

## **DARTS FY 2017 DEMOGRAPHIC FILE CHANGES**

### **ICD-10 Changes** (*Positions 393-416*)

- If the Opening Date is before 10/01/2015 OR if the client has any services reported with a Service Date before 10/01/2015, an ICD-9 code is required, along with all of the current edits for various Problem area cross-edits, and valid table editing. (Edits for the ICD-9 fields are described in the FY15 DARTS User Manual and Record Layouts.)
- If the Opening Date is after 9/30/2015 OR there are any services for the client with a Service Date after 9/30/2015, the following ICD-10 code edits will be made:
  - ♦ There must be a valid ICD-10 code (checked against the valid ICD-10 table).
  - ♦ ICD-10 Codes cannot be repeated.
  - ♦ If the Problem Area is 1, 2, or 3 (alcohol/drugs), there must be at least one valid ICD-10 code starting with F10, F11, F12, F13, F14, F15, F16, (F17 is tobacco – this can only be entered as a “secondary” code), F18, F19.
  - ♦ If the Problem Area is 4 (codependent), the ICD-10 code must Z65.8.
  - ♦ If the Problem Area is 5 (No diagnosis), the ICD-10 code must be Z03.89.
  - ♦ If the Problem Area is 6 (alcohol/drugs and gambling codes), there must be at least one valid ICD-10 code starting with F10, F11, F12, F13, F14, F15, F16, F18, or F19; AND there must be a valid ICD-10 gambling code as F63.0.
  - ♦ If the Problem Area is 7 (gambling only), the diagnosis code must be F63.0.
  - ♦ If the MISA/Dually Diagnosed field is answered “Y”, there must be at least one mental health ICD-10 code (valid codes starting with F01-F09, or F20-F99).
- If the Opening Date is after 9/30/2015, entries will not be allowed in the ICD-9 diagnosis fields.
- If the Opening Date is before 10/01/2015, the ICD-10 diagnosis fields are optional, but the above edits will be enforced when there is data entered into the fields.
- The ONLY ICD-10 codes which are allowed in the ICD-10 Diagnosis Code fields are codes in which the prefix is F01 thru F99, as well as Z65.8 and Z03.89. No other ICD-10 code will be considered valid during the DARTS editing process.

**New MCO (Managed Care Organization) Fields** *(Positions 377-386)*

- Add an ‘8’ (which is “MCO”) to the “Health Insurance” field *(Position 236)*.
- If the “Health Insurance” = ‘8’, there must be an entries in:
  - ♦ “MCO Provider” *(Position 377)* to indicate the name of the MCO:
    - ‘01’ – Aetna Better Health *(Greater Chicago, Rockford)*
    - ‘02’ – Blue Cross Blue Shield *(Greater Chicago)*
    - ‘03’ – Cigna-HealthSpring *(Greater Chicago)*
    - ‘04’ – Community Care Alliance Illinois *(Greater Chicago, Rockford)*
    - ‘05’ – County Care *(Cook)*
    - ‘06’ – Family Health Network *(Greater Chicago, Rockford)*
    - ‘07’ – Harmony *(Greater Chicago, Metro East, Jackson, Perry, Randolph, Washington, Williamson)*
    - ‘08’ – Health Alliance Connect *(Central Illinois (N), Central Illinois (S))*
    - ‘09’ – Humana *(Greater Chicago)*
    - ‘10’ – IlliniCare *(Greater Chicago, Rockford, Quad Cities)*
    - ‘11’ – Meridian *(Greater Chicago, Central Illinois, Metro East)*
    - ‘12’ – Molina *(Central Illinois (N), Central Illinois (S), Metro East)*
    - ‘13’ – Next Level Health
  - ♦ “MCO Eligibility Begin Date” *(Position 379)* must be a valid date and after April 30, 2011.

**Income Eligibility Override Table (FY 2017 Guidelines)**

The following algorithm is used to determine those clients/patients who are above the indigent levels:  $INCOME > (15220 + (DEPENDENTS * 8320))$ . The Patient Income Eligibility criteria is as follows:

Number of Dependents	Annual Income
1	23,760
2	32,040
3	40,320
4	48,600
5	56,880
6	65,160
7	73,460
8	81,780
For each additional person, add	8,320

## **DARTS FY 2017 SERVICE FILE CHANGES**

### **Diagnosis Code Changes on Service File for ICD-10** *(Positions 177-184)*

- The new record layout requires only one diagnosis code on the service billing record for Medicaid services. (In previous years, a provider could enter up to two diagnosis codes.) This new field is a redefined field adapt for either an ICD-9 or an ICD-10 field. Also, a decimal will be required in this field, whereas previously this was an assumed decimal. *(For DARTS PC users, the diagnosis code is moved from the demographic file to the service file automatically.)*
- ♦ If the service date is before 10/01/2015, there must be a valid Alcohol/Drug ICD-9 code in the Diagnosis Code field in the service record (which begins with 291, 292, 303, 304, or 305.)
- ♦ If the service date is after 9/30/2015, there must a valid Alcohol/Drug ICD-10 code in the Diagnosis Code field in the service record (which begins with F10, F11, F12, F13, F14, F15, F16, F18, F19.)

### **New Activity Code Value** *(Positions 87-89)*

- A new value has been added to the Activity Code field. DASA has added '38' as a valid Activity code for "Language Interpreter Services". This is a CIH (Community Intervention Hour) billing.
- When a '038' or '138' is entered in the Activity Code field, you must also enter the RIN of the client into the "Staff ID" field.