

PROVIDER BULLETIN

PROVIDER INFORMATION



June 18, 2014

July 2014 HCPCS code updates

In compliance with HIPAA requirements, effective with dates of service on or after July 1, 2014, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will accept 2014 HCPCS* procedure code additions and terminology changes. This includes Level I (CPT® procedure codes) and Level II (alphanumeric) codes.

Because there is no grace period for discontinued codes, if a discontinued code is submitted with a date of service of July 1, 2014, or after, the claim will be rejected. Likewise, added codes will be rejected if submitted with a date of service before July 1, 2014.

Code list

HCPCS and CPT codes are generally only published once a year; however, the Centers for Medicare & Medicaid Services (CMS) or the American Medical Association (AMA) may publish added, revised and/or deleted codes on a quarterly basis. As a courtesy to our providers, we are publishing the added, revised and discontinued codes below.

Added codes:

HCPCS	Code Description
L1	Provider attestation that the hospital laboratory test(s) is not packaged under the hospital OPPS
SZ	Habilitative services
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie
C9022	Injection, elosulfase alfa, 1m
C9134	Factor XIII (antihemophilic factor, recombinant), Tretten, per 10 i.u.
Q9970	Injection, ferric carboxymaltose, 1 mg
Q9974	Injection, morphine sulfate, preservative-free, for epidural or intrathecal use, 10 mg
S0144	Injection, propofol, 10 mg
S1034	Artificial pancreas device system (eg, low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
S1035	Sensor; invasive (eg, subcutaneous), disposable, for use with artificial pancreas device system, 1 unit = 1 day supply
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system
3126F	Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH)9
3775F	Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)12
3776F	Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)12
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index

HCPCS	Code Description
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred
0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report
0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient
0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient
0363T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time
0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)

HCPCS	Code Description
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)

Revised code (added narrative underlined):

Code	Narrative
3125F	Esophageal biopsy report with <u>a</u> statement about dysplasia (present, absent, or indefinite) (PATH)9

Discontinued code:

Code	Narrative
C9441	Injection, ferric carboxymaltose, 1 mg

Coding requirements reminder

All coding and reimbursements are subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have questions, please contact provider service at (651) 662-5200 or 1-800-262-0820.

*HCPCS stands for Health Care Common Procedure Coding System

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