# PROVIDER QUICK POINTS
## PROVIDER INFORMATION

BlueCross BlueShield Minnesota

May 13, 2020

## Non-Covered Medicare Services and Organization Determination Reminder for Platinum Blue and Medicare Advantage Subscribers

On September 1, 2015, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) implemented the organization determination process for non-covered Medicare services. An organization determination is required for Platinum Blue and Medicare Advantage members in order to have claims for non-covered Medicare services deny as subscriber liability. The organization determination is required in order to provide the member an advance notification of the non-covered service, which would be their liability if they chose to continue with the service. An Advance Beneficiary Notice (ABN) is not valid for use with Platinum Blue and Medicare Advantage plans.

**Non-Covered Medicare services without an Organization Determination**

In accordance with Medicare requirements and the provisions of your agreement, it is the duty of the provider to assure that all services are Medicare eligible prior to rendering services. Medicare National and Local Coverage Determinations (NCD & LCD) specify coverage criteria including specific documentation requirements which providers must follow.

If there are questions regarding whether a service or item will be covered or non-covered, providers may submit a request for an organization determination prior to rendering services. In addition, providers may submit an organization determination for any item when requested to do so by the member.

1. Medicare non-covered services that are called out in the Member's Evidence of Coverage (Benefit Book) under *What services are not covered by the plan* section do not require an organization determination. See Table A for a list of these procedure codes.

2. If non-covered services are indicated in CMS documentation such as Medicare LCDs and NCDs, but are not called out in the member's Evidence of Coverage (Benefit Book) under *What services are not covered by the plan* section an organization determination needs to be submitted. Without an organization determination on file, these services will be denied as provider responsibility. A waiver is not a valid replacement for the organization determination.

3. If an organization determination is submitted to Blue Cross and denied as not covered, the claim will deny as patient liability if the following requirements are met:
   - The provider needs to inform the subscriber of the unfavorable organization determination prior to rendering the service.
   - A waiver is signed advising the member clearly what service(s) are not covered prior to the service(s) being rendered.

It is a contract requirement that a provider shall submit claims to Blue Cross for all Health Services provided, even in cases when Provider suspects or knows a Health Service will not be covered. This will ensure the proper administration

of benefits and take advantage of changes in coverage that may occur after Provider checks benefits. The GA modifier is not valid for Platinum Blue or Medicare Advantage policies.

**Organization Determinations though Availity**

The organization determination request needs to be submitted using the Authorization tool found on Availity.

1. The CMS codes with status indicator of "N" are not covered but will require an organization determination to be submitted. These services are not called out as "not covered" in the member's Evidence of Coverage (Benefit Book) under *What services are not covered by the plan* section. These codes will have an automated response on Availity without review. Please see Table B for a list of these procedure codes. Blue Cross is continuously reviewing codes and updating the member's Evidence of Coverage (Benefit Book) to decrease the number of codes requiring an organization determination.
2. Codes that are sometimes covered will require an Organization Determination and will be reviewed for coverage.

**Resources**

For details about items, tests or services covered by Medicare, see the comprehensive list at the Centers for Medicare & Medicaid Services website (link below). The organization determination is not required for Medicare covered services.

- Medicare.gov https://www.medicare.gov/coverage/is-your-test-item-or-service-covered
- CMS.gov https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Minnesota&KeyWord=stem+cell&

Blue Cross Prior Authorization and organization determinations should be submitted through Availity using the Authorization tool. The Authorization tool will not advise that an organization determination is required for Platinum Blue or Medicare advantage policies for Medicare non-covered services.

- The authorization tool will only send automated response for Medicare non-covered codes with status indicator of "N". If you enter multiple procedure codes and one of them require review it may cause unnecessary delays. Please enter procedure codes that need review on a separate request to avoid delays.

These codes are updated quarterly and subject to change. Table B may not include all codes that are subject to the organization determination requirements.

**Table A - Status "N" codes that do not require an organization determination**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 90875 | 90876 | 90882 | 92590 | 92591 | 92592 | 92593 | 92594 | 92595 | A4261 |
| A4467 | A6413 | A9270 | D0411 | D5511 | D5512 | D5611 | D5612 | D5621 | D5622 |
| D6096 | D6118 | D6119 | D7296 | D7297 | D7979 | D8695 | D9222 | D9239 | D9995 |
| D9996 | J7296 | T4545 | V2787 | V2788 | V5008 | V5011 | V5014 | V5020 | V5030 |
| V5040 | V5070 | V5080 | V5090 | V5095 | V5100 | V5110 | V5120 | V5150 | V5160 |
| V5190 | V5200 | V5230 | V5240 | V5241 | V5242 | V5243 | V5244 | V5245 | V5246 |
| V5247 | V5248 | V4249 | V5250 | V5251 | V5252 | V5253 | V5254 | V5255 | V5258 |
| V5259 | V5262 | V5263 | V5264 | V5265 | V5266 | V5267 | V5268 | V5269 | V5270 |
| V5271 | V5272 | V5273 | V5274 | V5275 | V5281 | V5282 | V5283 | V5284 | V5285 |
| V5286 | V5287 | V5288 | V5289 | V5290 | V5336 | | | | |

**Table B – Status "N" codes that require an organization determination**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 20560 | 20561 | 37216 | 43842 | 48160 | 58300 | 61640 | 61641 | 61642 | 65760 |
| 65765 | 65767 | 65771 | 69090 | 69710 | 74263 | 76390 | 78350 | 78351 | 78609 |
| 80050 | 86910 | 86911 | 88000 | 88005 | 88007 | 88012 | 88014 | 88016 | 88020 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 88025 | 88027 | 88028 | 88029 | 88036 | 88037 | 88040 | 88045 | 88099 | 90694 |
| 92310 | 92314 | 93895 | 96170 | 96171 | 99026 | 99027 | 99075 | 99172 | 99173 |
| 99174 | 99177 | 99188 | 99401 | 99402 | 99403 | 99404 | 99408 | 99409 | 99411 |
| 99412 | 99450 | 0469T | A0888 | A4210 | A4250 | A4252 | A4627 | A4670 | A6000 |
| A9273 | A9280 | A9281 | A9282 | A9286 | A9300 | G0219 | G0235 | G0252 | G0255 |
| G0282 | G0428 | G9013 | G9014 | G9016 | G9147 | J3520 | J3535 | J3570 | J7297 |
| J7298 | J7300 | J7301 | J7303 | J7304 | J8515 | M0075 | M0076 | M0100 | M0300 |
| M0301 | P2031 | Q0144 | T1040 | T1041 | T4521 | T4522 | T4523 | T4524 | T4525 |
| T4526 | T4527 | T4528 | T4529 | T4530 | T4531 | T4532 | T4533 | T4534 | T4535 |
| T4536 | T4537 | T4538 | T4539 | T4540 | T4543 | T4544 | V5273 | V5362 | V5363 |
| V5364 | | | | | | | | | |

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