

PRN

Policy Review & News

Important information about Pennsylvania Blue Shield

August 1998

In This Issue

CHIP expands with new funding and enhanced benefits for state’s uninsured children 2

Paperless Claims Express frequently asked questions 4

Valued in Partnership vendor list provides valuable information 6

Providers cannot bill members for services performed outside scope of license 9

News

More information available on inquiry systems

Pennsylvania Blue Shield’s high-tech inquiry systems have expanded, and now give you access to even more information. CareConnect® Discovery and InfoFax users can now check COMP I claim status information for our Mid-Atlantic region — the central, southeastern and northeastern portions of Pennsylvania.

Claims for the following coverages process through the COMP I system:

- CustomBlue PPO
- Access Care II PPO
- Comprehensive major medical
- Wraparound major medical
- ClassicComp
- Boeing

CareConnect Discovery is our health care information network accessible through your office computer. It’s a closed, secure network that provides you access to a wealth of information, including patient information and the status of your claims.

For more information about CareConnect Discovery, which provides access to Pennsylvania Blue Shield Provider Inquiry, contact Direct Access Services at (800) 992-0246.

PRN

InfoFax is a second inquiry system. With InfoFax, you access the service through a touch-tone telephone — and receive answers to your claim status questions minutes later through your fax machine.

To begin the authorization process for InfoFax, call (800) 891-1856.

CHIP expands with new funding and enhanced benefits for state's uninsured children

Armed with new federal and state funding, expanded enrollment criteria and enhanced benefits, the state's Children's Health Insurance Program (CHIP) is expanding to offer coverage to more than 100,000 of Pennsylvania's uninsured children.

CHIP provides free and subsidized health care insurance to the children of low-income, working families who earn too much to qualify for other medical assistance programs.

With improvements that include expanded age criteria and income limits, CHIP should expand from its present 56,000 children to almost 63,000 children over the next 12 months. Eventually, based on new federal and state funding that will give the program approximately five times as much money as it has had in the past (\$33 million vs. \$170 million), CHIP could reach more than 100,000 children.

Pennsylvania Blue Shield is one of the Commonwealth's CHIP administrators. "It's a tremendous opportunity for Pennsylvania," said Barbara Dubs, director of Blue Shield's Social Service Program. "It's estimated that there's now enough money to provide every uninsured child in the Commonwealth with health care coverage."

Identifying children that fit this criteria will be a challenge, she explained. "Many of the families in which both parents work don't spend a lot of time watching TV and reading the newspaper where they can learn about CHIP."

So, Blue Shield will implement a grassroots outreach program to get the information directly to the families in their communities. "Over 30 percent of the children who are currently enrolled in CHIP had a relative or friend refer them," she said.

The obvious places to find uninsured children are health care facilities. "Our goal is to enroll them in wellness programs before they get sick," she said. CHIP will provide them with the necessary immunizations and preventive health care to do just that.

This state program is a stepping stone to private health insurance for some children. "Fifteen percent of the children in CHIP move onto private insurance coverage within one year of enrollment," Dubs said.

Blue Shield administers the program in conjunction with the other Blue Cross plans throughout the state.

Highlights of the key changes to CHIP include:

- Expanded eligibility: the program now covers children from birth to age 19; income levels for the free program have increased to 200 percent of federal poverty guidelines; and the low cost program covers families with income up to 235 percent of federal poverty guidelines.
- The \$5 drug co-payment was dropped.
- The Medical Assistance Spend Down provision, which covered inpatient costs, was eliminated.

More information on CHIP is available by calling:

In Western Pennsylvania:

(800)KIDS-105

In Central Pennsylvania:

(800)KIDS-101

In Eastern Pennsylvania:

(800)KIDS-199

In Philadelphia:

(800)464-KIDS

EMC News

It's simple to connect to CareConnect Discovery

Direct Access Services (DAS) is making it easier to connect to CareConnect® Discovery. If your office has Microsoft® Windows 95™ or Windows NT®, DAS will provide Netscape® 4.04 web browser software free of charge.

CareConnect Discovery takes full advantage of the new web browser technology while providing a totally secure communications network.

