TIMES
FLORIDA HEALTH CARE

Volume 4, Number 5 September/October 1988

Blue Cross and Blue Shield of Florida Launches Florida Combined Life Insurance Company

Florida Combined Life Insurance Company (FCL), a newly formed and wholly owned subsidiary of Blue Cross and Blue Shield of Florida, has received approval from Florida's Department of Insurance to begin marketing its life, accident and disability income coverages to Floridians. Walter T. Liptak has been named President and Chief Operating Officer of FCL. Liptak brings 25 years of experience in the life insurance industry to FCL, including a full range of marketing, actuarial and general management responsibilities.

"Our products will be packaged with Blue Cross and Blue Shield of Florida's health products to enhance the company's ability to meet the needs of its customers," Liptak said. "We'll be able to enter new market niches, increase our customer base and ultimately enhance the company's financial strength."

The company's life and annuity products will be offered to Blue Cross and Blue Shield of Florida's existing employer groups and potential employer group customers through Blue Cross and Blue Shield of Florida's sales force. Employers will have the choice of purchasing employee health and life benefits as a package or separately.

Additionally, FCL will be planning and developing products to be sold to individuals using existing agency and direct response distribution methods.

Although the subsidiary is new, Blue Cross and Blue Shield of Florida has long been involved in the life insurance business. In 1965, the company created the Florida Combined Insurance Agency (FCIA) to provide broker services to employer groups wanting a single carrier to provide billing, sales, and service for their health and life benefits. FCIA contracted with Florida licensed insurers to underwrite life, accident and disability products.

"Florida Combined Insurance Agency has been a successful venture and has achieved a total annual premium in excess of $7.2 million with approximately $1.4 billion of life insurance in force," Liptak said.

These accounts will gradually be transferred to FCL by mutual agreement with existing insurers.

Based on FCIA's results, the findings of a 1986 venture analysis and industry trends in financial services, Blue Cross and Blue Shield of Florida decided offering its own life insurance products will be more profitable for the company. FCL projects it will be writing premiums at a rate of $10 million per year by the end of 1989.

Some Blue Cross and Blue Shield Plans developed life insurance companies as early as the 1950's. However, 18 Plans have expanded into the life market during the last ten years as the financial services market has become more attractive.

If you are interested in obtaining life insurance, call Florida Combined Life Insurance at (904) 730-7800.

INSIDE

Blue Cross & Blue Shield

Florida Combined Insurance 1
Coverage Update
—Mammograms 2
—Newborn Adopted Children .. 2
—CAT Scans 3
—Epikeratophakia 4
—Singe Photon Bone Absorptiometry 4
—MSSO Correction 4
Laboratory Update
—Clarification Concerning Markups 5
Group Bulletin Board
—Reciprocity for GM 6
—Chrysler Home Hemophilia ... 7
—$25 Co-pay for State ER 8
Filing Tips
—Pre-existing Conditions 8
Reimbursement Guide 9
1988 Workshop Schedule 10

COVERAGE UPDATE

Mammogram Screening Now A State Mandated Benefit

Effective October 1, 1988, Blue Cross and Blue Shield of Florida will include coverage for routine mammograms according to the following state mandate:

- One baseline mammogram for the female insured age 35 to 39, inclusive.
- A mammogram for the female insured age 40 to 49, inclusive, every two years or more frequently, based on the female insured physician's recommendation.
- A mammogram every year for the female insured age 50 and over.

Such coverage shall apply if the female insured is referred by a physician for a routine physical, breast cancer screening or diagnostic purposes, or uses a health testing service utilizing radiological equipment for breast cancer screening. This equipment must be registered with the Department of Health and Rehabilitative Services. Coverage shall be subject to the deductible and coinsurance, and all terms and conditions (including limitations and exclusions) applicable to other benefits.

Procedure codes 76090 and 76091 should be used when billing routine or screening mammography. According to CPT-4 1988, 76150 (xeroradiography) should not be billed in conjunction with mammographic studies and will not be paid. Routine screening should be billed with ICD-9-CM diagnoses codes V70, V70.0, V71, V71.1 or V76.1.

This mammogram screening benefit will apply to all of Blue Cross and Blue Shield of Florida's actively marketed Direct Pay and group products, including National Control Plan, central site and local group accounts. This benefit is not covered under the Blue Cross and Blue Shield of Florida Medicare Supplemental or Blue Cross hospital indemnity contracts. Blue Cross and Blue Shield of Florida will continue to pay diagnostic mammmograms the same as any other diagnostic study.

Please note: This benefit will not be effective October 1, 1988, for the State of Florida group as previously communicated (see the July/August, 1988 *Times*, Vol. 4, No. 4 or the July, 1988 *Bulletin* entitled "State of Florida Group Plan Benefit Changes."). We will advise you at a later date when this benefit will be implemented for State Group. The law requires that this benefit be effective for state group no later than July 1, 1989.

Coverage for Newborn Adopted Children

Blue Cross and Blue Shield of Florida will provide coverage for a newborn adopted child from the moment of birth, in certain circumstances, as a result of recent Florida legislation which is effective October 1, 1988. A written agreement to adopt must be entered into by the insured prior to the birth of the child and the insured must hold a family contract in order for coverage to be extended. If the child is not ultimately adopted and placed in the residence of the insured, coverage will not be extended.

