PROVIDER QUICK TIPS

#183

ICD-10 and Atypical Providers

On August 4, 2014, the U.S. Department of Health and Human Services 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-CMS 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. The Department of Human Services (the department) is preparing to implement ICD-10 as the HIPAA standard code sets to replace the previously adopted ICD-9 codes, as federally mandated. The transition to ICD-10 is required for all HIPAA covered entities. Effective with dates of service and dates of discharge on or 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.

Some providers are considered "Atypical", as these providers typically do not perform patient assessments at a level that a clinician would as part of a clinical evaluation.   If you are a service provider, the department suggests that you identify the ICD-9 codes used in your service provision in order to identify the correlating ICD-10 codes for claim submissions effective with dates of service or dates of discharge on or after October 1, 2015.

The non-diagnosing document, attached to this Quick Tip, provides a list of providers who are considered "atypical" providers. The standard HIPAA compliant provider taxonomies have been used for specialty designations within the document. Not all atypical providers were included in this list. Selected ICD-10 codes were chosen for consideration based on the estimation of the scope of work of the atypical providers in this group and the likelihood that these codes might represent the basic description of the reason for provision of their services.

The document is arranged the following way:
- Column A: Taxonomy Codes
- Column B: Provider Type
- Column C: Classification
- Column D: Specialty
- Column E: Possible ICD-10 codes
- Column F: ICD-10 Descriptions

pennsylvania
DEPARTMENT OF HUMAN SERVICES

It is very important that providers not confine themselves to the list of specified codes since coding should always be done based on the information available to the provider about the patient's diagnosis/condition. These codes are simply intended to provide a prompt for providers who may be uncertain of the diagnosis/condition of the patient and the appropriate code to use when the provider does not have specific clinical information.

Non Diagnosing Providers ICD-10

Thank you for your service to our Medical Assistance (MA) recipients.
We value your participation.
Check the department's website often at: **www.dhs.state.pa.us**

pennsylvania
DEPARTMENT OF HUMAN SERVICES