

# ICD-10 CODING CHANGES for Medicaid Redesign Team (MRT) Basic Benefit Initiatives

The U.S. Department of Health and Human Services issued a rule finalizing *October 1, 2015* as the compliance date for health care providers, health plans and health care clearinghouses to transition to the tenth revision of the International Classification of Diseases (ICD-10) diagnosis codes. **Effective for dates of service on and after October 1, 2015** all Medicaid providers must use the ICD-10 diagnosis codes on all claims submitted to fee-for-service Medicaid and Medicaid Managed Care.

The following is a list of the Medicaid Redesign Team (MRT) initiatives that have been implemented. The procedures addressed in these initiatives require specific diagnoses that support the medical necessity of the procedure. Several initiatives list diagnoses for which the procedure would not be considered medically necessary.

Each initiative listed below includes a link to the original Medicaid Update article(s) where a detailed description of the coverage policy and the related ICD-9 coding guidance was published. Tables containing the ICD-10 diagnosis codes applicable to the specific coverage policy are included below each initiative. Applicable procedure codes can be found in the Medicaid Updates.

Note: Practitioners are responsible for ensuring that the codes submitted for reimbursement accurately reflect the patient's diagnosis, based on the documentation in the medical record, and the service(s) or procedure(s) that were provided. Post payment reviews are conducted by the Office of the Medicaid Inspector General (OMIG) on adjudicated claims. Medical records must be maintained by providers for a period of not less than six years from the date of payment.

- **Arthroscopy of the Knee for Osteoarthritis**

Coverage of arthroscopy of knee for osteoarthritis alone without mechanical destruction was eliminated. Arthroscopy will be covered for osteoarthritis in combination with a diagnosis reflecting mechanical destruction of the knee. Arthroscopy continues to be covered for diagnoses reflecting mechanical destruction or other diagnoses of the knee.

Medicaid Update article(s) outlining the coverage policy can be accessed at the following links:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2012/2012-04.htm](http://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-04.htm)

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2012/2012-11.htm](http://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-11.htm)

**The following ICD-10 codes for osteoarthritis of the knee when reported as a standalone diagnosis are not covered:**

M15.0	M15.3	M15.4	M15.8	M15.9	M17.0	M17.10	M17.11	M17.12	M17.2
M17.30	M17.31	M17.32	M17.4	M17.5	M17.9	M19.90	M19.91	M19.92	M19.93

- **Elective Deliveries by Cesarean Section or Induction of Labor at Less than 39 Weeks Gestation**

Elective C-section deliveries and inductions of labor under 39 weeks gestation are subject to a reduction in payment unless a documented acceptable medical indication for the early delivery is present.

Medicaid Update article(s) outlining the coverage policy can be accessed at the following links:

[https://www.health.ny.gov/health\\_care/medicaid/program/update/2013/2013-06.htm#tive](https://www.health.ny.gov/health_care/medicaid/program/update/2013/2013-06.htm#tive)

[https://www.health.ny.gov/health\\_care/medicaid/program/update/2014/2014-06.htm](https://www.health.ny.gov/health_care/medicaid/program/update/2014/2014-06.htm)

[https://www.health.ny.gov/health\\_care/medicaid/program/update/2015/2015-04.htm](https://www.health.ny.gov/health_care/medicaid/program/update/2015/2015-04.htm)

**The following ICD-10 diagnosis codes are considered acceptable medical indications for elective C-sections and inductions of labor under 39 weeks gestation:**

