



July 2011 HCPCS update

Effective with dates of service on or after July 1, 2011, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will accept the quarterly Level II (alphanumeric) HCPCS additions published by the Centers of Medicare and Medicaid Services (CMS) and the American Medical Association (AMA). As a reminder, added codes will be rejected if submitted with a date of service before July 1, 2011. Likewise discontinued codes will be rejected if submitted with a date of service on or after July 1, 2011.

Code list

HCPCS/CPT codes are generally published only 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 and discontinued codes effective for dates of service July 1, 2011, and after below.

Added Codes:

C9283	Injection, acetaminophen, 10 mg
C9284	Injection, ipilimumab, 1 mg
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch
C9365	Oasis Ultra Tri-Layer Matrix, per square centimeter
C9406	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
C9730	Bronchoscopic bronchial thermoplasty with imaging guidance (if performed), radiofrequency ablation of airway smooth muscle, 1 lobe
C9731	Bronchoscopic bronchial thermoplasty with imaging guidance (if performed), radiofrequency ablation of airway smooth muscle, 2 or more lobes
K0741	Portable gaseous oxygen system, rental, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing, for cluster headaches
K0742	Portable oxygen contents, gaseous, 1 month's supply = 1 unit, for cluster headaches, for initial months supply or to replace used contents
K0743	Suction pump, home model, portable, for use on wounds
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches
Q2041	Injection, Von Willebrand factor complex (human), Wilate, 1 I.U.VWF:RCo
Q2042	Injection, Hydroxyprogesterone caproate, 1 mg
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Q2044	Injection, Belimumab, 10 mg
0550F	Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH) ⁹
0551F	Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH) ⁹
1127F	New episode for condition (NMA – No Measure Associated)
1128F	Subsequent episode for condition (NMA – No Measure Associated)
3125F	Esophageal biopsy report with statement about dysplasia (present, absent, or indefinite) (PATH) ^{1,9}
3267F	Pathology report includes pT category, pN category, Gleason score and statement about margin status (PATH) ⁹
3394F	Quantitative HER2 Immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH) ⁹

3395F	Quantitative non-HER2 Immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH) ⁹
6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (PATH) ⁹
0262T	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
0264T	complete procedure excluding bone marrow harvest
0265T	unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0267T	lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0268T	pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0270T	lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0271T	pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);
0273T	with programming
0274T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
0275T	lumbar

Discontinued Codes:

C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
C9729	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with ligamentous resection, discectomy, facetectomy and/or foraminotomy, when performed) any method under indirect image guidance, with the use of an endoscope when performed, single or multiple levels, unilateral or bilateral; lumbar
S3628	Placental alpha microglobulin-1 rapid immunoassay for detection of rupture of fetal membranes
S9075	Smoking cessation treatment

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

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