Provider information

Quick Points

July 29, 2010

Improvement in medical records requirements

We have heard you say that claim issues can be challenging, particularly when medical records are involved. We are working to streamline the medical records request process by:

- Reducing medical record requests
- Improving claims processing time when medical records are required
- Assuring that guidelines are accessible

Medical records can now be sent and received electronically. This method significantly reduces the time that it takes to transmit supporting documentation; it also reduces the need to request records multiple times and eliminates lost or misrouted records.

Numerous medical record requirement guidelines already exist within the online Blue Cross and Blue Shield of Minnesota Provider Policy & Procedure Manual. To view the manual go to **providers.bluecrossmn.com** and select forms and publications, then manuals.

All unlisted and not otherwise classified (NOC) or specified HCPCS/CPT codes require narrative descriptions. As noted in the June 2010 Provider Press, if no narrative is present, the service will be denied. The HIPAA 837 Transaction has an NTE segment, which allows for a narrative of up to 80 characters per line on professional claims and 80 characters in total for institutional claims. If the narrative is longer than 80 characters, the narrative should be submitted as an attachment following the attachment instructions found on the AUC website at **health.state.mn.us/auc**.

Other requirements

Other requirements that are noted within the Blue Cross Provider Policy & Procedure Manual are as follows:

- All drugs/injections must be submitted with a narrative, dosage and NDC number. The amount dispensed/amount administered, along with the route of administration is also required.
- All unlisted surgical codes must be submitted with a narrative and an operative report. The procedure/progress notes are also required.
- Modifier 22 requires submission of an operative report, procedure/progress notes and other relevant documentation/narration that adequately describes what care/service was greater than usually required.
- Modifier 62 requires supporting documentation. All surgeons must submit their individual dictation of the operative report.
- Durable Medical Equipment (DME) unlisted codes (such as K0108 or E1399) require submission of a narrative, describing each piece of equipment, as well as a letter of medical necessity and the invoice for each piece of equipment.
- Accidental injury to natural teeth requires documentation to support the accidental injury diagnosis. Documentation must include consult or chart notes with the nature of the injury as well as an explanation of how the injury occurred, the date of injury, treatment plan, tooth number and pre- & post-injury X-rays. Dental office visits and evaluations require consult/chart notes.
- All records submitted should be the legal medical record and contain the provider's legible signature and date. Electronic signature is also acceptable.

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Claim adjudication

If a narrative is not submitted or supporting documentation is not attached when it is required for claim adjudication, records will not be requested and the service will be denied.

Ways that you can assist

Review the chart below to determine the specific medical documentation required for claim submission.

Standard medical documentation requirements for procedure codes	
The following table lists the standard medical documentation that must be submitted with each type of procedure code. Additional documentation may be requested upon further review of the claim.	
Type of code submitted	**Medical documentation required**
Air ambulance	• Run Report required
Dental – due to accidental injury to natural teeth	• Chart/consult notes • Tooth number • Date of injury • Nature of injury • Explanation of how injury occurred • Treatment plan • Pre-/post-injury X-rays
Dental – office visits and evaluations	• Chart/consult notes
DME – unlisted procedure codes	• Narrative description of each piece of equipment • A letter or statement of medical necessity • An invoice for each piece of equipment
Drugs/injections	• Drug name • Dosage • NDC number • Amount dispensed/administered • Route of administration
Surgical codes	• Operative report and/or progress/procedure notes • Refer to the applicable Medical Policy for more specifics based on the surgery
Unlisted non-surgical codes	• A narrative • Progress/procedure notes, if applicable
Unlisted surgical codes	• A narrative • Operative report and/or progress/procedure notes
Modifier 22	• An operative report and/or progress/procedure notes • A separate narrative statement or addendum describing why the extra care/service was required
Modifier 62	• The individual dictation of the operative report from each individual surgeon billing for a co-surgery

Questions?

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