

ClaimsXten™ Updates – 1st Quarter 2016 Updates and New Rule Notification

Blue Cross and Blue Shield of Montana (BCBSMT) reviews new and revised Current Procedural Terminology (CPT®) and HCPCS codes on a quarterly basis. Codes are periodically added to or deleted from the ClaimsXten code auditing tool software by McKesson and are not considered changes to the software version. BCBSMT will normally load this additional data to the BCBSMT claim processing system within 60 to 90 days after receipt from McKesson and will confirm the effective date on the BCBSMT Provider website. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) will continue to be posted on the BCBSMT Provider website.

Beginning on or after March 21, 2016, BCBSMT will enhance the ClaimsXten code auditing tool by adding the first quarter 2016 codes and bundling logic into our claim processing system. BCBSMT will also implement a new age-specific code replacement rule. This new rule will identify claim lines containing procedure codes or Preventive Evaluation and Management codes that are inconsistent with the member's age, and for which an alternate code is more appropriate for the member's age.

For details and additional announcements regarding ClaimsXten, refer to the Claims and Eligibility/ClaimsXten section of our website at bcbsmt.com/provider. Information also may be published in upcoming issues of the *Blue Review*.

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