



## Infant Toddler Program (ITP) Providers

<b>Type of diagnosis codes used:</b>	ICD
<b>Type of procedure codes used:</b>	CPT
<b>Prior approvals affected by ICD-10?</b>	Yes
<b>Claims affected by ICD-10?</b>	Yes
<b>Special considerations for this provider type:</b>	The ICD10 diagnosis code Z51.89 is required for ITP claims for Dates of Service 10/1/15 and after. This code can be billed in the first or second diagnosis and it should get the claim through the prior approval (PA) match, all other things being correct. Not including the Z51.89 ICD10 diagnosis code will cause the claim to pend with Edit 00224 - PA REC DOESNT MATCH CLM CRIT.
<b>For more information:</b>	<a href="http://www.bearly.nc.gov/index.php/">http://www.bearly.nc.gov/index.php/</a>
<b>Example:</b>	If an ITP provider has claims in pend status with Edit 00224, here are the steps they should take. <ol style="list-style-type: none"><li>1. Verify PA is entered under PA Inquiry</li><li>2. Verify that the claim has not been previously paid or previously resubmitted under Claim Status for the DOS</li><li>3. Resubmit the claim</li></ol>
<b>FAQs:</b>	<b>Q: I verified the PA, copied my claim and resubmitted, but it still pended. What should I do?</b>  <b>A:</b> Try entering the claim “from scratch,” rather than making a copy of the previous claim. Sometimes the copy process causes problems that cannot

\* Note that examples provided are for illustrative purposes and do not constitute advice with regard to actual billing



## ICD-10 by Provider Type

be detected.

**Q: What if I have other questions about my ITP claim billing?**

A: Contact your normal resource at your local CDSA for other billing questions.

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