



State of Tennessee
Department of Finance and Administration
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243

IMPORTANT MEMORANDUM

DATE: September 9, 2011

TO: Administrators, Intermediate Care Nursing Facilities (Level 1) and Skilled Care Facilities (Level 2)

FROM: Pat Santel, Deputy of LTC Operations
Tony Mathews, Asst. Deputy of LTC Operations

SUBJECT: ICD-9 Coding Changes

This memo is being sent to advise you of important system changes that are being made to the Bureau's Medicaid Managed Care System (MMIS) that will require some ICFs/MR to revise coding for certain diagnoses.

It has come to the attention of the LTC Division that some facilities have been submitting "invalid" diagnosis codes, and additionally that these inappropriate codes have been processing through the system allowing facilities to be reimbursed using these invalid codes.

Please be advised that effective **October 1, 2011** claims submitted with invalid diagnosis codes will be denied. The MMIS has been updated to allow *only* valid ICD-9 codes to pay. Thus all claims must contain the correct code that reflects the appropriate diagnosis (identified in the attached table). These coding requirements are not new. They reflect the codes stipulated in the ICD-9 Manual.

The attached table provides a description of the various codes 1) that are **incorrect, as indicated in the first column** and are currently being submitted inappropriately, 2) the correct code, **identified in the second column** that "**must**" be used as applicable for each diagnosis, 3) the description or diagnosis that reflects the specific code.

It is extremely important that you update your online claim summary (TAD) with these coding changes prior to the submission of your claims for September 2011 dates of service. The online claim summary will be available for updates beginning **September 26, 2011**.

If you have any questions regarding this memo, please contact the Division of Long Term Care @ 1-877-224-0219.

INCORRECT DIAGNOSIS CODE	CORRECT DIAGNOSIS	DESCRIPTION
3170	317	MILD MENTAL RETARDATION
3190	319	UNSPECIFIED MENTAL RETARD
29000	2900	DSM SENILE DEMENTIA UNCOM
29100	2910	DSM ALCOHOL WITHDRAWAL DE
29110	2911	DSM ALCOHOL AMNESTIC SYND
29120	2912	DSM OTHER ALCOHOLIC DEMEN
29180	2918	DSM OTHER SPEC ALCOHOL PS
29200	2920	DSM DRUG WITHDRAWAL SYNDR
29400	2940	DSM AMNESTIC SYNDROME
29480	2948	DSM UNSPECIFIED ORGANIC B
29670	2967	DSM BIPOLAR AFFECTIVE DIS
29710	2971	DSM PARANOIA
29790	2979	DSM UNSPECIFIED ATYPICAL
29880	2988	DSM OTHER UNSPEC BRIEF RE
29890	2989	DSM UNSPEC ATYPICAL PSYCH
30030	3003	DSM OBSESSIVE COMPULSIVE
30040	3004	DSM NEUROTIC DEPRESSION
30090	3009	DSM UNSPECIF NEUROTIC MEN
30160	3016	DSM DEPENDENT PERSONALITY
30290	3029	DSM OTHER SPECIFIED PSYCH
30710	3071	DSM ANOREXIA NERVOSA
30830	3083	DSM OTHER ACUTE REACTIONS
30900	3090	DSM BRIEF DEPRESSIVE REAC
30940	3094	DSM ADJUSTMENT REACTION D
30990	3099	DSM UNSPECIFIED ADJUSTMENT REA
31010	3101	DSM ORGANIC PERSONALITY S
31290	3129	DSM UNSPECIFIED ATYPICAL
31590	3159	DSM UNSPECIFIED DELAYS IN
31600	316	DSM PSYCHIC PSYCHOLOGICAL
31700	317	DSM MILD MENTAL RETARDATI
31800	318	DSM MODERATE MENTAL RETAR
31810	3181	DSM SEVERE MENTAL RETARDA
31820	3182	DSM PROFOUND MENTAL RETAR
31900	319	DSM UNSPECIFIED MENTAL RE
79990	7999	DEFERRED DIAGNOSIS
V6520	V652	DSM PERSON FEIGNING ILLNE