ICD-10 Overview: What Does It Mean to You?

Blue Cross of Northeastern Pennsylvania is planning for implementation of the HIPAA 5010 and ICD-10 regulations that take effect October 1, 2014. You should be aware of these regulations and the impact they will have on your claims submissions and electronic transactions with payers. We will continuously update you on our implementation plans as well as impacts, changes, and timeframes essential for compliance with both HIPAA 5010 and ICD-10.

Centers for Medicare & Medicaid Services (CMS) Federal rule requires that ICD-10 diagnosis and procedure codes replace ICD-9 codes for services starting October 1, 2014. Highlights of the ICD-10 regulation include:

- Number of diagnosis codes increases from 13,000 to 68,000; size increases to up to 7 alpha numeric characters. (ICD-10 diagnosis codes apply to professional & institutional claims.)
- Number of procedure codes increases from 3,000 to 87,000; size increases to 7 alpha numeric characters. (ICD-10 procedure codes used for institutional claims only.)
- HCPCS/CPT procedure codes are not impacted.

How does this affect your office?

This increase in codes could impact provider coding productivity, benefit-driven, present on admission and unspecified codes as well as date span billing before or after the October 1, 2014 effective date.

We will explore these topics and others as we continue to update our ICD-10 website on www.bcnepa.com and Provider Bulletin newsletter regarding the status of HIPAA 5010 and ICD-10 implementation.

In addition, please work with your vendor/clearinghouse and share all pertinent HIPAA 5010 and ICD-10 information accordingly.

The October 1, 2014 ICD-10 compliance date is not far off. So if you haven’t done so already, contact your practice management system vendor to establish a comprehensive strategy to successfully transition to the October 1, 2014 ICD-10 compliance date.