

PROVIDER BULLETIN

PROVIDER INFORMATION



May 6, 2015

Modifier Requirement for Coding Appeals

In order to ensure consistency with Medicare Correct Coding Initiative (CCI) edit requirements, Blue Cross and Blue Shield of Minnesota (Blue Cross) will be changing responses to certain coding software appeals effective July 1, 2015.

Currently, for commercial business coding software appeals, if a service is determined to be allowable based on appeal documentation, that service may be allowed regardless if the appropriate modifier was submitted with the appeal. This applies primarily to services that require a -24, -25 or -59 modifier.

For all commercial business coding software appeals received on and after July 1, 2015, if a service requires a modifier and that modifier is not submitted with the appeal, the service denial will be upheld regardless if the documentation supports allowing the separate service.

Coding requirements reminder

All coding and reimbursement is 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 (for example, HCPCS, CPT, ICD-9-CM), 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**.