

PRINT

Policy Review & News

Important information about Pennsylvania Blue Shield

December 1998

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News

Annual rate update changes MRI total component reimbursements

Pennsylvania Blue Shield uses a cost-based reimbursement rate calculation to determine what it pays for MRI procedures. This calculation, which is revised annually, takes into account both the technical and professional components of operating an MRI.

As of Oct. 1, 1998, Blue Shield made the following changes to the technical component portion of its reimbursement rate calculation for MRI procedures performed in a free-standing setting.

The changes are:

- Depreciation of an MRI system, including upgrades, is now based on a straight-line basis, over a 10-year life. The cost of used or reconditioned equipment will normally be depreciated over seven years. Previously, Blue Shield applied a five-year life factor for new equipment and a three-year life factor for used or reconditioned equipment.
- The minimum annual utilization for an MRI scanner was 2,000 procedures. Blue Shield has increased this to 2,500 procedures — advances in technology allow faster scanning times. If actual utilization is less than 2,500 annual procedures, Blue Shield will use the minimum standard of 2,500 procedures as the divisor when calculating the technical component of the rate calculation.



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Blue Shield adds coverage for dedicated MRI extremity scanners

Beginning Dec. 1, 1998, Pennsylvania Blue Shield will provide total component reimbursement for MRI scans performed in Pennsylvania on the dedicated MRI extremity scanners. This will occur under the cost-based reimbursement methodology when these scans are performed in a free-standing setting.

Dedicated units provide images of a patient's extremities. They cost less to operate and are more comfortable for patients — as compared to images performed on traditional whole body units.

If you are seeking global reimbursement for these procedures performed on office patients, please contact Benefits Cost Management at (717) 763-6527.

Medigap claims requirements clarified

Some providers are submitting their Explanation of Medicare Benefits (EOMB) statement to us when it's not necessary. Do not submit a copy of the EOMB to Pennsylvania Blue Shield's Medigap claims area if:

- your patient has Security 65 or 65 Special coverage through Blue Shield;
- and, the services are provided in Pennsylvania or New Jersey.

In these cases, Blue Shield will receive the claims directly from Xact Medicare Services. Simply submit the claims electronically to Xact, they will automatically cross over to Medigap.

You should receive an Explanation of Benefits (EOB) statement from us within four weeks of receiving your EOMB from Medicare. If you do not receive an EOB, please check the claim status by using one of our toll-free information systems:

InfoFax (800) 891-1856

OASIS (800) 462-7474, or in the Harrisburg area (717) 975-6800

Report patient relationship accurately to avoid delays

When filling out claim forms, please place an "X" in the appropriate block of the "Patient's Relationship to Insured" field on the form to accurately report the patient's relationship to the insured.

Here are some examples of how to report the patient's relationship to the insured information:

OFFICER	OFFICE	ADDRESS	PHONE	GROUP	FECA	OTHER	INSURED'S NUMBER	FOR PROGRAM INFO
Smith, John A.				05 01 60	X		Smith, John A.	
Smith, Jane B.				07 01 59		X	Smith, John A.	

MEMBER	MEMBER ID	MEMBER NAME	MEMBER ADDRESS	MEMBER CITY	MEMBER STATE	MEMBER ZIP	MEMBER PHONE	MEMBER FAX	MEMBER EMAIL
Smith, Jack C	08 01 87								

Inaccurate reporting of the patient's relationship to the insured will cause unnecessary claims processing delays.

EMC News

Submitting claims to Clarity Vision just became easier

Clarity Vision now offers you the flexibility of using your current electronic medical billing system to file your vision claims with Pennsylvania Blue Shield.

Until now, the primary way to submit routine vision claims electronically was to use the PCE for Vision software product.

If you are not yet enjoying the benefits of electronic billing, or need to obtain authorization, please contact your Clarity Vision Professional Service representative at (717) 992-0498 or Direct Access Services (DAS) at (800) 992-0246 for information on how to get started.

Contact your vendor to add Pennsylvania Blue Shield VISION as a unique insurance carrier to your patient file database.

