

ICD-10 ISSUES

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As the clock tick downs to the ICD-10 deadline on October 1, the AMA has revised its [online ICD-10 information and resources](#). If physicians experience any problems with the processing of their claims or other administrative transactions, they should take the following steps.

- **Medicare**

The AMA has created an [ICD-10 complaint form](#) that will be available on the AMA ICD-10 web page on October 1 to report problems with Medicare claims.

Please note: Forms will be forwarded to the Centers for Medicare & Medicaid Services (CMS). The American Medical Association will not provide individual responses to each complaint.

Physicians can also contact their Medicare Administrative Contractor (MAC) or monitor their MAC's website for information on problems with ICD-10.

You may also contact CMS directly by emailing the ICD-10 ombudsman Dr. William Rodgers, whose contact email is ICD10_Ombudsman@cms.hhs.gov

- **Medicaid**

Check the state Medicaid website for information about ICD-10 implementation and a method of contact for issues.

- **Commercial Payers**

Check the payer's website for information about ICD-10 implementation and a method of contact for issues.

- For UnitedHealth Group, physicians can use the following email address ICD10questions@uhc.com
- For Humana, physicians can use the following email address ICD10Inquiries@humana.com
- For Anthem, physicians should contact the Provider Service Call Center for the locality and line of business involved (telephone numbers can be found on Anthem.com).

- **Vendors**

Any issues with practice management systems, electronic health records (EHR), billing vendors, or clearinghouses, should be directed to the company.

Physicians should also contact their state or specialty medical society for advice on handling problems and to find out if other practices are experiencing similar issue.

Note: CMS announced on Sept. 25 that the ICD-10 Coordination Center and claims processing will continue to operate even if there is a government shutdown due to the budget.

Medicare Advanced Payment

CMS has announced that MACs will issue advanced payments in situations where the MAC is unable to process claims within established time limits because of administrative problems, such as contractor system malfunction or implementation problems. An advanced payment is a conditional partial payment and will require repayment.

To apply for an advance payment, the physician will be required to submit the request to their appropriate MAC. Should there be Medicare systems issues that interfere with claims processing, CMS and the MACs will post information on how to access advance payments. CMS does not have the authority to make advance payments in the case where a physician is unable to submit a valid claim for services rendered.

UPDATED CLARIFYING QUESTIONS AND ANSWERS FOR CMS ICD-10 FLEXIBILITIES

On September 22, CMS released updated “[Clarifying Questions and Answers Related to the July 6, 2015 CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities](#).” Information added includes the naming of the CMS ICD-10 Ombudsman, Dr. William Rodgers, whose contact email is ICD10_Ombudsman@cms.hhs.gov and additional information about prior authorizations, Medicare Advantage plans, application to other provider types, Medicare advanced payments, cross-over claims and audits.