

Affected Programs: BadgerCare Plus, Medicaid

To: School-Based Services Providers, HMOs and Other Managed Care Programs

School-Based Services Providers Will Be Required to Use ICD-10-CM Diagnosis Codes on Claims with Dates of Service on and After October 1, 2015

ForwardHealth is implementing the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) code set on October 1, 2015, per federal mandate. All school-based services providers will be required to indicate ICD-10-CM diagnosis codes on claims with dates of service on and after October 1, 2015.

In July 2014, the Centers for Medicare and Medicaid Services (CMS) issued a rule finalizing October 1, 2015, as the compliance date for health care providers, health plans, and health care clearinghouses to transition to the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) code sets. As a result, ForwardHealth will implement the ICD-10-CM code set on October 1, 2015.

All school-based services (SBS) providers will be required to use ICD-10-CM diagnosis codes on claims submitted to ForwardHealth with dates of service (DOS) on and after October 1, 2015.

School-based services claims submitted with DOS on and after October 1, 2015, will require the most appropriate, valid, and specific ICD-10-CM diagnosis code. Claims with DOS on and after October 1, 2015, that use an *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code, such as 999.9 (Other and

unspecified complications of medical care, not elsewhere classified), will be denied. To receive reimbursement for a claim that was denied, it must be corrected and submitted as a new claim.

An Overview of ICD-10-CM Codes

The presentation format for ICD-10-CM codes includes three to seven characters consisting of either letters or numbers. The first three characters represent or identify categories. Characters four through seven will identify subcategories. In order for a code to be valid, it must reflect the highest number of required characters indicated by the ICD-10-CM Manual. If a provider uses a code that is not valid (to the level of characters required) under ICD-10-CM, ForwardHealth will deny the claim, and the provider (or the third-party biller) must resubmit the claim using a valid ICD-10-CM code.

When discussing ICD-10-CM, the level of detail is expressed as the level of “specificity.” With ICD-9-CM, the most specific code available may have indicated a specific disease. With ICD-10-CM, providers are prompted to indicate the specific disease with added levels of detail such as laterality or duration of the disease. This level of detail is reflected by additional characters in the subcategory of the code, characters four through seven. As previously indicated, for a code to be valid, the provider will be required to choose the

code to the greatest level of characters required (level of specificity). For some codes, this could be as few as three characters, and for others, it may not be valid unless all seven characters are included.

A diagnosis code can be valid, at its highest level of specificity, and still have a definition or description of “unspecified” or “not otherwise specified.” If a more specific diagnosis code cannot be reasonably selected, a more general valid ICD-10-CM code is acceptable.

Determining Diagnosis Codes

Every SBS claim submitted with a DOS on and after October 1, 2015, will require the most appropriate, valid, and specific ICD-10-CM diagnosis code in order to explain why the service was performed; therefore, while it is the responsibility of every school district to have policies that reflect its own resources and capabilities, ForwardHealth recommends that the provider who administered the service should document the reason it was provided and select the most appropriate diagnosis code to be indicated on the claim. As a reminder, the provider who administered the service should be able to provide adequate documentation to establish medical necessity and to attest to the proper reimbursement of services.

Some school districts have expressed concern that determining a specific diagnosis code to use on a claim would be diagnosing a student’s medical condition. The requirement to use an ICD-10-CM diagnosis code is a billing requirement to explain the reason the student was seen for a specific service. It is not intended to diagnose a student’s medical condition, nor does it need to match the diagnosis that made the student eligible for Medicaid services, as long as the services performed are valid for the student’s areas of impairment under state or federal special education laws and are included in the student’s Individualized Education Program (IEP).

For example, a student may have a medical diagnosis of cerebral palsy and may be receiving speech and language pathology (SLP) for mixed receptive-expressive language

disorder. The claim submitted for the SLP service should include the most appropriate ICD-10-CM diagnosis code indicating why the SLP service is being performed, not the diagnosis code for the student’s overall treatment. For this example, the provider should enter the appropriate ICD-10-CM diagnosis code of F80.2 for a mixed receptive-expressive language disorder, rather than the diagnosis code for cerebral palsy.

To support SBS providers with this transition, the Attachment of this *ForwardHealth Update* contains a list of commonly used ICD-10-CM diagnosis codes for SBS services. This is not an all-inclusive list. Providers should use all available recorded documentation and clinical knowledge of the student’s condition to determine the most appropriate, valid, and specific ICD-10-CM diagnosis code, which may not be on this list. This may include, but is not limited to, the student’s IEP, knowledge of the student’s condition, documentation from face-to-face sessions, prescriptions from physicians if applicable, and coordination of care with other providers to make this determination.

