<u>SECTION V.16</u>   ICD-10 Code Policy & Procedures
(*For obtaining codes prior to October 1, 2015*)

A. <u>Policy</u>

All Choices for Care (CFC) High/Highest participants must have a billable ICD-10 diagnosis code that relates to their need for long term services and supports.

The Case Manager, AFC Provider or ERC Provider shall obtain and record the ICD-9 and 10 codes on all Home based, Adult Family Care and Enhanced Residential Care service plans.

The Transition II Consultant or Nurse shall obtain and record the ICD-9 and 10 codes on the Allowance form for participants enrolled in the Flexible Choices option.

The DAIL LTCCC, at time of clinical assessment, shall obtain the ICD-9 and 10 codes from the nursing facility medical record and record it in the SAMS care plan.

B. <u>Definition</u>

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-9 and 10 codes for the purpose of CFC must be related to the participant's need for long term services and supports. This means that the code must match or be closely related to the reason for CFC functional eligibility. Example: A participant with a long history of hypertension had a stroke with right sided paralysis. The client is clinically eligible for CFC due to the functional limitations resulting from the stroke. The accurate ICD code would be for stroke with right sided paralysis instead of hypertension.

ICD-9 code = 438.21 Late effects if cerebrovascular disease; hemiplegia affecting dominant side
ICD-10 code = I69.351 Hemiplegia/hemiparesis following cerebral infarction affecting right dominant side.

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. <u>Procedure</u>

1. Home Based

Initial Service Plan for Traditional Home Based, Adult Family Care and Flexible Choices Allowance Procedure

A. The Case Manager, Consultant or AFC Provider will ensure that the current ICD-9 code relates to the individual's need for long term care 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
- **<u>The following site may be used to translate codes from ICD-9 to ICD-10</u>**: <u>(This resource is a non-qualified source and providers need to be conscious that it should only be used subjectively</u>) https://www.aapc.com/icd-10/codes/

B. If the Case Manager, Consultant or AFC Provider is unsure what diagnosis and ICD-9 and 10 code relates to the individual's need for long term care, then the Case Manager or Consultant shall contact the participant's primary care physician to obtain an ICD-9 and ICD-10 code that relates to their need for long term care and need for physical functional assistance. Some examples: Quadriplegia, Multiple Sclerosis, Muscular Dystrophy, Alzheimer's Dementia, Vascular Dementia etc. If the physician has an ICD-9 code, but no ICD-10 code, then the Case Manager or Consultant can use the ICD-10 code translator.

C. The Case Manager, Consultant or AFC Provider shall include the ICD-9 <u>and</u> ICD-10 code on the applicable service plan or allowance until the official change to ICD-10 on 10/1/15. After 10/1/15 only an ICD-10 code will be needed.

D. The DAIL LTCCC Nurse will enter the ICD-9 and 10 code into the SAMS database in the care plan when doing utilization review and processing the service plan or allowance authorization.

Reassessment/Change Service Plan for Traditional Home Based, Adult Family Care and Flexible Choices Allowance

A. If there has been change in an individual's diagnosis related to long term care at the time of reassessment or during a significant functional change, the Case Manager, Consultant or AFC Provider will ensure that the current ICD-9 code relates to the individual's need for long term care 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-coveragdatabase/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, Consultant or AFC Provider is unsure what diagnosis and ICD-9 and 10 code relates to the individual's need for long term services and supports, then the Case Manager or Consultant shall contact the participant's primary care physician to obtain an ICD-9 and ICD-10 code that relates to their need for long term care and need for physical functional assistance. Some examples: Quadriplegia, Multiple Sclerosis, Muscular Dystrophy, Alzheimer's Dementia, Vascular Dementia etc. If the physician has an ICD-9 code, but no ICD-10 code, then the Case Manager or Consultant can use the ICD-10 code translator.

C. The Case Manage, Consultant or AFC Provider shall include the ICD-9 and ICD-10 code on the applicable service plan or allowance until the official change to ICD-10 on 10/1/15. After 10/1/15 only an ICD-10 code is necessary.

D. The DAIL LTCCC Nurse will enter the ICD-9 and 10 code into the SAMS database in the care plan when doing utilization review and processing the service plan or allowance authorization.

2. Enhanced Residential Care

Initial Service Plan

1. The ERC Provider shall ensure that the current ICD-9 code relates to the individual's need for long term services and supports 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-coveragdatabase/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/

2. If the ERC Provider is unsure what diagnosis and ICD-9 and 10 code relates to the individual's need for long term services and supports, then the ERC Provider shall contact the participant's primary care physician to obtain an ICD-9 and 10 code that relates to their need for long term services and supports and need for physical functional assistance. Some examples: Quadriplegia, Multiple Sclerosis, Muscular Dystrophy, Alzheimer's Dementia, Vascular Dementia etc. If the physician has an ICD-9 code, but no ICD-10 code, then the ERC Provider can use the ICD-10 code translator.

3. The ERC Provider shall include the ICD-9 and ICD-10 code on the service plan until the official change to ICD-10 on 10/1/15. After 10/1/15 only an ICD-10 code is necessary.

4. The DAIL LTCCC Nurse will enter the ICD-9 and 10 code into the SAMS database in the care plan when doing utilization review and processing the service plan authorization.

Reassessment/Change

1. If there has been a change in an individual's diagnosis related to long term services and supports at the time of reassessment or during a significant functional change, the ERC Provider will ensure that the current ICD-9 and 10 codes relate to the individual's current need for long term services and supports and will use the code look up.

    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-coveragdatabase/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/

2. If the ERC Provider is unsure what diagnosis and ICD-9 and 10 codes relate to the individual's need for long term services and supports, then the ERC Provider shall contact the participant's primary care physician to obtain an ICD-9 and ICD-10 code that relates to their need for long term care and need for physical functional assistance. Some examples: Quadriplegia, Multiple Sclerosis, Muscular Dystrophy, Alzheimer's Dementia, Vascular Dementia etc. If the physician has an ICD-9 code, but no ICD-10 code, then the ERC Provider can use the ICD-10 code translator.

3. The ERC Provider shall include the ICD-9 and ICD-10 code on the service plan or allowance until the official change to ICD-10 on 10/1/15. After 10/1/15 only an ICD-10 code is necessary.

4. The DAIL LTCCC Nurse 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. .

3. **Nursing Facility**

Initial Assessment/Reassessment

1. At the time of clinical assessment, the DAIL LTCCC shall obtain the ICD-9 and 10 codes from the medical record.

2. If the ICD-10 code is not available, obtain the ICD-9 code that relates to their need for long term care 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-covdatabase/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 DAIL LTCCC Nurse will enter both the ICD-9 and ICD-10 code in the nursing facility care plan of the SAMS client record after the financial eligibility notice has been received.

    Change of setting to another CFC Option

1. The Case Manager, Consultant, AFC or ERC Provider shall ensure that the current ICD-10 code continues to apply to the individual's need for long term services and supports at the time of the change of setting (CFC option) occurs..

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 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, consultant, AFC or ERC Provider shall include the ICD-9 and10 code on the applicable service plan or allowance until the official change to ICD-10 on 10/1/15. After 10/1/15 only and ICD-10 code is necessary.

4. The DAIL LTCCC Nurse will enter the ICD-9 and 10 code into the SAMS database in the care plan when doing utilization review and processing the service plan or allowance authorization.