

ICD-10 by Provider Type

Physician Providers

Type of diagnosis codes used:	ICD
Type of procedure codes used:	СРТ
Prior approvals affected by ICD-10?	Yes
Claims affected by ICD-10?	Yes
Special considerations for this provider type:	Claims with dates of service that span October 1 must be split. Submit an ICD-9 claim with dates of service before October 1 and an ICD-10 claim for dates of service on and after October 1.
	Prior approvals do not need to be split, unless for DPH (Sickle Cell or EHDI.)
For more information:	https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10QuickStartGuide20150622.pdf
Examples*:	Combination Codes
	ICD-9 Codes:
	414.01 - Coronary atherosclerosis of native coronary artery
	411.1 - Intermediate coronary syndrome
	ICD-10 Code:
	I25.110 - Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

^{*} Note that examples provided are for illustrative purposes and do not constitute advice with regard to actual billing

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	Increased Specificity
	ICD-9 Code:
	V54.13 - Aftercare for healing traumatic fracture of hip
	ICD-10 Code:
	S72.044G - Non-displaced fracture of base of neck of right femur, subsequent encounter for closed fracture with delayed healing
	Laterality
	ICD-9 Code:
	174.5 - Malignant neoplasm of lower-outer quadrant of female breast
	ICD-10 Codes:
	C50.511 - Malignant neoplasm of lower-outer quadrant of right female breast
	C50.512 - Malignant neoplasm of lower-outer quadrant of <u>left</u> female breast
FAQs:	Q: I heard that hospital inpatient claims are an exception to the rule of using split claims over the October 1 transition to ICD-10, does this exception apply to inpatient physician charges as well or just the hospital charges?
	A: The exception to split claims only applies to the hospital charges, not physician charges. During the transition from ICD-9 to ICD-10 over October 1, hospital claims will be based on date of discharge, while physician/professional claims will be based on date of service, which means they must be split.

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