



COMMISSIONER  
Jon Weizenbaum

July 16, 2015

To: Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions  
Local Intellectual and Developmental Disability Authorities

Subject: Information Letter 15-43  
International Classification of Disease Transition, and Changes to the Department of Aging and Disability Services Form 8578 and Transition Submission Instructions

The purpose of this information letter (IL) is to provide information and guidance to Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) providers and Local Intellectual and Developmental Disability Authorities (LIDDAs) about the International Classification of Disease (ICD) transition from Version 9 (ICD-9) to Version 10 (ICD-10) and associated changes for submitting diagnosis codes on the Department of Aging and Disability Services (DADS) Form 8578, Intellectual Disability/Related Conditions (ID/RC) Assessment.

The Centers for Medicare and Medicaid Services (CMS) will require healthcare providers and governmental entities to transition from ICD-9 to ICD-10 effective October 1, 2015.

To ensure there is no lapse in the program eligibility for an individual receiving services in an ICF/IID because of the transition from ICD-9 to ICD-10, an ICF/IID provider and LIDDA must comply with the following:

- All ID/RC Assessments with effective dates prior to October 1, 2015, must be submitted using ICD-9 diagnostic codes.
- All ID/RC Assessments with effective dates of October 1, 2015, or later must be submitted using ICD-10 diagnostic codes.
- Due to system changes for accepting ICD-10 diagnostic codes, ICF/IID providers and LIDDAs must not enter ID/RCs with an effective date on or after October 1, 2015, into the Texas Medicaid and Healthcare Partnership (TMHP) provider portal until August 28, 2015 or later.
- For new enrollments (Purpose Code 2), ID/RCs entered on or after Oct. 1, 2015, with a requested effective date prior to October 1, 2015, LIDDAs must enter the ID/RC into the TMHP provider portal and add a notation in the Review Tab for DADS Utilization Management and Review to backdate the form and include the ICD-9 code in the notation. The LIDDA must give the ICF/IID provider a copy of the ID/RC Assessment forms. One form must include an individual's ICD-9 diagnostic code and one form must include the individual's ICD-10 diagnostic code, each attested to by a physician.

- ID/RC Assessment submissions with multiple diagnoses must be submitted using diagnosis codes of the same ICD version (i.e., ICD-9 or ICD-10), and in accordance with the ID/RC effective date information indicated above.

If an individual's current diagnosis has an ICD-9 code that does not convert directly to an ICD-10 code and the ID/RC Assessment has an effective date on or after October 1, 2015, the ICF/IID provider or LIDDA must obtain an ICD-10 code from a physician who is attesting to the diagnosis by signing the ID/RC.

Intellectual disability codes all have a direct conversion as follows:

Diagnosis	ICD-9 code	ICD-10 code
Mild ID	317	F70
Moderate ID	318.0	F71
Severe ID	318.1	F72
Profound ID	318.2	F73
Unspecified ID	319	F79

Most of the ICD-9 codes identified on the [Department of Aging and Disability Services \(DADS\)-Approved Diagnostic Codes for Persons with Related Conditions list](#) convert to a single ICD-10 code. However, some of the ICD-9 codes on the list do not have a direct ICD-10 match. To assist ICF/IID providers and LIDDAs to identify which diagnoses codes convert directly from ICD-9 to ICD-10, DADS has developed an "ICD Conversion Code Lookup for Related Conditions" for the DADS-Approved Diagnostic Codes for Persons with Related Conditions. You can find the conversion code lookup along with instructions for use at the DADS ICD-10 webpage, <http://www.dads.state.tx.us/providers/icd10>.

Attached to this IL is a sample letter that an ICF/IID provider or LIDDA may give to a physician to explain the effect of the ICD-10 transition on an individual's eligibility in the ICF/IID program.

Included in the letter is the following link to assist a physician in determining the corresponding ICD-10 code for an ICD-9 code: <http://www.icd10data.com/ICD10CM/Codes>. This link may be useful for all diagnoses, including those diagnoses that are not part of the related condition list and will not be contained in the conversion look-up on the DADS website.

An ICF/IID provider or LIDDA that does not complete an ID/RC Assessment in accordance with this IL may delay renewal of an individual's ID/RC, and therefore, jeopardize the individual's eligibility for the ICF/IID program.

The Health and Human Services Commission and DADS will publish additional information related to this ICD-10 transition if more changes are identified. DADS encourages providers to stay abreast of information posted by CMS and the Texas Medicaid Healthcare Partnership.

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Questions about the content of this IL may be emailed to [ICD10@dads.state.tx.us](mailto:ICD10@dads.state.tx.us). In the subject line please use "Information Letter No. 15-43".

Sincerely,

*[Signature on file]*

Donna Jesse  
Director  
Center for Policy and Innovation

*[Signature on file]*

Elisa J. Garza  
Assistant Commissioner  
Access and Intake

Attachment

Sample Letter to Physician



COMMISSIONER  
Jon Weizenbaum

July XX, 2015

Dear Physician,

The purpose of this letter is to inform you that, due to the International Classification of Diseases, Version 10 (ICD-10) transition required by the Centers for Medicare and Medicaid Services (CMS), effective October 1, 2015, all Medicaid billing claims are required to contain ICD-10 codes. To comply with the CMS requirement to use ICD-10 codes, the Department of Aging and Disability Services (DADS) is requiring its contracted providers to use ICD-10 codes for all diagnostic reassessments having an effective date on or after October 1, 2015 for individuals who receive a DADS Medicaid long term care or community care program service. A provider contracting with DADS to provide Medicaid services to such an individual must reassess the individual's eligibility annually. One or more of these individuals whose diagnostic reassessment will change is a patient of yours.

To help contracted providers meet this requirement and to maintain program eligibility for your patient, please include ICD-10 diagnosis codes on the Intellectual Disability/Related Conditions (ID/RC) Assessment form along with your signature. DADS requires contracted providers to obtain the signature of a physician on the ID/RC Assessment. The following link may be helpful to you in determining the corresponding ICD-10 code for an ICD-9 code:  
<http://www.icd10data.com/ICD10CM/Codes>.

Thank you for assistance in this regard. If you have any questions, please contact [ICD10@dads.state.tx.us](mailto:ICD10@dads.state.tx.us).

Sincerely,

*[Signature on file]*

Donna Jesse  
Director  
Center for Policy and Innovation