

PRN

Policy Review & News

Important information about Pennsylvania Blue Shield

August 1997

In This Issue

Xact Medicare Services to create dedicated provider file	1
State extends BlueCHIP contract for Blue Cross Blue Shield	2
Precertification requirements outlined	8
Act 191 requires enteral formulae coverage for rare genetic disorders ...	15
Drugs and biologicals pricing to change	15
Cardiovascular stress test reporting guidelines revised	16

News

Xact Medicare Services to create dedicated provider file

Xact Medicare Services will begin to use a new provider file, exclusive to Medicare health care professionals, as of Sept. 15, 1997. This new file is being created as part of the Health Care Financing Administration's (HCFA) plan to improve the enrollment process for new providers and suppliers. It will help them maintain accurate information on contractor files for providers and suppliers.

Currently, Pennsylvania Blue Shield maintains all provider data in one file — for both Medicare and Private Business professionals. Your Medicare and Private Business provider numbers are now identical and will remain the same after the file separation. However, after Sept. 15, 1997 any new professionals applying for both a Medicare and a Private Business provider number will be assigned two different numbers.

Therefore, any updates, removals or additions to your group, creating a new assignment account, change of address, etc., will need to be communicated to both the Xact Provider Enrollment Services (XPES) and Private Business Provider Data Services departments.

To report changes to your Private Business information, contact:

Provider Data Services
Pennsylvania Blue Shield
PO Box 898842
Camp Hill, Pa. 17089-8842
Fax: (717) 731-2896



A HIGHMARK COMPANY

An Independent Licensee of the Blue Cross and Blue Shield Association

PRN

An address for reporting Medicare information changes to Xact Provider Enrollment Services will be established in the near future. This address will then be published in revision 029 of the **Medicare Part B Reference Manual, Medicare Report** and **PRN**.

If you have additional questions about this change, please contact your Professional Service representative.

State extends BlueCHIP contract for Blue Cross Blue Shield

For the fifth consecutive year Pennsylvania Blue Shield and the state's Blue Cross plans have been chosen to continue administering the Children's Health Insurance Program (BlueCHIP) statewide. The new contract runs July 1, 1997, through June 30, 1998. BlueCHIP provides health care benefits to children of families whose income is too great to qualify for Medical Assistance, but is inadequate to purchase health care coverage on their own.

Currently 54,000 children are enrolled in the CHIP program. Another 2,500 are on waiting lists for coverage. Gov. Thomas Ridge recently announced legislative approval of an additional penny of the current cigarette tax to be allocated to the CHIP program. This will maintain current enrollment levels and allow up to 3,000 additional children to be covered by the program.

BlueCHIP benefits remain the same

For all regions, BlueCHIP benefits will remain the same. BlueCHIP continues to provide 90 days of inpatient hospitalization, in conjunction with the Medical Assistance spend-down provision. BlueCHIP also provides benefits for prescription drugs, mental health services, routine, preventive and emergency medical-surgical, dental, vision and hearing services.

At the Commonwealth's request, BlueCHIP is continuing to move to managed care options in selected counties. Below is a breakdown by county of the managed care and indemnity programs anticipated for the 1997-1998 contract period.

Capital Blue Cross service area

Indemnity benefits are provided by Capital Blue Cross and Pennsylvania Blue Shield.

Managed care benefits are provided by Keystone Health Plan Central.

Pennsylvania Blue Shield will continue to administer the **vision and dental benefits** in all counties. Pennsylvania Blue Shield will administer **hearing benefits** in indemnity counties; Keystone Health Plan Central will administer **hearing benefits** in managed care counties.

<i>Indemnity</i>	<i>Managed Care</i>	
Franklin	Adams	Mifflin
Fulton	Berks	Northampton
Lancaster	Centre	Northumberland
Montour	Columbia	Perry
	Cumberland	Schuylkill
	Dauphin	Snyder
	Juniata	Union
	Lebanon	York
	Lehigh	

Note: BlueCHIP children in Franklin, Fulton, Lancaster and Montour counties will remain in Blue Shield's PremierBlue network. Payment levels will remain the same as they are today for BlueCHIP.

Blue Cross of Northeastern Pennsylvania service area

Indemnity benefits are provided by Blue Cross of Northeastern Pennsylvania and Pennsylvania Blue Shield.

Managed care and mental health benefits are provided by First Priority Health.

Pennsylvania Blue Shield will continue to administer the **vision, hearing and dental benefits** in all counties.

<i>Indemnity</i>	<i>Managed Care</i>	
Carbon	Bradford	Pike
	Clinton	Sullivan
	Lackawanna	Susquehanna
	Luzerne	Tioga
	Lycoming	Wayne
	Monroe	Wyoming

PRN

Highmark Blue Cross Blue Shield service area

Indemnity benefits are provided by Highmark Blue Cross Blue Shield.

