

Diagnosis determination

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Background	<p>From a payment perspective, Medical Assistance only pays for medically necessary services that are provided in the proper scope and amount, in accordance with professionally recognized standards. The case manager/service coordinator/service coordinator must justify care by presenting the appropriate facts. Medical records must substantiate diagnosis documentation.</p> <p>The terminology used to describe people with developmental disabilities has changed over time. While DHS supports the use of "people first" language within its documents, certain outdated terms may be found within historical and official documents, such as statutes and reports.</p> <p>The Disability Services Division is working with the Medicaid Management Information System to make changes and anticipates completion of changes and updates to this page in late 2011.</p>	
Diagnostic evaluation	<p>Before any services are provided to people with developmental disability or a related condition who need of social service and medical assistance, the county of financial responsibility must conduct or arrange for a diagnostic evaluation to determine whether the person has or may have developmental disability or related condition. A comprehensive diagnostic evaluation must include:</p> <ol style="list-style-type: none">1. A standardized test of intellectual functioning and an assessment of adaptive skills or for children under the age of five, standardized assessments of developmental functioning.2. A social history report prepared no more than 12 months before the date of application for case management that contains:<ul style="list-style-type: none">• The person's social and developmental history, including information about previous and current supports• Identification of social, psychological or environmental factors that may have contributed to the person's current functioning level• Any information to support or contradict the assertion that the person had developmental disability or a related condition before the age of 22 years• A medical evaluation prepared by a licensed physician no more than 12 months before the date of application for case management, that evaluates the person's general physical health, including vision, hearing and any physical or neurological disorders. The case manager/service coordinator must request that the evaluation include the physician's comments on the person's mental health and emotional well-being, if known. <p>Diagnostic information obtained by other providers including school information, may be used in whole or in part to meet the diagnostic requirements, when the final diagnosis contains all information required under Minn. R. 9525.0016.</p>	
Children under age five years	<p>Diagnostic assessments for children under the age of five years often result in an unspecified diagnosis of developmental disability, or a presumption that developmental disability or related condition may be present. Therefore, a review and re-evaluation of the diagnosis before</p>	

	or close to age five is essential in order to determine continued eligibility.
ICD-9-CM	<p>Diagnostic coding classifies data for health care programs and third-party reimbursement, as well as for basic health statistics. MMIS uses the ICD-9-CM coding system.</p> <p>International Classification of Diseases, 9th Edition, Clinical Modification</p> <p>The ICD-9-CM coding system contains three volumes of coding information:</p> <ul style="list-style-type: none"> • Volume 1 contains diagnosis codes needed for billing • Volume 2 is an alphabetical index of diagnosis codes found in Volume 1 • Volume 3 is an index of procedure codes, no diagnosis codes. <p>The National Center for Health Statistics (NCHS) revises the ICD-9-CM diagnosis codes (Volumes 1 & 2) annually. CMS revises ICD-9-CM procedure codes (Volume 3) annually.</p> <p>Diagnosis Code</p> <p>Field 12 must contain the appropriate ICD-9-CM diagnosis code to record the person's eligibility for DD case management services or the DD Waiver.</p>
MMIS Edits	<p>MMIS edits are in place in that affect what diagnosis codes may be entered into Fields 12, 13, 14 and 15.</p> <p>Edit 203 (Change in Diagnosis Invalid) posts when the first diagnosis in Field 12 is changed more than one level of severity and the action type is not a full team screening. Counties have to do a full-team screening to change placement of diagnoses.</p> <p>Edit 224 (Diagnosis 1 must be developmental disability or related condition) will post if Field 12 does not include the appropriate ICD-9-CM code. This edit is not forcible.</p>
Additional resources	<p>Related Conditions Eligibility</p> <p>Related Conditions Checklist/Instructions DHS-3848 (PDF)</p>