

## MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH EARLY INTERVENTION



### Guidance for the Assignment of ICD-10 Codes

The identification of a diagnosis and the ICD-10 code used for billing Early Intervention services to MassHealth and commercial insurers should be determined by a clinician and used as long as it accurately reflects the child's needs and reason for services. Information gathered about the child through evaluations/assessments, clinical knowledge and work with the child and family should inform clinical staff about the most accurate diagnosis to be used for the child.

Whether eligible or not, all EI children need a diagnosis that justifies the payment for services by third-party payers. The EI clinician is the one responsible for translating the clinical information into a diagnostic code. In all cases there must be documentation signed by the clinician which supports the diagnostic code used for billing.

**DOCUMENTATION:** All children receiving one or more EI services, whether eligible or not, will need a diagnosis to be assigned by the clinician. This process generally entails the gathering and review of available information about the child and family such as referral information, documentation from an outside clinician, the BDI-2 evaluation, functional or ongoing assessment, identified risk factors, and professional clinical opinion. The EI clinician is then able to (1) determine eligibility of the child for further EI services and, (2) what diagnosis to document in the child's record.

- For eligible children referred with a qualifying diagnosis (see *Diagnoses Conditions List, Effective: October 1, 2015*) assigned by a physician or licensed psychologist, this qualifying diagnosis should be used as long as it continues to accurately reflect the child's needs and the reason for the services. The diagnosis should be reviewed and updated when the status of the diagnosis or condition resolves with medical or surgical treatment.
- If an additional diagnosis (*e.g., autism*) is included in the child's record a review of the current diagnosis, and the code used for billing purposes should occur even if the diagnosis is not included on the current EIS evaluation.
- For other children determined eligible based on delay, risk factors, or clinical judgment, the evaluating clinicians must assign a diagnosis that reflects this assessment. Often, these diagnoses will be in the area of developmental delay (see *Developmental Delay ICD-10 Codes*).
- For children not determined eligible, a diagnosis is still needed for the intake, evaluation and assessment services and most often would be found in the delay diagnoses list. Again, this diagnosis is based on the assessment and/or any other information gathered while working with the child and family.

The diagnosis must describe why a child is receiving services now and documented in the child's record as clearly as individual services are documented with progress notes. If a diagnosis is not documented, third party payers can deny or take back payment.



**REVISION OF DIAGNOSIS:** In all cases, EI clinicians can, and should, revise the diagnosis whenever the child's condition changes or new information becomes available. The diagnosis should represent the current need that is being treated by the current services. A child may come in with one initial diagnosis, but another may become evident in later evaluations and be the focus of later treatment. Even children with qualifying diagnoses may have changes over time. In fact, many children will receive a revised diagnosis as the result of subsequent evaluations. When children have multiple diagnoses, the clinician should decide which ones best describe the reason for the services being provided.

**ASSIGNMENT OF AN ICD-10 CODE:** The EI clinician is the one responsible for translating the clinical information into a diagnostic code. In all cases there must be documentation signed by the clinician which supports the diagnostic code used for billing.

**ICD-10 CODE RESOURCE:** One resource for EI clinicians in determining proper ICD-10 codes is [www.icd10data.com](http://www.icd10data.com). Clinicians can search for accurate ICD-10 codes based on gathered information or a prior ICD-9 diagnosis. In some cases there are many more ICD-10 codes for its ICD-9 counterpart, so there may not be a one-to-one match from ICD-9 to ICD-10 codes. Also, remember to check that the chosen code is, in fact, a billable code: Again, the EI clinician is the one responsible for deciding on the most accurate diagnostic code to be used for the child that best describes the reason for services being provided..



The screenshot shows a search result for the ICD-10 code P07.32. The title is "2015/16 ICD-10-CM Diagnosis Code P07.32" with a document icon and a US flag. Below the title is the description "Preterm newborn, gestational age 29 completed weeks". At the bottom, there are four buttons: "2015", "2016", "Billable Code", and "Newborn/Neonate Only Dx (0 years)". An arrow points to the "Billable Code" button.

Questions regarding eligibility and diagnoses should be brought to the attention of your EI Regional Specialist.



## **Developmental Delay ICD-10 Codes**

The following ICD-10 codes are not included in the *EI Diagnoses Conditions List*. These codes are the DPH recommended ICD-10 codes for developmental delay to be used for billing MassHealth and commercial insurers.

