

PROVIDER QUICK POINTS

PROVIDER INFORMATION



December 27, 2023

Change in Facility Unbundling Reviews for Members of Other Blue Plans

Beginning January 1, 2024, all high dollar facility itemized bill reviews for members of other Blue Plans will be processed internally by Blue Cross and Blue Shield of Minnesota (Blue Cross) and no longer by the review vendor CERIS. The Provider Policy and Procedure manual (PPPM) contains the information that is used to perform the reviews. CERIS will continue to complete open reviews and providers must continue to respond to inquiries received from CERIS through the runout period.

Facility claims for members of other Blue Plans that are reimbursed using a percent of charge methodology allowing \$100,000 or greater are reviewed on a prepayment basis, apart from Medicare Advantage. Medicare Advantage groups will be reviewed based on \$100,000 charge rather than allowed amount.

Blue Cross requests that the itemized bill be attached to the claim submission. Upon receipt of the itemized bill, a line-item review will be conducted to determine charges that are appropriately billed. All appropriately billed charges will be processed, and, in most cases, charges found to be inappropriately billed will be denied as *CO97-M80 (These charges are not covered. This service is considered part of another service)*.

General Information

If the itemized bill was not submitted as an attachment to the claim and cannot be obtained within 10 business days from the claim receipt date, the claim will be denied as *CO252- N26 (In order to process this claim, additional information is required)*. The claim should be resubmitted with an itemized bill attached for each date of service reported. Electronically enabled providers should resubmit electronically.

An audit letter will be sent to the provider upon completion of the review and adjudication of the claim. The standard appeal process should be used to dispute these reviews.

Lines of Business Impacted

Commercial and Medicare members of other Blue Plans

Questions?

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