

Bulletin



March 23, 2011

April 2011 HCPCS code updates

In compliance with HIPAA requirements, effective with dates of service on or after April 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 for Medicare & Medicaid Services (CMS). Added codes will be rejected if submitted with a date of service before April 1, 2011. Likewise, discontinued codes will be rejected if submitted with a date of service on or after April 1, 2011.

Code list

HCPCS and CPT[®] codes are generally published only once a year; however, 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, the added and discontinued codes effective for dates of service April 1, 2011 and after are listed below.

Added codes:

C9280	Injection, eribulin mesylate, 1 mg
C9281	Injection, pegloticase, 1 mg
C9282	Injection, ceftaroline fosamil, 10 mg
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
Q2040	Injection, Incobotulinumtoxin A, 1 unit

Discontinued codes:

C9278	Injection, incobotulinumtoxin A, 1 unit
Q1003	New technology intraocular lens category 3 (reduced spherical aberration)
S2270	Insertion of vaginal cylinder for application of radiation source or clinical brachytherapy (report separately in addition to radiation source delivery)
S2344	Nasal/sinus endoscopy, surgical; with enlargement of sinus ostium opening using inflatable device (i.e., balloon sinuplasty)
S3905	Non-invasive electrodiagnostic testing with automatic computerized hand-held device to stimulate and measure neuromuscular signals in diagnosing and evaluating systemic and entrapment neuropathies

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