

Bulletin



May 27, 2009

Blue Plus Minnesota Health Care Program (MHCP) changes in prior authorization

Effective September 1, 2009, unless otherwise noted, prior authorization is required for the services listed below for Minnesota Health Care products. Commercial lines of business are not impacted by this change.

Minnesota Health Care Programs

Group numbers for the affected Blue Plus products are as follows:

Product name	Group numbers
Blue Advantage (PMAP & GAMC)	PP011, PP012, PP014, PP015, PP016, PP017, PP021, PP022, PP024, PP025, PP026, PP027, PP031, PP032, PP034, PP035, PP036, PP037, PP081, PP082, PP084, PP091, PP092, PP094
MinnesotaCare	PP111, PP112, PP121, PP122, PP131, PP132, PP141, PP142, PP151, PP152, PP161, PP162, PP163, PP164
Minnesota Senior Care Plus (MSC+)	PP041, PP042, PP044, PP051, PP052, PP054, PP055, PP056, PP057, PP061, PP062, PP064, PP071, PP072, PP074, PP075, PP076, PP077
SecureBlue (MSHO) (prior authorization is required January 1, 2010)	All group numbers that begin with PP2
CareBlue (SNBC) (prior authorization is required January 1, 2010)	All group numbers that begin with PP3

Prior authorization changes

For Blue Advantage, MinnesotaCare and MSC+ members, effective September 1, 2009, unless otherwise specified prior authorization is required for the services listed below. For SecureBlue and CareBlue members effective January 1, 2010, prior authorization is required for the following services:

CPT Code	Description
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15819	Plastic surgery neck cervicoplasty
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, with excessive skin weighing down lid
17340	Cryotherapy (O2 slush, liquid N2) for acne
17360	Chemical exfoliation for acne (e.g., acne paste, acid)
19304	Mastectomy, subcutaneous

CPT Code	Description
19328	Removal of intact mammary implant
20975	Electrical stimulation to bone healing; invasive (operative)
21010	Arthrotomy, temporomandibular joint
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21485	Closed treatment of temporomandibular dislocation; complicated manipulative treatment of TMJ dislocation, initial or subsequent
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29873	Arthroscopy, knee, surgical, with lateral release
29874	Arthroscopy, knee, surgical, for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical, synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical, synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical, debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical, abrasion arthroplasty (includes chondroplasty multiple drilling)
29880	Arthroscopy, knee, surgical, with meniscectomy (medial and lateral, including any meniscal shaving)
29881	Arthroscopy, knee, surgical, with meniscectomy (medial or lateral, including any meniscal shaving)
29882	Arthroscopy, knee, surgical, with meniscus repair (medial or lateral)
29883	Arthroscopy, knee, surgical, with meniscus repair (medial and lateral)
29884	Arthroscopy, knee, surgical, with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical, drilling for osteochondritis dissecans with one grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans with internal fixation
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (list separately in addition to code for primary procedure)
33975	Implantation of ventricular assist device, single ventricle
33976	Implantation of ventricular assist device, biventricular support
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
35400	Angioscopy (non-coronary vessels or grafts) during therapeutic intervention
37788	Penile revascularization, artery, with or without vein graft
37790	Penile venous occlusive procedure
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures) (effective March 1, 2009)
43324	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures) (effective March 1, 2009)
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure) (effective March 1, 2009)
43850	Revision of gastroduodenal anastomosis with reconstruction; without vagotomy
43855	Revision of gastroduodenal anastomosis with reconstruction; with vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; without vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; with vagotomy
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets
51715	Endoscopic injection of implant material into submucosal tissues of the urethra
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54660	Insertion of testicular prosthesis (separate procedure)
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level (effective March 1, 2009)
64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure) (effective March 1, 2009)

CPT Code	Description
64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level (<i>effective March 1, 2009</i>)
64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure) (<i>effective March 1, 2009</i>)
64640	Destruction by neurolytic agent; other peripheral nerve or branch (<i>effective March 1, 2009</i>)
67345	Chemodenervation of extraocular muscle
67901	Repair blepharoptosis, frontalis muscle technique with suture
67902	Repair blepharoptosis, frontalis muscle technique with fascial sling
67903	Repair blepharoptosis, (tarso) levator resection or advancement, internal approach
67904	Repair blepharoptosis, (tarso) levator resection or advancement, external approach
67906	Repair blepharoptosis, superior rectus technique with fascial sling
67909	Reduction of over correction of ptosis
67911	Correction of lid retraction
69930	Cochlear implant
77605	Hyperthermia, externally generated, superficial deep
77610	Hyperthermia generated by intestinal probe, 5 or fewer
77615	Hyperthermia generated by intestinal probe, more than 5
77620	Hyperthermia generated by intracavitary probes
91110	Gastrointestinal tract imaging, intraluminal (eg. capsule endoscopy), esophagus through ileum, with physician interpretation and report
91111	Gastrointestinal tract imaging, intraluminal (eg. capsule endoscopy), esophagus with physician interpretation and report
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording scanning analysis, interpretation and report
93786	Recording only
93788	Scanning analysis with report
93790	Physician review with interpretation and report
G0166	External counterpulsation, per treatment session
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplast) at the time of other surgical knee arthroscopy in a different compartment of the same knee
S2400	Repair, congenital hernia in the fetus, procedure performed in utero
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
S3823	Three-mutation BRCA 1 and BRCA 2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals
S8035	Magnetic source imaging (only used for pre-operative)

CPT Code	High Tech Diagnostic Imaging
76390	Magnetic Spectroscopy
77058	Breast MRI, unilateral
77059	Breast MRI, bilateral
0159T	Breast MRI
C8903	MRI Breast
C8904	MRI Breast
C8905	MRI Breast
C8906	MRI Breast

CPT Code	High Tech Diagnostic Imaging
C8907	MRI Breast
C8908	MRI Breast
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest or stress
78607	SPECT
78608	Brain imaging, PET scan; metabolic evaluation
78609	Brain imaging, PET scan
78811	Positron emission tomography (PET) imaging; limited are (eg, chest, head/neck
78812	Positron emission tomography (PET) imaging; Skull base to mid-thigh
78813	Positron emission tomography (PET) imaging; Whole body
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
G0252	PET full / partial ring, initial dx of breast cancer, surgical planning
0066T	Virtual colonoscopy
0067T	Virtual colonoscopy
0145T	Computed tomography, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3D image post processing; cardiac structure and morphology
0146T	Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium
0147T	CTA of coronary arteries with quantitative calcium scoring
0148T	Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium
0149T	CTA of coronary arteries structure, morphology with calcium scoring
0150T	Cardiac structure and morphology in congenital heart disease
0151T	Computed tomography, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3D image post processing, function evaluation (left and right ventricular function, ejection-fraction and segmental wall motion)

Additional information

MHCP coverage guidelines are followed for Minnesota Health Care members. All services must be medically necessary for coverage.

To obtain prior authorization, providers should complete the Pre-Service Request Form located on the Blue Cross website at providers.bluecrossmn.com.

To assure timeliness of the review, please submit your request form at least 14 days in advance of the procedure whenever possible.

Medical necessity criteria

To view the medical necessity review criteria for these services go to providers.bluecrossmn.com and select “Medical Policy” under “Tools & Resources.” The website includes links to:

- Prior Authorization Recommendations (Government Programs)
- Coverage Guidelines for DHS Programs

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 (e.g. HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have any questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.