PROVIDER BULLETIN PROVIDER INFORMATION



September 17, 2015

Billing DME Upgrades for Platinum Blue Subscribers

In accordance with Medicare requirements, effective November 15, 2015, the Platinum BlueSM (Cost) plan for Blue Cross and Blue Shield of Minnesota (Blue Cross) will be implementing a change to how Medicare Non-Covered Services are billed when subscribers request upgrades to their Durable Medical Equipment (DME). Previously providers would obtain a valid signed waiver from the patient acknowledging financial responsibility for the upgrade portion of the equipment and the provider would submit the claim with a GA modifier on the second claim line indicating the upgrade amount to be applied to patient liability. However, as stated in the previous Provider Bulletin P19-14, dated July 14, 2014, Advanced Beneficiary Notices of Non-Coverage (ABN) or waivers can no longer be used for Medicare Advantage or Medicare Cost Plan enrollees. With this change, the GA modifier is no longer appropriate to use when billing for these upgrades.

Billing changes for Platinum Blue subscribers

The – GY modifier should be used when billing for DME upgrades as indicated below.

- The first claim line must be billed with the procedure code and charge for the standard DME
- The second claim line must be submitted with the same procedure code appended with the GY modifier and the additional charge for the upgrade.

Note: If the – GY modifier is not submitted on the second line, the services will fall to standard Medicare edits.

Should I have a Platinum Blue subscriber sign a waiver?

The provider can still provide the subscriber with documentation showing that they are responsible for the upgrade portion of the item for their own records. However, the documentation will not need to be submitted with the claim and will not change the processing of the claim if it is billed incorrectly.

What happens if the GA modifier is submitted for a Platinum Blue subscriber?

If modifier GA is submitted on upgraded services, the service will be denied as provider liability due to the incorrect modifier being used.

Questions?

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