

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.scc.virginia.gov>

January 3, 2005

ADMINISTRATIVE LETTER 2005-4

- 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 Requirement for the 2004 Reporting Period**

The purpose of this letter is to alert carriers to an additional category of coverage for which cost and utilization information must be reported to the State Corporation Commission ("Commission"), on Form MB-1, due on or before May 1, 2005. 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 this additional reporting category for the 2004 reporting period (calendar year).

In accordance with the provisions of § 38.2-3418.14 of the Code of Virginia, insurers, health services plans and health maintenance organizations are required to provide coverage for lymphedema. The requirements of this mandated benefit apply to all insurance policies, contracts and plans delivered, issued for delivery, reissued, or extended in Virginia on and after January 1, 2004, or at any time thereafter when any term of the policy, plan or contract was or is changed, or any premium adjustment was or is made. Carriers should review § 38.2-3418.14 of the Code of Virginia in its entirety for additional guidance concerning coverage requirements.

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 this new reporting requirement affects their organization and to ensure compliance with all existing mandated benefit and provider requirements.

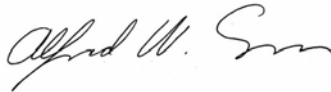
Administrative Letter 2005-4
January 3, 2005
Page Two

In order to avoid confusion and to facilitate the capturing of appropriate data relating to the coverage requirement for lymphedema, the Bureau of Insurance has identified CPT and ICD-9-CM codes for this requirement. 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
P. O. Box 1157
Richmond, VA 23218
Telephone: (804) 371-9348
FAX: (804) 371-9944

Sincerely,



Alfred W. Gross
Commissioner of Insurance

AWG/ds
Attachment

Virginia Code Section 38.2-3418.14: Lymphedema

ICD-9-CM Codes

| | |
|-------|------------------------------------|
| 457.0 | Postmastectomy lymphedema syndrome |
| 457.1 | Other lymphedema |
| 757.0 | Hereditary edema of legs |

CPT Codes

| | |
|-------|------------------------------------|
| 97124 | Massage, compression |
| 97140 | Manual lymphatic drainage |
| 97535 | Self-care/home management training |