Managed care benefits are provided by Keystone Health Plan West.

Highmark Blue Cross Blue Shield will continue to administer the **vision, dental and hearing benefits** in all counties.

<i>Indemnity</i>	<i>Managed Care</i>	
Cameron	Allegheny	Forest
Centre	Armstrong	Greene
Elk	Beaver	Huntington
Potter	Bedford	Indiana
Warren	Blair	Jefferson
	Butler	Lawrence
	Cambria	McKean
	Clarion	Mercer
	Clearfield	Somerset
	Crawford	Venango
	Erie	Washington
	Fayette	Westmoreland

Independence Blue Cross service area

All counties in the Independence Blue Cross service area — Bucks, Chester, Delaware, Montgomery and Philadelphia — provide managed care benefits.

Keystone Health Plan East provides these managed care benefits.

Dental benefits are provided by Pennsylvania Blue Shield through DentalPLUS.

Vision and hearing benefits are provided through Keystone Health Plan East.

Information for all service areas

Even though a county has been specified as managed care, children may retain the indemnity program within the county either because they have not yet been transferred into the HMO, or because they lack access to HMO primary care physicians.

For general information about the BlueCHIP program, please contact your local Professional Service representative.

For information about a specific patient's eligibility, frequency limitations or claim status, call OASIS, our fully automated telephone response system at (800) 462-7474.

Appreciation extended to health care professionals

We at Pennsylvania Blue Shield extend our sincere appreciation to our health care professionals for their help in making the BlueCHIP program a success. If you know children who may be eligible for BlueCHIP, please refer them to one of the special BlueCHIP telephone numbers:

Caring Foundation of Central Pennsylvania
(Capital Blue Cross service area) (800) KIDS-101

Caring Foundation of Northeastern Pennsylvania
(Blue Cross of Northeastern Pennsylvania service area) (800) KIDS-199

Western Pennsylvania Caring Foundation for Children
(Highmark Blue Cross Blue Shield service area) (800) KIDS-105

Independence Blue Cross and Pennsylvania Blue Shield
Caring Foundation for Children
(Independence Blue Cross service area) (800) 464-KIDS

OASIS' hours expanded

Pennsylvania Blue Shield's Office Assistance Information System (OASIS) has expanded its hours. OASIS offers direct access to your patient's benefit, enrollment and claim status information through your touch-tone telephone.

In March we extended OASIS' hours:

Monday through Friday — 7 a.m. to 9 p.m.

Saturday — 7 a.m. to 5 p.m. (previously 7 a.m. to 3 p.m.)

Sunday — 7 a.m. to 5 p.m.

You can reach OASIS at (800) 462-7474 or (717) 975-6800 in the Harrisburg area.

If you have not received your copy of the OASIS Quick Reference Directory, please contact your Professional Service representative.

EMC news

Connections '97 - Monroeville

Connections '97 is a series of forums hosted by Direct Access Services (DAS) that focus on how technology can work within the health care environment.

DAS is hosting a second Connections '97 at the Radisson Hotel Pittsburgh in Monroeville, Wednesday, Sept. 10 and Thursday, Sept. 11. The two-day forum begins Sept. 10 with a series of workshops followed by an evening hospitality reception. The Sept. 11 agenda offers another entire day of activity, including a full day of simultaneous workshops, highlighted by both a keynote and a luncheon speaker. The \$49 registration fee includes all activities.

PRN

Topics to be featured:

- The Internet and Health Care
- Kennedy Kassebaum Legislation - Administrative Savings
- What's New on the Medicare Horizon
- The Role of Information Technology in Today's Health Care
- Everything You Want to Know About CareConnect and More!
- Finding the On-ramp to the Electronic Highway

The first Connections '97, held at the Sheraton Valley Forge in King of Prussia April 23 and 24, featured prominent speakers and a full array of workshop sessions. Two hundred and nine health care professionals attended and 14 vendors exhibited their EDI-related products.

Mark your calendars

Connections '97 is an event you won't want to miss. If you did not receive an invitation, you can register — or ask for more information — by calling (800) 535-3576. If faxing is more convenient, call (800) 992-0246 and request the registration form by choosing Fax-Back document No. 701.

Time for a change — for PCE users

DAS is pleased to offer you our first Windows-based version of Paperless Claims Express (PCE) software.

If your office has a personal computer with a Microsoft Windows™ program — or if you are considering purchasing one — PCE for Windows will simplify preparing electronic claims. New features include on-line help and instruction with hypertext links; and easy-to-use graphics with point and click selections.

PCE for Windows is DAS' DataStream clearinghouse software. This is your single source for filing medical-surgical and vision claims and encounters for any insurer with a National Association of Insurance Commissioner's (NAIC) code. This universal code identifies the insurer who should process the claim.

