



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](http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1895CP.pdf) (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

Claims Best Practice C10

Billing for covered and non-covered services (e.g. elective, cosmetic, upgrade procedures)

Visit our website at: <http://www.health.state.mn.us/auc/index.html>

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**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