

PRN

Policy Review & News

Important information about Pennsylvania Blue Shield

February 1998

In This Issue

ClariFax SM offers a new, free way to obtain vision information	1
Are you submitting paper claims unnecessarily?	12
Direct Access Services offers on-line information on the Year 2000 situation	15
Mastectomy Health Security Act expands coverage for women	16
Manipulation therapy codes change	17

News

ClariFaxSM offers a new, free way to obtain vision information

Clarity Vision's new way to obtain vision information is easy, fast and free. ClariFax allows you access to vision benefits, eligibility, service restrictions and claims status information through your touch-tone telephone.

You make the call and then receive the information through your fax machine. Within minutes, ClariFax can provide information for patients enrolled in Pennsylvania Blue Shield's vision programs.

Call ClariFax at (800) 746-5682. Select the option you desire from our list of features and ClariFax will do the rest.

ClariFax is available:

Monday through Friday: 7 a.m. to 11 p.m.

Saturday: 7 a.m. to 5 p.m.

Sunday: 7 a.m. to 5 p.m.

Call (800) 746-5682 to become authorized to use ClariFax. We will fax an authorization form for you to complete and fax back to us. We will notify you after your request is authorized and send you a User Guide.

If you have any questions regarding ClariFax, contact your Vision Professional Service representative at (717) 972-0498 or visit our website at: www.clarityvision.com.

PRN

Blue Shield low back treatment research leads to letter in JAMA

The Dec. 3 issue of the **Journal of the American Medical Association (JAMA)** includes a letter to the editor written by three members of Pennsylvania Blue Shield's information and analysis division.

The letter focuses on the conclusion reached by University of Alberta researchers that implementing a widely accepted set of medical guidelines for treating low back pain, leads to increased utilization of medical services and higher costs.

This is a different conclusion than the one reached by Blue Shield. Blue Shield's efforts illustrated that introducing the guidelines to a group of health care professionals actually led to a decrease in the use of X-rays. The Blue Shield group suggests in its letter that additional research is needed to accurately assess the effects of the guidelines.

The letter was written in August by Andrew Bloschichak, M.D., Vera Kurlantzick, M.A., and Benjamin Gutierrez, Ph.D., of Health Services Information and Analysis. It was based on their work with the guidelines for the treatment of uncomplicated low back pain from the Agency for Health Care Policy and Research (AHCPR) of the U.S. Department of Health and Human Services. Blue Shield used these guidelines to provide feedback reports to health care professionals about their own practice patterns.

Dr. Bloschichak explained that the feedback reports Blue Shield sends to health care professionals are educational tools. "We have the largest data base of health care information in the state. Through our professional feedback report program, we provide information to health care professionals that they can use to evaluate their practice patterns.

"The key is giving them something they can compare their own work to — either national standards like the AHCPR guidelines — or the practice patterns of their peers," he said.

The Alberta researchers' article was entitled, "Use of lumbar radiographs (X-rays) for the early diagnosis of low back pain: Proposed guidelines would increase utilization."

It was published in the June 11, 1997 issue of **JAMA**. As the title indicates, the researchers concluded that the use of the AHCPR's guidelines for the management of patients with acute low back pain may increase utilization and costs.

Bloschichak, Kurlantzick and Gutierrez found, however, that by introducing the guidelines to a select group of health care professionals — and by showing these same professionals how their past treatment of patients with low back pain compared to the guidelines and to that of their peers — the physicians decreased their use of X-rays for the next three months.

The Blue Shield study: helping physicians evaluate their practices
Blue Shield introduced the AHCPR guidelines to 141 practices in western Pennsylvania through a professional feedback report. The report was based on an analysis of the treatment provided to 47,240 Blue Shield members in western Pennsylvania during 1993 and 1994.

The reports compared the treatment provided to members with acute uncomplicated low back pain to: the AHCPR guidelines; the averages for the specialty of each health care professional who initiated the care; and the average treatment provided to all the patients in the analysis.

These numbers — along with an explanation of the process and the AHCPR guidelines — were mailed to the 141 practices. Each report was customized for the practice, so the physicians could compare their patients' treatments to these other measures.

InfoFax, OASIS and Provider Inquiry hours extended

Pennsylvania Blue Shield has extended the hours for InfoFax, OASIS and Provider Inquiry. Now, these systems are available:

Monday through Friday: 7 a.m. to 11 p.m.

Saturday: 7 a.m. to 5 p.m.

Sunday: 7 a.m. to 5 p.m.

If you have any questions concerning InfoFax, OASIS or Provider Inquiry, please contact your Provider Relations representative.

Please notify patients in advance, when resigning from our provider networks

If you intend to resign from any of Pennsylvania Blue Shield's participating or preferred provider networks, please notify your patients in advance. Alerting your patients in advance allows them to plan how they will reimburse you, before receiving services.

As a courtesy, we would appreciate receiving a copy of the notification you send your patients.

Also, please discuss your resignation plans in advance with your Provider Relations representative.

For additional information on the resignation process, see your Participating or Preferred Provider Regulations in your **Blue Shield Reference Guide**.

Use a separate claim form to report circumcisions and avoid delays

To avoid processing delays, do not report newborn circumcisions (procedure code 54150 or 54160) on the claim for the mother's obstetrical services. Instead, report these services on a separate claim, specifically for the newborn.

