

PROVIDER QUICK POINTS

PROVIDER INFORMATION



April 14, 2021

Reminder: New Claim Edits For Professional Lab Claims Missing Required Data

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) began enforcing front-end edits on professional lab claims for Phase 1 on April 1, 2021 and will continue to roll out these edits to additional lab codes in phases as indicated in Provider Bulletin P9-21. These edits will result in rejected claims when specific required provider information is missing.

Purchase Service Provider NPI Often Missing

As Blue Cross prepares for the implementation of the Phase 2 edits for Professional Lab Claims scheduled to begin April 15, 2021, Blue Cross has reviewed data for claims that would have been rejected if the edits were active. Blue Cross often sees that Lab services billed with modifier 90 are submitted without the Purchase Service Provider NPI. The Purchase Service Provider is required when providers, under arrangement with another provider, bill a service that is purchased from that other provider. In this scenario, the Purchase Service Provider is the entity that performed the laboratory test under arrangement with a different provider who is billing for the service. Please ensure that the Purchase Service Provider NPI is appropriately submitted to reduce rejected claims.

As indicated in Provider Bulletin P9-21, the Required Lab Claims Data elements are listed below:

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. *Please ensure you are using the correct Loop and segment for the Referring (Ordering) Provider as outlined in the ASCX12 HIPAA 837P Health Care Claim Guide.* The following loop information is required on all laboratory services:

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

Claims with service(s) containing modifier 90 (reference lab)

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's name and the NPI (NM109) are required to be submitted. NOTE: The NPI for the Service Facility Location is only required when the Health Care Provider is external to the Billing Provider, e.g., is not a component of the Billing Provider *as outlined in the ASCX12 HIPAA 837P Health Care Claim Guide.*
 - If Service Facility provider name and required information is 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 the Purchased Service Provider NPI is not present, reject code AP0060 will be assigned and the transaction will be sent back.

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**.