Coverage of a newborn adopted child under an employee only or single/one person contract will not be extended. The single insured must apply for family coverage prior to the birth of the newborn. Additionally, charges in connection with the natural mother's total obstetric care are non-covered under the adoptive parents' contract.

COMPUTERIZED TOMOGRAPHY SCANS

Computerized Tomography Scans record attenuated X-ray transmissions through the body and, utilizing a mini-computer, reconstructs a graphic image of a tomographic "slice" of a body area with marked anatomical detail. Computerized Tomography Scan is a covered service provided the patient's symptoms and preliminary diagnosis are medically appropriate. CT scans are limited to three (3) scans on the same anatomical area within a thirty (30) day period unless documented as to medical necessity for Medical Review.

The following CPT-4 procedures are eligible for coverage:

70450	Computerized axial tomography, head or brain; without contrast material
70460	with contrast material
70470	without contrast material, followed by contrast material(s) and further sections
70480	Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	with contrast material(s)
70482	without contrast material, followed by contrast material(s) and further sections
70486	Computerized axial tomography, maxillofacial area; without contrast material
70487	with contrast material(s)
70488	without contrast material, followed by contrast material(s) and further sections
70490	Computerized axial tomography, soft tissue neck; without contrast material
70491	with contrast material(s)
70492	without contrast material followed by contrast material(s) and further sections
71250	Computerized axial tomography, thorax; without contrast material
71260	with contrast material(s)
71270	without contrast material, followed by contrast material(s) and further sections
72125	Computerized axial tomography, cervical spine; without contrast material
72126	with contrast material
72127	without contrast material, followed by contrast material(s) and further sections
72128	Computerized axial tomography, thoracic spine; without contrast material
72129	with contrast material
72130	without contrast material, followed by contrast material(s) and further sections
72131	Computerized axial tomography, lumbar spine; without contrast material
72132	with contrast material
72133	without contrast material, followed by contrast material(s) and further sections
72192	Computerized axial tomography, pelvis; without contrast material
72193	with contrast material(s)
72194	without contrast material, followed by contrast material(s) and further sections
73200	Computerized axial tomography, upper extremity; without contrast material
73201	with contrast material(s)
73202	without contrast material, followed by contrast material(s) and further sections
73700	Computerized axial tomography, lower extremity; without contrast material
73701	with contrast material(s)
73702	without contrast material, followed by contrast material(s) and further sections
74150	Computerized axial tomography, abdomen; without contrast material
74160	with contrast material(s)
74170	without contrast material, followed by contrast material(s) and further sections
76070	Computerized tomography, bone density study
76355	Computerized tomography guidance for stereotactic localization
76360	Computerized tomography guidance for needle biopsy; supervision and interpretation only
76361	complete procedure
76365	Computerized tomography guidance for cyst aspiration; supervision and interpretation only
76366	complete procedure
76370	Computerized tomography guidance for placement of radiation therapy fields
76375	Computerized tomography, coronal, sagittal, multi-planar, oblique and/or three-dimensional reconstruction

Computerized tomography, coronal, sagittal, multiplanar, oblique and/or three (3) dimensional reconstruction (76375) rendered on the same day as CT Scans, is made in addition to the allowance for the CT Scan.

Follow-up visits (90030-90080, 90240-90292, 99171, 90530-90580) or follow-up consultative visits (90640-90643) are included in the basic allowance of the CAT SCAN, when performed on the same day by the same provider. Reimbursement for specific needle biopsy procedures are included in the basic allowance of computerized tomography guidance procedures (76361, 76366).

Please note: Reimbursement will NOT be made for BOTH C.A.T. and Magnetic Resonance Imaging (MRI) procedures performed on one body system (or one anatomical site) on the same day, by the same physician or any other provider. The C.A.T. Scan will be included in the allowance for the M.R.I. For additional information on coverage for M.R.I. procedures, see the May/June, 1988 issue (Vol. 4, No. 3) of the *Times*.

EPIKERATOPHAKIA

Epikeratophakia is a surgical procedure in which previously cryolathed human corneal tissue that has been fabricated to a specific dioptric power and keratometric reading, lyophilized (freeze-dried) for storage, is then sutured onto the anterior surface of the cornea. The tissue is rehydrated for use in correcting a range of refractive errors.

Areas of the application include cataract patients for whom intraocular lenses are not the vision correction of choice, existing aphakes, pediatric aphakes, keratoconus, and high myopes and hyperopes.

There is also a procedure in which this tissue is used as an onlay corneal graft for corneal disorders requiring surgical patching. This tissue is prepared and processed in the same fashion. It can be used for corneal perforations, descemetocele, pterygium, or tectonic grafts prior to penetrating keratoplasty.

All donor tissue utilized for these lenticles is tissue which is not suitable for penetrating keratoplasty (corneal transplant).

FDA RECOMMENDATIONS: On January 21, 1988, the FDA Ophthalmic Advisory Panel recommended approval for the use of epikeratophakia in the treatment of adult and pediatric aphakia, keratoconus, and for corneal patching.

Adult Aphakia: Epikeratophakia is indicated for aphakic patients who cannot be corrected with contact lenses or spectacles, and are contraindicated for an intraocular lens.

