CareFirst ICD-10 Claim Submission Guidelines

Introduction

The U.S. Department of Health and Human Services (HHS) has released a HIPAA administration simplification mandate requiring all HIPAA entities to adopt the 10th revision of the International Classification of Diseases (ICD-10) code set on October 1, 2015.

This document will provide direction to providers regarding NCAS acceptance of medical claims for professional services and facility charges before, during, and after the October 1, 2015 transition to the ICD-10 code set. The guidance in this document applies equally to all claims, regardless of paper or Electronic Data Interchange (EDI) submission channels.

Any claim submitted by a provider that does not comply with these guidelines will be Returned To Provider (RTP) as unprocessable. Providers will be required to re-submit these claims after complying with these guidelines.

Code Set Selection

NCAS is complying with ICD-10 claim submission guidelines provided by the Centers for Medicare & Medicaid Services (CMS). These decisions include the following overarching guidelines:

- NCAS will not accept any claims containing ICD-10 codes prior to the ICD-10 mandate effective date of October 1, 2015. All claims submitted prior to this date must use the ICD-9 code set.
- **Professional and supplier claims** will use the ICD code set determined by the **date of service**. Claims submitted for dates of service prior to October 1, 2015 must be submitted with ICD-9 codes. Claims submitted with dates of service on or after October 1, 2015 must be submitted with ICD-10 codes.
- **Institutional claims** will use the ICD code set determined by the **date of patient discharge**. Claims submitted for inpatient charges with patient discharge date prior to October 1, 2015 must be submitted with ICD-9 codes. Claims submitted for inpatient charges with patient discharge date on or after October 1, 2015 must be submitted with ICD-10 codes.
- NCA will not accept any claim that includes both ICD-9 and ICD-10 codes (i.e., dual-coding). Each claim must contain only one code set.

Services Spanning October 1, 2015

For services that span the October 1, 2015 transition date, Providers may be required to split the services into two claims (one claim representing the services provided prior to October 1, 2015 using ICD-9 codes and one claim for the services on or after October 1, 2015 using ICD-10 codes), depending on the type of service. The following table outlines how claims should be submitted for scenarios that span the October 1, 2015 transition date:

Bill Type	Service	Claim Submission Guideline
11X	Inpatient Hospitals	**Single Claim** Claims with a discharge and/or through date on or after October 1, 2015 consolidate all services into one claim using **ICD-10** codes. **Note**: for interim bills, see the *Interim Billing* section below.
12X	Inpatient Part B Hospital Services	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes. **Note**: for interim bills, see the *Interim Billing* section below.
13X	Outpatient Hospital	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes. **Note**: for Emergency Room and Observation Encounters, see the guidance under **Single Item Services** at the bottom of this list.
14X	Non-patient Laboratory Services	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
18X	Swing Beds	**Single Claim** Claims with a discharge and/or through date on or after October 1, 2015 consolidate all services into one claim using **ICD-10** codes.
21X	Skilled Nursing (Inpatient Part A)	**Single Claim** Claims with a discharge and/or through date on or after October 1, 2015 consolidate all services into one claim using **ICD-10** codes.

Bill Type	Service	Claim Submission Guideline
22X	Skilled Nursing Facilities (Inpatient Part B)	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
23X	Skilled Nursing Facilities (Outpatient)	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
34X	Home Health – (Outpatient)	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
71X	Rural Health Clinics	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
72X	End Stage Renal Disease (ESRD)	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
74X	Outpatient Therapy	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
75X	Comprehensive Outpatient Rehab Facilities	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.

Bill Type	Service	Claim Submission Guideline
76X	Community Mental Health Clinics	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
77X	Federally Qualified Health Clinics	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
81X	Hospice – Hospital	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
82X	Hospice – Non Hospital	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
85X	Critical Access Hospital	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
Bundled Outpatient Services **3-day /1-day Payment Window**	Outpatient Services Bundled with Inpatient Claims	**Single Claim** Since outpatient services (with a few exceptions) are required to be bundled on the inpatient bill if rendered within three (3) days of an inpatient stay, if the inpatient hospital discharge is on or after October 1, 2015 the claim must be submitted with **ICD-10** codes for those bundled outpatient services.
Anesthesia	Anesthesia Claims	**Single Claim** Anesthesia procedures that begin on September 30, 2015 but end on October 1, 2015 are to be submitted with **ICD-9** codes and use September 30, 2015 as both the FROM and THROUGH dates.

Bill Type	Service	Claim Submission Guideline
DMEPOS	DME – Capped Rentals and Monthly Supplies	**Split Claims** Providers submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the **ICD-9** code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using **ICD-10** codes.
Single Item Services	Emergency Room Encounters and Observation Encounters	**Single Claim** Single item services spanning the ICD-10 transition date will be consolidated into one claim using **ICD-9** codes. Emergency Room services use the date the patient enters the ER. Observation services use the date the observation begins. **Note**: this guidance applies to both institutional and professional Emergency Room and Observation services.
Professional Global Services	Professional Global Maternity and Global Surgery Services	**Single Claim** Claims with a through date on or after October 1, 2015 consolidate all services into one claim using **ICD-10** codes.

Interim Billing

Interim bills covering dates entirely prior to the October 1, 2015 transition date will be submitted using ICD-9 codes. Interim bills covering dates entirely after the October 1, 2015 transition date will be submitted using ICD-10 codes. For interim bills that span the transition date, a single claim will be submitted using ICD-10 codes.

Member Payment Implications

Some services can span the October 1, 2015 transition date and will be split into multiple claims. While there will be two claims submitted for the services, this still only represents **one episode of care** for the CareFirst members. In these situations, providers will not require dual co-pays and/or out of pocket expenses from members.

Claim Filing and Appeal Windows

The ICD-10 transition will have no impact on existing NCAS claim timely filing requirements or appeals windows. NCAS contract terms regarding claims submissions and denials, appeals, and reprocessing will remain in place.

For More Information

For more information about NCAS ICD-10 implications, please check our ICD-10 Frequently Asked Questions content on the Provider Portal website (www.ncas.com/icd10).

Please send any questions to ICD-10@carefirst.com. The CareFirst ICD-10 program team will review your question and respond as soon as possible.