Recording that General Standards were met

After meeting General Standards provisions for those vision program members whose benefits require them, enter "General Standard Met" in the narrative field of your claim entry screen.

Please contact your vendor if you are uncertain as to whether the narrative field has been programmed for your use:

National Standard Format, Version 200

Narrative record
Record - HA0
Field number - 05
Positions - 40-320

ANSI ASC X12 837, Version 30.51

Additional documentation
NTE segment - 2-485
Data element - 02-03

Your vendor may be able to enhance or support an alternate method for you to enter and transmit the General Standards information. Please contact your vendor for assistance.

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Technology: Should you upgrade to Windows 98?

(In this installment of “Technology,” Scott Mangol, manager of Electronic Data Interchange for DAS, addresses the question: “Should you upgrade to Windows 98™?”)

To Windows 98™ or not to Windows 98. It may sound like the modern day version of Shakespeare’s classic, but Microsoft’s release of its new operating system (or OS) earlier this year has caused many PC users to ponder this important question.

This summer, Windows 98 sales exceeded those of Windows 95®. This occurred primarily because of the thousands of computers sold every day that made the new OS their chosen system.

But why did Microsoft decide to upgrade Windows 95? Speculation still exists, but the main reason is user acceptance of the Internet. If you look closely at Windows 98, you will see a system that operates its application software through a browser-like window. With this familiarity, Microsoft is hoping to cash in on user acceptance. After all, we use the Internet more and more every day.

What makes Windows 98 so special? For a modest price (less than \$100), Windows 98 provides users easier peripheral connections (this means different types of printers and modems), TV tuner cards and the integration of Internet access. In fact, many PC manufacturers are using these features to gain a foothold on the desktop and to promote their own Internet Service Providers (ISPs). Since Internet Explorer (IE) is integrated directly into the OS, the look and feel of the Internet is carried into simple software applications. This design feature is what sparked all of the legal battles between Microsoft and other software development companies.

But let’s talk about your concerns. “Should I upgrade?” The first step to answering this question is to determine why you think you should upgrade.

If it’s just to have the latest OS, go ahead. But this decision also depends on the machine you have today. As a rule of thumb, if you purchased your machine with Windows version 3.1, you probably don’t have a system capable of handling the new OS. Since most Windows 3.1 machines aren’t even capable of lasting beyond 1999, it’s probably time to consider an entirely new system. The cost of upgrading memory and hard disk space is about the same as a new system.

If you’ve purchased your system in the last three years, you’re better off. A Windows 95 machine is comparable to the requirements for Windows 98.

The official requirements are:

- 486DX/66 MHz processor, 16 MB RAM, 120-295 MB of Hard Drive available (195 MB for typical installation)
- CD-ROM or DVD drive (Diskettes can be purchased for an additional charge)

However, my suggested requirements are:

- Pentium II processor
- 32 MB RAM (minimum), 295 MB of Hard Drive available (complete install), CD-ROM drive
- Windows 95 currently loaded

12/98

Here are some brief benefits and considerations when deciding to upgrade:

Benefits:

- Backup and maintenance tools help protect critical data.
- Tightly integrated features make your applications work closer together.
- Expanded hardware and software drivers make it possible to use a wider variety of software, printers, modems, etc.
- Easier remote networking allows communications from home or dialup into the Internet.
- Windows 98 provides a better help file and provides the information in an HTML look and feel.
- This may finally provide you with the excuse to upgrade your current machine.

Considerations:

- Because Windows 98 has the browser integrated directly into the OS, a single browser crash can take down the whole system.
- Older machines probably can't handle the system requirements to run the OS.
- Machines not using my recommended requirements may still work, but you will notice considerable performance losses.

Remember that when you upgrade the OS, you change the basic backbone of your computer. It's not like changing a document and then changing it back again when you don't like the wording. A change to the OS is more permanent.

But why would someone change his or her OS? If you are like many PC users, it's because you have to have the latest of everything. New games, more RAM and bigger hard-drives are but a few of the requirements we have for our new PCs. If this is you, Windows 98 is definitely for you. But then, you also probably open your Christmas presents on Dec. 24.