What this means to you

- More functionality — with the new web browser technology, we can provide you with more health insurance information than ever before. You can verify eligibility, benefits, check claim status, create electronic referrals and verify allowances. CareConnect Discovery also links you to important health care newsletters, publications and manuals. You can send and receive messages from anyone with an Internet e-mail address, anywhere in the world.
- User-friendly screens — many CareConnect Discovery screens are in a Windows environment. If you currently use a Windows product, you'll already be familiar with many of the functions: on-line help, easy to use and understand graphic icons, plus the "point and click" form of navigation.
- Free access — access to CareConnect Discovery is free. A toll-free line will connect you. CareConnect Discovery is not on the Internet, but on a secure Intranet developed and maintained by Pennsylvania Blue Shield. You do not need to pay an Internet service provider to connect.

To learn how to connect to CareConnect Discovery, please contact DAS at (800) 992-0246. Or, request document No. 300 through our Fax Back service. Visit our website at www.careconnect.com.

PRN

PCE—an easy way to go electronic



Paperless Claims Express® (PCE), our DataStream Clearinghouse electronic claims submission software, can help you ease into electronic billing.

Why take advantage of PCE?

Speed — your electronic claims arrive within minutes. Faster claim receipt means your claims reach our processing systems quickly.

You're in control — you direct your claims to their intended destinations. You decide when they're sent and when we'll receive them. Transmit your claims 24 hours a day, seven days a week, 365 days a year.

It's free — PCE software, training and technical support are free. There are no monthly or per claim fees for electronic claims submission to any of our DataStream Tier 1 insurance payers.*

Customized software — PCE is designed so that you can customize the software to meet your practice needs. Transmit only your Pennsylvania Blue Shield primary and secondary claims electronically. Or, take advantage of electronic claims submission to any other of our Tier 1 and Tier 2 insurance payers.

Track your claims — PCE offers reports that help you track your claims status on the electronic highway.

Call Direct Access Services (DAS) at (800) 992-0246 for more information on PCE.

** For a complete listing of DataStream Tier 1 and Tier 2 insurance payers, call our toll-free support line at (800) 992-0246.*

Paperless Claims Express frequently asked questions

Here are frequently asked questions about our electronic claims submission software, Paperless Claims Express® (PCE), for the DataStream Claims Clearinghouse. If you need additional help, call Direct Access Services' (DAS) toll-free support line at (800) 992-0246.

Q: What costs are associated with electronic claims submission using PCE software?

A: None. PCE software, telephone transmission, training and support are free. There are no monthly or per claim fees associated with electronic claims submission to any DataStream Tier 1 insurance payer.

DataStream Tier 2 service is optional. Beginning Jan. 1, 1999, there will be nominal fees for Tier 2 claims submission.

Q: Which insurance payers can I bill electronically using PCE?

A: Pennsylvania Blue Shield, Xact Medicare, Keystone Health Plans Central, East and West and all other insurance payers listed under our DataStream Tier 1 and Tier 2 services.

Q: Is PCE Year 2000 compliant?

A: Yes, PCE is programmed in American National Standards Institute (ANSI) X12 format version 3051 — a compliant format.

Q: What are the recommended system requirements for PCE?

A: Pentium 100 (586/100MHz) or higher processor, 16 MB RAM or higher, Microsoft® Windows 95™, 100 MB disk space or higher, modem and mouse.

Q: Will PCE software integrate with my current practice management system?

A: PCE software is not intended to integrate with other software packages. It was designed to function as an independent software package in a PC-based environment.

Q: What accounting features does PCE offer?

A: While PCE does provide on-line Explanation of Medicare Benefits (EOMBs) and Explanation of Benefits (EOBs) statements (reconciliation reports), it does not provide automatic posting or other accounting features.

Q: What steps do I take to receive a copy of PCE software?

A: Step 1: Call (800) 992-0426 to request an electronic commerce agreement and DataStream subscription application.

Electronic commerce agreement — this agreement is an eight-page document; however, only complete and sign page eight. This signed agreement will be used as your “signature on file” to validate future requests for electronic claims submission and inquiries.

