

## 2009 ICD-9-CM Updates Now Available

On October 1, 2008, Texas Medicaid & Healthcare Partnership (TMHP) will apply the 2009 additions, deletions, and changes to the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) effective for dates of service on or after October 1, 2008.

This article includes ICD-9-CM and Diagnosis-Related Group (DRG) updates for Texas Medicaid and all ICD-9-CM updates for the Children with Special Health Care Needs (CSHCN) Services Program and is intended to notify providers of program and coding changes related to the 2009 ICD-9-CM updates. These updates are effective for dates of service on or after October 1, 2008. The DRG updates are effective for inpatient admission dates of service on or after October 1, 2008.

## New Diagnosis Codes

The following is a list of new ICD-9-CM diagnosis codes:

Diagnosis	
Code	Description
03812	Methicillin resistant Staphylococcus aureus septicemia
04112	Methicillin resistant Staphylococcus aureus in conditions classified elsewhere and of unspecified site
04611	Variant Creutzfeldt-Jakob disease
04619	Other and unspecified Creutzfeldt-Jakob disease
04671	Gerstmann-Straussler-Scheinker syndrome
04672	Fatal familial insomnia
04679	Other and unspecified prion disease of central nervous system
05101	Cowpox
05102	Vaccinia not from vaccination
05900	Orthopoxvirus infection, unspecified
05901	Monkeypox
05909	Other orthopoxvirus infections
05910	Parapoxvirus infection, unspecified
05911	Bovine stomatitis
05912	Sealpox
05919	Other parapoxvirus infections
05920	Yatapoxvirus infection, unspecified
05921	Tanapox
05922	Yaba monkey tumor virus
0598	Other poxvirus infections
0599	Poxvirus infections, unspecified
07812	Plantar wart
13621	Specific infection due to acanthamoeba

**Diagnosis**

<b>Code</b>	<b>Description</b>
13629	Other specific infections by free-living amebae
1992	Malignant neoplasm associated with transplant organ
20302	Multiple myeloma, in relapse
20312	Plasma cell leukemia, in relapse
20382	Other immunoproliferative neoplasms, in relapse
20402	Acute lymphoid leukemia, in relapse
20412	Chronic lymphoid leukemia, in relapse
20422	Subacute lymphoid leukemia, in relapse
20482	Other lymphoid leukemia, in relapse
20492	Unspecified lymphoid leukemia, in relapse
20502	Acute myeloid leukemia, in relapse
20512	Chronic myeloid leukemia, in relapse
20522	Subacute myeloid leukemia, in relapse
20532	Myeloid sarcoma, in relapse
20582	Other myeloid leukemia, in relapse
20592	Unspecified myeloid leukemia, in relapse
20602	Acute monocytic leukemia, in relapse
20612	Chronic monocytic leukemia, in relapse
20622	Subacute monocytic leukemia, in relapse
20682	Other monocytic leukemia, in relapse
20692	Unspecified monocytic leukemia, in relapse
20702	Acute erythremia and erythroleukemia, in relapse
20712	Chronic erythremia, in relapse
20722	Megakaryocytic leukemia, in relapse
20782	Other specified leukemia, in relapse
20802	Acute leukemia of unspecified cell type, in relapse
20812	Chronic leukemia of unspecified cell type, in relapse
20822	Subacute leukemia of unspecified cell type, in relapse
20882	Other leukemia of unspecified cell type, in relapse
20892	Unspecified leukemia, in relapse
20900	Malignant carcinoid tumor of the small intestine, unspecified portion
20901	Malignant carcinoid tumor of the duodenum
20902	Malignant carcinoid tumor of the jejunum
20903	Malignant carcinoid tumor of the ileum
20910	Malignant carcinoid tumor of the large intestine, unspecified portion
20911	Malignant carcinoid tumor of the appendix

**Diagnosis**

<b>Code</b>	<b>Description</b>
20912	Malignant carcinoid tumor of the cecum
20913	Malignant carcinoid tumor of the ascending colon
20914	Malignant carcinoid tumor of the transverse colon
20915	Malignant carcinoid tumor of the descending colon
20916	Malignant carcinoid tumor of the sigmoid colon
20917	Malignant carcinoid tumor of the rectum
20920	Malignant carcinoid tumor of the unknown primary site
20921	Malignant carcinoid tumor of the bronchus and lung
20922	Malignant carcinoid tumor of the thymus
20923	Malignant carcinoid tumor of the stomach
20924	Malignant carcinoid tumor of the kidney
20925	Malignant carcinoid tumor of the foregut, not otherwise specified
20926	Malignant carcinoid tumor of the midgut, not otherwise specified
20927	Malignant carcinoid tumor of hindgut, not otherwise specified
20929	Malignant carcinoid tumor of other sites
20930	Malignant poorly differentiated neuroendocrine carcinoma, any site
20940	Benign carcinoid tumor of the small intestine, unspecified portion
20941	Benign carcinoid tumor of the duodenum
20942	Benign carcinoid tumor of the jejunum
20943	Benign carcinoid tumor of the ileum
20950	Benign carcinoid tumor of the large intestine, unspecified portion
20951	Benign carcinoid tumor of the appendix
20952	Benign carcinoid tumor of the cecum
20953	Benign carcinoid tumor of the ascending colon
20954	Benign carcinoid tumor of the transverse colon
20955	Benign carcinoid tumor of the descending colon
20956	Benign carcinoid tumor of the sigmoid colon
20957	Benign carcinoid tumor of the rectum
20960	Benign carcinoid tumor of unknown primary site
20961	Benign carcinoid tumor of the bronchus and lung
20962	Benign carcinoid tumor of the thymus
20963	Benign carcinoid tumor of the stomach
20964	Benign carcinoid tumor of the kidney
20965	Benign carcinoid tumor of foregut, not otherwise specified
20966	Benign carcinoid tumor of midgut, not otherwise specified
20967	Benign carcinoid tumor of hindgut, not otherwise specified

