

# Quick Points



May 19, 2009

## Correct billing of code Q1003 for Medicare Advantage products

Blue Cross and Blue Shield of Minnesota and Blue Plus have received a number of claims incorrectly billed with HCPCS code Q1003. The Center for Medicare & Medicaid Services (CMS) states that only the Medicare-approved Ambulatory Surgery Center (ASC), and not the surgeon or physician, may bill this code.

Per Section 40.3 of CMS Transmittal 914, dated April 21, 2006, on pages 11-12:

*Carriers shall deny payment for Q1003 if **billed** by an entity other than a Medicare-approved ASC.*

Below is a link to this CMS Transmittal:

[www.cms.hhs.gov/Transmittals/downloads/R914CP.pdf](http://www.cms.hhs.gov/Transmittals/downloads/R914CP.pdf)

### Products affected

The group number or alpha prefix for the affected products are as follows:

Product name	Group number or alpha prefix
CareBlue	All group numbers that begin with PP3
MedicareBlue <sup>SM</sup> PPO	Alpha prefix of IAZ, MMY, NDA, SDZ, WYA, XZW and YEA
VantageBlue	Group numbers Y0704 and Y0705
SecureBlue	All group numbers that begin with PP2

### Questions?

For questions regarding services to MedicareBlue PPO members, please call **1-888-457-3009**. If you have questions regarding services to CareBlue, VantageBlue or SecureBlue members, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.