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Strong Families - South Dakota's Foundation and Our Future

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PAPER CLAIMS FILING

School Districts have been exempt from using diagnosis codes in the past but will need to start using diagnosis codes by the end of 2016. It is required to use a diagnosis code that matches the condition for the service being provided, and we have attached instructions for identifying those codes.

South Dakota Medicaid is now utilizing an optical character reader for data entry of paper claims which requires us to follow HIPAA standards. You can find additional information on our website: http://dss.sd.gov/medicaid/ocr.aspx

We would like to take this opportunity to pass on additional criteria for paper claims. We encourage claims to be filed electronically. However, there remain a few situations in which paper claims are necessary. Claims submission formatting errors may result in returned or denied claims.

- Social Security numbers should NOT be shown on any documentation sent to South Dakota Medicaid.
    - This includes Medicare crossover claims – do NOT submit social security numbers.
- Claims should be submitted on current CMS approved versions of the CMS-1500 and CMS-1450 (UB-04) forms.
    - CMS approved forms are printed in special OCR-readable red ink.
- Data on claims must be within the lines of the fields and cannot crossover into other fields.
- Claims should be typewritten, not handwritten.
- Enter the necessary qualifiers associated with each data field (CTR, N4, ZZ, etc.). Please reference the billing manual if you have questions about when to use qualifiers.
- Do NOT staple through the bar code at the top of the claim form. Use a paperclip or staple in the middle on the top.
- Unnecessary stamping, writing, or stickers should be avoided.

Please pass this information along to billers and claim submission units within your organization. Additional information regarding billing and electronic filing can be found on our website. If you have questions please contact our Telephone Services Unit at (800) 452-7691, or (605) 945-5006 if calling from outside South Dakota. You may also reach us by email at DSS.Medicaid@state.sd.us.

Thank you!
South Dakota Medicaid

Reporting Diagnosis Codes

Identifying ICD-10-CM codes

ICD-10-CM (Clinical Modifications) classifies and describes (1) diseases and disorders and (2) signs, symptoms, and conditions. Codes begin with a letter and are 3-7 characters long.

Diseases and disorders vs. signs, symptoms and conditions

To report ICD-10-CM codes accurately, you must understand the difference between codes that describe diseases and disorders and codes that describe sign, symptoms and conditions.

Disease and disorder codes. These codes require a diagnosis from a physician. They generally describe a disease or disorder—not a sign, symptom or condition of that disease or disorder. For example:

> A primary care provider or mental health professional diagnoses attention-deficit hyperactivity disorder (*F90.9*) and gives written orders to administer medication to treat the disorder. You determine the school nurse will administer medication to the child. The nurse is treating the disorder. You will report *F90.9* as the ICD-10- CM code on the claim for administering medication.

Sign, symptom and condition codes. These codes do not require a diagnosis from a physician. They describe signs, symptoms and conditions that a child is exhibiting without necessarily implying a specific disease or disorder. Health-related service professionals can choose the sign, symptom or condition code to bill services that treat a sign, symptom or condition. For example:

> You determine that a child needs services from a Speech Language Pathologist (SLP). The SLP treats the child for slurred speech. The SLP will determine the ICD-10-CM code by finding the sign, symptom or condition of “slurred speech” classified under *R47.81*.

Who chooses the diagnosis code?

Physicians working within the scope of their practice may diagnose a child and provide the ICD-10-CM disease or disorder code for that diagnosis. If a code is not given with the diagnosis, you are encouraged to contact the provider for the appropriate code. If you do not receive a response, you may choose the code based on the diagnosis received.

When you do not have a diagnosis from the physician, you must identify the child’s health-related need, and the health professional will choose the sign, symptom or condition code that describes the service given to the child.

Health professionals include:

- Nurses
- Occupational Therapists
- Physical Therapists
- Speech-Language Pathologists
- Audiologists
- School Psychologists

Health professionals will also be responsible for choosing diagnosis codes for services provided by individuals who are not health professionals. These services include assistive technology, personal care assistance, special transportation and interpreters. When a child receives one of these services, you must choose the diagnosis code for the sign, symptom, or condition that justifies why the child received the service.

Online resources

ICD10Data.com is a commercial website that provides free access to ICD-10 codes and related information. You can search by keyword and navigate ICD-10-CM codes by chapter. Rely on the health-related interpretation justifying the child's service to identify the appropriate ICD-10-CM code.

Navigating ICD-10-CM codes

ICD-10-CM codes have 21 chapters that classify (1) diseases and disorders and (2) signs, symptoms and conditions. All ICD-10-CM codes beginning with the same letter are in the same chapter. For example, Chapter 5 contains mental, behavioral and neurodevelopmental disorders and all codes begin with the letter "F."

Be aware of coding rules. Some codes only apply to specific populations like age or gender. Find these rules by clicking the coding rules tab on ICD10Data.com.

Some ICD-10-CM codes are not billable. For example, F80 is not a billable code, because it describes a category of disorders ("Specific developmental disorders of speech and language"). But you can use the five codes categorized under F80, such as *F80.1* ("Expressive language disorder"), because it describes the disorder in better detail. ICD10Data.com tells you if a code is billable by placing a red arrow next to non-billable codes and a green arrow next to billable codes.

Report the most specific diagnosis code

You must report diagnosis codes that best describe why the child needs a Medicaid service. Ask if the service is (1) treating a disease or disorder diagnosed in the child or (2) treating a sign, symptom or condition.

In many situations, more than one code may be reported to clearly describe the treatment or service the child received. This may occur if a child has been diagnosed with a disease or disorder, and a child receives services for a sign, symptom or condition of that disease or disorder.

Think in terms of primary and secondary codes. The primary code will always be a disease or disorder code if a physician diagnosed the child with a disease or disorder. You may then report a secondary code describing the sign, symptom or condition treated in the child.

But if you do not have a diagnosis for the child, report the sign, symptom or condition code as the primary code. In this situation, there is no secondary code to report.

Reporting diagnosis codes on claims

Identify diagnosis codes once and use them for billing a service throughout the year, unless the need for service changes. When a child's need changes, the service or treatment will change. When submitting your claim, use the diagnosis pointer to identify the ICD-10-CM code for the service.