Guidance ECRS 2015-02

Using ICD 10 Codes To Avoid Potential Claim Denials
(Effective 10/1/2015)

DID YOU KNOW?

It is important to set your service authorizations up in Therap with the new ICD-10 codes in order to avoid having your claim submission denied. The new ICD-10 codes are effective for any claims submitted for services provided after 10/1/2015. In the past, instructions were provided on how to set up services authorizations to default to an ICD-9 diagnosis code of 319 (Unspecified Intellectual Disabilities). Although this diagnosis is correct for the majority of individuals that you support, it is not correct for everyone. Thus, it will be important for your agency to set up your authorizations for those who are not properly diagnosed.

In order to assist each provider with the correct code entry, OBCBS will provide a list by September 21, 2015 that includes 1) the individual's name, 2) their diagnosis, 3) the proper ICD-9 Code, and 4) the corresponding ICD-10 code to be used as of 10/1/2015. Instructions below will address two different scenarios – 1) creating new service authorizations, or 2) modifying existing service authorizations.

This document is also available on the DDDS website.
http://www.dhss.delaware.gov/dhss/ddds/electronicguide.html

Setting up New Service Authorizations with effective dates of 10/1/2015

1. Go to your "Billing" tab in Therap

2. Select "New" to the right of Service Authorization

3. Select the program for which the participant is enrolled (in blue font on left side of screen)
4. On the Service Authorization screen, complete the following:
   a. Individual's Name (if they do not appear, the individual is not enrolled in that program)
   b. Leave "Individual ID Type" as the Medicaid Number
   c. Complete the Authorization Number (if known)

d. Funding Source – select 1) Delaware DDDS – State Funded, 2) MA-HCBS Waiver, or 3) MA-State Plan
e. Complete Begin Date and End Date of the Authorization (ie- 10/1/2015 begin date and 6/30/2016 end date)

f. Under the Service Section click on "Add Service"
   i. Select proper Service Description/Code
      1. This populates the Unit of Measure (Label) according to the description codes you have established for your provider account.
         a. Effective July 1, 2015 1:1 Supported Employment Billing will change as follows:
            i. For Taxonomy 103TM1800x, Procedure Code T2019 *will require a U1 modifier*
            ii. For Taxonomy 103TR0400X, Procedure Code H2023 *will require a U1 modifier*
   ii. Enter the "Total Billable Units" as approved by DDDS for this individual's service
   iii. Enter the "Default Unit Rate ($)" as approved by DDDS for this individual's service

iv. To the right of "Primary Diagnosis Code" select ICD-10 from the drop down box. In the field to the right of the drop down enter the corresponding Code for the individual from the list that was provided to you. (For this example we will be changing an individual's code from the current ICD9 code of 299.0 to the new ICD10 code F84.0)

v. Leave "Diagnosis Code Pointer" as 1

vi. Select "Method of Data Collection" as you have done in the past
1. Billing Data Input;
2. Attendance; or
3. ISP Data
4. If you select "Attendance" you must enter the "Attendance Type"
   a. DE Day Program – Time In/Out Required
   b. DE Residential Services – Time In/Out Not Required
   c. Home and Community – Time In/Out Required
5. For services where 15 minute units are used, you must complete the "Automatic Unit Calculation From Time In/Out".
   a. Unit of Measure (calculation) – select 15 minutes
   b. Rounding algorithm – select Half Up
   c. Smallest Allowed Increment – leave blank

Total Authorized Amount ($)	0.00 << Calculate Total Authorized Amount
Patient Responsibility Amount ($)	
Applying options	○ Apply once in a month ○ Apply until full consumed
Procedure Modifiers	☐ - ☐ - ☐ - ☐

Note: If you are not sure, use one of the following Primary Diagnosis Codes:
7999 = Other Unknown
78099 = Other General Symptoms
317 = Mild Intellectual Disabilities
319 = Unspecified Intellectual Disabilities
Enter 1 in the first box for Diagnosis Code Pointer. Leave the other boxes empty.

* **Primary Diagnosis Code**	ICD-10 ▼ : F84.0
* **Diagnosis Code Pointer**	1 - ☐ - ☐ - ☐
Prior Authorization Number	
* **Method of Data Collection**	○ Billing Data Input ◉ Attendance ○ ISP Data
Attendance Type	DE Day Program -- Time In/Out required ▼
Link to ISP Program	Add
Supporting Document	Add ISP Program

Automatic Unit Calculation From Time In/Out

Unit of Measure (Calculation)	Select ▼
Rounding Algorithm	○ Half Up ○ Half Down ○ Up ○ Down ○ None See Example
Smallest Allowed Increment	○ 5 Min ○ 7.5 Min ○ 10 Min ○ 15 Min ○ 30 Min ○ 45 Min ○ 60 Min ○ 120 Min

Authorized Units Per Period

#	Period	Units
1	Select ▼	
2	Select ▼	

Validation (If billable units exceed)
◉ Ignore (Create Billing data with calculated units ignoring maximum unit per period rule)
○ Restrict (Create billing data with available remaining units for the period. Any unit in excess of limit will be recorded as non billable)
○ Block (Block creation of any Billing Data if maximum unit limit per period is exceeded)

Specify Authorized Units per Month to get Monthly Utilization Report.

           vii.   Leave all other fields blank or as the default value.

          viii.   Scroll to the bottom right and click "Save"

    g. This will take you back to the main Service Authorization Screen.

    h. Select Different Notification Levels if you so choose or let set as the default values.

    i. Scroll to the bottom and click "Save", "Submit", or "Approve" based on your internal procedures. If no one other than the staff entering the authorization has to review or approve, then it is recommended to only click "Approve".

5. This completes setting up a new Service Authorization with the new ICD-10 Code linked to your billing claims submission.

Modifying Existing Service Authorizations (Only if no claims have been billed against the Service Authorization)

1. Go to your "Billing" tab

2. Click on "Search" to the right of Service Authorization
3. Select the service authorization for the individual you wish to modify
4. Under the "Service" section click on "Update" to the right of the service to be modified
5. Complete steps f-iv. and f-v. As listed above. (Primary Diagnosis Code and Diagnosis Code Pointer)
6. Scroll to the bottom and click "Save"
7. This returns you to the main Service Authorization page with the modifications just completed
8. Scroll to the bottom and click "Approve Update"
9. This completes the modification of an existing Service authorization for an individual