

CLEAN CLAIMS

Required Elements for All Clean Claims

Pursuant to Texas Insurance Code Articles 3.70-3C, 3A and 20A.18B, Preferred Provider Organizations and Health Maintenance Organizations are required to pay, reject, or place in audit status claims submitted by contracting physicians and providers within 45 days of receipt of "clean claims."

The Texas Department of Insurance recently adopted rules (28 Texas Administrative Code (TAC) 21.2801-21.2816) setting forth what constitutes a "clean claim" and requirements for submission of clean claims.

Required Claim Information

Blue Cross and Blue Shield of Texas considers a claim to be a clean claim if it contains:

1. All the required data elements set forth in 28 Texas Administrative Code (TAC) Section 21.2803, and
2. The additional data elements required by Blue Cross and Blue Shield of Texas as set forth below, and
3. The attachments required by Blue Cross and Blue Shield of Texas as set forth below, and
4. The amount paid by the primary plan or other valid coverage pursuant to 28 TAC Section 21.2803(e), if applicable.

For a HCFA 1500 claim, additional data elements required by Blue Cross and Blue Shield of Texas are:

- Field 17 Referring physician name, if applicable*
- Field 17a Referring physician UPIN number, if applicable*
- Field 18 Hospital dates of service, if applicable
- Field 20 Outside diagnostic services, if applicable
- Field 24K Provider number
- Field 33 Physician name and address needs to include billing provider number

For a UB92 claim, additional data elements required by Blue Cross and Blue Shield of Texas are:

- Form Locator 21 Discharge hour also required on Outpatient Observation
- Form Locator 44 HCPCS/Rates as required by contract
- Form Locator 48 Non-covered charges, if applicable
- Form Locator 51 Provider number
- Form Locator 62 Group number

To comply with TAC 21.2803, all claim information submitted must be complete and accurate, including:

- Complete and accurate identification number exactly as it appears on the ID card. An HMO identification number must include the hyphenated two-digit suffix. This is HCFA field 1a and UB92 form locator 60.
- Complete and accurate group number — HCFA 1500 field 11 and UB92 form locator 62.
- For paper claims, each claim submitted for processing as the secondary insurance carrier must have an EOP/EOB attached. For electronic claims, each claim submitted for processing as the secondary insurance carrier must have the required data elements included in the electronic record.

*All specialist claims require these data elements.



REQUIRED ATTACHMENTS

Medical Record Attachments

Medical records will be required for claims filed with modifiers 22 and 62.

- Modifier 22: Unusual Procedural Services requires operative report *and* anesthesia record.
- Modifier 62: Co-surgeons — requires operative report from *both* physicians.

Unlisted Codes

- Descriptions for unlisted codes, such as Chart Notes and Medical Notes. An unlisted code is one that is not supported with description information in the CPT code listing.

Appropriate Medical Records

Appropriate medical records include the following, dependent upon the services provided:

- History and physical
- Operative report
- Laboratory reports
- Ambulance run sheets
- Photographs

Services Requiring Review

- Ambulance services
- Hospital beds, mattresses and supplies
- Oxygen
- Seat lifts
- Neuromuscular stimulators
- Wheelchairs and accessories
- Intravenous immune globulin
- Epoetin alfa
- Cosmetic surgeries, including but not limited to, lipectomy, rhytidectomy, chemical peels, mastopexy, rhinoplasty, blepharoplasty, dermabrasion
- Reconstructive surgeries, including but not limited to, mandibular and maxillary, LeForte I, II, III; breast reconstruction
- Gastroplasty and other gastric bypass procedures
- Bone marrow harvesting and transplantation
- Refractive surgeries
(if not listed as a contract exclusion)
- Intravascular ultrasound
- Myocardial imaging
- Hyperthermia services
- Collagen injections
- Insertion and removal of penile prosthesis
- Allergen specific IgE
- Biofeedback training, any method

