

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201765    SEPTEMBER 28, 2017

## Annual update of ICD-10 codes is effective October 1, 2017

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) on October 1, 2017. 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 tables accessible from the [Code Sets](#) page at indianamedicaid.com. To review the full list of new, revised, and discontinued [diagnosis codes](#) and [procedure codes](#), visit 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. Providers must use the appropriate ICD-10 diagnosis and procedure codes that are valid for the date of service (DOS) billed. Codes not valid for the DOS will deny.

### Behavioral and Primary Healthcare Coordination

The Behavioral and Primary Healthcare Coordination (BPHC) 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 for DOS on or after October 1, 2017, the IHCP will add the diagnosis code in Table 1 to the list of qualifying BPHC diagnosis codes.

*Table 1 – Qualifying ICD-10 diagnosis codes for BPHC added, effective for DOS on or after October 1, 2017*

<b>Diagnosis code</b>	<b>Description</b>
F5028	Avoidant/restrictive food intake disorder

### Chiropractic diagnosis codes

The IHCP requires that chiropractic services be billed with certain diagnosis codes as the primary diagnosis. Effective for DOS on or after October 1, 2017, the IHCP will add the diagnosis codes in [Table 2](#) to the list of primary diagnosis codes for chiropractic services.

*Table 2 – ICD-10 primary diagnosis codes added for chiropractic services, effective for DOS on or after October 1, 2017*

<b>Diagnosis code</b>	<b>Description</b>
M48061	Spinal stenosis, lumbar region without neurogenic claudication
M48062	Spinal stenosis, lumbar region with neurogenic claudication

### Family planning services

The IHCP reimburses for sterilizations for men and women only when a valid consent form accompanies all claims connected with this service. Effective for DOS on or after October 1, 2017, the IHCP will add the codes listed in Table 3 to the list of procedure codes that require a valid consent form. Claims for these codes will suspend for analyst review of the sterilization consent form.

*Table 3 – Additional ICD-10 procedure codes that require a valid sterilization consent form, effective for DOS on or after October 1, 2017*

<b>Procedure code</b>	<b>Description</b>
0V5F8ZZ	Destruction of right spermatic cord, via natural or artificial opening endoscopic
0V5G8ZZ	Destruction of left spermatic cord, via natural or artificial opening endoscopic
0V5H8ZZ	Destruction of bilateral spermatic cords, via natural or artificial opening endoscopic
0V5N8ZZ	Destruction of right vas deferens, via natural or artificial opening endoscopic
0V5P8ZZ	Destruction of left vas deferens, via natural or artificial opening endoscopic
0V5Q8ZZ	Destruction of bilateral vas deferens, via natural or artificial opening endoscopic
0VBF8ZZ	Excision of right spermatic cord, via natural or artificial opening endoscopic
0VBG8ZZ	Excision of left spermatic cord, via natural or artificial opening endoscopic
0VBH8ZZ	Excision of bilateral spermatic cords, via natural or artificial opening endoscopic
0VBN8ZZ	Excision of right vas deferens, via natural or artificial opening endoscopic
0VBP8ZZ	Excision of left vas deferens, via natural or artificial opening endoscopic
0VBQ8ZZ	Excision of bilateral vas deferens, via natural or artificial opening endoscopic
0VLF8CZ	Occlusion of right spermatic cord with extraluminal device, via natural or artificial opening endoscopic
0VLF8DZ	Occlusion of right spermatic cord with intraluminal device, via natural or artificial opening endoscopic
0VLF8ZZ	Occlusion of right spermatic cord, via natural or artificial opening endoscopic
0VLG8CZ	Occlusion of left spermatic cord with extraluminal device, via natural or artificial opening endoscopic
0VLG8DZ	Occlusion of left spermatic cord with intraluminal device, via natural or artificial opening endoscopic
0VLG8ZZ	Occlusion of left spermatic cord, via natural or artificial opening endoscopic
0VLH8CZ	Occlusion of bilateral spermatic cords with extraluminal device, via natural or artificial opening endoscopic
0VLH8DZ	Occlusion of bilateral spermatic cords with intraluminal device, via natural or artificial opening endoscopic
0VLH8ZZ	Occlusion of bilateral spermatic cords, via natural or artificial opening endoscopic
0VLN8CZ	Occlusion of right vas deferens with extraluminal device, via natural or artificial opening endoscopic
0VLN8DZ	Occlusion of right vas deferens with intraluminal device, via natural or artificial opening endoscopic
0VLN8ZZ	Occlusion of right vas deferens, via natural or artificial opening endoscopic
0VLP8CZ	Occlusion of left vas deferens with extraluminal device, via natural or artificial opening endoscopic