DataStream subscription application — this provides DAS both general and specific information about your practice. Application instructions are on the back of the form. A Keystone Health Plan addendum is also attached. The addendum must be completed for authorization to submit Keystone Health Plan claims and encounters electronically.

Step 2: Mail both forms — with original signatures — to DAS at the address on the forms.

Step 3: Upon receiving your completed forms, DAS will process your software request. DAS will verify your billing provider number and assign you a source number (this number identifies you as a Pennsylvania Blue Shield electronic billing source.)

Step 4: Within five to 10 business days, you should receive an authorization letter, the PCE software and the PCE Start-up Guide.

**Correction:
patient's
Medicare number
necessary for
claims to cross
over**

An article in the June 1998 edition of **PRN** incorrectly stated that Xact Medicare claims will automatically cross over if we do not have the patient's Medicare number on file. (See “Electronic solutions—stop sending paper claims”)

If Xact Medicare is primary, claims are sent electronically to Xact. If we do not have the patient's Medicare number on file, the claims will not cross over automatically.

PRN

Free software training offered

Fall classes for Paperless Claims Express© (PCE) for Windows™ and CareConnect® are available.

Who should attend

Health care professionals, office personnel or billing agents who have requested PCE for Windows electronic billing software or CareConnect inquiry software.

Agenda

The 8:30 a.m. – 1 p.m. hands-on PCE training session introduces you to our Windows-based version of PCE software. We focus on: getting started, office setup, file maintenance, patient enrollment, creating electronic claims, claims transmission, electronic reports and more.

The 2:30 p.m. – 3:30 p.m. CareConnect training session covers the types of information available on our CareConnect network. Hands-on training will enable attendees to access information for enrollment, benefits, claim status, allowances and much more.

Tentative fall schedule

Date* Location*

Sept. 10 To be determined, Pittsburgh

Sept. 22 Altoona Hospital Center for Medicine, Altoona

Oct. 8 Camp Hill Corporate Center, Camp Hill

Oct. 22 To be determined, Philadelphia

** Training dates and locations are subject to change.*

Call (800) 535-3576 to verify training times and locations. Seating is limited to two attendees per office.

How to register

By phone: call a Marketing Support representative at (800) 535-3576.

By fax: fax your request to the attention of “training coordinator” at (717) 730-8968.

Please include your name, telephone number and number of attendees. DAS will contact you to verify your registration.

To register for PCE by the Internet: access our website at www.careconnect.com. Click on “DataStream,” then on “products.” On this page, click on “PCE for Windows.” Now, click on the “training” button at the bottom of this page. Complete and submit the form.

Valued in Partnership vendor list provides valuable information

The Valued In Partnership (VIP) list is an easy, quick way for health care professionals and their staffs to find computer hardware and software vendors that support DataStream.

The VIP vendor listing contains “gold” vendors that offer free Pennsylvania Blue Shield electronic claims submission as part of their basic electronic claims submission software package. VIP gold vendors also provide electronic claims submission software to other DataStream Tier 1 payers; however, there may be an additional charge. The VIP listing includes specifics for each vendor.

Vendors on the basic list must offer electronic claims submission capability to Blue Shield and the other Tier 1 payers. However, there is an additional charge for these

services—they are not included in their basic electronic claims submission software package.

Why did Direct Access Services develop this list?

Vendors play a key role in the success of DataStream. If our free software, Paperless Claims Express© (PCE), doesn't meet the needs of a health care provider, a vendor can. If a Pennsylvania Blue Shield health care provider selects a vendor who doesn't support the DataStream services, he or she will miss out on these benefits:

- Free electronic claims submission to all Tier 1 payers
- Access to a cost effective commercial clearinghouse (Tier 2)
- Improved cash flow
- Claim editing and tracking reports

Health care professionals benefit by not having to search for a vendor; we provide the basic information and vendor contacts.

Direct Access Services (DAS) benefits by providing health care professionals with vendors who support our electronic services.

How to acquire the VIP list

Call (800) 535-3576 and request a copy.

