



## **AETNA BETTER HEALTH® OF VIRGINIA**

### *Migration to Change HealthCare's ClaimsXten*

**Aetna Better Health of Virginia has begun migrating from Change HealthCare's ClaimCheck to Change HealthCare's ClaimsXten.**

#### **What is ClaimsXten?**

ClaimsXten is an auditing software product from Change HealthCare that in combination with claims processing systems that:

- Reinforces compliance with standard code edits and rules.
- Ensures correct coding and billing practices are being followed.

The go-live date for ClaimsXten is **November 21, 2021**.

#### **How will the upgrade to ClaimsXten affect you?**

Providers will continue to see similar edits as under ClaimCheck. ClaimsXten has enhanced audit logic and can expand many functions within the edits that were previously limited. These include calendar month and year editing, defining with and without modifier editing, and other customizable components.

The Virginia State Edits will be added as part of the QNXT/ClaimsXten integration. These include state age requirements per CPT code and frequency limitations per unit or per date.

Providers can still determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, by utilizing Clear Claim Connection (C3).

#### **Why are we upgrading from ClaimCheck to ClaimsXten?**

The ClaimCheck software will be concluding in March 2023 and will no longer be available for use. ClaimsXten is Change HealthCare's next-generation code auditing software that will seamlessly transition Aetna Better Health from the current ClaimCheck software.

For any questions or concerns, please contact your Provider Experience Representative.