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 (7th character "S") Codes	Deny any procedure or service received with an ICD-10-CM sequela (7th character "S") code billed in the primary, first listed or principal diagnosis position.
ICD-10-CM Sequela (7th character "S") Codes	Deny any procedure or service received with an ICD-10-CM sequela (7th 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.

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