

Duplicate Diagnosis Code Payment Policy Requirement Reminder

This is a reminder that when submitting a diagnosis code in the principal diagnosis code position (segment HI, qualifier ABK or BK), the same code may not be in the secondary diagnosis code positions (segment HI, qualifier ABF or BF). A UBE will be put into place to deny encounters that have the same diagnosis code in the principal and secondary positions. This UBE applies to Medicare/USA Care paper and electronic encounters, both professional and institutional.

Claims with duplicate diagnosis codes will be denied for dates of service starting December 15th, 2017. The response sent will be Duplicate Diagnosis; Primary and Secondary.

In order to ensure accurate billing and seamless payments, MVP Health Care® (MVP) suggests reviewing the paper or electronic submissions to ensure the principal and secondary diagnoses are not duplicative. This may require discussions or process changes within the applicable claims clearinghouse, biller, or billing system submitting this information to MVP.

Questions? Please contact the Customer Care Center for Provider Services Representatives which are available weekdays from 8:30AM– 5:00PM Eastern Time at 1-800-684-9286.

