

## **Frequently Asked Questions About the Transition to ICD-10-CM for School-Based Services Providers**

ForwardHealth has developed this Frequently Asked Questions document to provide answers to *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM)-related questions submitted by school-based services (SBS) providers. Additional SBS-specific ICD-10-CM information has been communicated in the July 2015 [ForwardHealth Update \(2015-31\)](#), titled "School-Based Services Providers Will Be Required to Use ICD-10-CM Diagnosis Codes on Claims with Dates of Service on and After October 1, 2015" and published to the [Resources for School-Based Service Providers](#) page of the Portal. School-based services providers are advised to check the Portal page regularly to view current communications and other ICD-10-CM information.

School-based services providers that have additional ICD-10-CM questions that are not addressed in this document may submit them to ForwardHealth via email at [VEDSICD10Support@wisconsin.gov](mailto:VEDSICD10Support@wisconsin.gov). This email address may also be accessed from the Resources for School-Based Services Providers page of the Portal by clicking the Submit an ICD-10 Question to ForwardHealth link.

As a reminder, providers are required to continue using *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis codes on claims with dates of service (DOS) before October 1, 2015. Current policy and claims information can be found in the ForwardHealth Online Handbook.

1. **Question:** What is ICD-10-CM?

**Answer:** ICD-10-CM is a coding system used to record a patient's state of health to a high degree of specificity. ICD-10-CM codes are alphanumeric and are composed of three to seven digits.

2. **Question:** How is the ICD-10-CM code set different than the ICD-9-CM code set?

**Answer:** The ICD-9-CM codes are primarily numeric and have three to five digits, whereas ICD-10-CM codes are alphanumeric and contain three to seven characters. Additionally, descriptions between the code sets are different. Refer to the [CMS ICD-10-CM website](#) for more information regarding ICD-10-CM codes.

3. **Question:** Why are ICD-10-CM codes being required?

**Answer:** ICD-10-CM codes are being required by ForwardHealth in response to the CMS mandate finalizing October 1, 2015, as the compliance date for health care providers, health plans, and health care clearinghouses to transition to the ICD-10-CM code set.

4. **Question:** Do we have to wait until October 1, 2015, to start using ICD-10-CM codes on claims?

**Answer:** Yes, any claims submitted to ForwardHealth with DOS **before** October 1, 2015, must indicate ICD-9-CM codes, not ICD-10-CM codes. Any claims submitted with DOS before October 1, 2015, that indicate ICD-10-CM codes will be denied. School-based services providers should, however, ensure that their coders and billers are ready to use ICD-10-CM codes for DOS on and after October 1, 2015.

5. **Question:** Where can the ICD-10-CM code set be found?

**Answer:** Because the transition to ICD-10-CM is a national mandate, ForwardHealth is referring stakeholders to the CMS website for ICD-10-CM code information. The CMS website includes a link to

the 2015 CMS 2015 diagnosis and procedure code general equivalency mappings (GEMS), a public translation tool that provides bi-directional mapping between ICD-9-CM and ICD-10-CM codes. The GEMS are free of charge and may be accessed at [www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html](http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html) or from the [Resources for School-Based Services Providers](#) page of the Portal.

6. **Question:** Will ForwardHealth supply a list of allowable ICD-10-CM codes for SBS?

**Answer:** ForwardHealth will supply a list of commonly used codes that SBS providers may use as a starting point for selecting applicable diagnosis codes. This list can be found in the Attachment of *Update 2015-31* as well as on the [Resources for School-Based Services Providers](#) page of the Portal.

7. **Question:** Who should select the ICD-10-CM code?

**Answer:** While it is the responsibility of every school district to have a policy that reflects its own resources and capabilities, it is ForwardHealth's recommendation that the provider who administers a service document the reason the service was provided and select the most appropriate diagnosis code to be indicated on the claim.

8. **Question:** Is it appropriate and allowable under Medicaid rules for individuals who are not qualified to diagnose a child's condition to select the ICD-10-CM code that will be used?

**Answer:** The requirement to use an ICD-10-CM diagnosis code is a billing requirement to explain the reason the child was seen for a specific service. It is not intended to diagnose a child's medical condition; therefore, SBS providers do not need to be qualified to diagnose in order to select an accurate and applicable diagnosis code as an explanation for a service.

9. **Question:** Should the code(s) chosen by an SBS provider be based on what the overall treatment is or the service he or she actually provided for the student?

**Answer:** The requirement to use an ICD-10-CM diagnosis code is a billing requirement to explain the reason the child was seen for a specific service; therefore, the code selected to explain that service should be based on the service provided, not the overall treatment.