Pediatric Aphakia: Epikeratophakia is indicated for use in children over the age of one year, are unable to use contact lenses or spectacles, and for whom amblyopia therapy can be provided by a pediatric ophthalmologist or experienced practitioner.

Keratoconus: Epikeratophakia is indicated for the treatment of keratoconus patients who cannot be treated with a contact lens and in whom penetrating keratoplasty is contraindicated or would have a poor prognosis.

Epikeratophakia Patch: Indicated for corneal ulcers, perforations, and thinning, in which the basic problem is loss of corneal tissue.

The myopic indication was **NOT** included as part of the recommendations from the FDA and is therefore not part of the recommended approvals, nor is it covered by Blue Cross and Blue Shield of Florida.

When billing Epikeratophakia to Blue Cross and Blue Shield of Florida, use **CPT-4** code **65767**.

Single Photon Bone Absorptiometry (78350)

Effective 9/1/88, Single Photon Bone Absorptiometry (78350), the quantitative measurement of the bone mineral of cortical and trabecular bone, is considered investigational and is non-covered by Blue Cross and Blue Shield of Florida.

Dual Photon Bone Absorptiometry (78351) continues to be considered investigational and remains non-covered by Blue Cross and Blue Shield of Florida.

CORRECTION – MSSO BILLING

Please note the following correction to the "MSSO Billing" article on Page 6 of the July/August 1988 issue (Vol. 4, No. 4) of the *Times.*

The Mandatory Second Surgical Opinion (MSSO) modifiers should read:

YY - Confirming Second Opinion
ZB - Non-Confirming Second Opinion
ZZ - Confirming Third Opinion
ZC - Non-Confirming Third Opinion

These modifiers should be added to the applicable consultation procedure code when billing for MSSO consultations for Blue Cross and Blue Shield of Florida subscribers.

Clarification Concerning Mark-Ups For Laboratory Tests

Please note this clarification of the article entitled, "Concerning Mark-Ups for Laboratory Tests from Independent Labs," which was published in the *Florida Health Care Times*, May/June, 1988 issue (Vol. 4, No. 3) on page 12.

After review and working with the Florida Medical Association personnel, we found we failed to print the latest publication of the law which clearly defines the issue of mark-ups.

It reads as follows:

10D-41.092 Rebates Prohibited - Penalties.

(1) No owner, director, administrator, physician, surgeon, consultant, employee, organization, agency, representative or person either directly or indirectly, shall pay or receive any commission, bonus, kickback, rebate or gratuity or engage in any split fee arrangement in any form whatsoever for the referral of a patient. Any violation of this Rule 10D-41.092, by a clinical laboratory or administrator, physician, surgeon, consultant, employee, organization, agency, representative, or person acting on behalf of the clinical laboratory, will be grounds for action by the Department of Health and Rehabilitative Services under Section 483.201, F.S., to revoke the license of the clinical laboratory. In the case of an entity or individual not licensed by the department acting in violation of this Rule 10D-41.092, a fine not exceeding $1,000.00 may be levied and, if applicable, a recommendation by the department to the appropriate licensing board that appropriate action be taken.

(2) No licensed practitioner of the healing arts or licensed facility may add to the price charged by any laboratory except for a service or handling change representing a cost actually incurred as an item of expense. However, the licensed practitioner or licensed facility is entitled to fair compensation for all professional services rendered. The amount of the service or handling charge, if any, shall be set forth clearly in the bill to the patient.

(3) Each licensed laboratory shall develop a fee schedule for laboratory services which shall be available to the patient, physician and the department upon request and shall be subject to Rule 10D-41.092(2). Specific Authority 483.201 F.S. Law Implemented 483-201, 483.245 F.S. History - New 6-6-85, Formerly 10D-41.92.

Procedure Code 36415 may be used as a separate line item, to report services when a venipuncture is performed in order to obtain a specimen. Services for obtaining specimens such as cultures, sputum specimens and any other specimen not requiring venipuncture, is considered to be included in the basic allowance of the office visit billed at the appropriate level of care.

Our audit findings have revealed providers elevating charges to us far above the independent laboratory cost to them. This is not an acceptable practice and when identified, these monies will be recouped when the cost incurred cannot be identified as an item of expense.

Volume 4, Number 5
September/October 1988
Editor .... Lynn Edwards
Production ..... Corporate Print Shop
Blue Cross and Blue Shield of Florida

Health Industry Services
Field Support Department
P.O. Box 41109
Jacksonville, Florida 32203

Florida Health Care Times is published monthly for all health care providers by the Health Industry Services Field Support Department of Blue Cross and Blue Shield of Florida Inc. The information contained in this publication is applicable only to Blue Cross and Blue Shield of Florida programs and policies. Medicare B information is published quarterly in the "Update."