**Diagnosis**

<b>Code</b>	<b>Description</b>
20969	Benign carcinoid tumor of other sites
23877	Post-transplant lymphoproliferative disorder (PTLD)
24900	Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified
24901	Secondary diabetes mellitus without mention of complication, uncontrolled
24910	Secondary diabetes mellitus with ketoacidosis, not stated as uncontrolled, or unspecified
24911	Secondary diabetes mellitus with ketoacidosis, uncontrolled
24920	Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified
24921	Secondary diabetes mellitus with hyperosmolarity, uncontrolled
24930	Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified
24931	Secondary diabetes mellitus with other coma, uncontrolled
24940	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified
24941	Secondary diabetes mellitus with renal manifestations, uncontrolled
24950	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified
24951	Secondary diabetes mellitus with ophthalmic manifestations, uncontrolled
24960	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified
24961	Secondary diabetes mellitus with neurological manifestations, uncontrolled
24970	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified
24971	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled
24980	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified
24981	Secondary diabetes mellitus with other specified manifestations, uncontrolled
24990	Secondary diabetes mellitus with unspecified complication, not stated as uncontrolled, or unspecified
24991	Secondary diabetes mellitus with unspecified complication, uncontrolled
25950	Androgen insensitivity, unspecified
25951	Androgen insensitivity syndrome
25952	Partial androgen insensitivity
2755	Hungry bone syndrome
27950	Graft-versus-host disease, unspecified

**Diagnosis**

<b>Code</b>	<b>Description</b>
27951	Acute graft-versus-host disease
27952	Chronic graft-versus-host disease
27953	Acute on chronic graft-versus-host disease
28984	Heparin-induced thrombocytopenia (HIT)
33700	Idiopathic peripheral autonomic neuropathy, unspecified
33701	Carotid sinus syndrome
33709	Other idiopathic peripheral autonomic neuropathy
33900	Cluster headache syndrome, unspecified
33901	Episodic cluster headache
33902	Chronic cluster headache
33903	Episodic paroxysmal hemicrania
33904	Chronic paroxysmal hemicrania
33905	Short lasting unilateral neuralgiform headache with conjunctival injection and tearing
33909	Other trigeminal autonomic cephalgias
33910	Tension type headache, unspecified
33911	Episodic tension type headache
33912	Chronic tension type headache
33920	Post-traumatic headache, unspecified
33921	Acute post-traumatic headache
33922	Chronic post-traumatic headache
3393	Drug induced headache, not elsewhere classified
33941	Hemicrania continua
33942	New daily persistent headache
33943	Primary thunderclap headache
33944	Other complicated headache syndrome
33981	Hypnic headache
33982	Headache associated with sexual activity
33983	Primary cough headache
33984	Primary exertional headache
33985	Primary stabbing headache
33989	Other headache syndromes
34602	Migraine with aura, without mention of intractable migraine with status migrainosus
34603	Migraine with aura, with intractable migraine, so stated, with status migrainosus

**Diagnosis**

<b>Code</b>	<b>Description</b>
34612	Migraine without aura, without mention of intractable migraine with status migrainosus
34613	Migraine without aura, with intractable migraine, so stated, with status migrainosus
34622	Variants of migraine, not elsewhere classified, without mention of intractable migraine with status migrainosus
34623	Variants of migraine, not elsewhere classified, with intractable migraine, so stated, with status migrainosus
34630	Hemiplegic migraine, without mention of intractable migraine without mention of status migrainosus
34631	Hemiplegic migraine, with intractable migraine, so stated, without mention of status migrainosus
34632	Hemiplegic migraine, without mention of intractable migraine with status migrainosus
34633	Hemiplegic migraine, with intractable migraine, so stated, with status migrainosus
34640	Menstrual migraine, without mention of intractable migraine without mention of status migrainosus
34641	Menstrual migraine, with intractable migraine, so stated, without mention of status migrainosus
34642	Menstrual migraine, without mention of intractable migraine with status migrainosus
34643	Menstrual migraine, with intractable migraine, so stated, with status migrainosus
34650	Persistent migraine aura without cerebral infarction, without mention of intractable migraine without mention of status migrainosus
34651	Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
34652	Persistent migraine aura without cerebral infarction, without mention of intractable migraine with status migrainosus
34653	Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, with status migrainosus
34660	Persistent migraine aura with cerebral infarction, without mention of intractable migraine without mention of status migrainosus
34661	Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
34662	Persistent migraine aura with cerebral infarction, without mention of intractable migraine with status migrainosus
34663	Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, with status migrainosus

**Diagnosis**

<b>Code</b>	<b>Description</b>
34670	Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus
34671	Chronic migraine without aura, with intractable migraine, so stated, without mention of status migrainosus
34672	Chronic migraine without aura, without mention of intractable migraine with status migrainosus
34673	Chronic migraine without aura, with intractable migraine, so stated, with status migrainosus
34682	Other forms of migraine, without mention of intractable migraine with status migrainosus
34683	Other forms of migraine, with intractable migraine, so stated, with status migrainosus
34692	Migraine, unspecified, without mention of intractable migraine with status migrainosus
34693	Migraine, unspecified, with intractable migraine, so stated, with status migrainosus
34931	Accidental puncture or laceration of dura during a procedure
34939	Other dural tear
36220	Retinopathy of prematurity, unspecified
36222	Retinopathy of prematurity, stage 0
36223	Retinopathy of prematurity, stage 1
36224	Retinopathy of prematurity, stage 2
36225	Retinopathy of prematurity, stage 3
36226	Retinopathy of prematurity, stage 4
36227	Retinopathy of prematurity, stage 5
36482	Plateau iris syndrome
37234	Pingueculitis
4143	Coronary atherosclerosis due to lipid rich plaque
48242	Methicillin resistant pneumonia due to Staphylococcus aureus
51181	Malignant pleural effusion
51189	Other specified forms of effusion, except tuberculous
53013	Eosinophilic esophagitis
53570	Eosinophilic gastritis, without mention of hemorrhage
53571	Eosinophilic gastritis, with hemorrhage
55841	Eosinophilic gastroenteritis
55842	Eosinophilic colitis
56944	Dysplasia of anus
57142	Autoimmune hepatitis

