

# Bulletin



March 10, 2011

## Upcoming change to code editing processes

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) audit professional claims with comprehensive, sophisticated software containing clinical logic based upon medical practice and reimbursement standards, along with the knowledge and findings of medical experts. This includes national coding guidelines as well as industry standards, medical policy together with literature and academic affiliations.

Effective for claims received June 1, 2011 and after, Blue Cross will begin to apply the Correct Coding Initiative (CCI) edits in addition to the current auditing software.

Additionally, Blue Cross will no longer separately reimburse for venipuncture (36415, 36416) and/or handling fees (99000, 99001). These services will be denied as incidental, or included in, a primary service.

## 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<sup>®</sup> (Current Procedural Terminology) is a registered trademark of the American Medical Association

ICD-9-CM stands for International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification