

**Bulletin Number:** MSA 15-32

**Distribution:** Hospitals, Medicaid Health Plans

**Issued:** September 1, 2015

**Subject:** Inpatient and Outpatient Hospital ICD-10 Short Stay Reimbursement

**Effective:** October 1, 2015

**Programs Affected:** Medicaid, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

**NOTE: Implementation of this policy is contingent upon State Plan Amendment approval from the Centers for Medicare & Medicaid Services (CMS).**

On June 1, 2015, Michigan Department of Health and Human Services (MDHHS) issued bulletin MSA 15-17, which established a Short Hospital Stay reimbursement policy for inpatient and outpatient hospital stays that fulfilled a set of qualifying criteria effective July 1, 2015. MDHHS is updating its list of qualifying Short Hospital Stay primary diagnosis codes in response to the October 1, 2015 conversion from ICD-9 to ICD-10. Effective for outpatient dates of service and inpatient discharges on or after October 1, 2015, the attached ICD-10 diagnosis code list will be used to determine qualification for Short Hospital Stay reimbursement. All other qualifying criteria for the Short Hospital Stay rate remain unchanged.

### Diagnoses

In order to qualify for a Short Hospital Stay rate, a claim must include one of the primary diagnosis codes listed in the table below. This table has been updated from MSA 15-17 to address the ICD-10 conversion effective on October 1, 2015. This table will be maintained and updated on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information.

ICD-10 Diagnosis Code	ICD-10 Diagnosis Description
A41.9	Sepsis, unspecified organism
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer

ICD-10 Diagnosis Code	ICD-10 Diagnosis Description
E11.628	Type 2 diabetes mellitus with other skin complications
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E86.0	Dehydration
E86.1	Hypovolemia
E86.9	Volume depletion, unspecified
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
I10	Essential (primary) hypertension
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J21.0	Acute bronchiolitis due to respiratory syncytial virus
J21.8	Acute bronchiolitis due to other specified organisms
J21.9	Acute bronchiolitis , unspecified
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K85.0	Idiopathic acute pancreatitis
K85.1	Biliary acute pancreatitis
K85.2	Alcohol induced acute pancreatitis
K85.3	Drug induced acute pancreatitis
K85.8	Other acute pancreatitis
K85.9	Acute pancreatitis, unspecified

<b>ICD-10 Diagnosis Code</b>	<b>ICD-10 Diagnosis Description</b>
L02.11	Cutaneous abscess of neck
L02.211	Cutaneous abscess of abdominal wall
L02.212	Cutaneous abscess of back [any part, except buttock]
L02.213	Cutaneous abscess of chest wall
L02.214	Cutaneous abscess of groin
L02.215	Cutaneous abscess of perineum
L02.216	Cutaneous abscess of umbilicus
L02.219	Cutaneous abscess of trunk, unspecified
L02.31	Cutaneous abscess of buttock
L02.411	Cutaneous abscess of right axilla
L02.412	Cutaneous abscess of left axilla
L02.413	Cutaneous abscess of right upper limb
L02.414	Cutaneous abscess of left upper limb
L02.415	Cutaneous abscess of right lower limb
L02.416	Cutaneous abscess of left lower limb
L02.419	Cutaneous abscess of limb, unspecified
L02.511	Cutaneous abscess of right hand
L02.512	Cutaneous abscess of left hand
L02.519	Cutaneous abscess of unspecified hand
L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L02.619	Cutaneous abscess of unspecified foot
L02.811	Cutaneous abscess of head [any part, except face]
L02.818	Cutaneous abscess of other sites
L02.91	Cutaneous abscess, unspecified
L03.111	Cellulitis of right axilla
L03.112	Cellulitis of left axilla
L03.113	Cellulitis of right upper limb
L03.114	Cellulitis of left upper limb
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
L03.119	Cellulitis of unspecified part of limb
L03.121	Acute lymphangitis of right axilla
L03.122	Acute lymphangitis of left axilla
L03.123	Acute lymphangitis of right upper limb
L03.124	Acute lymphangitis of left upper limb
L03.125	Acute lymphangitis of right lower limb
L03.126	Acute lymphangitis of left lower limb
L03.129	Acute lymphangitis of unspecified part of limb
L03.221	Cellulitis of neck
L03.222	Acute lymphangitis of neck
L03.311	Cellulitis of abdominal wall
L03.312	Cellulitis of back [any part except buttock]
L03.313	Cellulitis of chest wall

ICD-10 Diagnosis Code	ICD-10 Diagnosis Description
L03.314	Cellulitis of groin
L03.315	Cellulitis of perineum
L03.316	Cellulitis of umbilicus
L03.317	Cellulitis of buttock
L03.319	Cellulitis of trunk, unspecified
L03.321	Acute lymphangitis of abdominal wall
L03.322	Acute lymphangitis of back [any part except buttock]
L03.323	Acute lymphangitis of chest wall
L03.324	Acute lymphangitis of groin
L03.325	Acute lymphangitis of perineum
L03.326	Acute lymphangitis of umbilicus
L03.327	Acute lymphangitis of buttock
L03.329	Acute lymphangitis of trunk, unspecified
L03.811	Cellulitis of head [any part, except face]
L03.818	Cellulitis of other sites
L03.891	Acute lymphangitis of head [any part, except face]
L03.898	Acute lymphangitis of other sites
L03.90	Cellulitis, unspecified
R07.89	Other chest pain
R07.9	Chest pain, unspecified
R55	Syncope and collapse
R56.9	Unspecified convulsions

### Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

### Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### Approved



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Medical Services Administration