April 6, 2015

ICD-10 Coding and General Billing Reminders

The ICD-10 federal compliance date of **October 1, 2015**, is rapidly approaching. The time is now to complete your final preparations for implementation of the updated code set. To help you prepare for the impacts of ICD-10, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is publishing the following reminders.

Coding Reminders

Code all diagnosis and procedures to the greatest level of specificity possible.

Medical record documentation must support the code selection on the claim transactions.

General Billing Reminders

Blue Cross will not extend the timely filing deadlines or advance payments to any providers who fail to comply with the ICD-10 mandate. Claims must be submitted timely to Blue Cross. Any claims received after the timely filing period specified in your Participating Provider Service Agreement will be denied as provider liability. Please work with your software vendor and clearinghouse to make sure you are ready to submit ICD-10 coded claims by the compliance date.

Only one version of the code set (ICD-9 or ICD-10) is allowed per submitted claim.

ICD-9 only must be used on claims with service dates and inpatient discharge dates prior to October 1, 2015.

ICD-10 only must be used on claims with service dates and inpatient discharge dates October 1, 2015, and after.

Claims with service dates spanning October 1, 2015, must be submitted as two separate claims transactions with the exception of inpatient services. Please refer to CMS MLN Matters publication for more information: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf.

Use the correct code qualifier indicating whether the code is ICD-9 or ICD-10 for the code set being reported in the HIPAA transaction.

Review your claim acknowledgement reports timely to ensure claims have been correctly submitted and accepted by Blue Cross. Claims rejected on these reports must be corrected and submitted again. Claims rejected on acknowledgment reports are not considered submitted for timely filing purposes.

Use CMS resources for answers to common submission questions. The CMS resources can be found at http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html.

Additional information is available under the ICD-10 compliance link on our website at **providers.bluecrossmn.com**.

Questions?

If you have questions, please contact provider services at **(651) 662-5200 or 1-800-262-0820**.