2010 ICD-9-CM Updates Now Available

On October 1, 2009, TMHP will apply the annual 2010 *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) additions, changes, and deletions, which will be effective for dates of service on or after October 1, 2009.

This article addresses ICD-9-CM updates for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program and is intended to notify providers of program and coding changes made during the 2009 ICD-9-CM updates.

**New Diagnosis Codes**

The following table lists the new ICD-9-CM diagnosis codes:

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20931</td>
<td>Merkel cell carcinoma of the face</td>
</tr>
<tr>
<td>20932</td>
<td>Merkel cell carcinoma of the scalp and neck</td>
</tr>
<tr>
<td>20933</td>
<td>Merkel cell carcinoma of the upper limb</td>
</tr>
<tr>
<td>20934</td>
<td>Merkel cell carcinoma of the lower limb</td>
</tr>
<tr>
<td>20935</td>
<td>Merkel cell carcinoma of the trunk</td>
</tr>
<tr>
<td>20936</td>
<td>Merkel cell carcinoma of other sites</td>
</tr>
<tr>
<td>20970</td>
<td>Secondary neuroendocrine tumor, unspecified site</td>
</tr>
<tr>
<td>20971</td>
<td>Secondary neuroendocrine tumor of distant lymph nodes</td>
</tr>
<tr>
<td>20972</td>
<td>Secondary neuroendocrine tumor of liver</td>
</tr>
<tr>
<td>20973</td>
<td>Secondary neuroendocrine tumor of bone</td>
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<tr>
<td>20974</td>
<td>Secondary neuroendocrine tumor of peritoneum</td>
</tr>
<tr>
<td>20975</td>
<td>Secondary Merkel cell carcinoma</td>
</tr>
<tr>
<td>20979</td>
<td>Secondary neuroendocrine tumor of other sites</td>
</tr>
<tr>
<td>23981</td>
<td>Neoplasms of unspecified nature, retina and choroid</td>
</tr>
<tr>
<td>23989</td>
<td>Neoplasms of unspecified nature, other specified sites</td>
</tr>
<tr>
<td>27400</td>
<td>Gouty arthropathy, unspecified</td>
</tr>
<tr>
<td>27401</td>
<td>Acute gouty arthropathy</td>
</tr>
<tr>
<td>27402</td>
<td>Chronic gouty arthropathy without mention of tophus (tophi)</td>
</tr>
<tr>
<td>27403</td>
<td>Chronic gouty arthropathy with tophus (tophi)</td>
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<tr>
<td>27788</td>
<td>Tumor lysis syndrome</td>
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<tr>
<td>27941</td>
<td>Autoimmune lymphoproliferative syndrome</td>
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<tr>
<td>27949</td>
<td>Autoimmune disease, not elsewhere classified</td>
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<td>2853</td>
<td>Antineoplastic chemotherapy induced anemia</td>
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<td>34881</td>
<td>Temporal sclerosis</td>
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<td>34889</td>
<td>Other conditions of brain</td>
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<td>Description</td>
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<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>35971</td>
<td>Inclusion body myositis</td>
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<td>35979</td>
<td>Other inflammatory and immune myopathies, nec</td>
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<td>37206</td>
<td>Acute chemical conjunctivitis</td>
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<tr>
<td>4162</td>
<td>Chronic pulmonary embolism</td>
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<tr>
<td>43813</td>
<td>Late effects of cerebrovascular disease, dysarthria</td>
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<tr>
<td>43814</td>
<td>Late effects of cerebrovascular disease, fluency disorder</td>
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<tr>
<td>45350</td>
<td>Chronic venous embolism and thrombosis of unspecified deep vessels of lower extremity</td>
</tr>
<tr>
<td>45351</td>
<td>Chronic venous embolism and thrombosis of deep vessels of proximal lower extremity</td>
</tr>
<tr>
<td>45352</td>
<td>Chronic venous embolism and thrombosis of deep vessels of distal lower extremity</td>
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<tr>
<td>4536</td>
<td>Venous embolism and thrombosis of superficial vessels of lower extremity</td>
</tr>
<tr>
<td>45371</td>
<td>Chronic venous embolism and thrombosis of superficial veins of upper extremity</td>
</tr>
<tr>
<td>45372</td>
<td>Chronic venous embolism and thrombosis of deep veins of upper extremity</td>
</tr>
<tr>
<td>45373</td>
<td>Chronic venous embolism and thrombosis of upper extremity, unspecified</td>
</tr>
<tr>
<td>45374</td>
<td>Chronic venous embolism and thrombosis of axillary veins</td>
</tr>
<tr>
<td>45375</td>
<td>Chronic venous embolism and thrombosis of subclavian veins</td>
</tr>
<tr>
<td>45376</td>
<td>Chronic venous embolism and thrombosis of internal jugular veins</td>
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<tr>
<td>45377</td>
<td>Chronic venous embolism and thrombosis of other thoracic veins</td>
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<tr>
<td>45379</td>
<td>Chronic venous embolism and thrombosis of other specified veins</td>
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<td>45381</td>
<td>Acute venous embolism and thrombosis of superficial veins of upper extremity</td>
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<td>Acute venous embolism and thrombosis of deep veins of upper extremity</td>
