

PRN

Policy Review & News

Important information about Pennsylvania Blue Shield

December 1999

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News

Provider Relations staff is one of many resources available for professional providers

Professional providers who need assistance resolving questions about programs underwritten by Pennsylvania Blue Shield have a number of avenues they can pursue — including contacting their Provider Relations representative.

Depending on the nature of your question, however, we recommend you try other alternatives before contacting your field representative. Choosing one of these options might help you get the answer you need sooner than you would through your representative:

- Access CareConnect, InfoFax or OASIS for immediate answers to your general benefits and eligibility questions.
- Contact Blue Shield’s Customer Service department for other claims questions that involve a patient’s claims or your reimbursement for claims we have processed. Customer Service representatives have direct access to our claims processing and membership systems and can resolve most questions with you over the telephone.

This approach allows your Provider Relations representative to assist you in resolving questions or issues that are more complex or are best resolved through personal contact. Representatives also provide direct support to offices or third party billers who are in the process of enrolling new physicians into our networks.

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Field representatives required to respond to provider inquiries within certain timeframes

To sustain a high level of service to network professional providers, Pennsylvania Blue Shield maintains a knowledgeable staff of Provider Relations representatives.

You should rely on your representative to help you resolve issues that cannot be resolved through electronic inquiries to Blue Shield, or through your Customer Service representative. (See prior article outlining multiple avenues for getting your questions answered through Pennsylvania Blue Shield.) These include questions about application of medical policy, credentialing questions or claims issues that cannot be resolved over the telephone.

Research is often required to resolve the more complex questions handled by representatives. The amount of time required to fully research and resolve your inquiry will depend on the nature of the issue. However, you can expect to receive a follow-up contact from your representative and/or final resolution of your issue, in most cases, in 21 business days or less. Many inquiries are resolved sooner. Representatives remain responsive to issues that require special attention — those that have possible impact on a patient's care.

Contact your field representative directly by telephone, fax or through e-mail. Provide clear details about your question, as well as your provider number and where you can be reached. This will expedite our response to you.

If you have questions or comments about the service you receive from your Provider Relations representative, contact Otis Hecker, Manager, Provider Relations through e-mail at otis.hecker@highmark.com or in writing to:

Otis Hecker, Manager
Provider Relations Mid-Atlantic Region
Pennsylvania Blue Shield
Senate Plaza 6 East
PO Box 890089
Camp Hill, Pa. 17089-0089

Forms streamline return of money to Blue Shield

When you discover that you've received an incorrect payment from Pennsylvania Blue Shield, provide us with this information when you return the money:


- Indicate why you are returning the money.
- Reference the related patient identification numbers, claim numbers and dates of service.

This will ensure that money you return to Blue Shield is credited to your account quickly and accurately.



12/99

For your convenience, two forms are available to assist you in returning money that we did not request from you:

Form 4323 (Return of Monies) — Use this to return payments received on Basic, 65 Special, Security 65, vision and dental claims.

 Pennsylvania BlueShield An Independent Licensee of the Blue Cross and Blue Shield Association		RETURN OF MONIES	
PROVIDER NAME		DATE	PROVIDER NUMBER
PROVIDER ADDRESS (Street, City, State, Zip Code)		PLEASE REMIT TO: CASHIER PENNSYLVANIA BLUE SHIELD PO BOX 898820 CAMP HILL, PA 17089-8820 <small>PLEASE RETURN WHITE COPY WITH REMITTANCE. RETAIN YELLOW COPY FOR YOUR FILE.</small>	
REMITTANCE AMOUNT	PENNSYLVANIA BLUE SHIELD CHECK NUMBER	PENNSYLVANIA BLUE SHIELD AGREEMENT NUMBER	CLAIM NUMBER
PATIENT NAME (if an individual patient is affected, record first, middle initial and last name below.)			DATE OF SERVICE
<input type="checkbox"/> Multiple Patients (if multiple patients are affected, check box and highlight names on attached Explanation of Benefits.)			
Providing patient information enables us to credit your account in a more efficient and timely manner. Please return a copy of the Explanation of Benefits form with remittance.			
REASON FOR INCORRECT PAYMENT:			
<input type="checkbox"/> Provider billing error		<input type="checkbox"/> Other insurance liability, please specify:	
<input type="checkbox"/> Duplicate payment		<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> Processing error		<input type="checkbox"/> Medicare (Health Insurance Claim Number)	
<input type="checkbox"/> Unable to identify patient		<input type="checkbox"/> Security 65/65 Special (HIC Number)	
		<input type="checkbox"/> Other Insurer: (Insurer's Name)	
		<input type="checkbox"/> Motor vehicle related	
		<input type="checkbox"/> TEFRA/OBRA	
PLEASE EXPLAIN: _____			
4323 4/94			

Form 8321H (Return of Monies to Medicare) — Use this to return payments received on Xact Medicare claims.

