

PROVIDER BULLETIN

PROVIDER INFORMATION



June 6, 2016

Update to Attachment B: Definition of Outpatient Health Services Categories

This Provider Bulletin serves as notification of new codes that have been added to the 2016 Institutional Provider Service Agreement (Agreement) with Blue Cross and Blue Shield of Minnesota and the Attachment B: Definition of Outpatient Health Services Categories (as applicable).

New codes have been added and assigned to specific outpatient health service categories. Specifically, the Agreement states: “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 2016 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 this change. To verify if your hospital is affected, refer to your Institutional Provider Service Agreement with Blue Cross.

The following HCPCS codes are effective July 1, 2016.

HCPCS	Code Description	Attachment B (as applicable)
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Micro Lab
0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)	Scheduled Surgery 5
0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	Nuclear Medicine
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Scheduled Surgery 6
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Scheduled Surgery 6
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Scheduled Surgery 6
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Scheduled Surgery 5
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	Scheduled Surgery 6
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	Scheduled Surgery 6

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 (for example, HCPCS, CPT, 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 services at (651) 662-5200 or 1-800-262-0820.