides preventive care benefits for BRCA testing in males and females with a family history of both breast and fallopian tube cancer or breast and primary peritoneal cancer among first- and second-degree relatives.

- Members must obtain prior approval for BRCA testing, whether it is performed for preventive or diagnostic reasons, before receiving the test. For preventive BRCA testing, members must also receive genetic counseling and evaluation services before the test is performed.
- FEP now provides preventive care benefits to screen for diabetes mellitus in adults.
- FEP now provides preventive care benefits for Hepatitis C screening in adults.
- FEP now provides preventive care benefits for low-dose CT screenings for lung cancer in adults, ages 55 to 80, with a history of tobacco use.
- FEP now limits benefits for tocolytic therapy and related services to those services provided on an inpatient basis.
- FEP now provides benefits for the blood and marrow stem cell transplants and the clinical trial transplants when performed in a facility with a transplant program that has been accredited by the Foundation for the Accreditation of Cellular Therapy (FACT), a Blue Distinction Center for Transplants, or a cancer research facility.
- FEP now reimburses

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FEP: Benefit changes for 2015 (continued from page 6)

- members for eligible travel expenses related to covered transplants performed at designated Blue Distinction Centers for Transplants when members live 50 miles or more from the facility.
- FEP now provides benefits for covered organ transplants only when they are performed in facilities with a Medicare-approved transplant program for the type of transplant anticipated, except where Medicare does not maintain an associated approved program.
- FEP now provides benefits for implantation of an artificial heart as a bridge to transplant or destination therapy.
- Benefits for simultaneous liver-kidney transplants, single lung transplants, double lung transplants, and pancreas transplants that are performed in Blue Distinction Centers for Transplants, are now limited to adult members.
- Members now pay a reduced copayment of \$150 per admission under Standard Option and \$100 per day (\$500 maximum) under Basic Option when members use a designated Blue Distinction Center for the inpatient bariatric, hip, knee or spine surgeries. Regular benefit levels apply to charges for the professional services, including surgery and anesthesia.
- Members now pay a copayment of \$100 per day per facility under Standard Option and \$25 per day per facility under Basic Option when members use a facility designated as a Blue Distinction Center for Bariatric Surgery for outpatient laparoscopic gastric banding surgery. Regular benefit levels apply to charges for the professional services, including surgery and anesthesia.
- FEP has clarified how much members pay for emergency room services related to an accidental injury or medical emergency. When services are performed by non-preferred professional providers in a preferred hospital, members are responsible for the cost share for those services, plus any difference between Arkansas Blue Cross allowance and the billed amount.
- FEP now provides benefits for outpatient facility mental health and substance abuse services when performed and billed by residential treatment centers.
- FEP now provides prescription drug benefits in full for generic medicines (limited to tamoxifen and raloxifene) to reduce breast cancer risk for women, age 35 or over, who have not been diagnosed with any form of breast cancer. Covered medicines must be purchased at preferred retail pharmacies or, for Standard Option only, through the Mail Service Prescription Drug Program.
- FEP now uses the local Plan's UCR amount as the allowance for services, drugs, or supplies provided by non-participating physicians and other covered health care professionals when there is no Medicare participating fee schedule amount or Medicare Part B Drug average sale price (ASP).  
Please remember no handwritten claims or portions of claims (information written in) will be accepted for processing.

## FEP: claims payment schedule

Beginning January 5, 2015, the Federal Employees Program claim payments will change from a daily schedule to twice weekly. Claim payments will be processed on Wednesday and Friday, adjusting for holidays as needed.



# Arkansas DHS (Division of Medical Services) announces . . . MyIndyCard

As a service to the Arkansas Department of Human Services – Division of Medical Services, Arkansas Blue Cross and Blue Shield is providing the following Information.

Beginning in 2015, health care providers will start seeing a number of patients who participate in the Arkansas Health Care Independence program (Private Option – Metallic Plans) who will pay their copayments using a MyIndyCard. For providers, there are some minor differences in processing payments for patients with a MyIndyCard. These patients will use the MyIndyCard only to pay for their copayments at provider offices and pharmacies. MyIndyCard is not to be used for any other goods

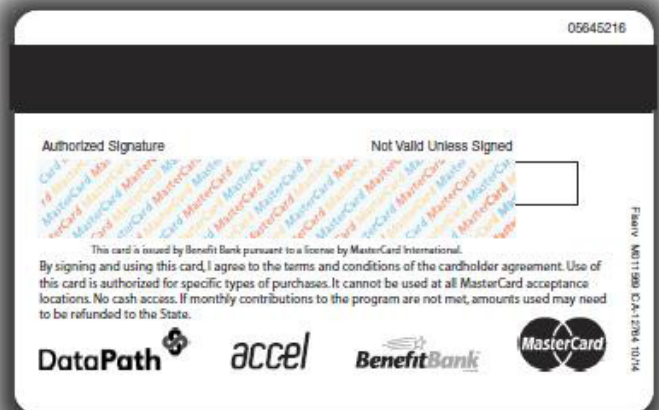
or services, and members must use in network providers.