Here are two tips to assist you in reporting the separate circumcision claim:

- Contract identification number — report the identification number of the parent who has coverage for his or her child through Pennsylvania Blue Shield in this field.
- Patient name — report the baby's name in this field. If the child has not yet been named, report the first name as "baby boy" and use the last name of the parent.

Complete the remainder of the claim as usual. Remember, the eligibility of the circumcision is determined by the benefits in effect at the time of service.

PRN

New cashier address established for Personal Choice claims

Effective Jan. 1, 1998, Independence Blue Cross is using a new cashier address for Personal Choice claims. This address is different from the existing Pennsylvania Blue Shield cashier address.

Please return overpayments and refunds for Personal Choice claims only to:

Independence Blue Cross
PO Box 820838
Philadelphia, Pa. 19182-0838

Continue to return any overpayments and refunds for all Pennsylvania Blue Shield claims to:

Cashier
Pennsylvania Blue Shield
PO Box 898820
Camp Hill, Pa. 17089-8820

If you have questions about this new address, please call your Independence Blue Cross Network Management representative at (800) 332-2566, option 1.

Direct your questions about Pennsylvania Blue Shield payments to your Provider Relations representative.

CHIP adds 1,700 children in anticipation of new federal funding

In anticipation of receiving funds from a new federal initiative, Pennsylvania's Children's Health Insurance Program (CHIP) has provided coverage to all of the 1,700 children on its waiting list. This pushes the program's total enrollment to over 55,000 children.

Over the next five years, Pennsylvania is eligible to receive \$600 million in federal funds to provide health insurance coverage to children. This is the Commonwealth's share of the federal program that earmarked \$24 billion to take more children out of the ranks of the uninsured.

Under the federal program, states have the choice of using this money to expand Medical Assistance or to provide coverage through a separate program like CHIP. Gov. Tom Ridge has announced that Pennsylvania will use its money to expand CHIP, a nationally recognized program.

Along with moving the 1,700 children off its waiting list, CHIP plans to add more children as they are certified as eligible.

Pennsylvania was one of the first states to file its formal plan with the U.S. Department of Health and Human Services for using its share of the money. This plan must still be approved before the state receives any funds. Because CHIP is already in place and so successful, the Commonwealth expects to qualify for up to \$60 million this fiscal year.

Gov. Ridge is gathering input from the public on designing a new and improved, expanded CHIP. He has also committed Pennsylvania to drawing down every federal penny available to provide health insurance to children during the five-year tenure of the federal program.

Pennsylvania Blue Shield administers CHIP throughout the state through its Caring Foundations. In the Philadelphia, the Central and the Northeastern regions of the state, these foundations are joint partnerships, respectively, with Independence Blue Cross, Capital Blue Cross and Blue Cross of Northeastern Pennsylvania.

New Precertification customers

Here are additional customers requiring precertification through The Precertification Center in Harrisburg, with the effective dates for their precertification coverage.

Group customer	Effective date
19th Street Family Health Care P.C.	12/1/97
A & L Seamon Inc.	12/1/97
A & B Supply Company Inc.	12/1/97
A-1 Lincoln Rent All Inc.	12/1/97
A F & L Insurance Agency Inc.	11/1/97
Advanced Residential Mortgage Corp.	12/1/97
Ages, P.C.	10/1/97
Al Frantz Atelier	12/1/97
Alpha Packaging Corp.	1/1/98
Amalfe Brothers Inc.	11/15/97
American Hearth	11/1/97
Arcos-Division of Hoskins Manufacturing	11/1/97
Arcos-Union	11/1/97
Asbury Pallet Inc.	12/1/97
Ascgo Manufacturing Inc.	11/1/97
Associated Pennsylvania Constructors	12/1/97
Auto Sun Roof Inc.	12/1/97
Automated Composition Services Inc.	11/1/97
B & R Construction Services Inc.	12/1/97
Ball, Skelly, Murren & Connell	12/1/97
Bangor Borough Authority	11/1/97
Bealer Electric	12/1/97
Berks County Y R Club	11/1/97
Berks Industrial Supply	11/1/97
Beth-Hanover Supply Company Inc.	12/1/97
Bethlehem Area Public Library	1/1/98
Blough Wagner Manufacturing Co.	11/1/97
Borough of Palo Alto	12/1/97
Boyer Nurseries & Orchards Inc.	1/1/98

PRN

Brush Industries Inc.	11/1/97
Buckeye Tavern	11/15/97
Burrell's Florists	12/1/97
Caldwell Construction	1/1/98
Calvary Fellowship Homes Inc.	12/1/97
Capitol City Oil Corp.	11/1/97
Capozzi and Associates, P.C.	11/1/97
Car Doc Inc.	12/1/97
Cardinal Systems Inc.	11/1/97
Carl's Carpentry	12/15/97
Central Pa. Blood Bank	12/1/97
Centre of Family Health	11/1/97
Charles J. Danweber	10/15/97
Charpat Enterprises	11/1/97
Children's First Learning Center Inc.	11/1/97
Children's Aid Society of Franklin County	12/1/97
Choice Collision Center	11/15/97
Columbia Building Supply Inc.	11/1/97
Columbia Montour Snyder Union Mental Health	11/1/97
Computer Support Services Inc.	12/1/97
Consumer Credit Counseling Service	11/1/97
Copperhead Chemical Company Inc.	10/22/97
Cressman Transportation Inc.	12/1/97
Cumberland Valley Corp.	12/1/97
Cumberland Valley Refrig. & Electric Cont., Inc.	11/1/97
Dale Clemens Custom Tackle	11/1/97
David A. Peters Inc.	12/1/97
Dennis A. Yoder Custom Leather	12/1/97
Denyse M. Allen, M.D. Family Practice	11/1/97
Do Wray Mi Pianos	12/1/97
Donmoyer's Dairy Queen	12/1/97
Dr. Nicholas Romano	12/15/97
Eastern Shore Corp.	11/1/97
Electronic Components for Industries Inc.	12/1/97
Evan B. Bulter Inc.	1/1/98
Fast Leasing Inc.	12/1/97
First Assembly of God	11/15/97