 HICFA Health Care Financing Administration		Medicare Part B	
		RETURN OF MONIES TO MEDICARE	
<i>Please use form 4323 when returning monies for Security 65/65 Special.</i>		PLEASE REMIT TO: CASHIER XACT MEDICARE SERVICES PO BOX 890148 CAMP HILL, PA 17089-0148	
PROVIDER NAME		DATE	PROVIDER NUMBER
PROVIDER ADDRESS (Street, City, State, Zip Code)			
REMITTANCE AMOUNT	MEDICARE CHECK NUMBER	HEALTH INSURANCE CLAIM NUMBER	CLAIM/IN NUMBER
PATIENT NAME (if an individual patient is affected, record first, middle initial and last name below.)			DATE OF SERVICE
<input type="checkbox"/> Multiple Patients (if multiple patients are affected, check box and highlight names on Explanation of Medicare Benefits.)			
Providing patient information enables us to credit your account in a more efficient and timely manner. Please return a copy of the Explanation of Medicare Benefits form with remittance.			
REASON FOR INCORRECT PAYMENT:			
<input type="checkbox"/> Provider billing error		<input type="checkbox"/> Other insurance liability, please specify:	
<input type="checkbox"/> Duplicate payment		<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> Processing error		<input type="checkbox"/> Working Aged Disability	
<input type="checkbox"/> Unable to identify patient		<input type="checkbox"/> Other Insurer: (Insurer's Name)	
		<input type="checkbox"/> Liability/Subrogation	
		<input type="checkbox"/> Motor vehicle related	
PLEASE EXPLAIN: _____			
(Please list all claim numbers involved. Attach separate sheet, if necessary)			
<small>Note: If Specific Patient/HIC/Claim #/Claim Amount data not available for all claims due to Statistical Sampling, please indicate methodology and formula used to determine amount and reason for overpayment:</small>			
For OIG Reporting Requirements:			
Do you have a Corporate Integrity Agreement with OIG? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PLEASE RETURN WHITE COPY WITH REMITTANCE. RETAIN YELLOW COPY FOR YOUR FILE.			
 Xact Medicare Services A HICFA Contracted Carrier Camp Hill, PA 17089 www.xact.org			
8321 H 799			

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Please use these forms whenever you return money to us. Anytime we receive returned money without an explanation, we review our files to determine why. If we are unable to determine why you returned the money, we will contact you for additional information.

If we conclude that the payment issued to you was correct, we will send it to you again.

To order a supply of these forms, complete form MA558 and send it to our Shipping Control department at:

Pennsylvania Blue Shield
Shipping Control
PO Box 890089
Camp Hill, Pa. 17089-0089
(717) 763-3265

EMC News

Back by popular demand — Connections

Because many attendees of Connections '99 requested more events, Direct Access Services (DAS) will host these Connections 2000:

Date	Location
April 11, 2000	<i>Professional</i> Sheraton Inn Pittsburgh North Mars
April 12, 2000	<i>Facility</i> Sheraton Inn Pittsburgh North Mars
April 26, 2000	<i>Professional</i> Sheraton Berkshire-Reading Hotel Wyomissing

Whether the Internet is a new frontier for you or you're an experienced "surfer," DAS will offer a workshop to meet your needs.

Watch our website, www.careconnect.com, for the most current information about Connections 2000. Select the "Calendar" button under "What's Hot."

Blue Shield on the Internet

According to Morgan Stanley statistics, the Internet attracts 1.58 million new users per month and one new user every 1.67 seconds.* The Internet provides interactive communication and the ability to sign up on-line.

It is the fastest, easiest format for referencing information. And the Internet allows research to be completed in a matter of seconds.