Send claims to us and we forward them to the appropriate insurer. (A listing of insurance carriers with NAIC codes is located on CareConnect's DataStream Services.)

As an added bonus, PCE provides a built-in link to CareConnect, DAS' information service network. Through CareConnect, on-line access to such things as patient eligibility, benefits and claim status is free. Get the information you need, when you need it, from a growing list of inquiry services.

For more information on how you can get your free upgrade from PCE DOS to PCE for Windows call (800) 992-0246 or (717) 975-7130.

*Windows is a registered trademark of the Microsoft Corp.

A new service on CareConnect

In May, Pennsylvania Blue Shield introduced a new service on CareConnect — Provider Directory Services (PDS). PDS is the long-awaited follow-up to the Provider Information Manager (PIM). PIM gives health care professionals access to Blue Shield information about their offices. Whereas, PDS allows access to information about all participating offices.

PDS facilitates locating specialists and primary care professionals for referrals. General information about practice demographics, physicians, office hours and physician specialties are available in a series of easy-to-use screens. PDS provides a complete network listing for every participating professional.

With fast, easy access to over 28,000 participating professionals, referring patients to another professional or simply helping a patient who is relocating find a new health care professional, becomes easier.

The search screen is displayed below. Sophisticated search features make operating the system easy. By completing at least two of the search criteria fields, you can quickly access pertinent demographic information.

PROVIDER DIRECTORY SERVICES - SEARCH SCREEN

KEY IN SEARCH CRITERIA. USE "TAB" TO ADVANCE. PRESS "ENTER" TO START SEARCH.

—————USE AT LEAST TWO SEARCH CRITERIA BEFORE INITIATING A SEARCH—————

SPECIALTY: (Key "?" for list of Specialty Codes)

BLUE SHIELD NETWORK: (Key "?" for list of Network Codes)

PHYSICIAN LAST NAME:

FIRST NAME:

PRACTICE NAME:

COUNTY: (Key "?" for list of Counties)

CITY:

ZIP CODE:

OPTION>

H - HELP

X - EXIT

PRN

Using the Blue Shield network field of PDS, you can identify health care professional affiliates with the following Blue Cross Blue Shield networks:

- Access Care
- Custom Care
- OptiChoice
- PersonalChoice
- PremierBlue
- Workers' Compensation (CSI)
- Traditional Blue Shield Participating Physicians

Visit Provider Directory Services on the Pennsylvania Blue Shield menu of CareConnect and see just how easy and helpful it can be.

Precertification requirements outlined

In each issue of **PRN**, we remind you of groups requiring precertification through The Precertification Center in Harrisburg. Precertification must be requested prior to the initiation of any treatment plan in accordance with the member's contract.

Below is a list of services that may require precertification. Before you provide one of these services to your patients, please verify if their coverage requires precertification and which specific services must be precertified. This ensures that your patients' claims process correctly, the first time you submit them. And, it eliminates follow-up calls and inquiries to Customer Service or The Precertification Center.

Standard services requiring precertification

- All inpatient admissions, including maternity stays greater than two days
- Selected surgeries (inpatient or outpatient)
 - bunionectomy
 - carotid endarterectomy
 - cataract surgery
 - cholecystectomy
 - coronary artery bypass
 - elective cesarean section
 - hemorrhoidectomy
 - herniorrhaphy
 - hysterectomy
 - knee surgery
 - ligation and stripping of varicose veins
 - prostate surgery
 - spinal and vertebral surgery
 - submucous resection (repair of deviated septum)
 - tonsillectomy and adenoidectomy

Certain groups may elect to require precertification of additional non-standard services

- All maternity stays
- Diagnostic services
 - colonoscopy
 - CT-scan
 - MRI
 - myelogram
 - UGI endoscopy
- Surgeries
 - all foot surgery
 - breast surgery
 - carpal tunnel surgery
 - gastric surgery
 - hip surgery
 - myringotomy with tubes
 - nasal surgery
- Outpatient services
 - chiropractic services
 - home health care
 - hospice care
 - mental health/substance abuse services
 - occupational therapy
 - physical therapy
 - private duty nursing
 - skilled nursing facility care
 - speech therapy

To obtain precertification, call The Precertification Center, Monday through Friday, 8 a.m. to 4:15 p.m.

Medical-surgical services: (800) 441-2333 or (717) 760-9990

When you call (800) 441-2333 you will hear these telephone prompts:

- If your call concerns precertification of a treatment, a hospital admission, or a second surgical opinion, press 1.
- If you are calling about any other health care or health insurance matter, press 2.
- If you would like this message repeated, press 3.

