

PROVIDER BULLETIN

PROVIDER INFORMATION



September 9, 2015

New Operating System – Allowed Code Based on Higher Charge Rather than Higher RVU in Incidental or Mutually Exclusive Edits

On November 1, 2015, Blue Cross and Blue Shield of Minnesota (Blue Cross) will begin migrating subscribers from our legacy operating system to our new operating system. Subscriber migration will continue over the next few years with the goal of having all subscribers migrated to the new operating system by the end of 2018.

Subscribers who have migrated to the new operating system can be identified by a group number that is eight digits with no alpha character or dashes (an example is: 10051065). Subscribers who have not migrated to the new operating system will have a group number consisting of alpha and numerical characters (an example is: YE508-00).

This Bulletin is being published to notify providers that effective November 1, 2015 and after there will be a change in which code will be allowed in an incidental or mutually exclusive edit for claims processed in the new operating system.

Currently, when HCPCS/CPT procedure codes are subject to an incidental or mutually exclusive edit, the code that is allowed is based on the relative value units (RVUs) of the procedures. The code with the highest RVU will be allowed regardless of the submitted charge for the procedure. The lower RVU procedure will be denied either as incidental or mutually exclusive depending on the edit.

For example, if code 58150 (total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)) and code 58260 (vaginal hysterectomy, for uterus 250 g or less) are billed on the same date of service, code 58260 will be denied. Code 58150 has an RVU of 28.9400. Code 58260 has an RVU of 23.4900.

Claims submitted on or after November 1, 2015, for subscribers that have migrated to the new operating system, will be subject to the same editing. However, the procedure code that is allowed will be based on the billed charge amount. The procedure code with the lowest billed charge will be denied either as incidental or mutually exclusive depending on the edit.

For example, using the same codes as above, if code 58260 is submitted with a charge of \$1200.00 and code 58150 is submitted with a charge of \$1150.00, code 58150 will be denied. Although code 58150 has the higher RVU, it was submitted with the lower charge.

Coding requirements reminder

All coding and reimbursements are 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, ICD-10-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

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