Providers should process MyIndyCard in the same manner you process a regular health savings account (HSA) card or flexible spending account (FSA) card. If an enrollee's MyIndyCard is declined at the point of service, the enrollee must cover the copayment on his/her own. Providers will not be reimbursed for the applicable copayment if they choose to see patients who cannot cover their copayments.

If you have any questions about a card's status, or if there is a dispute over whether a card should have been declined, call 1-866-207-3028 to speak to a MyIndyCard

representative. Please do not call the member's health insurer with questions regarding MyIndyCard.

Please note that providers will continue to send their patient's health claims to the patient/member's insurer for the applicable health plan benefit payment processing using the number on the health insurer's ID card, the MyIndyCard does NOT replace the member ID card with their health Insurer.







# 2015 open enrollment is approaching – please use AHIN for verifying eligibility, benefits and claims status

During the open enrollment period, Arkansas Blue Cross and Blue Shield has experienced a dramatic increase in our call volume with the start of the Medicare Annual Enrollment Period. Call volume were expected to reach record levels when the open enrollment period for both the federal Health Insurance Marketplace (healthcare.gov) and Private Option open enrollment (access.arkansas.gov and insureark.org) began on November 15, 2014. This trend will continue through February 15, 2015 when open enrollment ends.

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. Because Arkansas Blue Cross recognizes how valuable our provider's time is, we want to remind our medical providers that they

can check patient eligibility, benefits and claims status at any time on AHIN (Advanced Health Information Network). The AHIN database uses the same information available to Arkansas Blue Cross customer service representatives and is continually updated. Updates to eligibility are done nightly as enrollment files are received from the Marketplace and the State of Arkansas. Providers receive the most recent information by logging into AHIN.

Several recent enhancements to AHIN will display additional information on benefits that should help providers when scheduling appointments and checking eligibility and benefits. If a provider requires proof of coverage for their records, they may copy the screen to their files or print a paper copy.

Arkansas Blue Cross suggest providers grant access to AHIN to all employees and billing

agencies that call Arkansas Blue Cross for patient eligibility, benefits and claims status. Users can go to AHIN for additional information and to view AHIN tutorials.

Arkansas Blue Cross anticipates that several thousand of our current individual policy holders may choose one of the Metallic Plans during open enrollment. Please note that the Identification number for these members will change when their coverage under one of the Metallic Affordable Care Act plans is effective. Arkansas Blue Cross will do everything possible to ensure updated ID cards are printed and mailed to members in advance of January 1, 2015. Please note that there are no significant differences in the 2015 metallic benefits compared to the 2014 metallic benefits. Unless there is a lapse in coverage, the same ID number should be assigned.

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## Arkansas State Employees/Public School Employees

Employee Benefits Division (EBD) oncology program precertification requirements for Arkansas State Employees (ASE) / Public School Employees (PSE), scheduled to begin January 1, 2015, have been postponed until further notice. Pre-notifications should continue for all newly diagnosed patients.



# Telemedicine coverage update

The Arkansas Blue Cross and Blue Shield pilot coverage policy for telemedicine is being extended through June 2015. The pilot covers telemedicine services in maternal-fetal medicine (including genetic counseling) and in behavioral health (including psychiatry and psychology). Specific requirements are noted in the Arkansas Blue Cross coverage policy 2014003, which is available on the Arkansas Blue Cross website.

Analysis of the pilot reveals the need to improve coding and claims filing. For each telemedicine service, a CPT code with a GT modifier should be submitted with each claim. The GT modifier must be in modifier position one. In addition, the practice location where the member is being seen should be reported with HCPCS code Q3014 along with the appropriate diagnosis code for each visit. When billing only the professional component of a service, such as

ultrasound interpretation, modifier 26 should be used and the GT modifier should not be reported. Non-covered services, such as EKG readings, emergency department visits and hospital rounds should not be reported.

If there are questions or concerns, please contact your Network Development Representative.

## Access Only: Current PPO groups

Access Only PPO Customers of USAble Corporation as of November 2014:

Group Name	PPO Network
Alternative Opportunities	True Blue Access Only
AR Sheet Metal Workers	True Blue Access Only
Arvest Bank	True Blue Access Only
Bekaert Corporation - Rogers, AR Location	True Blue Access Only
Bekaert Corporation - Van Buren, AR Location	True Blue Access Only
Bryce Corporation	True Blue Access Only
Diocese of Little Rock	First Source Access Only
Harp's Food Stores, Inc.	True Blue Access Only
Hickory Springs	True Blue Access Only
KLA Benefits, Inc.	First Source Access Only
Motor Appliance	First Source Access Only
Razorback Concrete Company	True Blue Access Only
United Food & Commercial Workers	True Blue Access Only
Wabash	First Source Access Only



# Pharmacy: Non-covered medications

As part of our effort to provide safe and appropriate drug therapies to our members, Arkansas Blue Cross and Blue Shield wants to inform our providers of a change in formulary drug benefit coverage. As of January 1, 2015, the medications listed below no longer will be covered on our members' drug benefit plan. Members will pay full price should a provider choose to prescribe these medications. Also listed below are other covered medication options providers can prescribe in place of the non-covered medications. Please consider choosing one of the lower-cost covered options. Remember that generic medicines typically have the lowest copayment on most drug benefit plans.

