

# Quick Points



February 16, 2011

## Replacement claims – Upcoming change: Adjudication automation

Currently when a replacement claim is submitted to change or add a medical code, such as a CPT<sup>®</sup>, HCPCS, ADA, revenue, diagnosis code or modifier, documentation is sometimes required to support the coding change. However, if the coding change is to remove one of the noted codes, Blue Cross and Blue Shield of Minnesota has not required documentation submission.

Blue Cross will be implementing a system change to enable a more automated solution for adjudicating replacement claims as of submission date March 7, 2011. While most claims will adjudicate more efficiently, the automation will require documentation to be submitted for claims where the procedure code(s) and/or modifier(s) is being removed from the replacement claim.

Therefore, effective immediately, all requests to change, add or remove a medical code, including modifiers, will require documentation with the replacement claim request.

### 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**.

CPT<sup>®</sup> (Current Procedural Terminology) is a registered trademark of the American Medical Association  
HCPCS stands for Health Care Procedure Coding System  
ADA stands for American Dental Association