



Pharmacy Providers

Type of diagnosis codes used:	ICD (when used)
Type of procedure codes used:	National Drug Codes (NDCs) are used instead of procedure codes
Prior approvals affected by ICD-10?	No
Claims affected by ICD-10?	No, in most cases
Special considerations for this provider type:	<p>Exceptions: A diagnosis code is rarely required on a pharmacy claim. A diagnosis code is required when the recipient is enrolled in the “Be Smart” Family Planning Program and the claim is for a drug that is used to treat an STI. A diagnosis code can also be used to identify a pregnant recipient, but it's not required and not the only way to identify a pregnant recipient.</p> <p>If a diagnosis code is required on a pharmacy claim, the diagnosis code used (ICD-9 vs ICD-10) is based on the <u>prescription fill date</u>.</p> <p>Note: Pharmacy claims do not use a decimal point on diagnosis codes.</p>
For more information:	https://questions.cms.gov/faq.php?id=5005&faqId=7579
Example *:	<p>ICD-9: V220 Supervision of normal first pregnancy</p> <p>ICD-10: Z3400 Encounter for supervision of normal first pregnancy, unspecified trimester</p>
FAQs:	<p>Q: Do I need to use ICD-10 diagnosis codes on my pharmacy prior approval (PA) requests?</p> <p>A: No, pharmacy prior approval requests do not require a diagnosis code.</p>

* Note that example provided is for illustrative purposes and does not constitute advice with regard to actual billing



Q: Do I need to change the pharmacy claim transaction being submitted by my POS?

A: No. The current HIPAA-approved transaction standard (NCPDP D.0) already allows for ICD-10 qualifiers and codes.

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