**Diagnosis**

<b>Code</b>	<b>Description</b>
59970	Hematuria, unspecified
59971	Gross hematuria
59972	Microscopic hematuria
61181	Ptosis of breast
61182	Hypoplasia of breast
61183	Capsular contracture of breast implant
61189	Other specified disorders of breast
6120	Deformity of reconstructed breast
6121	Disproportion of reconstructed breast
62570	Vulvodynia, unspecified
62571	Vulvar vestibulitis
62579	Other vulvodynia
64970*	Cervical shortening, unspecified as to episode of care or not applicable
64971*	Cervical shortening, delivered, with or without mention of antepartum condition
64973*	Cervical shortening, antepartum condition or complication
67800	Fetal hematologic conditions, unspecified as to episode of care or not applicable
67801	Fetal hematologic conditions, delivered, with or without mention of antepartum condition
67803	Fetal hematologic conditions, antepartum condition or complication
67810	Fetal conjoined twins, unspecified as to episode of care or not applicable
67811	Fetal conjoined twins, delivered, with or without mention of antepartum condition
67813	Fetal conjoined twins, antepartum condition or complication
67900*	Maternal complications from in utero procedure, unspecified as to episode of care or not applicable
67901*	Maternal complications from in utero procedure, delivered, with or without mention of antepartum condition
67902*	Maternal complications from in utero procedure, delivered, with mention of postpartum complication
67903*	Maternal complications from in utero procedure, antepartum condition or complication
67904*	Maternal complications from in utero procedure, postpartum condition or complication
67910*	Fetal complications from in utero procedures, unspecified as to episode of care or not applicable
67911*	Fetal complications from in utero procedures, delivered, with or without mention of antepartum condition

**Diagnosis**

<b>Code</b>	<b>Description</b>
67912*	Fetal complications from in utero procedures, delivered, with mention of postpartum complication
67913*	Fetal complications from in utero procedures, antepartum condition or complication
67914*	Fetal complications from in utero procedures, postpartum condition or complication
69510	Erythema multiforme, unspecified
69511	Erythema multiforme minor
69512	Erythema multiforme major
69513	Stevens-Johnson syndrome
69514	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
69515	Toxic epidermal necrolysis
69519	Other erythema multiforme
69550	Exfoliation due to erythematous condition involving less than 10 percent of body surface
69551	Exfoliation due to erythematous condition involving 10-19 percent of body surface
69552	Exfoliation due to erythematous condition involving 20-29 percent of body surface
69553	Exfoliation due to erythematous condition involving 30-39 percent of body surface
69554	Exfoliation due to erythematous condition involving 40-49 percent of body surface
69555	Exfoliation due to erythematous condition involving 50-59 percent of body surface
69556	Exfoliation due to erythematous condition involving 60-69 percent of body surface
69557	Exfoliation due to erythematous condition involving 70-79 percent of body surface
69558	Exfoliation due to erythematous condition involving 80-89 percent of body surface
69559	Exfoliation due to erythematous condition involving 90 percent or more of body surface
70720	Pressure ulcer, unspecified stage
70721	Pressure ulcer, stage I
70722	Pressure ulcer, stage II
70723	Pressure ulcer, stage III
70724	Pressure ulcer, stage IV
70725	Pressure ulcer, unstageable

**Diagnosis**

<b>Code</b>	<b>Description</b>
72990	Disorders of soft tissue, unspecified
72991	Post-traumatic seroma
72992	Nontraumatic hematoma of soft tissue
72999	Other disorders of soft tissue
73396	Stress fracture of femoral neck
73397	Stress fracture of shaft of femur
73398	Stress fracture of pelvis
76061	Newborn affected by amniocentesis
76062	Newborn affected by other in utero procedure
76063	Newborn affected by other surgical operations on mother during pregnancy
76064	Newborn affected by previous surgical procedure on mother not associated with pregnancy
77750	Necrotizing enterocolitis in newborn, unspecified
77751	Stage I necrotizing enterocolitis in newborn
77752	Stage II necrotizing enterocolitis in newborn
77753	Stage III necrotizing enterocolitis in newborn
78060	Fever, unspecified
78061	Fever presenting with conditions classified elsewhere
78062	Postprocedural fever
78063	Postvaccination fever
78064	Chills (without fever)
78065	Hypothermia not associated with low environmental temperature
78072	Functional quadriplegia
78891	Functional urinary incontinence
78899	Other symptoms involving urinary system
79507	Satisfactory cervical smear but lacking transformation zone
79510	Abnormal glandular Papanicolaou smear of vagina
79511	Papanicolaou smear of vagina with atypical squamous cells of undetermined significance (ASC-US)
79512	Papanicolaou smear of vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
79513	Papanicolaou smear of vagina with low grade squamous intraepithelial lesion (LGSIL)
79514	Papanicolaou smear of vagina with high grade squamous intraepithelial lesion (HGSIL)
79515	Vaginal high risk human papillomavirus (HPV) DNA test positive
79516	Papanicolaou smear of vagina with cytologic evidence of malignancy

**Diagnosis**

<b>Code</b>	<b>Description</b>
79518	Unsatisfactory vaginal cytology smear
79519	Other abnormal Papanicolaou smear of vagina and vaginal HPV
79670	Abnormal glandular Papanicolaou smear of anus
79671	Papanicolaou smear of anus with atypical squamous cells of undetermined significance (ASC-US)
79672	Papanicolaou smear of anus with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
79673	Papanicolaou smear of anus with low grade squamous intraepithelial lesion (LGSIL)
79674	Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HGSIL)
79675	Anal high risk human papillomavirus (HPV) DNA test positive
79676	Papanicolaou smear of anus with cytologic evidence of malignancy
79677	Satisfactory anal smear but lacking transformation zone
79678	Unsatisfactory anal cytology smear
79679	Other abnormal Papanicolaou smear of anus and anal HPV
99731	Ventilator associated pneumonia
99739	Other respiratory complications
99830	Disruption of wound, unspecified
99833	Disruption of traumatic injury wound repair
99981	Extravasation of vesicant chemotherapy
99982	Extravasation of other vesicant agent
99988	Other infusion reaction
99989	Other transfusion reaction
V0253	Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus
V0254	Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus
V0751	Prophylactic use of selective estrogen receptor modulators (SERMs)
V0752	Prophylactic use of aromatase inhibitors
V0759	Prophylactic use of other agents affecting estrogen receptors and estrogen levels
V1204	Personal history of Methicillin resistant Staphylococcus aureus
V1351	Personal history of pathologic fracture
V1352	Personal history of stress fracture
V1359	Personal history of musculoskeletal disorders
V1521*	Personal history of undergoing in utero procedure during pregnancy
V1522	Personal history of undergoing in utero procedure while a fetus
V1529	Personal history of surgery to other organs

