

Provider Memorandum

ICD-10 Implementation Reminder

To: All Medical Assistance Program Providers

Date: March 6, 2017

This notice informs providers that the federally-mandated conversion from ICD-9 to ICD-10 codes was implemented on October 1, 2015.

For Institutional Billing

ICD-9-CM diagnosis and procedure codes are not accepted on electronic and paper claims with dates of discharge or Through Dates of service on or after October 1, 2015. These claims must be submitted with the appropriate ICD-10 codes. **Exception:** Claims for emergency department and observation that span the October 1, 2015 date should not be split. The appropriate ICD-9-CM diagnosis code should be used based on the service From Date.

For claims with dates of discharge or Through Dates of service prior to October 1, 2015, submit with the appropriate ICD-9-CM codes. Series claims should be split based on service dates pre- and post- October 1, 2015. All per diem-reimbursed claims that span

October 1, 2015 must be split based on service dates pre- and post- October 1, 2015. All DRG-reimbursed claims that span the October 1, 2015 date must be billed admission through discharge.

For Non-Institutional Billing

ICD-9-CM diagnosis codes are not accepted on electronic and paper claims with **service dates on or after October 1, 2015. These claims must be submitted with the appropriate ICD-10 codes. For claims with dates of service prior to October 1, 2015, submit with the appropriate ICD-9-CM codes.**

Claims for certain items or supplies (such as equipment rentals or monthly supplies) should be split based on service dates pre- and post- October 1, 2015.

For Transportation Billing

A diagnosis code is required on all 837P transportation claims submitted by a vendor or through MEDI. If the diagnosis code is provided by the treating physician or other practitioner, enter the diagnosis code in loop 2300 segment, HI*ABK. Effective with dates of service October 1, 2015 and after, if a diagnosis code is unknown, transportation providers can use a default ICD-10 diagnosis code of **R69, Illness, unspecified**.

CMS provides extensive information, fact sheets, tools, and resources for providers, vendors and payers for implementing ICD-10. For more information, visit the [CMS website](https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10) with ICD-10 updates:

<https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>

Questions pertaining to billing or claims may be directed to NextLevel Health Claims Department at claims.administration@nlhpartners.com.