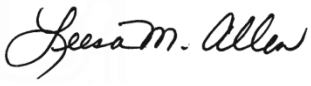




ISSUE DATE August 28, 2015	EFFECTIVE DATE October 1, 2015	NUMBER 99-15-09
SUBJECT Medical Assistance (MA) Program's Implementation of ICD-10 Diagnosis and Procedure Code Sets		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: On **October 1, 2015**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. Additional information is available on the Department of Human Services website at:
http://www.dhs.state.pa.us/provider/icd10information/P_012571

IMPORTANT REMINDER: All providers (including all associated service locations - 13 digits) who enrolled on or before **March 25, 2011** must revalidate their enrollment information no later than **March 24, 2016**. New enrollment application including all revalidation requirements may be found at http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/S_001994. Please send in your application(s) as soon as possible.

PURPOSE:

The purpose of this bulletin is to advise providers that effective with dates of service and dates of discharge on and after October 1, 2015, all claims submitted to the Medical Assistance (MA) Program must reflect the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) codes, as applicable to the provider type and its specialty for billing and claims payment purposes.

SCOPE:

This bulletin applies to all enrolled providers in the MA Program who render medical services to MA beneficiaries in the Fee-for-Service (FFS) and the MA managed care delivery systems. MA enrolled providers rendering services under the managed care delivery system should contact their applicable managed care organization for any coding questions related to billing and claims payment.

BACKGROUND:

On January 16, 2009, the U.S. Department of Health and Human Services (DHHS) published final rule CMS-0013-F, titled "HIPAA Administrative Simplification: Modifications to Medical Data Code Set Standards To Adopt ICD-10-CM and ICD-10-

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
<http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm>

PCS", to adopt the ICD-10 code sets as the Health Insurance Portability and Accountability Act (HIPAA) standard code sets to replace the previously adopted ICD-9 code sets. Providers were to comply with using the ICD-10-CM and ICD-10-PCS code sets beginning October 1, 2013.

On September 5, 2012, the U.S. DHHS published final rule CMS-0040-F, titled "Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for the International Classification of Diseases, 10th Edition (ICD-10-CM and ICD-10-PCS) Medical Data Code Sets; Final Rule", in which based on an assessment of industry readiness, DHHS extended the compliance date for provider adoption of the ICD-10-CM and ICD-10-PCS code sets to October 1, 2014.

On August 4, 2014, the U.S. DHHS published final rule CMS-0043-F, titled "Administrative Simplification: Change to the Compliance Date for the International Classification of Diseases, 10th Revision (ICD-10-CM and ICD-10-PCS) Medical Data Code Sets", which mandates that providers comply with the date of October 1, 2015, for the use of ICD-10-CM and ICD-10-PCS code sets and also mandates that providers continue to use the ICD-9-code sets through date of service September 30, 2015.

Providers may view the final rules referenced above by accessing the following website links:

- CMS-0013-F at: <http://www.gpo.gov/fdsys/pkg/FR-2009-01-16/pdf/E9-743.pdf>
- CMS-0040-F at: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf>
- CMS-0043-F at: <http://www.gpo.gov/fdsys/pkg/FR-2014-08-04/pdf/2014-18347.pdf>

DISCUSSION:

The ICD-10-CM and ICD-10-PCS accommodate new diagnoses and procedures unaccounted for in the ICD-9 code sets and allow for greater specificity of diagnosis-related groups. The transition to the ICD-10-CM and ICD-10-PCS code sets allows for improved accuracy in payment, fraud detection, and diagnoses analysis by and for the health care system.

The Department of Human Services (Department) issued various MA Bulletins to notify providers of MA Program Fee Schedule procedure code updates and, in some cases, diagnosis or procedure codes that must be submitted on claims in order to

receive Department payment for specified services. Providers are to refer to the instructions and guidelines as issued by CMS and the National Center for Health Statistics for the coding and reporting of the ICD-10 code sets on claims. The instructions and guidelines are a companion document to the official version of the ICD-10-CM and ICD-10-PCS code sets. The Department identified certain services for which diagnosis coding needs updated. In mid-September, the Department will issue MA Bulletins to address ICD-10 diagnosis coding for certain specific services as follows:

- Early and Periodic Screening, Diagnostic, and Treatment services;
- Breast and Cervical Cancer Prevention and Treatment services; and
- Family Planning services.

Providers are to refer to the ICD-10-CM and ICD-10-PCS code sets and guidelines to ensure the correct assignment of ICD-10-CM and ICD-10-PCS code sets on claims. Providers can obtain additional information and available online tools to translate ICD-9 code sets into ICD-10-CM and ICD-10-PCS code sets by accessing the following CMS website link:

<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>.

PROCEDURE:

Effective with dates of service on and after October 1, 2015, all claims, except claims from hospitals for inpatient hospital services, submitted to the MA Program for payment must reflect ICD-10-CM code set coding, as applicable. Effective with dates of discharge on an after October 1, 2015, claims from hospitals for inpatient hospital services, submitted to the MA Program for payment must reflect ICD-10-CM and ICD-10-PCS code sets coding.

Effective with dates of service on and after October 1, 2015, the Department will only pay claims, except claims from hospitals for inpatient hospital services, submitted to the MA Program, when the claim reflects ICD-10-CM code set coding, as applicable. Effective with dates of discharge on an after October 1, 2015, the Department will only pay claims from hospitals for inpatient hospital services that reflect ICD-10-CM and ICD-10-PCS code sets coding.