Flatplate Inc.	11/1/97
Fulton Press Inc.	12/1/97
G. M. Financial Group	12/1/97
Galaxy of Sound Inc.	11/1/97
Gary's Tree & Shrubbery	11/1/97
Gary A. Cortese, D.P.M.	12/1/97
Gary Geist Remodeling	12/1/97
Goodall Pools	11/15/97
Grove Miller Engineering Inc.	12/1/97
Hammer's Tire Inc.	12/1/97
Hamrick Tool Inc.	11/1/97
Hard Bean Cafe	11/15/97
Haven Chiropractic Center	12/1/97
Hayes Large Architects	11/1/97
Hess Catering Inc.	12/1/97
Holt Enterprises	12/1/97
Honohan Sales Company Inc.	11/15/97
Huntsinger Farms Inc.	12/1/97
Innovative Vacuum	11/1/97
Intellex Facilities Management	11/1/97
Ite Truck Parts Inc.	12/1/97
J & L Precision Machine Company Inc.	12/1/97
Jim Garrahy's Fudge Kitchen Inc.	12/1/97
Johnson Trucking	12/1/97
Joseph Cardinale, D.O.	1/1/98
Just Floors	11/15/97
K Aluminum Distributors	12/15/97
K and G Foods Inc.	11/1/97
Kee-Ta-Quay Construction	11/15/97
Keen Electric Inc.	12/1/97
Ken Olinger Paving	11/1/97
Keystone Construction	11/15/97
Keystone Oil Products Corp.	11/1/97
Kirby Manufacturing Incorporated Plant	10/1/97
Klinger Family Sawmill	11/1/97
Kooker Scale Co.	11/1/97
L & R Associated Inc.	12/1/97

PRN

L.G. Struck Garage	12/1/97
Laing International	12/1/97
Lebanon Pizza	12/1/97
Legal Services	11/1/97
Lehigh Valley Magazine	12/1/97
Leon Borger Trucking Inc.	12/1/97
Li'l Wolfe Inc.	11/15/97
Liberty Engineering	11/1/97
Lionville Systems Inc.	12/1/97
Livengood Excavators Inc.	11/1/97
Longswamp Township	11/1/97
Loucas C. Tzanis, M.D. P.C.	1/1/98
M & M Services Inc.	11/1/97
Main Street Gallery Inc.	11/15/97
Maria Joseph Manor	12/1/97
Marlene's Total Image Concept	12/1/97
Matto Cycle	12/1/97
Mazie's Septic Service	11/15/97
Meixell-Diehl Agency	12/1/97
Mellott Manufacturing Company Inc.	11/1/97
Mercersburg Apparel Company Inc.	12/1/97
Michelle Brody Inc.	11/1/97
Miller-Hanover Inc.	11/15/97
MJ's Pizzas	11/1/97
Mobils-R-Us Inc.	12/1/97
Moravian Hall Square Retirement Community	11/1/97
Morrison Associates	12/1/97
Mt. Holly Springs Borough	11/1/97
NAPA Development Corp.	11/1/97
Neal's Performance Center	12/1/97
Neurology of Bethlehem	12/1/97
Noble Technologies Inc.	11/1/97
NTC Enterprise Inc.	11/1/97
O'Handly & Benner	12/1/97
Oddity Inc.	11/1/97
Ok Associates Inc.	11/1/97
Paperworks Ltd.	11/15/97

Paradigm Labs Inc.	12/15/97
Paul Petty Roofing and Siding	11/1/97
Peck's Septic Service	12/15/97
Peirce Welding & Fabricating Inc.	11/1/97
Penn Allen Glass Company Inc.	12/1/97
Penn Form Corp.	11/1/97
Pennsure Inc.	11/1/97
Pennsylvania Construction Associates Inc.	12/15/97
Pennsylvania House USWA Local 193	11/1/97
Pennsylvania Rural Water Association	12/1/97
Pennsylvania Partnerships for Children	12/1/97
Pennwood	1/1/98
Pepper, Hamilton & Scheetz LLP	12/1/97
Phares Fry Well Drilling and Pump Service Inc.	12/1/97
Phoebe Floral Inc.	11/1/97
Planeth Inc.	11/1/97
Pollock Musser & Goss P. C.	12/1/97
Portner and Hetke Architects P. C.	11/1/97
Powell, Rogers & Speaks Inc.	12/15/97
Precision Auto and Truck Repair Inc.	11/15/97
Professional Staff Management of Wheeling	12/1/97
Puhl and Eastman	11/1/97
PWI Inc.	12/1/97
Pysher's Market Inc.	11/1/97
Qualastat Electronics Inc.	12/1/97
Rayco of Allentown	11/15/97
Reading Window Cleaning Co.	11/1/97
Real Estate Environmental	12/1/97
Reed Fabrication Inc.	12/1/97
Rekord Printing Co.	12/15/97
Rhoads Mills Inc.	12/1/97
Rich Coast Corp.	12/1/97
Ringers Roost T/A Jeff Ron Inc.	11/1/97
Ripp's Country Deli	12/1/97
RJS Partnership	11/1/97
Roamers Retreat Campground	12/1/97
Rosemont Hobby Shop	11/1/97