If you do not press 1 for medical-surgical precertification your call will be directed to either the Capital Blue Cross or Pennsylvania Blue Shield customer service area. You must press 1 for your call to be answered by a precertification analyst.

PRN

Mental health or substance abuse: (800) 441-8811 or (717) 760-9990

The mental health or substance abuse and local telephone numbers do not have prompts — your calls will be answered by a precertification analyst.

New precertification customers

Here are additional customers who require services to be precertified through The Precertification Center in Harrisburg, with the effective dates for their precertification coverage:

<u>Group customer</u>	<u>Effective date</u>
A. J. Trunzo Inc.	6/1/97
A. J. Home Inspection	6/1/97
Abe Automotive Supply	7/1/97
Adams Associates	5/1/97
AERO Oil Co.	6/1/97
Aetna Warehousing Corp.	5/1/97
Al's Front Porch	5/15/97
Amb Coach Inc.	6/1/97
Anthony F. Funk Electrical Contractor	6/1/97
Antietam Academy Inc.	6/1/97
Arc Maintenance Inc.	5/1/97
Barclay Contracting Company Inc.	6/1/97
Bargain Center Inc.	5/1/97
Bay City Seafood Company Inc.	7/1/97
Beatty & Griffo Associates	6/1/97
Beauty World Concepts Inc.	6/1/97
Berks Security Locksmith & Safe Service Inc.	6/1/97
Billig Trucking Inc.	5/1/97
Billman Enterprises	5/1/97
Bizsoft Corp.	5/1/97
Blue Mt. Christian Center Church Inc.	6/15/97
Blue Ridge Sportsmen Association Inc.	5/15/97
Blyler's Fruit Farm	6/1/97
Boonie & Sons Inc.	7/1/97
Brandon Jungle Builder	6/1/97
Brandt Tool & Die Company Inc.	5/1/97
Brutco Stainless and Alloy Warehouse	5/15/97
Burlington Capital Corp.	4/1/97
C & J Tire Co.	6/1/97
C. M. Wells Construction Company Inc.	6/1/97
Cambridge Commons Apartments	5/1/97

Capital Towers Inc.	4/15/97
Carpenters Machinery Co.	6/15/97
Casey Engineering Inc.	5/1/97
Century Bath and Kitchen Distributors Inc.	5/1/97
Chambersburg Farm Services Inc.	6/1/97
Charles E. Brake Co.	5/1/97
Clim-A-Temp Inc.	5/1/97
Computer Works	7/1/97
Conestoga Foundry Supply Co.	7/1/97
Cordier's Garage	5/1/97
County Line Mechanical	6/1/97
Csencsits Auto Service	7/1/97
D. C. Walls Auto Transport Service	5/15/97
Dabco Industries Inc.	6/1/97
Damper Design Inc.	6/1/97
Daveland Company Inc.	6/1/97
Dennis Frey Auto Body	7/1/97
Dilworth, Paxson, Kalish & Kauffman	6/15/97
Donald Fricchione, M.D.	7/1/97
Eddie Mish's Glass & Mirror Service	5/1/97
Enviro Schell Systems Inc.	5/15/97
Environmental Support Services Inc.	5/1/97
F & M Hat Co.	4/1/97
Fairview Retirement Community Inc.	4/1/97
Filtration Manufacturing Inc.	5/1/97
First Call Trading Corp. T/A The Program	6/1/97
Fleet Pizza Inc.	5/1/97
Flores Air Conditioning	5/1/97
Flory Tolino Inc.	4/1/97
Frank Golab Trucking Inc.	5/15/97
Frederick H. Koehler Inc.	5/1/97
Fritch Fuel Co.	6/1/97
Gaf Premium Products Inc.	4/1/97
Gallagher's Auto Parts	5/15/97
Gary Radabaugh Heating & Air Conditioning	7/1/97
Geo Services Ltd.	5/1/97
Glencrest Realty Co.	5/1/97
Grenen & Birsic, P.C.	6/1/97
H. B. McClure	5/1/97

