PROVIDER BULLETIN

Provider information

MN

For the health of all.

September 13, 2013

October 2013 ICD-9-CM and HCPCS code updates

The National Center for Health Statistics (NCHS) and the Centers for Medicare & Medicaid Services (CMS) released the 2014 ICD-9-CM (International Classification of Diseases, ninth revision, Clinical Modification) procedure update. CMS published HCPCS Level II (alphanumeric) additions and revisions as well. Both code set changes are effective with dates of service on or after October 1, 2013.

Submitting

In compliance with HIPAA requirements, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will accept all added ICD-9-CM and HCPCS codes effective with dates of service on or after October 1, 2013. Added codes will be rejected if submitted with a date of service before October 1, 2013.

Code list

HCPCS codes are generally only published once a year; however, CMS or AMA may publish added, revised and/or discontinued codes on a quarterly basis. The added and revised codes effective with dates of service on or after October 1, 2013, are listed below. The ICD-9-CM codes are normally not published by Blue Cross, but because there are no diagnoses and only four added ICD-9-CM procedures, these codes will be included below.

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 any questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.

Added HCPCS codes:

Code	Narrative
AO	Alternate payment method declined by provider of service
C1204	Technetium Tc 99m tilmanocept, diagnostic, up to 0.5 millicuries
C1841	Retinal prosthesis, includes all internal and external components
C9132	Prothrombin complex concentrate (human), Kcentra, per i.u. of Factor IX activity
G9187	Bundled Payments for Care Improvement Initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting. (For use only in the Medicare-approved Bundled Payments for Care Improvement Initiative.) May not be billed for a 30-day period covered by a transitional care management code.

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Added HCPCS codes (revisions are noted in red):

Code	Narrative
K0008	Custom Manual Wheelchair/Base
Q0090	Levonorgestrel-Releasing Intrauterine Contraceptive System, (Skyla), 13.5 mg
Q5002	Hospice Or Home Health Care Provided In Assisted Living Facility

Added ICD-9-CM procedure codes:

Code	Narrative
00.96	Infusion of 4-Factor Prothrombin Complex Concentrate Infusion of 4F-PCC
14.81	Implantation of epiretinal visual prosthesis
14.82	Removal of epiretinal visual prosthesis
14.83	Revision or replacement of epiretinal visual prosthesis

HCPCS stands for Health Care Procedure Coding System
CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association
ICD-9-CM stands for International Classification of Diseases 9th revision Clinical Modification