

PROVIDER BULLETIN

PROVIDER INFORMATION



October 1, 2014

Change in Documentation Requirements for Replacement Claims

Effective with dates of submission on or after October 1, 2014, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will change the requirements for documentation submission with replacement claims. This change will significantly decrease the documentation requirements for replacement claims.

Currently Blue Cross requires documentation be submitted supporting the requested change on all replacement claims for coding changes. As of October 1, 2014, we are revising our requirements. Required documentation will be limited to six modifiers.

Due to the complexity of claims containing the modifiers 24, 25, 57, 59, 78, and 79, a complete review needs to be conducted. Thus we will continue to require documentation submission only when one or more of these modifiers is part of the data being added on a replacement claim.

Modifier	Narrative
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
57	Decision for Surgery
59	Distinct Procedural Service
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

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 (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 service at **(651) 662-5200** or **1-800-262-0820**.

HCPCS stands for Healthcare Common Procedure Coding System

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Distribution: All participating providers impacted by the information in this bulletin
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