

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash –

Revised products from the Medicare Learning Network® (MLN)

- [“ICD-10-CM/PCS Myths and Facts”](#), Fact Sheet, ICN 902143, downloadable.

MLN Matters® Number: SE1325

Related Change Request (CR) #: N/A

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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

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, 2014.

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

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30, 2014, and earlier, and when ICD-10 codes are effective for that portion of the services rendered on October 1, 2014, and later)

The following excerpt from a table in Change Request (CR) 7492 provides you further guidance for such split claims. (You can find the associated MLN Matters® article, MM7492, *Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10)*, which was released on August 19, 2011 at

<http://www.cms.gov/MLN MattersArticles/downloads/MM7492.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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 and later.	FROM
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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 and later.	FROM

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Bill Type	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 and later.	FROM
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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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)	FROM

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Bill Type	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
		through 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 and later.	
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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 and later.	FROM
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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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 9/30/2014 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2014 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, 2014) 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, 2014 (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 OPPS)), 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

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observation claims. You can find this manual at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf> on the CMS website.

- If there is no service for the encounter with a LIDOS on the split claim with an October 2014 date, do not send an October 2014 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 2B Observation Encounter – 2nd Claim

1		2		3a PAT. CNTL #		4 TYPE OF BILL	
				5. FED. TAX NO.		6. STATEMENT COVERS PERIOD FROM	
				10012014		10012014	
8 PATIENT NAME		9 PATIENT ADDRESS		10 BIRTHDATE		11 SEX	
a CMS JONES		a		01			
12 DATE		13 HR		14 TYPE		15 SEC	
16 D HR		17 STAT		18		19	
20		21		22		23	
24		25		26		27	
28 ACCT STATE		29		30		31	
32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE	
36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH		38		39	
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48		49		50		51	
52		53		54		55	
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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 use the General Equivalence Mappings (GEM) for translation). (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, 2013 Version, Documentation and User's Guide*, which is available at <http://www.cms.gov/Medicare/Coding/ICD10/2013-ICD-10-CM-and-GEMs.html> on the CMS website.

Additional Information

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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