ICD-10 Alert!
The U.S. Department of Health and Human Services (HHS) published a final ruling in early August 2014, confirming an Oct. 1, 2015, mandated transition to ICD-10. As of this compliance deadline, all Health Insurance Portability and Accountability Act (HIPAA) covered entities must use ICD-10 on claims and other health care transactions.

- ICD-10-CM will replace ICD-9-CM for diagnosis coding in all health care settings. ICD-10-PCS will replace ICD-9-CM for inpatient procedure coding.
- Outpatient and professional ICD-10 coding is based on date of service; inpatient institutional ICD-10 coding is based on date of discharge.
- Outpatient and professional claims will need to be split if services dates span the compliance date.
- Use of other codes, such as Current Procedural Terminology (CPT®), HCPCS and Revenue Codes will not be affected by the transition to ICD-10.

Blue Cross and Blue Shield of Montana (BCBSMT) has diligently worked to be prepared to meet mandated ICD-10 timelines and requirements. System and business process changes to accommodate transactions with ICD-10 codes have been implemented and we have successfully conducted testing with selected providers and clearinghouses.

WHAT DOES THIS MEAN TO YOU?
ICD-10 is really happening. It is a federal requirement that you comply, regardless of what kind of health insurance your patients have. BCBSMT will begin accepting ICD-10 codes as of Sept. 21, 2015, for benefit preauthorization requests for services that will be rendered on or after Oct. 1, 2015. Valid ICD-10 codes must be included on claims submitted to BCBSMT for dates of service or inpatient discharge dates on or after Oct. 1, 2015. Claims without valid ICD-10 codes, as required, will not be accepted by BCBSMT.

TAKE ACTION NOW!
If you haven’t started getting ready, we urge you to take immediate action. Here are some things you can do, right now – especially if you haven’t yet started to prepare for the transition to ICD-10:

- Obtain ICD-10 coding manuals.
- Identify the ICD-9 codes you use most often today and compare to ICD-10: What’s the same? What’s different?
- Seek training for all areas of your practice to help improve documentation, coding and billing.
- Talk to your practice management software vendor – have all updates been made?
- If you use a billing service and/or clearinghouse, talk with them, too – are they prepared to support ICD-10? If not, it may be time to find a new vendor.

LEARN MORE FROM THE SOURCE
The Centers for Medicare & Medicaid Services (CMS) offers complimentary ICD-10 readiness resources to assist you. Refer to the Concise Guide to CMS ICD-10 Resources at https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ResourcesFlyer20150817.pdf for links to a Quick Start Guide, the CMS ‘Road to 10’ site, a Basics for Small and Rural Practices reference guide, instructional videos, specialty-specific flyers, tips on communicating with your billing service or clearinghouse, instructions on how to sign up to receive email updates from CMS, and more.

BCBSMT RESOURCES
Assess your readiness. Review implementation details. Stay informed. Visit the ICD-10 page in the Standards and Requirements section of our website at bcbsmt.com/provider for answers to frequently asked questions, among other resources. Also watch the Capsule News and News and Updates on our Provider website for announcements. If you need assistance with ICD-10 questions, email us at icd@bcbsmt.com, or contact your assigned Provider Network Representative.

CPT copyright 2014 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

September 2015