

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Hospital Services Manual

Physician Services

Advanced Practice Nurse Services

Independent Clinic Services

New Jersey Care. . . Special Medicaid Programs

Use of International Classification of Diseases 10th Revision

**Adopted Amendments: N.J.A.C. 10:52-14.16; 10:54-5.33, 5.34, 7.10, and 9.8;
10:58A-1.2 and 2.9; 10:66-6.4; and 10:72-3.10**

Proposed: August 17, 2015, at 47 N.J.R. 2041(a).

Adopted: March 9, 2016, by Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Filed: April 27, 2016, as R.2016 d.051, **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Agency Control Number: 14-A-01.

Effective Date: June 6, 2016.

Expiration Dates: December 6, 2017, N.J.A.C. 10:52;
 June 5, 2019, N.J.A.C. 10:54;
 March 24, 2018, N.J.A.C. 10:58A;
 November 4, 2016, N.J.A.C. 10:66;
 October 23, 2021, N.J.A.C. 10:72.

Summary of Public Comments and Agency Responses:

Comments were received from Optum Consulting, Hamilton, NJ.

COMMENT: The commenter requested that the Department of Human Services (Department) “provide further clarification to the term ‘diagnosis category’ and how the diagnosis category will be used to classify ‘readmissions’ under the newly adopted ICD-10-CM classification system. Specifically, will the readmission classification of a claim be based on a comparison of the first three (3) characters of the principal diagnosis on each claim, or is the comparison based on categories that are defined as a group of ICD-10 codes made up of the first (3) characters?”

RESPONSE: The Department agrees with the commenter that the term “diagnosis category” is too vague. In response to the comment, N.J.A.C. 10:52-14.16(a) is being revised upon adoption to clarify the language regarding the classification of a claim. The changed language explains that the same or similar principal diagnosis is defined as principal diagnoses in the same clinical diagnosis group, determined by the range in which the first three characters of the diagnosis code fall. This change does not change the original intent of the rule; therefore, in accordance with N.J.A.C. 1:30-6.3, additional public notice and comment is not required.

Federal Standards Statement

42 U.S.C. § 1320d-2(c) authorizes the establishment of Federally required code sets for use in various health care related contexts. Federal regulations at 45 CFR 162.1002 establish those code sets. Federal regulations at 45 CFR 160.103, 162.100, and

162.1002 require state Medicaid programs and their providers to use ICD-10 standards as of October 1, 2015.

The Department has reviewed the Federal statutory and regulatory requirements and has determined that the adopted amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Full text of the adoption follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks *[thus]*):

10:52-14.16 Payment for readmissions

(a) For New Jersey hospitals, if a patient is readmitted to the same hospital for the same or similar diagnosis within seven days, the second claim submitted for payment will be denied. For dates of service before October 1, 2015, the same or similar principal diagnosis is defined as principal diagnoses with the same first three digits in accordance with the International Classification of Diseases, 9th Edition, Clinical Modification published by Practice Management Information Corporation. For dates of service on or after October 1, 2015, the same or similar principal diagnosis is defined as principal diagnoses in the same *[diagnosis category, as defined by the first three characters,]* ***clinical diagnosis group, determined by the range in which the first three characters of the diagnosis code fall (for example, A00 – B99 is a clinical diagnosis group entitled “Certain infectious and parasitic diseases”)*** in accordance with the International Classification of Diseases, 10th Revision, with Clinical Modifications (ICD-10-CM). For these readmissions, requests for payment of services

related to the two hospital inpatient stays shall be combined on the same claim form for reimbursement purposes.

1. (No change from proposal.)

(b) – (c) (No change.)