



Vermont Medicaid
ICD-10 Submission Guidelines
Spanned Claims

4/07/2015

V2.01

Document Properties

Title	ICD-10 Submission Guidelines
Subject	Spanned Claims
Filename	VT Medicaid Span Claim Guidelines.v2.01.docx

Table of Contents

1	Overview.....	4
2	General Claims Submissions Information	4
3	Claims that Span the ICD-10 Implementation Date	4
4	Institutional Providers	5
5	Professional Claims.....	6
6	Supplier Claims	7
7	Contacts.....	7

1 Overview

This document describes the rules for submitting claims to Vermont Medicaid during and after the transition to ICD-10 on October 1, 2015.

2 General Claims Submissions Information

As of the official ICD-10 compliance date of 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 dates of discharge/through dates (on institutional claims) on or after October 1, 2015.

Institutional claims containing ICD-9 codes for services on or after October 1, 2015, will be denied. Likewise, professional and supplier claims containing ICD-9 codes for dates of services on or after October 1, 2015, will also be returned as denied. Vermont Medicaid providers will be required to re-submit these claims with the appropriate ICD-10 code. A claim cannot contain both ICD-9 codes and ICD-10 codes. Vermont Medicaid will deny all claims that are billed with **both** ICD-9 and ICD-10 **diagnosis codes** on the same claim. For dates of service **prior to** October 1, 2015, submit claims with the appropriate ICD-9 diagnosis code. For dates of service on or after October 1, 2015, submit with the appropriate ICD-10 diagnosis code. Likewise, Vermont Medicaid will also deny all claims that are billed with **both** ICD-9 and ICD-10 **procedure codes** on the same claim. For claims with dates of service prior to October 1, 2015, submit with the appropriate ICD-9 procedure code. For claims with dates of service on or after October 1, 2015, submit with the appropriate ICD-10 procedure code. Remember that ICD-10 codes may only be used for services provided on or after October 1, 2015. Institutional claims containing ICD-10 codes for services prior to October 1, 2015, will be denied. Likewise, professional and supplier claims containing ICD-10 codes for services prior to October 1, 2015, will be returned as denied. Please submit these claims with the appropriate ICD-9 code.

3 Claims that Span the ICD-10 Implementation Date

The Centers for Medicare & Medicaid Services (CMS) has identified potential claims processing issues for institutional, professional, and supplier claims that span the implementation date; 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 on 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.

4 Institutional Providers

Bill Type(s)	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
11X	Inpatient Hospitals (incl. TERFHA hospitals, 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 10/1/2015, then the entire claim is billed using ICD-10.	THROUGH
13X	Outpatient Hospital		FROM
14X	Non-patient Laboratory Services		FROM
18X	Swing Beds	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
2XX	Nursing Home	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
3XX	Home Health	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

Bill Type(s)	Facility Type/Services	Claims Processing Requirement	Use FROM or THROUGH Date
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 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 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 9/30/2015 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		Through

5 Professional Claims

Type of Claim	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

6 Supplier Claims

Supplier Type	Claims Processing Requirement	Use FROM or THROUGH/TO Date
DMEPOS	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

7 Contacts

<p style="text-align: center;">Go Electronic!</p> <p>Download PES, the free claims submission software.</p> <ul style="list-style-type: none"> Get quicker payments Check eligibility Confirm claim status next day Resubmit corrected claims immediately <p><i>Paper claims typically pay in 18 days. With PES, get paid in 9 days!</i></p> <p style="text-align: center;">Contact HPES EDI Support</p> <p style="text-align: center;">802-879-4450 Option 3</p> <p style="text-align: center;">Or, send email to:</p> <p style="text-align: center;">vtedicoordinator@hp.com</p>	<p style="text-align: center;">ICD-10 Resources</p> <p>Department of Vermont Health Access (DVHA)</p> <p style="text-align: center;">dvha.vermont.gov/for-providers/icd-10/</p> <p style="text-align: center;">Provider Portal</p> <p style="text-align: center;">www.vtmedicaid.com</p> <p style="text-align: center;">Get ICD-10 Updates!</p> <p>Send email addresses to:</p> <p style="text-align: center;">VT-ICD-10@hp.com</p>	<p style="text-align: center;">Contacts</p> <p>Questions?</p> <p>Provider Services Help Desk</p> <p style="text-align: center;">800-925-1706 in-state</p> <p style="text-align: center;">802-879-4450 Option 1</p> <p style="text-align: center;">VT-ICD-10@hp.com</p> <p style="text-align: center;">Get Banners & Advisories</p> <p>Send email addresses to:</p> <p style="text-align: center;">vtpubs-comm@hp.com</p>
--	---	--