

Bulletin #12-2011

TO: Participating hospitals and select ambulatory surgical centers

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DATE: October 28, 2011

SUBJECT: Outpatient surgical billing reminder and changes to the *Outpatient Implantable Device List*

Independence Blue Cross (IBC) is sending this bulletin for two purposes: (1) to communicate the appropriate reporting requirements for outpatient surgical services and (2) to notify you of changes that IBC will make to the *Outpatient Implantable Device List* effective December 1, 2011.

OUTPATIENT SURGICAL BILLING

For select providers, IBC has identified surgical services in the outpatient setting that are being reported with revenue codes 0510 and 0761. However, surgical services in the outpatient setting should be reported with the associated surgical revenue codes found in the *Correlation Edits for Outpatient Claims* document, which is sent quarterly with the billing updates bulletin. The associated surgical revenue codes are: 0360, 0361, 0362, 0367, 0369, 0481, 0490, 0499, and 0790.

IBC will continue to retract erroneous payments for any outpatient surgical services that are inappropriately billed with revenue codes 0510 and 0761.

CHANGES TO THE *OUTPATIENT IMPLANTABLE DEVICE LIST*

IBC has modified its *Outpatient Implantable Device List*, effective for dates of service on or after December 1, 2011. The modifications include changes, additions, and deletions. The deletions are due to the frequency and/or low cost of the items and IBC's goal of reducing manual payment processes. In recognition of the impact of these deletions, we have increased the corresponding surgical procedure fee for select items, as detailed in the *Outpatient Fee Schedule Changes* document. Collectively, these changes are revenue neutral to our hospital network.

Changes and additions to the *Outpatient Implantable Device List* include the following:

- Fallopian tube inserts, previously billed with L8699, should now be billed with A4264 (i.e., permanent implantable contraceptive intratubal occlusion device(s) and delivery system).

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

- Stents, coronary and vascular, should be billed, as appropriate, with C1874, C1875, C1876, or C1877 (i.e., bare-metal vs. drug-eluting, with or without delivery system).
- HCPCS code C1895 (i.e., lead, cardioverter-defibrillator, endocardial dual coil, implantable) has been added.

The following items have been deleted from the *Outpatient Implantable Device List*:

- ports (A4301, C1788)
- PICC lines (A4300)
- vena cava filter (C1880)
- non-coronary/temporary stents (C2617, C2625)
- grafts (L8670, C1768)

Please contact your Network Coordinator if you have any questions about this bulletin.

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 December 1, 2011
CONFIDENTIAL AND PROPRIETARY*

Type	Code	Descriptor
Brachytherapy source**	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
C2641	Brachytherapy source, non-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	Prosthetic implant NOS (includes patellar tendon, achilles tendon)
Fallopian tube inserts	A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
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)
	C1895	Lead, cardioverter-defibrillator, endocardial dual 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)
In vitreal 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)

**Outpatient Implantable Device List
Effective December 1, 2011**

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Type	Code	Descriptor
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
Stents – Coronary (with CPT®/HCPCS 92980, 92981, G0290, G0291)	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
Stents – Vascular	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
Tissue expander	L8699	Prosthetic implant NOS (breast reconstruction)

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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.

****Billing for unused brachytherapy sources**

A hospital may submit for reimbursement for 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 number of 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.

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For a copy of the *Outpatient Fee Schedule Changes*,
please contact your Network Coordinator.