### **F89 Unspecified disorder of psychological development**

*Clinical Information:*

- A disorder diagnosed in childhood that is marked by either physical or mental impairment or both, which in turn affects the child from achieving age related developmental milestones.
- Disorders in which there is a delay in development based on that expected for a given age level or stage of development. These impairments or disabilities originate before age 18, may be expected to continue indefinitely, and constitute a substantial impairment. Biological and non-biological factors are involved in these disorders (from American Psychiatric Glossary, 6th ed.).

*Applicable To:*

- Developmental disorder NOS

*Description Synonyms:*

- Developmental disorder
- Developmental neurologic disorder
- Gen neurologic/dev delay
- Neurodevelopmental disorder

### **F80.9 Developmental disorder of speech and language, unspecified**

*Clinical Information:*

- A category of disorders characterized by an impairment in the development of an individual's language capabilities, which is in contrast to his/her non-verbal intellect.
- A disorder characterized by an individual's inability to comprehend or share ideas or feelings because of an impairment in language, speech, or hearing.
- Any of various disorders characterized by impaired verbal or nonverbal exchange or impaired transmission of thoughts, messages, or information.
- Disorders of verbal and nonverbal communication caused by receptive or expressive language disorders, cognitive dysfunction (e.g., mental retardation), psychiatric conditions, and hearing disorders.

*Applicable To:*

- Communication disorder NOS
- Language disorder NOS

*Description Synonyms:*

- Communication disorder
- Delayed articulatory and language development
- Developmental language delay
- Developmental language disorder
- Developmental speech and language disorder
- Developmental speech disorder
- Disorder of speech and language development
- Language disorder, developmental
- Speech and language disorder
- Speech delay



## **Developmental Delay ICD-10 Codes (continued)**

### **F82 Specific developmental disorder of motor function**

#### *Clinical Information:*

- A disorder characterized by an impairment in the development of an individual's motor coordination skills; this impairment in motor development is not due to a medical condition.
- Marked impairments in the development of motor coordination such that the impairment interferes with activities of daily living. (from dsm-iv, 1994)

#### *Applicable To:*

- Clumsy child syndrome
- Developmental coordination disorder
- Developmental dyspraxia
- Description Synonyms
- Clumsiness
- Clumsiness -motor delay
- Clumsiness, motor delay
- Developmental delay, gross motor
- Gross motor development delay
- Motor delay
- Neuromuscular disorder, clumsiness

### **R62.50 Unspecified lack of expected normal physiological development in childhood**

#### *Description Synonyms:*

- Developmental delay
- Developmental delay, mild-moderate
- Developmental delay, severe
- Mild to moderate developmental delay
- Severe developmental delay

### **THE FOLLOWING ICD-10 CODES FOR DEVELOPMENTAL DELAY ARE NOT DPH RECOMMENDED**

#### **R62.59 Other lack of expected normal physiological development in childhood**

*Reason:* This diagnosis is related to constitutional delay of growth and puberty

#### **F81.89 Other developmental disorders of scholastic skills**

*Reason:* This diagnosis refers you to ICD-10 code F89 for developmental disorders

#### **F81.9 Developmental disorder of scholastic skills, unspecified**

*Reason:* This diagnoses is unacceptable for billing purposes when used as the principal diagnosis



**Massachusetts Department of Public Health**  
**Early Intervention**  
**DIAGNOSED CONDITIONS LIST**  
*(Effective: October 1, 2015)*

All children diagnosed with one of the following non-asterisked established conditions that have a high probability of resulting in developmental delay, are eligible for early intervention services until the child's third birthday, unless a change in the status of a diagnosis or condition resolves with medical/surgical treatment. Those diagnoses or conditions that may improve are denoted on the list with an asterisk \* and are underlined. These conditions can be entered on only ONE evaluation and will have an eligibility timeframe of one year. The evaluation having this condition does NOT have to be the initial evaluation. No other evaluations for this child can have this same asterisked established condition.