**Diagnosis**

<b>Code</b>	<b>Description</b>
V1551	Personal history of traumatic fracture
V1559	Personal history of other injury
V2385*	Pregnancy resulting from assisted reproductive technology
V2386*	Pregnancy with history of in utero procedure during previous pregnancy
V2881*	Encounter for fetal anatomic survey
V2882*	Encounter for screening for risk of pre-term labor
V2889*	Other specified antenatal screening
V4511	Renal dialysis status
V4512	Noncompliance with renal dialysis
V4587	Transplanted organ removal status
V4588	Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility
V463	Wheelchair dependence
V510	Encounter for breast reconstruction following mastectomy
V518	Other aftercare involving the use of plastic surgery
V6101	Family disruption due to family member on military deployment
V6102	Family disruption due to return of family member from military deployment
V6103	Family disruption due to divorce or legal separation
V6104	Family disruption due to parent-child estrangement
V6105	Family disruption due to child in welfare custody
V6106	Family disruption due to child in foster care or in care of non-parental family member
V6109	Other family disruption
V6221	Personal current military deployment status
V6222	Personal history of return from military deployment
V6229	Other occupational circumstances or maladjustment
V8701	Contact with and (suspected) exposure to arsenic
V8709	Contact with and (suspected) exposure to other hazardous metals
V8711	Contact with and (suspected) exposure to aromatic amines
V8712	Contact with and (suspected) exposure to benzene
V8719	Contact with and (suspected) exposure to other hazardous aromatic compounds
V872	Contact with and (suspected) exposure to other potentially hazardous chemicals
V8731	Contact with and (suspected) exposure to mold
V8739	Contact with and (suspected) exposure to other potentially hazardous substances

## Diagnosis

Code	Description
V8741	Personal history of antineoplastic chemotherapy
V8742	Personal history of monoclonal drug therapy
V8749	Personal history of other drug therapy
V8801	Acquired absence of both cervix and uterus
V8802	Acquired absence of uterus with remaining cervical stump
V8803	Acquired absence of cervix with remaining uterus
V8901*	Suspected problem with amniotic cavity and membrane not found
V8902*	Suspected placental problem not found
V8903*	Suspected fetal anomaly not found
V8904*	Suspected problem with fetal growth not found
V8905*	Suspected cervical shortening not found
V8909*	Other suspected maternal and fetal condition not found

\* These diagnosis codes are not covered by the CSHCN Services Program.

## Discontinued Diagnosis Codes

The following is a complete list of discontinued diagnosis codes:

Diagnosis Code	Description
0461	Jakob-Creutzfeldt disease
0510	Cowpox
1362	Specific infections by free-living amebae
2595	Androgen insensitivity syndrome
3370	Idiopathic peripheral autonomic neuropathy
5118	Other specified forms of pleural effusion, except tuberculous
5997	Hematuria
6118	Other specified disorders of breast
6951	Erythema multiforme
7299	Other and unspecified disorders of soft tissue
7606	Surgical operation on mother
7775	Necrotizing enterocolitis in fetus or newborn
7806	Fever
7889	Other symptoms involving urinary system
7951	Nonspecific abnormal Papanicolaou smear of other site
9973	Respiratory complications
9998	Other transfusion reaction
V135	Personal history of other musculoskeletal disorders

<b>Diagnosis Code</b>	<b>Description</b>
V152	Personal history of surgery to other major organs
V155	Personal history of injury
V288	Encounter for other specified antenatal screening
V451	Renal dialysis status
V51	Aftercare involving the use of plastic surgery
V610	Family disruption
V622	Other occupational circumstances or maladjustment

## Revised Diagnosis Codes

The following is a list of diagnosis codes that have been revised:

<b>Diagnosis Code</b>	<b>New Description</b>	<b>Old Description</b>
03811	Methicillin susceptible Staphylococcus aureus septicemia	Staphylococcus aureus septicemia
04111	Methicillin susceptible Staphylococcus aureus in conditions classified elsewhere and of unspecified site	Staphylococcus aureus infection in conditions classified elsewhere and of unspecified site
20300	Multiple myeloma, without mention of having achieved remission	Multiple myeloma without remission
20310	Plasma cell leukemia, without mention of having achieved remission	Plasma cell leukemia without mention of remission
20380	Other immunoproliferative neoplasms, without mention of having achieved remission	Other immunoproliferative neoplasms without mention of remission
20400	Acute lymphoid leukemia, without mention of having achieved remission	Lymphoid leukemia, acute, without mention of remission
20410	Chronic lymphoid leukemia, without mention of having achieved remission	Lymphoid leukemia, chronic, without mention of remission
20420	Subacute lymphoid leukemia, without mention of having achieved remission	Lymphoid leukemia, subacute, without mention of remission
20480	Other lymphoid leukemia, without mention of having achieved remission	Other lymphoid leukemia, without mention of remission
20490	Unspecified lymphoid leukemia, without mention of having achieved remission	Unspecified lymphoid leukemia, without mention of remission

<b>Diagnosis Code</b>	<b>New Description</b>	<b>Old Description</b>
20500	Acute myeloid leukemia, without mention of having achieved remission	Myeloid leukemia, acute, without mention of remission
20510	Chronic myeloid leukemia, without mention of having achieved remission	Myeloid leukemia, chronic, without mention of remission
20520	Subacute myeloid leukemia, without mention of having achieved remission	Myeloid leukemia, subacute, without mention of remission
20530	Myeloid sarcoma, without mention of having achieved remission	Myeloid sarcoma, without mention of remission
20580	Other myeloid leukemia, without mention of having achieved remission	Other myeloid leukemia, without mention of remission
20590	Unspecified myeloid leukemia, without mention of having achieved remission	Unspecified myeloid leukemia, without mention of remission
20600	Acute monocytic leukemia, without mention of having achieved remission	Monocytic leukemia, acute, without mention of remission
20610	Chronic monocytic leukemia, without mention of having achieved remission	Monocytic leukemia, chronic without mention of remission
20620	Subacute monocytic leukemia, without mention of having achieved remission	Monocytic leukemia, subacute, without mention of remission
20680	Other monocytic leukemia, without mention of having achieved remission	Other monocytic leukemia, without mention of remission
20690	Unspecified monocytic leukemia, without mention of having achieved remission	Unspecified monocytic leukemia, without mention of remission
20700	Acute erythremia and erythroleukemia, without mention of having achieved remission	Acute erythremia and erythroleukemia, without mention of remission
20710	Chronic erythremia, without mention of having achieved remission	Chronic erythremia, without mention of remission
20720	Megakaryocytic leukemia, without mention of having achieved remission	Megakaryocytic leukemia, without mention of remission
20780	Other specified leukemia, without mention of having achieved remission	Other specified leukemia, without mention of remission