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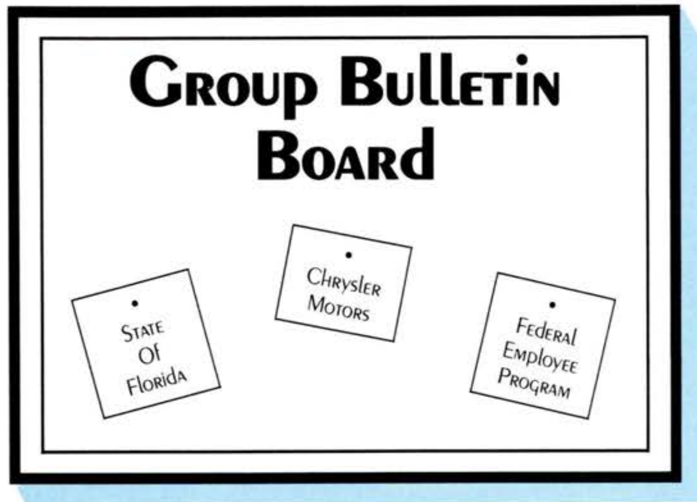


Reciprocity Program for General Motors Corporation Enrollees

Effective October 1, 1988, the Preferred Provider Organization (PPO) Reciprocity Program will be implemented for General Motors (GM) members enrolled with the Informed Choice Plan PPO Option (group numbers 83100 and 83140). All PPO benefits will be included in the program.

Purpose of the Program

The GM PPO Reciprocity Program is designed to assist PPO enrollees in locating approved, preferred providers when non-emergency medical care is required in a location other than the enrollee's home state. Additionally, the program provides PPO health care professionals with a means to verify the eligibility of out-of-state enrollees.

ENROLLEE RESPONSIBILITY

Initiating the Process

The process is initiated by the out-of-state enrollee when assistance must be obtained to locate approved, preferred providers. When medical services are needed, the enrollee will contact his/her home state Plan by calling the toll-free number which is printed on the front of the identification card. The home state Plan will supply the enrollee with the toll-free number of the Subscriber Inquiry Department of the nearest GM-approved host state Plan PPO.

When the enrollee contacts the host state Plan PPO, the inquiry staff will provide the names, addresses and telephone numbers of several preferred providers located nearby. At the enrollee's request, a PPO directory may be supplied instead.

Note: Out-of-state enrollees seeking non-emergency services in areas outside the GM PPO network will be informed that they may seek services from any local provider, but these services will be subject to a 20% copayment.

Claim Inquiries

Enrollee inquiries regarding payment of claims for services rendered outside of the home state should be directed to the PPO of the state in which the services were provided or to their home PPO (for instance, questions regarding claims for services rendered in Florida should be directed to Florida).

PROVIDER RESPONSIBILITY

Eligibility Verification

Providers must verify the eligibility of out-of-state enrollees before submitting claims for services performed. In Florida, eligibility of an out-of-state GM PPO enrollee may be verified by:

- contacting the GM PPO Provider Inquiry Department by calling (904) 791-6969 (locally) or 1-800-342-8229 (in-state) toll-free long distance; or
- contacting the enrollee's home state Provider Inquiry Department by calling the toll-free number printed on the front of the enrollee's identification card.

Blue Cross and Blue Shield of Florida utilization controls apply to all services rendered to GM PPO enrollees by Florida providers.

Claims Submission

Services provided to out-of-state GM PPO enrollees should be reported on the appropriate claim form and submitted to Florida through normal channels.

Chrysler Motors Corporation Home Hemophilia Program

The Chrysler Motors Corporation Home Hemophilia Pilot Program is no longer a pilot program and effective April 1, 1988, the program became available nationwide to all Chrysler bargaining and non-bargaining employees, retirees and surviving spouses and their eligible dependents enrolled in either the Standard Plan or Preferred Provider Organizations (PPO). The pilot program had been previously available only to Chrysler Michigan enrollees since January 1, 1977.

The Chrysler Motors Corporation Home Hemophilia Program is a benefit for the following groups:

82300	82800
82400	CHR210
82600	

The Home Hemophilia Program provides in-home training to hemophilia patients and allows benefits for the necessary medications and supplies used in home treatment when obtained from a hospital.

MEDICATION AND SUPPLIES

Covered medications and supplies are limited to the following items:

- The Antihemophilic Factor (AHF)
- Benadryl or other appropriate antihistaminic agents
- Syringes, needles and other supplies required to inject the AHF

The blood hemophilia factors and Federal Legend Drugs are covered as well as supplies directly related to home treatment. Experimental drugs and treatment are not a benefit.

Claims for dispensed medications and supplies exceeding four treatments or eight for high bleed situations must be accompanied by supporting documentation and are subject to review for payment approval.

The dispensed medications and supplies must be prescribed by a physician who is qualified to treat hemophilia patients according to the guidelines established by the Hemophilia Society of each state. The Michigan Hemophilia Society provides Blue Cross and Blue Shield of Michigan with the names and addresses of these physicians.

Treatment data must be recorded and maintained in the physician's office for all home hemophilia patients.

TRAINING

Patient selection and training for home hemophilia treatment must be handled by a treatment center which conforms with the qualifying policies and guidelines established by the state Hemophilia Society and approved by Blue Cross and Blue Shield of Michigan. All release forms required by the administering facility must be signed by the patient (or the patient's legal guardian if the patient is a minor) prior to the start of treatment.

