

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201653    SEPTEMBER 15, 2016

## Annual update of the ICD-10 codes is effective October 1, 2016

The annual update of the International Classification of Diseases, Tenth Revision (ICD-10) [diagnosis](#) and [procedure](#) codes will be effective for the Indiana Health Coverage Programs (IHCP) October 1, 2016. The IHCP has updated its policies to reflect the updates to the ICD-10 list of codes. These new diagnosis and procedure codes will be updated in the appropriate code sets located on the [Code Sets](#) page at indianamedicaid.com. You may review the full list of new, revised, and discontinued codes at the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.



To ensure compliance with the *Health Insurance Portability and Accountability Act* (HIPAA), the 90-day grace period no longer applies to ICD-10 updates. You must use the appropriate ICD-10 diagnosis and procedure codes that are valid for the date of service (DOS). Codes not valid for the DOS will deny.

### AMHH

The IHCP approved two new diagnosis codes to be added to the Adult Mental Health Habilitation (AMHH) code sets, effective October 1, 2016. The applicable codes can be found in Table 1.

### BPHC

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. Effective October 1, 2016, the IHCP approved two new diagnosis codes to be added for BPHC. The applicable codes can be found in Table 1.

*Table 1 – ICD-10 diagnosis codes for AMHH and BPHC, effective October 1, 2016*

<b>Diagnosis code</b>	<b>Description</b>
F423	Hoarding disorder
F428	Other obsessive compulsive disorder

### Chiropractic diagnosis codes

The IHCP requires that chiropractic services be billed with certain diagnosis codes as the primary diagnosis. Effective October 1, 2016, the IHCP will add the following diagnosis codes to the list of applicable diagnosis codes, located in Table 2.

*Table 2 – ICD-10 principal diagnosis codes for chiropractic services, effective October 1, 2016*

<b>Diagnosis code</b>	<b>Description</b>
G5643	Causalgia of bilateral upper limbs
G5683	Other specified mononeuropathies of bilateral upper limbs
G5693	Unspecified mononeuropathy of bilateral upper limbs
G5773	Causalgia of bilateral lower limbs
G5783	Other specified mononeuropathies of bilateral lower limbs
G5793	Unspecified mononeuropathy of bilateral lower limbs
M25541	Pain in joints of right hand
M25542	Pain in joints of left hand
M25549	Pain in joints of unspecified hand
M50020	Cervical disc disorder with myelopathy, mid-cervical region, unspecified level
M50021	Cervical disc disorder at C4-C5 level with myelopathy
M50022	Cervical disc disorder at C5-C6 level with myelopathy
M50023	Cervical disc disorder at C6-C7 level with myelopathy
M50120	Mid-cervical disc disorder, unspecified
M50121	Cervical disc disorder at C4-C5 level with radiculopathy
M50122	Cervical disc disorder at C5-C6 level with radiculopathy
M50123	Cervical disc disorder at C6-C7 level with radiculopathy
M50220	Other cervical disc displacement, mid-cervical region, unspecified level
M50221	Other cervical disc displacement at C4-C5 level
M50222	Other cervical disc displacement at C5-C6 level
M50223	Other cervical disc displacement at C6-C7 level
M50320	Other cervical disc degeneration, mid-cervical region, unspecified level
M50321	Other cervical disc degeneration at C4-C5 level
M50322	Other cervical disc degeneration at C5-C6 level
M50323	Other cervical disc degeneration at C6-C7 level
M50820	Other cervical disc disorders, mid-cervical region, unspecified level
M50821	Other cervical disc disorders at C4-C5 level
M50822	Other cervical disc disorders at C5-C6 level
M50823	Other cervical disc disorders at C6-C7 level
M50920	Unspecified cervical disc disorder, mid-cervical region, unspecified level
M50921	Unspecified cervical disc disorder at C4-C5 level
M50922	Unspecified cervical disc disorder at C5-C6 level
M50923	Unspecified cervical disc disorder at C6-C7 level
M6284	Sarcopenia

### Family Planning Eligibility Program diagnosis codes

When billing for services provided to Family Planning Eligibility Program members, providers must use appropriate family planning eligible diagnosis codes for the claim. Effective October 1, 2016, the codes listed in Table 3 may be used when billing for services provided to these members.

