

# PROVIDER BULLETIN

## PROVIDER INFORMATION



November 1, 2019

### 2020 Renewal Changes Summary for Institutional Providers

Blue Cross and Blue Shield of Minnesota, Blue Plus, and Affiliates (Blue Cross) has simplified the annual renewal process and is communicating the substantive changes to the 2020 Institutional Provider Service Agreement. The complete Provider Service Agreement (Agreement) is modified periodically to reflect the most current regulatory changes and other clarifications necessary to properly administer the Agreement. The minor changes and clarifications to the Agreement effective January 1, 2020 are detailed below. The summary items are listed in order of appearance in the Agreement.

#### **Language Changes:**

**Definition of "Custodial Care" (formerly Article II.E.).** This definition in the Agreement has not changed but has been moved to Chapter 9 of the Blue Cross Provider Policy and Procedure Manual.

**Article III.F. Clinical Coding Requirements** has been amended to include reimbursement information for unlisted codes and is hereby replaced and superseded by the following:

**Coding Requirements.** Provider shall place all appropriate diagnosis and procedure codes and other necessary codes on each claim prior to submission to Blue Cross or Plan Sponsor. Provider is required to submit a written description, the manufacturer's suggested retail price for the item(s) and an itemization of the Regular Billed Charges for such item(s), health care service or supply whenever submitting an unlisted procedure code such as K0108 or E1399 for such services. Claims submitted to Blue Cross with an unlisted procedure code without a written description and manufacturer's suggested retail price will be denied. Provider agrees to use unlisted procedure codes only when no code exists for the service being provided. The reimbursement process for unlisted procedures can be found at <https://www.bluecrossmn.com/providers/reimbursement-policies>

**Article V.D. Prior to Coverage** has been expanded to further clarify that Subscriber's prior coverage, if any, is responsible for Health Services for an admission that began prior to the effective date of the Subscriber contract, until after the Subscriber is discharged.

**Article IX.A. Insurance** has been further clarified to state that evidence of coverage requirements for Providers is detailed in the Credentialing Policy and Procedure Manual.

**Article X.B. Termination.** The third sentence in the opening paragraph has been revised to indicate that written notice of termination must be sent "via certified mail" to Blue Cross.

**Article XIV. N. Provider Merger** provision has been updated to include reference to practice expansions and additional new locations.

**Reimbursement:**

Items not covered under Medicare Supplement, but are covered as an additional benefit, will be reimbursed at the lesser of the appropriate Medicare rate, if available, or 35% of Regular Billed Charge.

**No changes have been made to the Medicare Amendment.**

**Disclosure of Ownership**

A Disclosure of Ownership form **must be completed and submitted annually** to Blue Cross per Minnesota Department of Human Services requirements. Information about the requirement and an electronic version of the form are available at [bluecrossmn.com](http://bluecrossmn.com).

**Questions?**

If you have any questions about these changes, please call Provider Services at **651-662-5200** or **1-800-262-0820**. If you would like to receive a comprehensive copy of a new Agreement that reflects these changes, please email your request to the following address: [Request.Contract.Renewal@bluecrossmn.com](mailto:Request.Contract.Renewal@bluecrossmn.com)