

PROVIDER QUICK POINTS

PROVIDER INFORMATION



September 11, 2017

Reporting Healthcare Common Procure Coding System (HCPCS) on Hospital Outpatient Claims

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) has an edit in the current legacy adjudication system as well as in the new operating system to validate the submission of required HCPCS codes on outpatient 837I Electronic Claims Transactions. This edit is consistent with requirements as published in the HIPAA 837I Implementation Guide, The Minnesota Uniform Companion Guide (MUCG) for Institutional 837 claims, and the Centers for Medicare and Medicaid Services (CMS) policy.

Currently, this edit is invoked upon adjudication of the claim. In early October 2017 the edit requiring a HCPCS code on Institutional Outpatient claims will be moved to a pre-adjudication edit in the new operating system only. The claim, in most cases, will be rejected on a 277CA. This will provide a quick response to the provider if a required HCPCS code is missing. A claim rejected in the pre-adjudication edit will return a Claim Status Category Code on the 277CA of A8 (Acknowledgement/Rejected for relational field error) and the Claim Status Codes will be 228 (Type of bill for UB Claim), 455 (Revenue code for services rendered), and 507 (HCPCS). A complete listing of the Health Care Claim Status Category Codes and the Health Care Claim Status Codes can be found using the X12 URLs listed below.

<http://www.x12.org/codes/health-care-claim-status-category-codes/>

<http://www.x12.org/codes/health-care-claim-status-codes/>

Questions?

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

QP26-17

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L264R03 (12/13)