



September 14, 2015 (Updated September 29, 2015)

Announcement 976

Tips for Submitting Prior Authorizations and Claims Using ICD-9 or ICD-10 Diagnosis Codes

The following tips will assist all providers in using the appropriate ICD-9 or ICD-10 codes on prior authorization requests and claims in preparation for the October 1, 2015, implementation of ICD-10.

Prior Authorizations:

- Any prior authorization requests submitted through September 30, 2015, should use ICD-9 codes.
- Requests submitted on or after October 1, 2015, **regardless of date of service**, should use ICD-10 codes.
- PAs requested prior to October 1, 2015, that span two months, i.e., September 15 through October 15, should use ICD-9 codes.
- For inpatient hospital prior authorization requests (provider types 11, 13, 19, 44, 56, 63 and 75) with dates of service that span from a previous month through October 2015:
 - Use ICD-9 codes for PAs with dates of service with a through date prior to October 1, 2015.
 - Use ICD-10 codes for PAs with dates of service with a through date on or after October 1, 2015.

Claims:

- Claims billed with dates of service through September 30, 2015, must use ICD-9 codes.
- Claims with dates of service on or after October 1, 2015, must use ICD-10 codes.
- Claims submitted with dates of service that **span one month to the next must be separated into two claim lines** (split billed) as shown below:
 - Dates of service September 15 through October 1:
 - One claim for dates of service through September 30
 - One claim with date of service October 1
- **Please note:** For inpatient hospital claims (provider types 11, 13, 19, 44, 56, 63 and 75) with dates of service that span from a previous month through October 2015 with the discharge date on or after October 1, 2015, the entire claim should be billed using ICD-10 codes. Inpatient hospital providers are **not required** to split bill these claims.

Unacceptable Primary Diagnosis Codes:

- Claims with unacceptable primary diagnosis codes will result in claim denial for invalid primary diagnosis.
 - Providers may look up unacceptable primary diagnosis codes on the Centers for Medicare & Medicaid Services (CMS) website at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2016-IPPS-Final-Rule-Home-Page-Items/FY2016-IPPS-Final-Rule-Data-Files.html>. Scroll down to "Definition of Medicare Code Edits." Open PDF document "ICD-10 Definitions of Medicare Code Edits_v33.0.pdf." The list of ICD-10 codes in Chapter 1, section 6 on page 194 and section 9 page 201, are the codes providers may **not** bill as primary.
- Diagnosis codes beginning with V, W, X or Y are unacceptable and will also result in claim denial for invalid primary diagnosis.