



Missouri Department of Health and Senior Services

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PM-16-08
VM-16-08

September 30, 2015

MEMORANDUM FOR ALL HOME AND COMMUNITY BASED CARE PROVIDERS

FROM: Jessica Bax, Bureau Chief
Bureau of Program Integrity

SUBJECT: Implementation of ICD-10 Codes

Effective October 1, 2015 the nationwide health care industry will transition from ICD-9 to ICD-10 codes for diagnosis and inpatient procedures. As a result, InterRAI HC assessments conducted for HCBS will be transitioning to use of ICD-10 codes. After October 1, 2015 ICD-10 codes will be available for selection in Section I, Question 2 of the InterRAI HC assessment within the HCBS Web Tool.

ICD -10 Information for Reassessment Providers

ICD-10 coding is more specific than ICD-9 and it may be difficult for Home and Community Based Services (HCBS) provider staff assisting in the reassessment process to make a determination as to which listed diagnosis is most applicable to the participant. HCBS provider staff should use the best information available at time of reassessment when making a selection, but it is not necessary to contact outside resources such as physicians to make a determination. In an effort to streamline the transition to the new codes, the attached listing of diagnoses commonly reported by DSDS' participant population, including key words to enter in the search field and the codes tied to the diagnosis has been compiled. Provider staff should make every attempt to get as much information as possible; however, as long as the code selected is a valid code it is acceptable.

Although ICD-10 codes are available for selection within the HCBS Web Tool, upon initial implementation of ICD-10 coding any reassessments that are prepopulated with information entered before October 1, 2015 will contain ICD-9 codes in the Other Disease Diagnoses field if it was previously completed. HCBS provider staff must delete the old codes and reenter the diagnosis information in order to populate the ICD-10 code. Per PM/VM-16-06, completion of Question 2, Other Disease Diagnoses is only required if there is not an applicable option in Question 1 of Section I.

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HCBS providers shall use the code Z02.89 when submitting claims for reassessments completed as of October 1, 2015. The procedure code utilized for the completion of reassessments, T1028TS will not change.

Any questions regarding this memorandum should be directed to the Bureau of Program Integrity at programintegrity@health.mo.gov or 573/526-8557.

JB/tw

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