REPORTING INSTRUCTIONS

Billing for home hemophilia services, medications and supplies will be accepted from all hospitals and payment calculated based on the facility's participating status. All services should be reported on a UB-82 Claim Form according to the following specifications:

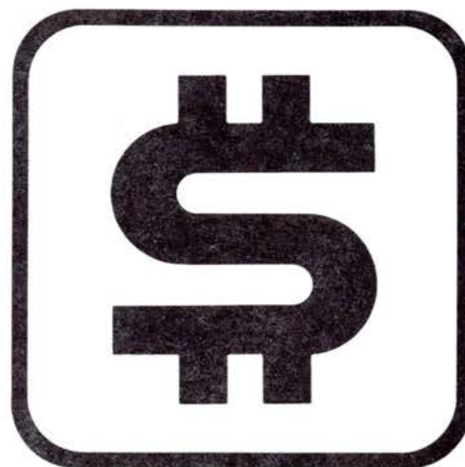
- Stamp or write in red in the upper right corner of all claim forms "Hemophilia Proj."
- Field #27 – insert Type of Service Code 8 (laboratory)
- Field #50 – insert service description
  - Drugs: indicate the applicable AHF and antihistamine as appropriate
  - Other Items: indicate the medical supplies required
- Field #51 – insert revenue code 250 (pharmacy) for AHF, etc. and 272 for supplies
- Field #54 (service charge) – insert the total service charge for each service line
- Field #76 – insert the diagnosis nomenclature, "hemophilia"
- Field #77 – insert the ICD-9 diagnosis code
- Field #94 (remarks) – indicate:
  - The drug brand name and generic description, units per bottle, and total number of bottles dispensed
  - The dosage and quantity of Benadryl ampules and/or other antihistamine medications dispensed
  - The name and quantity of medical supplies dispensed
  - The number of treatments reported on the claim form

Claims for home hemophilia services should be batched together and submitted once each month to the following address:

Blue Cross and Blue Shield of Michigan
Provider Pilot Program
Department B498
600 Lafayette East
Detroit, MI 48226

Questions regarding the home hemophilia pilot program may be directed to the Provider Inquiry Department, (313) 225-9094 or 1-(800) 482-0898 toll-free long distance.

$25 Copayment for ER Visits for State of Florida



Since the July 1, 1988 benefits change for the State of Florida group, there has been some confusion concerning the administration of the $25 copayment for Emergency Room visits to Preferred Patient Care (PPC) facilities. This $25 copayment will apply to PPC facilities as follows:

> The $25 copayment is applied to the facilities charge for the ER visit, ancillary code 450, if the patient is not admitted. All other services provided during the ER visit i.e., X-ray, pathology services, would be subject to the $50 outpatient services deductible on PPC providers.

For additional information regarding State of Florida group benefits, see the July/August issue of the *Florida Health Care Times* (Vol. 4, No. 4), page 9.

FILING TIPS ✓

CHECK FOR PRE-EXISTING CONDITIONS

"We must have verification of the condition for which the above patient was treated and the date you first treated him/her for this condition. If there was a referring physician, please provide the referring physician's name, address, and telephone number. Please attach it to this request and return as soon as possible."

If you have received this message on one of your patient's Explanation of Benefits (EOB), then here are some tips on how to avoid this request for additional information.

Many Blue Cross and Blue Shield of Florida insureds have a pre-existing condition clause in their contracts which limits or excludes coverage for services associated with that condition. A pre-existing condition is any condition which manifested itself, or which was the subject of medical advice or treatment by a provider, during a time immediately preceding the effective date of the insured's coverage. (This specified period of time is usually three, six, twelve or twenty-four months.) Pregnancy is a pre-existing condition when inception of the pregnancy preceded the effective date of the pregnant insured's coverage.

Note: A condition is defined as any covered disease, illness, ailment, injury, bodily malfunction or pregnancy of an insured. After the specified pre-existing period has elapsed, the services will be payable consistent with the terms of the insured's contract.

When verifying coverage at the time of service, ask if the subscriber's contract has a pre-existing condition clause and if so, the effective date of coverage. When filing a claim for an illness or injury that was not previously treated prior to the effective date of the subscriber's policy, include the following on the 1500 claim form:

- Date of illness (first symptom) or injury (accident) Block 14
- Name of referring physician or other source – Block 19. If no referring physician, indicate "None". If a referring physician is involved, additional information will be needed from him/her.
- ICD-9-CM Diagnosis Code – Block 23A

The subscriber may be responsible for payment of services if the services are associated with a pre-existing condition.

THE ANSWERS AT YOUR FINGERTIPS

Reimbursement Guide and Educational Workshop

Insurance can be complicated for you and your staff, but our educational tools can make your job much easier.

Are you receiving letters requesting additional information? Do you have to make repeated phone calls in order to receive the appropriate information for billing?

If you answered yes to the above, you can solve your billing problems by using Blue Cross and Blue Shield of Florida's convenient *Reimbursement Guide*—a guide designed to take the guesswork out of your insurance billing.

THE REIMBURSEMENT GUIDE

Designed as a desk reference tool, the *Reimbursement Guide* was written in conjunction with a select group of business office managers and includes the most up-to-date Blue Cross and Blue Shield of Florida procedure codes and policies. The *Reimbursement Guide* will provide answers to your insurance billing questions, at your fingertips.

With the *Reimbursement Guide*, you will also receive a "Fast Tracker." This front desk reference guide quickly identifies subscribers' insurance cards and benefits.

Annual updates will be available and will include any changes in guidelines and procedure codes.

