

PROVIDER BULLETIN

PROVIDER INFORMATION



February 1, 2024

Updated Reimbursement Policies, Effective April 1, 2024

Effective April 1, 2024, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will publish the following updated reimbursement policies:

Policy #	Policy Title/Service
Medicaid Evaluation and Management -014	<p>Online Digital Evaluation and Management Services (e-Visits)</p> <ul style="list-style-type: none"> Blue Cross will reimburse for online digital E/M services following CPT® guidelines.
Commercial, Medicaid, and Medicare General Coding -003	<p>Code Editing Policy</p> <ul style="list-style-type: none"> A valid 11-digit National Drug Code (NDC) and correlating HCPCS must be submitted when drugs are included on a professional (837P) or outpatient institutional (837I) electronic claim transaction. NDCs must be reported using the “5-4-2 format”. Claims submitted without a valid NDC will be rejected through Availity Essentials. <p>Please see Provider Quick Point QP123-20, Quick Point QP46-20, and Provider Bulletin P47-17.</p>
Commercial and Medicaid General Coding -071	<p>Bundled Services</p> <ul style="list-style-type: none"> Services designated on the National Physician Fee Schedule (NPFS) Relative Value File with a Status B, P, or T indicator will not be reimbursed separately.
Commercial, Medicaid, and Medicare Surgery/ Interventional Procedure -007	<p>Global Surgical Package</p> <ul style="list-style-type: none"> Procedures with a global day assignment of 10 or 90 that are billed with modifier 78 will be reimbursed at 84 percent of the approved allowance. Modifiers 54,55,56 will be moved to a new reimbursement policy, “Split Surgical Package”, and modifier reductions will be revised.
Commercial, Medicaid and Medicare Surgery/ Interventional Procedure -024	<p>Split Surgical Package</p> <ul style="list-style-type: none"> Addresses the coding and reimbursement of the surgical package when a transfer of care occurs during the global period of a procedure. The appropriate modifier (54,55) must be submitted and will be reimbursed at the following percentages: <ul style="list-style-type: none"> 54 – 80% of allowed amount 55 – 20% of allowed amount 56 – 0% Reimbursement for split surgical packages will not exceed 100% of the total global surgical allowed amount.

Products Impacted

Commercial, Medicaid, Medicare Advantage

Questions?

For questions regarding MHCP subscribers, please contact MHCP Provider Services at **1-866-518-8448**. For all other lines of business, please contact Provider Services at **651-662-5200** or **1-800-262-0820**.