10. **Question:** If a student has more than one medical diagnosis, how does the provider decide which diagnosis code to use on the claim?

**Answer:** An ICD-10-CM diagnosis code should be selected to accurately explain why a service was performed; it may or may not reflect the student's medical diagnoses. For example, a student may have a medical diagnosis of cerebral palsy and may be receiving speech and language pathology (SLP) for mixed receptive-expressive language disorder. The claim submitted for the SLP service should include the most appropriate ICD-10-CM diagnosis code indicating why the SLP service was performed, not the diagnosis code for the student's overall treatment. For this example, the provider should enter the appropriate ICD-10-CM diagnosis code of F80.2 for a mixed receptive-expressive language disorder, rather than the diagnosis code for cerebral palsy.

11. **Question:** Can more than one ICD-10 CM code be indicated for the same service?

**Answer:** If more than one diagnosis code is needed to accurately explain why a service or procedure was performed, multiple diagnosis codes may be indicated for the procedure.

12. **Question:** What is required for an ICD-10-CM code to be "valid"?

**Answer:** The presentation format for ICD-10-CM codes includes three to seven characters consisting of either letters or numbers. The first three characters represent or identify **categories**. Characters four through seven identify **subcategories**. In order for a code to be valid, it must reflect the highest number of required characters indicated by the ICD-10-CM official code set, which may be accessed at the [CMS ICD-10-CM website](#). If a provider uses a code that is not valid (to the number of characters required) under ICD-10-CM, ForwardHealth will deny the claim, and the provider (or its third-party biller) must resubmit the claim using a valid ICD-10-CM code.

13. **Question:** What does “specificity” mean for ICD-10-CM codes? Am I not allowed to use “unspecified” codes?

**Answer:** One of the reasons for transitioning to ICD-10-CM was to allow providers access to diagnosis codes that have a high level of detail for a condition. When discussing ICD-10-CM, the level of detail is expressed as the level of “specificity.” In ICD-9-CM, the most specific code available may have indicated a specific disease. In ICD-10-CM, providers are prompted to indicate the specific disease with added levels of detail such as laterality or duration of the disease. This level of detail is reflected by additional characters in the subcategory of the code. As indicated above, for a code to be valid, the provider is required to choose the code to the number of characters required (level of specificity).

14. **Question:** Is it appropriate and allowable for a more general ICD-10 code to be used for SBS billing, rather than a code for a more specific medically diagnosed condition? Are “unspecified” codes allowable?

**Answer:** A diagnosis code can be valid at its highest level of specificity and still have a definition or description of “unspecified” or “not otherwise specified.” If a more specific diagnosis code cannot be reasonably selected, a more general valid ICD-10-CM code is acceptable for SBS claims.

For example, a student is being treated for sensorineural hearing loss but it is unclear how much each ear is affected. It is acceptable for the provider to list H90.5 (Unspecified sensorineural hearing loss) instead of H90.41 (Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side). Both are valid codes. H90.41 has a higher level of specificity as it uses five characters, but H90.5 is the more accurate and appropriate since the provider has not determined how much each ear is affected. (See definition of valid code in question 12.)

15. **Question:** What are the ramifications of selecting an inaccurate ICD-10-CM diagnosis code?

**Answer:** An inaccurate diagnosis code is a valid diagnosis that is not supported by the documentation. A provider’s responsibility to use accurate codes has not changed with ICD-10. Each provider is responsible for the truthfulness, accuracy, timeliness, and completeness of claims, per Wis. Admin. Code § DHS 106.02(9)(e). The diagnosis indicated on the claim must be supported by the documentation that is required to establish medical necessity and to attest to the proper reimbursement of services.

16. **Question:** For services like attendant care where a child's condition may only be accurately documented by the use of multiple diagnoses, is it acceptable to only include the primary ICD-10-CM code or do we need to include secondary codes as well?

**Answer:** If multiple diagnosis codes are needed to give an accurate explanation of why a service was performed, then all applicable and valid diagnosis codes should be included on the claim.

17. **Question:** If a student is receiving services for multiple areas of impairment, should each provider choose the diagnosis code that reflects his or her area of discipline or can a single diagnosis code be used to cover all the student's services?

**Answer:** Each diagnosis code should apply directly to the service that was performed. A single diagnosis may not be accurate or appropriate to explain the need for the services performed; however, there may be times when overlap between disciplines is appropriate.

18. **Question:** What documentation are SBS providers required to keep?

**Answer:** The transition to ICD-10-CM diagnosis codes will not change the service documentation requirements for SBS providers. Refer to the School-Based Services service area of the Online Handbook for these documentation requirements.