

Part B Insider (Multispecialty) Coding Alert

Physician Note: CMS Clarifies Whether You'll Report ICD-9 Codes When Dates of Service Span ICD-10 Implementation Date

Plus: Medicare explains overpayment recovery process.

As most practices know, MACs will no longer accept ICD-9 codes after the Oct. 1, 2013 ICD-10 implementation date. But what has puzzled many practices is the question of how to report diagnosis codes for claims that begin on dates of service before Oct. 1, 2013, but don't end until after Oct. 1.

Example: The anesthesiologist begins administering continuous anesthesia for a surgery at 11 p.m. on Sept. 30, 2013, and completes the administration at 2 a.m. on Oct. 1, 2013. Should the physicians involved report ICD-9 codes, since the date of service began before the ICD-10 implementation dates? You can't report both ICD-9 and ICD-10 codes on the same claim, CMS has said--those claims will be returned to providers unpaid and marked as "unprocessable."

Solution: CMS answers this question with new Transmittal 950, released on Aug. 19, which breaks down how each facility should report claims that span the ICD-10 implementation date. Following you'll find some examples of how various providers will report these claims:

Inpatient hospitals: Use the "through" date--If the hospital's discharge and/or through date occurs on or after Oct. 1, 2013, then the whole claim will be billed with ICD-10 codes.

Part B hospital services, outpatient hospitals, outpatient therapy, hospices, renal disease providers, and outpatient home health: You'll split the claim, so all ICD-9 codes remain on one claim and all ICD-10 codes remain on the other claim.

Anesthesia: Use ICD-9 codes and list Sept. 30, 2013 as both the "from" and "through" dates.

To read Transmittal 950, which includes the full list of potential provider types, visit www.cms.gov/transmittals/downloads/R950OTN.pdf.