Access our homepage at www.careconnect.com and download the list. The VIP list is under the "vendor" option on the DataStream section of the homepage.

How vendors supporting DataStream can become a VIP vendor

Vendors can call (800) 535-3576 and we will fax them a VIP questionnaire. They complete the questionnaire and fax it back to us.

They can also access our homepage at www.careconnect.com and complete the questionnaire on-line. The questionnaire is under the VIP vendor program option under the vendor section on the main DAS page.

A medical opinion on the Year 2000

There is a growing controversy surrounding the Year 2000 (Y2K) problem. Some view the situation as nothing more than technological hype intended to generate revenue for Silicon Valley. Others see the situation as nothing short of a modern day Armageddon. What is real and what is hype?

John J. Kruse, D.M.D, M.D., a New Orleans neurosurgeon, recently wrote a letter in which he discusses the reasons why everyone—health care professionals in particular—should be concerned about the Year 2000. What follows are excerpts from Dr. Kruse's letter that appeared in his local newspaper and local physician newsletter.

Dr. Kruse writes that although the problem sounds simple, it should not be taken lightly. (Many computers and computer chips are programmed to read just the last two digits of a year, and will see the year 2000 as the return of the year 1900.)

He writes, "People who don't know what a computer is or what the Internet is, will still be affected. It is not something that information systems people will remedy quickly. It is not something that will only affect mainframe computers or personal computers. It will affect hardware, software, networks, Intranets, firmware and client server systems."

PRN

He adds that we should all worry about the problem “because this problem will reach every one of us in ways you would never imagine until now. It will put our power, water, sewer and telecommunications systems at risk of failure in one moment 12/31/99. ATM’s and banks may shut down and people may not get paid for weeks.”

For health care professionals, Dr. Kruse outlines his particular concerns: “As a physician I have far more practical reasons for worry. Many of the things I use everyday to treat patients require these embedded (computer) chips. As a physician, I require daily laboratory values of patients’ blood samples for checking electrolytes, oxygen and carbon dioxide levels.

“I also utilize the CAT scanner and MRI scanner on a daily basis to monitor the brains of patients critically injured. All of my patients in the intensive care unit are dependent on monitors that measure all their life functions. All these require systems that may suffer failure due to the Y2K problem.”

He continues that many health care professionals and medical facilities are not preparing for the Year 2000, despite what he sees as clear warning signs. “Numerous health care errors have occurred already and are well documented on the Internet. I would encourage all to read about these real life situations at www.rx2000.org.” (Direct Access Services (DAS) offers a link to this and other Y2K sites. Visit us at www.careconnect.com and click on the Y2K compliancy tab.)

“Maybe the only way to bring attention to this issue is if Jerry Springer or ER were to do an episode where there was loss of life due to equipment failure on New Year’s eve of 1999. It seems as though people spend more time thinking about issues portrayed on television than we do about real life!”

Blue Shield changing to Y2K-compliant formats; offices must complete new forms

Pennsylvania Blue Shield is taking the necessary steps to prepare its business for Y2K. After April 1999, Blue Shield will no longer accept electronic claims and encounters in the NSF 1.0 and the ANSI X12 3032 formats. DAS will also cease transmitting its reconciliation in the NSF 1.0 and ANSI X12 3041 formats.

Contact your vendor and find out what format your claims are transmitted in. If they are in a format mentioned above, you and your vendor should develop a time frame for migrating to a Y2K compliant format.

If you’d like to know more about the Y2K situation but do not have access to the Internet, the DAS Fax-Back program can help. Call (800) 992-0246 and select Option 1. The Y2K articles are menu choices 601, 602 and 603.

If you are migrating to the compliant formats, these forms are easy to obtain. Call DAS at (800) 992-0246 and select Option 1. Then choose documents 101 and 102. Direct any questions regarding the required technical information to your billing or claim submission company.

The Year 2000 (Y2K) problem is a legacy of the early days of computers. Memory was extremely expensive and it was more cost effective to “hard code” or program the first two digits of the year (the 19 in the year 1998) into the software. This means the computer reads “00” as 1900, not 2000. Any calculations based on this date may be incorrect (and in computer terms, that means the machine is not Y2K compliant.)

