

How school psychologists can comply with the requirement for ICD-10-CM codes for IEP health related services

Introduction: For dates of service on or after Oct. 1, 2015, federal law requires schools to report ICD-10-CM codes for IEP health-related services billed to Minnesota Health Care Programs (MCHP) (which includes Medical Assistance and Minnesota Care) for IEP services. Schools must submit an individual ICD-10-CM code for each specific service provided to a child. The Minnesota Department of Education and Department of Human Services (DHS) have previously published an FAQ document related to this rule, which can be found at (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7092-ENG>). A video describing the nature and use of ICD-10 CM codes in schools can be found at: <https://www.youtube.com/watch?v=j8mEclVVoZM>. Please review these resources.

To review services that are billable and general instructions for billing, see the [DHS IEP Services](#) webpage, in particular, the [Provider Manual](#).

The federal Centers for Medicaid and Medicare Services (CMS) is the source for billable codes for IEP Health Related Services. A use-friendly website for searching codes is ICD10data.com. Codes are in chapters (A –Z) related to body systems and health conditions.

School psychologists need to know:

- 1) All health providers, which include school psychologists, must *identify* ICD-10-CM codes for children receiving health related services in order to bill for health related services. Billing may include *evaluation* as well as *direct services* provided through an IEP.
- 2) Scope of practice of school psychologists trained in National Association of School Psychologists - approved programs, according to licensure and standards of practice.
 - a) School psychologists will most often assign codes related to *signs and symptoms* and *not* diagnostic codes.
 - i) Codes that begin with F are diagnostic, and those that begin with R are for signs and symptoms.
 - b) If a diagnostic code has been provided by a medical or other licensed provider, the diagnostic code should be used. However, if the child does not have an outside diagnosis, signs and symptoms codes can be used.
 - i) For a clinical evaluation that does not include an ICD-10 CM code or DSM-V diagnosis, please contact the clinical provider to assign a code, or rely upon signs and symptoms codes for your own billing
 - c) For school psychologists with an LP granted by the Minnesota Board of Psychology, diagnostic codes may also be assigned.
 - i) At this time, the Board of Psychology has not printed any materials guiding the use by licensed psychologists. MSPA's consultation with the Minnesota Board of Psychology suggests that psychologists use clinical judgment in assigning ICD-10 CM codes and exercise caution with any instruments that claim to "convert" DSM diagnoses to ICD-10 codes. See

an explanation at this link: [A Brief Guide to Using DSM-5 in the Transition to ICD-10](#).

- ii) School psychologists with an LP credential should use professional judgment and refer to the terms of their contract to determine whether it is within the scope of their work as school psychologists to provide clinical diagnoses with ICD-10 CM codes.
 - d) Some diagnostic codes are very broad and do not explain the needs of the child the school will address – Autism is an example. The diagnostic code is listed first and a more specific code is added – either another diagnostic code or signs/symptoms code. For example, one child with Autism may need instruction and support with attention and concentration and another child may need assistance due to acting-out behavior.
- 3) A list of commonly used ICD-10-CM codes for health conditions most often addressed by the professionals in MSPA is provided on the next page.

ICD 10 Codes for School Psychologists

Resource: <http://www.icd10data.com/ICD10CM/Codes/R00-R99>

Each of the codes is hyperlinked to icd10data.com so schools psychologist can read the definitions and confirm the codes accurately describe the individual child.

General symptoms and signs codes for initial evaluations:

For evaluation, list the suspected problem that is the focus of the evaluation.

With no suspected or known problem, the following may be used for evaluation:

- [R41.9](#) Unspecified symptoms and signs involving cognitive functions and awareness
- [R68.89](#) Other general symptoms and signs

Other symptoms and signs involving cognitive functions and awareness

- [R41.840](#) Attention and concentration deficit
- [R41.841](#) Cognitive communication deficit
- [R41.89](#) Other symptoms and signs involving cognitive functions and awareness

Symptoms and signs involving emotional state

- [R45.4](#) Irritability and anger
- [R45.5](#) Hostility
- [R45.6](#) Violent behavior
- [R45.87](#) Impulsiveness
- [R45.89](#) Other symptoms and signs involving emotional state

Symptoms and signs involving appearance and behavior

- [R46.2](#) Strange and inexplicable behavior
- [R46.3](#) Over activity
- [R46.4](#) Slowness and poor responsiveness
- [R46.81](#) Obsessive - compulsive behavior
- [R46.89](#) Other symptoms and signs involving appearance and behavior

Use of commonly used codes does not negate the responsibility of the professional to assign the most appropriate code for an individual child or youth. Therefore, codes are hyperlinked to the website, www.ICDdata.com. Just the code and name of the code are not sufficient to determine if the code is correct. Once the professional is familiar with the definition and clinical information for a code, he/she may be able to readily assign the code without double-checking. (MDE, 2016)

On ICD10data.com web pages for diagnoses, see the Clinical Information. There are several statements that describe the condition and its implications, some in highly technical terms and some in lay terms. The statements may assist in describing a child's needs for the special education evaluation. Example: [F90.9](#) Attention-deficit hyperactivity disorder

For more questions about ICD-10 CM codes, please contact MSPA representative Annie Hansen-Burke at hans1498@umn.edu or 612-624-5547

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