PRN

Hackett Associates Insurance Agency	5/1/97
Harned Durham Oil Company Inc.	6/1/97
Heartland Building & Development Company Inc.	6/15/97
Heidecker Collision Center	5/1/97
Heidecker Enterprises Inc.	5/1/97
Hepford, Swartz and Morgan	5/1/97
I B E W Local 143 Health & Welfare Fund	5/1/97
I.P.D. Distribution Services Inc.	6/1/97
Info-Matrix Corp.	5/1/97
Intellex Facilities Management	5/1/97
Irvin W. Weiler Plumbing Heating & Air	6/1/97
JCH & Associates Inc.	4/15/97
John G. Wescoe Insurance Agency	6/1/97
Juniata Disposal Inc.	5/1/97
Kepner-Scott Shoe Co.	6/1/97
Koehler Brothers Collision Repair Inc.	4/15/97
Kogelman Distributing Corp.	4/1/97
Las Vegas Sports News	4/15/97
Life Outreach	5/1/97
Linda J. Schappell	5/1/97
Lingle Distributors	5/1/97
Lisi Enterprises	4/15/97
Living Word Community Church	6/1/97
Lower Saucon Township	5/1/97
Luckenbill Brothers Paving Inc.	4/15/97
Manheim Medical Supply Inc.	6/15/97
Manito Inc.	6/15/97
Market Street Hardware	4/1/97
Mayer & Kehler Inc.	4/15/97
McQuaide, Blasko, Schwartz, Fleming, and Faulkner Inc.	5/1/97
Mechanicsburg Learning Center	6/1/97
Michanco Inc.	5/1/97
Micro Diagnostics Corp.	6/1/97
Mill Street Sports Inc.	6/1/97
Miller Diesel Inc.	6/1/97
Millstone Kennels	6/1/97
Mount Parnell Fisheries Inc.	6/1/97
N K I Builders Inc.	5/1/97
New Columbia Joist	5/1/97

Noll's Keystone House Inc.	6/1/97
Norsoft Inc.	6/1/97
North American Health Plans	4/1/97
Northeast Water Utilities Construction Co.	6/1/97
Northwestern Human Services Inc.	7/1/97
Pagats Auto Services	7/1/97
Paramount Pest Control	4/1/97
Pennsylvania Interscholastic Athletic Association	5/1/97
Pennsylvania Steel Foundry	5/1/97
Petry & Morrow Inc.	6/1/97
Pinebrook Joint Home-Owner's Association Inc.	6/1/97
Posocco Construction Inc.	5/1/97
Print It Plus Inc.	6/1/97
Prism Plastics Co.	5/1/97
Production Partners Inc.	6/1/97
Professional Staff Management of Wheeling	6/15/97
Prosolutions Inc.	6/1/97
Quaker Alloy Inc.	5/1/97
Quality Computer Consultants	6/1/97
R & M Burgio Inc.	5/15/97
R J Lutes Agency	6/1/97
Ralph S. Knelly	5/1/97
Ray's Plumbing	6/1/97
Reading Jet Service Inc.	6/1/97
Reader's Auto Body	6/1/97
Reinbold Farms	5/1/97
Return To Work Services Inc.	5/15/97
Richard C. Fatkin Jr.	7/1/97
Robert R. Stremick Trucking	5/15/97
Robertson Insurance Services Inc.	6/1/97
Ron-Noc Industries Inc.	4/15/97
Royal Components Inc.	6/15/97
Rummel Pattern Works	6/1/97
S and H Glass and Mirror Inc.	5/15/97
S. & W. Tool & Co.	5/1/97
S. E. Specialties Inc.	4/1/97
Sandy & Sophia's Styling Salon, Ltd.	6/1/97
Schuylkill Haven Bleach & Dye Works Inc.	5/1/97
Select Medical Corp.	4/1/97

PRN

Six M Co.	6/1/97
Sonya F. Jones Lumber Co.	7/1/97
Star Technical Institute	6/1/97
Stein's Flowers Inc.	4/1/97
Stephen C. Nudel	4/1/97
Stetler Hotel	6/1/97
Sunny Crest Home Inc.	6/15/97
Technical Oil Products Inc.	4/1/97
The Carolan Organization	7/1/97
The Common Thread	6/1/97
The County Seat Inc.	5/15/97
The Foundation For Fair Contracting Ltd.	5/1/97
The Weston Group	6/1/97
The Woodpeckers	6/1/97
Theodore C. Rothrock Jr.	5/1/97
Tooling Dynamics Inc.	6/1/97
Topflight Corp. and Adhesives Research Inc.	5/1/97
Township of Tilden	5/1/97
Trimen Industries Inc.	6/15/97
United Panel Inc.	5/1/97
Village Butcher	7/1/97
Vince's Steak Shop	5/1/97
Wagner Industries Inc.	6/15/97
Whalesoft Inc. T/A A & W Software	6/1/97
White Rose Ambulance	6/1/97
Whitley Pennsylvania Inc.	6/1/97
Wilkes Pool Corp.	5/1/97
Wilkra Company Inc.	5/1/97
Wm. F. Groce Inc.	6/1/97
Wonderland of Toys Inc.	7/1/97
Your Building Centers Inc.	5/1/97

Policy

Act 191 requires enteral formulae coverage for rare genetic disorders

Effective June 20, 1997, Act 191 of 1997, the Medical Foods Insurance Coverage Act, requires insurers to reimburse members and providers for enteral feeding solutions (enteral formulae) administered by any method when necessary for the therapeutic treatment of the following rare hereditary genetic disorders.

