

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



March 22, 2023

### **Claim Audits Information Added to Provider Policy and Procedure Manual**

Blue Cross and Blue Shield of Minnesota has published information on Claims Audits in the Provider Policy and Procedure Manual (PPPM), which was previously published in the reimbursement policy **Facility-005, Inpatient Non-Reimbursable Charge/Unbundling**. The following information has been added to Chapter 11:

#### **Audit of Hospital Inpatient Claims**

Facility billing guidelines for the UB-04 claim form (CMS-1450) / institutional 837I require providers to bill revenue codes to describe services provided. Because revenue codes do not describe exact items, supplies and services provided during an inpatient hospitalization, a post payment audit involving the examination of an itemized bill and associated medical records may be conducted to verify that services are not unbundled, fragmented, or otherwise duplicative of another charge billed for the same patient on the same day.

The following are examples of inpatient services, supplies and equipment that are considered to be included in room and board or the charges for other services or procedures, and therefore not separately reimbursable. This is not an all-inclusive list:

- Routine services, supplies, equipment/items that are included within the overall room and board or room care charges - including dietary services, nursing services, minor medical and surgical supplies, wall or canister oxygen and compressed air, oximetry, medical social services, psychiatric social services, and the use of certain equipment and facilities for which a separate charge is not applicable. This includes equipment that is rented by the hospital.
- Specialized services, supplies and equipment that are included in the daily critical care unit charge (e.g., intensive care/coronary care/intensive care neonatal units) including, but not limited to: respiratory therapy, intensive care nursing, PICC line, ventilator support management/maintenance, respiration and cardiac monitoring equipment, cardiac defibrillators etc.
- Supplies, items, and services that are necessary or otherwise integral to the provision of a specific surgery, procedure, or service, and/or the delivery of services in a specific location (e.g., treatment room, endoscopy lab, cardiac cath lab, pulmonary and cardiology procedural rooms).
- Floor stock that is generally available to all patients receiving services including:
- Items/supplies that may be purchased over the counter.
- All reusable items, supplies and equipment that are provided to all patients during an inpatient admission, including a treatment area or unit.
- All reusable items, supplies and equipment are provided to all patients receiving the same service.

Note: Health care providers (facilities, physicians, and other health care professionals) are expected to exercise independent medical judgment in providing care to patients. This content is not intended to impact care decisions or medical practice.

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**Charges for Medical/Surgical Supplies and Devices – Implants**

- Billed charges for Implants (revenue codes 0274-0276 and 0278) may require a vendor's invoice to support supplies used that correspond to the services rendered unless otherwise agreed upon.
- These units must be clearly indicated on the vendor invoices submitted with the claim. If the units do not match or are not noted, the revenue code for Implant may be denied unless otherwise agreed upon.
- If supplies are purchased by the provider in bulk, the units that apply to the claim billed must be noted on the invoice or the revenue code for Implant may be denied unless otherwise agreed upon.

**Questions?**

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.