O10.112	O10.113	O10.212	O10.213	O10.312	O10.313	O11.2	O11.3	O14.12	O14.13
O14.22	O14.23	O15.02	O15.03	O22.52	O22.53	O26.613	O29.112	O29.113	O30.022
O30.023	O30.102	O30.103	O30.112	O30.113	O30.122	O30.123	O30.192	O30.193	O30.202
O30.203	O30.212	O30.213	O30.222	O30.223	O30.292	O30.293	O31.20X2	O31.20X3	O31.20X9
O31.22	O31.22X2	O31.22X3	O31.22X4	O31.22X5	O31.22X9	O31.23	O31.23X2	O31.23X3	O31.23X4
O31.23X5	O31.23X9	O34.522	O34.523	O35.0	O35.0XX0	O35.0XX1	O35.0XX2	O35.0XX3	O35.0XX4
O35.0XX5	O35.0XX9	O35.1XX0	O35.1XX1	O35.1XX2	O35.1XX3	O35.1XX4	O35.1XX5	O35.1XX9	O35.2
O35.2XX0	O35.2XX1	O35.2XX2	O35.2XX3	O35.2XX4	O35.2XX5	O35.2XX9	O35.3XX0	O35.3XX1	O35.3XX2
O35.3XX3	O35.3XX4	O35.3XX5	O35.3XX9	O35.9XX0	O35.9XX1	O35.9XX2	O35.9XX3	O35.9XX4	O35.9XX5
O35.9XX9	O36.0120	O36.0121	O36.0122	O36.0123	O36.0124	O36.0125	O36.0129	O36.0130	O36.0131
O36.0132	O36.0133	O36.0134	O36.0135	O36.0139	O36.0920	O36.0921	O36.0922	O36.0923	O36.0924
O36.0925	O36.0929	O36.0930	O36.0931	O36.0932	O36.0933	O36.0934	O36.0935	O36.0939	O36.1120
O36.1121	O36.1122	O36.1123	O36.1124	O36.1125	O36.1129	O36.1130	O36.1131	O36.1132	O36.1133
O36.1134	O36.1135	O36.1139	O36.1920	O36.1921	O36.1922	O36.1923	O36.1924	O36.1925	O36.1929

O36.1930	O36.1931	O36.1932	O36.1933	O36.1934	O36.1935	O36.1939	O36.220	O36.221	O36.222
O36.223	O36.224	O36.225	O36.229	O36.230	O36.231	O36.232	O36.233	O36.234	O36.235
O36.239	O36.4XX0	O36.4XX1	O36.4XX2	O36.4XX3	O36.4XX4	O36.4XX5	O36.4XX9	O36.5120	O36.5121
O36.5122	O36.5123	O36.5124	O36.5125	O36.5129	O36.5130	O36.5131	O36.5132	O36.5133	O36.5134
O36.5135	O36.5139	O36.5920	O36.5921	O36.5922	O36.5923	O36.5924	O36.5925	O36.5929	O36.5930
O36.5931	O36.5932	O36.5933	O36.5934	O36.5935	O36.5939	O36.62X0	O36.62X1	O36.62X2	O36.62X3
O36.62X4	O36.62X5	O36.62X9	O36.63X0	O36.63X1	O36.63X2	O36.63X3	O36.63X4	O36.63X5	O36.63X9
O36.72X0	O36.72X1	O36.72X2	O36.72X3	O36.72X4	O36.72X5	O36.72X9	O36.73X0	O36.73X1	O36.73X2
O36.73X3	O36.73X4	O36.73X5	O36.73X9	O36.8120	O36.8121	O36.8122	O36.8123	O36.8124	O36.8125
O36.8129	O36.8130	O36.8131	O36.8132	O36.8133	O36.8134	O36.8135	O36.8139	O41.1020	O41.1021
O41.1022	O41.1023	O41.1024	O41.1025	O41.1029	O41.1030	O41.1031	O41.1032	O41.1033	O41.1034
O41.1035	O41.1039	O41.1220	O41.1221	O41.1222	O41.1223	O41.1224	O41.1225	O41.1229	O41.1230
O41.1231	O41.1232	O41.1233	O41.1234	O41.1235	O41.1239	O41.1420	O41.1421	O41.1422	O41.1423
O41.1424	O41.1425	O41.1429	O41.1430	O41.1431	O41.1432	O41.1433	O41.1434	O41.1435	O41.1439
O43.012	O43.013	O43.019	O43.0220	O43.0221	O43.0222	O43.0223	O43.0224	O43.0225	O43.0229
O43.0230	O43.0231	O43.0232	O43.0233	O43.0234	O43.0235	O43.0239	O44.02	O44.03	O44.12
O44.13	O45.002	O45.003	O45.012	O45.013	O45.022	O45.023	O45.092	O45.093	O45.8X2
O45.8X3	O45.92	O45.93	O46.002	O46.003	O46.012	O46.013	O46.022	O46.023	O46.092
O46.093	O46.8X2	O46.8X3	O46.92	O46.93	O60.12X0	O60.12X1	O60.12X2	O60.12X3	O60.12X4
O60.12X5	O60.12X9	O60.13X0	O60.13X1	O60.13X2	O60.13X3	O60.13X4	O60.13X5	O60.13X9	O60.14X0
O60.14X1	O60.14X2	O60.14X3	O60.14X4	O60.14X5	O60.14X9	O71.02	O71.03	O75.82	O88.212
O88.213	O88.312	O88.313	O88.812	O88.813	O9A.112	O9A.113	XXXX	XXXX	XXXX