*Table 3 – ICD-10 primary diagnosis codes for the Family Planning Eligibility Program, effective October 1, 2016*

Diagnosis code	Description
Z30015	Encounter for initial prescription of vaginal ring hormonal contraceptive
Z30016	Encounter for initial prescription of transdermal patch hormonal contraceptive device
Z30017	Encounter for initial prescription of implantable subdermal contraceptive
Z3044	Encounter for surveillance of vaginal ring hormonal contraceptive device
Z3045	Encounter for surveillance of transdermal patch hormonal contraceptive device
Z3046	Encounter for surveillance of implantable subdermal contraceptive

### HAC and POA codes

The IHCP follows the 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 the 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.

### Hospice diagnosis codes

The IHCP uses existing medical documentation submitted by the hospice provider to determine medical necessity for noncancerous hospice. Table 4 lists additions to appropriate ICD codes for stroke and coma diagnoses that meet medical necessity for noncancerous stroke or coma hospice services.

*Table 4 – ICD-10 hospice diagnosis codes for stroke and coma, effective October 1, 2016*

Diagnosis code	Description
I602	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I63013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63133	Cerebral infarction due to embolism of bilateral carotid arteries
I63213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63323	Cerebral infarction due to thrombosis of bilateral anterior arteries
I63333	Cerebral infarction to thrombosis of bilateral posterior arteries
I63343	Cerebral infarction to thrombosis of bilateral cerebellar arteries
I63413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries

Table 4 – ICD-10 hospice diagnosis codes for stroke and coma, effective October 1, 2016 (Continued)

Diagnosis code	Description
I63433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle arteries
I63523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior arteries
I63533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior arteries
I63543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries

**Injections, vaccines, and other physician-administered drugs**

The IHCP reimburses providers for Healthcare Common Procedure Coding System (HCPCS) code J9225 *Histrelin implant (Vantas)* when billed with diagnosis codes C61, Z8546, and (effective October 1, 2016) diagnosis code R9721.

**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 (*Indiana Administrative Code 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 most recent *ICD-10 mental health and addiction diagnosis codes* can be found in Table 5. 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.

Table 5 – ICD-10 diagnosis codes for MRO-eligible mental health and addiction services, effective October 1, 2016

Diagnosis code	Description	ANSA	CANS
F3481	Disruptive mood dysregulation disorder	No	Yes
F423	Hoarding disorder	Yes	Yes
F428	Other obsessive compulsive disorder	Yes	Yes
F5081	Binge eating disorder	Yes	Yes
F5089	Other specified eating disorder	Yes	Yes

### Obstetrical and gynecological services

Obstetrical services and high-risk pregnancy diagnoses are restricted to specific set of codes. Effective October 1, 2016, the IHCP added four new diagnosis codes to the high-risk pregnancy group. The applicable diagnosis codes for high-risk pregnancy coverage are listed in Table 6, and the applicable diagnosis codes excluded from abortion criteria are listed in Table 7.

*Table 6 – ICD-10 diagnosis codes for high-risk pregnancy coverage, effective October 1, 2016*

Diagnosis code	Description
O09A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09A3	Supervision of pregnancy with history of molar pregnancy, third trimester

*Table 7 – ICD-10 diagnosis codes excluded from abortion criteria, effective October 1, 2016*

