

PROVIDER BULLETIN

PROVIDER INFORMATION



December 3, 2018

Blue Cross Blue Shield Association High-Dollar Prepay Review Effective January 1, 2019

Due to the rising cost of health care and its impact on members, the Blue Cross Blue Shield Association (BCBSA) has mandated that all health plans, including Blue Cross and Blue Shield of Minnesota, review all high-dollar claims to ensure that providers are billing in accordance with services performed.

Blue Cross and Blue Shield of Minnesota is required to identify and review high-dollar claims from all providers on behalf of BCBSA.

Effective January 1, 2019, providers will be required to attach an itemized bill of the services rendered when submitting high-dollar claims that meet certain criteria for review, to be eligible for reimbursement.

Claims from participating providers that meet **all** of the following criteria are subject to review:

- Inpatient institutional claim from an acute care facility
- Claims submitted to Blue Cross and Blue Shield of Minnesota for members of another commercial Blue Cross plan
- Claims with an expected allowance that is \$250,000 or greater

If a claim meets **all** of the criteria above and an itemized bill is not submitted as an attachment, the claim will be denied advising that an itemized bill is required. The provider should then submit a replacement claim with the itemized bill as an attachment.

Questions?

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