Policy

Providers cannot bill members for services performed outside scope of license

Effective immediately, a participating, preferred or network provider cannot bill a Pennsylvania Blue Shield member for services denied (rejection code P5036) as being performed outside the scope of the provider's license.

Providers must only perform services within the scope of the specific delineated clinical privileges that have been granted to them.

Historically, a participating, preferred or network provider could bill the member for such denied services.

Upon reviewing the applicable provider contracts, Blue Shield has determined that services performed outside the provider's scope of license cannot be billed to a Blue Shield member by a participating, preferred or network provider.

Reporting guidelines for polysomnograms clarified

Polysomnograms performed on standard (stationary) equipment and attended by a technician are eligible for payment from Pennsylvania Blue Shield. Report codes 95808-95811 for attended polysomnograms performed on standard equipment.

Blue Shield does not cover polysomnograms performed on portable equipment. Studies show that portable polysomnogram equipment's results are not as accurate as those of standard polysomnogram equipment.

Report polysomnograms based on the status of the patient. Indicate "in-hospital" as the place of service on claims for patients admitted as overnight bed patients in a hospital. For polysomnograms performed on patients who have not been admitted in locations owned or controlled by a hospital, report the place of service as "outpatient hospital."

Report "office" as the place of service only when all technical costs (technicians, equipment and office overhead) associated with the polysomnograms are the responsibility of the billing physician.

Please contact our Benefits Cost Management department at (717) 975-7468 if you have any questions about how to report the place of service on claims for polysomnograms.

Botulinum Toxin Type A (chemodenervation) coverage expanded

Effective immediately, Pennsylvania Blue Shield recognizes botulinum toxin type A (code J0585) for the treatment of infantile cerebral palsy (ICD-9-CM 343-343.9) as an additional covered use for chemodenervation (codes 64612, 64613, 67345).

Other covered uses include:

- Blepharospasm (333.81)
- Strabismus (378.00, 378.10, 378.20, 378.30, 378.31, 378.40-378.43, 378.5-378.56, 378.6-378.63, 378.73, 378.9)
- Facial spasms (351-351.9)
- Hemifacial spasms (351.8)
- Spasmodic torticollis (333.83)
- Spasmodic dysphonia (478.79)

Intravenous immune globulin

Effective immediately, Pennsylvania Blue Shield no longer pays for intravenous immune globulin (IVIG) when used in the treatment of selective IgA immunodeficiency (279.01), multiple myeloma (203.0) and Lambert-Eaton syndrome.

IVIG (codes J0850, J1561-J1562) is an antibody-containing solution obtained from the pooled plasma of healthy blood donors, containing antibodies to greater than 10 million antigens. IVIG is indicated only if standard approaches have failed, become intolerable or are contraindicated.

The following coverage guidelines only pertain to the non-specific pooled preparations of intravenous immune globulin.

IVIG is eligible as a covered service for these conditions:

- Acute or chronic idiopathic thrombocytopenia purpura (ITP) (287.3)
- Treatment of primary immunodeficiencies, including congenital agammaglobulinemia (279.00, 279.03, 279.04, 279.09), hypogammaglobulinemia (279.00), common variable immunodeficiency (279.06), severe combined immunodeficiency (279.2-279.3), and X-linked immunodeficiency (279.04-279.05)

Note: Other unspecified disorders of immune mechanism (279.9) will be given individual consideration.

- Kawasaki disease (446.1)
- Prevention of graft-versus-host disease in bone marrow transplant patients (996.85)
- CIDP (chronic inflammatory demyelinating polyneuropathy)
- Refractory dermatomyositis
- Prevention of infection in:
 - a) HIV-infected patients (042)
 - b) patients with primary defective antibody synthesis
 - c) bone marrow and renal transplant recipients considered at risk for cytomegalovirus infection and pneumonia
 - d) patients with hypogammaglobulinemia and/or recurrent bacterial infections associated with B-cell chronic lymphocytic leukemia
 - e) neonates predisposed to group B streptococcal infections
- Guillain Barre syndrome (acute infective polyneuritis) (357.0)
- Multifocal motor neuropathy in patients with anti GM1 antibodies and conduction block (354.0-355.9, 356.4-356.9, 357.0-357.9)
- Fetal alloimmune thrombocytopenia (776.1)

The above guidelines only pertain to the non-specific pooled preparations of IVIG. They do not address other immunoglobulin preparations that are specifically used for passive immunization to prevent or attenuate infection with specific viral diseases.

