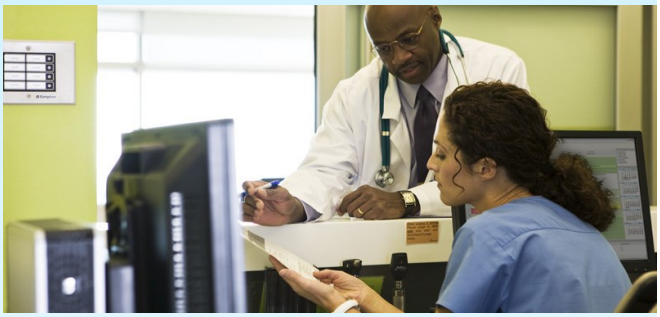
ICD-10
IHCP ^bulletin
INDIANA HEALTH COVERAGE PROGRAMS BT201560 AUGUST 25, 2015

IHCP cross walks diagnosis codes to ICD-10

The Indiana Health Coverage Programs (IHCP) has cross walked diagnosis codes to ICD-10 in policy areas where coverage is restricted or specific billing instructions have been established. The ICD-10 codes identified should be billed for dates of service (DOS) on or after October 1, 2015. See the *Span Date Logic Tables* at indianamedicaid.com for information about when to use ICD-9 and ICD-10 for claims that span the October 1, 2015, date. Providers are responsible for billing the appropriate code with the highest level of specificity for the member's diagnosis, unless otherwise instructed. IHCP policy and related billing guidance, other than the crosswalk to ICD-10 codes as described, remains unchanged.



ICD-10 updates to Medical Policy Manual

The *Medical Policy Manual* has been updated to reflect ICD-10 codes associated with IHCP coverage policies. The updated policy manual will have an effective date of October 1, 2015, and will be posted on the *Manuals* page at indianamedicaid.com by October 1, 2015. The *Medical Policy Manual* effective July 1, 2015, which contains ICD-9 codes, will continue to be available on indianamedicaid.com as an archived reference document after ICD-10 is implemented. Providers are reminded that the archived manual will not include policy changes that occurred after July 1, 2015, and therefore, should not be considered an absolute resource for current policy.

ICD-10 crosswalked codes

Additional ICD-10 crosswalked codes regarding coverage restrictions and specific billing instructions are outlined in the following sections.

Birth weight diagnosis codes

Claims for newborns require the appropriate birth weight diagnosis code to make the proper diagnosis-related group (DRG) assignment. The *ICD-10 Birth Weight Diagnosis Codes* are available on the *Code Sets* page at indianamedicaid.com. Code assignments from categories P05 – *Disorders of newborn related to slow fetal growth and fetal malnutrition* and P07 − *Disorders of newborn related to short gestation and birth weight, not elsewhere classified* should be based on recorded birth weight and estimated gestational age. Providers are reminded that these codes should not be listed as the primary diagnosis.

Only 36 days remain until the implementation of ICD-10 on October 1, 2015. Are you ready?

Blood lead-exposure diagnosis code

All children enrolled under the IHCP are required to receive a blood lead-screening test at 12 months and 24 months of age. Children between 36 months and 72 months of age must receive blood lead screening if they have not been previously tested for lead poisoning. Providers should use ICD-10 code Z77.011 – *Contact with end (suspected) exposure to lead* to identify a blood lead-exposure diagnosis. Additional Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)-related ICD-10 diagnosis codes will be reflected in the updated *Medical Policy Manual* at indianamedicaid.com.

CPT code 37215 diagnosis codes

The IHCP limits coverage of Current Procedural Terminology (CPT®[1]) code 37215 – *Insertion of Stents and Blood Clot protection device in neck artery, open or accessed through the skin* to specific diagnoses. The applicable ICD-10 diagnosis codes are listed in Table 1.

Table 1 – ICD-10 diagnosis codes for coverage of CPT code 37215 effective October 1, 2015

ICD-10 Diagnosis Codes	Description
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid artery
I65.29	Occlusion and stenosis of unspecified carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries

Dialysis diagnosis codes

Specific diagnosis codes are required when billing for hemodialysis and peritoneal dialysis services rendered in a hospital outpatient setting, in an independent renal dialysis facilities called end-stage renal disease (ESRD) dialysis facilities, or in a patient's home. The *ICD-10 Dialysis Diagnosis Codes* are available on the *Code Sets* page at indianamedicaid.com.

HAC and POA codes

The IHCP follows the Centers for Medicare & Medicaid Services (CMS) determinations for hospital-acquired conditions (HACs), which will not be considered for payment if the diagnoses were not present on admission (POA). The IHCP also follows CMS determinations for diagnosis codes exempted from POA reporting. The *ICD-10 Hospital Acquired Condition Diagnoses* and the *ICD-10 Diagnosis Codes Exempt from POA* are available on the CMS website at cms.gov.

High-risk pregnancy diagnosis codes

High-risk pregnancy diagnoses are restricted to specific set of codes. See *IHCP Bulletin* BT201554 for the appropriate ICD-10 diagnosis codes acceptable for reporting high-risk pregnancies.

Mental health and addiction diagnosis codes for MRO eligibility

Medicaid Rehabilitation Option (MRO) services are designed to assist in the rehabilitation of a member's optimum functional ability in daily living. All members who demonstrate a behavioral health need are eligible for clinic option services (*405 IAC 5-20-8*). However, only members with a qualifying diagnosis and level of need (LON) are also eligible for an MRO service package.

The qualifying *ICD-10 Mental Health and Addiction Diagnosis Codes* can be found on the *Code Sets* page at indianamedicaid.com. Please note that adults (ANSA – Adult Needs and Strengths Assessment) and children or adolescents (CANS – Child and Adolescent Needs and Strengths) have unique qualifying diagnosis lists. A "Yes" under the applicable CANS/ANSA column indicates a qualifying MRO diagnosis. A member must have at least one qualifying diagnosis to be eligible for an MRO service package. The qualifying diagnosis for each member must be entered into the Division of Mental Health and Addiction (DMHA) Data Assessment Registry for Mental Health and Addiction (DARMHA) database for a service package to be assigned.

Mental health and substance abuse diagnosis codes for BPHC eligibility

The Behavioral and Primary Healthcare Coordination (BPHC) service program was designed to help individuals with serious mental illness (SMI) and co-occurring physical healthcare needs manage their care by providing logistical support, advocacy, and education. The BPHC service is targeted to individuals who meet the BPHC eligibility criteria, which includes a qualifying primary mental health diagnosis.

The qualifying *ICD-10 BPHC-Eligible Mental Health and Substance Abuse Diagnosis Codes* can be found on the *Code Sets* page at indianamedicaid.com. A member must have at least one qualifying diagnosis to be eligible for BPHC services.

Newborns transferred for observation diagnosis code

When a newborn transfers to another hospital for observation, not for treatment for a specific illness, the receiving provider must enter the ICD-10 diagnosis code Z03.89 – *Encounter for observation for other suspected diseases and conditions ruled out.*

Transportation and waiver diagnosis coding

Transportation and waiver providers should bill ICD-10 diagnosis code R69 – *Illness, unspecified* as the primary diagnosis code for claim submissions when the actual diagnosis is not known. Claims submitted without a valid diagnosis code will be denied.

VEP diagnosis codes

Visual evoked potential (VEP) is restricted to specific diagnoses when the service is billed by optometrists. See *IHCP Bulletin* BT201557 for the appropriate ICD-10 diagnosis codes for VEP.

QUESTIONS?

If you have questions about this publication, please visit the ICD-10 Information page at indianamedicaid.com.

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