



24 March 2017

**RE: ICD-10 Diagnosis Code Opioid Prescription Requirements Guidance**

**Dear Alaska Medicaid Enrolled Pharmacies and Dispensing Providers:**

Effective April 20, 2017, the Alaska Medicaid Pharmacy claims processing system will require an ICD-10 diagnosis code to be submitted on all opioid prescription claims (refer to letter dated 3/21/2017). The ICD-10 code information shall be submitted in the following NCPDP D.0 fields on the electronic claims submission:

[492-WE]      Diagnosis Code Qualifier; "02", ICD-10

[424-DO]      Diagnosis Code

More than one diagnosis code may be submitted on the claim if supplied by the prescriber.

Opioid claims submitted to the Fiscal Agent, Conduent State Healthcare, on paper using the NCPDP Universal Claim form (UCF) will require the ICD-10 diagnosis code to be entered in the diagnosis field.

Many Electronic Health Records (EHR) prescription applications have the ability to supply the ICD-10 on the prescription; we encourage prescribers to use this functionality when available and applicable. The benefit of this additional information on the prescription, whether for an opioid or non-opioid prescription, is a valuable communication tool between prescribers, pharmacists, and patients and can aid in patient safety.

To allow successful phase-in of this requirement, Alaska Medicaid has programmed a point-of-sale override code into the system that may be used by pharmacists and pharmacy technicians when a prescription presents at the pharmacy without an ICD-10 code. Alaska Medicaid, in conjunction with its contractor, Magellan, will review the claims submitted with the override code to provide outreach to prescribers who may need assistance with complying with the new requirement. Alaska Medicaid will monitor the compliance rate monthly and will work toward a goal of 90% prescriber compliance by the end of the fourth month.

Below are possible questions pharmacy providers may have about the ICD-10 requirement change:

**Q1: If a prescription is presented at the pharmacy with an ICD-10 before the effective date of April 20, may I submit the ICD-10 on the claim?**

Yes. Alaska Medicaid's Pharmacy Claims Processing System can currently accept ICD-10 codes on submitted claims. The system became ICD-10 compliant in October 2015.

**Q2: May I only submit an ICD-10 on opioid claims? What about other drug classes?**

Any pharmacy claim submitted to Alaska Medicaid (e.g. antibiotics, creams, etc.) may be submitted with an ICD-10 code if supplied on the prescription. At this time, the ICD-10 is only required on opioid claims.

**Q3: If a patient presents to the pharmacy with an opioid prescription that does not have an ICD-10 code, is that prescription invalid?**

No. A prescription without an ICD-10 code is not invalid.

**Q4: What should I do if I receive an opioid prescription for a Medicaid member that does not have an ICD-10 code?**

Pharmacists and pharmacy technicians who are presented with an opioid prescription for a Medicaid member without an ICD-10 code may enter a "2" in the Submission Clarification Code field [420-DK]. This flags the claim to indicate that no ICD-10 was provided on the prescription. This allows Alaska Medicaid to reach out to prescribers who may need assistance with phase-in of the requirement.

This Submission Clarification Code should NOT be used if the prescriber provides an ICD-10 code on the prescription.

**Q5: How will Alaska Medicaid use the Submission Clarification Code = 2 on submitted opioid prescriptions?**

Alaska Medicaid and its contractor, Magellan, will monitor for claims submitted with a Submission Clarification Code of 2 and reach out to the prescribers of those prescriptions to (1) encourage submission of the ICD-10 on the prescription and (2) identify any prescriber-specific barriers that may prevent a prescriber from including the ICD-10 on the prescription.

**Q6: May a pharmacist contact the prescriber and obtain the ICD-10 to submit on the claim?**

Yes, but it is not required. If a pharmacist contacts the prescriber to obtain the ICD-10, the conversation and documentation should be signed and dated and maintained with the prescription.

**Q7: I have a prescriber who keeps putting a diagnosis (e.g. “back pain”) on the prescription but does not indicate what the ICD-10 is. Should I look up the ICD-10 and figure out what to enter on the claim?**

No. The ICD-10 must be supplied by the prescriber and must match the patient’s medical record.

The pharmacist or pharmacy technician should continue to use the Submission Clarification Code of 2 on the claim until the prescriber supplies an ICD-10.

**Q8: Why is it necessary for the diagnosis to be on opioid prescriptions and claims?**

Requiring the diagnosis code to be included on opioid prescriptions and claims promotes communication between the medical professionals serving the patient and helps the patient know for what condition the opioid is being prescribed. The presence of the diagnosis on the prescription also aids the pharmacist in evaluating the appropriateness of the prescription and more effectively educating patients on appropriate utilization.

If you have any questions or would like to share additional thoughts, please reach out to me at [erin.narus@alaska.gov](mailto:erin.narus@alaska.gov).

Sincerely,

A handwritten signature in blue ink that reads "Erin Narus, PharmD, RPh". The signature is written in a cursive, flowing style.

Erin Narus, PharmD, RPh  
Lead Pharmacist, Pharmacy & Ancillary Services Unit