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<td>45383</td>
<td>Acute venous embolism and thrombosis of upper extremity, unspecified</td>
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<td>Acute venous embolism and thrombosis of axillary veins</td>
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<tr>
<td>45385</td>
<td>Acute venous embolism and thrombosis of subclavian veins</td>
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<td>Acute venous embolism and thrombosis of internal jugular veins</td>
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<td>45387</td>
<td>Acute venous embolism and thrombosis of other thoracic veins</td>
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<td>Acute venous embolism and thrombosis of other specified veins</td>
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<tr>
<td>4880</td>
<td>Influenza due to identified avian influenza virus</td>
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<tr>
<td>4881</td>
<td>Influenza due to identified novel H1N1 influenza virus</td>
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<td>56971</td>
<td>Pouchitis</td>
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<td>56979</td>
<td>Other complications of intestinal pouch</td>
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<tr>
<td>56987</td>
<td>Vomiting of fecal matter</td>
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<td>Diagnosis Code</td>
<td>Description</td>
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<tr>
<td>62134</td>
<td>Benign endometrial hyperplasia</td>
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<tr>
<td>62135</td>
<td>Endometrial intraepithelial neoplasia (EIN)</td>
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<td>67010</td>
<td>Puerperal endometritis, unspecified as to episode of care or not applicable</td>
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<tr>
<td>67012</td>
<td>Puerperal endometritis, delivered, with mention of postpartum complication</td>
</tr>
<tr>
<td>67014</td>
<td>Puerperal endometritis, postpartum condition or complication</td>
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<tr>
<td>67020</td>
<td>Puerperal sepsis, unspecified as to episode of care or not applicable</td>
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<td>67022</td>
<td>Puerperal sepsis, delivered, with mention of postpartum complication</td>
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<tr>
<td>67024</td>
<td>Puerperal sepsis, postpartum condition or complication</td>
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<td>Puerperal septic thrombophlebitis, unspecified as to episode of care or not applicable</td>
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<td>Puerperal septic thrombophlebitis, delivered, with mention of postpartum complication</td>
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<td>Puerperal septic thrombophlebitis, postpartum condition or complication</td>
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<td>Other major puerperal infection, unspecified as to episode of care or not applicable</td>
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<td>Other major puerperal infection, delivered, with mention of postpartum complication</td>
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<td>67084</td>
<td>Other major puerperal infection, postpartum condition or complication</td>
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<td>Omphalocele</td>
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<td>75673</td>
<td>Gastrochisis</td>
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<td>76870</td>
<td>Hypoxic-ischemic encephalopathy, unspecified</td>
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<td>76871</td>
<td>Mild hypoxic-ischemic encephalopathy</td>
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<tr>
<td>76872</td>
<td>Moderate hypoxic-ischemic encephalopathy</td>
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<td>76873</td>
<td>Severe hypoxic-ischemic encephalopathy</td>
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<td>77931</td>
<td>Feeding problems in newborn</td>
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<td>77932</td>
<td>Bilious vomiting in newborn</td>
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<td>77933</td>
<td>Other vomiting in newborn</td>
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<td>77934</td>
<td>Failure to thrive in newborn</td>
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<td>78442</td>
<td>Dysphonia</td>
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<td>78443</td>
<td>Hypernasality</td>
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<td>Dysarthria</td>
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<td>Bilious emesis</td>
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<td>Colic</td>
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<td>79382</td>
<td>Inconclusive mammogram</td>
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<td>Irritability</td>
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<td>79923</td>
<td>Impulsiveness</td>
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<td>79924</td>
<td>Emotional lability</td>
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<td>79925</td>