If you have a topic or issue that you'd like us to respond to, send your question to Scott Mangol at:

Dr. Technology

C/O Direct Access Services

PO Box 890089

Camp Hill, Pa. 17089-0089

Or send an e-mail to our Internet mail address at: drtechnology@careconnect.com.

You can also contact us in the Comments section of our home page at

<http://www.careconnect.com>.

Windows 95[®] and Windows 98[™] are trademarks of Microsoft Inc.

Another place to look for the Year 2000 bug

The following document contains Year 2000 Readiness Disclosure information.

(The Year 2000 “bug” is a legacy of the early days of computers when memory was extremely expensive and it was cheaper to “hard code” the first two digits of the year [the 19 in the year 1998] into the software. A vast majority of the world’s mainframes still have the century digits as part of the software and not in memory. This means the machine will read “00” as 1900, not 2000.)

Just because that computer system you plan to purchase for your office is new, don’t take for granted that it is guaranteed not to have a Year 2000 problem.

Here’s a good example of this, according to information (DAS has not verified its validity) found on the Internet (<http://www.rx2000.org>). William Ulrich of Triaxsys Research made a presentation at a recent Year 2000 conference in Chicago. In it, he told a story about his neighbor, a chiropractor.

The chiropractor knew Ulrich was working with the Year 2000 problem and asked him a question about the computers he was planning to buy for his practice. The firm was getting a new LAN, and planned on spending about \$80,000.

Five vendors were bidding on the package. The chiropractor wondered if there was anything that he should check on regarding the new computers and the Year 2000. Ulrich told him to ask each vendor if its system was guaranteed not to have a Year 2000 problem.

The chiropractor did, and found that instead of five vendors, he now only had to deal with two. Three vendors of brand new equipment in early 1998 could not certify an \$80,000 package would make the millennium transition just over a year away!

This story should not be taken as an excuse for not improving a medical practice’s business system until after January 2000. All it shows is that additional caution must be exercised.

Pennsylvania Blue Shield is exercising this caution. And, as part of its Year 2000 initiative, it is eliminating non-compliant electronic claim formats. After April 1999, Blue Shield will no longer accept electronic claims and encounters in the NSF 1.0 and the ANSI X12 3032 formats. It will also cease transmitting its reconciliation in the NSF 1.0 and ANSI X12 3041 formats.

NSF 2.0 or ANSI 3051 are the currently available millennium compliant formats. If you are not in one of these formats we suggest you contact your vendor and find out when they plan to migrate your practice to one of them. We also suggest you verify that your vendor has increased the date fields from six to eight digits.

Once you have migrated to a millennium-compliant format, be sure to inform Direct Access Services (DAS) of your format change. If you don’t notify DAS, they will be expecting claims in one format, but will receive them in another one. This will cause your claims to reject. Notifying DAS about the format change is easy. Simply complete and return the DataStream Subscription Application form. To obtain this form, call (800) 992-0246; choose Option 1 (Fax-Back); enter your fax number and choose document No. 102. This form is also available on our website, www.careconnect.com. Click the DataStream selection on the Navigation Bar and then select “Sign Up.”

The DAS home page, www.careconnect.com, offers more information on the Year 2000. On the DAS home page, click the "Year 2000 Compliancy" selection on the Navigation Bar. When the next screen is loaded, choose "Related Websites." If you do not have access to the Internet, Year 2000 information is available on the DAS Fax-Back program. The Year 2000 articles are document numbers 601-606.

Submit your Blue Shield secondary claims electronically

If you submit claims for secondary coverage on paper, you must include the applicable, paper Explanation of Benefits (EOB) statement.

However, for electronic secondary coverage claims, you can key-in the information for the EOB in the electronic format.

Contact your vendor to determine if your software has been programmed with this capability.

Keep in mind, if secondary claims pay when you submit them on paper, they will also pay electronically — and faster.

Direct Access Services presents Connections '99

If you'd like to meet face-to-face with vendors to have all your questions answered by EDI experts, mark your calendar now.

