

# ICD-10 and Essential Community Supports Guidance

PRESENTER – STACEY ALSDURF



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## Overview

- Review diagnosis code source by Claim Category
- Diagnosis Code Entry
- Diagnosis Mental Health (MH) Billable Indicator
- ICD-10 Testing
- ECS Client Eligibility
- Identify ECS Clients
- ECS and Staff Provided Rates
- ECS Subprogram



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## CW-TCM Diagnosis

- The CW-TCM Claim Category always uses a default diagnosis code
- The ICD-9 default diagnosis is V68.9 until Service Date 09/30/2015
- The ICD-10 default diagnosis Z60.9 on or after Service Date 10/01/2015

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## RSC-TCM and VA/DD-TCM Diagnosis

- DD Screening
- LTC Screening
- Disability/Diagnosis/Substance folder/Diagnosis screen
- If no billable diagnosis found:
  - Default ICD-9 code V68.9 until Service Date 09/30/2015
  - Default ICD-10 code Z60.9 on and after Service Date 10/01/2015

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## MH-TCM and Rule 5 Diagnosis

- Only diagnosis codes entered on Diagnosis screen in client's Disability/Diagnosis/Substance folder used
- Diagnosis codes must have Mental Health (MH) Billable Indicator "Y"
- MH Billable Indicator applies to both ICD-9 and ICD-10 diagnosis codes
- No default diagnosis codes!
- If no billable mental health diagnosis found, proofing message #2020 (MH diagnosis required) displays

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## Waiver and AC Diagnosis

- DD Screening
- LTC Screening
- Disability/Diagnosis/Substance folder/Diagnosis screen
- No default diagnosis codes!

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## Waiver and AC Diagnosis

- Screening documents support one type of diagnosis code (ICD-9 or ICD-10)
- Client screening documents continue to have only ICD-9 codes after the 10/01/15 implementation date until clients receive new screenings
- Enter clients ICD-10 diagnosis codes from MMIS Service Agreement letters in their Disability/Diagnosis/Substance/Diagnosis folder for client's with screening documents that contain ICD-9 codes that span beyond 10/01/2015

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## Waiver and AC Diagnosis

- Time Records and/or Payments might display in Healthcare Claim Proofing with message #2019 - Diagnosis Required after 10/01/2015 if:
  - Active DD Screening has ICD-9 diagnosis
  - Active LTC Screening has ICD-9 diagnosis
  - No diagnosis code from MMIS Service Agreement letter or other source entered on client's Diagnosis screen in their Disability/Diagnosis/Substance folder

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## Diagnosis Code Entry

- Entry of ICD-10 diagnosis codes has been available in SSIS since V14.1
- Enter only professionally determined diagnosis codes or diagnosis codes from MMIS Service Agreement letters
- The diagnosis start and end dates should reflect the date that the diagnosis for that client actually started and ended
  - Entry of a future start date is not allowed
  - The start and end dates can be left blank

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## Diagnosis Code Entry

- The effective dates from MMIS are used to determine whether or not the diagnosis code can be used for claiming
  - ICD-9 diagnosis codes have an effective end date of 09/30/2015 or earlier
  - ICD-10 diagnosis codes have an effective start date of 10/01/2015 unless they are non-specific.
  - Non-specific ICD-10 codes have an effective start date of 09/30/2015 and are not valid for claiming

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## Diagnosis Code Entry

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## MH Billable Indicator

- A "Y" and "N" indicator stored in SSIS that indicates whether the diagnosis code (ICD-9 or ICD-10) meets the definition of a mental health diagnosis
  - Determined by policy staff
- If a Healthcare Claim requires a mental health diagnosis, the diagnosis code entered must have a "Y" MH Billable Indicator
- If the MH Billable Indicator is an "N" and a mental health diagnosis is required and not found, proofing message #2020 displays