Pennsylvania Blue Shield is committed to providing you with the most current health care information. A number of websites are available to you to access this information.

www.highmark.com — pertinent information about Blue Shield. It also offers information for health care professionals, provider directory services for members, coverage information and links to the library and health publications.

www.careconnect.com — a provider-oriented site offered by Direct Access Services. This site verifies claim status and eligibility. It also offers links to Clarity Vision's, United Concordia's and Xact Medicare's websites. There is a vast reference library including the **LINK** newsletter, manuals, specifications and 40 helpful and interesting links to these health care websites:

- Dr. Koop
- The American Academy of Child and Adolescent Psychiatry (AACAP)
- The American Medical Association (AMA)
- Harvard Health Publications
- **The Journal of the American Medical Association (JAMA)**
- Medscape
- **The New England Journal of Medicine**

www.highmarklife.com — the site of Highmark Life and Casualty. It provides a product portfolio, news releases and on-line forms.

www.khpc.com — The site of Keystone Health Plan Central. It contains provider directory services, answers to coverage questions, coverage options and links to other pertinent websites. Included in this link are:

- Alzheimer's Association
- The American Academy of Allergy, Asthma and Immunology
- American Cancer Society
- American Diabetes Association
- American Heart Association

www.clarityvision.com — valuable vision information and services. A section of the site is tailored specifically to meet the needs of vision providers.

We are confident you can benefit from these sites. They will assist you in addressing provider issues and in answering your patients' questions.

* Source: Morgan Stanley at estats.com

Policy

How to report antepartum care

Beginning Jan. 1, 2000, please follow these guidelines if you are not performing the delivery but are submitting claims for antepartum care:

- Report the appropriate evaluation and management code(s) when billing for one to three antepartum visits.
- Use code 59425 — antepartum care only; four to six visits — to report four to six antepartum care visits.
- Use code 59426 — antepartum care only; seven or more visits — to report seven or more antepartum care visits.

Previously, it was necessary to report the actual number of visits in the number of services field and the range of dates for procedure codes 59425 and 59426. Beginning Jan. 1, 2000, report these procedures with a “1” in the number of services field. It is no longer necessary to report a range of dates, regardless of the total number of visits provided. Simply report the date of the fourth visit with code 59425 and the date of the seventh visit with code 59426.

Continue to report the appropriate code (X5950, 59400, 59510, 59610 or 59618) when you are providing the delivery, antepartum and postpartum care.

Pennsylvania Blue Shield has revised the allowances for codes 59425 and 59426 to reflect a global payment rather than the current per-visit-fee reimbursement.

Blue Shield explains genetic testing coverage

Generally, Pennsylvania Blue Shield covers genetic testing when it is used to diagnose patients with signs and symptoms of possible genetic disease.

Genetic screening generally not covered

Blue Shield considers genetic testing performed on patients with no current evidence or manifestation of genetic disease (that is, asymptomatic) as genetic screening. Under these circumstances, it is generally not covered. However, certain groups may elect to provide coverage for genetic screening for their employees.

Genetic screening includes testing to determine susceptibility or predisposition to diseases such as cancer and heart disease. Blue Shield also considers carrier identification testing — to determine if a person is a “carrier” of an abnormal gene — as genetic screening.

Blue Shield allows the following testing (this is not an all-inclusive list) for various familial cancers for symptomatic patients:

- Genetic testing for inherited BRCA-1 or BRCA-2 mutations for breast and ovarian cancer.
- Genetic testing for germline mutations of the RET proto-oncogene in medullary carcinoma of the thyroid.
- Genetic testing for inherited susceptibility to colon cancer.

The testing is also covered for asymptomatic patients when the patient’s contract covers genetic screening.

Blue Shield considers genetic testing for diagnosis or risk assessment of Alzheimer's disease as investigational. This includes, but is not limited to, testing for the apolipoprotein E epsilon 4 allele, presenilin genes or amyloid precursor gene.

Testing for other genetic disorders (for example, sickle cell anemia, cystic fibrosis or Duchenne muscular dystrophy) is generally covered for symptomatic patients. This testing is also covered for asymptomatic patients when the patient's contract includes genetic screening.

Genetic counseling may be eligible

Blue Shield covers genetic counseling performed in conjunction with eligible genetic testing, when the patient's contract provides coverage for medical care.

TEE coverage outlined

Pennsylvania Blue Shield no longer considers transesophageal echocardiography (TEE) to be an integral part of the administration of anesthesia. TEE (codes 93312-93317) is now eligible for payment as a separate service.

TEE is a radiological procedure used to examine cardiac structure and function in patients with indications such as infectious and neoplastic disease, as well as those with known or suspected cardiovascular disease.

TEE can be performed as an independent diagnostic procedure or intraoperatively.