The dates and locations for the Connections '99 events are:

March 29-30, 1999	Holiday Inn Grantville, Pa. 17028-9155
April 27-28, 1999	Sheraton Berkshire-Reading Hotel Wyomissing, Pa. 19610
June 8-9, 1999	Sheraton Inn Pittsburgh North Mars, Pa. 16046

For more information about Connections '99, call (800) 535-3576.

Policy

Computed tomography of the coronary arteries not covered

Pennsylvania Blue Shield considers coronary artery scanning or cardiovascular computed tomography (CT) to be an investigational procedure. This service is not eligible for payment.

Use code 76499 to report coronary artery scanning or cardiovascular CT.

Conventional CT scans can be performed on standard CT scanners or by using an electron beam CT scanning system. Blue Shield covers conventional CT scans. However, coronary artery scanning, which is an application or use of electron beam and other CT scanners, is considered to be an investigational procedure.

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Medicare pre-operative and post-operative care days adopted

Effective Jan. 11, 1999, Pennsylvania Blue Shield will adopt Medicare's pre-operative and post-operative days for its Private Business programs.

We are making this change to provide consistency in processing pre- and post-operative days between Private Business and Medicare, as well as to more closely match national processing standards.

Blue Shield is changing the pre-operative days for definitive surgery from three days to one.

In addition, Blue Shield will generally adopt Medicare's post-operative days. Post-operative days will be assigned based on relativity to similar procedure codes for local procedure codes not recognized by Medicare. For example, local code X2135 currently allows 30 post-operative days. This code was compared to code 21355, for which Medicare allows 10 post-operative days. Therefore, we will update local code X2135 to allow 10 post-operative days.

For "add-on codes," Blue Shield will use the most appropriate post-operative days based on the primary procedure code. For example, add-on code 22216 allows 180 post-operative days. Medicare allows 90 post-operative days for the primary procedure code 22210. Therefore, we will update code 22216 to allow 90 post-operative days.

The updated post-operative days for surgical procedure codes will be published in the 1999 PTM.

Transcatheter arterial chemoembolization

Pennsylvania Blue Shield's Board of Directors recently approved transcatheter chemoembolization (TACE) as an eligible procedure.

Please use code 37799 to report this service.

TACE is covered for certain select patients who have unresectable liver tumors and:

- for those who with conventional treatment, have very poor chances of survival and TACE is now their only treatment option;
- or, for those patients whose disease has been refractory to other treatment modalities.

Coverage for digital subtraction angiography changes

Effective Jan. 1, 1999, Pennsylvania Blue Shield is deleting its local codes for digital subtraction angiography (DSA) — Y7540, Y7541 and Y7542. Use code S9022 to report this service and specify "digital subtraction angiography" in addition to the code to further identify the service.

Payment for a specific radiologic service includes any image enhancing techniques. In digital subtraction, a computer "subtracts" a radiographic image taken before injection of an intravascular contrast material from one obtained with the contrast material present. In the image produced using this technique, only contrast-filled vessels are visible.

Digital subtraction angiography is no longer eligible for separate payment in addition to the radiographic procedure performed.

Sublingual allergy immunotherapy considered investigational

Pennsylvania Blue Shield considers sublingual allergy immunotherapy to be investigational. Therefore, it is not eligible for payment.

Use code 95199 to report this service.

Sublingual immunotherapy is a specific type of immunotherapy administered by the sublingual route.

ASA Relative Value Guide adopted

Effective Jan. 11, 1999, Pennsylvania Blue Shield will adopt the American Society of Anesthesiologists' (ASA) 1998 Relative Value Guide as a guide for reimbursing anesthesia services.

Use of the ASA Relative Value Guide will provide a recognized standard in calculating allowances for these services.

The ASA Relative Value Guide will be used solely as a guide, therefore, anesthesia base units assigned to procedure codes may vary or change as needed.

Codes

PTM changes	Page	Code	Terminology	Action
	225	G0130	Single energy X-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Add
	225	G0131	Computerized tomography bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)	Add
	225	G0132	Computerized tomography bone mineral density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Add
	392	W0356	Palivizumab (Synagis), 100 mg	Add

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Notes

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: _____

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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.

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