Contact the Appropriate Billing Entity or Software Vendor

School-based services providers are encouraged to forward this *Update* to the appropriate technical or Electronic Data Interchange (EDI) contact person or department within their school district, to their billing service or clearinghouse, and/or to their software vendor. Each Health Insurance Portability and Accountability Act of 1996 (HIPAA)-covered entity (i.e., provider, payer, or clearinghouse) is responsible for understanding how ICD-10-CM will affect billing and reimbursement, including software impacts, and for preparing accordingly using CMS, ForwardHealth, and other available resources.

Available ForwardHealth Resources

Providers are responsible for keeping current with diagnosis code changes. Several resources are available from private and professional organizations. In addition, ForwardHealth has the following resources available:

- A list of frequently asked questions regarding the ICD-10-CM transition for SBS providers can be found on the School-Based Service Providers Resource page at www.forwardhealth.wi.gov/WIPortal/content/Provider/medicaid/SBS/resources_12.htm.spage.
- Webcasts for SBS providers, which will be posted on the School-Based Service Providers Resource page.
- Special add-on Brown Bag Lunch Series online training sessions for providers regarding ICD-10 readiness on July 21, and August 18, 2015. Refer to the March 2015 *Update (2015-15)*, titled “Upcoming Training Sessions Available for Providers Regarding *International Classification of Diseases, 10th Revision* Readiness,” for more information.
- An email address for interested parties to submit ICD-10-CM questions to ForwardHealth has been established. To send an inquiry, click the Submit an ICD-10 Question to ForwardHealth on the School-Based Service Providers Resource page or email the question directly to VEDSICD10Support@wisconsin.gov.

Note: Resources provided by CMS include the CMS 2015 diagnosis and procedure code general equivalency mappings (GEMS), which providers may use to obtain ICD-10-CM codes, if needed. The GEMS are free of charge and may be accessed at www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html or from the ICD-10 Code Set Transition home page of the Portal.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our website at www.forwardhealth.wi.gov/.

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ATTACHMENT

Common ICD-10-CM Codes for School-Based Services

The following table includes a list of commonly used *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) diagnosis codes for school-based services (SBS). **This list is not all-inclusive**; SBS providers should identify and use the most appropriate, valid, and specific ICD-10-CM diagnosis code to identify why a service was provided to a student.

Common ICD-10-CM Diagnosis Codes and Descriptions for School-Based Services	
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
Q90.9	Down syndrome, unspecified
Q89.9	Congenital malformation, unspecified
G71.0	Muscular dystrophy
Q05.9	Spina bifida, unspecified
M41.20	Other idiopathic scoliosis, site unspecified
G80.9	Cerebral palsy, unspecified
M62.89	Other specified disorders of muscle
G81.90	Hemiplegia, unspecified affecting unspecified side
G80.0	Spastic quadriplegic cerebral palsy
M62.81	Muscle weakness (generalized)
H54.8	Legal blindness, as defined in USA
H54.7	Unspecified visual loss
H90.2	Conductive hearing loss, unspecified
H90.5	Unspecified sensorineural hearing loss
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.3	Sensorineural hearing loss, bilateral
H91.90	Unspecified hearing loss, unspecified ear
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.0	Phonological disorder
H93.25	Central auditory processing disorder
F80.89	Other developmental disorders of speech and language
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood onset fluency disorder
J38.1	Polyp of vocal cord and larynx

Common ICD-10-CM Diagnosis Codes and Descriptions for School-Based Services

F81.9	Developmental disorder of scholastic skills, unspecified
R48.0	Dyslexia and alexia
F81.0	Specific reading disorder
F31.9	Bipolar disorder, unspecified
F29	Unspecified psychosis not due to a substance or known physiological condition
F84.8	Other pervasive developmental disorders
F84.5	Asperger's syndrome
F91.8	Other conduct disorders
F91.3	Oppositional defiant disorder
F93.8	Other childhood emotional disorders
F94.1	Reactive attachment disorder of childhood
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F93.9	Childhood emotional disorder, unspecified
F84.0	Autistic disorder
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
R53.81	Other malaise
R53.83	Other fatigue
R53.1	Weakness
R53.82	Chronic fatigue, unspecified
R62.50	Unspecified lack of expected normal physiological development in childhood
R26.0	Ataxic gait
R26.1	Paralytic gait
R27.8	Other lack of coordination
R62.0	Delayed milestone in childhood
F82	Specific developmental disorder of motor function
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development
S06.9X9S	Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela
S01.90XS	Unspecified open wound of unspecified part of head, sequela