

Optometry Coding & Billing Alert

Reader Question: Avoid ICD-9 and ICD-10 on 1 CMS-1500 Form

Question: Our physician admitted a patient in September and didn't discharge her until October. Because of the ICD-10 implementation, we are not sure how to bill this claim. Do we use both ICD-9 and ICD-10 codes on the same claim since the dates of service span the implementation date?

California Subscriber

Answer: No. You will need to submit two claims □ one using ICD-9 codes and one using ICD-10 codes.

Here's why: Claims containing both ICD-9 and ICD- 10 diagnostic codes, submitted for dates of service before and on and after Oct. 1, 2015, will be returned as not processable, and you will receive no reimbursement for them. Therefore, report only the ICD-10 code(s) after Oct. 1, 2015.

Services that span from pre-Oct. 1, 2015 through and after that date must be split into separate claims. For instance, any outpatient or hospital services that span the implementation date will be billed as two claims □ the first will be listed with the dates of service through Sept. 30, 2015 (using ICD-9 codes) and the second will be listed with dates of service Oct. 1, 2015 and later (using ICD-10 codes).

"A claim cannot contain both ICD-9 codes and ICD-10 codes. Medicare will RTP [return to provider] all claims that are billed with both ICD-9 and ICD-10 diagnosis codes on the same claim. For dates of service prior to October 1, 2015, submit claims with the appropriate ICD-9 diagnosis code. For dates of service on or after October 1, 2015, submit with the appropriate ICD-10 diagnosis code," according to MLN Matters article SE1408.

Exception: Anesthesia claims that begin on Sept. 30, 2015, and end on Oct. 1, 2015 will be billed using Sept. 30 as both the "from" and "through" date, and should be billed using ICD-9 codes.

Read more: You can read the full CMS article at

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1408.pdf .