

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

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OUR WEB ADDRESS:
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Medical Advisory Committee (MAC)

April 21, 2005

Results from the first session of MAC in 2005 will be effective July 1, 2005. This newsletter is arranged with ad hoc committees listed first, followed by liaison committees in chronological order.

In most instances, the topics in this newsletter are available at www.bcbsks.com by clicking on Providers, Publications, Medical Review. In addition, the respective link for each topic is included on the following pages.

Provider offices that do not have Internet access may obtain copies of our Web documents by calling the professional relations hotline.

Sent to: CAP excluding DDS and Pharmacy

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Contains Public Information

Ad Hoc Home Phototherapy

Home Phototherapy

The guideline for this procedure has been revised and can be viewed at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_HomePhototherapy.pdf

Ad Hoc Therapies

Documentation of Medical Services

The importance of having the services you perform sufficiently documented cannot be over emphasized. If medical records are requested to document the services that you have rendered, keep in mind the reviewer has only the information that you provided from which to make their determination. Therefore additional documentation other than just from the date of service in question may be needed to support the medical necessity of your services. Put yourself in the reviewer's position. What documentation would you need to see to justify your treatment?

In situations where our staff or medical consultant is unable to determine medical necessity due to insufficient documentation on your part, the claim will be a provider write-off.

Following are the minimal requirements for patient's file. Records must:

1. Be legible in both readability and content.
2. Contain only those terms and abbreviations easily comprehended by similar licensees/peers.
3. Contain identification of the patient on every page.
4. Indicate the dates any professional service was provided. List start and stop times on all timed codes per CPT nomenclature.
5. Contain pertinent and significant information concerning the patient's presenting condition.
6. Reflect what examination or treatment was performed and physical area(s) treated, vital signs obtained and tests (lab, x-ray, etc.) performed and the findings of each.
7. Indicate the initial diagnosis and the patient's initial reason for seeking the provider's care.
8. Document the treatment performed (what treatment was done, why was it done, where it was done, and for how long).
9. Document the patient's progress during the course of treatment provided.
10. All notes should be signed and dated by the scribing clinician.

The following elements should be present on each daily record:

Subjective Complaint: the patient's reason for seeking care, symptoms, nature of injury or accident, and the patient's perception of progress to date.

Objective Findings: Results of physical exam; documentation of the patient's progress and tests results, when applicable.

Assessment: The provider's evaluation/diagnosis of the patient's condition, progress and prognosis.

Plan: The initial visit would include the overall diagnostic and/or treatment plan. Follow-up visits would show any appropriate changes in the diagnosis and /or treatment plan and why. The treatment itself and any other services rendered would be documented here.

The following medical records may also be needed to review the claim for medical necessity:

1. Medical records from previous dates of service to justify the treatment.
2. Initial and follow up evaluations – for medical condition being reviewed.
3. Progress notes – all dates for medical condition being reviewed.
4. Testing (lab, x-ray, etc.) pertinent to medical condition being reviewed.
5. Treatment documentation - all dates of treatment for medical condition being reviewed.
6. Physician's order when service or treatment is performed by another provider.

Heat and Cold Therapies

Certain therapies are considered duplicative services as follows:

Microwave (97020) and diathermy (97024) are duplicative of each other.

Infrared (97026) and ultraviolet (97028) are duplicative of each other.

Microwave (97020) and infrared (97026) are duplicative of each other.

Unit Limitations (Modalities and Therapeutic Procedures)

Unit limitations on the following CPT codes will be changed.

97035 – Units will be reduced from 2 to 1.

97140 – Units will be reduced to 2, with the exception of lymphatic drainage, which will remain at 4.

97504 and 97520 – Units will be set at 2 on both codes. In addition, orthotic and prosthetic training will be allowed when billed by different providers from the one(s) supplying the orthotic or prosthetic.

Orthopedic Liaison (January 5, 2005)

Extracorporeal Shock Wave Therapy (ESWT) for Plantar Fasciitis

The guideline for this procedure has been revised and is now available on the Web at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_ESWTFoot.pdf

Kyphoplasty

Kyphoplasty has been added to the medical policy on Minimally Invasive Discectomy Procedures for Spine Pain, which is now on the Web at the link below:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_MinimallyInvasiveProcedures.pdf

Internal Medicine Liaison (January 26, 2005)

Continuous Glucose Monitoring

The guideline for this procedure has been revised and is now available on the Web at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_ContGlucoseMonitoring.pdf

Intravenous Immunoglobulin Globulin

This guideline has been revised and is available at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_ImmuneGlobulin.pdf

Podiatry Liaison (February 3, 2005)**Extracorporeal Shock Wave Therapy (ESWT) for Plantar Fasciitis**

The guideline for this procedure has been revised and is now available on the Web at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_ESWTFoot.pdf

Radiology Liaison (February 8, 2005)**CT Coronary Artery Scan**

Coronary artery scans are considered experimental/investigational due to the lack of scientific literature to support their use. This procedure has been added to the experimental/investigational list on the Web.

[BCBSKS - Provider Publications - Blue Shield Medical Review - Experimental/Investigational Services/Not Medically Necessary Services](#)

Kyphoplasty

This procedure has been added to the medical policy on Minimally Invasive Discectomy Procedures for Spine Pain, which is now on the Web at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_MinimallyInvasiveProcedures.pdf

Magnetic Resonance Imaging (MRI) Breast

This guideline has been revised and is now available at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_MRIBreast.pdf

Positron Emission Tomography (PET)

This guideline has been revised and is available at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_PET.pdf

Oncology Liaison (February 15, 2005)**Intravenous Immunoglobulin Globulin**

This guideline has been revised and is available at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_ImmuneGlobulin.pdf

Positron Emission Tomography (PET)

This guideline has been revised and is available at:

http://www.bcbsks.com/providers/publications/professional/med_review/policies/060105_PET.pdf