

# BlueCard\* Update and Advisory

## March 2005

### **Claim Submission Tips:**

#### **Attachments:**

The following information must be attached to the applicable claims:

- Coordination of benefits (COB) information (primary carrier explanation of benefits)
- Description for the following codes: NEC (not elsewhere classified), NOS (not otherwise specified)
- Modifiers requiring documentation

Attachments typically slow down the claim payment process and most are not needed for claim processing.

#### **Electronic Billing:**

If you bill electronically and have a need to print the claim form to paper, make sure that the individual rendering provider number appears in item 24k. We have found that in most cases, the electronic billing program does not indicate the individual rendering provider number (item 24k) when the claim is printed to paper.

#### **Member Identification Number:**

Alpha prefix and full numeric/alpha member identification number as shown on the member's identification card needs to be submitted on electronic and/or paper claims.

#### **Submission of Corrected Claim:**

A corrected claim is a claim that has previously processed through to a remittance advice, and now needs to be changed in some way (e.g. number of units billed was incorrect). If you mark a claim as a corrected claim, please make sure it is truly a "corrected claim." Corrected claims often require additional research and/or adjustments, and may slow down claims processing.

Claims that are stamped with "not a duplicate" should be submitted with a Provider Inquiry Form (PIF). The claim should have denied on a previous remittance advice as a duplicate. Before submitting a claim marked, "not a duplicate" the provider should verify that the claim was not submitted and processed previously.

- If the service is for a multiple procedure, bilateral procedure, or a procedure performed on the same date of service by the same or a different individual provider the corrected claim should indicate appropriate modifiers.
- If the item that denied as a duplicate should have been billed on the same claim form as an original service with a modifier, the original claim should be corrected to add additional services.

*\* The BlueCard Program is a national program that enables members obtaining healthcare services while traveling or living in another Blue Cross Blue Shield Plan's area to receive all the same benefits of their contracting BCBS Plan and access to providers and savings. The program links participating health care providers and the independent BCBS Plans across the country and around the world through a single electronic network for claims processing and reimbursement.*

If the original claim was submitted under an incorrect member identification number or alpha prefix, the resubmission of the claim is not considered a corrected claim. Just submit the claim with the correct identification number indicated.

### **Coordination of Benefits (COB):**

For the BlueCard Program, the Home Plan holds all of the other insurance information and calculates payments based on that information. There are six possible calculation methods for payment that can be used, and each Plan as an independently owned and operated Plan has determined which method(s) works best with their business practices. Additionally, a Plan may choose to pay and pursue (this means they will pay upfront and then recover if payment was incorrect), or pursue and then pay (this means they will hold off processing of the claim until a complete investigation has been completed).

The National Blue Cross and Blue Shield Association is in the process of investigating potential improvements that could be implemented that would allow greater consistency of other party liability (OPL) processing.

There is an enhancement with the COB component of the BlueCard program that will be occurring in April of 2005, which will allow BlueCard claims to transmit negative OPL dollar amounts. Historically, not being able to transmit negative balances has created COB reporting issues resulting in delayed claims processing and/or adjustments.

We will provide periodic updates on progress.

### **Medicare Cross over Claims:**

When the Medicare Explanation of Benefits (MEOB) indicates the claim was crossed over due to an agreement with a Medicare, you must allow 45 days for the claim to process. If after the 45 day period, you have not received notice that the claim has processed check with the Home Plan to determine if the claim is on file. If the claim is not on file with the Home Plan, you need to contact Medicare to determine why the claim was not crossed over. When this occurs, a paper claim can be submitted on a Provider Inquiry Form (PIF). The PIF needs to indicate that the claim is not on file with the Home Plan. A copy of the claim and MEOB needs to be attached to the PIF form.

Any original or corrected paper claim submitted without a PIF and a MEOB that indicates claims was crossed over will be returned to the provider.

*\* The BlueCard Program is a national program that enables members obtaining healthcare services while traveling or living in another Blue Cross Blue Shield Plan's area to receive all the same benefits of their contracting BCBS Plan and access to providers and savings. The program links participating health care providers and the independent BCBS Plans across the country and around the world through a single electronic network for claims processing and reimbursement.*

## **Request for Medical Records:**

Periodically, the Home Plan will request Medical Records. Each Plan has a specific amount of time in which they need to receive the information back. If the information is not received within the timeframe specified, the claim will be denied and a request to reopen the claim for consideration will need to be made. Please avoid any delay and make sure that requests for Medical Records are returned promptly.

## **Turn Around Times, Accuracy and Adjustment Rates:**

Claims and adjustments submitted through the BlueCard program process within a 45 day period. The current accuracy rate of claims processing is 98%.

If you have any questions regarding the BlueCard program, or would like to obtain more information about it, please feel free to contact your Provider Relations Representative.

*\* The BlueCard Program is a national program that enables members obtaining healthcare services while traveling or living in another Blue Cross Blue Shield Plan's area to receive all the same benefits of their contracting BCBS Plan and access to providers and savings. The program links participating health care providers and the independent BCBS Plans across the country and around the world through a single electronic network for claims processing and reimbursement.*