Medications no longer covered as of 01/01/2015	Generic Alternatives
Actos	Pioglitazone
Adderall XR	Amphetamine/ Dextroamphetamine Extended-Release
Advicor	Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Simvastatin, Crestor, Simcor, Vytorin
Aerospan	Asmanex, Flovent, Pulmicort Flexhaler, QVAR
Alvesco	Asmanex, Flovent, Pulmicort Flexhaler, QVAR
Amrix	Cyclobenzaprine
Androgel	Androderm, Axiron, Fortesta
Apexicon E	Desoximetasone, Fluocinonide
Apidra	Novolog
Arthrotec	Naproxen, Meloxicam or Diclofenac with Lansoprazole, Omeprazole, Pantoprazole, Dexilant or Nexium; Celebrex

Medications no longer covered as of 01/01/2015	Generic Alternatives
Asacol HD	Balsalazide, Sulfasalazine, Sulfasalazine Delayed- Release, Apriso, Lialda, Pentasa
Atacand	Candesartan, Eprosartan, Irbesartan, Losartan, Telmisartan
Atacand HCT	Candesartan-HCTZ, Irbesartan-HCTZ, Losartan-HCTZ, Telmisartan-HCTZ, Valsartan-HCTZ
Beconase AQ SUS 0.042%	Flunisolide, Fluticasone, Triamcinolone, Nasonex
Byetta	Bydureon, Victoza
Delzicol	Balsalazide, Sulfasalazine, Sulfasalazine Delayed- Release, Apriso, Lialda, Pentasa
Detrol LA	Oxybutynin Extended- Release, Trospium, Trospium Extended- Release, Tolterodine, Gelnique, Vesicare



Pharmacy: Non-covered medications (continued from page 11)

Medications no longer covered as of 01/01/2015	Generic Alternatives
Diovan HCT	Candesartan-HCTZ, Irbesartan-HCTZ, Losartan-HCTZ, Telmisartan-HCTZ, Valsartan-HCTZ
Duexis Tablet 800 mg - 26.6	Naproxen, Meloxicam or Diclofenac with Lansoprazole, Omeprazole, Pantoprazole, Dexilant or Nexium; Celebrex
Dymista Spray 13-50 MCG	Flunisolide, Fluticasone, Triamcinolone, Nasonex, Azelastine, Astepro, Patanase
Edarbi	Candesartan, Eprosartan, Irbesartan, Losartan, Telmisartan
Edarbyclor	Candesartan-HCTZ, Irbesartan-HCTZ, Losartan-HCTZ, Telmisartan-HCTZ, Valsartan-HCTZ
Farxiga	Invokana
Flector Patch Dis 1.3%	Diclofenac, Meloxicam, Naproxen, Voltaren Gel
Fortamet	Metformin, Metformin Extended-Release
Genotropin	Humatrope, Norditropin
Glumetza	Metformin, Metformin Extended-Release
Humalog	Novolog
Humulin	Novolin
Intermezzo	Eszopiclone, Zolpidem, Zolpidem Extended-Release

Medications no longer covered as of 01/01/2015	Generic Alternatives
Jalyn	Finasteride, Alfuzosin Extended-Release, Doxazosin, Tamsulosin, Terazosin, Avodart, Rapaflo
Kazano	Janumet, Janumet XR, Jentadueto
Kombiglyze	Janumet, Janumet XR, Jentadueto
Lastacaft	Azelastine, Cromolyn Sodium, Pataday, Patanol
Lescol XL	Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Simvastatin, Crestor, Simcor, Vytorin
Lipitor	Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Simvastatin
Liptruzet	Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Simvastatin, Crestor, Simcor, Vytorin
Livalo	Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Simvastatin, Crestor, Simcor, Vytorin
Lumigan	Latanoprost, Travoprost, Travatan Z, Zioptan
Lunesta	Eszopiclone, Zolpidem, Zolpidem Extended-Release
Naprelan	Diclofenac, Meloxicam, Naproxen, Celebrex
Nesina	Januvia, Tradjenta
Norvasc	Amlodipine
Nutropin	Humatrope, Norditropin



Medications no longer covered as of 01/01/2015	Generic Alternatives
Oleptro	Trazodone
Omnaris	Flunisolide, Fluticasone, Triamcinolone, Nasonex
Onglyza	Januvia, Tradjenta
Oseni	Janumet, Janumet XR, Jentadueto
Oxytrol	Oxybutynin Extended-Release, Trospium, Trospium Extended-Release, Tolterodine, Gelnique, Vesicare
Pennsaid	Diclofenac, Meloxicam, Naproxen, Voltaren Gel
Plavix	Clopidogrel, Brilinta, Effient
Prevacid	Lansoprazole, Omeprazole, Omeprazole-Sodium Bicarb, Pantoprazole
Protonix	Lansoprazole, Omeprazole, Omeprazole-Sodium Bicarb, Pantoprazole
Proventil	Proair HFA
Qnasl	Flunisolide, Fluticasone, Triamcinolone, Nasonex
Rayos	Dexamethasone, Methylprednisolone, Prednisone
Rhinocort	Flunisolide, Fluticasone, Triamcinolone, Nasonex
Rozerem	Eszopiclone, Zolpidem, Zolpidem Extended-Release
Saizen	Humatrope, Norditropin

