

PROVIDER BULLETIN

PROVIDER INFORMATION



November 14, 2016

Added Reimbursement Policies

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has developed four additional Reimbursement Policies. These policies have an effective date of January 1, 2017. They are available under the provider section of the Blue Cross website (providers.bluecrossmn.com).

The new policies are:

- **General Coding: Ambulance Services**
This policy addresses coverage and reimbursement for ambulance services including ground and air ambulance transports.
- **General Coding: Tensilon Test**
Tensilon testing is considered routine and integral to medical care received on the same date of service.
- **Surgery/Interventional Procedure: Eye Procedures Done in Stages or Sessions**
The procedures listed in this policy are used to treat conditions involving the eye by various means, e.g., diathermy, cryotherapy, laser, etc., whether performed in one or more stages or sessions.
- **Surgery/Interventional Procedure: Postoperative Services Following Definitive Surgery**
A postoperative service refers to the care received following a surgical procedure.

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 (e.g. HCPCS, CPT, ICD), 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**.

HCPCS stands for Healthcare Common Procedure Coding System

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