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New York State Department of Health
Bureau of Early Intervention Electronic Mailing List

Diagnosis Codes for Prematurity

Dear Colleague:

The Bureau of Early Intervention would like to ensure that Early Intervention Program (EIP) providers are knowledgeable about billing limitations that exist for diagnosis (International Classification of Disease or ICD) codes for extreme prematurity (extreme immaturity). These limitations may impact provider claims when billing for EIP services.

Diagnosis code(s) for extreme prematurity have limitations on use. Medicaid follows national coding guidelines pertaining to age edits in eMedNY for diagnosis codes. If a child was determined eligible for the EIP based on a diagnosis of extreme prematurity and this is the diagnosis included in the billing claim for services, Medicaid and possibly other Third Party Payors may only reimburse claims for a limited time (up to the child reaching 2 years old).

In the EIP, it is the responsibility of the early intervention evaluation team to determine a child's eligibility and to report a diagnosis code on the child's EIP evaluation and evaluation summary. The diagnosis code reported can be obtained from a licensed member of the evaluation team, the child's primary care provider, or an external evaluation report. A script for services may also include a diagnosis code for a child. The provider assigned to deliver EIP services, in addition to the ICD code that established the child's eligibility for the EIP, can determine if it is acceptable and within their professional practice to provide a treatment diagnosis code on the claim to support the delivery of EI services. The provider would not change or omit the original diagnosis code on which the child's eligibility was determined, but can add an additional ICD code that more specifically describes the reason for treatment. This "treatment diagnosis" is not a substitute for the initial/primary diagnosis, but is a further clinical judgment by the professional of the functional deficit related to the primary diagnosis. In reporting the services for billing, the provider should choose the diagnosis code that is relevant to the specific service or treatment provided, for each claim submitted.

All therapists must provide services within their scope of practice and within the guidelines established by the New York State Education Department, Office of Professions. For definitive information regarding scope of practice for licensed professionals, including responsibilities regarding diagnoses, providers can access the New York State Office of the Professions website at http://www.op.nysed.gov. Questions can be directed to the Office of Professions Board for each profession.

The original script (if the script includes an ICD code) must not be altered. Documentation in the child's record must include the reason or need for any services provided and billed. In NYEIS, after an MDE is completed, additional ICD codes can be added to a child's integrated case record via the Health Assessments link. At the time of claim submission, a provider can also select an 'Other Diagnosis Code' and add an additional ICD code to the claim for service. When entering the claim in NYEIS, the section for ICD codes includes a fourth line, Diagnosis (ICD) Code 4 field. This field allows the NYEIS user to search and select the appropriate ICD-10 code for the claim. Please refer to Unit 8 of the NYEIS User Manual for instructions on this process.

If a claim is denied by Medicaid due to a child not meeting the age restriction of the diagnosis code, the claim would be displayed in the Medicaid Claims Needing Attention page on the EI Billing website. Providers would need to update the diagnosis code on the claim in EI Billing. After this claim is updated the claim would be resubmitted to Medicaid for processing. Please refer to the Medicaid Claims Needing Attention reference article located in the Knowledge Base section on https://www.eibilling.com for specific instructions on how to make corrections to the claim and resubmit the claim to Medicaid for processing. The provider would need to ensure that an appropriate diagnosis code is included on any future claims for services.

We hope this information is helpful. If you need additional information, please submit your question in writing to beipub@health.ny.gov.

Please do not reply to this e-mail announcement.

Thank You.

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