*Table 3 – Additional ICD-10 procedure codes that require a valid sterilization consent form, effective for DOS on or after October 1, 2017 (continued)*

<b>Procedure code</b>	<b>Description</b>
0VLP8DZ	Occlusion of left vas deferens with intraluminal device, via natural or artificial opening endoscopic
0VLP8ZZ	Occlusion of left vas deferens, via natural or artificial opening endoscopic
0VLQ8CZ	Occlusion of bilateral vas deferens with extraluminal device, via natural or artificial opening endoscopic
0VLQ8DZ	Occlusion of bilateral vas deferens with intraluminal device, via natural or artificial opening endoscopic
0VLQ8ZZ	Occlusion of bilateral vas deferens, via natural or artificial opening endoscopic

### 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 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](#) effective October 1, 2017 (federal fiscal year [FFY] 2018) are available on the CMS website at [cms.gov](http://cms.gov).

### Hospice diagnosis codes

The IHCP uses existing medical documentation submitted by the hospice provider to determine medical necessity for noncancerous hospice services. Table 4 lists the additional ICD-10 diagnosis codes that meet medical necessity for noncancerous hospice services, effective for DOS on or after October 1, 2017.

*Table 4 – ICD-10 hospice diagnosis codes added, effective for DOS on or after October 1, 2017*

<b>Diagnosis code</b>	<b>Description</b>
G1223	Primary lateral sclerosis
G1224	Familial motor neuron disease
G1225	Progressive spinal muscle atrophy
I2720	Pulmonary hypertension, unspecified
I2721	Secondary pulmonary arterial hypertension
I2722	Pulmonary hypertension due to left heart disease
I2723	Pulmonary hypertension due to lung diseases and hypoxia
I2724	Chronic thromboembolic pulmonary hypertension
I2729	Other secondary pulmonary hypertension
I2783	Eisenmenger's syndrome
I50810	Right heart failure, unspecified
I50811	Acute right heart failure
I50813	Acute on chronic right heart failure
I50814	Right heart failure due to left heart failure
I5082	Biventricular heart failure
I5083	High output heart failure
I5084	End stage heart failure
I5089	Other heart failure

**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 *ICD-10 mental health and addiction diagnosis code* added, effective for DOS on or after October 1, 2017, is found in Table 5. Please note that adults (Adult Needs and Strengths Assessment – ANSA) and children or adolescents (Child and Adolescent Needs and Strengths – CANS) have unique qualifying diagnosis lists.

A “Yes” under the applicable ANSA or CANS 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 – Qualifying ICD-10 diagnosis codes MRO services added, effective for DOS on or after October 1, 2017*

<b>Diagnosis code</b>	<b>Description</b>	<b>ANSA</b>	<b>CANS</b>
F5082	Avoidant/restrictive food intake disorder	Yes	Yes

**Obstetrical and gynecological services**

The IHCP provides coverage for a medically necessary hysterectomy performed to treat an illness or injury. Effective for DOS on or after October 1, 2017, the ICD-10 procedure codes in Table 6 have been added to the list of hysterectomy services that require documentation of medical necessity be submitted with the claim.

