Effective Immediately

ICD-10 Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10)

For dates of service or dates of discharge on and after October 1, 2015, entities covered under the Health Insurance Portability and Accountability Act (HIPAA) are required to use the ICD-10 code sets in standard transactions adopted under HIPAA. The HIPAA standard healthcare claim transactions are among those for which ICD-10 codes must be used for dates of service on and after October 1, 2015.

ICD-9 codes will no longer be accepted on claims (including electronic and paper) with *from dates of service* (on professional and supplier claims) or *discharge/through dates* (on institutional claims) on or after October 1, 2015.

Montana Medicaid will not allow for dual processing of ICD-9 and ICD-10 codes for dates of service or discharge on or after-ICD-10 implementation on October 1, 2015 per ARM 37.85.403.

Potential claims processing issues for institutional, professional, and supplier claims that span the implementation date have been identified; that is, where ICD-9 codes are effective for the portion of the services that were rendered on September 30, 2015 and earlier, and where ICD-10 codes are effective for the portion of the services that were rendered October 1, 2015 and later.

In some cases, depending upon the policies associated with those services, there cannot be a break in service or time (i.e., anesthesia) although the new ICD-10 code set must be used effective October 1, 2015. The following tables provide further guidance to providers for claims that span the periods where ICD-9 and ICD-10 codes may both be applicable.

Table A – Institutional Providers

Bill Type(s)	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
11X	Inpatient Hospitals (including Prospective Payment System (PPS) hospitals, Long-Term Care Hospitals (LTCHs), Critical Access Hospitals (CAHs)	If the hospital claim has a discharge and/or through date on or after 10/1/15, then the entire claim is billed using ICD-10.	THROUGH

Bill Type(s)	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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
18X	Swing Beds	If the Swing Bed claim has a discharge and/or through date on or after 10/1/2015, then the entire claim is billed using ICD-10.	THROUGH
21X	Skilled Nursing (Inpatient Part A Crossover)	If the [Swing Bed or SNF] claim has a discharge and/or through date on or after 10/1/2015, then the entire claim is billed using ICD-10.	THROUGH
22X 23X	Nursing Facilities	Split Claims – Require providers split the claim so all ICD-9 codes remain on one claim with dates of service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
32X	Home Health (Inpatient Part B)	Allow HHAs to use the payment group code derived from ICD-9 codes on claims which span 10/1/2015, but require those claims to be submitted using ICD-10 codes.	THROUGH
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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM

Bill Type(s)	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
77X 79X	Federally Qualified Health Centers	Split Claims – Require providers split the claim so all ICD-9 codes remain on one claim with dates of service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM

Table B – Professional Claims

Scenario	Claims Processing Requirement	Use FROM or THROUGH Date
All Anesthesia Claims	Anesthesia procedures that begin on 9/30/2015 but end on 10/1/2015 are to be billed with ICD-9 diagnosis codes and use 9/30/2015 as both the FROM and THROUGH date.	FROM

Table C –Supplier Claims

Supplier Type	Claims Processing Requirement	Use FROM or THROUGH/TO Date
DMEPOS Home Infusion	Billing for certain items or supplies (such as capped rentals or monthly supplies) may span the ICD-10 compliance date of 10/1/2015 (i.e., the FROM date of service occurs prior to 10/1/2015 and the TO date of service occurs after 10/1/2015).	FROM

Contact Information

If you have any questions, please contact Beverly Hertweck at 406-444-9633 or BHertweck@mt.gov; or Jennifer Tucker at 406-444-4586 or JTucker2@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at http://medicaidprovider.hhs.mt.gov.