



Protocol to Share with Providers For ICD – 10 Issues Questions and Answers

The following information pertains to MVP’s ICD-10 implementation with participating (PAR) providers.

Q1: How will we know who to contact if any questions or issues arise related to ICD-10?

A1: Please refer to the following table to determine the correct resource you should contact for assistance:

Resource	Issue/Concern
<p>Clearinghouse or Software Vendor</p>	<ul style="list-style-type: none"> • Overall guidance on how to support ICD-10 codes in your system and on your claims • How to split claims that contain dates of service prior to and on or after 10/1/2015 • Claims rejecting due to invalid diagnosis code qualifiers • Inability to generate claims with ICD-10 codes • Inability to generate claims with ICD-9 codes • Your practice management system or clearinghouse is not capable of generating claims containing ICD-10 codes for date of service on or after 10/1/2015 • Your practice management system shows claims coded with ICD-10 codes but your clearinghouse receives claims with ICD-9 codes for dates of service on or after 10/1/2015 • Ensuring the diagnosis code you are assigning is an ICD-10 code for dates of service on or after 10/1/2015 • Discrepancy between MVP’s EDI claim rejections and claims you submitted to MVP • Claims rejecting due to invalid ICD-10 codes • ICD-10 codes that are not the right length • Missing ICD-10 codes for dates of service on or after 10/1/2015 • ICD-9 codes present on claims for dates of service on or after 10/1/2015 • ICD-10 codes present on claims for dates of service prior to 10/1/2015 • ICD-9 and ICD-10 codes present on the same claim • Paper claims coded correctly but electronic transaction rejected for an ICD-10 related error • Assistance with issues related to the

	<p>Implementation Acknowledgement (999) returns</p> <ul style="list-style-type: none"> • Assistance with invalid ICD-9 to ICD-10 code mapping
<p>EDI Services:</p> <p>Representatives are available Monday – Friday, 7:30 am – 4:30 pm (Eastern Time)</p> <p>Email: EDIServices@mvphealthcare.com Phone: 1-585-327-2239 Option 2 Toll Free: 1-877-461-4911 Fax: 1-585-258-8071</p>	<ul style="list-style-type: none"> • Check on receipt of electronic claim files • Assistance with issues related to the Implementation Acknowledgement (999) returns that your clearinghouse or software vendor cannot address • Assistance with issues related to the Claims Acknowledgement (277CA) returns that your clearinghouse or software vendor cannot address
<p>Provider Services:</p> <p>Representatives are available Monday – Friday, 8:30 am – 5:00 pm (Eastern Time)</p> <p>Toll Free: 1-800-684-9286 TTY: 1-800-662-1220</p>	<ul style="list-style-type: none"> • Claims denied for incorrect ICD-10 coding • Claims denied for ICD-9 coding issues not previously seen coding • Claim reimbursement amount for an ICD-10 coded claim appears to be inaccurate coding • Delays in claim payments
<p>MVP ICD-10 Trainer:</p> <p>E-mail: CodingICD10@mvphealthcare.com</p>	<p>ICD-10 Training and coding assistance</p>

Q2: For what types of ICD-10 concerns should we review MVP's policies?

A2:

- Ensuring codes billed align with MVP's policies
- Timely filing guidelines

Q3: For what scenarios will it be necessary to correct and resubmit our claims?

A3:

- ICD-10 code was not coded to the proper level of specificity
- ICD-10 code submitted for a claim with a date of service/discharge date prior to 10/1/2015
- ICD-9 code submitted for a claim with a date of service/discharge date on or after 10/1/2015
- Claim contained both ICD-9 and ICD-10 codes

Q4: What resources are available to us for additional information on ICD-10?

A4:

http://www.mvphealthcare.com/provider/ICD-10_updates_and_faqs.html
<https://www.cms.gov/Medicare/Coding/ICD10>
<https://www.cms.gov/Regulations-and-guidance/Guidance/Transmittals/downloads/R950OTN.pdf>
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7492.pdf>

<http://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf>
<http://www.roadto10.org/>

CMS/AMA ICD-10 Guidance

CMS provided the following guidance for ICD-10 transactions:

"While diagnosis coding to the correct level of specificity is the goal for all claims, for 12 months after ICD-10 implementation, Medicare review contractors will not deny physician or other practitioner claims billed under the Part B physician fee schedule, through either automated medical review or complex medical record review based solely on the specificity of the ICD-10 diagnosis code, as long as the physician/practitioner used a valid code from the right family. However, a valid ICD-10 code will be required on all claims starting on October 1, 2015,"

"A code is invalid if it has not been coded to the full number of characters required for that code, including the 7th character, if applicable."

MVP will be set up to accept and process transactions in the same manner as CMS has indicated in their guidance as it relates to physicians claims. As a reminder, all providers must submit valid codes.

For the complete information regarding CMS's ICD-10 guidance, please refer to the following:

<https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf>

Claims Billing Clarifications – For MVP Internal Use

Non-participating providers:

- Q1:** For claims with dates of service 10/1/2015, or after, will MVP require 100% of providers billing paper and electronic claims to follow the ICD-10 requirements?
- A1:** **All providers** who submit claims to MVP and Hudson Health Plan with dates of service on, or after 10/1/2015 must support all ICD-10 requirements.

277CA ICD-9/ICD-10 Returns:

- Q2:** Will we be able to identify which ICD-9/ICD-10 codes are returned?
- A2:** MVP will report all ICD-9 and ICD-10 codes that fail validation in the 277CA as follows:
- Loop 2200D: Claim Status Tracking Number
 - Segment: STC Claim Level Status information
 - Element: STC12 Free-Form Message Text

This enhancement will be available in the latter half of October.

Split Claims:

- Q3:** If a patient is admitted into a facility on 9/29/15 and released on 10/2/15, should the facility split the claims (ICD 9 for procedure done before 10/1/15 and ICD-10 for claims after 10/1/15)?
- A3:** Facility inpatient DRG claims cannot be split. The facility is to bill using the discharge date as the date of reference in this case they would bill with ICD-10.

All other claims, including inpatient per-diem claims, must be split if they contain dates of service prior to and on or after 10/1/15.