Blue Shield will deny IVIG administered for any other conditions, as not medically necessary. Therefore, a participating or preferred health care professional may not bill their Blue Shield patients for these services.

Report a separate administration fee under code 90784, as appropriate (when administered as treatment), in addition to the drug. If the administration code is reported as the sole service, it will be denied. A participating or preferred health care professional may not bill the patient separately for the administration fee.

Autologous chondrocyte transplantation not covered

Pennsylvania Blue Shield considers autologous chondrocyte (code 27599) transplantation (ACT) to be investigational. Therefore, it is not a covered service.

ACT is the transplantation of autologous cultured chondrocytes that have been harvested from the patient, grown in a culture medium and then transplanted to the injured area of the knee. It is a surgical procedure used to treat patients with deep cartilage defects of the knee.

Use procedure code 27599 — unlisted procedure, femur or knee — to report ACT.

Codes 99141, 99142 not used for conscious sedation

Please do not report codes 99141 or 99142 when submitting claims for conscious sedation to Pennsylvania Blue Shield. Continue to report anesthesia under the surgery code with the WJ modifier.

The American Medical Association (AMA) has established codes 99141 and 99142 for conscious sedation.

99141 — Sedation with or without analgesia (conscious sedation); intravenous, intramuscular or inhalation

99142 — Sedation with or without analgesia (conscious sedation); oral, rectal and/or transnasal

Under most of our Private Business programs, anesthesia performed by the operating physician, the assistant or the attending physician is not a covered service.

Codes 86313, 87178 and 87179 deleted

Procedure codes 86313, 87178 and 87179 were deleted on Jan. 1, 1998. Do not report these codes. Instead, report the procedure code that reflects the service you performed.

You can find a listing of the infectious agents by antigen detection, direct fluorescence microscopy or nucleic acid probe techniques on pages 271-273 of the 1998 **PTM**.

Use appropriate code when reporting diapers

Items such as diapers, rubber sheets and undergarments are non-reusable supplies, and are not primarily medical in nature. Therefore, they do not meet the definition of durable medical equipment (DME) and are not eligible for reimbursement.

Report the following procedure code, with a description of the item, when submitting claims for these items:

E1399 — Durable medical equipment, miscellaneous

PRN

Direct DNA probe coverage outlined

A testing kit is available to detect candida species, gardnerella vaginalis and trichomonas vaginalis by direct DNA probe. Please report these services as follows:
87480 — Infectious agent detection by nucleic acid (DNA or RNA); candida species; direct probe technique

87510 — Infectious agent detection by nucleic acid (DNA or RNA); gardnerella vaginalis, direct probe technique

Report the direct DNA probe for trichomonas vaginalis under the not otherwise classified procedure code 87797. Please provide a complete description of the service when reporting this code.

The fees for these services have been adjusted accordingly to reflect the cost of the kit.

Echosclerotherapy is considered investigational

Echosclerotherapy is not eligible for payment since it is considered to be investigational by Pennsylvania Blue Shield.

Use procedure code S2202 to report this service.

Sclerotherapy is a treatment for varicose veins. In echosclerotherapy, duplex ultrasound is utilized during sclerotherapy to guide the injections and enhance the precision of saphenous vein sclerotherapy.

Meniscal allograft transplantation considered investigational

Pennsylvania Blue Shield considers meniscal allograft transplantation (code S9085) to be investigational and, therefore, is not a covered service.

Meniscal allograft transplantation is intended to restore knee function among patients with injured menisci due to arthritis or trauma. The graft for this procedure is preserved through deep freezing, freeze-drying or cryopreservation (controlled-rate freeze-drying). The allograft is transplanted by arthroscopic insertion or by an open technique using an arthrotomy.

