

PROVIDER BULLETIN

PROVIDER INFORMATION



January 4, 2016

January 2016 HCPCS Code Updates

Effective with dates of service on or after January 1, 2016, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will accept 2016 HCPCS* procedure code additions and terminology changes. This includes Level I (CPT[®] procedure codes) and Level II (alphanumeric) codes.

Because there is no grace period for discontinued codes, if a discontinued code is submitted with a date of service of January 1, 2016, or after, the claim will be rejected. Likewise, added codes will be rejected if submitted with a date of service before January 1, 2016.

Code list

The 2016 HCPCS added, revised, and discontinued code list will not be published with this bulletin, nor are CPT and HCPCS manuals available from Blue Cross. CPT and HCPCS manuals are available from several sources such as the American Medical Association or major bookstores.

Code edits

Blue Cross' coding edits are updated at minimum annually to incorporate new codes, code definition changes and edit rule changes. Potential edits are currently under review. Once implemented, all claims submitted after the implementation date of the update, regardless of service date, will be processed according to the updated version or instituted edit. Any early adopted edits will be communicated via a Quick Points or Provider Press.

Coding requirements reminder

All coding and reimbursements are 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, ICD-10-CM, ICD-10-PCS), 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**.

*HCPCS stands for Healthcare Common Procedure Coding System

CPT[®] (Current Procedural Terminology) is a registered trademark of the American Medical Association