Diagnosis code	Description
O4420	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O4421	Partial placenta previa NOS or without hemorrhage, first trimester
O4422	Partial placenta previa NOS or without hemorrhage, second trimester
O4423	Partial placenta previa NOS or without hemorrhage, third trimester
O4430	Partial placenta previa with hemorrhage, unspecified trimester
O4431	Partial placenta previa with hemorrhage, first trimester
O4432	Partial placenta previa with hemorrhage, second trimester
O4433	Partial placenta previa with hemorrhage, third trimester
O4440	Low lying placenta NOS or without hemorrhage, unspecified trimester
O4441	Low lying placenta NOS or without hemorrhage, unspecified trimester
O4442	Low lying placenta NOS or without hemorrhage, second trimester
O4443	Low lying placenta NOS or without hemorrhage, third trimester
O4450	Low lying placenta with hemorrhage, unspecified trimester
O4451	Low lying placenta with hemorrhage, first trimester
O4452	Low lying placenta with hemorrhage, second trimester
O4453	Low lying placenta with hemorrhage, third trimester

### Podiatry diagnosis codes

The IHCP covers routine foot care when provided by a podiatrist. The IHCP identifies specific diagnosis codes for systemic conditions that justify coverage for routine foot care. [Table 8](#) lists the eligible codes for podiatrist that will be effective October 1, 2016.



*Table 8 – ICD-10 diagnosis codes for routine foot care coverage, effective October 1, 2016*

<b>Diagnosis code</b>	<b>Description</b>
G5753	Tarsal tunnel syndrome, bilateral lower limbs
M21611	Bunion of right foot
M21612	Bunion of left foot
M21619	Bunion of unspecified foot
M21621	Bunionette of right foot
M21622	Bunionette of left foot
M21629	Bunionette of unspecified foot

### Presumptive Eligibility for Pregnant Women

Specific diagnosis codes are required when billing for Presumptive Eligibility for Pregnant Women (PEPW) members when services are rendered in an office, inpatient, or outpatient setting prior to delivery. See Table 9 for codes effective for the PEPW program for DOS on or after October 1, 2016.

*Table 9 – ICD-10 diagnosis codes for Presumptive Eligibility for Pregnant Women, effective October 1, 2016*

<b>Diagnosis code</b>	<b>Description</b>
O0000	Abdominal pregnancy without intrauterine pregnancy
O0001	Abdominal pregnancy with intrauterine pregnancy
O09A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09A3	Supervision of pregnancy with history of molar pregnancy, third trimester
O24415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O337XX0	Maternal care for disproportion due to other fetal deformities, not applicable or unspecified
O337XX1	Maternal care for disproportion due to other fetal deformities, fetus 1
O337XX2	Maternal care for disproportion due to other fetal deformities, fetus 2
O337XX3	Maternal care for disproportion due to other fetal deformities, fetus 3
O337XX4	Maternal care for disproportion due to other fetal deformities, fetus 4
O337XX5	Maternal care for disproportion due to other fetal deformities, fetus 5
O337XX9	Maternal care for disproportion due to other fetal deformities, other fetus
O34211	Maternal care for low transverse scar from previous cesarean delivery
O34212	Maternal care for vertical scar from previous cesarean delivery
O34219	Maternal care for unspecified type scar from previous cesarean delivery
O4420	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O4421	Partial placenta previa NOS or without hemorrhage, first trimester
O4422	Partial placenta previa NOS or without hemorrhage, second trimester
O4423	Partial placenta previa NOS or without hemorrhage, third trimester
O4430	Partial placenta previa with hemorrhage, unspecified trimester
O4431	Partial placenta previa with hemorrhage, first trimester
O4432	Partial placenta previa with hemorrhage, second trimester

*Table 9 – ICD-10 diagnosis codes for Presumptive Eligibility for Pregnant Women, effective October 1, 2016 (Continued)*

<b>Diagnosis code</b>	<b>Description</b>
O4433	Partial placenta previa with hemorrhage, third trimester
O4440	Low lying placenta NOS or without hemorrhage, unspecified trimester
O4441	Low lying placenta NOS or without hemorrhage, first trimester
O4442	Low lying placenta NOS or without hemorrhage, second trimester
O4443	Low lying placenta NOS or without hemorrhage, third trimester
O4450	Low lying placenta with hemorrhage, unspecified trimester
O4451	Low lying placenta with hemorrhage, first trimester
O4452	Low lying placenta with hemorrhage, second trimester
O4453	Low lying placenta with hemorrhage, third trimester

