

## ClaimsXten™ Rules

Blue Cross and Blue Shield of Texas (BCBSTX) implemented the following 4 rules to the ClaimsXten software database in September 2017. These rules are defined as:

**Add-on Without Base Code** – This rule will identify claim lines containing a CPT/HCPCS add-on-code billed without the presence of one or more related primary service/base procedure codes. According to American Medical Association (AMA), "add-on codes are always performed in addition to the primary service/procedure, and must never be reported as a stand-alone code."

**Global Component Billing** – This rule will identify procedure codes which have components (professional and technical) to prevent overpayment for either the professional or technical components or the global procedure. The rule will also identify when duplicate submissions occur for the total global procedure or its components across different providers.

**Duplicate Component Billing** – This rule identifies when a professional or technical component of a procedure is submitted and the same global procedure was previously submitted by the same provider ID for the same member for the same date of service.

**New Patient Code for Established Patient** – Identifies claim lines containing new patient procedure codes that are submitted for established patients. According to AMA, "A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the last 3 years." As well, similar guidance is provided by Centers for Medicare Medicaid Services (CMS): According to Pub 100-04, Medicare Claims Processing Manual Ch. 12, Physicians/Non-Physicians Practitioners, Section 30.6.7, Subsection A, "Medicare interpret the phrase "new patient" to mean a patient who has not received any professional services (i.e., E/M service or other face-to-face service [e.g., surgical procedure]) from the physician or physician group practice (same physician specialty) within the previous three years."

For more details regarding ClaimsXten, including answers to frequently asked questions, refer to the [Education & Reference/Provider Tools/Clear Claim Connection page](#) on our provider website at [bcbstx.com/provider](http://bcbstx.com/provider). Information also may be published in the [Blue Review](#) newsletter.

*Checks of eligibility and/or benefits information are not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.*

*ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third-party vendor that is solely responsible for its products and services.*

*CPT copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.*

September 2017