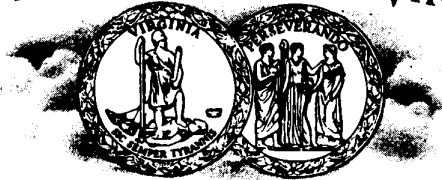


# COMMONWEALTH OF VIRGINIA

STEVEN T. FOSTER  
COMMISSIONER OF INSURANCE



BOX 1157  
RICHMOND, VIRGINIA 23209  
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## STATE CORPORATION COMMISSION BUREAU OF INSURANCE

June 20, 1995

### ADMINISTRATIVE LETTER 1995-5

**TO: All Insurers, Health Services Plans, and Health Maintenance Organizations Licensed to write Accident and Sickness Insurance in Virginia**

**RE: Virginia Insurance Regulation No. 38: Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers - Coverage for Treatment of Breast Cancer by Dose Intensive Chemotherapy/Autologous Bone Marrow Transplants or Stem Cell Transplants, Section 38.2-3418.1:1 of the Code of Virginia.**

Section 38.2-3418.1:1 of the Code of Virginia, enacted during the 1994 Session of the Virginia General Assembly, provides that coverage must be offered "for the treatment of breast cancer by dose-intensive chemotherapy/autologous bone marrow transplants or stem cell transplants." The requirement applies to any applicable policy, contract, or plan delivered, issued for delivery or renewed in Virginia on and after January 1, 1995.

Cost and utilization information will need to be reported to the Commission pursuant to the requirements contained in § 38.2-3419.1 and consistent with the requirements set forth in Regulation No. 38, as currently revised, as well as prior Administrative Letters on this subject. The first reporting period for this new benefit is calendar year 1995, and data must therefore be reported in the report due May 1, 1996.

Section 6. of Regulation No. 38 permits the Bureau of Insurance to modify the data requirements of the MB-1 reporting form on an annual basis through the use of an Administrative Letter. The reporting requirements and modified MB-1 Reporting form

All Insurers, Health Services Plans, et al.  
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will be sent to each insurer as part of an Administrative Letter, most likely in January of 1996. To delay informing insurers of the attached information, however, would be counterproductive. In order to avoid unnecessary confusion, the Bureau of Insurance has determined the appropriate CPT-4 and IDC-9-CM codes to be used by insurers in collecting this data, and a list thereof is attached to and made a part of this administrative letter.

Please refer any questions regarding this matter to:

Robert L. Wright, III, Principal Insurance Analyst  
State Corporation Commission  
Bureau of Insurance - Life and Health Division  
Post Office Box 1157  
Richmond, VA 23209  
Telephone: (804) 371-9586 FAX: (804) 371-9944

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Foster', with a long horizontal line extending to the right.

Steven T. Foster  
Commissioner of Insurance

STF/tlf

Attachment

**Section 38.2-3418.1:1 of the Code of Virginia  
Breast Cancer Treatment by Dose Intensive  
Chemotherapy/Autologous Bone Marrow  
Transplants or Stem Cell Transplants**

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- \* The following codes should be used for purposes of reporting under § 38.2-3419.1 and Regulation No. 38:

<u>ICD Codes</u>	<u>CPT Codes</u>
174.0 through .9	36520
175.0 through .9	38241
	86950

- \* The Bureau is aware that because of the changing and unique nature of treatment involving this diagnosis and treatment procedures, reporting only those claim costs associated with these codes will lead to significant under reporting. Accordingly, if one of the ICD Codes and any of the CPT codes shown above are utilized, the insurer should report all claim costs incurred within thirty (30) days prior to the CPT Coded procedure as well as all claim costs incurred within ninety (90) days following the CPT Coded procedure.