ICD-10 Quick Reference Guide for LTSS Providers

ICD-10 became effective on October 1, 2015. Here at Molina we would like to offer tools to make the transition as smooth as possible. We have created a quick reference guide with a list of the most frequently used diagnosis codes by LTSS providers.

Authorizations:

Providers will not have to request new authorizations coded to ICD-10 where the service dates of the current authorization cross the mandated compliance deadline. Authorizations are evaluated based on submission date. Molina Healthcare began allowing ICD-10 codes on authorization requests submitted between 8/5/2015 and 9/30/2015, inclusive.

Note: As of Oct 1, 2015 all new authorization requests must be submitted with ICD-10 coding.

ICD-10 Procedure Coding System (PCS) codes are not required for authorization requests for outpatient claims including procedures or medical supplies. Molina Healthcare uses CPT and HCPCS codes to identify and authorize these.

Billing:

Molina Healthcare requires all claims to be submitted with valid (sometimes referred to as "billable") diagnosis codes. Providers should always bill the level of specificity appropriate for the services rendered. ICD-10-Clinical Modification (CM) is composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of the fourth, fifth, sixth or seventh characters to provide greater specificity. Please note a three-character code is to be used only if it is not further subdivided. To be valid, the submitted ICD-10 must be coded to the full number of characters required for service(s) being billed, including the 7th character, if applicable.

- For example, **E10** (Type 1 diabetes mellitus), is a category title that includes a number of specific ICD-10-CM codes for type 1 diabetes. Examples of valid codes within category E10 include E10.21 (Type 1 diabetes mellitus with diabetic nephropathy) which contains five characters and E10.9 (Type 1 diabetes mellitus without complications) which contains four characters.

For dates of service prior to October 1, 2015, submit claims with the appropriate ICD-9 diagnosis code. For dates of service on or after October 1, 2015, submit with the appropriate ICD-10 diagnosis code. For outpatient services that span the implementation date, the claim must be split and date-appropriate coding used.

- For example, if the date span for a service is 9/28/15 – 10/5/15; it will be necessary to bill dates of service 9/28/15 through 9/30/15 on one claim using ICD-9 diagnosis codes and

bill for dates of service 10/1/15 through 10/5/15 on a separate claim using ICD-10 diagnosis codes.

Please note that any claim submitted with a date of service 10/1/15 forward using ICD-9 diagnosis codes will be rejected. Rejections will be relayed by remittance advice/explanation of payment communications and providers will be required to resubmit the rejected claim using the appropriate ICD-10 diagnosis code.

Additional ICD-10 Resources:

- CMS ICD-10 guidance http://www.roadto10.org/
- Easy lookup of the new American ICD-10-CM (diagnosis) and ICD-10-PCS (procedure) medical billing codes at http://www.icd10data.com/
- Molina Healthcare's website – provider updates http://www.molinahealthcare.com/providers/common/medicaid/hipaa/Pages/codesets.aspx

The list below is an example of the most commonly used ICD-10 codes on claims submitted by LTSS providers. Diagnoses should be given based on a thorough assessment of the member's condition, comorbidities and driving cause(s).

Commonly Used Diagnosis Codes for LTSS Claims
ICD-9 to ICD-10 Crosswalk*

ICD-9 Dx.	ICD-9 Description	ICD-10 Dx.	ICD-10 Description
401.1 401.0	Essential hypertension, benign	I10	Essential Primary Hypertension
530.81	Esophageal Reflux	K21.9	GERD Without Esophagitis
728.87	Muscle Weakness – General	M62.81	Muscle Weakness (Generalized)
296.20 311	Major depressive disorder, single episode, unspecified	F32.9	Major depressive disorder, single episode, unspecified
250.00	Type 2 diabetes mellitus without complications	E11.9	Type 2 DM Without Complications
272.40	Hyperlipidemia NEC/NOS	E78.5	Hyperlipidemia unspecified
294.20	Senile dementia uncomplicated	F03.90	Unspecified Dementia without Behavioral Disturbance
285.90	Anemia NOS	D64.9	Anemia, Unspecified
719.70	Difficulty in walking	R26.2	Difficulty in Walking, Not elsewhere classified

300.00	Anxiety state NOS	F41.9	Anxiety Disorder, unspecified
496 491.20 493.20	Chronic Airway Obstruct NEC	J44.9	COPD Unspecified
414.01 414.00 429.2	Coronary ASHD native vessel	I25.10	ASHD of Native CA without angina pectoris
244.90	Hypothyroidism NOS	E03.9	Hypothyroidism, Unspecified
428.9 428.0	Heart failure NOS	I50.9	Heart failure Unspecified
298.90	Psychosis NOS	F29	Unspecified Psychosis not due to a Substance or known physiological condition
715.90	Osteoarthritis NOS - unspecified	M19.90	Unspecified Osteoarthritis Unspecified Site
787.2 V41.6	Dysphagia NOS	R13.10	Dysphagia Unspecified
331.00	Alzheimer's disease	G30.9	Alzheimer's Disease unspecified
427.31	Atrial Fibrillation	I48.91	Unspecified Atrial Fibrillation
733.00 733.01	Osteoporosis NOS	M81.0	Age-related osteoporosis without current pathological fracture