- Phenylketonuria (PKU) (270.1)
- Branched-chain ketonuria (270.3)
- Homocystinuria (270.4)
- Galactosemia (271.1)

The act defines these medically necessary enteral formulae as those equivalent to a prescription drug. Coverage of the formulae is allowed under those member's contracts that include prescription drug benefits.

The act does not provide coverage for normal food products used in the dietary management of these rare hereditary disorders. Formulae such as PKU 1 or 2, Lofenalac or Ketonex 1 or 2, used in the treatment of the aminoacidopathies defined in the act, are dispensed only with a physician's prescription.

Infant formulae may be eligible for coverage based on the content of the formula and the reason for use of a special formula as noted above. Lactose intolerance, milk protein intolerance or other milk allergies are not indications for coverage. Basic milk or soy formulae are not eligible.

According to Act 191, eligible formulae are exempt from any contract deductibles. We have developed modifier ZL, Genetic Metabolic Enteral Formulae, to identify and properly adjudicate claims for eligible enteral formulae.

Please use procedure code B9998 — NOC for enteral supplies — and the ZL modifier when reporting specialized enteral formulae for the conditions defined in the act.

We will enhance the Basic contracts currently providing coverage for enteral nutrition by tube feeding only in accordance with Act 191. They will include enteral nutrition by any method for the formula and for conditions specified in the act.

Drugs and biologicals pricing to change

Cost containment is a prominent issue in medicine today. Soaring medical costs have prompted Pennsylvania Blue Shield to review and change our pricing of all drugs and biologicals. For chemotherapy drugs (oral and injectable) and therapeutic injections administered on or after Oct. 6, 1997 a number of inherently reasonable changes in pricing will take effect.

The new pricing will be based on the following:

- Blue Shield will use 115 percent of the average wholesale price (AWP) in the most current edition of the **Red Book** to determine the allowances for chemotherapy drugs and therapeutic injections.
- Both generic and brand name products will be used to calculate the allowances.

PRN

A separate administration fee can be reported with each separately administered therapeutic injection. Report procedure code 90782 — therapeutic or diagnostic injection (specify material injected); subcutaneous or intramuscular — in addition to the therapeutic drug codes. The allowance for this administration fee is \$2.10.

For chemotherapy administration, see procedure codes W9640, 96400-96549.

Please remember that while coverage is generally available for the chemotherapy drugs, payment for the therapeutic injections is not a standard benefit.

Reimbursement for childhood immunizations will remain unchanged.

Cardiovascular stress test reporting guidelines revised

Effective for claims processed on or after Sept. 15, 1997, Pennsylvania Blue Shield will implement revised processing guidelines for reporting cardiovascular stress tests. We will no longer consider procedure code 93016 — physician supervision only, without interpretation and report — to be an integral part of a cardiovascular stress test or of a health care professional's medical care.

The following guidelines should be used when reporting cardiovascular stress testing:

- Procedure code 93015 — Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report — represents the global procedure of a cardiovascular stress test, in other words, the performance of the test.
- Procedure code 93016, with a 26 modifier, represents the supervision only of the cardiovascular stress test. Do not report this code in addition to 93015.
- Procedure code 93017 represents the technical component of the test. Separate payment will not be made for this code when reported individually.
- Procedure code 93018, with a 26 modifier, represents the interpretation and report only. Do not report this code in addition to 93015.

Abortion coverage linked to customers' wishes and state law

The decision to cover elective abortions as part of an overall employee benefits package lies with Pennsylvania Blue Shield's customers. If a customer decides to pay for this benefit, then Blue Shield provides that coverage.

Blue Shield's coverage for elective and non-elective abortion complies with state law in the Commonwealth of Pennsylvania. There are two state laws that address abortion — Act 138 (known as the Abortion Control Act of 1982) and Act 31 of 1988. These laws focus on procedures that health care professionals must follow. They also cover the rights of the woman, parental consent, the use of State and/or Federal funds and any associated penalties.

Blue Shield covers abortions that are spontaneous (codes 59812-59830) or induced (codes 59840-59857, X5921, X5981). Based on Act 138, customers have the option to exclude coverage for elective induced abortions (codes X5921, X5981) from their benefits program. Non-elective induced abortions (codes 59840-59857) are defined by Act 138 as those necessary to save the life of the mother or those necessitated by rape or incest.

For those professionals treating patients employed by a State or Local agency, no Commonwealth or Federal funds can be expended for the performance of an abortion except:

- when abortion is necessary to save the life of the mother upon certification by the non-performing professional or a professional with no pecuniary or proprietary interest;
- when abortion is performed in the case of pregnancy caused by rape which, prior to the performance of the abortion, has been reported, together with the identity of the offender, if known, to a law enforcement agency;
- when abortion is performed in the case of pregnancy caused by incest which, prior to the performance of the abortion, has been personally reported by the victim, along with the identification of the offender to a law enforcement agency.

