

PROVIDER BULLETIN

PROVIDER INFORMATION



June 3, 2024

Residential Treatment Claims for Minnesota Health Care Programs

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will require Residential Treatment Facilities to submit a room and board line on residential claims submitted beginning 8/1/2024. Residential claims submitted without room and board will be rejected and a new claim with room and board must be submitted.

Blue Cross will accept the room & board line with either the actual billed charge or a zero charge. Additional reimbursement will not be made on the room and board line as those charges should be submitted to the MN Department of Human Services for adjudication.

Residential Treatment Facilities must submit the appropriate value code to report the level of complexity on the claim. Providers are required to submit the value code from the column corresponding to your 1115 waiver status per your enrollment with DHS. Submitting a value code from the incorrect column will result in a claim denial. The list of value codes is located at: [SUD Five Digit Value Codes \(mn.gov\)](https://www.mn.gov)

Residential claims must use accurate claim frequency and patient status codes when submitting the 8371 transaction. Providers submitting a claim frequency of 1 (admission to discharge claim) must submit a patient status of 01 indicating that the patient is discharged. A patient status of 30 is defined as still a patient in the facility and therefore a frequency code of 1 is incompatible. Using these values inappropriately will result in a claim denial. A replacement claim must be submitted with corrected data.

Products Impacted

- Families and Children
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)

Questions?

Please contact MHCP Provider Services at **1-866-518-8448**.