



Date: April 27, 2017

To: Deaf-Blind with Multiple Disabilities (DBMD) Service Providers  
Community Living Assistance and Supports Services (CLASS) Providers  
Home and Community-based Services (HCS) Program Providers  
Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICFs/IID) Providers  
Local Intellectual and Developmental Disability Authorities (LIDDAs)  
Texas Home Living (TxHmL) Program Providers

Subject: Information Letter No. 17-09 — Changes to Diagnostic Codes on the DADS-Approved Related Conditions List

On October 1, 2016, the Centers for Medicare and Medicaid Services implemented an annual update to the International Classification of Diseases, Tenth Revision (ICD-10) code set, which includes new and revised ICD-10 diagnostic codes.

The ICD-10 2017 code set contains more specified codes. In some cases diagnostic codes with less specification are no longer valid. In some cases more than one new unique codes were created to replace the less specific code. Due to the 2017 updates, the Texas Health and Human Services Commission (HHSC) has the revised the Texas Department of Aging and Disability Services (DADS)-Approved Related Conditions list to remove the ICD-10 diagnosis codes that are no longer valid and include, where applicable, corresponding ICD-10 diagnosis codes.

All Intellectual Disability/Related Conditions Assessments (ID/RCs) and claims must be submitted using an individual's valid ICD-10 diagnostic code. To ensure there is no lapse in the program eligibility of an individual who you provide services to or denial of claims, program providers and LIDDAs must comply with the following:

- All ID/RCs with effective dates prior to October 1, 2016, must be submitted using the ICD-10 2016 code set.
- All ID/RCs with effective dates on or after October 1, 2016, must be submitted using the ICD-10 2017 code set.
- All claims for service with effective dates prior to October 1, 2016, must be submitted using the ICD-10 2016 code set.
- All claims for service with effective dates on or after October 1, 2016, must be submitted using the ICD-10 2017 code set.

If an individual's current diagnosis is no longer valid, the program provider or LIDDA must obtain an ICD-10 code from a physician who is attesting to the diagnosis. HHSC encourages program providers and LIDDAs to be proactive in obtaining an individual's ICD-10 diagnosis codes.

Attached to this IL is a list of invalid ICD-10 related conditions codes. To assist providers, HHSC also provided a table for codes that were able to be cross-walked. If an individual was assigned a code from the previous ICD-10 code set, a provider may use the corresponding ICD-10 code on the table to renew the ID/RC without obtaining a physician's attestation.

Also attached to this IL is a sample letter that a program provider or LIDDA may give a physician to explain HHSC's eligibility requirements regarding the inclusion of an individual's valid ICD-10 code on an ID/RC in order to receive long-term supports and services.

A program provider or LIDDA can refer to the [DADS-Approved Diagnostic Codes for Persons with Related Conditions list](#) for a complete list of valid ICD-10 related conditions codes.

Questions about this IL may be emailed to [Mary.Valente@hhsc.state.tx.us](mailto:Mary.Valente@hhsc.state.tx.us). In the subject line please use "Information Letter No. 17-09".

Sincerely,

*[signature on file]*

Emily Zalkovsky  
Deputy Associate Commissioner  
Medicaid and CHIP Services Department

Attachments:

- Attachment A - List of Invalid ICD-10 Related Conditions Codes
- Attachment B - Letter to Physicians



## List of Invalid ICD-10 Related Conditions Codes

The following ICD-10 diagnoses codes are no longer valid and are deleted from the DADS-Approved Related Conditions List:

I6901	Cognitive deficits following nontraumatic subarachnoid hemorrhage
I6911	Cognitive deficits following nontraumatic intracerebral hemorrhage
I6921	Cognitive deficits following other nontraumatic intracranial hemorrhage
I6931	Cognitive deficits following cerebral infarction
I6981	Cognitive deficits following other cerebrovascular disease
I6991	Cognitive deficits following unspecified cerebrovascular disease
S0210XA	Unspecified fracture of base of skull, initial encounter for closed fracture
S0210XB	Unspecified fracture of base of skull, initial encounter for open fracture
S028XXA	Fractures of other specified skull and facial bones, initial encounter for closed fracture
S028XXB	Fractures of other specified skull and facial bones, initial encounter for open fracture
S028XXD	Fractures of other specified skull and facial bones, subsequent encounter for fracture with routine healing
S028XXG	Fractures of other specified skull and facial bones, subsequent encounter for fracture with routine healing
S028XXK	Fractures of other specified skull and facial bones, subsequent encounter for fracture with nonunion
S028XXS	Fractures of other specified skull and facial bones, sequela

The following invalid/discontinued codes can be cross walked to existing ICD-10 codes:

Invalid / Discontinued Code	New Diagnosis Description	New Code	New Diagnosis Description
S060X3A	Concussion with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter	S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter
S060X4A	Concussion with loss of consciousness of 6 hours to 24 hours, initial encounter	S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter

Invalid / Discontinued Code	New Diagnosis Description	New Code	New Diagnosis Description
S060X4D	Concussion with loss of consciousness of 6 hours to 24 hours, subsequent encounter	S06.0X9D	Concussion with loss of consciousness of unspecified duration, subsequent encounter
S060X5A	Concussion with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter	S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter
S060X5D	Concussion with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter	S06.0X9D	Concussion with loss of consciousness of unspecified duration, subsequent encounter
S060X5S	Concussion with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela	S06.0X9S	Concussion with loss of consciousness of unspecified duration, sequela
S060X6A	Concussion with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter	S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter
S060X6D	Concussion with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter	S06.0X9D	Concussion with loss of consciousness of unspecified duration, subsequent encounter
S060X6S	Concussion with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela	S06.0X9S	Concussion with loss of consciousness of unspecified duration, sequela



April 27, 2017

Dear Physician,

The purpose of this letter is to inform you that the Health and Human Services Commission (HHSC) requires its Medicaid contractors that provide intellectual disability waiver services to ensure valid ICD-10 codes are used on all diagnostic reassessments to establish ongoing eligibility of individuals receiving Medicaid services. As a result of updates in the ICD-10 2017 code set, you have at least one patient receiving services who no longer has a valid ICD-10 code establishing eligibility for waiver services funded by HHSC. If the individual's reassessment was completed on or after October 1, 2016, HHSC requires diagnostic assessments be submitted using the ICD-10 2017 code set.

To facilitate this transition, please provide the HHSC contracted service provider documentation of the patient's updated valid ICD-10 diagnosis codes for inclusion on the patient's Intellectual Disability/Related Conditions (ID/RC) Assessment form.

Thank you for assistance. If you have any questions, please contact Mary Valente by phone at 512-438-4287 or by email at [Mary.Valente@hhsc.state.tx.us](mailto:Mary.Valente@hhsc.state.tx.us).

Sincerely,

*[signature on file]*

Emily Zalkovsky  
Deputy Associate Commissioner  
Medicaid and CHIP Services Department

Resource:

[ICD-10 DADS Approved Related Condition List](#)