

Help Me With Waivers!

A quick reference guide from BCBSMN, Inc. and Affiliates

When should I use a waiver?

- To hold a member liable for services that we consider medically unnecessary or investigative, including, but not limited to, members of Minnesota Health Care Programs (Blue Plus PMAP, MinnesotaCare, SecureBlue, and CareBlue).
- If you want to refer a fee-for-service member to a nonparticipating provider.

When can I bill the member for these services?

The member must be notified prior to the services being rendered. The member agrees, by signing a waiver, to pay for the service. Once you receive your provider remittance that shows patient responsibility, you may bill the member.

What if I direct a fee-for-service member to receive services from a nonparticipating provider? *Note: This is for BCBSMN fee-for-service contracts only.*

Fee-for-service patients may have reduced benefits or higher patient responsibility when using nonparticipating providers.

The following situations may require the provider to direct a member to a nonparticipating provider:

1. Medical emergencies.
2. Participating providers not available in geographic area.
3. Quality of care requires use of a nonparticipating provider.

What is considered a sufficient waiver?

The waiver must be signed and dated for each encounter before the service is provided. It must identify the specific procedure or service, and advise that the patient would not be liable for these charges unless the waiver is signed. Since blanket waivers are not specific, they are insufficient to meet patient notification requirements.

How do I communicate a waiver to Blue Cross?

When submitting the claim form, include a GA modifier in field 24D on the CMS-1500 claim form. You do not need to submit the actual waiver, but it must become part of the patient's medical record.

When BCBSMN processes the claim, the services with a GA should be allocated as patient responsibility on your Statement of Provider Claims Paid in the Patient Responsibility column.

What needs to be on a waiver?

On the back are sample waivers you may use in your office. The waivers include the information required in order for you to hold the member financially liable for services. You can use your own form as long as it has all the required information. The waiver should be incorporated into your usual business forms and should be customized to include your business letterhead.

Sample waiver: general

As a participating provider with Blue Cross and Blue Shield of Minnesota and its affiliates, we are to notify you of services that are medically unnecessary or investigative. This notification will allow us to hold you financially liable for the service listed below.

- Date procedure or service will be completed: _____
- Total cost of procedure or service: _____
- Procedure/service considered medically unnecessary or investigative by BCBSMN and its affiliates: _____
_____ procedure or service

Your signature on this waiver serves as an authorization to hold you financially liable for the above named service.

Provider Clinic Name Date

National Provider Number Patient signature Date

**Sample waiver:
Minnesota Health Care Programs**

As a participating provider with Blue Cross and Blue Shield of Minnesota and its affiliates, we are required to inform you when we provide a service to you that is not covered under your Minnesota Health Care Programs benefits. This notice means that you agree to pay us for the service listed below.

- Date procedure or service will be completed: _____
- Total cost of procedure or service: _____
- Situation:
 - Service is not covered under your benefits: _____
Procedure or service

By signing this waiver, you agree that we may hold you financially responsible for the service listed above.

Provider	Clinic Name	Date
National Provider Number	Patient signature	Date

Sample waiver: referral to a nonparticipating provider

As a participating provider with Blue Cross and Blue Shield of Minnesota (BCBSMN) and its affiliates, we are to notify you of services that are referred to a nonparticipating BCBSMN provider. This may result in a lesser payment from BCBSMN, thereby increasing your liability for services you receive from this provider. If a nonparticipating provider recommends hospitalization, you must call BCBSMN for approval before you are admitted to the hospital, except for emergency or obstetrical services.

- Procedure/service is being referred to a BCBSMN non-participating provider: _____
procedure or service
- Date procedure or service will be completed: _____

*Your signature on this waiver serves as notification to you that the provider we are recommending you see **does not** participate with BCBSMN.*

Provider	Clinic Name	Date
National Provider Number	Patient Signature	Date