

BULLETIN

Blue Cross and Blue Shield of Minnesota
and Blue Plus

January 14, 2008

Adjustment policy change to modifiers -24, -25 and -59

Blue Cross and Blue Shield of Minnesota and Blue Plus have reviewed adjustments involving requests to add a -24, -25 or -59 modifier to a procedure code. During this review, documentation errors or inappropriate coding issues were apparent.

Change effective April 14, 2008

This review has resulted in a change in policy to adjustment requests for modifiers -24, -25 and -59. A request to adjust a claim denial by correcting your claim and adding modifier -24, -25 or -59, will not be automatically adjusted effective April 14, 2008. Instead, an appeal must be requested to add modifiers -24, -25 or -59 to a procedure code. The appeal request will require medical documentation, such as office notes and/or operative notes, for review and possible reconsideration.

Provider Policy and Procedure manual

Submission guidelines for the use of modifiers -24, -25 and -59 are documented in the coding edits and modifiers section of Chapter 11 in the Blue Cross and Blue Shield of Minnesota Provider Policy and Procedure manual. To view the manual online, go to blucrossmn.com

- under “Sign in to Self-Service,” click on the link “for health care providers”
- then click on the link “Forms & publications,” and select “manuals” from the drop-down menu.

Provider Inquiry/Appeal Form

Blue Cross reserves the right to audit and review documentation in order to consider a request for an appeal and reimbursement of the appropriate benefit, if it applies. The enclosed Provider Inquiry/Appeal Form has been updated to reflect this change.

Questions?

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

Please route this bulletin to other interested staff.

Provider Inquiry/Appeal Form enclosed

PROVIDER INQUIRY / APPEAL FORM
Blue Cross and Blue Shield of Minnesota and Blue Plus
One form per inquiry or appeal.

Today's Date: _____ Provider ID#: _____ Provider Name: _____

Your Name: _____ Phone #: _____ Fax #: _____

Patient Account Number: _____ NPI (National Provider Identifier) Number: _____

Blue Cross Member ID#:	Patient Name:	Claim #:
Group #:	Billed Charge:	Service Dates (all):

INQUIRY (Status check or claim adjustment) Check here if BlueCard®/ITS-related.
 Fax all inquiries to (651) 662-2745

Status Check: *Please wait 30 days from the date you submitted the claim before checking on the status.*

Claim Adjustment Request (please complete appropriate information)

<input type="checkbox"/> Change individual provider # to _____	<input type="checkbox"/> Change diagnosis _____ to _____
<input type="checkbox"/> ID# should be: _____	<input type="checkbox"/> Add modifier* _____ to procedure code _____
<input type="checkbox"/> Service was referred, case #: _____	<input type="checkbox"/> Change procedure _____ to _____
<input type="checkbox"/> Patient should be: _____	<input type="checkbox"/> Not our patient, please recoup claim.
<input type="checkbox"/> Services should not have been billed because _____	
<input type="checkbox"/> Overpayment / Underpayment: _____	
<input type="checkbox"/> Other carrier paid (include EOB)	
<input type="radio"/> Medicare paid (include EOB)	<input type="radio"/> No fault auto paid
<input type="radio"/> Worker's Compensation paid	<input type="radio"/> Other: _____

APPEAL

Mail or fax to:
 Blue Cross and Blue Shield of Minnesota
 Attn: Appeals
 P.O. Box 64560
 St. Paul, MN 55164-0560
 Fax – (651) 662-2745

An appeal is a denial, reduction, termination of, or a failure to provide or make payment (in whole or part) for, a benefit, including any such denial, reduction, termination, or failure to provide or make payment.

Appeal/Reconsideration Request (Attach supporting documentation for your appeal)*

Enter remark code found on Provider Web Self-Service. If unable to obtain remark code, please indicate your concern here:

Blue Cross Response

If we are able to complete the adjustment or approve the appeal as requested, we will not respond outside of your adjusted Statement of Provider Claims Paid.

* Please refer to the Provider Policy and Procedure Manual for instructions on which modifiers must be appealed.

Indicate here if multiple related inquiries/appeals are being submitted for the same member.
 Specify number in ____ of ____ format (e.g., 1 of 5, or 3 of 10).