

Introducing ClaimsXten™

Effective **June 2021**, Healthfirst will launch ClaimsXten (CXT), an industry-leading claims-editing software from Change Healthcare that will update and expand on Healthfirst's current claims-editing processes.

CXT will adjudicate claims more efficiently and in a manner that aligns with industry standards. Some examples of common edits are:

- National and Local Coverage Determinations
- Medically Unlikely Edits (MUE) — Practitioner and Outpatient Hospital Limits
- National Correct Coding Initiative (NCCI) for Practitioners and Outpatient Hospitals
- Multiple Procedure Pay Percent Reductions
- Add-on Code Without Base Code
- Component Billing Across Providers
- Unbundle Code Pairs
- Appropriate Use and Payment for Modifiers
- New York State Payment Policies

Additionally, CXT offers providers greater transparency into the edits through an online tool called Clear Claim Connection™ (C3). Providers can access the tool through the [Healthfirst Provider Portal](#) to model their claims submissions.

C3 is an online code-editing reference tool designed to display coding combinations evaluated by the CXT coding software during claims processing. However, it does not reflect all edits, enrollment, or benefits that may exist within the Healthfirst claims-processing system, and therefore may not be reflective of the actual Healthfirst live claims-processing results. The C3 tool lets providers:

- View the appropriate coding and supporting edit clarifications with references to national coding standards and guidelines.
- Determine the appropriate code or code combination representing the service for accurate billing purposes.

Provider Alert

- Access the edit clarifications on a denied claim after a Remittance Advice (RA) statement has been received.

Answers to Frequently Asked Questions

Q1. Whom does the implementation of CXT affect?

A1. This implementation affects physicians, other healthcare professionals, outpatient hospitals, and ancillary providers billing paper and electronic claims to Healthfirst. These claims will be evaluated and processed according to the CXT select code-auditing software rules and clinical rationale.

Q2. What does this mean for providers?

A2. Providers who bill correctly will see no change. Some providers may see new Explanation of Payment (EOP) codes on the Remittance Advice.

Q3. Will there be changes to how providers submit claims?

A3. No. Providers don't need to make any changes to how claims are coded and submitted.

Q4. Will the edit changes require providers to submit additional information?

A4. No. Providers don't need to submit additional information to Healthfirst.

Q5. Will these edits have the ability to read historical claims data?

A5. Yes. CXT will identify services that have been previously submitted in conjunction with the current claim being evaluated. This may result in historical claims adjustments.

Q6. How will this affect reimbursement rates?

A6. This will not impact reimbursement rates. However, edits may impact how a claim or claim line is processed. Most of the edits being implemented are already applied to current claims. As a result, impact to most providers will be minimal.

Q7. How will I be notified when new edits occur?

A7. When new edits are implemented, notification will be displayed in the [Healthfirst Provider Portal](#).

Provider Alert

Q8. What if I disagree with a claim edit?

A8. If you are not satisfied with a claim determination made by Healthfirst, you must submit a written request for review and reconsideration. Please refer to section 17.6 of the [Healthfirst Provider Manual](#) for additional information.

Q9. Whom do I contact for technical assistance?

A9. For technical assistance with C3, please email cacd.support@changehealthcare.com.

For further assistance, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, “Healthfirst”).