MVP Health Care®
BILLING EDITS

Effective May 21, 2015 MVP will require the billing edits listed below to ensure MVP aligns with all HIPAA 5010 standards and CMS rules. Claims will be rejected from the MVP claims processing system if they do not comply with the following criteria which applies to both **electronic and paper claims:**

RETURN MESSAGE DESCRIPTION	
Edit Description	Actual Return Message
If submitting a Replacement/Corrected Claim with type of bill of 7 or a Voided/ Cancelled Claim with type of bill 8 you must submit the original claim number in the REF02 element and the REF01 qualifier must be "F8." If the claim number is invalid or blank the claim will be returned. Reference pg. 7.15 in the MVP Provider Resource Manual for more information.	Resub claim number not found
HIPAA 5010 electronic claim standards require that inpatient medical claims include the inpatient admission date on the claim. If the admission date is missing the claim will be returned. For more information reference pg. 7.5 and 7.10 in the MVP Provider Resource Manual.	Admission date is missing for PLACE_OF_SERVICE Adm Date is missing
All NPI's on a claim submitted must be a valid NPI in order for the claim to be accepted and process. For more information reference pg. 7.13 in the MVP Provider Resource Manual.	Medical – Submit NPI in CMS-1500 Box 33a NPI check digit failure Hospital – Submit NPI in UB-04 Box 56
When submitting a taxonomy code on a claim, the taxonomy code must be valid in order for the claim to be accepted and process. For more information reference pg. 7.13 in the MVP Provider Resource Manual	Taxonomy code is invalid
Home Health Agencies (HHA) will need to report on claims the National Provider Identifier (NPI) and the name of both the physician who certifies the patient's eligibility for home health services, and the physician who signs the home health plan of care. CMS expects the certifying/recertifying physician to be the same person who signs the plan of care. The HHA need only report the NPI and name of the physician, in the claims field, who signs the plan of care. Reference CMS billing instructions for more information.	Certifying and Re-certifying provider not matching for HHA
Any claim submitted with a member ID number that starts with the letter "A" will be returned.	Received Amisys Claim with Patient ID
CMS has issued billing instructions for GAZYVA (obinutuzumab). The drug must be billed using J9999 with the name of the drug and the amount administered/wasted in item 19 on the CMS-1500 claim form. For facility claims, the drug must be billed using C9399 and the drug info should be entered in the remarks section of the UB-04. Effective for dates of service on or after 4/1/14 HCPCS code C9021 should be used to report GAZYVA for facility claims. If there is no second dose administered, submit on a separate line the quantity in mg that was wasted, the date and the amount was wasted and append the JW modifier to the J9999 or C9399 to indicate this was waste. Refer to the JW modifier policy in the MVP Provider Resource Manual and CMS billing instructions for more information.	Drug name, strength and dosage form
CMS Guidance for drug codes states: 1. Weight/units must be >0 and <= 999,999,999 2. Weight/units are limited to 3 decimal positions,.001 is acceptable, more than 3 decimal positions will not be accepted.	Invalid Unit Count