<td>Demoralization and apathy</td>
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<tr>
<td>79929</td>
<td>Other signs and symptoms involving emotional state</td>
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<tr>
<td>79982</td>
<td>Apparent life threatening event in infant</td>
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<td>81346</td>
<td>Torus fracture of ulna (alone)</td>
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<tr>
<td>81347</td>
<td>Torus fracture of radius and ulna</td>
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<td>Nursemaid's elbow</td>
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<td>Poisoning by antidepressant, unspecified</td>
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<td>96901</td>
<td>Poisoning by monoamine oxidase inhibitors</td>
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<td>96902</td>
<td>Poisoning by selective serotonin and norepinephrine reuptake inhibitors</td>
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<tr>
<td>96903</td>
<td>Poisoning by selective serotonin reuptake inhibitors</td>
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<td>96904</td>
<td>Poisoning by tetracyclic antidepressants</td>
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<td>96905</td>
<td>Poisoning by tricyclic antidepressants</td>
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<td>96909</td>
<td>Poisoning by other antidepressants</td>
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<td>Poisoning by psychostimulant, unspecified</td>
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<td>Poisoning by caffeine</td>
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<td>96972</td>
<td>Poisoning by amphetamines</td>
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<td>96973</td>
<td>Poisoning by methylphenidate</td>
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<tr>
<td>96979</td>
<td>Poisoning by other psychostimulants</td>
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<td>99524</td>
<td>Failed moderate sedation during procedure</td>
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<td>V1090</td>
<td>Personal history of unspecified malignant neoplasm</td>
</tr>
<tr>
<td>V1091</td>
<td>Personal history of malignant neuroendocrine tumor</td>
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<tr>
<td>V1552</td>
<td>Personal history of traumatic brain injury</td>
</tr>
<tr>
<td>V1580</td>
<td>Personal history of failed moderate sedation</td>
</tr>
<tr>
<td>V1583</td>
<td>Personal history of underimmunization status</td>
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<tr>
<td>V2031</td>
<td>Health supervision for newborn under 8 days</td>
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<tr>
<td>V2032</td>
<td>Health supervision for newborn 8 to 28 days old</td>
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<tr>
<td>V2642</td>
<td>Encounter for fertility preservation counseling</td>
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<td>V2682</td>
<td>Encounter for fertility preservation procedure</td>
</tr>
<tr>
<td>V5350</td>
<td>Fitting and adjustment of intestinal appliance and device</td>
</tr>
<tr>
<td>V5351</td>
<td>Fitting and adjustment of gastric lap band</td>
</tr>
<tr>
<td>V5359</td>
<td>Fitting and adjustment of other gastrointestinal appliance and device</td>
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<tr>
<td>Diagnosis Code</td>
<td>Description</td>
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<tr>
<td>----------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>V6081</td>
<td>Foster care (status)</td>
</tr>
<tr>
<td>V6089</td>
<td>Other specified housing or economic circumstances</td>
</tr>
<tr>
<td>V6107</td>
<td>Family disruption due to death of family member</td>
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<tr>
<td>V6108</td>
<td>Family disruption due to other extended absence of family member</td>
</tr>
<tr>
<td>V6123</td>
<td>Counseling for parent-biological child problem</td>
</tr>
<tr>
<td>V6124</td>
<td>Counseling for parent-adopted child problem</td>
</tr>
<tr>
<td>V6125</td>
<td>Counseling for parent (guardian)-foster child problem</td>
</tr>
<tr>
<td>V6142</td>
<td>Substance abuse in family</td>
</tr>
<tr>
<td>V7260</td>
<td>Laboratory examination, unspecified</td>
</tr>
<tr>
<td>V7261</td>
<td>Antibody response examination</td>
</tr>
<tr>
<td>V7262</td>
<td>Laboratory examination ordered as part of a routine general medical examination</td>
</tr>
<tr>
<td>V7263</td>
<td>Pre-procedural laboratory examination</td>
</tr>
<tr>
<td>V7269</td>
<td>Other laboratory examination</td>
</tr>
<tr>
<td>V8001</td>
<td>Special screening for traumatic brain injury</td>
</tr>
<tr>
<td>V8009</td>
<td>Special screening for other neurological conditions</td>
</tr>
<tr>
<td>V8732</td>
<td>Contact with and (suspected) exposure to algae bloom</td>
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<tr>
<td>V8743</td>
<td>Personal history of estrogen therapy</td>
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<tr>
<td>V8744</td>
<td>Personal history of inhaled steroid therapy</td>
</tr>
<tr>
<td>V8745</td>
<td>Personal history of systemic steroid therapy</td>
</tr>
<tr>
<td>V8746</td>
<td>Personal history of immuno-suppressive therapy</td>
</tr>
</tbody>
</table>