THE WORKSHOPS

This can be the most valuable help you ever had... The half-day workshops are designed to increase the proficiency of your staff in handling complicated insurance billing for accurate reimbursement. Additionally, your staff will have an opportunity to ask specific questions and meet your area Field Operations Representative. The *Reimbursement Guide* is the resource tool used in both of these workshops.

WORKSHOP I – Fundamentals Of Reimbursement

- Understanding and Recognizing the Identification Card
- Defining levels of service for reimbursement
- Step-by-step instructions through the HCFA 1500 claim form
- Billing primary and secondary insurance for Blue Shield
- Understanding the Blue Shield Summary of Benefits
- Important Blue Shield and Medicare Telephone Numbers and Mailing Addresses
- Instructions for Managed Care Programs (Pre-admission Certification, Second Surgical Opinion, etc.)
- Out-of-State Plan Payment Procedures
- Comprehensive listing of procedure codes and modifier codes
- Understanding modifiers

WORKSHOP II – Essentials Of Coding

- Understanding the CPT-4 Coding System
- Discussion of the Health Care Financing Administration's Common Procedure Coding System (HCPCS)
- Correct usage of modifier codes
- Application of practical, useful coding tips in simulated coding exercises
- Defining Blue Shield surgery guidelines
- Important Medical Policy issues

Each workshop qualifies participants for .3 CEU credits from the American Association of Medical Assistants, Inc. (AAMA) and American Medical Technologists Institute for Education (AMTIE).

WHO SHOULD ATTEND

These workshops are intended for those responsible for insurance billing and collections. This includes office managers, supervisors, insurance secretaries, doctors, credit and collection counselors, or anyone who handles telephone inquiries and collections.

REGISTRATION FORM

To order your Reimbursement Guide and register for the workshops, simply fill out the order form and mail with payment to:

REIMBURSEMENT GUIDE/WORKSHOPS
Blue Cross and Blue Shield of Florida, Inc.
Field Operations
P.O. Box 61147
Jacksonville, FL 32236-1147
(904) 739-4552

Doctor's Name: ____________________

Address: ____________________

City: ____________ County: ____________

State: ____________ Zip: ____________

Provider Number: ____________________

Telephone Number: (   ) ____________________

Doctor's Specialty: ____________________

Participant's Name(s): ____________________

Title: ____________________

Attendance at each session will be limited to 50. Be sure to indicate the workshop you wish to attend.

Workshop I – Fundamentals of Reimbursement

Date: __________ City ______ Time: __________

Workshop II – Essentials of Coding

Date: __________ City ______ Time: __________

Make your check payable to Blue Cross and Blue Shield of Florida, Inc.

- ☐ $50 Reimbursement Guide
- ☐ $20 Per Participant, Workshop I
- ☐ $35 Per Participant, Workshop II
- ☐ $50 Per Participant, Both Workshops

REGISTRATION DEADLINE: 15 days prior to the date of the workshop

REFUND POLICY: Cancellations must be received three days prior to workshop date.

Bring your *Reimbursement Guide* to the workshop you are attending. If you are purchasing a Reimbursement Guide, it will be mailed directly to your office. Please allow 2–3 weeks for delivery.

(Continued)

OCTOBER 1988

Tuesday

4
Gainesville
8:30–12:00
Fundamentals

1:00–4:00
Coding

Holiday Inn University
1250 University Ave. W.

18
Fort Lauderdale
9:00–12:00
Fundamentals

1:00–4:00
Coding

Imperial Pt. Med. Ctr.
6401 No. Federal Hwy.

Wednesday

5
Gainesville
8:30–12:00
Fundamentals

1:00–4:00
Coding

Holiday Inn University
1250 University Ave. W.

Lakeland
1:00–4:00
Coding

Holiday Inn
910 E. Memorial Blvd.

12
Arcadia
8:30–12:00
Fundamentals

DeSoto Mem. Hosp.
900 N. Robert Ave.

19
Key West
9:00–12:00
Fundamentals

1:00–4:00
Coding

No physical location
to date
For information call
(904) 739-4552

West Palm Beach
9:00–12:00
Fundamentals

1:00–4:00
Coding

Royce Hotel
1601 Belvedere Rd.

26
Daytona Beach
8:30–12:00
Fundamentals

1:00–4:00
Coding

Holiday Inn
Speedway
1798 Volusia Ave.

Friday

21
Fort Lauderdale
9:00–12:00
Fundamentals

1:00–4:00
Coding

Blue Cross and Blue
Shield of Florida
Suite 210
3303 W. Commercial
Blvd.
(Limited to 20
attendees)

NOVEMBER 1988

Tuesday

8
Tampa
1:00–4:00
Coding

Howard Johnson's
700 Westshore Blvd.

Wednesday

2
Pahokee
8:30–12:00
Fundamentals

1:00–4:30
Coding

Everglades Memorial
Hospital
200 S. Barfield Hwy.
Conf. Rm., 1st Flr.

