

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024163 OCTOBER 1, 2024

Annual update of ICD-10 codes is effective Oct. 1, 2024

The annual update of the International Classification of Diseases, Tenth Revision (ICD-10) Clinical Modification (CM) diagnosis codes and Procedure Coding System (PCS) procedure codes will be effective for the Indiana Health Coverage Programs (IHCP) on Oct. 1, 2024 (federal fiscal year [FFY] 2025). The IHCP has updated its policies to reflect the updates to the ICD-10-CM and ICD-10-PCS codes.

To review the full list of new, revised and discontinued ICD codes, see the [ICD-10](#) page on the Centers for Medicare & Medicaid Services (CMS) website at [cms.gov](#).

The following sections in this bulletin provide more information:

- Chiropractor diagnosis codes
- Hospital-acquired conditions (HACs) and present on admission (POA) codes
- Emergency Department Autopay List for managed care entities (MCEs)
- Medicaid Rehabilitation Option diagnosis codes



Chiropractor diagnosis codes

The IHCP reimburses chiropractors for designated services only, and only when such services are necessitated by a condition-related diagnosis approved for chiropractor billing. Effective for dates of service (DOS) on or after Oct. 1, 2024, the IHCP will add the diagnosis codes in Table 1 to the list of diagnosis codes allowed for chiropractors. These diagnosis codes will be added to the *ICD-10 Diagnosis Codes Allowed for Chiropractors (Specialty 150)* table in *Chiropractic Services Codes*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](#).

Table 1 – ICD-10 diagnosis codes added for chiropractor billing, effective for DOS on or after Oct. 1, 2024

Diagnosis code	Description
M51360	Other intervertebral disc degeneration, lumbar region with discogenic back pain only
M51361	Other intervertebral disc degeneration, lumbar region with lower extremity pain only
M51362	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain
M51369	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain
M51370	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain only
M51371	Other intervertebral disc degeneration, lumbosacral region with lower extremity pain only
M51372	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain
M51379	Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity pain

HAC and POA diagnosis codes

The IHCP follows the CMS determinations for hospital-acquired conditions (HACs) that will not be considered for payment if the diagnoses were not present on admission (POA). The IHCP also follows the CMS determination for codes exempt from POA reporting. The [ICD-10 HAC List](#) and the [ICD-10 Diagnosis Codes Exempt from POA](#), effective Oct. 1, 2024, are available on the CMS website at [cms.gov](https://www.cms.gov)

Emergency Department Autopay List for MCEs

The diagnosis codes in Table 2 are being added to the list of codes that the state requires managed care entities (MCEs) to include on their emergency department autopay list, if they use such a list. These diagnosis codes will be added to the *Emergency Department Autopay List*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers. For information on the *Emergency Department Autopay List*, see *IHCP Bulletin* [BT202009](#).

Table 2 – ICD-10 diagnosis codes added to the state’s MCE Emergency Department Autopay List, effective for DOS on or after Oct. 1, 2024

Diagnosis code	Description
E16A1	Hypoglycemia level 1
E16A2	Hypoglycemia level 2
E16A3	Hypoglycemia level 3
G40841	KCNQ2-related epilepsy, not intractable, with status epilepticus
G40843	KCNQ2-related epilepsy, intractable, with status epilepticus
G9081	Serotonin syndrome
G9345	Developmental and epileptic encephalopathy
I2603	Cement embolism of pulmonary artery with acute cor pulmonale
I2604	Fat embolism of pulmonary artery with acute cor pulmonale
I2695	Cement embolism of pulmonary artery without acute cor pulmonale
I2696	Fat embolism of pulmonary artery without acute cor pulmonale
T45AX1A	Poisoning by immune checkpoint inhibitors and immunostimulant drugs, accidental (unintentional), initial encounter
T45AX2A	Poisoning by immune checkpoint inhibitors and immunostimulant drugs, intentional self-harm, initial encounter
T45AX2D	Poisoning by immune checkpoint inhibitors and immunostimulant drugs, intentional self-harm, subsequent encounter
T45AX2S	Poisoning by immune checkpoint inhibitors and immunostimulant drugs, intentional self-harm, sequela
T45AX3A	Poisoning by immune checkpoint inhibitors and immunostimulant drugs, assault, initial encounter
T45AX3S	Poisoning by immune checkpoint inhibitors and immunostimulant drugs, assault, sequela
T45AX4A	Poisoning by immune checkpoint inhibitors and immunostimulant drugs, undetermined, initial encounter
T45AX4D	Poisoning by immune checkpoint inhibitors and immunostimulant drugs, undetermined, subsequent encounter
T45AX4S	Poisoning by immune checkpoint inhibitors and immunostimulant drugs, undetermined, sequela
T45AX5A	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, initial encounter
T45AX5D	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, subsequent encounter
T45AX5S	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, sequela

