



COMMISSIONER  
Jon Weizenbaum

June 11, 2015

To: Deaf-Blind with Multiple Disabilities Program Providers  
Community Living Assistance and Supports Services Program Providers

Subject: Information Letter 15-36  
International Classification of Disease Transition, and changes to 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 Deaf Blind with Multiple Disabilities (DBMD) and Community Living Assistance and Support Services (CLASS) program providers related to the International Classification of Disease (ICD) transition from Version 9 (ICD-9) to Version 10 (ICD-10) and associated process changes for entering diagnosis codes on Department of Aging and Disability Services (DADS) Form 8578, the Intellectual Disability/Related Conditions Assessment (ID/RC).

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. Most of the ICD-9 codes identified on the [DADS-Approved Diagnostic Codes for Persons with Related Conditions list](#) convert to a single ICD-10 code. However, some codes do not have a direct match. For this reason, DADS has put into place the transition plan outlined in this IL.

To ensure there is no lapse in an individuals' eligibility changes to processes for submission of the ID/RCs are necessary during this transition period as outlined below.

#### **Enrollment ID/RC – Purpose Code 2**

- If the ID/RC submission date is between the posting of this information letter and September 30, 2015, the submitter must include one ID/RC version reflecting diagnosis codes matching those associated with the ICD-9 standards and one ID/RC version reflecting diagnosis codes matching those associated with the ICD-10 standards. The submitter may complete one ID/RC assessment, except for the population of diagnostic information contained in field 19, 20, 22, 23, 24, 26 and 27. The submitter may produce copies of the ID/RC in order to obtain the before described ICD-9 and ICD-10 versions of the enrollment ID/RC. Attestation by a physician must be obtained for each ICD version of the ID/RC.
- If the ID/RC submission date is on or after to October 1, 2015, the ID/RC must reflect diagnosis codes matching those associated with the ICD-10 standards. Attestation by a physician must be obtained.

#### **Renewal ID/RC – Purpose Code 3 and E**

- If the ID/RC effective date is prior to October 1, 2015, the ID/RC must reflect diagnosis codes matching those associated with the ICD-9 standards.

- If the ID/RC effective date is on or after to October 1, 2015, The ID/RC must reflect diagnosis codes matching those associated with the ICD-10 standards. Attestation by a physician must be obtained if an ICD-9 diagnosis previously recorded on the ID/RC does not directly convert to an ICD-10 diagnosis. Attestation by a physician is not required if all ICD-9 diagnosis previously recorded on the ID/RC convert directly to a ICD-10 diagnosis as indicated in the conversion widget posted by DADS.

If the ID/RC includes multiple diagnoses, all codes must be based on the same version (i.e., ICD-9 or ICD-10).

To assist Direct Service Agencies (DSAs) and DBMD providers to identify which diagnosis codes convert directly from ICD-9 to ICD-10, DADS has developed a “code look-up conversion widget” for the DADS-Approved Diagnostic Codes for Persons with Related Conditions. You can find the conversion widget along with instructions for use at the DADS ICD-10 webpage, <http://www.dads.state.tx.us/providers/icd10>.

DSAs and DBMD providers will be able to search for the ICD-10 diagnosis codes that convert directly from the corresponding ICD-9 diagnosis codes to complete re-assessment ID/RCs for the majority of individuals. For individuals who have a current diagnosis with a corresponding ICD-9 code that does not convert directly to an ICD-10 code and who have an ID/RC with an effective date of October 1, 2015, or later, DSAs and DBMD providers are required to obtain the ICD-10 code from a physician who is attesting to the diagnosis. An ID/RC with a new diagnosis must contain a physician’s signature.

Attached to this IL is a notice which DSAs and DBMD providers may choose to present to a physician to explain DADS policy for submission of the ID/RC as it relates to individuals’ eligibility in the DBMD and CLASS programs.

The website at the following link is one resource DSAs and DBMD providers may offer to a physician who needs assistance in determining the corresponding ICD-10 code for an ICD-9 code: <http://www.icd10data.com/ICD10CM/Codes>.

CLASS DSAs and DBMD providers are encouraged to submit ID/RCs at the earliest possible renewal submission date to allow sufficient time for DADS to review the ID/RC to make an authorization determination.

Program providers who do not complete an ID/RC in accordance with this IL risk delay in processing of the ID/RC, which could affect an individual’s eligibility.

The Health and Human Services Commission and DADS will be sending additional information related to this ICD-10 transition as necessary or when additional process change needs are identified.

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Questions about the content of this IL may be mailed to [ICD10@dads.state.tx.us](mailto:ICD10@dads.state.tx.us). In the subject line please use “Information Letter No. 15-36, International Classification of Disease Transition, and changes to DADS Form 8578 and Transition Submission Instructions”.

Sincerely,

*[Signature on file]*

Donna Jesse  
Director  
Center for Policy and Innovation

*[Signature on file]*

Elisa J. Garza  
Assistant Commissioner  
Access and Intake

Attachment

- Letter to Physicians



COMMISSIONER  
Jon Weizenbaum

June 11, 2015

Dear Physician,

This notice is offered by the Texas Department of Aging and Disability Services (DADS) as a communication resource to DADS contracted provider entities. In accordance with a requirement from the Centers for Medicare and Medicaid Services (CMS), effective October 1, 2015, all Medicaid billing claims submissions are required to contain valid International Classification of Diseases, Version 10 (ICD-10) codes. In addition to Medicaid acute care claims, valid ICD-10 codes are required for the diagnostic eligibility record for individuals who receive services in one of DADS long-term care programs.

This transition affects the diagnostic record of one or more of your patients who receive long-term care services through DADS Medicaid waiver programs or reside in an Intermediate Care Facility for Individuals with Intellectual Disability or related conditions. Individuals who receive services in these programs must be reassessed for continued eligibility annually. To comply with the transition from ICD-9 to ICD-10, DADS is requesting its contracted service providers to submit updated, valid ICD-10 codes for all diagnostic reassessments which have an effective date of October 1, 2015, or later.

DADS requests your assistance with maintaining program eligibility for your patient by supplying its contracted providers with updated ICD-10 diagnosis codes on the DADS [Form 8578, Intellectual Disability/Related Conditions Assessment](#).

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