IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201851 SEPTEMBER 25, 2018

Annual update of ICD-10 codes is effective October 1, 2018

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, 2018. The IHCP has updated

its policies to reflect the updates of the ICD-10 list of codes. These new diagnosis and procedure codes will be updated in the appropriate code tables accessible from the <u>Code Sets</u> page at indianamedicaid.com. To review the full list of new, revised, and discontinued <u>diagnosis codes</u> and <u>procedure codes</u>, visit the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.



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 dates of service (DOS) on or after October 1, 2018, the IHCP will add the diagnosis code in Table 1 to the list of qualifying BHPC diagnosis codes.

Table 1 –Qualifying ICD-10 diagnosis code added for BPHC services,
effective for DOS on or after October 1, 2018

Diagnosis Code	Description
F530	Postpartum depression

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, 2018, the IHCP will add the diagnosis codes in Table 2 to the list of primary diagnosis codes for chiropractic services.

Diagnosis Code	Description
M7910	Myalgia, unspecified site
M7911	Myalgia of mastication muscle
M7912	Myalgia of auxiliary muscles, head and neck
M7918	Myalgia, other site

Table 2 – ICD-10 primary diagnosis codes added for chiropractic services, effective for DOS on or after October 1, 2018

Family planning diagnosis codes

Benefits under the Family Planning Eligibility Program are limited to services for certain qualifying diagnoses. Effective for DOS on or after October 1, 2018, the diagnosis codes listed in Table 3 will be added as qualifying diagnoses for Family Planning Eligibility Program services.

Table 3 – Qualifying ICD-10 diagnosis codes added for Family Planning Eligibility Program services,
effective for DOS on or after October 1, 2018

Diagnosis Code	Description
T7451XA	Adult forced sexual exploitation, confirmed, initial encounter
T7451XD	Adult forced sexual exploitation, confirmed, subsequent encounter
T7452XA	Child sexual exploitation, confirmed, initial encounter
T7452XD	Child sexual exploitation, confirmed, subsequent encounter
T7651XA	Adult forced sexual exploitation, suspected, initial encounter
T7651XD	Adult forced sexual exploitation, suspected, subsequent encounter
T7652XA	Child sexual exploitation, suspected, initial encounter
T7652XD	Child sexual exploitation, suspected, subsequent encounter
Z0481	Encounter for examination and observation of victim following forced sexual exploitation

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 determination for codes exempted from POA reporting. The <u>ICD-10 Hospital Acquired Condition Diagnoses</u> and the <u>ICD-10 Diagnosis</u> <u>Codes Exempt from POA</u>, effective October 1, 2018 (federal fiscal year [FFY] 2018), are available on the CMS website at cms.gov.

Mental health and addiction diagnosis 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.

Effective for DOS on or after October 1, 2018, the code in <u>Table 4</u> will be added as a qualifying ICD-10 mental health and addiction diagnosis code for MRO services. Please note that adults (Adults Needs and Strengths Assessment – ANSA) and children or adolescents (Child and Adolescent Needs and Strengths – CANS) have unique diagnosis lists.

A "Yes" under the applicable ANSA or CANS column can indicate 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 in 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 4 – Qualifying ICD-10 diagnosis code added for MRO services,
effective for DOS on or after October 1, 2018

Diagnosis Codes	Description	ANSA	CANS	
F530	Postpartum Depression	Yes	Yes	

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. Effective for DOS on or after October 1, 2018, the diagnosis codes in Table 5 will be added as diagnoses that support medical necessity for PET scans.

 Table 5 – ICD-10 diagnosis codes added to support medical necessity for PET scans, effective for DOS on or after October 10, 2018

Diagnosis Code	Description
C43111	Malignant melanoma of right upper eyelid, including canthus
C43112	Malignant melanoma of right lower eyelid, including canthus
C43121	Malignant melanoma of left upper eyelid, including canthus
C43122	Malignant melanoma of left lower eyelid, including canthus
C441021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C441022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C441091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C441092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C441121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C441122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C441191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C441192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C441221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C441222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C441291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C441292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C441321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C441322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C441391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C441392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C441921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C441922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C441991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C441992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus

Injections, vaccines, and other physician-administered drugs diagnosis codes

The IHCP covers injections for Botulinum Toxin (Botox) injections. The IHCP identifies specific diagnosis codes for conditions that justify the use of Botox. Effective for DOS on or after October 1, 2018, the diagnosis codes in Table 6 will be added as diagnoses that support the use of Botox injections

Diagnosis Code	Description
G5131	Clonic hemifacial spasm, right
G5132	Clonic hemifacial spasm, left
G5133	Clonic hemifacial spasm, bilateral
G5139	Clonic hemifacial spasm, unspecified
H02151	Paralytic ectropion of right upper eyelid
H02152	Paralytic ectropion of right lower eyelid
H02153	Paralytic ectropion of right eye, unspecified eyelid
H02154	Paralytic ectropion of left upper eyelid
H02155	Paralytic ectropion of left lower eyelid
H02156	Paralytic ectropion of left eye, unspecified eyelid
H02159	Paralytic ectropion of unspecified eye, unspecified eyelid

Table 6 – ICD-10 diagnosis codes added to support Botox injections, effective for DOS on or after October 1, 2018

Presumptive Eligibility for Pregnant Women

Benefits for Presumptive Eligibility for Pregnant Women (PEPW) members are limited to services rendered in an office, inpatient, or outpatient setting prior to delivery for certain qualifying diagnoses. Effective for DOS on or after October 1, 2018, the codes in Table 7 will be added as qualifying diagnoses for PEPW services.

Diagnosis Code	Description
O30131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
Z1332	Encounter for screening for maternal depression

 Table 7 – Qualifying ICD-10 diagnosis codes added for PEPW services,

 effective for DOS on or after October 1, 2018

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. Effective for DOS on or after October 1, 2018, the diagnosis codes in Table 8 will be added as prenatal diagnosis codes that will bypass third-party liability (TPL) edits.

Diagnosis Code	Description
O30131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester

Table 8 –ICD-10 prenatal care diagnosis codes added that will bypass cost avoidance,
effective for DOS on or after October 1, 2018

QUESTIONS?

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