

Quick Points



December 17, 2009

Units of Service validation begins on December 15, 2009

Units of Service validation editing for procedure codes submitted from professional providers (837P or 1500 Health Insurance Claim Form) begins on the evening of December 15, 2009.

Although Blue Cross and Blue Shield of Minnesota and Blue Plus are not following Medicare's Medically Unlikely Edits (MUE), this is similar to MUEs where the verbiage of the procedure code dictates the number of units that should be submitted per line item, per date of service.

As mentioned last summer in the Administrative Simplification notification from Blue Cross, we will begin enforcing unit limitations on those codes where the units submitted on the line item should not exceed one per date of service. This edit will occur in the pre-adjudication phase of processing. If the claim submission does not pass (or fails for greater than one unit per day) it will stop and be rejected back to the provider. This rejection occurs before the submission is accepted as a claim, therefore a claim number is not assigned and the provider must correct the data and resubmit all charges.

There will not be any duplicate editing or adjustments because a "claim" was not created in the payer adjudication system.

The error denial message will be:

2045 - Unit(s) billed are inconsistent with procedure code. Please correct the claim and resubmit.

Examples

The maximum units on either of these codes should not exceed one per date of service.

95125 - Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 2 or more injections.

90806 - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.

Questions?

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