

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Revised products from the Medicare Learning Network® (MLN)

- **“ICD-10-CM/PCS Myths and Facts”**, Fact Sheet, ICN 902143, downloadable.

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Institutional Services Split Claims Billing Instructions for Medicare Fee-For-Service (FFS) Claims that Span the International Classification of Diseases, 10th Edition (ICD-10) Implementation Date

Note: This article was revised on August 4, 2014, to reflect the new ICD-10 implementation date of October 1, 2015. Other adjustments required for that new date have been made.

Provider Types Affected

This Special Edition Article is intended for providers who submit claims to Fiscal Intermediaries (FIs) and A/B Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

Provider Action Needed

SE1325 clarifies the policy for processing claims for certain institutional encounters that span the International Classification of Diseases, 10th Edition (ICD-10) implementation date of October 1, 2015.

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Background

In this Special Edition article, the Centers for Medicare & Medicaid Services (CMS) clarifies the policy for processing split claims for certain institutional encounters that span the ICD-10 implementation date (that is, when ICD-9 codes are effective for that portion of the services rendered on September 30, 2015, and earlier, and when ICD-10 codes are effective for that portion of the services rendered on October 1, 2015, and later)

The following excerpt from a table in MLN Matters® Article SE1408 provides you further guidance for such split claims. (You can find this article at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf> on the CMS website.)

Table A – Institutional Providers

Bill Type	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
12X	Inpatient Part B Hospital Services	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
13X	Outpatient Hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
14X	Non-patient Laboratory Services	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM

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Bill Type	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
22X	Skilled Nursing Facilities (Inpatient Part B)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
23X	Skilled Nursing Facilities (Outpatient)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
34X	Home Health – (Outpatient)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
71X	Rural Health Clinics	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
72X	End Stage Renal Disease (ESRD)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM

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Bill Type	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
74X	Outpatient Therapy	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
75X	Comprehensive Outpatient Rehab facilities	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later	FROM
76X	Community Mental Health Clinics	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
77X	Federally Qualified Health Clinics	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
81X	Hospice- Hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM

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Bill Type	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
82X	Hospice – Non hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
85X	Critical Access Hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM

Important Details

1. Please note that creating multiple/interim claims on a single encounter is not a new concept, and that these instructions will apply to relatively few claims per institution because only claims that span this single implementation date (October 1, 2015) will be impacted.
2. When you split claims for an encounter spanning the ICD-10 implementation date, remember to maintain all charges with the same Line Item Date of Service (LIDOS) on the correct corresponding claim for the encounter.
 - Single item services whose time-frame cross over midnight on September 30, 2015 (e.g., Emergency Room Visits and Observation), **are not split into 2 separate charges**, rather the single item service should be placed in the claim based upon the LIDOS: 1) For ER encounters the LIDOS is the date the patient enters the ER; and 2) for observation encounters it is the date that observation care begins.
(Please refer to the "Medicare Claims Processing Manual", Chapter 4 (Part B Hospital (Including Inpatient Hospital Part B and OPSS)), Sections 180.6 Emergency Room (ER) Services That Span Multiple Service Dates and 290.2.2 (Reporting Hours of Observation for observation services); respectively, for more information about Emergency Department and observation claims. You can find this manual at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf> on the CMS website.

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- If there is no service for the encounter with a LIDOS on the split claim with an October 2015 date, do not send an October 2015 claim to Medicare for payment.
- If there are services with a LIDOS on the split claim with an October date, but there is no payment allowed on any of the charges (i.e., all charges are packaged), you should maintain a log of these charges for cost reporting purposes.

Claim Examples

Emergency Department and Observation Service encounters are the most common scenarios for which CMS has received requests for clarification about interim billing. The following ED and Observation Service examples are provided to help you better understand the split billing concept. This concept can be applied to any of the encounters that require split billing.

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Please remember to follow the ICD-9-CM and ICD-10-CM Official Coding Guidelines (covering both inpatient and outpatient guidelines), which you can find on the Internet at <http://www.cdc.gov/nchs/icd/icd9cm.htm#addenda> and <http://www.cdc.gov/nchs/icd/icd10cm.htm>, respectively.

When coding an encounter that straddles implementation, you should use an ICD-9 code on the September interim claim for the encounter and a corresponding ICD-10 code on the October interim claim for the encounter. You can learn more about the mapping of these codes in the *Diagnosis Code Set General Equivalence Mappings, ICD-10-CM to ICD-9-CM and ICD-9-CM to ICD-10-CM*, which is available at <http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html> on the CMS website.

Additional Information

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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