### **Surgical services**

Effective October 1, 2016, the IHCP added several new ICD-10 diagnosis and procedure codes to the following groups:

- Provider preventable conditions (see Table 10)
- Spinal cord stimulators (see [Table 11](#))
- Surgical stent insertion (see [Table 12](#))
- Ventricular assist device (VAD) heart assist system (see [Table 13](#))

*Table 10 – ICD-10 diagnosis codes for provider preventable conditions, effective October 1, 2016*

<b>Diagnosis code</b>	<b>Description</b>
Y620	Failure of sterile precautions during surgical operation
Y621	Failure of sterile precautions during infusion or transfusion
Y622	Failure of sterile precautions during kidney dialysis and other perfusion
Y623	Failure of sterile precautions during injection or immunization
Y624	Failure of sterile precautions during endoscopic examination
Y625	Failure of sterile precautions during heart catheterization
Y626	Failure of sterile precautions during aspiration, puncture, and other catheterization
Y628	Failure of sterile precautions during other surgical and medical care
Y629	Failure of sterile precautions during unspecified surgical and medical care
Y630	Excessive amount of blood or other fluid given during transfusion or infusion
Y631	Incorrect dilution of fluid used during infusion
Y632	Overdose of radiation given during therapy
Y633	Inadvertent exposure of patient to radiation during medical care
Y634	Failure in dosage in electroshock or insulin-shock therapy
Y635	Inappropriate temperature in local application and packing
Y636	Underdosing and non-administration of necessary drug, medicament or biological substance
Y638	Failure in dosage during other surgical and medical care

Table 10 – ICD-10 diagnosis codes for provider preventable conditions, effective October 1, 2016 (Continued)

Diagnosis code	Description
Y639	Failure in dosage during unspecified surgical and medical care
Y640	Contaminated medical or biological substance, transfused or infused
Y641	Contaminated medical or biological substance, injected or used for immunization
Y648	Contaminated medical or biological substance administered by other means
Y649	Contaminated medical or biological substance administered by unspecified means
Y650	Mismatched blood in transfusion
Y651	Wrong fluid used in infusion
Y652	Failure in suture or ligature during surgical operation
Y653	Endotracheal tube wrongly placed during anesthetic procedure
Y654	Failure to introduce or to remove other tube or instrument
Y658	Other specified misadventures during surgical and medical care
Y66	Nonadministration of surgical and medical care
Y69	Unspecified misadventure during surgical and medical care

Table 11 – ICD-10 diagnosis spinal cord stimulator codes, effective October 1, 2016

Diagnosis code	Description
G5643	Causalgia of bilateral upper limbs
G5683	Other specified mononeuropathies of bilateral upper limbs
G5693	Unspecified mononeuropathy of bilateral upper limbs
G5773	Causalgia of bilateral lower limbs
G5783	Other specified mononeuropathies of bilateral lower limbs
G5793	Unspecified mononeuropathy of bilateral lower limbs

Table 12 – ICD-10 diagnosis codes for coverage of stent insertion procedure code 37215, effective October 1, 2016

Diagnosis code	Description
I63033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63133	Cerebral infarction due to embolism of bilateral carotid arteries
I63233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries

Table 13 – ICD-10 procedure codes for removal or repair of VAD heart assist system, effective October 1, 2016

Diagnosis code	Description
02PA0NZ	Removal of Intracardiac Pacemaker from Heart, Open Approach
02PA3NZ	Removal of Intracardiac Pacemaker from Heart, Percutaneous Approach
02PA4NZ	Removal of Intracardiac Pacemaker from Heart, Percutaneous Endoscopic Approach
02WA0NZ	Revision of Intracardiac Pacemaker in Heart, Open Approach
02WA3NZ	Revision of Intracardiac Pacemaker in Heart, Percutaneous Approach
02WA4NZ	Revision of Intracardiac Pacemaker in Heart, Percutaneous Endoscopic Approach
02WAXNZ	Revision of Intracardiac Pacemaker in Heart, External Approach



### Third Party Liability

The IHCP complies with federal regulations to exempt certain medical services from the cost avoidance requirement, including but not limited to, prenatal and preventative pediatric services. The IHCP has identified additional prenatal diagnosis codes that may be used to bypass third-party liability (TPL) edits. The prenatal care diagnosis codes that bypass cost avoidance can be found in Table 14.