PRN

Royal Truck & Equipment Inc.	12/1/97
Saul, Ewing, Remick and Saul	11/1/97
Sausman Insurance Agency Inc.	11/1/97
Scissors & Sun	11/1/97
Sesco Electrical Systems	11/1/97
Shunnara's Big Bee Supermarket	11/1/97
SJN Therapy Network	11/1/97
Slatington Fashions Inc.	12/1/97
Slocum/Blatt Advertising	12/15/97
Sobrinski Painting Inc.	11/1/97
Sofas Unlimited	11/15/97
Southmoore Golf Course Association, L.P.	11/15/97
Special Dry Cleaners & Dyers Inc.	12/15/97
Sporoco Co.	12/15/97
Spring-Benner-Walker Joint Authority	11/1/97
Steve Sindall Trucking	12/1/97
Strickler Agency Inc.	11/1/97
Styles on Broadway	11/15/97
Tama Manufacturing Company Inc.	11/1/97
Tantaros Inc.	12/1/97
Tara Lee Sportswear Inc.	11/1/97
Tencza Dental Associates P.C.	11/15/97
The Daecher Consulting Group Inc.	11/1/97
The Housing Authority of The County of Franklin	12/1/97
The Lehigh Group	12/1/97
The Lewisburg Studio Inc.	12/15/97
The Logan House	12/1/97
The New Catholic Shop	12/15/97
The Study Hall	12/1/97
The Workbench Group, Ltd.	11/1/97
Thunder Road Racing Plus Inc.	11/15/97
Tom's Bagel Cafe	11/1/97
Topton House	11/1/97
Tracey's Hallmark	12/15/97
Trinkle's Cetronia Hotel	12/1/97
Troxell Chiropractic	12/15/97
True Life Ministries	12/1/97

Turning Point of Lehigh Valley	1/1/98
Tuzzi's Bakery	10/1/97
Twilo	12/1/97
Union Deposit Corp.	11/1/97
Universal Hydraulic & Machine Inc.	12/1/97
University Park Plaza Corp.	12/1/97
Van Sickle's Hair Salon	11/15/97
Vascular Associates P. C.	12/1/97
Verstanding Broadcasting	12/1/97
Victoria Vogue Inc.	1/1/97
W. M. Wagner Sales Co.	1/1/98
Walter's Foreign Car Sales and Service	12/1/97
Walters Garage	12/1/97
Washington Township Road District	12/1/97
Water Master Inc.	12/1/97
Weaver's Gems & Minerals Inc.	12/1/97
Wert's Café	12/1/97
West Shore Radiator	12/1/97
Williams Township	12/1/97
WLVT-TV	11/1/97
Worden & Shewell Inc.	12/1/97
Wray's Music House Inc.	12/1/97
Yazoo Mills Inc.	12/15/97
Yeas Consultants	12/15/97
York Automatic Sprinkler Inc.	12/1/97
York County Agricultural Society	11/1/97
Yorklyn Construction Company Inc.	11/15/97

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

The Precertification Center's telephone numbers are:

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

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

EMC News

Connections '98
— popular event
continues in 1998

Direct Access Services' (DAS) Connections events have become so popular we plan to host three sessions during 1998.

The 1998 Connections events will focus on technology in the ever-changing health care environment. This is an excellent opportunity to network with your colleagues and meet the exhibitors.

The events begin at 5 p.m. with a series of workshops, followed by a hospitality reception at 6:15 p.m. Registration begins at 8 a.m. the next morning, followed by a keynote address and a series of simultaneous workshops.

Mark your calendars for the following dates and locations:

April 28-29, 1998 Harrisburg Hilton & Towers, Harrisburg

May 11-12, 1998 The Woodlands, Wilkes-Barre

June 9-10, 1998 Sheraton Inn Pittsburgh North, Mars

Call DAS Marketing at (800) 535-3576 for more information.

Are you
submitting paper
claims
unnecessarily?

Direct Access Services (DAS) recently conducted a customer satisfaction survey to determine what types of claims electronic billers are submitting on paper. The survey revealed several unnecessary paper claims submissions — in fact, 99 percent of the claims indicated can be submitted electronically.

Here is a list of the types of claims you can submit electronically:

Type of claim	How to submit electronically
HealthOne	Tier 1 claims. Use 54720 as the NAIC code.
HealthStyle	Tier 1 claims. Use 54771 as the NAIC code.
HealthySteps	Tier 1 claims. Use 95199 as the NAIC code.
SeniorBlue	Tier 1 claims. Use 95199 as the NAIC code.
Keystone West	Tier 1 claims and encounters. Use 95048 as the NAIC code.
Keystone East	Tier 1 claims and encounters. Use 95056 as the NAIC code.
Blue Shield Secondary	When the primary insurance has already paid and Blue Shield is the secondary payer — send these electronically. Contact your vendor for programming.
AmeriHealth	Tier 1 claim. Submit with a 93699 NAIC code for Delaware and a 60061 NAIC code for New Jersey.

