

Tips on Submitting Claims for Practitioner CMS1500 Claims

Below is information on filing CMS1500 claims for members of our Blue Cross Community Health PlansSM. To help prevent delays in claim payments, refer to these solutions to common issues:

29h – Non-covered services

Example:

- E250440BMXK00
- **Anesthesia denials billed with gastrointestinal endoscopy procedures:**
 - Claims billed with anesthesia codes 00731, 00740, 00810, 00811 or 00812 and billed with gastrointestinal endoscopy procedures will deny as non-covered service if certain criteria are not met.

Diagnosis code and physical status modifiers must support the level of anesthesia billed.

12h – Services not authorized (provider liable)

- Provide the facility inpatient authorization number on related professional claims
- Bill the correct Place of Service that correlates with the facility claim or approved authorization on file for the date of service

Note: Place of Service 21 physician claims require an approved inpatient facility authorization.

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