

Eli's Rehab Report

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

Transmittal provided needed information.

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.

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.

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

Editor's note: The two previous articles originally appeared in The Coding Institute's Part B Insider. For subscription information, call 1-800-508-2582.