Medications no longer covered as of 01/01/2015	Generic Alternatives
Suboxone	Buprenorphine/Naloxone Sublingual Tabs, Zubsolv Sublingual Tabs
Symbicort	Advair, Dulera
Testim	Androderm, Axiron, Fortesta
Testosterone	Androderm, Axiron, Fortesta
Teveten	Candesartan, Eprosartan, Irbesartan, Losartan, Telmisartan
Teveten HCT	Candesartan-HCTZ, Irbesartan-HCTZ, Losartan-HCTZ, Telmisartan-HCTZ, Valsartan-HCTZ
Toviaz	Oxybutynin Extended-Release, Trospium, Trospium Extended-Release, Tolterodine, Gelnique, Vesicare
Tricor	Fenofibrate, Fenofibric Acid
Tudorza Pressair	Spiriva
Valtrex	Acyclovir, Valacyclovir
Ventolin HFA AER	Proair HFA
Veramyst	Flunisolide, Fluticasone, Triamcinolone, Nasonex
Vimovo	Naproxen, Meloxicam or Diclofenac with Lansoprazole, Omeprazole, Pantoprazole, Dexilant or Nexium; Celebrex
Xopenex HFA AER	Proair HFA
Zetonna	Flunisolide, Fluticasone, Triamcinolone, Nasonex



# Coverage policy manual updates

Since September 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 [arkansasbluecross.com](http://arkansasbluecross.com).

New / Updated policies:

Policy#	Policy Description
1997113	Immune Globulin, Intravenous and Subcutaneous
1998043	Biofeedback for Miscellaneous Indications
1998051	Genetic Test: BRCA1 or BRCA2 Mutations
1998106	Transplant, Heart/Lung
1998119	Viscosupplementation for the Treatment of Osteoarthritis of the Knee
1998142	Osteochondral Autograft Transfer (OATS) and/or Mosaicplasty For Osteochondral Defects of the Knee
1998145	Electrical Stimulation, Vagus Nerve Stimulation for the Treatment of Seizures
1998155	Respiratory Syncytial Virus, Immune Prophylaxis with Palivizumab (Synagis)
1999001	Nerve Conduction Studies (NCS), Electromyography (EMG) and Surface EMG (SEMG)
2000026	Photochemotherapy, Extracorporeal (Photopheresis) as a Treatment of Autoimmune Disease
2001021	HDC & Allogeneic Stem &/or Progenitor Cell Support-Acute Myelogenous Leukemia
2002004	Photochemotherapy, Extracorporeal (Photopheresis) as a Treatment of Graft-versus-Host Disease
2002008	Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus and Colon
2004006	Viscosupplementation for Treatment of Osteoarthritis of the Hip
2004039	Genetic Test: Hemochromatosis
2004044	Genetic Test: Factor V Leiden



Policy#	Policy Description
2005003	Genetic Test: Cytochrome p450 Genotyping
2006022	Genetic Test: Cardiac Ion Channelopathies (Long QT Syndrome, Brugada Syndrome, CPVT, Short QT Syndrome)
2008014	Physician Assistants
2010007	Genetic Test: Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia (BCR-ABL)
2010046	Intravitreal Implant, Dexamethasone (Ozurdex)
2011061	Genetic Test: Melanoma, V600 Mutation Testing to Predict Response to BRAF Inhibitor Targeted Therapy
2011066	Preventive Services For Non-Grandfathered (PPACA) Plans: Overview
2011070	Electrical Stimulation, Auricular Stimulation and Cranial Electrotherapy Stimulation
2011072	Aflibercept (Eylea) for Wet Age-Related Macular Degeneration
2012003	Genetic Test: Molecular Markers in Fine Needle Aspirates of the Thyroid
2012056	PET or PET/CT for Pulmonary Langerhans Cell Histiocytosis
2012057	PET or PET/CT for Vulvar Carcinoma
2014006	Sofosbuvir (Sovaldi)
2014007	Simeprevir (Olysio®)
2014017	Transcatheter Mitral Valve Repair
2014018	Biomarker Panel Testing for Systemic Lupus Erythematosus
2014019	Patient-Specific Cutting Guides and Custom Knee Implants
2014020	Preventive Services For Non-Grandfathered (PPACA) Plans: Lung Cancer Screening