No Commonwealth agency shall make any payments from Federal or State funds appropriated by the Commonwealth for the performance of any abortion unless the Commonwealth agency:

- receives a statement, signed by the performing professional, from the professional or facility seeking payment stating that prior to performing the abortion, he or she obtained a statement from the pregnant woman that she was a victim of rape or incest and that she reported the crime with the identity of the offender, if known;
- receives a certification from a non-performing professional or a certification from a professional with non-pecuniary or non-proprietary interest.

Please use procedure codes 59840-59857 when reporting non-elective induced abortions for patients or dependents of patients employed by State or Local agencies. Your use of these codes indicates that you have obtained the necessary certifications and/or signed statements. Please retain all certifications and statements.

When reporting non-elective induced abortions for patients who are not employees of State or Local agencies, please also use procedure codes 59840-59857. Certifications and signed statements are not necessary.

Abortions not meeting one of these conditions are considered elective. Elective abortions should be reported under one of the following local codes:

- X5921 — Abortion (elective); completed with dilation and curettage and/or vacuum extraction, including antepartum and postpartum care.
- X5981 — Abortion (elective); second trimester, by D and C, (dilation and curettage) including suction curettage.

PRN

Venous transluminal balloon angioplasty eligibility rules change

Effective May 26, 1997, Pennsylvania Blue Shield will determine the eligibility of venous transluminal balloon angioplasty for the treatment of congenital heart disease on an individual, case-by-case basis.

Use code 35460 or 35476 to report the surgical service, and code 75978 to report the radiological supervision and interpretation.

In the March 1995 **PRN**, we announced that venous transluminal balloon angioplasty is an eligible service when performed on renal patients who have peripheral arteriovenous fistulas for dialysis.

Venous transluminal balloon angioplasty is considered investigational when performed for any other condition. Consequently, in these cases, it is not eligible for payment.

Transmyocardial revascularization with laser considered investigational

Pennsylvania Blue Shield considers transmyocardial revascularization with laser to be an investigational procedure. Therefore, it is not eligible for payment.

Transmyocardial laser revascularization is a surgical process whereby 15 to 30 channels are bored into the myocardium of the beating heart in an attempt to restore perfusion to areas of the heart not being reached by weakened or clogged arteries.

Use code 33999 — unlisted procedure, cardiac surgery — to report transmyocardial revascularization with laser. Also, provide a complete description of the service.

Partial ventriculectomy considered investigational

Pennsylvania Blue Shield considers partial ventriculectomy to be an investigational procedure. Therefore, it is not eligible for payment.

Partial ventriculectomy is performed on patients with enlarged hearts because of end-stage congestive heart failure. The procedure reduces the size of an enlarged heart by excising a portion of the left ventricular wall and repairing the defect.

Use code 33999 to report partial ventriculectomy. Please provide a complete description of the service.

Reporting annual gynecological exams

In accordance with the Women's Preventive Health Services Act of 1994, Pennsylvania Blue Shield will make payment for one annual gynecological examination (asymptomatic or symptomatic) for all female members.

Please report annual gynecological exams using the appropriate following code:

X5740 — Annual gynecological examination, new patient.

X5741 — Annual gynecological examination, established patient.

A gynecological exam generally includes: a patient history; blood pressure and weight checks; and a physical examination of the pelvis/genitalia, rectum, breasts, thyroid, axillae, abdomen, lymph nodes, heart and lungs.

When a health care professional performs an evaluation and management service (E and M codes 99201 - 99215) or a preventive medicine exam (codes 99381 - 99397) in addition to the annual gynecological exam, both services can be reported. The patient's records must document that the components of an E and M visit or preventive exam were performed and that a gynecological exam was included as part of the total patient encounter.

Payment for the separately reported E and M service or preventive visit will be made in accordance with the terms of the member's contract.

Reporting the insertion of an IUD

Under certain Pennsylvania Blue Shield group contracts, the insertion of an IUD is a covered service. When reporting this service, procedure code 58300 should be used to represent the insertion. Procedure code J7300 should be used to represent the IUD.

Procedure codes 58300 and J7300 are covered under most major medical contracts, after the patient's deductible has been met.

Reimbursement for attendance during delivery

When billing for attendance at a cesarean section or vaginal delivery, please use the following procedure code:

W9944 — Attendance at delivery of high risk newborn.

Only one attendance per delivery session is payable, regardless of the number of births.

When procedure codes W9944 and 99440 — newborn resuscitation; provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output — are reported by the same health care professional, the charges will be combined and processed under procedure code 99440.

