

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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Related CR Transmittal #: N/A Implementation Date: N/A

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

- 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.
- 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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Example 1B: ED Visit Encounter – 2nd Claim

1 PATIENT NAME		2 PATIENT ADDRESS		3a PAT. CNTL #	4 TYPE OF BILL
MEDICARE SMITH				10012015	134
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC
16 D HR	17 STAT	18 CONDITION CODES			
	01				
19 OCCURRENCE DATE	20 OCCURRENCE DATE	21 OCCURRENCE DATE	22 OCCURRENCE DATE	23 OCCURRENCE DATE	24 OCCURRENCE DATE
25 VALUE CODES	26 VALUE CODES	27 VALUE CODES	28 VALUE CODES	29 VALUE CODES	30 VALUE CODES
31 REV. CD.	32 DESCRIPTION	33 HCPCS/RATES/PPS CODE	34 SERV. DATE	35 SERV. UNITS	36 TOTAL CHARGES
0250			10012015	3	75.00
0270			10012015	1	50.00
0450		12001	10012015	1	350.00
ON THIS STRADDLE CLAIM, YOU WOULD PUT ALL THE CHARGES FROM THIS EMERGENCY DEPARTMENT ENCOUNTER WITH A LINE ITEM DATE OF SERVICE (LIDOS) THAT OCCURRED WITH AN OCTOBER DATE. ICD-10 CODES (SHOWN IN YELLOW BELOW) WOULD BE DISPLAYED ON THIS PORTION OF THE CLAIM FROM THE E.D. ENCOUNTER. ANY CHARGE FROM THIS ENCOUNTER WITH A LINE ITEM DATE OF SERVICE THAT OCCURRED IN SEPTEMBER WOULD GO ON A SEPARATE CLAIM THAT WOULD DISPLAY ICD-9 CODES.					
PAGE 1 OF 1			CREATION DATE 10052015	TOTALS	475.00
37 PAYER NAME	38 HEALTH PLAN ID	39 REL. INFO	40 CLASS. BEN	41 PRIOR PAYMENTS	42 EST. AMOUNT DUE
MEDICARE		Y	Y		9876543210
43 INSURED'S NAME	44 P. REL.	45 INSURED'S UNIQUE ID	46 GROUP NAME	47 INSURANCE GROUP NO.	
SMITH, MEDICARE	18	123456789A			
48 TREATMENT AUTHORIZATION CODES	49 DOCUMENT CONTROL NUMBER	50 EMPLOYER NAME			
51 ICD-10	52 ICD-10	53 ICD-10	54 ICD-10	55 ICD-10	56 ICD-10
A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
57 PRINCIPAL PROCEDURE	58 OTHER PROCEDURE	59 OTHER PROCEDURE	60 OTHER PROCEDURE	61 ATTENDING	62 QUAL.
				WELLBY	FIRST
				MARCUS	FIRST
63 OTHER PROCEDURE	64 OTHER PROCEDURE	65 OTHER PROCEDURE	66 OTHER	67 QUAL.	68
69 OTHER PROCEDURE	70 OTHER PROCEDURE	71 OTHER PROCEDURE	72 OTHER	73 QUAL.	74
75 REMARKS	76 BICC	77 BICC	78 BICC	79 BICC	80 BICC
	a	b	c	d	

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Example 2B Observation Encounter – 2nd Claim

1		2		3a PAT. CONT. #		4 TYPE OF BILL	
				3b MED. RES. #		0134	
				5. FED. TAX NO.		6. STATEMENT COVERS PERIOD FROM THROUGH	
				10012015		10012015	
8 PATIENT NAME				9 PATIENT ADDRESS			
CMS JONES							
10 BIRTHDATE		11 SEX		12 DATE		13 HR	
14 TYPE		15 ICD-9		16 D HR		17 STAT	
						01	
18 19 20 21 22 23 24 25 26 27 28 29 30							
CONDITION CODES							
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 CODE		36 CODE		37 CODE		38 CODE	
39 FROM		40 THROUGH		41 FROM		42 THROUGH	
43 VALUE CODES		44 VALUE CODES		45 VALUE CODES		46 VALUE CODES	
CODE		CODE		CODE		CODE	
47 AMOUNT		48 AMOUNT		49 AMOUNT		50 AMOUNT	
51		52		53		54	
55		56		57		58	
59		60		61		62	
63		64		65		66	
67		68		69		70	
71		72		73		74	
75		76		77		78	
79		80		81		82	
83		84		85		86	
87		88		89		90	
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227		228		229		230	
231		232		233		234	
235		236		237		238	
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471		472		473		474	
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499		500		501		502	
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507		508		509		510	
511		512		513		514	
515		516		517		518	
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523		524		525		526	

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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