Administrative Uniformity Committee

This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.**

1. Title of best practice:

Billing for Covered and Non-Covered Services (e.g. Elective, Cosmetic, Upgrade Procedures)

2. Who does the best practice apply to:

Institutional (outpatient only), Professional, and Dental Providers and Group Purchasers

3. Narrative description as to what is being addressed by this best practice:

Submission of non-covered services

4. The loops, segments and elements, etc. that the best practice applies to:

This Best Practice applies to all 837 services with the exception of inpatient, Institutional. The inpatient process is outlined in CMS Transmittal 1895 (www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1895CP.pdf).

5. Describe how to do the best practice:

It is recommended that providers submit all services on one claim. It is the payer's responsibility to adjudicate the services in accordance with plan benefits.

6. Examples to illustrate best practice:

2400 SV1 837P
2400 SV2 837I
2400 SV3 837D

Examples of Procedures that should be billed on same claim:

D1110	Cleaning
D2960	Veneer
67904	Repair Eyelid Defect
15821	Revision of Lower Eyelid

7. Cross reference to other Best Practice

Please reference Claim Service Date Restricted to Same Calendar Month Best Practice. Please note that the Claim Service Date Best Practice guidance supersedes this Best Practice.

8. AUC approval date:

11-20-14

9. Last reviewed date:

08-06-14