*Table 6 – Additional ICD-10 procedure codes requiring documentation of medical necessity with the claim, effective for DOS on or after October 1, 2017*

<b>Procedure code</b>	<b>Description</b>
0UT90ZL	Resection of Uterus, Supracervical, Open Approach
0UT94ZL	Resection of Uterus, Supracervical, Percutaneous Endoscopic Approach
0UT97ZL	Resection of Uterus, Supracervical, Via Natural or Artificial Opening
0UT98ZL	Resection of Uterus, Supracervical, Via Natural or Artificial Opening Endoscopic

**PET scan diagnosis codes**

The IHCP covers Positron Emission Tomography (PET) scans. The IHCP identifies specific diagnosis codes for systemic conditions that justify coverage for PET scans. Table 7 lists the additional diagnosis codes that support medical necessity for PET scans, effective for DOS on or after October 1, 2017. These codes will be added to the next update of the [Medical Policy Manual](#).

*Table 7 – ICD-10 diagnosis codes for PET scan coverage added, effective for DOS on or after October 1, 2017*

<b>Diagnosis code</b>	<b>Description</b>
C9620	Malignant mast cell neoplasm, unspecified
C9621	Aggressive systemic mastocytosis
C9622	Mast cell sarcoma
C9629	Other malignant mast cell neoplasm
D4702	Systemic mastocytosis
D4709	Other mast cell neoplasms of uncertain behavior

### **Presumptive Eligibility for Pregnant Women**

Specific diagnosis codes are required when billing for Presumptive Eligibility for Pregnant Women (PEPW) services rendered in an office, inpatient, or outpatient setting prior to delivery. See Table 8 for diagnosis codes allowable for PEPW services added, effective for dates of service (DOS) on or after October 1, 2017.

*Table 8 – ICD-10 diagnosis codes added for Presumptive Eligibility for Pregnant Women, effective for DOS on or after October 1, 2017*

<b>Diagnosis code</b>	<b>Description</b>
O00101	Right tubal pregnancy without intrauterine pregnancy
O00102	Left tubal pregnancy without intrauterine pregnancy
O00109	Unspecified tubal pregnancy without intrauterine pregnancy
O00111	Right tubal pregnancy with intrauterine pregnancy
O00112	Left tubal pregnancy with intrauterine pregnancy
O00119	Unspecified tubal pregnancy with intrauterine pregnancy
O00201	Right ovarian pregnancy without intrauterine pregnancy
O00202	Left ovarian pregnancy without intrauterine pregnancy
O00209	Unspecified ovarian pregnancy without intrauterine pregnancy
O00211	Right ovarian pregnancy with intrauterine pregnancy
O00212	Left ovarian pregnancy with intrauterine pregnancy
O00219	Unspecified ovarian pregnancy with intrauterine pregnancy
O368310	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, not applicable or unspecified
O368311	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1
O368312	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2
O368313	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3
O368314	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4
O368315	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5
O368319	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, other fetus
O368320	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified
O368321	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1
O368322	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2

*Table 8 – ICD-10 diagnosis codes added for Presumptive Eligibility for Pregnant Women, effective for DOS on or after October 1, 2017 (continued)*

<b>Diagnosis code</b>	<b>Description</b>
O368323	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3
O368324	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4
O368325	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5
O368329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus
O368330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified
O368331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1
O368332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2
O368333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3
O368334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4
O368335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5
O368339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus
O368390	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, not applicable or unspecified
O368391	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 1
O368392	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 2
O368393	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 3
O368394	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 4
O368395	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 5
O368399	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, other fetus
Z360	Encounter for antenatal screening for chromosomal anomalies
Z361	Encounter for antenatal screening for raised alphafetoprotein level
Z362	Encounter for other antenatal screening follow-up
Z363	Encounter for antenatal screening for malformations
Z364	Encounter for antenatal screening for fetal growth retardation
Z365	Encounter for antenatal screening for isoimmunization
Z3681	Encounter for antenatal screening for hydrops fetalis
Z3682	Encounter for antenatal screening for nuchal translucency
Z3683	Encounter for fetal screening for congenital cardiac abnormalities
Z3684	Encounter for antenatal screening for fetal lung maturity
Z3685	Encounter for antenatal screening for Streptococcus B
Z3686	Encounter for antenatal screening for cervical length
Z3687	Encounter for antenatal screening for uncertain dates
Z3688	Encounter for antenatal screening for fetal macrosomia
Z3689	Encounter for other specified antenatal screening
Z368A	Encounter for antenatal screening for other genetic defects
Z369	Encounter for antenatal screening, unspecified