Diagnosis Code	New Description	Old Description
20800	Acute leukemia of unspecified cell type, without mention of having achieved remission	Leukemia of unspecified cell type, acute, without mention of remission
20810	Chronic leukemia of unspecified cell type, without mention of having achieved remission	Leukemia of unspecified cell type, chronic, without mention of remission
20820	Subacute leukemia of unspecified cell type, without mention of having achieved remission	Leukemia of unspecified cell type, subacute, without mention of remission
20880	Other leukemia of unspecified cell type, without mention of having achieved remission	Other leukemia of unspecified cell type, without mention of remission
20890	Unspecified leukemia, without mention of having achieved remission	Unspecified leukemia, without mention of remission
34600	Migraine with aura, without mention of intractable migraine without mention of status migrainosus	Classical migraine without mention of intractable migraine
34601	Migraine with aura, with intractable migraine, so stated, without mention of status migrainosus	Classical migraine with intractable migraine, so stated
34610	Migraine without aura, without mention of intractable migraine without mention of status migrainosus	Common migraine without mention of intractable migraine
34611	Migraine without aura, with intractable migraine, so stated, without mention of status migrainosus	Common migraine with intractable migraine, so stated
34620	Variants of migraine, not elsewhere classified, without mention of intractable migraine without mention of status migrainosus	Variants of migraine without mention of intractable migraine
34621	Variants of migraine, not elsewhere classified, with intractable migraine, so stated, without mention of status migrainosus	Variants of migraine with intractable migraine, so stated
34680	Other forms of migraine, without mention of intractable migraine without mention of status migrainosus	Other forms of migraine without mention of intractable migraine
34681	Other forms of migraine, with intractable migraine, so stated, without mention of status migrainosus	Other forms of migraine with intractable migraine, so stated

Diagnosis Code	New Description	Old Description
	migrainosus	
34690	Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus	Unspecified migraine without mention of intractable migraine
34691	Migraine, unspecified, with intractable migraine, so stated, without mention of status migrainosus	Unspecified migraine with intractable migraine, so stated
38600	Meniere's disease, unspecified	Unspecified Meniere's disease
38601	Active Ménière's disease, cochleovestibular	Active Meniere's disease, cochleovestibular
38602	Active Ménière's disease, cochlear	Active Meniere's disease, cochlear
38603	Active Ménière's disease, vestibular	Active Meniere's disease, vestibular
38604	Inactive Ménière's disease	Inactive Meniere's disease
48241	Methicillin susceptible pneumonia due to Staphylococcus aureus	Pneumonia due to Staphylococcus aureus
70700	Pressure ulcer, unspecified site	Decubitus ulcer, unspecified site
70701	Pressure ulcer, elbow	Decubitus ulcer, elbow
70702	Pressure ulcer, upper back	Decubitus ulcer, upper back
70703	Pressure ulcer, lower back	Decubitus ulcer, lower back
70704	Pressure ulcer, hip	Decubitus ulcer, hip
70705	Pressure ulcer, buttock	Decubitus ulcer, buttock
70706	Pressure ulcer, ankle	Decubitus ulcer, ankle
70707	Pressure ulcer, heel	Decubitus ulcer, heel
70709	Pressure ulcer, other site	Decubitus ulcer, other site
79508	Unsatisfactory cervical cytology smear	Nonspecific abnormal Papanicolaou smear of cervix, unsatisfactory smear
99831	Disruption of internal operation (surgical) wound	Disruption of internal operation wound
99832	Disruption of external operation (surgical) wound	Disruption of external operation wound
V2830*	Encounter for routine screening for malformation using ultrasonics	Encounter for antenatal screening of mother
V4571	Acquired absence of breast and nipple	Acquired absence of breast

\* Diagnosis code V2830 is not covered by the CSHCN Services Program.

## Texas Medicaid Program Medical Policy Updates

Diagnosis Codes				D C
Procedure Code(s)	Added	Revised*		
<b>Aerosol Treatments – Outpatient Setting</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> , Section 36.4.1, “Aerosol Treatment” on page 36-22 and Section 25.3.3.4, “Aerosol Treatment” on page 25-28 for more information.				
B-412, 1-94640, 1-94644, 1-94645	48242, 99731, 99739	N/A		N / A
<b>Ambulance – Emergency Only Condition Codes</b>				
Providers may refer to the web article posted May 9, 2008, titled, “Ambulance Services to Change,” and the web article posted June 6, 2008, titled, “Ambulances Services Update,” for more information.				
Important: Claims for emergency transports must be billed with at least one emergency medical condition code to communicate the client’s condition at the time of the transport.	3812, 24910, 24911, 24930, 24931, 24960, 24961, 33701, 33921, 59971, 69550, 69551, 69552, 69553, 69554, 69555, 69556, 69557, 69558, 69559, 78065, 99833, 99981, 99982, 99988, 99989, V8701, V8709, V8711, V8712, V8719, V872, V8739	N/A		N / A
<b>Botulinum Toxin Type A (Botox)</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.20.8, “Botulinum Toxin Type A,” on page 36-57, for more information.				
1-J0585	78072	N/A		N / A
<b>Colony Stimulating Factors</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.21.29, “Filgrastim, Pegfilgrastim (G-CSF), and Sargramostim (GM-CSF),” on page 36-69, for more information.				
1-J1440, 1-J1441, 1-J2505, 1-J2820	1992, 20302, 20312, 20382, 20402, 20412, 20422, 20482, 20492, 20502, 20512,	20300, 20310, 20400, 20410, 20420, 20480, 20490, 20500, 20510, 20520,		N / A

**Diagnosis Codes**

Procedure Code(s)	Added	Revised*	D C
	20522, 20532, 20582, 20592, 20602, 20612, 20622, 20682, 20692, 20702, 20712, 20722, 20782, 20802, 20812, 20822, 20882, 20892, 20900, 20901, 20902, 20903, 20910, 20911, 20912, 20913, 20914, 20915, 20916, 20917, 20920, 20921, 20922, 20923, 20924, 20925, 20926, 20927, 20929, 20930	20530, 20580, 20590, 20600, 20610, 20620, 20680, 20690, 20700, 20710, 20720, 20780, 20800, 20810, 20820, 20880, 20890	

**Colorectal Cancer Screening**

Providers may refer to the 2008 *Texas Medicaid Provider Procedures Manual* Section 36.4.5.1, "Colorectal Cancer Screening," on page 36-29, Section 25.3.3.15, "Colorectal Cancer Screening," on page 25-32, and Section 26.4.4, "Cancer Screening, Colorectal," on page 26-5, for more information.