Claims requiring an attached EOB	There are no cases where an attached EOB is needed to process a claim. All necessary information can be supplied in the electronic format.
SelectBlue	Tier 1 claims. Use 54771 as the NAIC code.
Bell Atlantic	Use the alpha prefix as it appears on the card (BAP, BAR, BMA or BAA). If you are keying the alpha prefix but it is not being indicated on your EMC file, contact your vendor. They may have failed to program this field. Use NAIC code 54771.
Any code that needs a modifier (rejects)	Effective Nov. 11, 1997, the invalid modifier edit has been removed. This will also affect the processing of hospital-based physician claims that are submitted with a TC (technical component) modifier. These will not automatically reject.
QCD claims going to Philadelphia	QCD is a home alpha prefix, and must be submitted on the claim (see Bell Atlantic claims above). Use the 54771 NAIC code.
Major Medical	We process concurrent Major Medical claims for direct pay and community-rated contracts in the Eastern Region only. If an experience-rated group has contracted separately for those services, send these claims electronically. There are also some arrangements made with various groups to “piggy back” claims — which means electronically forward them to the appropriate Blue Cross plan. To find out what group coverage a subscriber has, call Customer Service at (717) 975-7290.
Blair Mill/InterCounty	Tier 1 claims. Send Blair Mill with a 54763 NAIC code and InterCounty with a 53252 code.
Comp I	Tier 1 claims. Use 54771 as the NAIC code.
Breast Reduction*	These procedures, as well as many other cosmetic procedures, do not require a preauthorization letter or a pathology report. For this procedure, report grams removed and height in the narrative field.
Private Business claims	Submit these electronically using 54771 as the NAIC code.

* Call (800) 992-0246 if you would like to receive a list of cosmetic procedures that can be sent electronically.

PRN

Federal claims (FEP)	Tier 1 claims. Submit with the alpha prefix FEP. Use 54771 as the NAIC code.
Unlisted codes for chemotherapy drugs - holds up entire claim if sent electronically	If an unlisted code for chemotherapy drugs is reported on an EMC claim with the description provided in the NOC field, we hold the claim and send a notice for someone to provide a fee. This is handled the same for paper and EMC.
Surgery claims - may need operative report	Operative notes are not always required. They are only needed in the following situations: <ol style="list-style-type: none">1) Codes without a level II2) Individual consideration surgical codes3) NOC with the charge over \$100 and we cannot find a valid code based on the description of service.
PremierBlue	Tier 1 claims. Use 54771 as the NAIC code.
Aetna	Tier 2 claims. Use 60054 as the NAIC code.
Personal Choice	Tier 1 claims. Use 54771 as the NAIC code.
Preferred Blue	Tier 1 claims. Use 54771 as the NAIC code.
Rebillings	Rebillings should be submitted electronically. Wait at least 30 days before resubmitting a claim, and only do so after you have checked the claim status on Care Connect, and you do not see “in process” in the check date field. If the claim is processing, you will get the message — “No more information is available” when you select the claim from the claim summary screen. You can also check claim status on OASIS or InfoFax. Also, check your submission analysis report. This report provides a summary of the electronic editing process. If your claim rejects on this report, it will not proceed to the processing system. Review the submission analysis report, correct any errors and resubmit electronically. Claims that pass will proceed to the processing system.

Do not send the following claim types electronically

Claims secondary to Xact Medicare	If these secondary claims are Blue Shield, we “cross over” these claims to the Blue Shield processing system. Do not send these separately to Blue Shield — electronically or on paper.
Non-concurrent Major Medical	Non-concurrent Major Medical claims cannot be sent to Blue Shield electronically. Send these to Blue Cross.
Green Spring	These cannot be submitted electronically. However, there is an initiative underway to allow electronic submission in the near future.

Please call DAS at (800) 992-0246 with any questions.

Direct Access Services offers on-line information on the Year 2000 situation

The Year 2000 problem — linked to the fact that most computers are hard-coded to read the first two digits of any year as “19” — is a challenge for which there is no “silver bullet” or quick fix. If you wish to discover why this is not possible, Direct Access Services (DAS) offers Home Page links to other organizations.

Our Home Page address is: <http://www.careconnect.com>. On the opening page, go to the left side of the screen and click on “Year 2000 Compliancy.” When the next screen is loaded, choose “related web sites.”

If you do not have access to the Internet, there is information available on DAS’ Fax-Back program. Dial (800) 992-0246 and choose option 1. The Year 2000 articles are menu choices 601, 602, and 603.

The Year 2000 problem is a legacy of the early days of computers. Memory was extremely expensive and it was more cost effective to “hard code” the first two digits of the year (the 19 in the year 1998) into the software.

Due to a combination of “old habits die hard,” and “if it ain’t broke, don’t fix it,” 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. Any calculations based on this date may be incorrect.

Blue Shield to discontinue non-compliant electronic claim formats
How does this affect the Pennsylvania medical community? Date information is a critical component of claim adjudication and Pennsylvania Blue Shield must ensure that this data is accurate.

Blue Shield will discontinue all electronic claims formats that are not Year 2000 compliant, in April 1999. In other words, as of April 1999, Blue Shield will no longer accept the NSF 1.0 and the ANSI X12 3032 formats.

(For more information on the Year 2000, see the EMC News section of the December 1997 issue of **PRN**.)

