

PROVIDER BULLETIN

PROVIDER INFORMATION



July 8, 2015

Non-Covered Medicare Services and Organization Determination Update for Platinum Blue Subscribers

Effective September 1, 2015, Blue Cross and Blue Shield of Minnesota (Blue Cross) will be implementing two new requirements in circumstances where payment for an item or service may be denied as a non-covered Medicare service for Platinum Blue subscribers: (1) Non-Covered Medicare services without an organization determination, and (2) Subscriber authorization to request an organization determination.

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. See link to searchable Medicare Coverage Database below.

If there are questions regarding whether a service or item will be covered, providers may submit a request for an organization determination prior to rendering services. If non-covered services are provided without an organization determination from Blue Cross, these services will be denied as provider responsibility. Note: If the provider informs the subscriber of the unfavorable organization determination, and the subscriber continues to request the services or items, the claim will deny as subscriber responsibility.

Subscriber authorization to request an organization determination

If the provider, at the subscriber's request, requests an organization determination relating to whether a service or item will be covered, the provider must have the subscriber sign a representative form granting the provider the ability to request the service on the subscriber's behalf. When a request is received from a provider that does not contain the appropriate representation documentation along with the appropriate clinical information, Blue Cross will make reasonable efforts to obtain the properly filled out representation form before dismissing the request. Please see Medicare Managed Care Manual Chapter 13 Section 10.4.1 for more information.

For details about which item, test, or service is covered by Medicare, see the comprehensive list at the Centers for Medicare & Medicaid Services website below.

Resources

- <http://www.medicare.gov/coverage/is-your-test-item-or-service-covered.html>
- <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Minnesota&Keyword=stem+cell&KeywordLookUp=Title&KeywordSearchType=And&clickon=search&bc=gAAAAAAAAAAAAAAAA%3d%3d&=&>
- Appointment of Representative form: <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Cms-Forms-Items/CMS012207.html>
- Blue Cross Prior Authorization forms: https://www.bluecrossmn.com/Page/mn/en_US/forms-and-publications (Select "forms – precertification and preauthorization" and choose the appropriate form)

Questions?

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