# Fee schedule: Injection code updates

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

CPT/ HCPCS Code	Allowed
90281	\$98.75
90371	\$122.07
90375	\$257.47
90376	\$247.34
90378	\$1,307.36
90384	\$87.04
90386	\$19.72
90389	\$318.05
90396	\$206.44
90581	\$0.00
90585	\$126.84
90586	\$126.84
90633	\$28.74
90634	\$28.74
90636	\$92.50
90645	\$26.21
90648	\$26.21
90650	\$128.75
90654	\$19.67
90656	\$14.66
90657	\$6.26
90662	\$34.71
90672	\$26.77
90675	\$232.73

CPT/ HCPCS Code	Allowed
90685	\$24.86
90686	\$18.70
90687	\$21.09
90688	\$21.09
90690	\$15.21
90691	\$71.29
90693	\$70.58
90700	\$25.98
90702	\$36.92
90703	\$42.92
90713	\$27.44
90714	\$22.83
90715	\$34.65
90716	\$94.14
90721	\$47.65
90734	\$112.93
90736	\$173.98
90738	\$236.35
A9575	\$0.38
A9576	\$1.90
A9577	\$2.31
A9578	\$1.82
A9579	\$2.09
A9581	\$14.60

CPT/ HCPCS Code	Allowed
A9583	\$12.63
A9585	\$0.43
C9275	\$0.00
J0129	\$33.54
J0130	\$768.74
J0131	\$0.35
J0132	\$2.28
J0133	\$0.06
J0135	\$593.78
J0150	\$5.95
J0151	\$2.22
J0171	\$0.14
J0180	\$158.44
J0205	\$43.67
J0207	\$323.15
J0221	\$159.79
J0256	\$4.27
J0257	\$4.13
J0278	\$1.32
J0280	\$4.14
J0282	\$0.70
J0285	\$16.87
J0287	\$10.82
J0290	\$1.30

CPT/ HCPCS Code	Allowed
J0295	\$1.89
J0348	\$0.72
J0350	\$2,359.20
J0360	\$3.10
J0390	\$0.75
J0401	\$4.03
J0456	\$2.43
J0461	\$0.05
J0470	\$30.55
J0475	\$169.31
J0476	\$79.34
J0480	\$2,824.82
J0485	\$3.96
J0490	\$41.06
J0500	\$42.93
J0515	\$21.19
J0520	\$0.04
J0558	\$5.12
J0561	\$6.54
J0583	\$3.56
J0585	\$5.78
J0586	\$7.73
J0587	\$11.75
J0592	\$3.19





CPT/ HCPCS Code	Allowed
J0595	\$1.83
J0597	\$39.14
J0598	\$53.94
J0600	\$3,616.61
J0610	\$1.32
J0620	\$9.31
J0630	\$72.06
J0636	\$0.40
J0637	\$12.31
J0638	\$94.60
J0640	\$3.89
J0641	\$1.84
J0670	\$2.28
J0690	\$1.23
J0692	\$2.49
J0694	\$5.19
J0696	\$1.78
J0697	\$2.90
J0698	\$1.89
J0702	\$5.94
J0712	\$1.17
J0713	\$2.18
J0717	\$6.82
J0725	\$18.79
J0735	\$19.93
J0740	\$611.62

CPT/ HCPCS Code	Allowed
J0743	\$5.02
J0744	\$1.14
J0770	\$11.96
J0775	\$39.79
J0780	\$9.73
J0795	\$8.03
J0840	\$2,592.84
J0878	\$0.70
J0881	\$3.92
J0882	\$3.92
J0885	\$12.12
J0886	\$12.12
J0894	\$29.38
J0895	\$9.01
J0945	\$0.83
J1000	\$10.76
J1030	\$3.38
J1040	\$6.49
J1050	\$0.29
J1070	\$5.14
J1080	\$5.17
J1110	\$67.88
J1120	\$23.28
J1160	\$5.76
J1162	\$2,133.70
J1165	\$0.55

CPT/ HCPCS Code	Allowed
J1170	\$1.91
J1180	\$4.93
J1190	\$150.66
J1200	\$0.56
J1205	\$127.56
J1212	\$86.88
J1230	\$8.83
J1240	\$5.53
J1245	\$0.85
J1250	\$5.51
J1260	\$6.43
J1265	\$0.60
J1267	\$0.65
J1270	\$1.52
J1290	\$390.67
J1324	\$30.98
J1325	\$16.08
J1330	\$0.15
J1364	\$46.81
J1380	\$9.93
J1410	\$187.34
J1430	\$299.50
J1435	\$0.25
J1436	\$74.26
J1438	\$296.68
J1442	\$1.03

CPT/ HCPCS Code	Allowed
J1446	\$4.15
J1450	\$4.39
J1453	\$1.80
J1458	\$373.48
J1459	\$38.51
J1460	\$29.92
J1556	\$37.65
J1557	\$37.27
J1559	\$8.26
J1560	\$299.18
J1561	\$41.62
J1566	\$27.82
J1568	\$38.40
J1569	\$40.93
J1570	\$75.00
J1571	\$55.85
J1572	\$39.27
J1599	\$40.36
J1602	\$25.12
J1610	\$151.91
J1620	\$187.51
J1626	\$0.26
J1630	\$2.06
J1631	\$19.74
J1640	\$21.56
J1644	\$0.21