Policy

Mastectomy Health Security Act expands coverage for women

Effective Feb. 1, 1998, Act 51 of 1997, the Mastectomy Health Security Act, requires insurers to cover prosthetic devices and reconstructive surgery incident to a mastectomy when coverage is provided for a mastectomy.

Act 51 defines these devices and procedures as:

Prosthetic device — the use of initial and subsequent artificial devices to replace the removed breast or portions of the breast.

Reconstructive surgery — a surgical procedure performed on one breast or both breasts following a mastectomy, as determined by the treating physician, to re-establish symmetry between the two breasts (approximate equality in size and shape of the nondiseased breast with the diseased breast after definitive reconstructive surgery on the diseased or nondiseased breast has been performed) or alleviate functional impairment caused by the mastectomy. The term “reconstructive surgery” shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

Mastectomy — the medically necessary removal of all or part of a breast.

The act limits coverage for prosthetic and reconstructive surgery to those surgical procedures performed within six years of the date of the mastectomy. Pennsylvania Blue Shield currently has no time limitations for payment of prosthetics and reconstructive surgery following a mastectomy. Therefore, Blue Shield will not limit payment to six years following the mastectomy.

Act 51 prohibits insurers from requiring that mastectomies, reconstructive surgery and follow-up care be performed in an outpatient setting. In addition, the treating physician will determine the length of stay for the patient as deemed medically necessary to meet generally accepted criteria for safe discharge.

The Act also provides for a home health care visit when a woman is discharged within 48 hours following her admission for a mastectomy. This visit must occur within 48 hours of discharge and the treating physician must determine that the visit is medically necessary.

According to Act 51, coverage for the services defined in the act are subject to any copayments, coinsurances or deductibles, and all other terms and conditions, set forth in the patient’s contract.

Terbutaline therapy coverage now limited

Traditional options for the management of patients experiencing preterm labor include inpatient long term intravenous tocolytic therapy or in-home administration of oral tocolytics, usually ritodrine or terbutaline. However, some patients may either fail to respond to the oral medications, or may require administration of medication more frequent than every four hours. For these patients, physicians may prescribe “at home” tocolytic therapy delivered subcutaneously by a portable infusion pump.

A recent evaluation revealed that tocolytic therapy (J3105) delivered subcutaneously by an “at home” portable infusion pump to prevent preterm labor is not effective. The U.S. Food and Drug Administration (FDA) **Federal Agency News** also warns clinicians against prescribing terbutaline pumps for “at-home” use in the prevention of preterm labor.

Pennsylvania Blue Shield considers the use of tocolytic therapy delivered subcutaneously by a portable infusion pump for “at-home” use investigational. Effective immediately, we will discontinue payment for this service.

Manipulation therapy codes change

Effective Jan. 1, 1998, Pennsylvania Blue Shield deleted procedure codes W0801-W0810 — and replaced them with codes S8901-S8910.

The National Blue Cross and Blue Shield Association recently created the new codes. S8901-S8910 will equate to the manipulation/mobilization encounter codes (W0801-W0810).

All health care professionals, regardless of their specialty, who previously reported W0801-W0810, should use these new codes. The manipulation procedure continues to be the primary service, and the code for that procedure includes preparatory or post-service physical modalities. Cognitive skills needed to assess the patient’s condition are also included in these codes.

Here are the new codes, their corresponding terminology and the deleted code they’ve replaced:

S8901 Manipulation/mobilization of spinal region(s) with or without preparatory or post-service physical modalities and involving minimal assessment of patient status

REPLACES W0801

S8902 Manipulation/mobilization of spinal region(s) with or without preparatory or post-service physical modalities and involving subjective and objective assessment of patient status, and treatment which includes:

- manipulation/mobilization of one or more region(s) of the spine
- straightforward decision making

REPLACES W0802

S8903 Manipulation/mobilization of spinal region(s) with or without preparatory or post-service physical modalities and involving subjective and objective assessment of patient status, and treatment which includes:

- manipulation/mobilization of one or more region(s) of the spine
- decision making of low complexity

REPLACES W0803

S8904 Manipulation/mobilization of spinal region(s) with or without preparatory or post-service physical modalities and involving subjective and objective assessment of patient status, and treatment which includes:

- manipulation/mobilization of one or more region(s) of the spine
- decision making of moderate complexity

REPLACES W0804

PRN

S8905 Manipulation/mobilization of spinal region(s) with or without preparatory or post-service physical modalities and involving subjective and objective assessment of patient status, and treatment which includes:

- manipulation/mobilization of one or more region(s) of the spine
- decision making of high complexity

REPLACES W0805

S8906 Manipulation/mobilization of body region(s), other than spine, with or without preparatory or post-service physical modalities and involving minimal assessment of patient status

REPLACES W0806

S8907 Manipulation/mobilization of body region(s), other than spine, with or without preparatory or post-service physical modalities and involving subjective and objective assessment of patient status, and treatment which includes:

- manipulation/mobilization of one or more body region(s)
- straightforward decision making

REPLACES W0807

S8908 Manipulation/mobilization of body region(s), other than spine, with or without preparatory or post-service physical modalities and involving subjective and objective assessment of patient status, and treatment which includes:

- manipulation/mobilization of one or more body region(s)
- decision making of low complexity

REPLACES W0808

S8909 Manipulation/mobilization of body region(s), other than spine, with or without preparatory or post-service physical modalities and involving subjective and objective assessment of patient status, and treatment which includes:

- manipulation/mobilization of one or more body region(s)
- decision making of moderate complexity

REPLACES W0809

S8910 Manipulation/mobilization of body region(s), other than spine, with or without preparatory or post-service physical modalities and involving subjective and objective assessment of patient status, and treatment which includes:

- manipulation/mobilization of one or more body region(s)
- decision making of high complexity

REPLACES W0810

Note: The S8901-S8910 codes continue to distinguish between spinal and non-spinal encounters.

