

PROVIDER BULLETIN

PROVIDER INFORMATION



August 3, 2020

Documentation Requirements for Replacement Claims

Effective October 1, 2020, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating the Modifier Reimbursement Policy to require the submission of medical records with the replacement claim to support the addition of modifier(s) -24, -25, -59, -XE, -XP, -XS, or -XU.

Medical records will be reviewed to determine if the change is supported. If documentation supports the change, the replacement claim will be processed per normal procedures. If documentation does not support the addition of the modifier, the claim line will remain as originally processed.

Replacement claims submitted without supporting documentation will not be processed.

Another replacement claim may be submitted; however, documentation must be submitted in order to be considered.

Products Impacted

This policy only applies to subscribers who have commercial and Medicare lines of business.

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, Revenue), 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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