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## MH Billable Indicator

- The MH Billable Indicator does not display on the diagnosis screen
  - We will be putting a copy of ICD-9 and ICD-10 codes with a MH Billable Indicator value of "Y" on the SSIS website and in the mentor manual
- Minnesota Healthcare Programs (MHCP) policy changed the designation of some diagnosis codes that were previously considered mental health diagnosis codes
- The MH Billable Indicator of several ICD-10 codes and ICD-9 codes 315.9 and 316 will be changed from "Y" to "N" in V15.3
  - Potential healthcare claims with these diagnosis codes will now display in proofing with proofing message #2020
  - Some claims might have denied prior to V15.3 because policy made this change a couple of months ago

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## Non-specific Diagnosis

Reminder: A diagnosis code must be specific. If the diagnosis screen displays the message "The diagnosis code is not specific enough for claiming.", the diagnosis code cannot be used on a Healthcare Claim

- Proofing message #2019 or #2020 displays if a diagnosis code is not specific enough for claiming

Note: Social workers may enter non-specific diagnosis codes for case management purposes and not healthcare claiming purposes

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## ICD-10 Testing

- SSIS implemented Healthcare Claiming changes for ICD-10 in V15.3
- Testing was limited because the ICD-10 implementation date was after the statewide release of V15.3

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## ICD-10 Testing

- Internal ICD-10 testing must be done in October
- Counties cannot submit Healthcare Claims through SSIS with ICD-10 codes until November or later
- Submit Healthcare Claims in October for September service dates and ICD-9 diagnosis codes

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## Essential Community Supports

- Provides community based supports for clients who do not meet the revised Nursing Facility Level of Care criteria but meet the eligibility requirements for Essential Community Supports (ECS)
- ECS is not a waiver program but is processed in MMIS like other waiver programs

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## ECS Client Eligibility

- Major Program "UN - Screened - not Placed on Waiver/AC"
- Eligibility Type "EC - Essential Community Supports"
- Waiver Type "Y - LTC - Essential Comm Support"
- LTC Waiver Type:
  - "29 - Essential Community Supports"
  - "30 - ECS Transitions"
- MMIS Service Agreement Type "Y - Agreement - Essential Comm Support"

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## Identify ECS Clients

- MMIS Service Agreement Report located under Healthcare Claiming/Healthcare Eligibility Reporting
- Group MMIS Service Agreement Report results by Service Agreement Type to identify ECS clients

Line Item Number	Status	Provider Name	NPI/UMPI
1	Approved	Ebjorn County 1	A000000000
2	Approved	Ebjorn County 2	M000000000

FISCAL MENTOR MEETING - ICD-10 AND ECS GUIDANCE - SEPTEMBER 16, 2015

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## Healthcare Claiming Report including ECS

### Claim Detail Report

FISCAL MENTOR MEETING - SEPTEMBER 16, 2015

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## Healthcare Eligibility Reports including ECS

### Waiver Eligibility Detail

### Waiver Eligibility Summary

FISCAL MENTOR MEETING - SEPTEMBER 16, 2015

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## ECS and Staff Provided Rates

If rates in your agency are determined by Waiver Type, remember to enter Staff Provided Rates for ECS in Admin by specifying Claim Detail value "ECS" to prevent Proofing Message # 2004 - No Staff-provided Rate for the "HCPCS/Modifiers on the activity date" from displaying

11016 UC- Waiver case management

HCPCS: [T1076] Mod 1 [UC] Mod 2 [ ] Mod 3 [ ] Mod 4 [ ]

HCPCS/Modifier description: Waiver case management

HCPCS / Modifier Information

Claimable Services	Staff-provided Rate	HCPCS Unit Type	Rate Start Date	Rate End Date	Claim Detail
[X] [ ]	\$13,7000 15 Minutes		10/01/2008		EC
[X] [ ]	\$23,7000 15 Minutes		10/01/2008		CAD1
[X] [ ]	\$24,6500 15 Minutes		10/01/2008		AC

If rates are specified by Claim Detail code in your country, add Staff-provided Rate for ECS.

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## New Subprogram for ECS

- New subprogram for Essential Community Supports scheduled to be added in V15.4
  - Display in Admin/Programs and Services Administration/Programs
  - Abbreviation code "AECS"
  - Used in Workgroup name

Program: 675 - Adult - Essential Community Supports

Service: 601 - Information and Referral

Association Start Date: 01/01/2015 Association End Date: [ ]

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## Questions?




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