2/F-G0105, 4/I/T-G0120	55841, 55842	N/A	N / A
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**Cytogenetics Testing**

Providers may refer to the 2008 *Texas Medicaid Provider Procedures Manual* Section 36.4.22.4, "Cytogenetics Testing for Leukemia and Lymphoma," on page 36-79, for more information.

5-88230, 5-88233, 5-88235, 5-88237, 5-88239, 5-88245, 5-88248, 5-88249, 5-88261, 5-88262, 5-88263, 5-88264, 5-88271, 5-88272, 5-88273, 5-88274, 5-88275, 5-88280, 5-88283, 5-88285, 5-88289, 5-88291	20312, 20382, 20402, 20412, 20422, 20482, 20492, 20502, 20512, 20522, 20532, 20582, 20592, 20602, 20612, 20622, 20682, 20692, 20702, 20712, 20722, 20782, 20802, 20812,	20400, 20410, 20420, 20480, 20490, 20500, 20510, 20520, 20530, 20580, 20590, 20600, 20610, 20620, 20680, 20690, 20700, 20710, 20720, 20780, 20800, 20810, 20820, 20880,	N / A
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## Diagnosis Codes

Procedure Code(s)	Added	Revised*	D C	
<b>Diabetic Supplies and Equipment (Home Health)</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 24.5.12.1, "Blood Testing Supplies," on page 24-19, for more information.				
9-A4233, 9-A4234, 9-A4235, 9-A4236, 9-A4250, 9-A4252, 9-A4253, 9-A4256, 9-A4258, 9-A4259, 9-A9150, 9-A9275	24900, 24901, 24910, 24911, 24920, 24921, 24930, 24931, 24940, 24941, 24950, 24951, 24960, 24961, 24970, 24971, 24980, 24981, 24990, 24991	20822, 20882, 20892, 61182	20890	N / A
<b>Doppler Examinations and Noninvasive Diagnostic Studies</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.10.1, "Noninvasive Diagnostic Studies," on page 36-43, for more information.				
4/I/T-93875, 4/I/T-93880, 4/I/T-93882	33701			N / A
<b>Electrocardiograms</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.9.8, "Electrocardiogram (EKG)," on page 36-38, and Section 25.3.3.18, "Hospital Radiology Services," on page 25-33, for more information.				
5-93000, T-93005, I-93010, 5-93040, T-93041, I-93042	24900, 24901, 24910, 24911, 24920, 24921, 24930, 24931, 24940, 24941, 24950, 24951, 24960, 24961, 24970, 24971, 24980, 24981, 24990, 24991, 33701, 4143, 78065, 99988, 99989			N / A
<b>Electromyography (EMG) and Nerve Conduction Studies (NCS)</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.9.10, "Electromyography (EMG)," on page 36-39, Section 36.4.9.15, "Nerve Conduction Studies," on page 36-42, and Section 36.4.35.4, "Nerve Conduction Studies Performed by Podiatrist," on page 36-106, for more information. Providers may also refer to the web article posted May 9, 2008, titled, "Electrodiagnostic Testing, EMG and NCS Benefit Changes Effective July 1, 2008," for more information.				
2/F/I/T-51784,	33700, 33709, 62570			N/A 3

Diagnosis Codes				D C
Procedure Code(s)	Added	Revised*		
2/F/I/T-51785, 5/I/T-95860, 5/I/T-95861, 5/I/T-95863, 5/I/T-95864, 5/I/T-95865, 5/I/T-95866, 5/I/T-95867, 5/I/T-95868, 5/I/T-95869, 5/I/T-95870, 5/I/T-95872, 1-95873, 1-95874, 5/I/T-95875, 5/I/T-95900, 5/I/T-95903, 5/I/T-95904, 5/I/T-95930, 5/I/T-95933, 5/I/T-95934, 5/I/T-95936, 5/I/T-95937				3 7 0
<b>Eye Surgery by Incision</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.29.10, "Eye Surgery by Incision," on page 36-97.				
2-67036, 2-67039, 2-67040, 2/F-67041, 2/F-67042, 2/F-67043	24950, 24951, 36220, 36225, 36226, 36227	N/A		N / A
<b>Eye Surgery by Laser</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.29.9, "The Anterior Segment of the Eye-The Lens," on page 36-95, for more information.				
2/F-67031, 2/F-67039, 2/F-67040, 2/F-67043, 2/F-67105, 2/F-67107, 2/F-67108, 2/F-67110, 2/F-67112, 2/F-67113, 2/F-67145, 2/F-67210, 2/F-67220, 2/F-67221, 2/F-67225, 2/F-67228, 2/F-67229, 2/F-G0186	24950, 24951, 36220, 36225, 36226, 36227	N/A		N / A
2/F-65450, 2/F-65855, 2/F-65860, 2/F-66600, 2/F-66605, 2/F-66710, 2/F-66711, 2/F-66761, 2/F-66762,	36482	N/A		N / A

Diagnosis Codes				D C
Procedure Code(s)	Added	Revised*		
2/F-66770				
<b>Gynecological and Reproductive Health Services</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.17.10, "Surgery For Masculinized Females," on page 36-51.				
2/8-56805, 2/8-57335	25950, 25951, 25952	N/A		N / A
<b>Hematopoietic Injections</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.20.17, "Hematopoietic Agents," on page 36-59, for more information.				
1-J0881, 1-J0885	20302	20300		N / A
<b>Hyperbaric Oxygen Therapy</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 25.3.3.26, "Hyperbaric Oxygen Therapy (HBO)," on page 25-37, and Section 36.4.19, "Hyperbaric Oxygen Therapy (HBOT)," on page 36-51, for more information.				
1-99183	24970, 24971, 69513, 69514, 69515, 70723, 70724, 70725	N/A		N / A
<b>Immune Globulin Injections</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.20.20, "Gamma Globulin/Immune Globulin," on page 36-60, and Section 36.4.21.13, "Immunosuppressive Drugs," on page 36-64, for more information.				
1-90284*, 1-J1460, 1- J1470, 1-J1480, 1- J1490, 1-J1500, 1- J1510, 1-J1520, 1- J1530, 1-J1540, 1- J1550, 1-J1560, 1- J1561*, 1-J1562*, 1- J1566*, 1-J1568*, 1- J1569*, 1-J1572*, 1- J7504, 1-J7511	03812, 04112, 20312, 20402, 20412, 20422, 20482, 20492, 20502, 20512, 20522, 20532, 20582, 20592, 20602, 20612, 20622, 20682, 20692, 20702, 20712, 20722, 20782, 20802, 20812, 20822, 20882, 20892, 28984, 33700, 33709, 57142, V0253, V0254,	20410		N / A
*These procedure codes are also payable to doctors of dentistry practicing as limited physicians.				

