



Updated Process for Urine Drug Testing (UDT) Claims for Texas Medicaid Members

Blue Cross and Blue Shield of Texas (BCBSTX) will soon begin sending letters to Medicaid providers who submit UDT claims, without providing the necessary supporting documentation as outlined in MED207.154 Drug Testing in Pain Management and Substance Use Disorder Monitoring in our [BCBSTX Medical Policies](#). The claims will deny.

Process for Claims Resubmission

If you submit a UDT claim without adequate documentation, the claim will be denied, and you'll receive a letter from BCBSTX, as noted above. You must resubmit the denied claim as a **corrected claim** (electronic or paper) along with the patient's medical records to determine benefits for UDT and complete claim processing.

Your letter from BCBSTX will include details (patient information, claim number, date of service) and instructions for resubmitting the corrected claim. Include this letter when faxing or mailing the supporting documentation for your corrected claim.

Questions

For more information on submitting [Electronic Replacement/Corrected Claims](#), refer to the Related Resources on the [Claim Submission page](#). If you have any questions, please contact our BCBSTX Medicaid provider call center at 1-877-560-8055.

Sample Letter

 **BlueCross BlueShield of Texas**

Name _____ Date _____
 Address _____ Member ID Number: _____
 City, State Zip Code _____ Patient Name: _____
 _____ Patient Account Number: _____
 _____ Claim Number: _____
 _____ Provider Name: _____
 _____ Date of Birth: _____
 _____ Date of Service: _____

Immediate Attention Is Required
RE: Request for Medical Records
 Dear Provider,

The above referenced Blue Cross and Blue Shield of Texas (BCBSTX) Medicaid claim was denied due to lack of adequate documentation to show BCBSTX Medical Policy criteria have been met. For this claim to be processed, you must submit a corrected claim (electronic or paper). To help expedite processing, include this letter and supporting documentation, as noted below:

Supporting Documentation
 The following medical records must be submitted to support your claim:

- Dated, legible and signed order from the treating provider identifying each specific service requested
- Complete report of services performed including applicable test results
- If you are the treating provider, also include complete records for the date of service and any relevant information to support the coding/billing and medical necessity of the services.

Electronic Claims Reminders
Submit an electronic corrected claim (include the appropriate PIW segment) and fax the supporting documentation to 1-855-825-7719. Use this letter as your cover sheet.

Paper Claim Reminders
Mail your corrected paper claim with supporting documentation and this letter to the address below. Do not combine multiple requests or patients in a single document.

Blue Cross and Blue Shield of Texas
 PO Box 51422
 Amarillo, TX 79159-1422

Resources
 Refer to the Claims Submission page in the [Claims and Eligibility](#) section of our website at [bcbstx.com/provider](#) for more information on how to submit [Electronic Replacement/Corrected Claim Submission](#). [BCBSTX Medical Policies](#) are available in the Standards and Requirements section.

Sincerely,

Customer Advocate
 Blue Cross and Blue Shield of Texas

Activities of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.
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