9
Fort Lauderdale
9:00–12:00
Coding

Blue Cross and Blue
Shield of Florida
Suite 210
3303 W. Commercial
Blvd.
(Limited to 20
attendees)

16
Stuart
8:30–12:00
Fundamentals

1:00–4:30
Coding

Martin Memorial
Hospital
Hospital Ave.
Conf. Rm. B & C

30
Fort Lauderdale
9:00–12:00
Coding

Blue Cross and Blue
Shield of Florida
Suite 210
3303 W. Commercial
Blvd.
(Limited to 20
attendees)

Miami
8:30–12:00
Fundamentals

1:00–4:30
Coding

Cedars Med. Ctr.
1400 NW 12th Ave.
Seminar Centers
A & B

Friday

18
Fort Lauderdale
9:00–12:00
Coding

Blue Cross and Blue
Shield of Florida
Suite 210
3303 W. Commercial
Blvd.
(Limited to 20
attendees)

DECEMBER 1988

Wednesday

7
Vero Beach
8:00–12:00
Fundamentals

1:00–4:30
Coding

Doctors Clinic Annex
2300 5th Court
Rm. 1, 2nd Flr.

14
Fort Lauderdale
9:00–12:00
Coding

Blue Cross and Blue
Shield of Florida
Suite 210
3303 W. Commercial
Blvd.
(Limited to 20
attendees)

Lake Worth
8:30–12:00
Fundamentals

1:00–4:30
Coding

Doctors Hospital
2829 10th Ave. N
Admin. Svcs. Bldg.
Conf. Rm. 1

Friday

8
Miami
9:00–12:00
Fundamentals

1:00–4:00
Coding

Mercy Hospital
3663 S. Miami Ave.

MEDICARE INFORMATION

Medicare Part A

Medicare A (Provider & Subscribers)
1-904-791-6260

Medicare Part A
P. O. Box 2711
Jacksonville, FL 32231

Electronic Media Claims (EMC)

ELECTRONIC MEDIA CLAIMS:

EMC Support - 14T
P. O. Box 44071
Jacksonville, FL 32231-4071

EMC AGREEMENTS AND INQUIRIES:

EMC Support - 14T
P. O. Box 44071
Jacksonville, FL 32231-4071

DME PRESCRIPTIONS FOR EMC:

EMC-DME Prescriptions - 13T
P. O. Box 44071
Jacksonville, FL 32231-4071

Medicare B Claims

CLAIMS SUBMISSIONS:

Medicare Part B
P. O. Box 2525
Jacksonville, FL 32231-0019

Medicare B Communications

MEDICARE PART B CLAIMS REVIEW:

Medicare Part B
P. O. Box 2360
Jacksonville, FL 32231-0018

Medicare Part B Fair Hearings
P. O. Box 2078F
Jacksonville, FL 32231-0048

PARTICIPATING PROVIDERS ONLY:

Status/General Inquiries
Medicare Part B Correspondence
P. O. Box 45090
Jacksonville, FL 32231-5090

NONPARTICIPATING PROVIDERS:

Status/General Inquiries
Medicare Part B
P. O. Box 44086
Jacksonville, FL 32231-4086

DURABLE MEDICAL EQUIPMENT (DME):

DME Claims
Medicare Part B
P. O. Box 2778
Jacksonville, FL 32231-0055

DME Reviews
Medicare Part B
P. O. Box 44095
Jacksonville, FL 32231-4095

Medicare Part B Additional Development

WITHIN 40 DAYS OF INITIAL REQUEST:

Medicare B Claims
P. O. Box 2537
Jacksonville, FL 32231-0018

OVER 40 DAYS OF INITIAL REQUEST:
Submit the charge(s) in question, including information requested, just like a new claim to:

Medicare B Claims
P. O. Box 2525
Jacksonville, FL 32231-0019

Miscellaneous

MEDICARE CLAIMS FOR RAILROAD RETIREES:

The Travelers Insurance Company
RRB Medicare
P. O. Box 10066
Augusta, GA 30902

PROVIDER CHANGE OF ADDRESS:

Provider Registration Department
Blue Cross and Blue Shield of Florida, Inc.
P. O. Box 41109
Jacksonville, FL 32203-1109

PROVIDER EDUCATION:

Medicare Part B
Provider Education Department
P. O. Box 2078
Jacksonville, FL 32231-0048

Telephone Numbers

PROVIDERS:

Participating 1-904-634-4994
Non-participating 1-904-634-4988

BENEFICIARY:

Outside Duval County
(in Florida) 1-800-333-7586
Duval County
(or outside Florida) 1-904-355-3680

PROVIDER
REGISTRATION 1-904-739-4545

EMC CUSTOMER SERVICE:
.... 1-904-791-6493
.... 1-904-791-6645
.... 1-904-791-6069
.... 1-904-791-8458
.... 1-904-791-8533

EMC AGREEMENT INQUIRIES:
.... 1-904-791-6804

TEST TAPE (NEW SENDERS):
.... 1-904-791-8541

HEALTH INDUSTRY SERVICES

H.I.S. Field Operations Representatives service providers in the following counties:

JACKSONVILLE

8657 Baypine Rd., Suite 204
Jacksonville, FL 32256
(904)739-4522 or (904)739-4525

Counties Served:
Alachua, Baker, Bradford, Clay, Columbia, Duval, Flagler, Gilchrist, Levy, Marion, Nassau, Putnam, St. Johns, Suwanee, Union