## Diagnosis Codes

Procedure Code(s)	Added	Revised*	D C
	V1204, V4587, V8701, V8709, V8711, V8712, V8719		

### Iron Injections

Providers may refer to the 2008 *Texas Medicaid Provider Procedures Manual* Section 36.4.21.18, "Iron Injections," on page 36-66, for more information.

1-J1751, 1-J1752	53571	N/A	N / A
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### Iron Studies

Providers may refer to the 2008 *Texas Medicaid Provider Procedures Manual* Section 26.4.9, "Ferritin and Iron Studies," on page 26-8, for more information.

5-82728, 5-83540, 5-83550, 5-84466, 5-85536	23877, 24900, 24901, 24910, 24911, 24920, 24921, 24930, 24931, 24940, 24941, 24950, 24951, 24960, 24961, 24970, 24971, 24980, 24981, 24990, 24991, 57142	N/A	N / A
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### Mastectomy and Breast Reconstruction

Providers may refer to the 2008 *Texas Medicaid Provider Procedures Manual* Section 36.4.23, "Mastectomy and Breast Reconstruction," on page 36-81, for more information.

2/F-19301, 2/F-19302, 2/F-19303, 2/F-19304, 2/F-19305, 2/F-19306, 2/F-19307, 2/8/F-19340, 2/8/F-19342, 2/F-19350, 2/8/F-19357, 2/8/F-19361, 2/8/F-19364, 2/8/F-19366, 2/8/F-19367, 2/8/F-19368, 2/8/F-19369	61183, 6120, 6121	N/A	N / A
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### Obstetrics and Prenatal Care

Providers may refer to the 2008 *Texas Medicaid Provider Procedures Manual* Section

<b>Diagnosis Codes</b>				<b>D C</b>
<b>Procedure Code(s)</b>	<b>Added</b>	<b>Revised*</b>		
36.4.24.3, "Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Cordocentesis," on page 36-83, Section 36.4.24.6, "Nonstress Testing, Contraction Stress Testing," on page 36-84, and Section 25.3.3.17, "Fetal Nonstress Testing and Contraction Stress Test," on page 25-32, for more information.				
2-36460, 2-59012, 2-59020, 2-59025, 4/I/T-76941	67800, 67801, 67803	N/A		N / A
2-59020, 2-59025	67910, 67911	N/A		N / A
<b>Ophthalmological Services</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 45.4.2.3, "Corneal Topography," on page 45-7, and Section 36.4.29.3, "Corneal Topography," on page 36-94, for more information.				
1-92025	37234	N/A		N / A
<b>Optometric Services</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 45.4.2, "Eye Examinations for the Purpose of Prescribing Eyewear," on page 45-3, and Section 36.4.29.1, "Complete Eye Exams," on page 36-91. Providers may also refer to the July/August 2008 <i>Texas Medicaid Bulletin</i> , No. 27, for more information about complete eye examinations.				
E-92002, E-92004, E-92012, E-92014	24900, 24901, 24910, 24911, 24920, 24921, 24930, 24931, 24940, 24941, 24950, 24951, 24960, 24961, 24970, 24971, 24980, 24981, 24990, 24991, 36220, 36222, 36223, 36224, 36225, 36226, 36227, 36482, 37234	N/A		N / A
<b>Osteogenic Stimulation</b>				
Providers may refer to the July/August 2008 <i>Texas Medicaid Bulletin</i> , No. 216 for information about osteogenic stimulation benefits.				
2/8-20974, 2/F-	73396, 73397, 73398	N/A		N

<b>Diagnosis Codes</b>				<b>D C</b>
<b>Procedure Code(s)</b>	<b>Added</b>	<b>Revised*</b>		
20975, 2-20979				/ A
<b>Otology and Audiometry Services</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 23.3.3, "Audiological Testing," on page 23-6, for more information.				
5-92568, 5-92569	N/A	38600		N / A
<b>Outpatient Behavioral Health Services</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 38.3.1, "Psychological and Neuropsychological Testing," on page 38-6, Section 36.4.39.2, "Psychological and Neuropsychological Testing," on page 36-117, and Section 36.4.39, "Psychiatric Services," on page 36-110, for more information. Providers may also refer to a web article posted on August 8, 2008, titled, "Correction to 'Outpatient Behavioral Health Diagnosis Code Corrections'" for more information.				
5-96101, 1-96118	04611, 04619, 04672	N/A		0 4 6 1
1-90801, 1-90802, 1-90804, 1-90805, 1-90806, 1-90807, 1-90808, 1-90809, 1-90810, 1-90811, 1-90812, 1-90813, 1-90814, 1-90815, 1-90847, 1-90853, 1-90857, 1-90862, 1-M0064	V6101, V6102, V6103, V6104, V6105, V6106, V6109, V6221, V6222, V6229	N/A		N / A
<b>Pediatric Pneumogram</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.9.16, "Pediatric Pneumogram," on page 36-43, for more information.				
5/I/T-94772	53013, 99739	N/A		N / A
<b>Respiratory Care Equipment (CCP)</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 43.4.5.7, "Apnea Monitor," on page 43-51, and Section 36.4.25.1, "Apnea Monitors," on page 36-86, for more information.				
J-E0618, J/L-E0619	33700, 33709	3370		N / A

