

COMMONWEALTH OF VIRGINIA

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STATE CORPORATION COMMISSION BUREAU OF INSURANCE

December 4, 1996

Administrative Letter 1996-16

**TO: All Insurers, Health Services Plans and Health Maintenance Organizations
Licensed to Write Accident and Sickness Insurance in Virginia**

**RE: 14 VAC 5-190-10 et seq: Rules Governing the Reporting of Cost and
Utilization Data Relating to Mandated Benefits and Mandated Providers -
Coverage of Procedures Involving Bones and Joints**

Section 38.2-3418.2 of the Code of Virginia, enacted during the 1995 Session of the Virginia General Assembly, prohibits the exclusion of coverage for diagnostic and surgical treatment involving any bone or joint of the head, face, neck or jaw under applicable policies, contracts or plans providing coverage for diagnostic or surgical treatment involving any bone or joint of the skeletal structure. This statute also prohibits the imposition of limits of coverage for treatment involving any bone or joint of the head, face, neck or jaw that are more restrictive than coverage limitations for any bone or joint of the skeletal structure if the treatment is required because of a medical condition or injury that prevents normal function of the joint or bone and is deemed medically necessary to attain functional capacity of the affected part. This requirement applies to any applicable policy, contract or plan delivered, issued for delivery or renewed in Virginia on and after July 1, 1995.

Cost and utilization information related to this requirement must be reported to the Commission pursuant to the requirements contained in § 38.2-3419.1 of the Code of Virginia, and consistent with the requirements set forth in 14 VAC 5-190-10, et seq, as currently revised, as well as prior Administrative Letters on this subject. The first reporting year for this mandated coverage is calendar year 1996, and data must therefore be reported in form MB-1 due May 1, 1997.

In order to avoid confusion and to facilitate the capturing of appropriate data relating to this requirement, the Bureau of Insurance has identified the appropriate CPT and ICD-9-CM codes for reporting this information on the attached listing, which is made part of this administrative letter. It is the reporting company's responsibility to ensure that the procedures listed are reported under this category of coverage when such procedures are related specifically to the required coverage.

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Please refer any questions regarding this matter to:

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Senior Insurance Market Examiner
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Bureau of Insurance - Life and Health Division
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Sincerely,

Alfred W. Gross
Commissioner of Insurance

AWG/jkc
Attachment

Section 38.2-3418.2 of the Code of Virginia Coverage of Procedures Involving Bones and Joints

*1996 CPT Codes

Code	Description
20605	Intermediate joint, bursa or ganglion cyst (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, ole non bursa)
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	Coronoidectomy (separate procedure)
21116	Injection procedure for temporomandibular joint arthrography
21125	Aucimentation, mandibular body or angle; prosthetic material
21127	With bond graft, onlay or interpositional (includes obtaining autograft)
21141	Reconstruction midface. LeFort 1
21145	single piece, segment movement in any direction, requiring bone grafts
21146	two pieces, segment movement in any direction, requiring bone grafts
21147	three or more pieces, segment movement in any direction, requiring bone grafts
21150	Reconstruction midface, LeFort 11; anterior intrusion
21151	any direction, requiring bone grafts
21193	Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; without bone graft
21194	With bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation.
21196	With internal rigid fixation
21198	Osteotomy, mandible, segmental
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Mandible (includes obtaining graft)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg for hem facial microsornia)
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	Complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
69535	Resection temporal bone, external approach (For middle fossa approach, see 69950-69970)
70100	Radiologic examination, mandible; partial, less than four views
70110	Complete, minimum for four views
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	Bilateral
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint
70486	Computerized axial tomography, maxillofacial area; without contrast material(s)
70487	With contrast material(s)
70488	Without contrast material, followed by contrast material(s) and further sections

Codes based on CPT 1996 version are subject to change in 1997 CPT version.

1997 ICD-9-CM Codes

Code	Description
524.6	Temporomandibular Joint Disorders
524.60	Temporomandibular Joint Disorders Unspecified
.719.8	Other and Specified Disorders of Joints