- **Functional Electrical Stimulation (FES)**

Functional electrical stimulation is not covered for the following conditions: spinal cord injury; head injury; cerebral palsy; and upper motor neuron diseases (Parkinson's disease, late effects of acute poliomyelitis, anterior horn cell diseases, multiple sclerosis, and other demyelinating diseases).

Medicaid Update article(s) outlining the coverage policy can be accessed at the following link:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2013/2013-09.htm](http://www.health.ny.gov/health_care/medicaid/program/update/2013/2013-09.htm)

**Functional electrical stimulation is not covered for any ICD-10 diagnosis codes within the following ranges:**

	ICD-10 Codes/Code Ranges
Head	S00XXXX-S09XXXX
Spinal Cord	S11XXXX-S19XXXX S21XXXX-S24XXXX S31XXXX-S34XXXX
Cerebral Palsy	G80X
Parkinson's Disease	G20X-G21X
Polio	B91
Systemic Atrophies	G10X-G14X
Extrapyramidal and Movement Disorders	G23X G24X-G25X
Demyelinating Diseases of the Central Nervous System	G35X-G37X

- **Lumbar Discography**

This coverage policy is currently under review. Additional information will be forthcoming.

Medicaid Update article(s) outlining the coverage policy can be accessed at the following link:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2013/2013-09.htm](http://www.health.ny.gov/health_care/medicaid/program/update/2013/2013-09.htm)

- **Implantable Infusion Pumps for Opioid Administration in Patients with Non-Cancer Pain**

Coverage of implantable infusion pumps, to deliver an opioid to a patient with a non-cancer diagnosis, has been eliminated. Implantable infusion pumps continue to be covered for cancer diagnoses.

Medicaid Update article(s) outlining the coverage policy can be accessed at the following link:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2013/2013-09.htm](http://www.health.ny.gov/health_care/medicaid/program/update/2013/2013-09.htm)

**Implantable Infusion Pumps continue to be a covered benefit for patients with the any of the following ICD-10 cancer diagnoses:**

