Providers may utilize a third-party claims clearinghouse vendor to submit electronic Professional and Institutional claims (ANSI 837P and 837I) to Blue Cross and Blue Shield of Texas (BCBSTX). The information below outlines the difference between electronic claim submission rejections and claim denials.

ELECTRONIC CLAIM REJECTION *PRE-ADJUDICATION*

Claim **rejection** occurrences:
- Edits
  - Clearinghouse
  - HIPAA
  - Payer specific
- Withdrawn claim

Claim rejections occur at multiple locations within the electronic claim submission process.

Providers receive claim rejection notifications on electronic claim response reports or letters (*i.e.,* withdrawn claims).

Provider's Clearinghouse   **Availity® or other Business-to-Business (B2B) Partner**   **BCBSTX Front-end**

CLAIM DENIAL *DURING ADJUDICATION*

Claim **denial** example types:
- Additional documentation
- Bundling/Coding edits
- Lapse in coverage
- Medical necessity

Claim denials occur within the claim adjudication process.

Providers receive claim denial notifications on the paper claim summary or electronic remittance advice (835 ERA, *if enrolled*).

BCBSTX Claim Processing Systems

Have questions or need additional education? Email the [Provider Education Consultants](#).

Be sure to include your name, direct contact information & Tax ID or billing NPI.