

ICD-10 IHCP [^]bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201562 SEPTEMBER 1, 2015

IHCP cross walks diagnosis and procedure codes to ICD-10 – Part 2

The Indiana Health Coverage Programs (IHCP) has cross walked diagnosis and procedure codes to ICD-10 in policy areas where coverage is restricted or specific billing instructions have been established. The ICD-10 codes identified should be billed for dates of service (DOS) on or after October 1, 2015. See the [Span-Date Logic Tables](#) at indianamedicaid.com for information about when to use ICD-9 and ICD-10 for claims that span the October 1, 2015, date. Providers are responsible for billing the appropriate code with the highest level of specificity for the member's diagnosis, unless otherwise instructed. IHCP policy and related billing guidance, other than the crosswalk to ICD-10 codes as described, remains unchanged.

Presumptive Eligibility for Pregnant Women diagnosis codes

The Presumptive Eligibility for Pregnant Women (PEPW) process provides temporary coverage to presumptively eligible low-income pregnant women until full IHCP eligibility is determined. Women found eligible under PEPW are covered for Package P services. Covered PEPW services are limited to specific diagnosis codes.

In the conversion for ICD-10 implementation, the PEPW diagnosis code set was modified to include and exclude diagnosis codes, consistent with *Indiana Administrative Code (IAC) 405 IAC 2-3.2*. The *ICD-10 Presumptive Eligibility for Pregnant Women Diagnosis Codes* are available on the [Code Sets](#) page at indianamedicaid.com.

Hysterectomy ICD procedure codes

The IHCP provides coverage for a medically necessary hysterectomy performed to treat an illness or injury. The IHCP does not cover a hysterectomy performed solely to render a member permanently incapable of bearing children, whether performed as a primary or secondary procedure. The crosswalked *ICD-10 Hysterectomy Procedure Codes* are available on the [Code Sets](#) page at indianamedicaid.com. Claims billed with the procedure codes for a hysterectomy require proof that all documentation and certification requirements for the hysterectomy have been met. Providers cannot use the *Consent for Sterilization* form for hysterectomy procedures under any circumstances.



Only **30** days remain until the implementation of ICD-10 on
October 1, 2015. Are you ready?

Sterilization ICD procedure codes

Sterilization renders a person unable to reproduce. Consistent with the provisions set forth in 405 IAC 5-28-8, the IHCP reimburses for sterilizations for men and women as long as the *Consent for Sterilization* form accompanies all claims associated with the service. The crosswalked *ICD-10 Sterilization Procedure Codes* are available on the [Code Sets](#) page at indianamedicaid.com. For claims submitted with the procedure codes listed, the IHCP suspends the claims for an analyst to review the consent form for sterilizations or other documentation for partial sterilizations. See [Chapter 8](#) of the *IHCP Provider Manual* for additional billing requirements concerning sterilizations and partial sterilizations.

QUESTIONS?

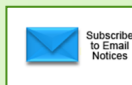
If you have questions about ICD-10 implementation, address them to the IHCP's ICD-10 Questions Mailbox at INXIX.ICD10Questions@hp.com.

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