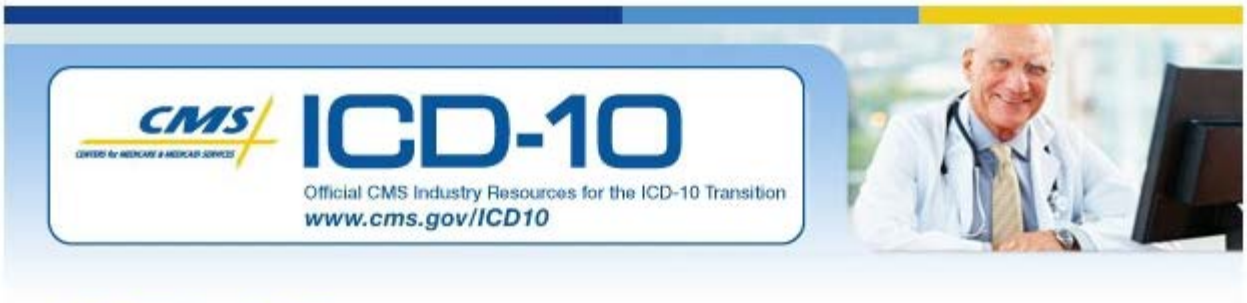

ICD-10.
It's closer than it seems.

News Updates | February 29, 2012

Steps to Take to Refine Your Version 5010 Upgrade

The Version 5010 upgrade deadline was **January 1, 2012**. The Centers for Medicare and Medicaid Services (CMS) initiated an enforcement discretion period for 90 days, which ends on **March 31, 2012.** You should be finalizing your upgrade to Version 5010 if you have not yet done so.

Once you have finished your upgrade to Version 5010, you'll need to ensure your system continues to run properly. Providers should look for the following indicators to make sure there are no problems with their system upgrade:

An Increase in Rejections or Denials of Claims
An increase in rejections or denials of claims may be an indication that there is not sufficient or correct data provided to meet Version 5010 standards. Partners, such as payers, also have a part in correcting this issue, since forwarding, converting, or formatting data can result in rejections or denials. Monitor your claims closely to determine the reasons for rejection or denial of claims and coordinate with payers to ensure that data is properly processed to avoid claim delays.

Issues with Non-Electronic Funds Transfer (non-EFT) Payments
Version 5010 includes changes to claims formatting, including a full nine-digit ZIP code and inclusion of provider billing address. Submitting claims with only a five-digit zip code will result in rejection. If your practice has not submitted the correct billing or mailing address as part of your Version 5010 claim, your non-Electronic Funds Transfer (non-EFT) payments or Explanation of Benefits (EOBs) information may be mailed to the wrong physical location. Make sure to coordinate with your payers to verify how they use enrollment information and process claims data, as this will also be affected by the mailing address on file. Being diligent in tracking your claims and remittances (EOBs) will help identify and address any issues that may arise.

Formatting Discrepancies with Partners
Your trading partners should also have upgraded to Version 5010; however, your

organization may interpret the new standards differently than your external partners, which can result in rejected claims. You should coordinate with your payers and/or clearinghouse to determine any gaps or discrepancies in claims submissions. You and your partners should monitor claims that are automatically transferred between payers and address new response formats or data as claims are processed.

Make sure to take a look at the Version 5010 section of the ICD-10 website to find helpful fact sheets on the upgrade to Version 5010 and previous listserv messages discussing the Version 5010 upgrade.

Keep Up to Date on Version 5010 and ICD-10.

Please visit the ICD-10 website for the latest news and resources to help you prepare, and to download and share the implementation widget today!