**SENSORY CONDITIONS**

**BLINDNESS**

- H54.0 Blindness, both eyes
- H54.40 Blindness, one eye
- H47.619 Cortical Blindness/Cortical Vision Impairment
- H47.20 Optic Nerve Atrophy
- H35.179 \* Retinopathy of Prematurity

**LOW VISION**

- H54.2 Low vision, both eyes  
*(20/70 best acuity with correction)*
- H54.52 \* Low vision, left eye, normal vision right eye
- H54.51 \* Low vision, right eye, normal vision left eye

**HEARING LOSS** *(permanent)*

- H91.93 Hearing impairment, bilateral
- H91.92 Hearing impairment, left ear
- H91.91 Hearing impairment, right ear
- H90.3 Neural hearing loss/auditory neuropathy

**CANCERS**

- C80.1 Cancer, Other *(not included on this list)*
- C95.90 Leukemia
- C82.50 Lymphoma
- C71.9 Malignant neoplasm of brain
- C64.9 Malignant neoplasm of kidney
- C41.9 Osteosarcoma
- C49.3 Rhabdomyosarcoma

**CARDIAC CONDITIONS**

- Q21.2 Atrioventricular canal defect
- I42.9 Cardiomyopathy
- Q25.1 Coarctation of the aorta
- I27.0 Hypertension, pulmonary
- Q23.4 Hypoplastic left heart syndrome
- Q24.9 Major cardiac anomaly, other  
*(not included on this list)*
- Q21.3 Tetralogy of Fallot
- Q20.3 Transposition of great vessels

**CENTRAL NERVOUS SYSTEM DISORDERS**

- Q04.0 Aicardi syndrome
- Q00.0 Anencephaly
- G11.3 Ataxia-Telangiectasia
- G37.9 Brain Sclerosis
- G12.22 Bulbar palsy
- Q04.9 Cerebral atrophy, congenital
- G80.9 Cerebral palsy
- I61.9 Cerebrovascular accident (CVA)
- Q04.6 Congenital Schizencephaly
- Q03.1 Dandy-Walker malformation
- G80.1 Diplegia
- G04.90 Encephalitis
- Q01.9 Encephalocele
- G93.40 Encephalopathy
- G40.901 Epilepsy

**CENTRAL NERVOUS SYSTEM DISORDERS** *(Continued)*

- G81.90 Hemiparesis/Hemiplegia
- Q04.2 Holoprosencephaly
- Q04.3 Hydranencephaly
- Q04.3 Hypoplasia of the brain
- G40.401 Hypsarrhythmia
- P52.21 \* Intraventricular hemorrhage (grade 3)
- P52.22 \* Intraventricular hemorrhage (grade 4)
- E75.25 Leukodystrophy/Canavan disease
- Q04.3 Lissencephaly
- G03.9 Meningitis *with negative long-term effects*
- Q02 Microcephaly
- P96.1 \* Neonatal Abstinence Syndrome
- Q04.3 Polymicrogyria
- G40.401 Spasms, infantile
- Q05.9 Spina bifida/Myelomeningocele
- P11.5 Spinal Cord Injury at birth
- S14.109A Spinal Cord Injury not at birth, *cervical* spinal cord
- S34.109A Spinal Cord Injury not at birth, *lumbar* spinal cord
- S34.139A Spinal Cord Injury not at birth, *sacral* spinal cord
- S24.109A Spinal Cord Injury not at birth, *thoracic* spinal cord
- Q05.9 Spinal Lipomeningocele
- Q85.8 Sturge-Weber disease

**CHROMOSOMAL DISORDERS**

- Q93.4 Cat Cry Syndrome *(Cri-du-Chat)*
- Q99.9 Chromosomal Anomaly  
*(including trisomies, deletions, duplications, translocations, inversions, rings & isochromosome)*  
*Exceptions: Klinefelter's Syndrome, Turner Syndrome)*
- Q87.1 Cornelia De Lange Syndrome
- Q90.9 Down Syndrome
- Q99.2 Fragile X syndrome
- Q87.1 Prader-Willi Syndrome
- Q93.88 Smith-Magenis Syndrome

