2016 CMS Procedure Code Updates

Q1: What did CMS change?

A1: Effective January 1, 2016, CMS created new procedure codes, changed existing procedure codes to new codes, and terminated other codes.

Q2: What new codes were created by CMS?

HCPCS	DESCRIPTION
E1012	Wheelchair accessory, center mount power elevating leg rest
A4337	Incontinence supply, rectal insert, any type, each

Q3: Which codes were changed by CMS?

OLD CODE	NEW CODE	NEW CODE DESCRIPTION
J1446	J1447	Injection, tbo-filgrastim, 1 microgram
J7321	J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg
J3590	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
J3590	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin
J3490	J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg
J3490	J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g
J3490	J0875	Injection, dalbavancin, 5mg
J3490	J2407	Injection, oritavancin, 10 mg
J3590	J2860	Injection, siltuximab, 10 mg
J3490	J3090	Injection, tedizolid phosphate, 1 mg
J3590	J3380	Injection, vedolizumab, 1 mg
J7799	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension
J9999	J9039	Injection, blinatumomab, 1 microgram
J9999	J9308	Injection, ramucirumab, 5 mg
Q9979	J0202	Injection, alemtuzumab, 1 mg
Q9975	J7205	Injection, factor viii fc fusion (recombinant), per iu
E0450	E0465	Home ventilator, any type, invasive interface (e.g. trach tube)
E0463	E0465	Home ventilator, any type, invasive interface (e.g. trach tube)
E0460	E0466	Home ventilator, any type, non-invasive interface (e.g. mask)
E0461	E0466	Home ventilator, any type, non-invasive interface (e.g. mask)
E0464	E0466	Home ventilator, any type, non-invasive interface (e.g. mask)

Q4: Which codes were terminated by CMS?

HCPCS	DESCRIPTION
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet
J0886	Injection, epoetin alfa, 1000 units (for esrd on dialysis)

Q5: Can I receive authorizations for the new codes?

A5: Yes. CareCentrix currently utilizes the new codes in its authorizations.

Q6: What should I do with my existing authorizations with the old codes and a date spanning into 2016?

A6: For Horizon Blue Cross Blue Shield New Jersey and Florida Blue, CareCentrix has reissued existing Service Authorization Forms (SAF) with the new codes. Please bill for services rendered using the new codes referenced on on the re-issued SAF. If any existing authorizations for the old ventilator codes overlap into 2016, you will not need a new SAF. For med codes, you must receive an updated SAF.

For Cigna, an updated SAF was not reissued because it is not required for billing purposes. You may bill for services rendered using the information on your original SAF.

Q7: How should I submit a claim with a new code for dates of service in 2016 if my original authorization contains the old code?

A7: For Florida Blue and Horizon BCBSNJ, please submit your claims with the new codes for all 2016 dates of service using the codes referenced on your re-issued SAF. Claims for dates of service in 2016 that do not contain the new med codes may be denied for no authorization. For Cigna, you may bill using the procedure code referenced on your original SAF.

Q8: Should I submit claims with the new codes for dates of service prior to 2016?

A8: No. You should only submit claims with the new codes for dates of service in 2016.

Q9: What should I do if I submitted claims containing the old codes with dates of service in 2016?

A9: Florida Blue and Horizon BCBSNJ claims are passed from CareCentrix to the Health Plan for adjudication. Claims submitted with the old codes for dates of service in 2016 will likely be rejected or denied by the plan.

- o   For rejections, please submit a new original claim with the new codes
- o   For denials, please submit a void and replace (frequency code 7) claim changing the old codes to the new codes
- o   For claims that are pending an 835 response (claim is still in process), submit a void (frequency code 8) and a new original claim with the new codes
- o   Please note, void and replace and void claims submissions must include the CareCentrix claim ID found on your EOP.

Q10: Why was my claim containing the old code and a date of service in 2015 rejected for *no rate on file*?

A10: Your claim may have been rejected in error. Please resubmit your claim as an original claim.

Thank you in advance for your cooperation and continued partnership.
If you have any additional questions, please reach out to your assigned Provider Management Analyst for assistance.