

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR201039

SEPTEMBER 28, 2010



## 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 on October 1, 2010. The new, revised, and discontinued codes may be viewed [online](#). 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 the dates of service will deny. The new ICD-9-CM diagnosis and procedure codes are billable and reimbursable on October 1, 2010.

The ICD-9-CM diagnosis codes in the table below will be added to Table 8.33 – Emergency Department Diagnosis Codes in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes are effective for dates of service on or after October 1, 2010.

***ICD-9-CM Diagnosis Codes, effective for dates of service on or after October 1, 2010 (additions to Table 8.33 – Emergency Department Diagnosis Codes of the IHCP Provider Manual)***

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276.61	276.69	488.01	488.02	488.09	488.11	488.12
488.19	560.32	780.33	780.66	786.30	786.31	799.51
799.52	799.53	799.54	799.55	799.59	970.81	970.89
999.60	999.61	999.62	999.63	999.69	999.70	999.71
999.72	999.73	999.74	999.75	999.76	999.77	999.78
999.79	999.80	999.83	999.84	999.85	V62.85	V90.01
V90.09	V90.10	V90.11	V90.12	V90.2	V90.31	V90.32
V90.33	V90.39	V90.81	V90.83	V90.89	V90.9	

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The ICD-9-CM diagnosis codes in the table below will be removed from Table 8.33 – Emergency Department Diagnosis Codes in the *IHCP Provider Manual, Chapter 8, Section 2*. The codes are invalid for dates of service on or after October 1, 2010.

*ICD-9-CM Diagnosis Codes, **invalid for dates of service on or after October 1, 2010** (deletions from Table 8.33 – Emergency Department Diagnosis Codes of the IHCP Provider Manual)*

276.6	488.0	488.1	786.3	970.8	999.7	
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The ICD-9-CM diagnosis codes in the table below will be added to Table 8.85 – 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, 2010.

*ICD-9-CM Diagnosis Codes, **effective for dates of service on or after October 1, 2010** (additions to Table 8.91 – High Risk Pregnancy – ICD-9-CM Diagnosis Codes of the IHCP Provider Manual)*

237.73	237.79	287.41	287.49	488.01	488.02	488.09
488.11	488.12	488.19	752.34	752.35	752.44	752.45
752.47	V62.85	V85.41	V85.42	V85.43	V85.44	V85.45
V91.00	V91.01	V91.02	V91.03	V91.09	V91.10	V91.11
V91.12	V91.19	V91.20	V91.21	V91.22	V91.29	V91.90
V91.91	V91.92	V91.99				

The ICD-9-CM diagnosis codes in the table below will be removed from Table 8.85 – High Risk Pregnancy – ICD-9-CM Diagnosis Codes in the *IHCP Provider Manual, Chapter 8, Section 4*. The codes are invalid for dates of service on or after October 1, 2010.

*ICD-9-CM Diagnosis Codes, **invalid for dates of service on or after October 1, 2010** (deletions from Table 8.91 – High Risk Pregnancy ICD-9-CM Diagnosis Codes of the IHCP Provider Manual)*

287.4	488.0	488.1	V85.4			
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The ICD-9-CM diagnosis codes in the table below will be added to Table 8.12 – Final HAC list as published in FFY 2009 Final Rule page 8-86 in the *IHCP Provider Manual, Chapter 8, Section 2*. These codes are effective for dates of service on or after October 1, 2010.

*ICD-9-CM Diagnosis Codes, **effective for dates of service on or after October 1, 2010** (additions to Table 8.12 – Hospital Acquired Condition – ICD-9-CM Diagnosis Codes of the IHCP Provider Manual)*

999.60	999.61	999.62	999.63	999.69		
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The ICD-9-CM diagnosis code in the table below will be removed from Table 8.12 – *Final HAC list as published in FFY 2009 Final Rule page 8-86* in the *IHCP Provider Manual, Chapter 8. Section 2*. This code is invalid for dates of service on or after October 1, 2010.

*ICD-9-CM Diagnosis Code, **invalid for dates of service on or after October 1, 2010** (deletions from Table 8.12 – Hospital Acquired Condition – ICD-9-CM Diagnosis Codes of the IHCP Provider Manual)*

999.6						
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## The IHCP to audit claims for bitewing radiographs

According to 405 IAC 5-14-3 (2), "Bitewing radiographs are limited to one (1) set per recipient every twelve (12) months. One (1) set of bitewings is defined as either:

- (A) four (4) horizontal films; or
- (B) seven (7) to eight (8) vertical films."

Effective November 1, 2010, the IHCP will begin auditing claims for utilization of bitewing radiographs. New audits will be implemented in IndianaAIM to suspend claims for manual review to ensure that reimbursements for claims are paid within Indiana Administrative Code (IAC) limitations. Please be sure to bill the appropriate Current Dental Terminology<sup>®1</sup> (CDT) code for the number of films taken on each date of service.

<sup>1</sup> *Current Dental Terminology (CDT) is copyrighted by the American Dental Association. © 2009, 2010 American Dental Association. All rights reserved.*

## Denied MRO claims to be reprocessed

Medicaid Rehabilitation Option (MRO) claims billed with procedure code H2011 HW – *Crisis Intervention* have been erroneously denied for Edit 2017 – *The recipient is enrolled in the risk based managed care portion of the Hoosier Healthwise Program. The recipient must seek care from the appropriate Managed Care Organization.* HP will perform a mass reprocessing of denied claims for Edit 2017. Providers will see the reprocessed claims on the Remittance Advice (RA) statements dated September 28, 2010. Direct questions to your [Provider Relations Field Consultant](#).



## Plan now to attend the National Correct Coding Initiative (NCCI) Workshop

HP Enterprise Services has scheduled a training session to acquaint providers with the National Correct Coding Initiative (NCCI) implementation coming in October 2010! The workshop will be October 8, 2010, from 10 a.m. – noon, and will be presented via HP Virtual Room (Web site) combined with an audio conference phone number. Participants will learn how NCCI editing affects the way they code their claims and correct usage of modifiers that are key to NCCI editing. This session is ideal for billing employees for all physician specialties. Sign up now – participants are limited to 150. You can register by going to the IHCP Web site and selecting **Provider Education** from the Quick Links column, then **Workshop Registration Tool**, or go directly to the online [Workshop Registration page](#). When registering for this workshop, choose the location of Virtual Room NCCI Education – Indianapolis, IN.

## Annual IHCP Provider Seminar scheduled for October 19-21

Mark your calendars now for the 2010 IHCP Seminar October 19-21 in Indianapolis. There is no cost to attend. Session topics include Prior Authorization, the National Correct Coding Initiative, and many more. For more information, see [BT201033](#), dated August 31, 2010.

### QUESTIONS?

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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