

TODAY'S MESSAGE

ICD-10: ER AND OBSERVATION SERVICES, SPANNING COMPLIANCE DATE, CLARIFIED

NO INPATIENT STAY, TWO SEPARATE 837'S REQUIRED

As part of Highmark Blue Cross Blue Shield Delaware (Highmark Delaware's) ICD-10 preparedness activities the following information is provided to clarify emergency room (ER) and observation services completed in a hospital or acute care facility setting.

Should you have an emergency room visit including observation spanning the ICD pre and post compliance date (9-30-2015 through 10-1-2015); and, treatment does not result in an inpatient stay the 837 institutional (claims) must be billed/transmitted separately for these services. Highmark Delaware is following the Centers for Medicare and Medicaid Services (CMS) guidelines, regardless of outpatient reimbursement methodology. Links to those guidelines and supporting topics are located below.

Additionally, it is important that all coding and clinical documentation, included in the patient's medical record, be consistent with services billed. Highmark Delaware requires consistency in clinical and billed coding to the highest level of specificity of treatment, not family of codes.

For more information on this and other related topics, refer to Medicare Learning Network (MLN) Matters® articles [Medicare FFS Claims Processing Guidance for Implementing ICD-10](#) and [Institutional Services Split Claims Billing Instructions for Medicare FFS Claims that Span the ICD-10 Implementation Date](#); or visit the CMS website.