**Discontinued Diagnosis Codes**

The following table lists discontinued diagnosis codes:

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>2398</td>
<td>Neoplasm of unspecified nature of other specified sites</td>
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<tr>
<td>2740</td>
<td>Gouty arthropathy</td>
</tr>
<tr>
<td>2794</td>
<td>Autoimmune disease, not elsewhere classified</td>
</tr>
<tr>
<td>3488</td>
<td>Other conditions of brain</td>
</tr>
<tr>
<td>4538</td>
<td>Other venous embolism and thrombosis of other specified veins</td>
</tr>
<tr>
<td>488</td>
<td>Influenza due to identified avian influenza virus</td>
</tr>
<tr>
<td>7687</td>
<td>Hypoxic-ischemic encephalopathy (HIE)</td>
</tr>
<tr>
<td>7793</td>
<td>Feeding problems in newborn</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>----------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>7845</td>
<td>Other speech disturbance</td>
</tr>
<tr>
<td>7992</td>
<td>Nervousness</td>
</tr>
<tr>
<td>9690</td>
<td>Poisoning by antidepressants</td>
</tr>
<tr>
<td>9697</td>
<td>Poisoning by psychostimulants</td>
</tr>
<tr>
<td>V109</td>
<td>Unspecified personal history of malignant neoplasm</td>
</tr>
<tr>
<td>V535</td>
<td>Fitting and adjustment of other intestinal appliance</td>
</tr>
<tr>
<td>V608</td>
<td>Other specified housing or economic circumstances</td>
</tr>
<tr>
<td>V726</td>
<td>Laboratory examination</td>
</tr>
<tr>
<td>V800</td>
<td>Special screening for neurological conditions</td>
</tr>
</tbody>
</table>

**Revised Diagnosis Codes**

The following table lists diagnosis codes that have been revised:

<table>
<thead>
<tr>
<th>Code</th>
<th>New Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00865</td>
<td>Enteritis due to calicivirus</td>
</tr>
<tr>
<td>0413</td>
<td>Klebsiella pneumoniae</td>
</tr>
<tr>
<td>04186</td>
<td>Helicobacter pylori [H. Pylori]</td>
</tr>
<tr>
<td>4532</td>
<td>Other venous embolism and thrombosis of inferior vena cava</td>
</tr>
<tr>
<td>45340</td>
<td>Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity</td>
</tr>
<tr>
<td>45341</td>
<td>Acute venous embolism and thrombosis of deep vessels of proximal lower extremity</td>
</tr>
<tr>
<td>45342</td>
<td>Acute venous embolism and thrombosis of deep vessels of distal lower extremity</td>
</tr>
<tr>
<td>5722</td>
<td>Hepatic encephalopathy</td>
</tr>
<tr>
<td>5845</td>
<td>Acute kidney failure with lesion of tubular necrosis</td>
</tr>
<tr>
<td>5846</td>
<td>Acute kidney failure with lesion of renal cortical necrosis</td>
</tr>
<tr>
<td>5847</td>
<td>Acute kidney failure with lesion of renal medullary [papillary] necrosis</td>
</tr>
<tr>
<td>5848</td>
<td>Acute kidney failure with other specified pathological lesion in kidney</td>
</tr>
<tr>
<td>5849</td>
<td>Acute kidney failure, unspecified</td>
</tr>
<tr>
<td>6393</td>
<td>Kidney failure following abortion and ectopic and molar pregnancies</td>
</tr>
<tr>
<td>66930</td>
<td>Acute kidney failure following labor and delivery, unspecified as to episode of care or not applicable</td>
</tr>
<tr>
<td>66932</td>
<td>Acute kidney failure following labor and delivery, delivered, with mention of postpartum complication</td>
</tr>
<tr>
<td>66934</td>
<td>Acute kidney failure following labor and delivery, postpartum condition or complication</td>
</tr>
<tr>
<td>Diagnosis Code</td>
<td>New Description</td>
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<tr>
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<td>----------------</td>
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<tr>
<td>67000</td>
<td>Major puerperal infection, unspecified, unspecified as to episode of care or not applicable</td>
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<tr>
<td>67002</td>
<td>Major puerperal infection, unspecified, delivered, with mention of postpartum complication</td>
</tr>
<tr>
<td>67004</td>
<td>Major puerperal infection, unspecified, postpartum condition or complication</td>
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<tr>
<td>7576</td>
<td>Specified congenital anomalies of breast</td>
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<tr>
<td>7720</td>
<td>Fetal blood loss affecting newborn</td>
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<tr>
<td>7769</td>
<td>Unspecified hematological disorder specific to newborn</td>
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<tr>
<td>78440</td>
<td>Voice and resonance disorder, unspecified</td>
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<tr>
<td>78449</td>
<td>Other voice and resonance disorders</td>
</tr>
<tr>
<td>7930</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of skull and head</td>
</tr>
<tr>
<td>7931</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of lung field</td>
</tr>
<tr>
<td>7932</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of other intrathoracic organs</td>
</tr>
<tr>
<td>7933</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of biliary tract</td>
</tr>
<tr>
<td>7934</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of gastrointestinal tract</td>
</tr>
<tr>
<td>7935</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of genitourinary organs</td>
</tr>
<tr>
<td>7936</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of abdominal area, including retroperitoneum</td>
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<tr>
<td>7937</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of musculoskeletal system</td>
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<td>79389</td>
<td>Other (abnormal) findings on radiological examination of breast</td>
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<tr>
<td>79399</td>
<td>Other nonspecific (abnormal) findings on radiological and other examination of body structure</td>
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<tr>
<td>81345</td>
<td>Torus fracture of radius (alone)</td>
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<tr>
<td>99643</td>
<td>Broken prosthetic joint implant</td>
</tr>
<tr>
<td>V1506</td>
<td>Allergy to insects and arachnids</td>
</tr>
<tr>
<td>V1584</td>
<td>Personal history of contact with and (suspected) exposure to asbestos</td>
</tr>
<tr>
<td>V1585</td>
<td>Personal history of contact with and (suspected) exposure to potentially hazardous body fluids</td>
</tr>
<tr>
<td>V1586</td>
<td>Personal history of contact with and (suspected) exposure to lead</td>
</tr>
<tr>
<td>V573</td>
<td>Care involving speech-language therapy</td>
</tr>
<tr>
<td>V6129</td>
<td>Other parent-child problems</td>
</tr>
<tr>
<td>Diagnosis Code</td>
<td>New Description</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>V6511</td>
<td>Pediatric pre-birth visit for expectant parent(s)</td>
</tr>
</tbody>
</table>
The following table includes the additional diagnosis codes that will be added, revised, or discontinued for the procedure codes indicated:

<table>
<thead>
<tr>
<th>Procedure Code(s)</th>
<th>Added Diagnosis Codes</th>
<th>Revised* Diagnosis Codes</th>
<th>Discontinued Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosol Treatments-Outpatient Setting</td>
<td>$4880, 4881$</td>
<td>$N/A$</td>
<td>$488$</td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em> section 25.3.3.1, “Aerosol Treatment,” on page 25-28, and section 36.4.1, “Aerosol Treatment,” on page 36-11.</td>
<td></td>
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</tr>
<tr>
<td>J1440, J1441, J2505, J2820</td>
<td>$20931, 20932, 20933, 20934, 20935, 20936, 20970, 20971, 20972, 20973, 20974, 20975, 20979, 23981, 23989$</td>
<td>$N/A$</td>
<td>$N/A$</td>
</tr>
<tr>
<td>Colony Stimulating Factors</td>
<td>$J1440, J1441, J2505, J2820$</td>
<td>$20931, 20932, 20933, 20934, 20935, 20936, 20970, 20971, 20972, 20973, 20974, 20975, 20979, 23981, 23989$</td>
<td>$N/A$</td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em> section 36.4.21.17, “Colony Stimulating Factors (Filgrastim, Pegfilgrastim, and Sargramostim),” on page 36-52.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Services</td>
<td>$90806, 90806 with modifier U8, 90853, 90853 with modifier U8, 90847, 90847 with modifier U8, 513 (revenue code)$</td>
<td>$V6107, V6108, V6123, V6124, V6125, V6142$</td>
<td>$N/A$</td>
</tr>
<tr>
<td>For the complete list of valid diagnosis codes, providers should refer to the article titled, “Outpatient Behavioral Health Diagnosis Code Corrections,” published on page 25 in the November/December 2008 <em>Texas Medicaid Bulletin</em>, No. 219.,</td>
<td></td>
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</tr>
<tr>
<td>Cytogenetics Testing</td>
<td>$88230, 88233, 88235, 88237, 88239, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291$</td>
<td>$27941, 27949$</td>
<td>$N/A$</td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 36.4.22.5, “Cytogenetics Testing,” on page 36-64.</td>
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</tr>
<tr>
<td>Developmental and Neurological Assessment and Testing</td>
<td>$5-96105$</td>
<td>$78451, 78459$</td>
<td>$N/A$</td>
</tr>
<tr>
<td>Procedure Code(s)</td>
<td>Added Diagnosis Codes</td>
<td>Revised* Diagnosis Codes</td>
<td>Discontinued Diagnosis Codes</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------</td>
<td>-------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>1-96116</td>
<td>34881, 34889, 43813, 43814, 76870, 76871, 76872, 76873, 79921, 79922, 79923, 79924, 79925, 79929, V1552, V8001, V8009</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Doctor of Dentistry Services as a Limited Physician**

For more information, providers should refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.21.25 “Gamma Globulin/Immune Globulin”, on page 36-55, and section 36.5.3.4, “Procedure Codes,” on page 36-144.

