

# PROVIDER BULLETIN

## Provider information



June 18, 2013

### July 2013 HCPCS code updates

In compliance with HIPAA requirements, effective with dates of service on or after July 1, 2013, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will accept the quarterly Level II (alphanumeric) HCPCS and CPT additions and revisions published by the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA). Added codes will be rejected if submitted with a date of service before July 1, 2013. Likewise, discontinued codes will be rejected if submitted with a date of service on or after July 1, 2013.

#### Code list

HCPCS codes are generally only published once a year; however, CMS or 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:

Code	Narrative
JE	Administered Via Dialysate
C9131	Injection, ado-trastuzumab emtansine, 1 mg
C9736	Laparoscopy, surgical, radiofrequency ablation of uterine fibroid(s), including intraoperative guidance and monitoring, when performed
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures and administration, per treatment
K0008	Custom Manual Wheelchair Base
K0013	Custom Motorized/Power Wheelchair Base
K0900	Customized Durable Medical Equipment, Other Than Wheelchair
Q0090	Levonorgestrel-Releasing Intrauterine Contraceptive System (SKYLA), 13.5 mg
Q2033	Influenza Vaccine, Recombinant Hemagglutinin Antigens, For Intramuscular Use (Flublok)
Q2050	Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10mg
Q2051	Injection, Zoledronic Acid, Not Otherwise Specified, 1mg
0001M	Infectious disease, HCV, six biochemical assays (ALT, A2 macroglobulin, apolipoprotein A 1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score

Code	Narrative
0005M	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT
0333T	Visual evoked potential, screening of visual acuity, automated
0334T	Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)

**Revised codes (added narrative underlined; deleted narrative struck through):**

Code	Narrative
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with <del>or</del> <u>without</u> magnetic resonance (MR) guidance
Q0509	Miscellaneous Supply Or Accessory For Use <u>With</u> Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare part A
Q5001	Hospice <u>Or Home Health</u> Care Provided In Patient's Home/Residence
Q5002	Hospice <u>Or Home Health</u> Care Provided In Assisted Living Facility
Q5009	Hospice <u>Or Home Health</u> Care Provided In Place Not Otherwise Specified (NOS)

**Discontinued code:**

Code	Narrative
C1879	Tissue marker (implantable)

**Coding requirements reminder**

All coding and reimbursement is 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 services at (651) 662-5200 or toll free at 1-800-262-0820.

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