### Surgical services

Effective for DOS on or after October 1, 2017, the IHCP added new ICD-10 diagnosis codes (Table 9) and procedure codes (Table 10) for phrenic nerve stimulators.

*Table 9 – ICD-10 diagnosis codes added for phrenic nerve stimulator, effective for DOS on or after October 1, 2017*

Diagnosis code	Description
G1223	Primary lateral sclerosis
G1224	Familial motor neuron disease
G1225	Progressive spinal muscle atrophy

*Table 10 – ICD-10 procedure codes added for phrenic nerve stimulator services, effective for DOS on or after October 1, 2017*

Procedure code	Description
0BHT0MZ	Insertion of Diaphragmatic Pacemaker Lead into Diaphragm, Open Approach
0BHT3MZ	Insertion of Diaphragmatic Pacemaker Lead into Diaphragm, Percutaneous Approach
0BHT4MZ	Insertion of Diaphragmatic Pacemaker Lead into Diaphragm, Percutaneous Endoscopic 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. In Table 11, the IHCP identifies additional prenatal diagnosis codes that will bypass third-party liability (TPL) edits, effective for DOS on or after October 1, 2017.

*Table 11 – Additional ICD-10 prenatal care diagnosis codes that bypass cost avoidance, effective for DOS on or after October 1, 2017*

Diagnosis code	Description
O368310	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, not applicable or unspecified
O368311	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1
O368312	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2
O368313	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3
O368314	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4
O368315	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5
O368319	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, other fetus
O368320	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified
O368321	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1
O368322	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2
O368323	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3

*Table 11 – Additional ICD-10 prenatal care diagnosis codes that bypass cost avoidance, effective for DOS on or after October 1, 2017 (continued)*

<b>Diagnosis code</b>	<b>Description</b>
O368324	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4
O368325	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5
O368329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus
O368330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified
O368331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1
O368332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2
O368333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3
O368334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4
O368335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5
O368339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus
O368390	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, not applicable or unspecified
O368391	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 1
O368392	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 2
O368393	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 3
O368394	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 4
O368395	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 5
O368399	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, other fetus
Z360	Encounter for antenatal screening for chromosomal anomalies
Z361	Encounter for antenatal screening for raised alphafetoprotein level
Z362	Encounter for other antenatal screening follow-up
Z363	Encounter for antenatal screening for malformations
Z364	Encounter for antenatal screening for fetal growth retardation
Z365	Encounter for antenatal screening for isoimmunization
Z3681	Encounter for antenatal screening for hydrops fetalis
Z3682	Encounter for antenatal screening for nuchal translucency
Z3683	Encounter for fetal screening for congenital cardiac abnormalities
Z3684	Encounter for antenatal screening for fetal lung maturity
Z3685	Encounter for antenatal screening for Streptococcus B
Z3686	Encounter for antenatal screening for cervical length
Z3687	Encounter for antenatal screening for uncertain dates
Z3688	Encounter for antenatal screening for fetal macrosomia
Z3689	Encounter for other specified antenatal screening
Z368A	Encounter for antenatal screening for other genetic defects
Z369	Encounter for antenatal screening, unspecified



**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

**COPIES OF THIS PUBLICATION**

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

**SIGN UP FOR IHCP EMAIL NOTIFICATIONS**



To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

**TO PRINT**

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.