In the Blue Cross and Blue Shield of Kansas (BCBSKS) policy memo changes for 2008, we indicated we would allow the administration of an injection in addition to an office visit when performed on the same day. Our intent, which we discussed with a cross section of providers, was to allow the administration with vaccines and immunizations (codes 90465-90468, 90471-90474, and G0008-G0010). These codes were input into our system January 1, 2008 to begin paying in addition to an office visit when billed on the same day. The reimbursement for all of these procedures is approximately $8 in addition to the office visit. We have found that Policy Memo No. 1 still states that injection administration when provided on the same day as an E&M is content of service, while it has been eliminated from Policy Memo No. 2.

We have also received inquiries regarding the therapeutic injection code 90772, which shall continue to deny content of service when billed on the same day as an office visit. Our policy change only applies to the administration of vaccines and immunizations.

Attached are modifications to the Content of Service sections of Policy Memos No. 1 and 2 for 2008. These changes eliminate the conflicting language between the two policy memos, remove any reference to content of service on vaccines/toxoids, and clarify the therapeutic, prophylactic or diagnostic injection code.

We apologize for the confusion on this issue.
V. CONTENT OF SERVICE

Content of service refers to specific services and/or procedures that are considered to be an integral part of previous or concomitant services or procedures to the extent that separate reimbursement is not recognized. Not all content of service issues are identified in the policies and procedures. BCBSKS staff may identify and classify specific coding and nomenclature issues as they arise. Examples of services that can be considered content of service are:

- Examination of the patient.
- History of illness and/or review of patient records.
- Evaluation of tests or studies (i.e., radiology or pathology).
- Any entries into the patient's records.
- Evaluation of reports of tests or studies earlier referred to another physician for an opinion and subsequently returned for use in the office visit being conducted.
- Advice or information provided during or in association with the visit.
- Case management.
- The prescription of any medicinals, home supplies or equipment during or as a result of the visit.
- The application or the re-application of any standard dressing during a visit.
- Therapeutic, prophylactic, or diagnostic injection administration (90772) provided on the same day as an office visit, home visit, or nursing home visit.
- Additional charges beyond the regular charge for services requested after office hours, holidays or in an emergency situation.
- Items of office overhead such as malpractice insurance, telephones, personnel, supplies, cleaning, disinfectants, photographs, equipment sterilization, etc.
- Telephone calls, Web-based correspondence
  - Traditional coverage – content of service when billed with another service on the same day. Not covered if billed separately and the only service rendered on that day.
  - Blue Select/Premier Blue - see Section XXXIII., MANAGED CARE

Some content of service issues related to specific services and/or procedures are identified throughout the policy and procedure documents.

NOTE: All-inclusive procedure codes must be used when appropriate.

A handling fee may be allowed under certain conditions. See Policy Memo No. 7, Radiology and Pathology Policy.
II. CONTENT OF SERVICE (See also Policy Memo No. 1)

Usual fees for the professional services for new and established patients are considered to include the following:

- Examination of patient.
- History of illness and/or review of patient records.
- Evaluation of tests or studies (i.e., radiology or pathology).
- Any entries into the patient's record.
- Evaluation of reports of tests or studies earlier referred to another physician for an opinion and subsequently returned for use in the office visit being conducted.
- Advice or information provided during or in association with the visit.
- Case management.
- The prescription of any medicinals, home supplies or equipment during or as a result of the visit.
- The application or the re-application of any standard dressing during a visit.
- Therapeutic, prophylactic, or diagnostic injection administration (90772) provided on the same day as an office visit, home visit, or nursing home visit.
- Additional charges beyond the regular charge for services requested after office hours, holidays or in an emergency situation.
- Items of office overhead such as malpractice insurance, telephones, personnel, supplies, cleaning, disinfectants, photographs, equipment sterilization, etc.
- Telephone calls or Web-based correspondence.
  - Traditional coverage - content of service when billed with another service on the same day. Not covered if billed separately and the only service rendered on that day.
  - Blue Select/Premier Blue - see Policy Memo No. 1, Section XXXIII. MANAGED CARE.

Some content of service issues related to specific services and/or procedures are identified throughout the policy and procedure documents.

NOTE: All-inclusive procedure codes must be used when appropriate.

A handling fee may be allowed under certain conditions. See Policy Memo No. 7, Radiology and Pathology Policy.