<table>
<thead>
<tr>
<th>Doctor of Dentistry Services as a Limited Physician procedure codes</th>
<th>20931, 20932, 20936, 20975, 23989</th>
<th>N/A</th>
<th>2794</th>
</tr>
</thead>
<tbody>
<tr>
<td>90284, J1561, J1562, J1566, J1568, J1569, J1572</td>
<td>27941, 27949</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Doppler Examinations/Noninvasive Diagnostic Studies**

For more information, providers should refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.12, “Doppler Studies,” on page 36-36.

<table>
<thead>
<tr>
<th>93886, 93888, 93890, 93892, 93893</th>
<th>34881, 34889</th>
<th>N/A</th>
<th>3488</th>
</tr>
</thead>
<tbody>
<tr>
<td>93965, 93970, 93971</td>
<td>45350, 45351, 45352, 4536, 45371, 45372, 45373, 45374, 45375, 45376, 45377, 45379, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45389</td>
<td>45340, 45341, 45342</td>
<td>4538</td>
</tr>
<tr>
<td>93875, 93880, 93882</td>
<td>78451, 78459</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Echoencephalography**

For more information, providers should refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.11.6, “Echoencephalography,” on page 36-29.

| 76506 | 34881, 34889 | | |

**Electrocardiograms**

For more information, providers should refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.11.7, “Electrocardiogram (EKG),” on page 36-30.

<p>| 93000, 93005, 93010, 93040, 93041, 93042 | 4162 | 7932 | N/A |</p>
<table>
<thead>
<tr>
<th>Procedure Code(s)</th>
<th>Added Diagnosis Codes</th>
<th>Revised* Diagnosis Codes</th>
<th>Discontinued Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electromyography (EMG) and Nerve Conduction Studies (NCS)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 36.4.11.9, “Electrodiagnostic (EDX) Testing,” on page 36-32.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>51784, 51785, 95860, 95861, 95863, 95864, 95865, 95866, 95867, 95868, 95869, 95870, 95872, 95873, 95874, 95875, 95900, 95903, 95904, 95930, 95933, 95934, 95936, 95937</td>
<td>35971, 35979, 78451, 78459</td>
<td>78449</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Electronic Blood Pressure Monitoring Device</strong></td>
<td></td>
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</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 43.4.5.9, “Electronic Blood Pressure Monitoring Device,” on page 43-45.</td>
<td></td>
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</tr>
<tr>
<td>E1399</td>
<td>4162</td>
<td>5845, 5846, 5847, 5848, 5849</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Esophageal pH Probe Monitoring</strong></td>
<td></td>
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</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 36.4.11.8, “Esophageal pH Probe Monitoring,” on page 36-31.</td>
<td></td>
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</tr>
<tr>
<td>91034, 91035, 78262</td>
<td>77933</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Hematopoietic Injections</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 36.4.21.22, “Hematopoietic Agents,” on page 36-54.</td>
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<td></td>
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<tr>
<td>J0881, J0885</td>
<td>2853</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Injections - Immune Globulins</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 36.4.21.25, “Gamma Globulin/Immune Globulin,” on page 36-55.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90284, J1459, J1460, J1470, J1480, J1490, J1500, J1510, J1520, J1530, J1540, J1550, J1560, J1561, J1562, J1566, J1568, J1569, J1572, J7504, J7511</td>
<td>27941, 27949</td>
<td>N/A</td>
<td>2794</td>
</tr>
<tr>
<td><strong>Inpatient Behavioral Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 36.4.44.4, “Psychiatric Pharmacological Management,” on page 36-115.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96101, 96118</td>
<td>34881, 34889, 43813, 43814, 79921, 79922, 79923, 79924, 79925, 79929, V1552</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Procedure Code(s)</td>
<td>Added Diagnosis Codes</td>
<td>Revised* Diagnosis Codes</td>
<td>Discontinued Diagnosis Codes</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>Nutritional Products-CCP</strong>&lt;br&gt;For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 43.4.5.12, “Medical Nutritional Products,” on page 43-48.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional products procedure codes</td>
<td>27400, 27401, 27402, 27403, 27949</td>
<td>N/A</td>
<td>2740, 2794</td>
</tr>
<tr>
<td><strong>Reminder:</strong> Prior authorization is not required for nutritional products developed for use in metabolic disorders for those clients with a documented metabolic disorder. To be eligible for reimbursement, a claim must include the diagnosis indicating the metabolic disorder, and the nutritional product must be for use in metabolic disorders.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Optometric Services</strong>&lt;br&gt;For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 45.4.2, “Eye Examinations for the Purpose of Prescribing Eyewear,” on page 45-3, and section 36.4.31.5, “Echography Ophthalmic, A &amp; B Scan,” on page 36-83 for more information.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Optometric procedure codes</td>
<td>37206</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>76511, 76512, 76513, 76516, 76519, 76529</td>
<td>23981</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Outpatient Behavioral Health Services</strong>&lt;br&gt;For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 36.4.44.3, “Psychological and Neuropsychological Testing,” on page 36-113; section 38.3.1, “Psychological and Neuropsychological Testing,” on page 38-5; and section 36.4.44.4, “Psychiatric Pharmacological Management,” on page 36-115.</td>
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<td></td>
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</tr>
<tr>
<td>96101, 96118</td>
<td>34881, 34893, 43813, 43814, 79921, 79922, 79923, 79924, 79925, 79929, V1552</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Pediatric Pneumogram</strong>&lt;br&gt;For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 36.4.11.12, “Pediatric Pneumogram,” on page 36-35.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94772</td>
<td>79982</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Respiratory Equipment and Supplies - Home Health</strong>&lt;br&gt;For more information, providers should refer to the 2009 <em>Texas Medicaid Provider Procedures Manual</em>, section 24.4.29.1 Nebulizers,” on page 19-4.</td>
<td></td>
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</tr>
<tr>
<td>E0570, A4617, A7003, A7004, A7005, A7006, A7011, A7013, A7015</td>
<td>4880, 4881</td>
<td>N/A</td>
<td>488</td>
</tr>
</tbody>
</table>
### Stem Cell Transplants

