

# PROVIDER BULLETIN

## PROVIDER INFORMATION



November 1, 2019

### Reimbursement Policy Clarification to Unlisted Codes for Commercial & Medicare Products

Effective January 1, 2020 Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be clarifying the reimbursement of unlisted procedures in the Reimbursement Policies: *General Coding 005 – Unlisted Procedure Code Policy* and *DME 001 – DME and Supplies*.

#### Reimbursement for unlisted codes will be determined by one of the following methodologies:

- Allowance of similar code (procedure/item); or
- 85% of the Average Wholesale Price (AWP) (drug codes); or
- Percentage of Provider's Regular Billed Charge (55% of charge for Commercial and 35% of charge for Medicare); or
- Invoice amount.

### Resulting clarifying changes to the 2019 Provider Services Agreement with Suppliers of Durable Medical Equipment

Article III. F. Unlisted Codes Procedure of the 2019 Provider Service Agreement with Suppliers of Durable Medical Equipment has been removed. Article III. D. Clinical Coding Requirements has been amended to include reimbursement information for unlisted codes.

Article III. D. is amended as follows:

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 procedure codes can be found at: <https://www.bluecrossmn.com/providers/reimbursement-policies>

#### 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**), 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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Bulletin P82-19

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L08R04 (12/13)