ICD-10 KNOWLEDGE BRIEFS

Invalid Code
Claim Rejected or Denied

Claim was rejected or denied

- Requires you to review submission and correct any ICD-10 or HIPAA related submission problems

- Diagnosis code must be valid

- Only one ICD code set may be on any given claim, must be either ICD-9-CM or ICD-10-CM not both

- Date of service (or date of discharge for inpatient) must match the ICD code set on the claim

- Keep in mind that some rejections or denials may be unrelated to the ICD-10 transition, review the information provided on the rejection notice or the provider remittance advice

Claim Rejection

- Correct the claim, then submit as an "original" claim

Claim Denial

- Correct claim, mark it as "corrected claim" and resubmit

Provider Express

- Available for outpatient (professional) claim submission

- Prevents submission of
  - Invalid codes
  - Multiple code sets
  - Mismatch of code set and DOS

Learn more links:

ICD-10 Transition Webinar - Optum webinar for behavioral health providers
Provider Express Claim Entry ICD-10 Update - professional claims from in-network providers
Claims continue to be subject to benefit eligibility and all coverage provisions, limitations and exclusions.