

# Bulletin



December 22, 2010

## January 2011 HCPCS code updates

Effective with dates of service on or after January 1, 2011, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will accept 2011 HCPCS\* procedure code additions and terminology changes. This includes Level I (CPT® procedure codes) and Level II (alphanumeric) codes.

Because there is no grace period for discontinued codes, if a discontinued code is submitted with a date of service of January 1, 2011 or after, the claim will be rejected. Likewise, added codes will be rejected if submitted with a date of service before January 1, 2011.

### Code list

Due to the volume, the 2011 HCPCS added, revised and discontinued code list will not be published with this bulletin. CPT and HCPCS manuals are available from several sources such as the American Medical Association or major bookstores. CPT and HCPCS manuals are not available from Blue Cross.

### Coding requirements reminder

All coding and reimbursements are 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 **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