ICD-10 IHCP ^bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201567 SEPTEMBER 8, 2015

IHCP cross walks diagnosis and procedure codes to ICD-10 – Part 3

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 <u>Span-Date Logic Tables</u> 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.

EPSDT – Tuberculosis screening

The IHCP requires tuberculosis exposure screening in accordance with the American Academy of Pediatrics guidelines. Effective October 1, 2015, children who receive a tuberculosis assessment that results in a skin test should use ICD-10 diagnosis code Z20.1 – *Contact with and (suspected) exposure to Tuberculosis.* Only children deemed to have risk of exposure to persons with tuberculosis should be considered for tuberculin skin testing. Providers should see the *Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Provider Manual* for additional information regarding exposure risk assessments.



Diagnosis codes that bypass cost avoidance

Federal regulations exempt some claims for services related to prenatal and preventative pediatric care from Medicare and third-party liability (TPL) edits – commonly referred to as cost-avoidance edits. Claims for these services bypass these edits based on the primary diagnosis code identified. The ICD-10 *Prenatal and Preventive Pediatric Diagnosis Codes that Bypass Cost Avoidance* are available on the <u>Code Sets</u> page at indianamedicaid.com. These codes have been updated to follow the Centers for Medicare & Medicaid Services (CMS)-recommended diagnoses allowed to bypass TPL. Providers that render any of these services are permitted, but not required, to bill available third-party resources.

Only 23 days remain until the implementation of ICD-10 on October 1, 2015. Are you ready?

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