C000	C001	C002	C003	C004	C005	C006	C008	C009	C01
C020	C021	C022	C023	C024	C028	C029	C030	C031	C039
C040	C041	C048	C049	C050	C051	C052	C058	C059	C060
C061	C062	C0680	C0689	C069	C07	C080	C081	C089	C090
C091	C098	C099	C100	C101	C102	C103	C104	C108	C109
C110	C111	C112	C113	C118	C119	C12	C130	C131	C132
C138	C139	C140	C142	C148	C153	C154	C155	C158	C159
C160	C161	C162	C163	C164	C165	C166	C168	C169	C170
C171	C172	C173	C178	C179	C180	C181	C182	C183	C184
C185	C186	C187	C188	C189	C19	C20	C210	C211	C212
C218	C220	C221	C222	C223	C224	C227	C228	C229	C23
C240	C241	C248	C249	C250	C251	C252	C253	C254	C257
C258	C259	C260	C261	C269	C300	C301	C310	C311	C312
C313	C318	C319	C320	C321	C322	C323	C328	C329	C33
C3400	C3401	C3402	C3410	C3411	C3412	C342	C3430	C3431	C3432
C3480	C3481	C3482	C3490	C3491	C3492	C37	C380	C381	C382
C383	C384	C388	C390	C399	C4000	C4001	C4002	C4010	C4011
C4012	C4020	C4021	C4022	C4030	C4031	C4032	C4080	C4081	C4082
C4090	C4091	C4092	C410	C411	C412	C413	C414	C419	C430
C4310	C4311	C4312	C4320	C4321	C4322	C4330	C4331	C4339	C434
C4351	C4352	C4359	C4360	C4361	C4362	C4370	C4371	C4372	C438
C439	C4400	C4401	C4402	C4409	C44101	C44102	C44109	C44111	C44112
C44119	C44121	C44122	C44129	C44191	C44192	C44199	C44201	C44202	C44209
C44211	C44212	C44219	C44221	C44222	C44229	C44291	C44292	C44299	C44300
C44301	C44309	C44310	C44311	C44319	C44320	C44321	C44329	C44390	C44391
C44399	C4440	C4441	C4442	C4449	C44500	C44501	C44509	C44510	C44511
C44519	C44520	C44521	C44529	C44590	C44591	C44599	C44601	C44602	C44609
C44611	C44612	C44619	C44621	C44622	C44629	C44691	C44692	C44699	C44701
C44702	C44709	C44711	C44712	C44719	C44721	C44722	C44729	C44791	C44792
C44799	C4480	C4481	C4482	C4489	C4490	C4491	C4492	C4499	C450
C451	C452	C457	C459	C460	C461	C462	C463	C464	C4650
C4651	C4652	C467	C469	C470	C4710	C4711	C4712	C4720	C4721
C4722	C473	C474	C475	C476	C478	C479	C480	C481	C482
C488	C490	C4910	C4911	C4912	C4920	C4921	C4922	C493	C494
C495	C496	C498	C499	C4A0	C4A10	C4A11	C4A12	C4A20	C4A21
C4A22	C4A30	C4A31	C4A39	C4A4	C4A51	C4A52	C4A59	C4A60	C4A61
C4A62	C4A70	C4A71	C4A72	C4A8	C4A9	C50011	C50012	C50019	C50021
C50022	C50029	C50111	C50112	C50119	C50121	C50122	C50129	C50211	C50212