Foot orthotics allowed for certain conditions

Pennsylvania Blue Shield provides coverage for foot orthotics when they meet the definition of orthotics,* and when they are a benefit of the member's contract and when prescribed for these conditions:

Achilles tendonitis (726.71)

Calcaneal spur (726.73)

Condromalacia of the patella secondary to pronation deformity of the foot

Degenerative joint disease (715.17)

Hallus rigidus (735.2, 755.66)

Hammertoe digit syndrome (735.4, 755.66)

Limb length discrepancy (736.81)

Metatarsus adductus in children (754.52, 754.53)

Neuroma (355.6)

Pes cavus deformity (754.71, 736.73)

Plantar fasciitis (728.71)

Rheumatoid arthritis (714 - 714.9)

Status post foot surgery for continued correction

* Orthotics serve to protect or restore or improve function of moveable parts of the body with orthopedic appliances or apparatus that support, align or prevent/correct deformities. Foot orthotics may or may not include a shoe and/or any modifications or transfers necessary to make the orthotic functional and effective. Orthotics are prescribed by a physician and fabricated to meet the specific needs of the patient.

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Status post recurrent ankle sprain with high calcaneal varus

Symptomatic hallux valgus (735.0, 755.66)

Symptomatic intractable plantar keratosis

Tibialis anterior tendonitis (726.72)

Tibialis posterior tendonitis (726.72)

Orthotic shoes are eligible only when they are an integral part of a brace (L3224 or L3225) and when prescribed by a physician for one of the conditions listed above.

Orthotic shoes not an integral part of a brace (L3201 - L3223, L3230 or L3251 - L3255) are not covered.

Modifications (L3000 – L3030 or L3300 – L3595), transfers (L3600 – L3640) and other foot orthotic services, for example, abduction/adduction devices (L3100 – L3170 or L3257 – L3265), are eligible, whether or not the foot orthotic is an integral part of a brace. However, the diagnosis or condition necessitating the orthotic service must be one for which foot orthotics are eligible.

Foot care products that can be purchased over-the-counter without a prescription, for example, premolded arch supports, (L3040 – L3090), do not meet the definition of foot orthotics. They are not covered.

Submit footwear for diabetic patients (250 – 250.93) with the procedure codes specific to diabetic footwear (A5500 – A5507).

Dynamic orthotic cranioplasty not covered

Pennsylvania Blue Shield considers the application of dynamic orthotic cranioplasty (DOC) as an investigational procedure.

Blue Shield will not pay for the DOC band (L1499) as a non-invasive treatment of non-synostotic plagiocephaly (754.0), or the helmet (L0100) as a postoperative adjunct for those undergoing surgery for synostotic plagiocephaly (754.0).

DOC has been primarily researched as a non-invasive treatment of non-synostotic plagiocephaly. DOC involves use of a custom-molded orthotic, either a helmet or band, that can progressively mold the shape of the cranium. DOC has also been proposed as a postoperative adjunct for those undergoing surgery for synostotic plagiocephaly.

Diagnostic radiopharmaceutical imaging agents codes listed

Please use these procedure codes to report diagnostic radiopharmaceutical imaging agents:

A4642 — Supply of satumomab pentetide, radiopharmaceutical diagnostic imaging agent, per dose

A9500 — Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Sestamibi, per dose

A9502 — Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Tetrofosmin, per unit dose

A9503 — Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m, Medronate, up to 30 mCi

A9505 — Supply of radiopharmaceutical diagnostic imaging agent, Thallous Chloride TL 201, per mCi

A9507 — Supply of radiopharmaceutical diagnostic imaging agent, Indium IN 111 Capromab Pentetide, per dose

Only report procedure codes 78990 — Provision of diagnostic radiopharmaceutical(s) — or A4641 — Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified — when one of the above procedure codes does not describe the diagnostic radiopharmaceutical imaging agent being used.

For example, if Cardiolite is the radiopharmaceutical of choice, report code A9500. Do not report 78990 or A4641 in this situation.

Guidelines clarified for nebulizers

Pennsylvania Blue Shield covers small volume disposable nebulizers (K0169) and their corresponding accessories (K0168).

However, Blue Shield considers large volume disposable nebulizers (K0172 and K0173) convenience items. They are not covered.

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Codes

1999 PTM changes

Page	Code	Terminology	Action
323	W0540	Percutaneous electrical stimulation, stimulation of peripheral nerve through needle electrode	Delete, effective immediately. Report code 64999 and narrative description of the service.
323	W0545	Transcutaneous electrical nerve stimulation, stimulation of peripheral nerve through skin surface	Delete, effective immediately. Report code 64999 and narrative description of the service.
394	J1095	Dexamethasone Acetate, per 8 mg	Move to chemotherapy rescue agent section on Page 330.

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-1999, Copyright 1998, 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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<http://www.highmark.com>

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