Use code S9085 to report meniscal allograft transplantation.

Swan-Ganz catheterization reporting outlined

Beginning Sept. 28, 1998, report code 93503 for Swan-Ganz catheterization for nonsurgical monitoring or as monitoring performed in conjunction with the administration of anesthesia. Do not report modifying units for the insertion of a Swan-Ganz catheter performed in conjunction with anesthesia.

Swan-Ganz catheterization is a monitoring procedure used to measure pulmonary pressure. Venous pressure reading in the lung can warn of possible pulmonary failure. This procedure can be used for nonsurgical monitoring, for example, with a trauma or critical care patient. Or, it can be performed intraoperatively in conjunction with the administration of anesthesia.

Electronic claims reporting guidelines

For Pennsylvania Blue Shield electronic claims (NAIC code 54771), report the Swan-Ganz procedure code, 93503, without any additional Swan-Ganz units. The Swan-Ganz number of units requested field (NSF2.0 – EA1 record field 32/X12837 2-240-QTY-01="5G") must be blank. Use the Swan-Ganz procedure code instead of separate Swan-Ganz units.

Call Direct Access Services at (800) 992-0246 with questions about the electronic submission of these claims.

Implantation of a vagus nerve stimulator for seizure control coverage outlined

The implantation of a vagus nerve stimulator (code 64573) for seizure control is eligible only when used as a last resort for adults and adolescents (age 12 and older), with epilepsy with partial onset seizures (ICD-9-CM codes 345.4-345.51), where the seizures cannot be controlled by any other method, such as surgery or medication.

A vagus nerve stimulator consists of a generator implanted under the collar bone and connected by wire to the vagus nerve in the neck, where it delivers electrical signals to the brain to control seizures. It includes an external programming system that is used by the physician to change stimulation settings. Patients can turn the stimulator on and off by holding a hand-held magnet over the stimulator.

Codes

PTM changes	Page	Code	Terminology	Action
	229	S2202	Echosclerotherapy	Add; effective 9/7/98
	310	W9591	Needle electromyography, including nerve conduction velocities, one extremity with or without related paraspinal areas	Change terminology
	310	W9592	Needle electromyography, including nerve conduction velocities, two extremities with or without related paraspinal areas	Change terminology
	310	W9593	Needle electromyography, including nerve conduction velocities, three extremities with or without related paraspinal areas	Change terminology
	310	W9594	Needle electromyography, including nerve conduction velocities, four extremities with or without related paraspinal areas	Change terminology

PRN

Notes

Acknowledgement

The five-digit numeric codes that appear in **PRN** were obtained from the Physician's Current Procedural Terminology, as contained in CPT-1998, Copyright 1997, 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.

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

Contents

Vol. 1998, No. 4

News

More information available on inquiry systems	1
CHIP expands with new funding and enhanced benefits for state's uninsured children	2

EMC News

It's simple to connect to CareConnect Discovery	3
PCE — an easy way to go electronic	4
Paperless Claims Express frequently asked questions	4
Correction: patient's Medicare number necessary for claims to cross over	5
Free software training offered	6
Valued in Partnership vendor list provides valuable information	6
A medical opinion on the Year 2000	7

Policy

Providers cannot bill members for services performed outside scope of license	9
Reporting guidelines for polysomnograms clarified ..	9

Botulinum Toxin Type A (chemodenervation) coverage expanded	9
Intravenous immune globulin	10
Autologous chondrocyte transplantation not covered	11
Codes 99141, 99142 not used for conscious sedation	11
Codes 86313, 87178 and 87179 deleted	11
Use appropriate code when reporting diapers	11
Direct DNA probe coverage outlined	12
Echosclerotherapy is considered investigational	12
Meniscal allograft transplantation considered investigational	12
Swan-Ganz catheterization reporting outlined	12
Implantation of a vagus nerve stimulator for seizure control coverage outlined	13

Codes

PTM changes	13
Need to change your provider information?	15

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

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Policy Review & News

Pennsylvania Blue Shield
Camp Hill, Pennsylvania 17089