

Eli's Hospice Insider

Hospice News: Here's How To Bill Claims Across The ICD-10 Implementation Date

One more piece of the ICD-10 puzzle is now in place. The **Centers for Medicare & Medicare Services** has issued instructions on how hospices should assign diagnosis codes when the claims span the Oct. 1, 2013 implementation date for the new ICD-10 coding system.

Hospices must split their claims on the Oct. 1 date, CMS instructs. They'll use ICD-9 for claims up to Sept. 30, and ICD-10 codes for claims after.

Billing for home health agencies is more complicated. They can use either ICD-9 or ICD-10 diagnosis codes on their RAPs, but the final claim must contain an ICD-10 code if the episode ends on or after Oct. 1, 2013, CMS explains in Aug. 19 Transmittal No. 950 (CR 7492).

Wrinkle: HHAs can "use the payment group code derived from ICD-9 codes on claims which span 10/1/2013," CMS tells its contractors in the transmittal. But those claims still must list ICD-10 codes.

For outpatient home health claims, providers must split claims on the Oct. 1 date so they use all ICD-9 (before Oct. 1) or all ICD-10 (Oct. 1 and after) codes. The transmittal is online at www.cms.gov/transmittals/downloads/R950OTN.pdf.