ICD-10 Coding for Claims Processing and Prior Authorizations

Information posted September 8, 2015

Note: The Health and Human Services Commission (HHSC) has requested that TMHP publish the following information.

Note: This article applies only to documents submitted to TMHP for processing. Refer to the Medicaid managed care organizations (MCO) for information about benefits, limitations, prior authorization, reimbursement, and MCO specific claim processing procedures.

On October 1, 2015, the Texas Medicaid & Healthcare Partnership (TMHP) will implement the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) updates effective for dates of service on or after October 1, 2015, and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) updates effective for inpatient hospital dates of discharge on or after October 1, 2015. This article provides a summary of the ICD-10-CM and ICD-10-PCS implementation as it applies to prior authorization requests and claims submitted to TMHP.

What Providers Need to Know

- The ICD-10-CM implementation affects diagnosis coding on all CMS-1500, CMS-1450 outpatient, 2017 EPHC and DFPP, and ADA claim forms.
- The ICD-10-PCS implementation affects surgical procedure coding on all CMS-1450 inpatient hospital claim forms.
- The ICD-10-CM and ICD-10-PCS implementation is for coding diagnoses and inpatient hospital surgical procedures only. Providers must continue to use the current CPT, HCPCS, or CDT manuals to code for services rendered (i.e., procedure codes for professional and outpatient services and revenue codes for inpatient and outpatient facility charges).
- Submitted diagnoses must be coded at the highest level of specificity using the most appropriate 3- to 7-digit ICD-10-CM diagnosis code.

Claims Processing

Professional and outpatient claims: must be submitted with the appropriate ICD diagnosis code based on the date of service:

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>ICD Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>For dates of service on or before September 30, 2015</td>
<td>Use ICD-9-CM diagnosis</td>
</tr>
<tr>
<td>For dates of service on or after October 1, 2015</td>
<td>Use ICD-10-CM diagnosis</td>
</tr>
</tbody>
</table>

Inpatient hospital claims: must be submitted with the appropriate ICD diagnosis code or ICD surgical procedure code based on the date of discharge:

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>ICD Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>For dates of discharge on or before</td>
<td>Use ICD-9-CM diagnosis or ICD-9-CM</td>
</tr>
</tbody>
</table>
surgical procedure codes

<table>
<thead>
<tr>
<th>September 30, 2015</th>
<th>surgical procedure codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For dates of discharge on or after October 1, 2015</strong></td>
<td>Use ICD-10-CM diagnosis or ICD-10-PCS surgical procedure codes</td>
</tr>
</tbody>
</table>

- Claims must contain either ICD-9 diagnosis codes or ICD-10 diagnosis codes, not both. Services rendered on or before September 30, 2015, must be submitted on a separate claim from services rendered on or after October 1, 2015.
- Claim appeals must be submitted using the appropriate ICD diagnosis or surgical procedure (inpatient only) based on the date of service or date of discharge (inpatient only).

**Prior Authorizations**

Prior authorizations must be submitted with the appropriate ICD diagnosis code based on the date TMHP receives the prior authorization request regardless of the date of service:

*Note: Prior authorization requests completed on or after September 1, 2015, providers can include both the ICD-9-CM diagnosis code and its corresponding ICD-10-CM diagnosis code on the request to facilitate accurate processing. The inclusion of both ICD-9 and ICD-10 codes only applies to prior authorization requests. Claims must be coded according to the date of service.*

<table>
<thead>
<tr>
<th>ICD Diagnosis Coding</th>
<th>Prior Authorization Request Receipt Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM diagnosis</td>
<td>Request received by TMHP on or before September 30, 2015</td>
</tr>
<tr>
<td>ICD-10-CM diagnosis</td>
<td>Request received by TMHP on or after October 1, 2015</td>
</tr>
</tbody>
</table>

**Important:** All prior authorization forms submitted to TMHP must adhere to these guidelines, including, but not limited to the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form and the CCP Prior Authorization Request Form.

- Prior authorization requests received on or before September 30, 2015 will continue to be valid with the ICD-9 diagnosis code until the prior authorization expires. For dates of service on or after October 1, 2015, claims related to these authorizations must be submitted with ICD-10-CM diagnosis codes.
- New prior authorization requests or requests to extend existing authorizations received by TMHP on or after October 1, 2015 must contain ICD-10 diagnosis codes.
- Providers must submit prior authorization requests using the most current version of the forms available on the TMHP-Forms web page and the TMHP-CSHCN Forms web page.
- Children with Special Health Care Needs (CSHCN) Services Program Providers may refer to the article titled “Effective September 1, 2014, Only Prior Authorization Forms with a May 2014 Version Date Will be Accepted by CSHCN,” which was published on this website on July 18, 2014, for a list of prior authorization forms for the CSHCN Services Program.
Medicaid providers may refer to the article titled “Effective September 1, 2014, Only Prior Authorization Forms with a May 2014 or June 2014 Version Date will be Accepted for Texas Medicaid,” which published on this website on July 18, 2014, for a list of prior authorization forms for Texas Medicaid.

Example

The following example is for a prior authorization received by TMHP on June 26, 2015. The authorization request was approved for dates of service between June 17, 2015, and December 16, 2015.

**Note:** The dates of service span the ICD-10 implementation date of October 1, 2015.

The example contains the following ICD-9-CM diagnosis codes: 3439, 3009, and V441.

This prior authorization can be used on claims submitted with dates of service from June 17, 2015, through December 16, 2015:

- For dates of service from June 17, 2015, through September 30, 2015, the claim must be submitted with ICD-9-CM diagnosis codes such as: 3439, 3009, V441, or other relevant diagnosis code(s) for the service provided.
- For dates of service from October 1, 2015, through December 16, 2015, the claim must be submitted with ICD-10-CM diagnosis codes such as: G804, Z931, F489, or other relevant diagnosis code(s) for the service provided.
Benefit Updates

- Diagnosis code limitations that are published in the Texas Medicaid Provider Procedures Manual and the CSHCN Services Program Provider Manual have been updated to the corresponding ICD-10-CM diagnosis codes.

- Providers can refer to the TMHP ICD-10 Benefit Updates web page for specific benefit changes.

This article updates the 2015 ICD-10 Bulletin, Special Bulletin No. 8.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.