

Texas Medicaid Claims Editing Enhancements Effective October 25, 2022

What's happening

Effective October 25, 2022, Blue Cross and Blue Shield of Texas (BCBSTX) will enhance our claims editing and review process to help ensure accurate coding and reimbursement of services. Below is a list of policies that will be affected once the new edits go into effect.

Medicaid – Duplicate Service Policy	
Topic	Description
Duplicate Claim Logic for Drugs	Deny duplicate drug codes when the same code with the same units has been billed on a different claim by any provider for the same date of service.

Medicaid – Diagnosis Code Guideline Policy	
Topic	Description
ICD-10-CM Sequela (7 th character "S") Codes	Deny any procedure or service received with an ICD-10-CM sequela (7 th character "S") code billed in the primary, first listed or principal diagnosis position.
ICD-10-CM Sequela (7 th character "S") Codes	Deny any procedure or service received with an ICD-10-CM sequela (7 th character "S") code billed in the only diagnosis on the claim.
ICD-10-CM Excludes 1 Notes Policy	Deny claim lines reported with mutually exclusive code combinations according to the ICD-10-CM, excludes 1 Notes guideline policy.

Medicaid – Quality of Care Policy	
Topic	Description
Scope of Services Billed by Certain Specialties	Deny any procedure billed by an audiologist that is outside of the scope of audiology practice.

Questions

For questions or additional information, please:

- Contact our BCBSTX Medicaid Provider Service Center at **1-877-560-8055** or
- Contact your BCBSTX Medicaid Provider Network Representative at **1-855-212-1615** or
- Submit via email to TexasMedicaidNetworkDepartment@bcbstx.com.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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2083TXMD Revised 07/19/2022