

## Ohio Department of Medicaid ICD-10 TIPS

**ICD-10 Transition Information for Providers & Staff** 

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> Subject

**Inpatient Hospital Interim Billing** 

## > Providers Types Impacted

Institutional Providers (Hospitals)

## > Description

Billing ICD-10 for inpatient hospital claims has unique qualities because the compliance date of October 1, 2015 (10/1/15) is based upon date of discharge. To help clarify the requirements for inpatient hospital interim billing ODM has created this *ICD-10 TIPS*.

Interim billing will be processed based on the through date of service on the claim while considering the 10/1/15 ICD-10 compliance date. If an interim bill has a through date of service prior to 10/1/15 the interim bill should be submitted with ICD-9 codes. If an interim bill has a through date of service on or after 10/1/15 the interim bill should be submitted with ICD-10 codes. The final bill, for the entire stay (admission through discharge), submitted to replace interim bills should also follow the compliance date logic. Final bills with a discharge date prior to 10/1/15 should be billed with ICD-9 codes. Final bills with discharge dates on or after 10/1/15 should be submitted with ICD-10 codes. This means that while for one inpatient stay a series of interim bills could have been submitted with ICD-9 codes then changed to ICD-10 codes, the final bill must be coded entirely in ICD-10. For example, if a patient is admitted on 8/15/15 and discharges on 11/15/15 two interim bills and a final bill could be submitted as follows:

Type of Bill	From Date	Through Date	Code Set	Explanation
Interim Bill #1	8/15/15	9/14/15	ICD-9	Through date is prior to 10/1/15 so ICD-9 should be used
Interim Bill #2	9/15/15	10/14/15	ICD-10	Through date is after 10/1/15 so ICD-10 should be used
Final Bill	8/15/15	10/15/15	ICD-10	Discharge date is after 10/1/15 so ICD-10 should be used
				for the entire bill

## > Managed Care Considerations

This ICD-10 TIPS applies to both fee-for-service and managed care billing.