PROVIDER BULLETIN PROVIDER INFORMATION



February 1, 2021

New Claim Edits for Professional Lab Claims Missing Required Data

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be enforcing front-end edits for professional lab claims beginning April 1, 2021. These edits may result in rejected claims when specific, required provider information is missing. Updates to the Blue Cross reimbursement policy, "Laboratory Services-General Guides", provide additional clarity and will be published on February 1, 2021.

Background

- Blue Cross published Provider Bulletin P20-19 on February 1, 2019 providing the claim requirements for purchased labs.
- A Provider Quick Points (QP52-20) was published on June 10, 2020 to provide a reminder and additional education on lab claim submission requirements.
- Throughout 2019 and 2020, Blue Cross worked directly with providers that were billing incorrectly to correct their billing procedures.

Required Lab Claims Data beginning with claims received on or after April 1, 2021:

Referring (ordering) physician

All lab claims must contain referring (ordering) provider information to ensure that laboratory tests are ordered by a physician or other qualified healthcare practitioner. The following loop information is required on all laboratory services:

- Loop 2310A (Claim Level) or 2420F (Line Level), the provider name and the NPI (NM109) are required to be submitted.
 - o If not present, reject code AP0058 will be assigned and the transaction will be sent back.

Claims containing modifier 90

Blue Cross allows for purchased lab services to be billed with a modifier 90. If a lab service is billed with a modifier 90, the following fields are required to be submitted on the claim:

- Service Facility Location Name Loop 2310C (Claim Level) or 2420C (Line Level), the provider name and the NPI (NM109) are required to be submitted. If not present, reject code AP0059 will be assigned and the transaction will be sent back.
- Purchase Service Provider Name Loop 2420B (Line Level only), the NM109 NPI is required to be submitted.
 - o If not present, reject code AP0060 will be assigned and the transaction will be sent back.

Phased Implementation of Edits:

The above edits will be rolled out in phases for claim submissions beginning on April 1, 2021.

Phase 1 (April 1, 2021) – High volume Genetic lab services

Phase 2 (April 15, 2021) – Remaining Genetic/Molecular services

Phase 3 (May 1, 2021) – All general lab services

Lines of business impacted:

Commercial (including FEP) and Medicare.

Questions?

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.