SECTION V.9　　　ICD-10 Code Policy & Procedures
(For obtaining codes prior to October 1, 2015)

A. Policy

All Choices for Care (CFC) Moderate Needs participants must have a billable ICD-10 diagnosis code that relates to their need for moderate need services.

The Case Manager shall obtain and record the ICD-10 code on all Moderate Needs Group Service Request and Authorization form.

B. Definition

ICD-10 replaces the ICD-9 code sets and includes updated medical terminology and classification of diseases.

ICD-10 codes are a method of coding an individual's state of health and institutional procedures. ICD-10 codes provide more information per code and provide better support for care management, quality measurement and analytics. There is an improved ability to understand risk and severity using these codes.

The detail captured by ICD-10 can facilitate patient care coordination across settings and improve public health reporting and tracking.

ICD codes for the purpose of CFC Moderate Needs Group must be related to the participant's need for moderate need services. This means that the code must match or be closely related to the reason for CFC Moderate Needs functional eligibility. Example: A participant has had a long standing history of cardiac dysrhythmia and high blood pressure, but been experiencing functional limitations resulting from a gradual decline of short term memory. The accurate ICD code would be for vascular dementia.
ICD-9 code = 290.40 Vascular dementia, uncomplicated
ICD-10 code = F501.50 Vascular dementia without behavioral disturbance

For more information visit the Centers for Medicare and Medicaid Services:
http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html?gclid=CjgKEAjwuMmdBRDljdf i2_qQpxkSJADDCRwsZRbXpYFzq0w33xl7g7OBDlyX3yJm02zF0tvFHERWZPD_BwE

C. Procedure

1. **Initial Service Request**

   A. The Case Manager will ensure that the current ICD-9 code relates to the
       Individual's need for moderate needs services and will use the code translator to obtain the ICD-10 code, if necessary.

The following sites may be used to look up codes:

- **ICD-9 Look up:** http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx
- **ICD-10 code look up**: http://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx

  *The following site may be used to **translate** codes from ICD-9 to ICD-10:*
  (This resource is a non-qualified source and providers need to be conscious that it should only be used subjectively) https://www.aapc.com/icd-10/codes/

B. If the Case Manager is unsure what diagnosis and ICD-9 code relates to the individual's need for moderate needs services, then the Case Manager shall contact the participant's primary care physician to obtain an ICD-9 and/or ICD-10 code that relates to their need for services. Some examples: Osteoporosis, Arthritis, Diabetes, Alzheimer's Dementia, Vascular Dementia etc. If the physician has an ICD-9 code, but no ICD-10 code, then the Case Manager can use the ICD-10 code translator.

C. The Case Manager shall include the ICD-9 and ICD-10 code on the applicable service request and authorization form until the official change to ICD-10 on 10/1/15. After 10/1/15 only an ICD-10 code is needed.

D. The DAIL Independent Living Services Consultant will enter the ICD-9 and 10 code into the SAMS database in the care plan when doing utilization review and processing the service authorization.

2. **Reassessment/Change of Service Request**

   A. If there has been a change in an individual's diagnosis related to the need for moderate need services at the time of reassessment or during a significant change, the Case Manager will ensure that the current ICD-9 relates to the individual's need for moderate needs services and will use the code translator to obtain the ICD-10 code.

   The following sites may be used to look up codes:

   - **ICD-9 Look up:** http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx
   - **ICD-10 code look up**: http://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx

     *The following site may be used to **translate** codes from ICD-9 to ICD-10:*
     (This resource is a non-qualified source and providers need to be conscious that it should only be used subjectively) https://www.aapc.com/icd-10/codes/

   B. If the Case Manager is unsure what diagnosis and ICD-9 code relates to the individual's need for moderate needs services, then the Case Manager shall contact the participant's primary care physician to obtain an ICD-9 and ICD-10 code that relates to

their need for services. If the physician has an ICD-9 code, but no ICD-10 code, then the Case Manager can use the ICD-10 code translator.

C. The Case Manager shall include the <u>ICD-9 and ICD-10</u> code on the applicable service authorization request form until the official change to ICD-10 on 10/1/15. After 10/1/15 only the ICD-10 code is needed.

D. The DAIL Independent Living Services Consultant will enter the ICD-9 and10 code into the SAMS database in the care plan when doing utilization review and processing the service authorization request.

3. Changing to another CFC Option

1. The Case Manager shall obtain an ICD-10 code that applies to the individual's need for the service option the individual is transitioning to (i.e. Attendant Services or Long Term Care).

2. If the ICD-10 code is not available, obtain the ICD-9 code that relates to their need for long term services and supports or attendant services and use the code translator to obtain the ICD-10 code.

      The following sites may be used to look up codes:
   *   **ICD-9 Look up:** http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx
   *   **ICD-10 code look up:** http://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx

      *The following site may be used to **translate** codes from ICD-9 to ICD-10:*
      (This resource is a non-qualified source and providers need to be conscious that it Should only be used subjectively) https://www.aapc.com/icd-10/codes/

3. The Case Manager shall include the <u>ICD-9 and ICD-</u>10 code on the applicable service authorization request until the official change to ICD-10 on 10/1/15. After 10/1/15 only an ICD-10 code is needed.

4. The DAIL LTCCC will enter the ICD-9 and ICD-10 code into the SAMS database in the care plan when doing utilization review and processing the service plan authorization for the new option if Long Term Services and Supports.

5. The DAIL Independent Living Services consultant will enter the ICD-9 and ICD-10 code into the SAMS database in the care plan when processing the service authorization for Attendant Services.