

PROVIDER QUICK POINTS

Provider information



October 3, 2012

Benefit predetermination requests for Platinum BlueSM (Cost) members

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has recently received a large volume of benefit predetermination requests from providers who are caring for Platinum Blue members. In order to help reduce any confusion and prevent delays for providers and members, please keep the following helpful guidelines in mind when requesting a benefit predetermination:

- Benefit predeterminations are designed to let the member and/or provider know if the services being rendered are eligible under the plan.
- Claims for **Part A** services (inpatient care, home care, hospice and skilled nursing home stays) are submitted directly to Medicare. If the service is covered by Medicare, it will be covered by Blue Cross for a Platinum Blue member. Providers should not submit benefit predetermination requests for Part A services.
- Claims for **Part B** services (office visits, outpatient surgeries, durable medical equipment and medications that are given in a physician's office) are submitted to Blue Cross as the primary payer. Blue Cross follows Medicare guidelines when processing claims for Part B services; so, if the service is covered by Medicare, it will be covered by Blue Cross for a Platinum Blue member. If Medicare does not cover the service, Platinum Blue plans will generally not cover it, either.

Questions?

If you have any questions regarding benefit predetermination requests, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.