

BULLETIN

Blue Cross and Blue Shield of Minnesota
and Blue Plus

September 22, 2008

Update to Attachment B: Definition of Outpatient Health Services Categories

Included with your 2008 Institutional Provider Service Agreement with Blue Cross and Blue Shield of Minnesota and Blue Plus is a document entitled “Blue Cross and Blue Shield of Minnesota: Attachment B: Definition of Outpatient Health Service Categories.”

As stipulated in that document, we are notifying you of new codes that have been added and to which outpatient health service category codes have been assigned. Specifically, the agreement reads as follows: “Provider Bulletins will inform providers when new codes are released by the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) during the 2008 calendar year. New codes will be added to the pertinent categories as updates are published and received. Any CPT or HCPCS codes that have not been assigned to a specific category will be attributed to the Non-emergency services Category VIII.”

Please note that not all hospitals are affected by these changes. To verify if your hospital is affected, refer to your Institutional Provider Service Agreement with Blue Cross and Blue Shield of Minnesota.

Added codes

CPT/HCPCS Code	Description	2008 Category	2006 and 2007 Category	Effective date
84704	Gonadotropin, chor (HCG); free beta chain	Microscopic Lab	Microscopic Lab	July 1, 2008
86356	Mononuclear cell antigen, quan	Microscopic Lab	Microscopic Lab	July 1, 2008
86486	Skin test, unlisted antigen, each	Microscopic Lab	Microscopic Lab	July 1, 2008
0190T	Placement of intraocular radiation source applicator	Scheduled Surgery 4	Scheduled Surgery 4	July 1, 2008
0191T	Ins ant seg aq dr device, int app	Scheduled Surgery 4	Scheduled Surgery 4	July 1, 2008
0192T	Ins ant seg aq dr device, ext app	Scheduled Surgery 4	Scheduled Surgery 4	July 1, 2008
S2118	Metal-on-metal total hip resurfacing	Scheduled Surgery 6	Scheduled Surgery 6	October 1, 2008
S3860	Genetic testing, comprehensive cardiac ion	Microscopic Lab	Microscopic Lab	October 1, 2008
S3861	Genetic testing, sodium channel	Microscopic Lab	Microscopic Lab	October 1, 2008
S3862	Genetic testing, family - specific ion	Microscopic Lab	Microscopic Lab	October 1, 2008

Please route this bulletin to other interested staff.

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Provider Policy and Procedure Manual

If you believe a claim has processed in an incorrect category, follow the procedures found in Chapter 9 of the Blue Cross and Blue Shield of Minnesota Provider Policy and Procedure Manual to request an adjustment. To access the manual, go to **bluecrossmn.com** and select “for health care providers,” then “forms and publications,” and then “manuals.”

Questions?

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

HCPCS stands for Health Care Procedure Coding System

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