PENSACOLA

5401 Corporate Woods Dr., Suite 150
Pensacola, FL 32504
(904)477-5744

Counties Served:
Bay, Escambia, Holmes, Okaloosa, Santa Rosa, Walton, Washington

TALLAHASSEE

325 John Knox Rd.
Bldg. E, Suite 103
Tallahassee, FL 32303
(904)385-3022

Counties Served:
Calhoun, Dixie, Franklin, Gadsden, Gulf, Hamilton, Jackson, Jefferson, Lafayette, Leon, Liberty, Madison, Taylor, Wakulla

ORLANDO

P. O. Box 140675
Orlando, FL 32814-0675
(407)894-4620

Counties Served:
Brevard, East Polk, Lake, Orange, Osceola, Seminole, Volusia

TAMPA

One Memorial Center
4921 Memorial Hwy, Suite 100
Tampa, FL 33634

Counties Served:
(813)882-8534
Citrus, Desoto, Hardee, Hernando, Highlands, Hillsborough, Manatee, Pasco, Pinellas, Sumter, West Polk
(813) 885-2592
Charlotte, Collier, Lee, Sarasota

FT. LAUDERDALE/MIAMI

3303 W. Commercial Blvd.
Suite 110
Ft. Lauderdale, FL 33309-3412

Counties Served:
(305) 484-6822
Broward, Glades, Hendry, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
(305) 594-2150
Dade, Monroe

BLUE CROSS AND BLUE SHIELD OF FLORIDA INFORMATION

PROVIDER INFORMATION

BLUE SHIELD OF FLORIDA CLAIMS
Blue Cross and Blue Shield of Florida, Inc.
P. O. Box 1798
Jacksonville, FL 32231-0014

BLUE SHIELD CLAIMS REVIEW
Blue Cross and Blue Shield of Florida, Inc.
P. O. Box 1798F
Jacksonville, FL 32231-0014

PHYSICIAN (BLUE SHIELD) INFORMATION
1-800-727-2227 participating physicians
1-904-791-9200 nonparticipating physicians

BLUE CROSS INFORMATION
1-904-791-9200

PHYSICIAN CHANGE OF ADDRESS
Provider Registration Department
Blue Cross and Blue Shield of Florida, Inc.
P. O. Box 41109
Jacksonville, FL 32203-1109

PROVIDER MANUAL INFORMATION
Blue Cross and Blue Shield of Florida, Inc.
Health Industry Services Communications
P. O. Box 41109
Jacksonville, FL 32203-1109

SUBSCRIBER INFORMATION

BLUE SHIELD INFORMATION
1-904-354-3331 subscriber

TELEMARKETING SALES– INDIVIDUAL CONTRACTS
1-800-228-2071

OUT-OF-STATE SUBSCRIBER INFORMATION

CENTRAL CERTIFICATION
1-904-354-3331

INTERPLAN BANK
1-904-791-6182
1-904-791-6294
1-904-791-6581
1-904-791-8279

RECIPROCITY
1-904-791-8206

SPECIAL GROUP INFORMATION

FEDERAL EMPLOYEE PROGRAM (FEP) CLAIMS
Blue Cross and Blue Shield of Florida, Inc.
P. O. Box 1798
Jacksonville, FL 32231-0014
1-800-333-2227

FEDERAL EMPLOYEE PROGRAM
Marketing and Customer Service
Blue Cross and Blue Shield of Florida
P. O. Box 44111
Jacksonville, FL 32231-4111

MOTORS (FORD-GM-CHRYSLER) CLAIMS AND CORRESPONDENCE
Blue Cross and Blue Shield of Florida, Inc.
P. O. Box 2988
Jacksonville, FL 32232-0026

MOTORS (FORD-GM-CHRYSLER)
(Physicians and Subscribers)
1-800-342-8229 General Motors
1-800-342-8228 Ford & Chrysler

PUBLIX EMPLOYEES
Blue Cross and Blue Shield of Florida, Inc.
P. O. Box 45034
Jacksonville, FL 32231-0014
(Physicians & Subscribers)
1-800-782-5491

STATE OF FLORIDA/PPC
(Physicians & Subscribers)
P. O. Box 2896
Jacksonville, FL 32232-2896
1-800-825-2583

MANAGED CARE PROGRAMS

MAIL PREADMISSION CERTIFICATION REQUESTS TO:
Blue Cross and Blue Shield of Florida, Inc.
Utilization Management Dept.
P. O. Box 43237
Jacksonville, FL 32203-3237

TO REQUEST PREADMISSION CERTIFICATION
1-800-432-3041

SSO/SECOND SURGICAL OPINION
1-800-342-2054

AUTOMATED CLAIMS SUBMISSION

To lease a claims submission terminal:

PROVIDER AUTOMATED SERVICES
Blue Cross and Blue Shield of Florida, Inc.
8659 Baypine Rd., Suite 200
Jacksonville, FL 32216-7513
1-904-739-6700
1-800-443-6410 Statewide

If you already own a system:

AUTOMATED CLAIMS SUBMISSION
8649 Baypine Rd., Suite 300
Jacksonville, FL 32216
(904)739-4527

MISCELLANEOUS

FRAUD HOTLINE
1-800-635-2369 (Toll-free)

OTHER CARRIER LIABILITY
1-904-791-6405

Blue Cross and Blue Shield of Florida
HIS Field Services Department
P.O. Box 41109
Jacksonville, FL 32203

September/October 1988

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