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DSS
Strong Families - South Dakota's Foundation and Our Future

October 16, 2015

ATTENTION: **South Dakota Medicaid Providers**

FROM: **South Dakota Medicaid**

RE: **ICD-10 Billing Tips**

Information regarding South Dakota Medicaid Claim denials

> **MA63-- Missing/incomplete/invalid principal diagnosis** means that the first listed or principal diagnosis on the claim cannot be used as a first listed or principal diagnosis. Review your coding manuals for how to use this code. A different code will need to be billed as first listed or principal diagnosis on the claim.

> **M76--Missing/incomplete/invalid diagnosis or condition** .The code may require additional characters – some codes cannot be used at the "header" level. Example: F1720 is not valid as it requires 6 digits, so F17200 or F17201 would be valid codes. These more specific codes can be determined by reviewing your medical records.

Following are tips on how to resolve claim denials for diagnosis and procedure code errors:

- The "ICD Indicator" on the claim form (Box 21) MUST be filled in, if a diagnosis is present on the claim. The field value (9 or 0) will indicate whether the code set used is ICD-9 or ICD-10.
- Check your coding resources to ensure that the code billed actually exists, and that you are using it appropriately. Some codes can only be used in specific ways.
    - Use a coding resource (like ICD10data.com or a coding book) to validate codes.
- The code used may need another code billed with it for clarity or additional information Refer to your coding resources for instructions.
- Avoid "unspecified" as a diagnosis unless it is necessary – be as detailed as the medical record permits.
- The code may be the wrong code-set for the date of service.
    - Services rendered on or after 10/1/2015 must be coded using the ICD-10 code-set.
    - Inpatient services for discharge dates on or after 10/1/2015 must also use the ICD-10 code-set.
- Check for typos or clear handwriting. ICD-10 codes are alpha-numeric and some characters can look like others if not typed or written clearly. Examples include: 0 and O, 1 and l, 5 and S, 4 and 9 can look similar on paper claims.

- o South Dakota encourages vendors to file electronically. If you are unable to file electronic claims it is best to send in type-written paper claims, not handwritten.

Use of ICD-10 Codes

- ICD-10 has many codes that are not permitted for use as a principal/first-listed diagnosis because they are intended only to provide supplemental information to a principal/first-listed diagnosis. Please refer to your ICD-10 code sources for guidance on identifying and using these codes.

- Principal Diagnosis only applies to inpatient claims: The principal diagnosis is defined as "that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care."

- Secondary or Other Diagnoses are "all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode which have no bearing on the current hospital stay are to be excluded."

Resources:

- SD Medicaid Project Website: www.dss.sd.gov/icd10
- SD Medicaid ICD-10
  Webinars: http://dss.sd.gov/medicaid/providers/icd10training.aspx
- SD Medicaid Updated Billing Manuals:
  http://dss.sd.gov/medicaid/providers/billingmanuals/

Contact Information:

- o Telephone Services Unit
    - (800) 452-7692 –In-State
    - (605) 945-5006 –Out-of-State

- o SD Medicaid ICD-10 Mailbox:
    - ICD10@state.sd.us

Thank you,

South Dakota Medicaid