For more information, providers should refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.32.2, “Stem Cell Transplants,” on page 36-89.

<table>
<thead>
<tr>
<th>Procedure Code(s)</th>
<th>Added Diagnosis Codes</th>
<th>Revised* Diagnosis Codes</th>
<th>Discontinued Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allogeneic Stem Cell Transplantation</td>
<td>27941</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Ultrasound, Ophthalmic

For more information, providers should refer to the 2009 *Texas Medicaid Provider Procedures Manual*, section 36.4.31.6, “Echography Scan, Ophthalmic,” on page 36-84, and section 45.4.2.2, “Echography,” on page 45-6.

<table>
<thead>
<tr>
<th>Procedure Code(s)</th>
<th>Added Diagnosis Codes</th>
<th>Revised* Diagnosis Codes</th>
<th>Discontinued Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound, Ophthalmic</td>
<td>23981</td>
<td>N/A</td>
<td>2398</td>
</tr>
</tbody>
</table>

*(N/A) Not applicable / No changes

*Refer to the Revised Diagnosis Descriptions section of this article for description changes.

### CSHCN Services Program Medical Policy Updates

#### Blood Pressure Monitoring Devices

For more information, providers should refer to the 2009 *CSHCN Services Program Provider Manual*, section 11.2.1, “Blood Pressure Devices,” on page xx-x.

<table>
<thead>
<tr>
<th>Procedure Code(s)</th>
<th>Added Diagnosis Codes</th>
<th>Revised* Diagnosis Codes</th>
<th>Discontinued Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure Monitoring Devices</td>
<td>A4660, A4670, E1399</td>
<td>4162</td>
<td>5845, 5846, 5847, 5848, 5849</td>
</tr>
</tbody>
</table>

#### Bone Anchored Hearing Devices

For more information, providers should refer to the 2009 *CSHCN Services Program Provider Manual*, section 19.2.4, “Bone Anchored Hearing Aid (BAHA),” on page 19-5.

<table>
<thead>
<tr>
<th>Procedure Code(s)</th>
<th>Added Diagnosis Codes</th>
<th>Revised* Diagnosis Codes</th>
<th>Discontinued Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Anchored Hearing Devices</td>
<td>L8690, L8691, 69714, 69715, 69717, 69718</td>
<td>20931, 20932</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Cytogenetics Testing

For more information, providers should refer to the 2009 *CSHCN Services Program Provider Manual*, section 23.2.6, “Cytogenetics Testing,” on page 23-7.