Table 2 – ICD-10 diagnosis codes added to the state’s MCE Emergency Department Autopay List, effective for DOS on or after Oct. 1, 2024 (Continued)

Diagnosis code	Description
T81320A	Disruption or dehiscence of gastrointestinal tract anastomosis, repair, or closure, initial encounter
T81320S	Disruption or dehiscence of gastrointestinal tract anastomosis, repair, or closure, sequela
T81321A	Disruption or dehiscence of closure of internal operation (surgical) wound of abdominal wall muscle or fascia, initial encounter
T81321S	Disruption or dehiscence of closure of internal operation (surgical) wound of abdominal wall muscle or fascia, sequela
T81328A	Disruption or dehiscence of closure of other specified internal operation (surgical) wound, initial encounter
T81328S	Disruption or dehiscence of closure of other specified internal operation (surgical) wound, sequela
T81329A	Deep disruption or dehiscence of operation wound, unspecified, initial encounter
T81329D	Deep disruption or dehiscence of operation wound, unspecified, subsequent encounter
T81329S	Deep disruption or dehiscence of operation wound, unspecified, sequela

Medicaid Rehabilitation Option diagnosis codes

Medicaid Rehabilitation Option (MRO) services are designed to assist in the rehabilitation of a member’s optimum functional ability in daily living. IHCP members with a qualifying diagnosis and level of need (LON) may be eligible for an MRO service package in addition to the outpatient behavioral health services (*Indiana Administrative Code 405 IAC 5-20-8*) covered under their existing benefit plan.

Effective for DOS on or after Oct. 1, 2024, the codes in Table 4 will be added as qualifying mental health and addiction diagnosis codes for MRO services. Note that separate diagnosis lists are used for adults (Adults Needs and Strengths Assessment – ANSA) and children or adolescents (Child and Adolescent Needs and Strengths – CANS).

A “Yes” under the applicable ANSA or CANS column can indicate a qualifying MRO diagnosis. A member must have at least one qualifying diagnosis to be eligible for an MRO service package. The qualifying diagnosis for each member must be entered in the Division of Mental Health and Addiction (DMHA) Data Assessment Registry for Mental Health and Addiction (DARMHA) database for a service package to be assigned.

The diagnosis codes in Table 4 will be added to the *ICD-10 Diagnosis Codes for MRO-Eligible Mental Health and Addiction Services* table in *Medicaid Rehabilitation Option (MRO) Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

Table 3 – Qualifying ICD-10 diagnosis codes added for MRO services, effective for DOS on or after Oct. 1, 2024

Diagnosis code	Description	ANSA	CANS
F50010	Anorexia nervosa, restricting type, mild	Yes	Yes
F50011	Anorexia nervosa, restricting type, moderate	Yes	Yes
F50012	Anorexia nervosa, restricting type, severe	Yes	Yes
F50013	Anorexia nervosa, restricting type, extreme	Yes	Yes
F50014	Anorexia nervosa, restricting type, in remission	Yes	Yes
F50019	Anorexia nervosa, restricting type, unspecified	Yes	Yes

Table 3 – Qualifying ICD-10 diagnosis codes added for MRO services, effective for DOS on or after Oct. 1, 2024 (Continued)

Diagnosis code	Description	ANSA	CANS
F50020	Anorexia nervosa, binge eating/purging type, mild	Yes	Yes
F50021	Anorexia nervosa, binge eating/purging type, moderate	Yes	Yes
F50022	Anorexia nervosa, binge eating/purging type, severe	Yes	Yes
F50023	Anorexia nervosa, binge eating/purging type, extreme	Yes	Yes
F50024	Anorexia nervosa, binge eating/purging type, in remission	Yes	Yes
F50029	Anorexia nervosa, binge eating/purging type, unspecified	Yes	Yes
F5020	Bulimia nervosa, unspecified	Yes	Yes
F5021	Bulimia nervosa, mild	Yes	Yes
F5022	Bulimia nervosa, moderate	Yes	Yes
F5023	Bulimia nervosa, severe	Yes	Yes
F5024	Bulimia nervosa, extreme	Yes	Yes
F5025	Bulimia nervosa, in remission	Yes	Yes
F50810	Binge eating disorder, mild	Yes	Yes
F50811	Binge eating disorder, moderate	Yes	Yes
F50812	Binge eating disorder, severe	Yes	Yes
F50813	Binge eating disorder, extreme	Yes	Yes
F50814	Binge eating disorder, in remission	Yes	Yes
F50819	Binge eating disorder, unspecified	Yes	Yes
F5083	Pica in adults	Yes	Yes
F5084	Rumination disorder in adults	Yes	Yes

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