BlueCross BlueShield of Montana

ClaimsXten™ System Edit Updates, Effective June 2015

Beginning on or after June 15, 2015, Blue Cross and Blue Shield of Montana (BCBSMT) will enhance the ClaimsXten code auditing tool with the following changes to the bundling logic in our claim processing system:

- Hot or cold packs submitted with re-evaluation therapy codes will now be subject to Current Procedural Code Terminology (CPT®), Centers for Medicare & Medicaid Services National Correct Coding Initiative (CMS NCCI) and industry auditing guidelines.
- All pathology and laboratory/Immunology codes submitted will be subject CPT, CMS NCCI and industry auditing guidelines.
- Venipuncture codes 36410, 36415, 36416 and S9529 will now bundle to all medical, surgical and laboratory procedure codes.
- Urinalysis and electrocardiogram (ECG) codes submitted with laboratory codes or evaluation and management codes will now be subject to CPT, CMS NCCI and industry auditing guidelines.
- Supply codes submitted with any anesthesia, surgical, medical or therapeutic procedure code will now be subject to CPT, CMS NCCI and industry auditing guidelines
- Prolonged service without patient contact codes will no longer bundle with evaluation and management codes. They will be subject to CPT, CMS NCCI and industry auditing guideline.

In accordance with CPT/HCPCS guidelines, use of modifiers may impact the outcome of the final adjudication of claims for the changes listed above. Consult your CPT codebook appendix A or HCPCS codebook for guidance in the appropriate use of modifiers.

For details and additional announcements regarding ClaimsXten, refer to the ClaimsXten page on our website at https://www.bcbsmt.com/Pages/ClaimsXten.aspx. Information also may be published in the Providers' Announcements section of our website, as well as upcoming issues of the *Capsule News.*