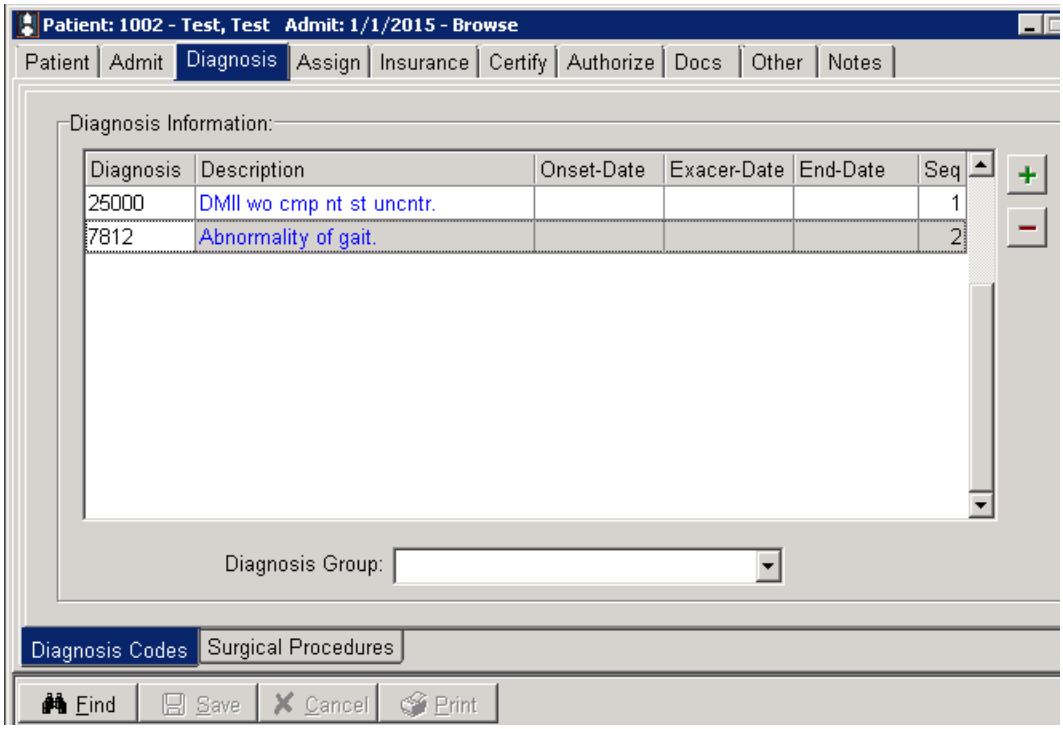
HomeCare Accounting Solutions

How should ICD-10 codes be entered for cross-over episodes?

Medicare systems will require HHAs to submit claims with the new ICD-10 codes for dates of service on or after 10/1/2015. For episodes that begin prior to 10/1/2015 raps may be submitted with ICD-9 codes but if the episode ends on or after 10/1/2015 the Finals must be submitted with ICD-10 codes. The steps below explain how to have the ICD-10 codes populate these claims correctly if your agency is not interfaced with a clinical software system.

Clients interfacing with clinical software will be entering the codes for cross-over episodes via a dual-coding worksheet in their clinical system and do NOT need to follow the steps in this FAQ.

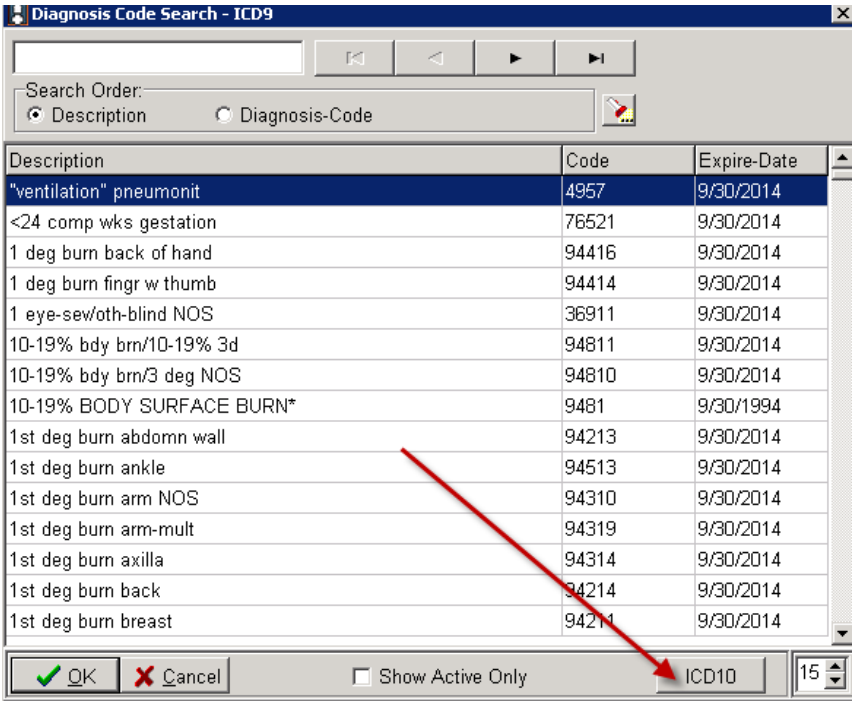
1. **For episodes that begin prior to 10/1/2015 but end on or after that date, the ICD-9 codes should be entered on the Diagnosis tab for the patient. ICD-9 codes now will appear in blue and ICD-10 codes appear in black. An error will appear if an ICD-10 code is added with an ICD-9 code ---having both versions on the tab together is not permitted.**

