

PROVIDER QUICK POINTS

PROVIDER INFORMATION



April 14, 2014

Reminder of claim submission for Platinum BlueSM (Cost) plan

Blue Cross and Blue Shield of Minnesota (Blue Cross) would like to remind providers of primary versus secondary billing rules for services rendered to subscribers enrolled in our Platinum Blue plan.

Medicare will continue to be the primary payer for Part A services/claims (837I) electronically crossed over from Medicare intermediaries. Blue Cross will serve as secondary payer for these services with subscribers being subject to Medicare coinsurance and deductibles.

Medicare Part B service(s) submitted on a professional claim form/format (837P) must be filed to your local Blue plan as Blue Cross is the administrator for Medicare Part B non-facility based services along with any additional Platinum Blue benefits. The only exception to this claim filing requirement is for physical therapy (PT), occupational therapy (OT) or speech therapy (ST) services.

There are unique circumstances with filing claims for PT, OT and ST. Original Medicare is primary for professional PT/OT/ST regardless of the network and should be sent to Medicare as the primary payer and then to Blue Cross as the secondary payer. Any claims submitted to Blue Cross without Medicare's coordination of benefit (COB) information will be denied as missing the Medicare payment information.

Please reference Chapter 5 of the Blue Cross Provider Policy and Procedure Manual for the grid that provides an overview of Platinum Blue services, Centers for Medicare & Medicaid Services (CMS) billing format, and Medicare Part A or Part B eligibility. To access the manual go to providers.bluecrossmn.com.

Questions?

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