ICD-10 IHCP ^bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT201550 JULY 28, 2015

The IHCP outlines requirements for requesting PA before and after implementation of ICD-10

With the upcoming implementation of ICD-10 on October 1, 2015, the Indiana Health Coverage Programs (IHCP) has updated its prior authorization (PA) process. Providers will continue to use the <u>Indiana</u> <u>Health Coverage Programs Prior Authorization Request Form (universal PA</u> form), which is available on the Forms page at indianamedicaid.com.

Only 64 days remain until the implementation of ICD-10 on October 1, 2015. Are you ready?

The ICD codes used when completing a PA request will be determined by the start date of the dates of service associated with the request. Providers should follow these requirements:

- Existing PAs with START DATES OF SERVICE that began before October 1, 2015, but extend beyond that date, will not be affected; no additional action will be required.
- New PAs with START DATES OF SERVICE on or before September 30, 2015, will require only ICD-9-CM diagnosis codes, as outlined in the current process.
- New PAs with START DATES OF SERVICE on or after October 1, 2015, will require only ICD-10-CM diagnosis codes.
- Providers should not submit PA request forms with both ICD-9 and ICD-10 diagnosis codes on the same form; separate request forms are required.

Effective August 1, 2015, providers may begin submitting PA requests with start dates of service on or after October 1, 2015, using ICD-10 diagnosis codes. Note that claims processing is not affected by the diagnosis code entered on the PA request. Providers should refer to the <u>ICD-10 Information</u> web page at indianamedicaid.com for guidance on ICD claims coding.

QUESTIONS?

If you have questions about this publication, please visit the <u>ICD-10 Information</u> page at indianamedidcaid.com.

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