



BUREAU OF INSURANCE

October 4, 1999

Administrative Letter 1999 -10

TO: ALL INSURERS LICENSED TO WRITE ACCIDENT AND SICKNESS INSURANCE IN VIRGINIA, ALL HEALTH SERVICES PLANS AND HEALTH MAINTENANCE ORGANIZATIONS LICENSED 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 1999 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, 2000. Carriers must make any necessary adjustments to internal data capturing systems to ensure that Form MB-1 accurately reflects the 1999 reporting year cost and utilization data relating to these additional reporting categories. This letter only summarizes those categories of coverage or providers which will be reported for the first time. 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.

In addition to all reporting requirements currently in effect, cost and utilization data relating to the following categories of mandated benefits or providers for calendar year 1999 will be reported on Form MB-1 due May 1, 2000. In each category identified below, the legislation requiring coverage of the benefit or provider was effective July 1, 1998. Calendar year 1999 represents the first full calendar year during which the coverage requirement was in effect. Carriers should review the statutes identified below in their entirety for additional guidance concerning coverage requirements.

- §§ 38.2-3408 and 38.2-4221 of the Code of Virginia require reimbursement for any service that may be legally performed by a licensed acupuncturist provided the policy or contract provides reimbursement for the service.

- § 38.2-3418.3 of the Code of Virginia requires that insurers, health services plans and health maintenance organizations provide coverage for hemophilia and congenital bleeding disorders.
- § 38.2-3418.4 of the Code of Virginia requires that insurers, health services plans and health maintenance organizations provide coverage for reconstructive breast surgery resulting from breast cancer.
- § 38.2-3418.5 of the Code of Virginia requires that insurers, health services plans and health maintenance organizations provide coverage for early intervention services.
- § 38.2-3418.7 of the Code of Virginia requires that insurers, health services plans and health maintenance organizations provide coverage for one (1) prostate-specific antigen (PSA) test in a twelve-month period, and for digital rectal examinations, in accordance with the American Cancer Society guidelines.

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 question regarding this matter to:

Mary Ann Mason
Senior Insurance Market Examiner
State Corporation Commission
Bureau of Insurance – Life and Health Division
Post Office Box 1157
Richmond, Virginia 23218
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Sincerely,

Alfred W. Gross
Commissioner of Insurance

AWG/mam
Attachment

Virginia Code § 38.2-3418.3 Hemophilia, Congenital Bleeding Disorders

ICD Codes

286.0-286.9	Coagulation defects
287.0-287.9	Purpura and other hemorrhagic conditions

CPT Codes

85170	Clot retraction
85175	Clot lysis time, whole blood dilution
85210	Clotting; factor II, prothrombin, specific
85220	factor V (AcG or proaccelerin), labile factor
85230	factor VII (proconvertin, stable factor)
85240	factor VIII (AHG), one stage
85244	factor VIII related antigen
85245	factor VIII, VW factor, ristocetin cofactor
85246	factor VIII, VW factor antigen
85247	factor VIII, Von Willebrand's factor, multimetric analysis
85250	factor IX (PTC or Christmas)
85260	factor X (stuart-Prower)
85270	factor XI (PTA)
85280	factor XII (Hageman)
85290	factor XIII (fibrin stabilizing)
85291	factor XIII (fibrin stabilizing), screen solubility
85292	prekallikrein assay (Fletcher factor assay)
85293	high molecular weight kininogen assay (Fitzgerald factor assay)
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	antithrombin III, antigen assay
85302	protein C, antigen
85303	protein C, activity
85305	protein S, total
85306	protein S, free
85335	Factor inhibitor test
85337	Thrombomodulin
85345	Coagulation time; Lee and White
85347	activated
85348	other methods
85360	Euglobulin lysis

Virginia Code § 38.2-3418.3: CPT Codes (Continued)