*Table 14 – ICD-10 prenatal care diagnosis codes that bypass cost avoidance, effective October 1, 2016*

<b>Diagnosis code</b>	<b>Description</b>
O0000	Abdominal pregnancy without intrauterine pregnancy
O0001	Abdominal pregnancy with intrauterine pregnancy
O09A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09A3	Supervision of pregnancy with history of molar pregnancy, third trimester
O114	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O115	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O1204	Gestational edema, complicating childbirth
O1205	Gestational edema, complicating the puerperium
O1214	Gestational proteinuria, complicating childbirth
O1215	Gestational proteinuria, complicating the puerperium
O1224	Gestational edema with proteinuria, complicating childbirth
O1225	Gestational edema with proteinuria, complicating the puerperium
O134	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O135	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O1404	Mild to moderate pre-eclampsia, complicating childbirth
O1405	Mild to moderate pre-eclampsia, complicating the puerperium
O1414	Severe pre-eclampsia complicating childbirth
O1415	Severe pre-eclampsia, complicating the puerperium
O1424	HELLP syndrome, complicating childbirth
O1425	HELLP syndrome, complicating the puerperium
O1494	Unspecified pre-eclampsia, complicating childbirth
O1495	Unspecified pre-eclampsia, complicating the puerperium
O164	Unspecified maternal hypertension, complicating childbirth
O165	Unspecified maternal hypertension, complicating the puerperium
O24415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O337XX0	Maternal care for disproportion due to other fetal deformities, not applicable or unspecified

Table 14 – ICD-10 prenatal care diagnosis codes that bypass cost avoidance, effective October 1, 2016  
(Continued)

Diagnosis code	Description
O337XX1	Maternal care for disproportion due to other fetal deformities, fetus 1
O337XX2	Maternal care for disproportion due to other fetal deformities, fetus 2
O337XX3	Maternal care for disproportion due to other fetal deformities, fetus 3
O337XX4	Maternal care for disproportion due to other fetal deformities, fetus 4
O337XX5	Maternal care for disproportion due to other fetal deformities, fetus 5
O337XX9	Maternal care for disproportion due to other fetal deformities, other fetus
O34211	Maternal care for low transverse scar from previous cesarean delivery
O34212	Maternal care for vertical scar from previous cesarean delivery
O34219	Maternal care for unspecified type scar from previous cesarean delivery
O4420	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O4421	Partial placenta previa NOS or without hemorrhage, first trimester
O4422	Partial placenta previa NOS or without hemorrhage, second trimester
O4423	Partial placenta previa NOS or without hemorrhage, third trimester
O4430	Partial placenta previa with hemorrhage, unspecified trimester
O4431	Partial placenta previa with hemorrhage, first trimester
O4432	Partial placenta previa with hemorrhage, second trimester
O4433	Partial placenta previa with hemorrhage, third trimester
O4440	Low lying placenta NOS or without hemorrhage, unspecified trimester
O4441	Low lying placenta NOS or without hemorrhage, first trimester
O4442	Low lying placenta NOS or without hemorrhage, second trimester
O4443	Low lying placenta NOS or without hemorrhage, third trimester
O4450	Low lying placenta with hemorrhage, unspecified trimester
O4451	Low lying placenta with hemorrhage, first trimester
O4452	Low lying placenta with hemorrhage, second trimester
O4453	Low lying placenta with hemorrhage, third trimester

#### QUESTIONS?

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