Fee Schedule: Injection code updates (continued from page 17)

CPT/ HCPCS Code	Allowed
J1645	\$14.79
J1650	\$1.52
J1652	\$4.08
J1670	\$339.37
J1675	\$0.06
J1700	\$0.31
J1710	\$4.87
J1720	\$6.32
J1730	\$47.16
J1740	\$157.87
J1741	\$1.44
J1742	\$116.79
J1743	\$502.37
J1744	\$266.83
J1745	\$88.49
J1750	\$12.65
J1756	\$0.29
J1800	\$2.51
J1815	\$0.44
J1817	\$5.52
J1826	\$274.80
J1890	\$8.99
J1930	\$43.05
J1931	\$30.62
J1940	\$5.54
J1950	\$862.91

CPT/ HCPCS Code	Allowed
J1955	\$8.31
J1956	\$2.43
J1960	\$3.30
J1980	\$19.27
J2010	\$9.41
J2020	\$47.49
J2060	\$0.74
J2150	\$2.18
J2170	\$33.28
J2175	\$5.18
J2180	\$3.94
J2210	\$5.23
J2212	\$0.82
J2260	\$4.40
J2270	\$1.37
J2278	\$7.15
J2280	\$5.54
J2300	\$2.59
J2310	\$44.46
J2315	\$2.99
J2323	\$15.51
J2353	\$147.55
J2354	\$1.19
J2355	\$334.75
J2357	\$28.96
J2360	\$6.75

CPT/ HCPCS Code	Allowed
J2370	\$3.37
J2400	\$20.12
J2405	\$0.08
J2410	\$3.02
J2425	\$15.44
J2426	\$8.23
J2430	\$11.82
J2440	\$1.27
J2469	\$20.81
J2501	\$1.86
J2503	\$1,075.39
J2504	\$292.66
J2505	\$3,539.69
J2507	\$890.90
J2510	\$17.75
J2513	\$13.23
J2515	\$37.25
J2540	\$0.77
J2543	\$1.54
J2545	\$96.98
J2550	\$1.63
J2560	\$21.98
J2562	\$313.24
J2597	\$5.28
J2670	\$3.58
J2675	\$0.95

CPT/ HCPCS Code	Allowed
J2680	\$24.96
J2690	\$51.93
J2700	\$1.83
J2720	\$1.08
J2724	\$15.10
J2725	\$22.65
J2730	\$92.73
J2760	\$117.94
J2765	\$0.73
J2770	\$255.03
J2778	\$412.28
J2783	\$227.50
J2785	\$54.86
J2788	\$26.47
J2790	\$87.64
J2791	\$4.99
J2792	\$19.61
J2794	\$6.41
J2796	\$55.77
J2800	\$43.78
J2805	\$90.51
J2810	\$0.33
J2820	\$31.33
J2850	\$36.17
J2910	\$25.48
J2920	\$2.02



CPT/ HCPCS Code	Allowed
J2930	\$2.98
J2940	\$43.99
J2950	\$1.28
J2995	\$82.68
J2997	\$66.87
J3000	\$13.42
J3010	\$0.54
J3060	\$33.22
J3070	\$145.72
J3095	\$4.70
J3101	\$89.66
J3105	\$4.25
J3110	\$23.62
J3130	\$9.27
J3140	\$0.58
J3150	\$0.71
J3230	\$23.94
J3240	\$1,487.65
J3243	\$2.08
J3250	\$20.49
J3260	\$2.56
J3262	\$3.83
J3265	\$3.65
J3280	\$4.95
J3300	\$3.88
J3301	\$1.84

CPT/ HCPCS Code	Allowed
J3303	\$2.54
J3305	\$155.70
J3315	\$177.60
J3357	\$168.78
J3360	\$4.99
J3370	\$2.26
J3385	\$367.48
J3396	\$11.22
J3411	\$3.59
J3415	\$7.27
J3420	\$1.89
J3430	\$1.28
J3465	\$4.13
J3471	\$0.25
J3473	\$0.35
J3475	\$0.19
J3486	\$12.20
J3487	\$233.07
J3488	\$233.73
J3489	\$49.38
J3520	\$1.24
J7030	\$1.41
J7040	\$0.70
J7042	\$0.62
J7050	\$0.35
J7060	\$1.23

CPT/ HCPCS Code	Allowed
J7070	\$2.42
J7100	\$22.45
J7120	\$1.21
J7131	\$0.02
J7178	\$1.01
J7180	\$7.01
J7183	\$0.99
J7185	\$1.22
J7189	\$1.80
J7191	\$1.93
J7196	\$1.95
J7197	\$3.40
J7303	\$100.77
J7307	\$659.42
J7308	\$251.99
J7311	\$18,929.29
J7312	\$209.36
J7321	\$94.45
J7323	\$166.83
J7324	\$194.36
J7325	\$13.00
J7326	\$584.56
J7330	\$30,499.56
J7335	\$27.56
J7500	\$0.20
J7501	\$225.99

