## ICD-10 by Provider Type

### Physician Providers

<table>
<thead>
<tr>
<th>Type of diagnosis codes used:</th>
<th>ICD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of procedure codes used:</td>
<td>CPT</td>
</tr>
<tr>
<td>Prior approvals affected by ICD-10?</td>
<td>Yes</td>
</tr>
<tr>
<td>Claims affected by ICD-10?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Special considerations for this provider type:</strong></td>
<td>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.)</td>
</tr>
</tbody>
</table>

### For more information:


### 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
### 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 left 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.

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