

# PROVIDER BULLETIN

Provider information



June 18, 2013

## Update to Attachment B: Definition of Outpatient Health Services Categories

Included with your 2013 Institutional Provider Service Agreement (Agreement) with Blue Cross and Blue Shield of Minnesota is a document entitled “Blue Cross and Blue Shield of Minnesota: Attachment B: Definition of Outpatient Health Service Categories.”

As stipulated in that document, we are notifying you of new codes that have been added and to which outpatient health service category the codes have been assigned. Specifically, the Agreement states: “Provider Bulletins will inform providers when new codes are released by the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) during the 2013 calendar year. New codes will be added to the pertinent categories as updates are published and received. Any CPT or HCPCS codes that have not been assigned to a specific category will be attributed to the Non-emergency Services Category VIII.”

Please note that not all hospitals are affected by this change. To verify if your hospital is affected, refer to your Institutional Provider Service Agreement with Blue Cross.

The following HCPCS codes are effective July 1, 2013.

### Added Codes

HCPCS	Code Description	2013 Attachment B
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Nuclear Medicine
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Nuclear Medicine
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Nuclear Medicine
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)	Scheduled Surgery 7

### 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

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