C50219	C50221	C50222	C50229	C50311	C50312	C50319	C50321	C50322	C50329
C50411	C50412	C50419	C50421	C50422	C50429	C50511	C50512	C50519	C50521
C50522	C50529	C50611	C50612	C50619	C50621	C50622	C50629	C50811	C50812
C50819	C50821	C50822	C50829	C50911	C50912	C50919	C50921	C50922	C50929
C510	C511	C512	C518	C519	C52	C530	C531	C538	C539
C540	C541	C542	C543	C548	C549	C55	C561	C562	C569
C5700	C5701	C5702	C5710	C5711	C5712	C5720	C5721	C5722	C573
C574	C577	C578	C579	C58	C600	C601	C602	C608	C609
C61	C6200	C6201	C6202	C6210	C6211	C6212	C6290	C6291	C6292
C6300	C6301	C6302	C6310	C6311	C6312	C632	C637	C638	C639
C641	C642	C649	C651	C652	C659	C661	C662	C669	C670
C671	C672	C673	C674	C675	C676	C677	C678	C679	C680
C681	C688	C689	C6900	C6901	C6902	C6910	C6911	C6912	C6920
C6921	C6922	C6930	C6931	C6932	C6940	C6941	C6942	C6950	C6951
C6952	C6960	C6961	C6962	C6980	C6981	C6982	C6990	C6991	C6992
C700	C701	C709	C710	C711	C712	C713	C714	C715	C716
C717	C718	C719	C720	C721	C7220	C7221	C7222	C7230	C7231
C7232	C7240	C7241	C7242	C7250	C7259	C729	C73	C7400	C7401
C7402	C7410	C7411	C7412	C7490	C7491	C7492	C750	C751	C752
C753	C754	C755	C758	C759	C760	C761	C762	C763	C7640
C7641	C7642	C7650	C7651	C7652	C768	C770	C771	C772	C773
C774	C775	C778	C779	C7800	C7801	C7802	C781	C782	C7830
C7839	C784	C785	C786	C787	C7880	C7889	C7900	C7901	C7902
C7910	C7911	C7919	C792	C7931	C7932	C7940	C7949	C7951	C7952
C7960	C7961	C7962	C7970	C7971	C7972	C7981	C7982	C7989	C799
C7A00	C7A010	C7A011	C7A012	C7A019	C7A020	C7A021	C7A022	C7A023	C7A024
C7A025	C7A026	C7A029	C7A090	C7A091	C7A092	C7A093	C7A094	C7A095	C7A096
C7A098	C7A1	C7A8	C7B00	C7B01	C7B02	C7B03	C7B04	C7B09	C7B1
C7B8	C800	C801	C802	C8100	C8101	C8102	C8103	C8104	C8105
C8106	C8107	C8108	C8109	C8110	C8111	C8112	C8113	C8114	C8115
C8116	C8117	C8118	C8119	C8120	C8121	C8122	C8123	C8124	C8125
C8126	C8127	C8128	C8129	C8130	C8131	C8132	C8133	C8134	C8135
C8136	C8137	C8138	C8139	C8140	C8141	C8142	C8143	C8144	C8145
C8146	C8147	C8148	C8149	C8170	C8171	C8172	C8173	C8174	C8175
C8176	C8177	C8178	C8179	C8190	C8191	C8192	C8193	C8194	C8195
C8196	C8197	C8198	C8199	C8200	C8201	C8202	C8203	C8204	C8205
C8206	C8207	C8208	C8209	C8210	C8211	C8212	C8213	C8214	C8215
C8216	C8217	C8218	C8219	C8220	C8221	C8222	C8223	C8224	C8225
C8226	C8227	C8228	C8229	C8230	C8231	C8232	C8233	C8234	C8235
C8236	C8237	C8238	C8239	C8240	C8241	C8242	C8243	C8244	C8245
C8246	C8247	C8248	C8249	C8250	C8251	C8252	C8253	C8254	C8255

C8256	C8257	C8258	C8259	C8260	C8261	C8262	C8263	C8264	C8265
C8266	C8267	C8268	C8269	C8280	C8281	C8282	C8283	C8284	C8285
C8286	C8287	C8288	C8289	C8290	C8291	C8292	C8293	C8294	C8295
C8296	C8297	C8298	C8299	C8300	C8301	C8302	C8303	C8304	C8305
C8306	C8307	C8308	C8309	C8310	C8311	C8312	C8313	C8314	C8315
C8316	C8317	C8318	C8319	C8330	C8331	C8332	C8333	C8334	C8335
C8336	C8337	C8338	C8339	C8350	C8351	C8352	C8353	C8354	C8355
C8356	C8357	C8358	C8359	C8370	C8371	C8372	C8373	C8374	C8375
C8376	C8377	C8378	C8379	C8380	C8381	C8382	C8383	C8384	C8385
C8386	C8387	C8388	C8389	C8390	C8391	C8392	C8393	C8394	C8395
C8396	C8397	C8398	C8399	C8400	C8401	C8402	C8403	C8404	C8405
C8406	C8407	C8408	C8409	C8410	C8411	C8412	C8413	C8414	C8415
C8416	C8417	C8418	C8419	C8440	C8441	C8442	C8443	C8444	C8445
C8446	C8447	C8448	C8449	C8460	C8461	C8462	C8463	C8464	C8465
C8466	C8467	C8468	C8469	C8470	C8471	C8472	C8473	C8474	C8475
C8476	C8477	C8478	C8479	C8490	C8491	C8492	C8493	C8494	C8495
C8496	C8497	C8498	C8499	C84A0	C84A1	C84A2	C84A3	C84A4	C84A5
C84A6	C84A7	C84A8	C84A9	C84Z0	C84Z1	C84Z2	C84Z3	C84Z4	C84Z5
C84Z6	C84Z7	C84Z8	C84Z9	C8510	C8511	C8512	C8513	C8514	C8515
C8516	C8517	C8518	C8519	C8520	C8521	C8522	C8523	C8524	C8525
C8526	C8527	C8528	C8529	C8580	C8581	C8582	C8583	C8584	C8585
C8586	C8587	C8588	C8589	C8590	C8591	C8592	C8593	C8594	C8595
C8596	C8597	C8598	C8599	C860	C861	C862	C863	C864	C865
C866	C880	C882	C883	C884	C888	C889	C9000	C9001	C9002
C9010	C9011	C9012	C9020	C9021	C9022	C9030	C9031	C9032	C9100
C9101	C9102	C9110	C9111	C9112	C9130	C9131	C9132	C9140	C9141
C9142	C9150	C9151	C9152	C9160	C9161	C9162	C9190	C9191	C9192
C91A0	C91A1	C91A2	C91Z0	C91Z1	C91Z2	C9200	C9201	C9202	C9210
C9211	C9212	C9220	C9221	C9222	C9230	C9231	C9232	C9240	C9241
C9242	C9250	C9251	C9252	C9260	C9261	C9262	C9290	C9291	C9292
C92A0	C92A1	C92A2	C92Z0	C92Z1	C92Z2	C9300	C9301	C9302	C9310
C9311	C9312	C9330	C9331	C9332	C9390	C9391	C9392	C93Z0	C93Z1
C93Z2	C9400	C9401	C9402	C9420	C9421	C9422	C9430	C9431	C9432
C9440	C9441	C9442	C946	C9480	C9481	C9482	C9500	C9501	C9502
C9510	C9511	C9512	C9590	C9591	C9592	C960	C962	C964	C965
C966	C969	C96A	C96Z	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX

