

April 3, 2009

## Liposuction edit change

Blue Cross and Blue Shield of Minnesota and Blue Plus are notifying providers of a coding edit change effective for claims received and processed on or after July 1, 2009.

Liposuction services, CPT® codes 15876-15879, are subject to Blue Cross Medical Policy IV-82, which states that liposuction is considered incidental when performed in conjunction with another related primary surgical procedure. Liposuction is considered investigative as a primary (i.e., stand alone) procedure when the usual treatment is surgical excision, or cosmetic as a primary procedure in all other situations. The policy also stipulates that “consideration for coverage will be given for the following rare situation: Liposuction for treatment of painful lipomas in a person with adiposis dolorosa that is unresponsive to analgesics.”

Regardless if the liposuction could be allowed per our medical policy, we consider liposuction clinically integral to the outcome of any related procedure and as such, should deny as incidental when billed with other procedure codes.

## Medical policies

To view medical policies go to [bluecrossmn.com](http://bluecrossmn.com) and select “for health care providers” then “medical policy” under “tools & resources.”

## Incidental coding edit

For claims received and processed on or after July 1, 2009, an incidental coding edit will be implemented for codes 15876-15879. These services will deny to any other surgical procedure code regardless of submission of the -59 modifier.

## Patient billing impact

The patient is not responsible and must not be balance billed for any procedures for which payment has been denied or reduced by Blue Cross as the result of a coding edit. Edit denials are designed to ensure appropriate coding and to assist in processing claims accurately and consistently.

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

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HCPCS stands for Health Care Procedure Coding System.