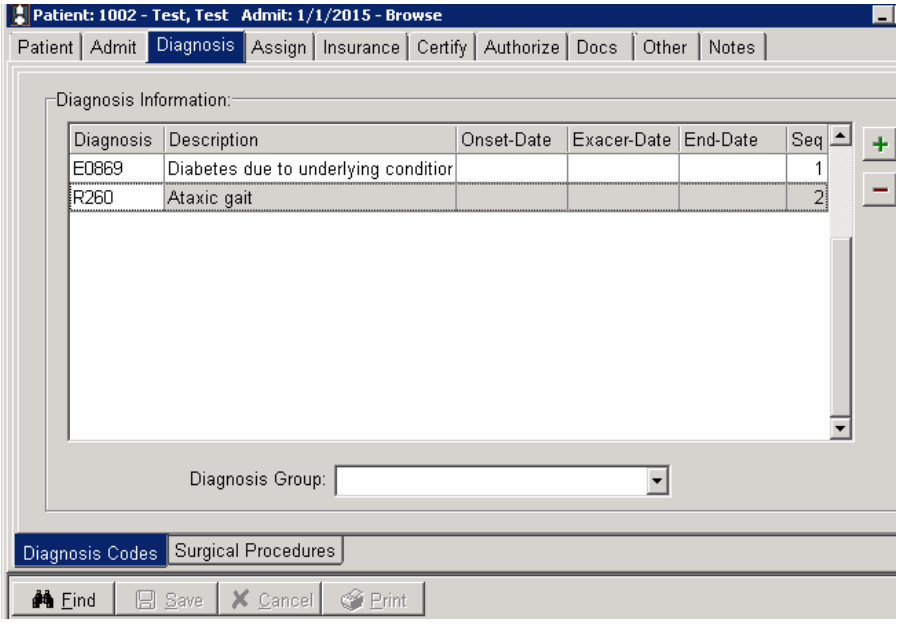


2. **After all ICD-9 codes are saved on the Diagnosis tab, the 485 Plan of Treatment and Oasis assessments should be entered on the Certify tab following normal process. The 485 must be saved with the ICD-9 codes.**

3. **After the 485 has been printed and the Oasis assessment entered the ICD-9 codes should be deleted from the Diagnosis tab.**

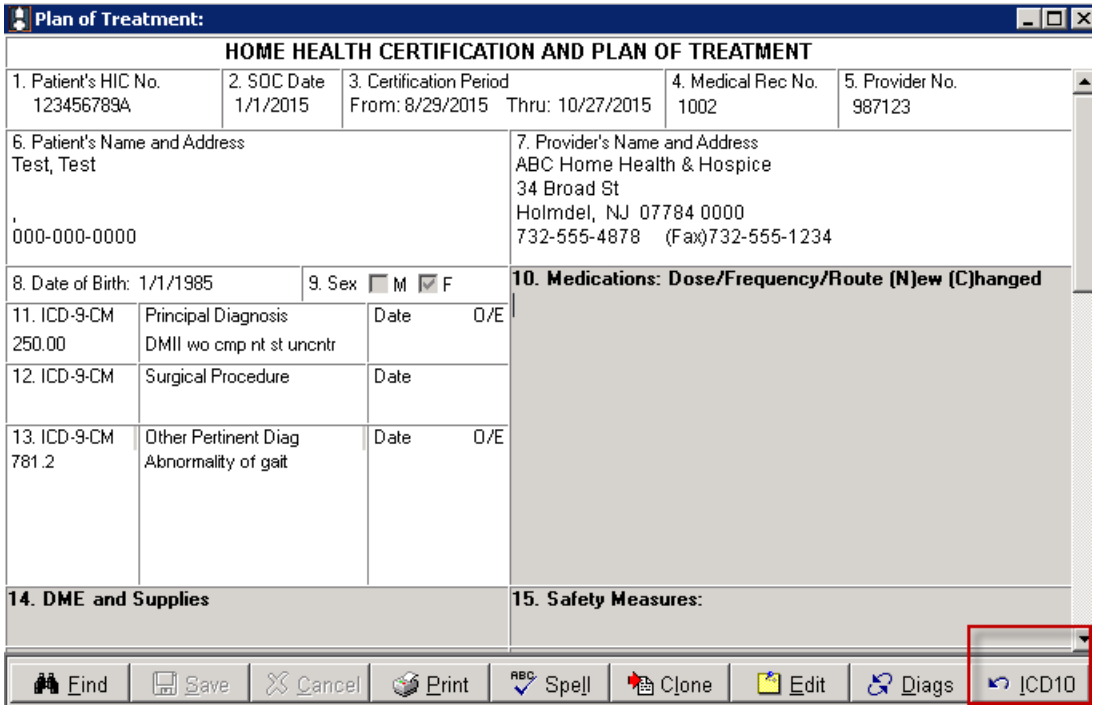
4. **After all ICD-9 codes are removed, add the ICD-10 codes. When clicking the Find button to search for a code, click on the "ICD10" button to toggle from the ICD-9 code search to the ICD-10 code search:**





5. **After the ICD-10 codes have been added in the Diagnosis tab, go to the Certify tab and in the Orders tab, select the order for the cross-over cert and click on the edit icon to open it.**

6. **In the Plan of Treatment, click on the ICD-10 button in the lower right corner of the menu and then the Diags button as you would normally do to update the codes in the treatment plan. Select No if prompted to abort the update.**



7. **The ICD-10 codes will appear in box 11 and box 13. Click Save. You can now toggle back and forth between the ICD- 9 and ICD-10 codes by clicking on the ICD9/10 button.**

8. **Billing audits and claims can now be generated as usual. On the Electronic Claim Submission reports the diagnosis codes are shown for review or you can click on the UB04 button to preview the claim. The Electronic Claim Submission Report will generate errors if ICD-9s are present on claims with service dates after 10/1/2015.**