

# Bulletin



September 30, 2010

## October 2010 ICD-9-CM and HCPCS code updates

The National Center for Health Statistics (NCHS) and the Centers for Medicare & Medicaid Services (CMS) released the 2011 ICD-9-CM (International Classification of Diseases, ninth revision, Clinical Modification) updates. CMS and the AMA (American Medical Association) have also published several HCPCS (Level I (CPT) and II (alphanumeric)) additions and deletions. Both code set changes are effective October 1, 2010.

### Submitting

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) would like to remind providers that in compliance with HIPAA requirements, Blue Cross will accept all added ICD-9-CM and HCPCS codes effective October 1, 2010.

Because there is no grace period for discontinued codes, if a discontinued code is submitted with a date of service of October 1, 2010 or after, the claim will be rejected. Likewise, added codes will be rejected if submitted with a date of service before October 1, 2010.

### Code list

HCPCS codes are generally published only once a year; however, CMS or AMA may publish added, revised and/or discontinued codes on a quarterly basis. The added and discontinued codes effective October 1, 2010 are listed below, as a courtesy. The ICD-9-CM diagnosis codes are not available from Blue Cross. ICD-9-CM manuals are available from several sources such as the American Medical Association, Ingenix or major bookstores as well as online at [cdc.gov/nchs/icd.htm](http://cdc.gov/nchs/icd.htm).

### Added codes:

C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)
C8931	Magnetic resonance angiography with contrast, spinal canal and contents
C8932	Magnetic resonance angiography without contrast, spinal canal and contents
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents
C8934	Magnetic resonance angiography with contrast, upper extremity
C8935	Magnetic resonance angiography without contrast, upper extremity
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity
C9269	Injection, C-1 esterase inhibitor (human), Berinert, 10 units
C9270	Injection, immune globulin (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg
C9271	Injection, velaglucerase alfa, 100 units
C9272	Injection, denosumab, 1 mg
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Q5010	Hospice home care provided in a hospice facility
S0148	Injection, Pegylated interferon Alfa-2B, 10 mcg
S0169	Calcitriol, 0.25 microgram
1400F	Parkinson's disease diagnosis reviewed (Prkns) <sup>8</sup>
3700F	Psychiatric disorders or disturbances assessed (Prkns) <sup>8</sup>

3720F	Cognitive impairment or dysfunction assessed (Prkns) <sup>8</sup>
4324F	Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns) <sup>8</sup>
4325F	Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns) <sup>8</sup>
4326F	Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns)
4328F	Patient (or caregiver) queried about sleep disturbances (Prkns)
4400F	Rehabilitative therapy options discussed with patient (or caregiver) (Prkns) <sup>8</sup>
6080F	Patient (or caregiver) queried about falls (Prkns) <sup>8</sup>
6090F	Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns) <sup>8</sup>

**Discontinued codes:**

S0146	Injection, Pegylated interferon Alfa-2B, 10 mcg per 0.5 ml
S0161	Calcitrol, 0.25 mg
S0196	Injectable poly-L-lactic acid, restorative implant, 1 ml, face (deep dermis, subcutaneous layers)

**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 1-800-262-0820.