85362	Fibrin (ogen) degradation (split) products (FDP)(FSP); agglutination slide, semiquantitative
85366	paracoagulation
85370	quantitative
85378	Fibrin degradation products, D-dimer; semiquantitative
85379	quantitative
85384	Fibrinogen; activity
85385	antigen
85390	Fibrinolytins or coagulopathy screen, interpretation and report
85400	Fibrinolytic factors and inhibitors; plasmin
85410	alpha-2 antiplasmin
85415	plasminogen activator
85420	plasminogen, except antigenic assay
85421	plasminogen, antigenic assay
85441	Heinz bodies; direct
85445	induced, acetyl phenylhydrazine
85460	Hemoglobin or RBC's, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	rosette
85475	Hemolysin, acid
85520	Heparin assay
85525	Heparin neutralization
85530	Heparin-protamine tolerance test
85535	Iron stain (RBC or bone marrow smears)
85540	Leukocyte alkaline phosphatase with count
85547	Mechanical fragility, RBC
85549	Muramidase
85555	Osmotic fragility, RBC; unincubated
85557	Incubated
85576	Platelet; aggregation (in vitro), each agent
85585	estimation on smear, only
85590	manual count
85595	Automated count
85597	Platelet neutralization
85610	Prothrombin time
85611	Substitution, plasma fractions, each

Virginia Code § 38.2-3418.3: CPT Codes (Continued)

85651	Sedimentation rate, erythrocyte; nonautomated
85652	Automated
85670	Thrombin time; plasma
85675	Titer
85705	Thromboplastin inhibition; tissue
85730	Thromboplastin time, partial (PTT); plasma or whole blood
85732	substitution, plasma fractions, each
85810	Viscosity
85999	Unlisted hematology and coagulation procedure

Virginia Code § 38.2-3418.4 Reconstructive Breast Surgery

ICD Codes

V50.1	Other plastic surgery for unacceptable cosmetic appearance
V52.4	Breast prosthesis and implant

CPT Codes

19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	with prosthetic implant
19340	Immediate insertion of breast prosthesis following mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;

Virginia Code § 38.2-3418.4: CPT Codes (Continued)

19368	with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
19396	Preparation of moulage for custom breast implant
19499	Unlisted procedure, breast

Virginia Code § 38.2-3418.5 Coverage for Early Intervention Services

ICD Codes

V57	Care involving use of rehabilitation procedures
V57.0	Breathing exercises
V57.1	Other physical therapy
V57.2	Occupational therapy and vocational rehabilitation
V57.3	Speech therapy
V57.4	Orthoptic training
V57.8	Other specified rehabilitation procedure
315.3	Developmental speech or language disorder
315.4	Coordination disorder
315.5	Mixed development disorder
315.8	Other specified delays in development
315.9	Unspecified delay in development
317-319	Mental retardation

Virginia Code § 38.2-3418.5 Coverage for Early Intervention Services

CPT Codes

92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual
92508	group, two or more individuals
97003	Occupational therapy evaluation
97004	Occupational therapy re-evaluation
97001	Physical therapy evaluation
97002	Physical therapy re-evaluation
97535	Activities of daily living
97537	Community/work integration
97113	aquatic therapy with exercises
97703	Checkout for orthotic/prosthetic use
97770	cognitive skills development
97530	kinetic therapy
97010	hot or cold packs
97012	traction, mechanical
97014	electric stimulation, unattended
97032	electric stimulation, attended
97016	vasopneumatic devices
97018	paraffin bath
97020	microwave therapy
97022	whirlpool therapy
97024	diathermy treatment
97026	Infrared
97028	ultraviolet light
97033	Iontophoresis
97034	contrast baths
97035	Ultrasound
97039	Unlisted modality
97110	therapeutic procedure
97112	neuromuscular reeducation
97116	gait training
97124	massage therapy

Virginia Code § 38.2-3418.5: CPT Codes (Continued)

97139, 97799	Unlisted therapeutic service or procedure (specify)
97140	Manual therapy techniques
97150	Group Therapeutic Procedures
97504	Orthotics fitting and training
97520	Prosthetic training
97542	Wheelchair management
97545-97546	Work hardening/conditioning
97750	Physical performance test
98925-98929	Osteopathic manipulative treatment

Virginia Code § 38.2-3418.7 Coverage for PSA Testing

CPT Codes

84153	Prostate specific antigen (PSA); total
84154	Free
86316	Immunoassay for cancer antigen