



Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

Standard Code Sets

Blue Cross Blue Shield of North Dakota (BCBSND) accepts and uses the standard code sets identified by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. These standard code sets were listed in the *Final Rule, Federal Register, August 17, 2000 (Volume 65, Number 160)*. The standard code sets are as follows:

- ICD-9-CM Volumes 1 and 2 (including The Official ICD-9-CM Guidelines for Coding and Reporting) is the required code set for diseases, injuries, impairments, other health problems and their manifestations, and causes of injury, disease, impairment or other health problems.
- ICD-9-CM Volume 3 Procedures (including The Official ICD-9-CM guidelines for Coding and Reporting) is the required code set for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals: prevention, diagnosis, treatment and management.
- The National Drug Code Directory (NDC) is the required code set for drugs and biologics when services are billed to the pharmacy provider. When pharmacy services are billed on the CMS-1500 or UB-04, the appropriate CPT[®] or HCPCS code should be used.
- The Code on Dental Procedures and Nomenclature is the code set for dental services.
- The combination of HCPCS and CPT[®] is the required code set for physician services and other health care services.
- HCPCS is the required code set for other substances, equipment, supplies and other items used in health care services.

ICD-9-CM refers to the International Classification of Diseases, Ninth Revision, Clinical Modification. This is a two-part system of coding patient information used in abstracting systems and for classifying patients into diagnosis-related groups (DRGs) for CMS and BCBSND. The first part of the ICD-9-CM is a list of diseases; the second part contains procedure codes, independent of disease codes.

HCPCS refers to the Healthcare Common Procedure Coding System. There are three types of HCPCS codes. Level I codes are based on the Current Procedural Terminology coding system developed by the American Medical Association (AMA). Level II and III codes, which include supplies, drugs and devices, are developed by CMS in collaboration with the Health Insurance Association of America and the Blue Cross Blue Shield Association.

CPT® refers to Current Procedural Terminology, Fourth Edition, and is copyrighted by the AMA. CPT® is a listing of descriptive terms and identifying codes for reporting medical services and procedures. The purpose of the terminology is to provide a uniform language to accurately describe medical, surgical and diagnostic services.

The most current version of each code set must be used and services coded to the required level of specificity. Code sets are updated based on release of new codes by the owners of those code sets (AMA, CMS, etc.). Codes cannot be used prior to their effective date or after their termination date.