



## All Providers

### Annual Update of the International Classification of Diseases

The annual update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is effective for the Indiana Health Coverage Programs (IHCP) beginning October 1, 2009. The new, revised, and discontinued codes may be viewed at [http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07\\_summarytables.asp#](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#). To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), the 90-day grace period will no longer apply to ICD-9-CM updates. Providers must use the appropriate ICD-9-CM diagnosis and procedure codes that are valid for the date of service. Codes not valid for dates of service will deny. The new ICD-9-CM diagnosis and procedure codes are billable and reimbursable October 1, 2009.

The ICD-9-CM diagnosis codes in Table 1 will be added to Table 8.28 – Emergency Diagnosis Codes – in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes are effective for dates of service on or after October 1, 2009.

Table 1 – ICD-9-CM Diagnosis Codes **Effective for Dates of Service on or after October 1, 2009**

Additions to Table 8.28 – Emergency Diagnosis Codes – in the <i>IHCP Provider Manual</i>						
416.2	453.50	453.51	453.52	453.6	453.71	453.72
453.73	453.74	453.75	453.76	453.77	453.79	453.81
453.82	453.83	453.84	453.85	453.86	453.87	453.89
488.0	488.1	569.87	670.10	670.12	670.14	670.20
670.22	670.24	670.30	670.32	670.34	670.80	670.82
670.84	768.70	768.71	768.72	768.73	779.31	779.32
779.33	779.34	784.42	789.7	799.21	799.22	799.23
799.24	799.25	799.29	813.46	813.47	832.2	969.00
969.01	969.02	969.03	969.04	969.05	969.09	969.70
969.71	969.72	969.73	969.79	995.24	E830.7	E831.7
E832.7	E833.7	V87.32				

The ICD-9-CM diagnosis codes in Table 2 will be removed from Table 8.28 – Emergency Diagnosis Codes – in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes are invalid for dates of service on or after October 1, 2009.

Table 2 – ICD-9-CM Diagnosis Codes **Invalid for Dates of Service on or after October 1, 2009**

Deletions from Table 8.28 – Emergency Diagnosis Codes – in the <i>IHCP Provider Manual</i>						
453.8	488	768.7	779.3	784.5	799.2	969.0
969.7						

The ICD-9-CM diagnosis codes in Table 3 will be added to Table 8.82 – High Risk Pregnancy ICD-9-CM Diagnosis Codes – in the *IHCP Provider Manual, Chapter 8, Section 4*. These codes are effective for dates of service on or after October 1, 2009.

Table 3 – ICD-9-CM Diagnosis Codes **Effective for Dates of Service on or after October 1, 2009**

<b>Additions to Table 8.82 – High Risk Pregnancy ICD-9-CM Diagnosis Codes – in the <i>IHCP Provider Manual</i></b>						
488.0	488.1	621.34	621.35	V60.81	V60.89	V61.07
V61.08	V61.23	V61.24	V61.25	V61.42		

The ICD-9-CM diagnosis codes in Table 4 will be removed from Table 8.82 – High Risk Pregnancy ICD-9-CM Diagnosis Codes – in the *IHCP Provider Manual, Chapter 8, Section 4*. These codes are invalid for dates of service on or after October 1.

Table 4 – ICD-9-CM Diagnosis Codes **Invalid for Dates of Service on or after October 1, 2009**

<b>Deletions from Table 8.82 – High Risk Pregnancy ICD-9-CM Diagnosis Codes – in the <i>IHCP Provider Manual</i></b>						
488	V60.8					

### Eligibility Verification for Presumptive Eligibility

Eligibility can now be verified for presumptive eligibility (PE) members using name and date of birth, Social Security number, Medicare ID, or Medicaid ID.

As stated in [BR200933](#), EDS identified an issue related to eligibility inquiry for PE members that makes it appear that women are not eligible for PE in the Eligibility Verification Systems (EVS). This occurs only when the member had prior Medicaid coverage and if alternate methods of identification are used (for example, name and date of birth, or Social Security number). This issue has been resolved.

Web interChange, OMNI, and Automated Voice Response (AVR) display the eligibility information for the date requested. If the inquiry is made for a date of service during the PE period, and the member has not been transitioned to Hoosier Healthwise, EVS will show the PE eligibility for that date of service. If the inquiry is made by the PE “550” Recipient Identification Number (RID) for a date of service after the member is eligible for Hoosier Healthwise, EVS displays only the Hoosier Healthwise eligibility, but does not display the new Hoosier Healthwise “10\_99” RID number. **Providers are encouraged to use the name and date of birth or Social Security number to verify eligibility and to obtain the new RID number for that date of service. When the name and date of birth or Social Security number is used for eligibility inquiry, the current open Medicaid segment displays whether the member is eligible for PE or Hoosier Healthwise.**

## Prescribing Providers and Pharmacy Providers

### Automation of Pharmacy Prior Authorization – Revised Implementation Date

IHCP bulletin [BT200927](#), dated August 24, 2009, notified providers of the implementation of an automated prior authorization system known as Smart PA™. The implementation date of October 1, 2009, has been revised to November 1, 2009, to allow for additional testing. All other information in bulletin [BT200927](#) remains unchanged.

Please contact EDS Customer Assistance at (317) 655-3240 or 1-800-577-1278 if you have any questions.

## Provider Workshops

### Register Now for the October IHCP Seminar in Indianapolis!

Register now to attend the 2009 IHCP Seminar October 20-22, 2009, at the Indianapolis Marriott East. Topics include claims and billing; programs such as *Care Select*; dental, vision, and mental health; transportation and durable medical equipment (DME); Presumptive Eligibility for Pregnant Women and Notification of Pregnancy (PE/NOP); and more. There is no cost to attend. To register, go to <http://www.indianamedicaid.com/ihcp/index.asp> and click **Provider Services > Education Opportunities > Workshop Registration**.

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