CPT/ HCPCS Code	Allowed
J7502	\$3.51
J7504	\$886.79
J7506	\$0.08
J7507	\$1.29
J7509	\$0.68
J7510	\$0.09
J7511	\$618.53
J7516	\$35.19
J7517	\$1.59
J7518	\$3.54
J7520	\$16.88
J7525	\$146.75
J7527	\$7.13
J7605	\$6.96
J7606	\$7.76
J7608	\$3.85
J7612	\$0.20
J7614	\$0.10
J7622	\$0.04
J7624	\$1.26
J7626	\$5.59
J7628	\$0.18
J7629	\$0.18
J7631	\$0.48
J7633	\$0.18
J7637	\$0.13

Fee Schedule: Injection code updates (continued from page 19)

CPT/ HCPCS Code	Allowed
J7639	\$37.18
J7641	\$0.22
J7644	\$0.25
J7648	\$0.15
J7649	\$0.17
J7658	\$2.15
J7659	\$2.15
J7665	\$0.70
J7674	\$0.54
J7680	\$7.59
J7681	\$27.06
J7682	\$99.80
J7683	\$0.58
J7684	\$0.58
J7686	\$502.32
J8501	\$7.98
J8510	\$11.42
J8520	\$9.02
J8521	\$29.78
J8530	\$1.12
J8540	\$0.20
J8560	\$59.37
J8600	\$9.79
J8610	\$1.13
J8700	\$5.60
J8705	\$98.53

CPT/ HCPCS Code	Allowed
J8999	BR
J9000	\$3.12
J9015	\$2,195.05
J9017	\$55.73
J9025	\$4.25
J9027	\$139.47
J9031	\$126.84
J9033	\$23.10
J9035	\$69.32
J9040	\$21.54
J9042	\$115.25
J9043	\$148.12
J9045	\$3.59
J9047	\$31.00
J9050	\$1,935.56
J9055	\$55.42
J9060	\$2.12
J9070	\$65.69
J9098	\$583.85
J9100	\$0.97
J9120	\$839.48
J9130	\$3.78
J9150	\$23.46
J9155	\$3.69
J9165	\$12.62
J9171	\$4.85

CPT/ HCPCS Code	Allowed
J9178	\$1.40
J9179	\$102.97
J9181	\$0.71
J9185	\$73.82
J9190	\$2.14
J9200	\$57.88
J9201	\$6.92
J9202	\$234.02
J9206	\$4.48
J9207	\$73.02
J9208	\$34.75
J9211	\$51.07
J9212	\$9.66
J9214	\$22.02
J9217	\$238.43
J9218	\$7.47
J9225	\$3,121.65
J9226	\$17,280.41
J9228	\$138.95
J9230	\$197.21
J9245	\$1,275.70
J9250	\$0.22
J9260	\$2.19
J9261	\$144.43
J9263	\$0.60
J9264	\$10.09

CPT/ HCPCS Code	Allowed
J9265	\$3.97
J9266	\$5,985.41
J9268	\$1,542.61
J9270	\$82.15
J9280	\$21.71
J9293	\$33.63
J9302	\$49.67
J9303	\$98.58
J9305	\$62.68
J9307	\$205.01
J9310	\$737.03
J9315	\$281.47
J9320	\$348.69
J9328	\$5.91
J9330	\$61.18
J9351	\$1.90
J9355	\$85.79
J9357	\$1,128.70
J9360	\$2.82
J9370	\$5.10
J9371	\$2,234.13
J9390	\$11.31
J9395	\$94.92
J9400	\$8.45
P9041	\$11.34
P9045	\$56.72



CPT/ HCPCS Code	Allowed
P9046	\$23.39
P9047	\$55.58
Q0138	\$0.77
Q0139	\$0.77
Q0144	\$14.43
Q0161	\$2.85
Q0163	\$0.22
Q0164	\$0.04
Q0166	\$1.92
Q0167	\$3.86
Q0169	\$0.08
Q0174	\$0.66
Q0176	\$0.04
Q0177	\$0.05
Q0180	\$81.48
Q0181	BR
Q2004	\$33.60
Q2017	\$345.92
Q2033	\$32.75
Q2035	\$12.36
Q2037	\$16.01
Q2039	\$19.16
Q2043	\$33,340.02
Q2049	\$528.77
Q2050	\$510.11
Q3027	\$37.82

CPT/ HCPCS Code	Allowed
Q3028	\$37.45
Q4074	\$98.81
Q4081	\$1.21
Q4101	\$34.96
Q4102	\$9.23
Q4103	\$9.89
Q4104	\$21.96
Q4105	\$11.45
Q4106	\$40.14
Q4107	\$103.25
Q4108	\$30.21
Q4110	\$38.71
Q4111	\$7.18
Q4112	\$397.27
Q4113	\$397.27
Q4114	\$1,423.14
Q4115	\$8.01
Q4116	\$33.78
Q4121	\$33.71
Q4123	\$16.00
Q4124	\$15.00
Q4131	\$228.30
Q4132	\$233.75
Q4133	\$233.75
Q4138	\$175.00
Q4140	\$175.00

