

PROVIDER QUICK POINTS

Provider information



November 30, 2012

Increased claims auditing

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is increasing our claims auditing to ensure correct coding and proper payments. Health care providers that are being reviewed currently and in the future include, but are not limited to, hospitals, physician practices and durable medical equipment providers.

You may receive requests for medical records based on a random sample of selected claims submitted to us by your location. We ask that you make every effort to return those medical records by the date indicated in the letter.

We are publishing this Quick Points as a reminder because we have received several incomplete medical records. It is important to include documentation for all services performed on the date being audited, including lab and/or X-ray results and medical histories.

The records will be reviewed in accordance with the required documentation elements indicated in the Blue Cross Provider Policy and Procedure Manual and/or the Centers for Medicare & Medicaid Services (CMS) established guidelines to support the visit or procedure. If potential deficiencies are identified at a given provider site, a more intensive review may occur.

As a result of an audit, a provider may be held financially liable for services if records are not submitted, if the documentation is incomplete or does not meet elements required to meet the level of service.

Appeals

Appeals will be accepted if additional documentation can be provided that will support the level of the service or procedure. Appeal requests may be faxed to **(651) 662-2745** or mailed to the following address:

Blue Cross and Blue Shield of Minnesota
Attn: Provider Coding Appeals
P.O. Box 64560
St. Paul, MN 55164-0560

Refer to the Blue Cross Provider Policy and Procedure Manual, Chapter 10, Appeals for additional appeal and supporting documentation information. To access the manual, go to **providers.bluecrossmn.com** and select “Forms & publications,” then “manuals.”

Coding requirements reminder

All coding and reimbursement is subject to changes, updates or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **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

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