# Commonwealth of Virginia

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**STATE CORPORATION COMMISSION**
**BUREAU OF INSURANCE**

October 10, 1997

**ADMINISTRATIVE LETTER 1997-11**

**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 Notification of Additional Reporting Requirements for the 1997 Reporting Period**

The purpose of this letter is to alert carriers to certain benefit or provider information which must be reported to the State Corporation Commission, ("Commission") on Form MB-1, due on or before May 1, 1998. Carriers must make any necessary adjustments to internal data capturing systems to ensure that Form MB-1 accurately reflects the 1997 reporting year cost and utilization data relating to these additional reporting categories. This letter only summarizes those categories of coverages or providers which will be reported for the first time or which may be reported differently in Form MB-1 due May 1, 1998. Carriers are encouraged to review **all** requirements applicable to mandated benefits and mandated providers as well as the associated reporting requirements to determine the extent to which these new reporting requirements affect their organization and to ensure compliance with all existing mandated benefit and provider requirements.

Cost and utilization information must be reported for the following coverage requirements, in addition to all other reporting requirements currently in place:

- § 38.2-3412.1 C of the Code of Virginia was amended during the 1996 session of the Virginia General Assembly to expand the applicability of the requirements of this subsection to individual accident and sickness insurance policies and individual subscription products. The 1997 reporting year represents the first full year in which coverage for **outpatient mental health treatment and substance abuse services** was required with respect to individual policies.

- § 38.2-3414.1 of the Code of Virginia requires that insurers, health services plans and health maintenance organizations providing benefits for obstetrical services must provide coverage for **postpartum services** in accordance with the guidelines or standards prepared by the medical consortiums listed in the statute. This

requirement became effective July 1, 1996. The 1997 reporting year represents the first full year in which this benefit will have been required.

- § 38.2-3418.1 of the Code of Virginia requires that coverage be provided for low-dose screening **mammograms** for the purpose of determining the presence of occult breast cancer. Duration and coverage requirements are set forth in the statute. Effective July 1, 1996 this coverage requirement changed from a "mandated offer" to a "mandated benefit". Data relating to this coverage was therefore reported previously, but carriers should note that the 1997 reporting year represents the first full year in which this coverage will be reported as a mandated benefit rather than a mandated offer.

- § 38.2-3418.1:2 of the Code of Virginia requires that insurers, health services plans and health maintenance organizations provide coverage for **annual pap smears** under the types of coverages specified in the statute. This requirement became effective July 1, 1996. Reporting year 1997, therefore represents the first full year under which this coverage will have been mandated.

In order to avoid confusion and to facilitate the capturing of appropriate data relating to the above requirements, the Bureau of Insurance has identified the CPT and ICD-9-CM codes for many of these requirements. The codes on the attached listing supplement the CPT and ICD-9-CM codes furnished to carriers previously. Carriers should refer to the complete listing of CPT and ICD-9-CM codes to ensure compliance with all reporting requirements.

Please refer any questions regarding this matter to:

Mary Ann Mason
Senior Insurance Market Examiner
State Corporation Commission
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Sincerely,

Alfred W. Gross
Commissioner of Insurance

AWG/jkc
Attachment

**Administrative Letter 1997 - 11 Attachment**

## Virginia Code § 38.2-3414.1: Obstetrical benefits; Coverage for postpartum services

### ICD Codes

| | |
|---|---|
| V24 | Postpartum care and examination |
| V24.0 | Immediately after delivery |
| V24.1 | Lactating mother |
| V24.2 | Routine postpartum follow-up |

### CPT Codes

| | |
|---|---|
| 59610 | Routine obstetric care and postpartum care, after previous cesarean delivery |
| 59614 | including postpartum care (59612) |
| 59618 | Routine obstetric care including postpartum care, following attempted vaginal delivery after previous cesarean delivery |
| 59622 | including postpartum care (59620) |

Use same codes as obstetrical services in cases where coverage is provided solely due to the provisions of § 38.2-3414.1

## Virginia Code § 38.2-3418.1:2: Coverage for pap smears

### ICD Codes

| | |
|---|---|
| V72.3 | Papanicolaou smear as part of general gynecological examination |
| V76.2 | Routine cervical Papanicolaou smear |

### CPT Codes

| | |
|---|---|
| 88150 | Cytopathology, smears, cervical or vaginal, up to three smears; screening by technician under physician supervision |
| 88151 | requiring interpretation by physician |
| 88155 | with definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) |