CPT/ HCPCS Code	Allowed
Q9951	\$0.20
Q9955	\$13.78
Q9956	\$38.73
Q9957	\$58.09
Q9958	\$0.10
Q9959	\$0.09
Q9960	\$0.18
Q9961	\$0.21
Q9965	\$1.16
Q9966	\$0.22
Q9967	\$0.25
Q9970	\$1.09
Q9974	\$10.02
S0017	\$1.50
S0020	\$1.65
S0030	\$2.08
S0032	\$27.19
S0073	\$14.50
S0074	\$7.40
S0077	\$4.08
S0078	\$12.46
S0080	\$98.75
S0088	\$46.36
S0091	\$86.60
S0092	\$100.45
S0093	\$11.52

CPT/ HCPCS Code	Allowed
S0106	\$174.70
S0109	\$0.10
S0117	\$7.45
S0119	\$1.07
S0122	\$125.83
S0126	\$125.90
S0128	\$115.93
S0132	\$132.03
S0136	\$0.89
S0137	\$0.56
S0138	\$1.26
S0139	\$0.44
S0140	\$3.56
S0142	\$0.50
S0144	\$0.74
S0156	\$6.76
S0164	\$4.50
S0166	\$8.30
S0171	\$0.50
S0195	\$68.29
S5551	\$0.84
S5552	\$0.45
S5553	\$0.96



# Fee schedule: Laboratory

The following laboratory codes were updated on Arkansas Blue Cross and Blue Shield’s fee schedule effective November 1, 2014.

CPT Code	Prof Fee	Tech Fee	Total Fee
81211	\$152.85	\$2,030.66	\$2,183.50
81212	\$12.37	\$164.33	\$176.70
81213	\$40.79	\$541.93	\$582.72
81214	\$100.67	\$1,337.47	\$1,438.14
81215	\$6.53	\$86.71	\$93.24
81217	\$6.53	\$86.71	\$93.24
81225	\$20.43	\$271.37	\$291.80
81226	\$31.61	\$419.98	\$451.59
81235	\$23.10	\$306.91	\$330.01
81241	\$5.84	\$77.53	\$83.37
81256	\$6.24	\$82.93	\$89.17
81265	\$20.54	\$272.84	\$293.38
81275	\$13.82	\$183.66	\$197.48
81291	\$4.17	\$55.38	\$59.55
81292	\$45.24	\$601.00	\$646.24
81293	\$18.13	\$240.93	\$259.06
81294	\$13.35	\$177.33	\$190.68
81295	\$10.62	\$141.09	\$151.71
81296	\$9.07	\$120.46	\$129.53
81297	\$10.62	\$141.09	\$151.71
81298	\$20.15	\$267.68	\$287.83
81299	\$11.29	\$149.95	\$161.24
81300	\$11.32	\$150.36	\$161.68

CPT Code	Prof Fee	Tech Fee	Total Fee
81301	\$27.65	\$367.39	\$395.04
81310	\$17.30	\$229.84	\$247.14
81317	\$54.69	\$726.60	\$781.29
81318	\$12.92	\$171.69	\$184.61
81319	\$15.52	\$206.14	\$221.66
81321	\$42.05	\$558.65	\$600.70
81323	\$6.13	\$81.47	\$87.60
81332	\$4.17	\$55.38	\$59.55
81370	\$38.40	\$510.20	\$548.60
81371	\$22.99	\$305.37	\$328.36
81372	\$21.10	\$280.26	\$301.36
81373	\$10.64	\$141.29	\$151.93
81374	\$6.95	\$92.30	\$99.25
81375	\$21.08	\$280.07	\$301.15
81376	\$11.67	\$155.07	\$166.74
81377	\$8.77	\$116.48	\$125.25
81378	\$33.00	\$438.44	\$471.44
81379	\$32.03	\$425.51	\$457.54
81380	\$16.93	\$224.88	\$241.81
81381	\$9.03	\$120.00	\$129.03
81382	\$11.81	\$156.92	\$168.73
81383	\$10.42	\$138.46	\$148.88



# Fee schedule: Additions and changes

The following additions and changes were made to the Arkansas Blue Cross and Blue Shield's fee schedule:

CPT / HCPS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
36147	\$949.75	\$0.00	\$0.00	\$314.75	\$0.00	\$0.00
36148	\$291.50	\$0.00	\$0.00	\$82.74	\$0.00	\$0.00
90384	\$87.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90386	\$19.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90389	\$339.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90658	\$14.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90693	\$71.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90707	\$57.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90716	\$99.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
93660	\$222.93	\$68.95	\$153.98	\$0.00	\$68.95	\$0.00
0364T	\$13.33	\$0.00	\$0.00	\$13.33	\$0.00	\$0.00
0365T	\$13.33	\$0.00	\$0.00	\$13.33	\$0.00	\$0.00
J1599	\$39.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7685	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9280	\$79.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L6880	\$22,695.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4149	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S0039	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



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# PROVIDERS' NEWS STAFF

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## PLEASE NOTE

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

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