Provider information

# Bulletin

May 11, 2011

## Replacement claims requiring documentation

Effective July 1, 2011, Blue Cross and Blue Shield of Minnesota, Blue Plus and BlueLink TPA (Blue Cross) will deny replacement claims which include services that were previously denied due to a coding edit when they are submitted without required documentation. These types of claims can be identified with denial remark codes that begin with Gxxx (internal remark code found on provider web self-service).

As stated in Provider Bulletin P20R1-09 dated October 12, 2009, replacement claims that include a change, addition or removal of a medical code (HCPCS/CPT®, modifier, ICD-9-CM) require supporting documentation. This process change is intended to expedite handling of complete replacement claims with the necessary documentation.

The supporting documentation requires the use of the PWK segment on the claim to report the attachment control number and method of submission (fax or mail). For more information on submitting attachments, please refer to the Minnesota Administrative Uniformity Best Practices documents at **health.state.mn.us/auc/profguide.htm.**

A new replacement claim may be submitted with the required documentation when the denial is received. Please note that you must send the complete replacement claim (including documentation if required) within the 6-month time period from the last adjudication date of the claim.

### Questions?

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

HCPCS stands for Health Care Procedure Coding System
CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association
ICD-9-CM stands for International Classification of Diseases, 9th Revision, Clinical Modification

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