

# COMMONWEALTH OF VIRGINIA

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December 7, 2001

| Administrative Letter 2001-13 |

**TO: ALL INSURERS LICENSED TO WRITE ACCIDENT AND SICKNESS INSURANCE IN VIRGINIA, AND 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 2001 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, 2002. Carriers are responsible for making necessary adjustments to their data capturing systems to ensure that Form MB-1 accurately reflects cost and utilization data relating to additional reporting categories for the 2001 reporting period (calendar year). This letter only summarizes those categories of coverage 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 for calendar year 2001 will be reported on Form MB-1, due May 1, 2002. In each category identified below, the legislation requiring coverage of the benefit was effective July 1, 2000. Calendar year 2001 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.

- § 38.2-3411.3 of the Code of Virginia requires that insurers, health services plans, and health maintenance organizations provide coverage for childhood immunizations.

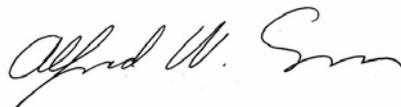
- § 38.2-3418.7:1 of the Code of Virginia requires that insurers, health services plans, and health maintenance organizations provide coverage for colorectal cancer screening.
- § 38.2-3418.12 of the Code of Virginia requires that insurers, health services plans, and health maintenance organizations provide coverage for hospitalization and anesthesia for dental procedures for specified covered persons.
- § 38.2-3418.13 of the Code of Virginia requires that insurers, health services plans, and health maintenance organizations offer and make available coverage for the treatment of morbid obesity.

In order to avoid confusion and to facilitate the capturing of appropriate data relating to the above requirements, the Bureau of Insurance has identified some of 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 questions regarding this matter to:

Mary Ann Mason  
Senior Insurance Market Examiner  
State Corporation Commission  
Bureau of Insurance – Life and Health Division  
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Sincerely,



Alfred W. Gross  
Commissioner of Insurance

AWG/ds  
Attachment

**Virginia Code Section 38.2-3411.3: Childhood Immunizations**

ICD Codes

V03.5	Diphtheria alone
V03.6	Pertussis alone
V03.7	Tetanus alone
V03.8	Other specified vaccinations against single bacterial diseases
V04.0	Poliomyelitis
V04.2	Measles alone
V04.3	Rubella alone
V04.6	Mumps alone
V05.3	Viral hepatitis
V06.1	Diphtheria-tetanus-pertussis, combined [DTP]
V06.3	Diphtheria-tetanus-pertussis with poliomyelitis [DTP + polio]
V06.4	Measles-mumps-rubella [MMR]
V06.5	Tetanus-diphtheria [Td]
V06.8	Other combinations

CPT Codes

90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP)
90701	Diphtheria, tetanus toxoids and whole cell pertussis vaccine (DtaP)
90702	Diphtheria and tetanus toxoids (DT)
90703	Tetanus toxoid
90704	Mumps virus vaccine, live
90705	Measles virus vaccine, live
90706	Rubella virus vaccine, live
90707	Measles, mumps and rubella virus vaccine (MMR), live
90708	Measles and rubella virus vaccine, live
90709	Rubella and mumps virus vaccine, live
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live
90712	Poliovirus vaccine, (any type(s) (OPV), live
90713	Poliovirus vaccine, inactivated (IPV), live
90719	Diphtheria toxoid
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated
90744	Hepatitis B vaccine, pediatric dosage
90749	Unlisted vaccine/toxoid

**Virginia Code Section 38.2-3418.7:1: Colorectal Cancer Screening**

ICD Codes

V76.41	Rectal screening for malignant neoplasms
V76.51	Colon screening for malignant neoplasms

CPT Codes

44388	Colonscopy through stoma; diagnostic
45330	Sigmoidoscopy, flexible; diagnostic
45355	Colonoscopy, rigid or flexible
45378	Colonoscopy, flexible
45999	Unlisted procedure, rectum
74270	Radiologic examination, colon; barium enema
74280	air contrast with specific high density barium
82270	Blood, occult; feces

**Virginia Code Section 38.2-3418.12: Hospitalization and Anesthesia for Dental Procedures**

CPT Codes

99100	Anesthesia for patient of extreme age, under one year and over seventy
99141	Sedation with or without analgesia, intravenous, intramuscular or inhalation
99142	oral, rectal and/or intranasal
99234	Observation or inpatient hospital care, low severity
99235	Observation or inpatient hospital care, moderate severity
99236	Observation or inpatient hospital care, high severity

**Virginia Code Section 38.2-3418.13: Treatment of Morbid Obesity**

CPT Codes

43659	Unlisted laparoscopy procedure, stomach
43842	Gastric restrictive procedure, without gastric bypass; vertical-banded gastroplasty
43843	other than vertical-banded gastroplasty
43846	Gastric restrictive procedure, with gastric bypass; Roux-en-Y gastroenterostomy
43847	with small bowel reconstruction to limit absorption
43848	Revision of gastric restrictive procedure