Report only one manipulation/mobilization encounter code per day.

Coverage of chemical endarterectomy discontinued

Effective immediately, Pennsylvania Blue Shield will no longer pay for the intravenous administration of Ethylenediamine-Tetra-Acetic (EDTA) (J3520).

EDTA, administered during chemical endarterectomy, is used for treating atherosclerosis, arteriosclerosis or similar generalized conditions. Chemical endarterectomy is a form of treatment for the removal of plaque or calcium.

A recent evaluation revealed that chemical endarterectomy using EDTA has not proven to be effective in the treatment of atherosclerosis, arteriosclerosis or any other conditions. Blue Shield considers the use of EDTA to be investigational and will no longer pay for this service.

Immune Globulin/ Gamma Globulin eligible for specific conditions

Immune Globulin (J0850, J1561-J1562, J1670) is one of five closely related proteins found in the human body. These proteins are capable of acting as antibodies. Gamma Globulin (J1460-J1490, J1500-J1560), an intravenous or intramuscular drug that has IgG antibodies, is used for the prevention and treatment of specific disease.

Gamma Globulin injections or infusions are eligible as a covered service for the conditions listed below:

- Acute or chronic idiopathic thrombocytopenia purpura (ITP) with platelet counts less than 20,000 or extensive bleeding (287.3)
- Patients with life-threatening or potentially life-threatening infections with deficiency in the IgG class (IgG count less than 2.0 g/liter [200 mg/dl]) including but not limited to the following:
 - Agammaglobulinemia (279.00, 279.01, 279.03, 279.04)
 - Wiskott-Aldrich Syndrome (279.12)
 - Neonates predisposed to group B streptococcal infections
- Kawasaki disease (446.1)
- Bone marrow and renal transplant recipients considered at risk for cytomegalovirus infection and pneumonia
- Chronic lymphocytic leukemia
 - documented hypogammaglobulinemia, and
 - prior history of two serious infections requiring hospitalization, such as, pneumonia, meningitis, etc.
- Multiple myeloma (203.0)
 - prior history of two serious infections requiring hospitalization, such as, pneumonia, meningitis, etc.
- CIDP (chronic inflammatory demyelinating polyneuropathy)

PRN

- Lambert-Eaton Syndrome: Consider three to six doses. If improvement documented, treatment may continue.
- Refractory dermatomyositis

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

Report a separate administration fee under code W0353 (when administered for prevention), or codes 90782, 90784, as appropriate (when administered as treatment), in addition to the drug. If any of these administration codes are reported as the sole service, they will be denied. A participating or preferred health care professional cannot bill the patient separately for the administration fee itself.

Coverage outlined for deep brain stimulation for tremors

Effective immediately, deep brain stimulation to control tremors due to essential tremor (333.1) or Parkinson's disease (332.0) when medication has failed, is eligible as a covered service. You must indicate in the patient's records that the deep brain stimulation is a last resort when all other treatments, including medications, have failed to control the tremors.

Further, the patient should receive medical and neurophysiological monitoring before and after the implantation. Payment will be allowed only for deep brain stimulation using a stimulator implanted on one side of the brain (unilaterally). Pennsylvania Blue Shield considers bilateral stimulation investigational and, therefore, does not cover it.

Deep brain stimulation via an implanted deep brain stimulator for the control of tremors consists of an electrode implanted into the thalamus, and connected by lead wire under the skin to a pulse generator implanted in the chest. When activated, the device sends a constant stream of tiny electrical pulses to the brain, blocking tremors. To turn the stimulator on or off, the patient touches a hand-held magnet over the pulse generator.

New physical and occupational therapies coding guidelines adopted

As part of the 1998 HCPCS update, the following coding guidelines have been adopted for reporting certain physical therapy and occupational therapy services. These changes are effective for services provided on or after Jan. 1, 1998.

- Physical therapy and occupational therapy evaluation codes (97001-97004) are not eligible for separate payment, when billed on the same day as another visit performed by the same or an affiliated health care professional.

Following are the full descriptions of codes 97001-97004, that have been added as part of the 1998 HCPCS update:

97001	Physical therapy evaluation
97002	Physical therapy re-evaluation
97003	Occupational therapy evaluation
97004	Occupational therapy re-evaluation

- Muscle testing (codes 95831-95834), range of motion testing (codes 95851-95852) and physical performance testing (code 97750) are considered to be components of physical therapy and occupational therapy evaluations (codes 97001-97004). These services are not eligible for separate payment when billed on the same day as a physical therapy or occupational therapy evaluation service.
- Codes 97001-97004 are considered to be components of a manipulation encounter (codes S8901-S8910) and are not eligible for separate payment when billed on the same day as a manipulation encounter service.

Coverage dropped for laser-assisted uvulopalatoplasty and laser ablation of the tonsils

Effective immediately, claims reporting laser-assisted uvulopalatoplasty (LAUP) for the treatment of obstructive sleep apnea and those reporting laser ablation of the tonsils (LAT) for the treatment of obstructive sleep apnea, cryptic tonsillitis, chronic tonsillitis and hypertrophy of the tonsils — will be denied.

