



Infant Toddler Program (ITP) Providers

Type of diagnosis codes used:	ICD
Type of procedure codes used:	CPT
Prior approvals affected by ICD-10?	Yes
Claims affected by ICD-10?	Yes
Special considerations for this provider type:	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.
For more information:	http://www.bearly.nc.gov/index.php/
Example:	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">1. Verify PA is entered under PA Inquiry2. Verify that the claim has not been previously paid or previously resubmitted under Claim Status for the DOS3. Resubmit the claim
FAQs:	Q: I verified the PA, copied my claim and resubmitted, but it still pended. What should I do? A: Try entering the claim "from scratch," rather than making a copy of the previous claim. Sometimes the copy process causes problems that cannot

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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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