

PROVIDER BULLETIN

PROVIDER INFORMATION



September 22, 2015

Revised: ICD-10 Coding Update and Final Reminders

The information in this Bulletin replaces Provider Bulletin P30-15 entitled “ICD-10 Coding Update and Final Reminders” that was published on August 5, 2015, and Provider Bulletin P12-15 entitled “ICD-10 Coding and General Billing Reminders” that was published on April 6, 2015. The purpose of this revision is to advise that Durable Medical Equipment (DME) billing for capped rentals or monthly supplies may span the ICD-10 compliance date of October 1, 2015. See the General Billing Reminders section for specific details.

The ICD-10 federal compliance date of **October 1, 2015**, is almost here. To help you with your final preparations for the impacts of ICD-10, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is publishing new information and final reminders.

New Information

- Beginning October 1, 2015, when submitting procedures for prior authorization (PA) requests you must submit the ICD-10 diagnosis code. PA requests submitted before October 1, 2015, must be submitted with the ICD-9 diagnosis code.
- Provider Policy and Procedure Manual references to ICD-9 codes have been updated to reflect the appropriate ICD-10 codes. To access the manual go to **providers.bluecrossmn.com** and select “Forms & Publications,” then “manuals.”
- Reimbursement policy references to ICD-9 codes will be updated to reflect the appropriate ICD-10 codes. The updates will be completed prior to October 1, 2015. To access reimbursement policy documents go to the “Tools and Resources” section of **providers.bluecrossmn.com**.
- Providers having difficulty with claim submission software after the compliance date may use the “free of charge” claim submission entry on the Availity provider portal to submit their claims. This process does require registration but is easy to use and is fully tested for ICD-10 functionality. For more information, visit **availity.com**.

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

Due to the impacts to our subscribers, 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 the October 1, 2015, compliance date must be submitted as two separate claims transactions unless the exceptions noted below apply:

1. Inpatient facility claims (837I). Submit the ICD version based upon the discharge date (or last date of service if the submission is for an interim bill).
2. DME billing for certain items or supplies (such as capped rentals or monthly supplies) may span the ICD-10 compliance date of October 1, 2015 (i.e., the FROM date of service occurs prior to 10/1/2015 and the TO date of service occurs after 10/1/2015). Use ICD-9 codes if the FROM date of service is prior to October 1, 2015.

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.

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**.