



QUICK POINTS

Blue Cross and Blue Shield of Minnesota
and Blue Plus

February 16, 2009

Claims processing for massage and manual therapy services

On September 29, 2008, Provider Bulletin P22-08 was issued highlighting policy changes for massage and manual therapy services, codes 97124 and 97140. A Provider Quick Points dated November 4, 2008 was later issued as a clarification to the original Bulletin. Both communications which are available on **blucrossmn.com** indicated that changes relating to payment of these services were effective on January 1, 2009.

Coding edit changes

Changes and updates to Blue Cross and Blue Shield of Minnesota and Blue Plus coding edits are generally implemented based on the process date of the claim submitted by the provider, regardless of the date the service was incurred. In keeping with this policy, all massage and manual therapy claims processed on or after January 1, 2009 have been adjudicated according to the policy outlined in the Bulletin and Quick Points documents as well as the online Blue Cross Provider Policy and Procedure Manual, Chapter 10, Appeals.

Date of service

After further review, Blue Cross has made a business decision to apply the coding edits for massage and manual therapy services based on the date of service submitted on the claim. Services rendered on or after January 1, 2009 will be subject to the new policy. Services rendered prior to January 1, 2009 will be processed under our coding policy as it existed prior to the January 1, 2009 changes, regardless of the claim process date.

Reprocess claims

Blue Cross will initiate adjustment of claims for massage and manual therapy services rendered in 2008, adjudicated during the month of January 2009. These claims will be reprocessed in accordance with the coding policy in effect before the changes were implemented on January 1, 2009. If the procedure is a distinct procedural service **and** the -59 modifier is appropriately appended, the claim will be eligible for this process.

Please note that future claims will continue to process according to the policy communicated in the Bulletin and Quick Points, regardless of date of service. However, providers may request adjustments on any claims with 2008 dates of service, processed after January 2009, that meet the criteria cited in the paragraph above.

Any changes to claims, including provider requests to add modifier -59, will be subject to Blue Cross appeal guidelines as defined in the Blue Cross Provider Policy and Procedure Manual. As previously communicated, presence of the -59 modifier will not impact the processing of claims for massage and manual therapy services rendered on or after January 1, 2009.

For providers that have already sent in written appeals, for claims incurred prior to January 1, 2009, those claims will be captured in the reprocessing documented above.

Questions?

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