



Complete Update

for Blues Medicaid providers



August 2020

Avoid these billing errors that can delay processing, reimbursement

Recently, the Blue Cross Complete Claims team identified three common billing errors that are most likely to cause a delay in processing and reimbursement. Here's more information about three common errors:

1. An MC code is entered on an electronic claim to indicate that a member has additional coverage. But if Blue Cross Complete is the member's only insurance carrier, then the claim will stop processing and require a manual review. The MC code isn't necessary if the member doesn't have additional insurance coverage.
2. When a member has additional insurance, specific codes should be used on a claim to indicate additional coverage. A 16 code will indicate that the member has Medicare coverage, and a CI code will indicate commercial coverage. Don't add a CI code if a member has a Medicare Advantage commercial plan. The CI code is only for non-Medicare commercial coverage, so adding the CI code will delay processing.
3. When a provider indicates on an electronic claim that there are enclosures or attachments, the claim will stop processing and require manual review. Please select the correct enclosure (for example, another carrier's explanation of benefits statement or medical records) only if supplemental data is attached to the claim.

Adjusting these common billing errors could increase the auto-adjudication rate, and that will assist providers in getting timely reimbursements.

If you have any questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete Provider Inquiry at 1-888-312-5713.

Announcing reduced reimbursement policy for multiple therapy services

Blue Cross Complete is in alignment with the Centers for Medicare & Medicaid Services' reimbursement policy on multiple therapy procedures. As a result, effective Sept. 1, 2020, Blue Cross Complete will reduce reimbursement for multiple therapy services provided on a single service date for the same individual by the same provider (as identified by his or her national provider identifier).

Blue Cross Complete provides reimbursement only for those services that are furnished in the most appropriate and cost-effective setting for the member's medical needs and condition.

Effective Sept. 1, 2020, Blue Cross Complete will reimburse physical, occupational and speech therapy services reported by the same provider for the same individual on the same date of service, according to the following guidelines:

- The procedure code with the highest total allowance is eligible for reimbursement at 100% of the provider's applicable contracted rate.
- Each subsequent procedure code will have a 30% reduction applied to the provider's applicable contracted rate when performed for the same individual on the same date of service by the same provider or practice.

This policy doesn't apply to claims submitted for children who are 6 years old or younger.

If you have questions, contact your Blue Cross Complete provider account executive or Blue Cross Complete Provider Inquiry at 1-888-312-5713.

We've updated policy for CPT modifier 25

Effective September 1, 2020, Blue Cross Complete will pay a reduced reimbursement of certain evaluation and management procedures billed with CPT modifier 25 when services occur within the minor procedure global surgery timeframes, as defined by the Centers for Medicare and Medicaid Services.

Consistent with the Centers for Medicare and Medicaid Services professional service reimbursement guidelines, Blue Cross Complete's reimbursement for certain preoperative and postoperative services is included in the global surgical package and, therefore, such services are not separately reimbursable.

For full details on reimbursement and exclusions related to modifier 25, visit mibluccrosscomplete.com

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