**METABOLIC DISORDERS**

- E72.9 Amino acid metabolism disorder
- E88.1 Congenital lipodystrophy
- E74.21 \* Galactosemia
- E75.10 Gangliosidosis
- E74.00 Glycogen storage disease
- E76.1 Hunter syndrome
- E83.39 Hypophosphatasia
- E71.310 LCHAD *(Long Chain Acyl CoA Dehydrogenase Deficiency)*
- E71.0 \* Maple syrup urine disease
- E83.09 Menkes Syndrome
- E71.120 Methylmalonic acidemia
- E76.3 Mucopolysaccharidosis
- E70.0 \* Phenylketonuria (PKU)
- E71.121 Propionic acidemia
- Q87.1 Sjogren-Larsson Syndrome
- E75.02 Tay-Sachs disease

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**SKELETAL DISORDERS**

M08.00	Arthritis, juvenile rheumatoid
Q74.3	Arthrogyposis
Q87.40	Beals Syndrome
Q74.0	Cleidocranial Dysostosis
Q75.0	Craniostenosis
Q75.1	Crouzon's Syndrome
Q87.0	Mobius sequence
Q87.0	Nager-de Reynier Syndrome
Q78.0	Osteogenesis imperfecta
Q72.90	Proximal Focal Fibula Deficiency <i>(PFFD w/fibula hemimelia)</i>
Q68.1	* <u>Radial Club Hand</u>

**OTHER DISORDERS**

Q73.0	Absence of limb
Q77.4	Achondroplasia
P02.9	ADAM Complex
B20	AIDS
Q44.7	Alagille Syndrome
Q93.5	Angelman Syndrome
Q87.0	Apert Syndrome
D61.9	Aplastic anemia
F84.0	Autism spectrum disorder
Q87.3	Beckwith-Wiedemann Syndrome
D61.01	Blackfan-Diamond Syndrome
Q82.3	Bloch-Sulzberger Syndrome
Q92.8	Cat Eye Syndrome
Q89.8	CHARGE Syndrome
Q37.9	* <u>Cleft lip and palate</u>
Q35.9	* <u>Cleft palate</u>
Q87.1	Cockayne Syndrome
P35.1	Congenital CMV - Cytomegalovirus
Q89.4	Conjoined twin
E84.9	Cystic fibrosis
D82.1	DiGeorge Syndrome
Q79.6	Ehlers-Danlos Syndrome
D22.9	Epidermal Nevus Syndrome
Q81.9	Epidermolysis Bullosa
N04.9	Epstein's Syndrome
P14.0	Erb's palsy <i>(Brachial Plexis injury)</i>
R62.51	* <u>Failure to Thrive</u>
D61.09	Fanconi Anemia
P04.3	Fetal Alcohol effects
Q86.0	Fetal Alcohol Syndrome
Q79.3	Gastroschisis
Q87.0	Goldenhar Syndrome
Q67.4	Hemifacial Microsomia
P35.2	Herpes, congenital
P83.2	Hydrops-Fetalis
E03.1	Hypothyroidism, congenital
P57.9	Kernicterus
Q76.1	Klippel-Feil Syndrome

**OTHER DISORDERS** *(Continued)*

Q74.8	Larsen Syndrome
G31.82	Leigh's Disease
K76.9	Liver disease and/or dysfunction
Q78.5	Metaphyseal dysplasia
G71.3	Mitochondrial myopathy
I67.5	Moyamoya disease
G71.0	Muscular dystrophy/Duchenne's <i>(includes progressive muscular atrophy)</i>
D46.9	Myelodysplasia
G71.11	Myotonic dystrophy
Q85.00	Neurofibromatosis
Q87.1	Noonan Syndrome
J38.00	Paralysis, vocal cords
Q87.0	* <u>Pierre Robin Syndrome</u>
F84.2	Rett Syndrome
P35.0	Rubella, congenital
Q87.2	Rubinstein-Taybi Syndrome
Q87.1	Russell-Silver Syndrome
T74.4XXA	Shaken Baby Syndrome
E78.72	Smith-Lemli-Optiz Syndrome
Q87.3	Sotos Syndrome
Q89.8	Stickler Syndrome
Q68.0	* <u>Torticollis, congenital</u>
P37.1	Toxoplasmosis, congenital
S06.1X0A	Traumatic Head Injury
Q75.4	Treacher Collins Syndrome
Q85.1	Tuberous Sclerosis
Q87.2	VACTER Syndrome
Q79.8	Waardenburg-Klein Syndrome
Q87.89	Williams Syndrome
D82.0	Wiskott-Aldrich Syndrome