According to a recent re-evaluation of LAUP and LAT, there are no long-term studies that conclusively demonstrate the safety and effectiveness of these procedures.

Use code 42299 rather than 42145 to report LAUP and code 42999 rather than 42826 to report LAT.

Laser-assisted uvulopalatoplasty (LAUP) is performed to correct socially disruptive snoring and for the treatment of diagnosed obstructive sleep apnea. LAUP performed to correct socially disruptive snoring is currently not eligible for payment.

Laser ablation of the tonsils (LAT) is performed in conjunction with LAUP for the treatment of diagnosed obstructive sleep apnea. LAT is also performed for cryptic tonsillitis, chronic tonsillitis and hypertrophy of the tonsils.

How to report neonatal intensive care

Report codes 99295-99297 for neonatal intensive care services. It is no longer necessary to report the individual component procedures performed, such as evaluation and management, surgical procedures, etc.

Use codes 99295-99297 to report services provided by a physician directing the care of a critically ill neonate or infant. These codes represent care starting the day of admission and may be reported once per day per patient. Once the neonate is no longer considered to be critically ill, report codes 99231-99233 for the subsequent hospital care.

Intra-articular hyaluronan injections for osteoarthritis not covered

Pennsylvania Blue Shield considers intra-articular injections of hyaluronan (Synvisc and Hyalgan) for osteoarthritis to be investigational. Therefore, these injections are not eligible for payment.

This procedure is used in the treatment of osteoarthritis of the knee in patients who have not adequately responded to nonpharmacological therapy such as acetaminophen, ibuprofen or nonsteroidal anti-inflammatory drugs (NSAIDS).

To report this procedure, use code 20610 — arthrocentesis, aspiration or injection; major joint — in conjunction with unlisted procedure code 90799 to describe the hyaluronan. Also, provide a complete description of the service.

PRN

Automated multichannel codes are deleted

Effective Jan. 1, 1998, the automated multichannel codes 80002-80019 and G0058-G0060 were deleted. However, the organ or disease-oriented panel codes 80049-80092 are still available for reporting automated panels.

The American Medical Association has defined the component tests that must be performed to report these panel codes. The component tests are listed in the **Procedure Terminology Manual (PTM)**. If the components are not performed, report the individual procedure codes.

According to the terms of member contracts, submit only medically necessary tests for reimbursement. Claims and patient records will be audited, as necessary, to determine if the component tests reported are medically necessary for the patient's diagnosis.

New pap smear reporting adopted

Codes 88141-88158 are used to report cervical or vaginal screening by various methods and to report physician interpretation services. Report only one procedure code in this series of codes.

The allowance for the physician interpretation is included in the reimbursement for procedure codes 88142-88158. If procedure code 88141 is reported in addition to codes 88142-88158, the services will be combined and reimbursed under the reported procedure having the highest allowance.

Use procedure code 88142 — cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision — to report the ThinPrep pap smear. This code represents the global service that includes the ThinPrep preparation. Do not report a separate preparation fee in addition to procedure code 88142.

Codes

PTM changes

Page	Code	Terminology	Action
216	Y7427	Radiological examination, colon; air contrast barium enema, asymptomatic patient	Delete, effective Jan. 1, 1998. To report barium enema screening, use codes G0106, G0120 or G0122 as appropriate.
363	NA	(Note: For Private Business claims, do not use codes 99295, 99296, and 99297.)	Delete note
363	NA	(Note: Report appropriate codes for services performed, e.g., evaluation and management codes, surgical procedures, etc.)	Delete note
364	99295	Initial neonatal intensive care	Valid code
364	99296	Subsequent neonatal intensive care	Valid code
364	99297	Subsequent neonatal intensive care	Valid code

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. 1

News

ClariFax SM offers new, free way to obtain information ..	1
Blue Shield low back treatment research leads to letter in JAMA	2
InfoFax, OASIS, Provider Inquiry hours extended	3
Please notify patients in advance, when resigning from our provider networks	3
Use a separate claim form to report circumcisions and avoid delays	3
New cashier address established for Personal Choice claims	4
CHIP adds 1,700 children in anticipation of new federal funding	4
New Precertification customers	5

EMC News

Connections '98 – popular event continues in 1998	12
Are you submitting paper claims unnecessarily?	12
Direct Access Services offers on-line information on the Year 2000 situation	15

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

Policy

Mastectomy Health Security Act expands coverage for women	16
Terbutaline therapy coverage now limited	16
Manipulation therapy codes change	17
Coverage of chemical endarterectomy discontinued ..	19
Immune Globulin/Gamma Globulin eligible for specific conditions	19
Coverage outlined for deep brain stimulation for tremors.	20
New physical and occupational therapies coding guidelines adopted	20
Coverage dropped for laser-assisted uvulopalatoplasty and laser ablation of the tonsils	21
How to report neonatal intensive care	21
Intra-articular hyaluronan injections for osteoarthritis not covered	21
Automated multichannel codes are deleted	22
New pap smear reporting adopted	22

Codes

PTM changes	22
Need to change your provider information?	23

PRN
Policy Review & News

Pennsylvania Blue Shield
Camp Hill, Pennsylvania 17089

BULK RATE
U.S. POSTAGE
PAID
HARRISBURG, PA
Permit No. 320