

## ClaimsXten™ Updates – 1<sup>st</sup> Quarter 2015

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 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 April 20, 2015, BCBSMT will enhance the ClaimsXten code auditing tool by adding the first quarter 2015 codes and bundling logic into our claim processing system.

BCBSMT will continue with the modifier 59 exempt program through ClaimsXten. This program is based on the Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI).

NCCI guidelines state, “Each NCCI edit has an assigned modifier indicator. A modifier indicator of ‘0’ indicates that NCCI associated modifiers cannot be used to bypass the edit.” BCBSMT will continue to use ClaimsXten as the code pair default. NCCI edits (either Incidental or Mutually Exclusive) that are currently not part of the ClaimsXten database will NOT be added.

For details and additional announcements regarding ClaimsXten, refer to the Provider Education/Claims section of our website at <https://www.bcbsmt.com/Pages/proveducation.aspx>. Information also may be published in upcoming issues of the *Capsule News*.

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