<table>
<thead>
<tr>
<th>Procedure Code(s)</th>
<th>Added Diagnosis Codes</th>
<th>Revised* Diagnosis Codes</th>
<th>Discontinued Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytogenetics Testing</td>
<td>88230, 88233, 88237, 88239, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88280, 88283, 88285, 88289, 88271, 88272, 88273, 88274, 88275, 88291</td>
<td>27941, 27949</td>
<td>N/A</td>
</tr>
<tr>
<td>Procedure Code(s)</td>
<td>Added Diagnosis Codes</td>
<td>Revised* Diagnosis Codes</td>
<td>Discontinued Diagnosis Codes</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------</td>
<td>--------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Electrodiagnostic Testing (Electromyography and Nerve Conduction Studies)</td>
<td>51784, 51785, 95860, 95861, 95863, 95864, 95865, 95866, 95867, 95868, 95869, 95870, 95872, 95873, 95874, 95875, 95900, 95903, 95904, 95930, 95933, 95934, 95936, 95937</td>
<td>35971, 35979, 78451, 78459</td>
<td>78449</td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 CSHCN Services Program Provider Manual, section 29.2.17, “Electrodiagnostic Testing,” on page 29-42.</td>
<td></td>
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</tr>
<tr>
<td>Electroencephalogram (Ambulatory)</td>
<td>95950, 95951, 95953, 95956</td>
<td>34881, 34889, V1090, V1091</td>
<td>N/A</td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 CSHCN Services Program Provider Manual, section 29.2.16.2, “Ambulatory Electroencephalogram,” on page 29-41.</td>
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<tr>
<td>Helicobacter pylori Testing</td>
<td>78267, 78268, 83013, 83014, 87338</td>
<td>N/A</td>
<td>04186</td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 CSHCN Services Program Provider Manual, section 23.2.10, “Helicobacter Pylori (H. Pylori),” on page 23-23.</td>
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</tr>
<tr>
<td>Hematopoietic Injections</td>
<td>J0881, J0885</td>
<td>2853</td>
<td>N/A</td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 CSHCN Services Program Provider Manual, section 29.2.24.10, “Erythropoietin Alfa (EPO) and Darbepoetin,” on page 29-84.</td>
<td></td>
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</tr>
<tr>
<td>Immune Globulins</td>
<td>90281, 90283, 90284, J1459, J1460, J1470, J1480, J1490, J1500, J1510, J1520, J1530, J1540, J1550, J1560, J1561, J1562, J1566, J1568, J1569, J1572</td>
<td>27941, 27949</td>
<td>N/A</td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 CSHCN Services Program Provider Manual, section 29.2.24.13, “Immune Globulins,” on page 29-87.</td>
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<tr>
<td>Renal Dialysis</td>
<td>Outpatient Renal Dialysis Services</td>
<td>N/A</td>
<td>5845, 5846, 5847, 5848, 5849</td>
</tr>
<tr>
<td>Procedure Code(s)</td>
<td>Added Diagnosis Codes</td>
<td>Revised* Diagnosis Codes</td>
<td>Discontinued Diagnosis Codes</td>
</tr>
<tr>
<td>-------------------</td>
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<td>--------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>Respiratory Equipment and Supplies</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>CSHCN Services Program Provider Manual</em>, section 32.2.8, “Nebulizers,” on page 32-9.</td>
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</tr>
<tr>
<td>A7003, A7004, A7005, A7006, E0565, E0572</td>
<td>4880, 4881</td>
<td>N/A</td>
<td>488</td>
</tr>
<tr>
<td><strong>Sleep Studies</strong></td>
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</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>CSHCN Services Program Provider Manual</em>, section 29.2.34.3, “Pediatric Pneumogram,” on page 29-100.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94772</td>
<td>79982</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Stem Cell Transplants</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>For more information, providers should refer to the 2009 <em>CSHCN Services Program Provider Manual</em>, section 29.2.38.2, “Stem Cell Transplant,” on page 29-120.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allogeneic stem cell transplants</td>
<td>27941</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total Parenteral Nutrition</strong></td>
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<tr>
<td>B4185, S9364, S9365, S9366, S9367, S9368</td>
<td>20931, 20932, 20933, 20934, 20935, 20936, 20970, 20971, 20972, 20973, 20974, 20975, 20979, 27788</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

(N/A) Not applicable / No changes

*Refer to the Revised Diagnosis Descriptions section of this article for description changes.*
Inpatient Hospital ICD-9-CM Procedure Code and Diagnosis Related Grouping (DRG) Updates

This section lists the procedure and DRG code changes for inpatient hospital providers. Providers should refer to the appropriate copyright holder’s code listing for the new, discontinued, and revised descriptions for the procedure codes indicated below. All discontinued codes will not be reimbursed for dates of service on or after October 1, 2009.

The following table lists all of the new, discontinued, and revised surgical procedure codes:

<table>
<thead>
<tr>
<th>New Procedure Codes</th>
</tr>
</thead>
<tbody>
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<th>Revised Procedure Codes</th>
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**Note:** These procedure codes are surgical codes used to assign the proper DRG for an inpatient hospital stay and are processed as informational only.

Providers may refer to the TMHP website for the complete list of DRG relative weights, mean lengths of stay, and day thresholds for effective for dates of admission of or after October 1, 2009. The information is available in the Software, Fee Schedules, Reference Codes section under “Acute Care Reference Codes.” Refer to Grouper 27.