PROVIDER QUICK POINTS PROVIDER INFORMATION



July 10, 2024

Change in Processing for Add-On Codes

Currently, when a primary procedure code is submitted with a service date range and the add-on code is submitted with a single date or a date range not matching the primary code, the Blue Cross and Blue Shield of Minnesota (Blue Cross) claims system cannot match the add-on code to the primary code due to the mismatch in dates. As a result, the add-on code is denied with ANSI CARC CO-16 and RARC M67 and providers must submit an appeal to have this denial reviewed for potential payment.

Blue Cross will be changing how the denial is communicated on the remit and providing a resolution other than appealing the claim denial.

For claims received beginning August 1, 2024, when a primary procedure code is submitted with a service date range and the add-on code is submitted with a single date or a date range not matching the primary code, the add-on code will be denied with ANSI CARC CO-252 and RARC N26. This new message advises providers to submit an itemized bill, which should be done via the replacement claim process, for each date of service of the primary and add-on codes.

Products Impacted

Commercial and Medicare

Questions?

Please contact Provider Services at **651-662-5200** or **1-800-262-0820**.

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