

COMMONWEALTH OF VIRGINIA

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COMMISSIONER OF INSURANCE
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BUREAU OF INSURANCE



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December 6, 2002

Administrative Letter 2002-14

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 2002 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, 2003. 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 2002 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 2002 will be reported on Form MB-1, due May 1, 2003. In each category identified below, the legislation requiring coverage of the benefit was effective July 1, 2001. Calendar year 2002 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.

- § 38.2-3411.4 of the Code of Virginia requires that insurers, health services plans, and health maintenance organizations provide coverage for infant hearing screenings and related diagnostics.

- §§ 38.2-3408 and 38.2-4221 of the Code of Virginia require that insurers, health services plans, and health maintenance organizations provide reimbursement for services that may be performed by a marriage and family therapist provided the policy or contract provides reimbursement for the service.

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
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Sincerely,



Alfred W. Gross
Commissioner of Insurance

AWG/ds
Attachment

Virginia Code Section 38.2-3411.4: Infant Hearing Screening and Related Diagnostics

ICD-9-CM Code

V72.1	Examination of ears and hearing
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CPT Codes

92502	Otolaryngologic examination under general anesthesia
92506	Examination of speech, language, voice, communication, auditory processing
92551	Screening test, pure tone, air only
92553	air and bone
92555	Speech audiometry threshold;
92556	with speech recognition
92557	Comprehensive audiometry threshold evaluation and speech recognition
92559	Audiometric testing of groups
92560	Bekesy audiometry; screening
92561	diagnostic
92562	Loudness balance test, alternate binaural or monaural
92563	Tone decay test
92564	Short increment sensitivity index (SISI)
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing
92569	Acoustic reflex decay test
92573	Lombard test
92575	Sensorineural acuity level test
92584	Electrocochleography
92585	Auditory evoked potentials for evoked response audiometry
92586	limited
92587	Evoked otoacoustic emissions
92588	comprehensive or diagnostic evaluation
92589	Central auditory function tests
70480-70482	Diagnostic Radiology