

BlueCrossBlueShield of WNY is following the billing instructions supplied by Center for Medicare and Medicaid Services (CMS). Please refer to the following website for additional guidance:

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE1408.pdf>

ASU/ED/Observation Service (Exception to the CMS guidelines)

For a single service (ASU only, ED only, Observation only) that spans the date from 9/30 to 10/1. The hospital will need to change all of the dates on the claim to ensure there is not a mix of dates prior to ICD-10 implementation verses post implementation on the claim.

Option 1: The hospital may have the date(s) in the statement from and thru date reflect 9/30 (or prior) and submit with ICD-9 codes.

or

Option 2: The hospital may have the date(s) in the statement from and thru date reflect 10/1 (or after) and submit the claim with ICD-10 codes.

For multiple services - The hospital may use the same strategy as outlined above or they may split observation, ED, and/or ASU services that occur in a single episode for the same patient into multiple claims.

Please be aware that this option will likely result in payment discrepancies but we have a plan to go back and adjust these scenarios to ensure they ultimately pay correctly.

Note:

1. The dates on any claim must not combine both pre and post implementation dates. The use of the code sets will be driven by the date on the claim - ICD-9 for dates of 9/30 or ICD-10 for 10/1.
2. Inpatient DRG cases are the exception - use of the code sets is driven by the date of discharge on the claim.