Do not report attendance at delivery under procedure code 99360 — physician's standby service. The service represented by procedure code 99360 is not eligible for payment.

ECG interpretations: payments determined by situation

In non-emergency cases, Pennsylvania Blue Shield will not reimburse an attending or admitting physician for re-interpreting an ECG after the same ECG has already been interpreted by another physician. In these cases, the ECG re-interpretation is considered an integral part of the attending or admitting physician's care. In addition, members cannot be billed separately for this re-interpretation.

However, in an emergency, when the patient's condition requires immediate interpretation of the ECG, Pennsylvania Blue Shield will pay both the admitting or attending physician and the hospital staff physician who interprets the ECG. If the case is an emergency, use modifier **YC** with the appropriate ECG interpretation code.

Please remember, it is the patient's condition at the time of the service, not the location of the service that determines the emergency status.

PRN

Reporting of multiple services on the same day for the FEP

When reporting services performed for Federal Employee Program (FEP) members, such as radiology, pathology and diagnostic medical services, submit all like procedure codes on one line with the correct number of services.

This will ensure correct payment and benefit application and prevent denials of services as duplicates.

Include procedure code with preauthorization request

Preauthorization is the process used to determine in advance if potentially cosmetic procedures are eligible for reimbursement. Pennsylvania Blue Shield offers this service to you and your patients because of the financial considerations that may be related to potentially cosmetic procedures. Securing preauthorization for potentially cosmetic procedures is not mandatory.

Please specify the procedure code(s) of the service to be performed and include all supporting documentation (including the original date of accident for accident-related surgeries) and photographs, if applicable, with your preauthorization request.

Refer to the June 20, 1995 **PRN**, pages 12-14, for the specific documentation needed for a preauthorization.

Send preauthorization requests for cosmetic or reconstructive surgery to:

Pennsylvania Blue Shield
PO Box 890041
Camp Hill, Pa. 17089-0041

Direct preauthorization requests for Personal Choice to (800) 332-2566.

Blue Shield will send a written response to your office after the request is reviewed. Photographs will be returned in a separate envelope.

Your preauthorization response will be valid for one year from its issue date and will apply only to the service(s) and procedure code(s) authorized in our reply.

Codes

PTM changes	Page	Code	Terminology	Action
	188	64577	Incision for implantation of neurostimulator electrodes; autonomic nerve	Change post-op days from 0 to 90
	285	Y0107	Single vision safety lens, per lens	Add
	285	Y0108	Bifocal safety lens, per lens	Add
	285	Y0109	Trifocal safety lens, per lens	Add
	285	Y0110	Frames, safety	Add

PRN

Notes

Need to change
your provider
information?

Fax the information to us!

You can fax us changes about your practice information, such as the information listed on the coupon below. The fax number is (717) 731-2896. You may also continue to send information by completing the coupon below.

Coupon for changes to provider information

Please clip and mail this coupon, leaving the **PRN** mailing label attached to the reverse side to:

Pennsylvania Blue Shield
Provider Data Services
PO Box 898842
Camp Hill, Pa. 17089-8842

Name: _____ Provider ID Number: _____

Electronic Media Claims Source Number: _____

Please make the following changes to my provider records:

Practice Name: _____

Practice Address: _____

Mailing Address: _____

Specialty: _____

Telephone Number: _____

Tax ID Number: _____

Provider's Signature: _____ Date Signed: _____

PRN

News

Xact Medicare Services to create dedicated provider file 1

State extends BlueCHIP contract for Blue Cross Blue Shield 2

OASIS' hours expanded 5

EMC news 5

Precertification requirements outlined 8

New precertification customers 10

Policy

Act 191 requires enteral formulae coverage for rare genetic disorders 15

Drugs and biologicals pricing to change 15

Cardiovascular stress test reporting guidelines revised 16

Abortion coverage linked to customers' wishes and state law 16

Venous transluminal balloon angioplasty eligibility rules change 18

Transmyocardial revascularization with laser considered investigational 18

Our web address:
<http://www.highmark.com>

Partial ventriculectomy considered investigational 18

Reporting annual gynecological exams 18

Reporting the insertion of an IUD 19

Reimbursement for attendance during delivery 19

ECG interpretations: payments determined by situation 19

Reporting of multiple services on the same day for the FEP 20

Include procedure code with preauthorization request 20

Codes

PTM changes 21

Need to change your provider information? 23

Acknowledgement

The five-digit numeric codes that appear in **PRN** were obtained from the Physician's Current Procedural Terminology, as contained in CPT-1997, Copyright 1996, by the American Medical Association. **PRN** includes CPT descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures and other materials that are copyrighted by the American Medical Association.



Policy Review & News

Pennsylvania Blue Shield
Camp Hill, Pennsylvania 17089