

ICD-10 Conversion Information

The purpose of this information is to provide guidance about the International Classification of Disease (ICD) transition from Version 9 (ICD-9) to Version 10 (ICD-10) and associated process changes for submitting diagnosis codes on the Medical Necessity/Level of Care (MN/LOC) Assessment for STAR+PLUS waiver or Community First Choice.

The Centers for Medicare and Medicaid Services (CMS) 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 individuals' program eligibility, changes to processes for submission of MN/LOCs are necessary during the transition period as outlined below:

- All MN/LOCs with submission dates prior to October 1, 2015, must be submitted using ICD-9 diagnostic codes only.
- All MN/LOCs with submission dates of October 1, 2015, or later must be submitted using ICD-10 diagnostic codes only.
- MN/LOC submissions with multiple diagnoses must be submitted using diagnosis codes of the same version (i.e., ICD-9 or ICD-10), and in accordance with the MN/LOC submission date information indicated above.

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

If you have questions, please contact Chris Welch at Chris.Welch@hpsc.state.tx.us with a copy to your health plan management team.