- **Transcutaneous Electrical Nerve Stimulation (TEN)**

Coverage of transcutaneous nerve stimulation (TENS) for diagnoses other than osteoarthritis of the knee has been eliminated.

Medicaid Update article(s) outlining the coverage policy can be accessed at the following link:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2013/2013-09.htm](http://www.health.ny.gov/health_care/medicaid/program/update/2013/2013-09.htm)

**TENS units continue to be covered for patients with any of the following ICD-10 diagnoses:**

M17.0	M17.10	M17.11	M17.12	M17.2	M17.30	M17.31	M17.32	M17.4	M17.5
M17.9	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX

- **Viscosupplementation of the Knee for Osteoarthritis**

Coverage of viscosupplementation of the knee for osteoarthritis has been eliminated.

Medicaid Update article(s) outlining the coverage policy can be accessed at the following link:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2014/2014-03.htm](http://www.health.ny.gov/health_care/medicaid/program/update/2014/2014-03.htm)

**The following ICD-10 diagnosis codes are associated with a non-coverage decision:**

M15.0	M15.3	M15.4	M15.8	M15.9	M17.0	M17.10	M17.11	M17.12	M17.2
M17.30	M17.31	M17.32	M17.4	M17.5	M17.9	M19.90	M19.91	M19.92	M19.93

**There will be no reimbursement provided by NYS Medicaid for the following codes when reported with CPT code 20610 and any ICD-10 diagnosis code listed above:**

J3470	J3471	J3472	J3473	J7321
J7323	J7324	J7325	J7326	J7327

- **Smoking Cessation Counseling (SCC) by Dentists**

Dental practitioners will be able to provide and receive reimbursement for smoking cessation counseling, as defined in their scope of practice.



Medicaid Update article(s) outlining the coverage policy can be accessed at the following link:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2014/2014-05.htm](http://www.health.ny.gov/health_care/medicaid/program/update/2014/2014-05.htm)

The claim for smoking cessation counseling must include one of the following ICD-10 codes:

F17.200	F17.201	F17.203	F17.208	F17.209	F17.210	F17.211	F17.213	F17.218	F17.219
F17.220	F17.221	F17.223	F17.228	F17.229	F17.290	F17.291	F17.293	F17.298	F17.299

Questions regarding Medicaid fee-for-service policy should be directed to the Division of Program Development and Management at (518) 473-2160. Questions regarding Medicaid Managed Care (MMC) reimbursement and/or documentation requirements should be directed to the enrollee's MMC Plan.