

Bulletin #01-2010

TO: Participating hospitals

FROM: Christopher E. McTiernan
Senior Director, Provider Reimbursement

DATE: February 16, 2010

SUBJECT: Notification of changes to Outpatient Implantable Device List and
billing policies and requirements

I am sending this bulletin to notify you of several changes that Independence Blue Cross (IBC) has made to the policies and billing requirements detailed below. If you have questions about any of these changes, please contact your Network Coordinator.

OUTPATIENT IMPLANTABLE DEVICE LIST CHANGES

Two additional devices have been added to the Outpatient Implantable Device List:

- J7310 – Ganciclovir, long-acting implant
- J7311 – Fluocinolone acetonide, invitreal implant

These implantable devices are eligible for reimbursement retroactive to January 1, 2010, dates of service in accordance with Section 8 of the *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers (Hospital Manual)*.

In addition, clarification has been provided regarding the reimbursement for unused brachytherapy sources. Please refer to the attached Outpatient Implantable Device List for additional information.

NEW BILLING POLICY FOR PROFESSIONAL OFFICE-BASED SERVICES

Policy #00.10.39: Billing for Professional Office-Based Services Performed in an Outpatient Office-Based Setting Located within a Facility or on a Facility Campus will be effective April 1, 2010.

The notification for this policy, which was released December 31, 2009, is available on our website at www.ibx.com/medpolicy under the *Policy Notifications* section. It was also outlined in the January 2010 edition of *Partners in Health UpdateSM*. Please review this notification of Policy #00.10.39.

BILLING FOR OUTPATIENT SURGERY SERVICES

Effective March 15, 2010, the following billing requirement will be added to the *Hospital Manual* in Section 8 under *Outpatient surgery – How to bill for Outpatient surgery services*:

All services related to the outpatient surgery should be billed on the same claim. Surgeries performed on multiple dates should be billed on separate claims for each surgical date of service and include all of the services related to each surgery. Do not bill multiple surgical dates of service on the same claim.

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We encourage you to share this information with appropriate members of your staff.

BILLING FOR PHYSICIAN AND ADVANCED PRACTICE NURSE SERVICES

Effective March 15, 2010, the following clarification will be added to the *Hospital Manual* in Section 8 under *Additional billing information*:

Billing for physician and advanced practice nurse services. Physician and advanced practice nurse services may not be billed by a facility using a UB-04 claim form or 837I transaction. These services must be billed by the physician or advanced practice nurse using his or her NPI on a CMS-1500 claim form or through an 837P transaction.

We encourage you to share this information with appropriate members of your staff.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

**Outpatient Implantable Device List
Effective January 1, 2010**

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Type	Code	Descriptor
AV graft	L8670	Vascular graft material, synthetic, implant
Brachytherapy source ¹	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi
	C1717	Brachytherapy source, non-stranded, high dose rate iridium-192, per source
	C1719	Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source
	C2616	Brachytherapy source, non-stranded yttrium 90, per source
	C2634	Brachytherapy source, non-stranded, high-activity, iodine-125, greater than 1.01 mCi (NIST), per source
	C2635	Brachytherapy source, high-activity, palladium-103, greater than 2.2 mCi (NIST), per source
	C2636	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm
	C2637	Brachytherapy source, non-stranded, ytterbium-169, per source
	C2638	Brachytherapy source, stranded, iodine-125, per source
	C2639	Brachytherapy source, non-stranded, iodine-125, per source
	C2640	Brachytherapy source, stranded, palladium-103, per source
Breast implant	C1789	Prosthesis, breast (implantable)
	L8600	Implantable breast prosthesis, silicone or equal
Cochlear implant	L8614	Cochlear device, includes all internal and external components
Corneal tissue transplant	V2785	Processing, preserving and transporting corneal tissue
Cruciate ligament	L8699	(Includes patellar tendon, achilles tendon)
Fallopian tube inserts	L8699	(Essure)
ICD generator	C1721	Cardioverter-defibrillator, dual chamber (implantable)
	C1722	Cardioverter-defibrillator, single chamber (implantable)
	C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)
ICD leads and extensions	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil
	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)
Infusion pumps	E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors)
	E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors)
Invitreal implants	J7310	Ganciclovir, 4.5 mg, long-acting implant
	J7311	Fluocinolone acetonide, invitreal implant
Neurostimulator/generator	C1767	Generator, neurostimulator (implantable), nonrechargeable
	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Neurostimulator leads/extensions test kit	C1778	Lead, neurostimulator (implantable)
	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
	C1897	Lead, neurostimulator test kit (implantable)
Pacemaker/generator	C1785	Pacemaker, dual chamber, rate-responsive (implantable)
	C1786	Pacemaker, single chamber, rate-responsive (implantable)
	C2619	Pacemaker, dual chamber, non-rate-responsive (implantable)
	C2620	Pacemaker, single chamber, non-rate-responsive (implantable)
	C2621	Pacemaker, other than single or dual chamber (implantable)
Pacemaker leads	C1779	Lead, pacemaker, transvenous VDD single pass
	C1898	Lead, pacemaker, other than transvenous VDD single pass
	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)
Penile prostheses	C1813	Prosthesis, penile, inflatable
	C2622	Prosthesis, penile, non-inflatable
Ports	A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal)
	C1788	Port, indwelling (implantable)

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Type	Code	Descriptor
PICC line	A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal) external access
Stents	C1874	Stent, coated/covered, with delivery system
	C1875	Stent, coated/covered, without delivery system
	C1876	Stent, noncoated/noncovered, with delivery system
	C1877	Stent, noncoated/noncovered, without delivery system
	C2617	Stent, noncoronary, temporary, without delivery system
	C2625	Stent, noncoronary, temporary, with delivery system
Tissue expander	L8699	(Breast reconstruction)
Vascular graft (Allograft)	C1768	Graft, vascular
Vena cava filter	C1880	Vena cava filter

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Not a guarantee of payment

The listing of codes in this fee schedule is not a guarantee of payment. All claims are subject to the terms, conditions, limitations, and exclusions of the member's benefits program as well as IBC medical and claim payment policy and claims processing guidelines and other applicable policies and procedures. Some codes may be included in global facility fees and therefore are not eligible for separate reimbursement.

¹Billing for unused brachytherapy sources:

A hospital may submit for reimbursement all brachytherapy sources that are ordered by the physician for a specific patient, acquired by the hospital, and used in the care of the patient. Specifically, brachytherapy sources prescribed by the physician in accordance with high-quality clinical care, acquired by the hospital, and actually implanted in the patient may be submitted for reimbursement. In the case where most, but not all, prescribed sources are implanted in the patient, IBC will consider the relatively few brachytherapy sources that were ordered but not implanted (unused) due to specific clinical considerations to be used in the care of the patient and reimbursable under the following conditions:

- The unused brachytherapy sources were specifically acquired for the particular patient according to a physician's prescription for the sources that was consistent with standard clinical practice and high-quality brachytherapy treatment in order to ensure that the clinically appropriate number of sources was available for the implantation procedure –and they were not implanted in any other patient.
- The unused brachytherapy sources must have been disposed of in accordance with all appropriate requirements for their handling.
- The number of unused sources may not exceed 20 percent of the sources actually implanted in the patient.