

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023143 OCTOBER 26, 2023

IHCP updates age restriction for ICD-10 CM diagnosis code Z00.01

On Sept. 30, 2022, the Indiana Health Coverage Programs (IHCP) released an *IHCP Banner Page* [BR202235](#) updating age restrictions in the Core Medicaid Management Information System (CoreMMIS) claim-processing system for reimbursement of claims submitted with diagnosis code Z00.00 – *Encounter for general adult medical examination without abnormal findings* for members ages 15 and older. Upon further review, the age restriction should also include the encounter code for abnormal findings, Z00.01 – *Encounter for general adult medical examination with abnormal findings*. Retroactive to **Sept. 30, 2022**, the age restriction for Z00.01 is updated to ages 15 and older. These restrictions are consistent with Medicare guidelines.

The allowable age range for Z00.01 will apply to fee-for-service (FFS) claims with dates of service (DOS) on or after **Sept. 30, 2022**. Any claims that may have been denied in error will be reprocessed.

The claim-processing system has been updated, and claims will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning Nov. 29, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or 52 (mass replacements non-check related).

Reimbursement and billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.



QUESTIONS?

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