Provider information

Bulletin

Note:This Bulletin was revised on 10/12/09. See Provider Bulletin P20R1-09 for the revision.

July 9, 2009

Providers required to support coding changes with documentation as a result of adjustment audit

Recently, the coding area conducted a review and audit of adjustment requests that were received via provider web self-service (PWSS).

The objective was to determine if the requests to change a medical code (ICD9 diagnosis, CPT or HCPCS) on a service that was denied were valid requests. The emphasis was placed on the nature of the adjustment requests for claims that had a policy denial or a coding edit denial.

It was determined that the records for these particular issues are needed for review and verification before an adjustment can be made. Blue Cross and Blue Shield of Minnesota and Blue Plus have an obligation to all members for the accuracy of appropriate claim payment for all claims. This is especially important for members with health savings accounts (HSAs), deductible plans, and self-insured plans. Accuracy of claims payment is crucial to all of our members.

Audit results

Several claims were identified with billing errors and/or overpayments because of the following reasons:

- Providers stated the code was “billed in error” and to please change it
- Providers stated to “cancel” the claim and later rebilled the entire claim and changed the codes

As a result of the audit, effective immediately until October 18, 2009, Blue Cross will require providers to request an adjustment using the Provider Claim Adjustment/Status Check/Appeal Form and send supporting documentation for all claims that were previously denied due to a policy denial or a coding edit denial. This policy applies to all claims except BlueCard® program claims. Due to the need for medical documentation providers will no longer be allowed to call provider service or use PWSS to request these type of coding changes, unless the request is for a BlueCard® program claim.

Electronic replacement claims

Effective October 19, 2009, Blue Cross will begin to accept electronic replacement claims for coding changes but we will also require documentation to be submitted when you are changing a medical code (CPT, HCPCS, or ICD9) and the original service was denied due to benefit or coding reasons.

Before October 19, 2009, you may continue to use the Provider Claim Adjustment/Status Check/Appeal Form to request an adjustment but must also include the medical documentation, such as office notes and/or operative notes to support the coding change. The Provider Claim Adjustment/Status Check/Appeal Form and instructions for completing the form are available on **providers.bluecrossmn.com**, select “Forms & publications” then “forms: other.”

Questions?

Distribution: All participating providers
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If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.