

ICD-10 Impacts and Changes: *Claims That Overlap the ICD-10 Implementation Date*

The Centers for Medicare & Medicaid Services (CMS) has identified potential claims processing issues for institutional, professional, and supplier claims that span the October 1st, 2015 implementation date. Claims that do not span the ICD-10 implementation date should report ICD-9 codes for services rendered on or before September 30th, 2015 and ICD-10 codes for services rendered on or after October 1st, 2015.

We have provided a few examples of how to handle claims that span the October 1st, 2015 implementation date.

The first examples examine inpatient and outpatient hospital claims and how they are affected if the claim has a discharge or through date on or after October 1st, 2015.

For an inpatient hospital claim with a date of service overlapping the October 1st, 2015 implementation date, the entire claim is billed using the ICD-10 code set as explained in the table below.

Bill Type	Facility Type / Services	Claims Processing Requirement	Use FROM or THROUGH Date?
011X	Inpatient Hospitals (<i>incl. TERFHA hospitals, prospective payment System hospitals, long term care hospitals, critical access hospitals</i>)	If the hospital claim has a discharge and/or through date on or after October 1 st , 2015, then entire claim is billed using ICD-10.	THROUGH

However, for an outpatient hospital claim with dates of service overlapping the October 1st, 2015 implementation date, providers are required to submit two claims. One claim is required to report Dates of Service (DOS) through September 30th, 2015 and another claim is required to report DOS on or after October 1st, 2015.

Bill Type	Facility Type / Services	Claims Processing Requirement	Use FROM or THROUGH Date?
013X	Outpatient Hospitals	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM

The difference between these inpatient and outpatient examples comes from regulations governing inpatient claims which prohibit breaks in time of certain services. Though these inpatient claims must be for a singular continuous timeframe, they must also comply with ICD-10 coding on and after October 1st, 2015. This is the reasoning behind using ICD-10 codes for the entire claim even if a portion of the inpatient stay falls before the implementation date.

The table below contains further examples of claims that will require a single claim using ICD-10 coding if the DOS is overlapping the October 1st, 2015 implementation date.

Bill Type	Facility Type / Services	Claims Processing Requirement	Use FROM or THROUGH Date?
18X	Swing Beds or Admin Wait Beds	If the Swing Bed or Admin Wait Bed claim has a discharge and/or through date on or after October 1 st , 2015, then entire claim is billed using ICD-10.	THROUGH
21X 22X	Skilled Nursing or Skilled Nursing Facilities (SNF)	If the SNF claim has a discharge and/or through date on or after October 1 st , 2015, then entire claim is billed using ICD-10.	THROUGH
65X 66X	ICF or ICF MR	If the ICF or ICF MR claim has a discharge and/or through date on or after October 1 st , 2015, then entire claim is billed using ICD-10.	THROUGH
86X	Residential Psychiatric Treatment Center (RPTC)	If the RPTC claim has a discharge and/or through date on or after October 1 st , 2015, then entire claim is billed using ICD-10.	THROUGH

The example below is another common outpatient bill type that will require split claims.

Bill Type	Facility Type / Services	Claims Processing Requirement	Use FROM or THROUGH Date?
34X	Home Health - Outpatient	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM

There are certain professional claims, such as anesthesia claims, that cannot have a break in service or time as well. The following example is an anesthesia procedure that begins on September 30th, 2015 and ends on October 1st, 2015.

Facility Type / Services	Claims Processing Requirement	Use FROM or THROUGH Date?
All Anesthesia Claims	Anesthesia procedures that begin on September 30 th , 2015 but end on October 1 st , 2015 are billed with ICD-9 diagnosis codes and use September 30 th , 2015 as the FROM and THROUGH date on the claim.	FROM

Below are additional bill type examples that you may find helpful.

Bill Type	Facility Type / Services	Claims Processing Requirement	Use FROM or THROUGH Date?
12X	Inpatient Part B Hospital Services	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
14X	Non-Patient Laboratory Services	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
23X	Skilled Nursing Facilities (Outpatient)	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
32X	Home Health (Inpatient Part B)	Allow HHAs to use the payment group code derived from ICD-9 codes on claims which span October 1 st , 2015, but require those claims to be submitted using ICD-10 codes.	THROUGH
3X2	Home Health – Request for Anticipated Payment (RAPs)*	* Note – RAPs can report either an ICD-9 or an ICD-10 code based on the one (1) date reported. Since these dates will be equal to each other, there is no requirement needed. The corresponding final claim, however, will need to use an ICD-10 code if the HH episode spans beyond October 1 st , 2015.	* See Note
71X	Rural Health Clinics	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
72X	End Stage Renal Disease	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
73X	Federally Qualified Health Clinics (prior to April 1 st , 2010)	N/A – Always ICD-9 code set.	N/A

74X	Outpatient Therapy	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
75X	Comprehensive Outpatient Rehab Facilities	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
76X	Community Mental Health Clinics	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
77X	Federally Qualified Health Clinics (effective April 2010)	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
81X	Hospice – Hospital	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
82X	Hospice – Non-Hospital	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM
83X	Hospice – Hospital Based	N/A	N/A
85X	Critical Access Hospital	Split Claims – Require providers to split claims so all ICD-9 codes remain on one claim with DOS through September 30 th , 2015 and all ICD-10 codes placed on the other claim with DOS beginning October 1 st , 2015 and later.	FROM