Diagnosis Codes				D C
Procedure Code(s)	Added	Revised*		
				A
<b>Respiratory Equipment and Supplies (Home Health)</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 24.5.27.1, "Nebulizers," on page 24-58, for more information.				
J-E0570, 9-A4617, 9-A7003, 9-A7004, 9-A7005, 9-A7006, 9-A7011, 9-A7013, and 9-A7015	48242	N/A		N / A
<b>Skin Therapy</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.45, "Skin Therapy," on page 36-128, and Section 36.4.21.16, "Intralesional Injection(s)," on page 36-65, for more information.				
2-11900, 2-11901, 1-96900, 1-96910, 1-96912, 1-96913, 2-96920, 2-96921, 2-96922	07812	N/A		N / A
<b>Stem Cell Transplants</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.30.2, "Stem Cell Transplants," on page 36-100, for more information.				
2-38240, 2-38241, 2-38242, 2-38999	20302, 20312, 20382, 20412, 20422, 20482, 20492, 20502, 20512, 20522, 20532, 20582, 20592, 20602, 20612, 20622, 20682, 20692, 20702, 20712, 20722, 20782, 20802, 20812, 20822, 20882, 20892	20300, 20510		N / A
<b>Therapeutic Apheresis (Plasmapheresis, Leukopheresis, Platelet Pheresis)</b>				
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.49, "Therapeutic Apheresis," on page 36-134, for more information.				
2/F-36511, 2/F-36512, 2/F-36513, 2/F-36514	20302, 20312, 20382, 20402, 20482, 20492, 20502, 20532, 20582, 20592,	20300, 20310, 20380, 20400, 20410, 20420, 20480, 20490, 20500, 20510,		6 9 5 1

Diagnosis Codes			D C
Procedure Code(s)	Added	Revised*	
	20602, 20682, 20692, 20702, 20712, 20782, 20802, 20812, 20822, 20882, 20892	20520, 20580, 20590, 20600, 20610, 20620, 20680, 20690, 20700, 20710, 20720, 20780, 20800, 20810, 20820, 20880, 20890	

Therapeutic Radiopharmaceuticals			
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.41.4, "Contrast Materials /Radiopharmaceuticals," on page 36-124, and Section 39.3.11, "Contrast Materials/Radio-pharmaceuticals," on page 39-10, for more information.			
9-A9563	20412, 20422, 20492, 20512, 20522, 20582, 20592, 20812, 20822, 20882, 20892	20410, 20510	N / A

Ultrasound, Ophthalmic			
Providers may refer to the 2008 <i>Texas Medicaid Provider Procedures Manual</i> Section 36.4.29.7, "Echography Scan, Ophthalmic," on page 36-95, Section 45.4.2.2, "Echography," on page 45-6, and Section 36.4.29.5, "Echography Ophthalmic, A and B Scan," on page 36-94, for more information.			
4/I/T-76510, 4/I/T- 76511, 4/I/T-76512, 4/I/T-76513, 4/I/T- 76999	24950, 24951, 36220, 36222, 36223, 36224, 36225, 36226, 36227, 36482	N/A	N / A

**(DC) Discontinued. (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

Diagnosis Codes			D C
Procedure Code(s)	Added	Revised*	
<b>Bone Growth Stimulators</b>			
Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section			

Procedure Code(s)	Diagnosis Codes		D C
	Added	Revised*	
24.3.32.6, "Bone Growth Stimulators," on page 24-72, for more information.			
2/F-20975	73396, 73397, 73398	N/A	N / A
<b>Botulinum Toxin, Type A and Type B</b>			
Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section 24.3.17.1, "Botulinum Toxin (Type A and Type B)," on page 24-39, for more information.			
1-J0585	78072	N/A	N / A
Colorectal Cancer Screening Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section 19.4.5, "Cancer Screening," on page 19-6, and Section 24.3.7, "Colorectal Cancer Screening," on page 24-12.			
2/F-G0105, 4/I/T-G0120	55841, 55842	N/A	N / A
<b>Cytogenetics Testing</b>			
Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section 19.4.6, "Cytogenetics Testing," on page 19-6, for more information.			
5-88230, 5-88233, 5-88235, 5-88237, 5-88239, 5-88245, 5-88248, 5-88249, 5-88261, 5-88262, 5-88263, 5-88264, 5-88271, 5-88272, 5-88273, 5-88274, 5-88275, 5-88280, 5-88283, 5-88285, 5-88289, 5-88291	20312, 20382, 20402, 20412, 20422, 20482, 20492, 20502, 20512, 20522, 20532, 20582, 20592, 20602, 20612, 20622, 20682, 20692, 20702, 20712, 20722, 20782, 20802, 20812, 20822, 20882, 20892, 61182	20400, 20410, 20420, 20480, 20490, 20500, 20510, 20520, 20530, 20580, 20590, 20600, 20610, 20620, 20680, 20690, 20700, 20710, 20720, 20780, 20800, 20810, 20820, 20880, 20890	N / A
<b>Diabetic Equipment and Supplies</b>			
Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section 15.3.3, "Diabetic Supplies," on page 15-6, and Section 14.13, "Glucose Monitors," on page 14-14, for more information.			
9-A4230, 9-A4231, 9-A4232, 9-A4233, 9-A4234, 9-A4235, 9-A4236, 9-A4250,	24900, 24901, 24910, 24911, 24920, 24921, 24930, 24931,	N/A	N / A

Procedure Code(s)	Diagnosis Codes		D C
	Added	Revised*	
9-A4252, 9-A4253, 9-A4256, 9-A4258, 9-A4259, 9-A4601, 9-A9275, J-E0607	24940, 24941, 24950, 24951, 24960, 24961, 24970, 24971, 24980, 24981, 24990, 24991		
<b>Electrodiagnostic Testing (Electromyography and Nerve Conduction Studies)</b>			
Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section 24.4.3.6, "Rhizotomy," on page 24-92, and Section 24.3.25.1, "Nerve Conduction Studies," on page 24-68, for more information. Providers may also refer to the web article posted May 9, 2008, titled, "Electrodiagnostic Testing, EMG and NCS Benefit Changes Effective July 1, 2008," for more information.			
2/F/I/T-51784, 2/F/I/T-51785, 5/I/T- 95860, 5/I/T-95861, 5/I/T-95863, 5/I/T- 95864, 5/I/T-95865, 5/I/T-95866, 5/I/T- 95867, 5/I/T-95868, 5/I/T-95869, 5/I/T- 95870, 5/I/T-95872, 1-95873, 1-95874, 5/I/T-95875, 5/I/T-95900, 5/I/T- 95903, 5/I/T-95904, 5/I/T-95930, 5/I/T- 95933, 5/I/T-95934, 5/I/T-95936, 5/I/T- 95937	33700, 33709, 62570	N/A	3 3 7 0
<b>Hearing Services</b>			
Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section 24.3.5, "Audiometry/Hearing Services," on page 24-10, for more information.			
5/I-92568, 5/I-92569	N/A	38600	N / A
<b>Hyperbaric Oxygen Therapy</b>			
Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section 24.3.15, "Hyperbaric Oxygen Therapy (HBOT)," on page 24-37, for more information.			
1-99183	24970, 24971, 69513, 69514, 69515, 70723, 70724, 70725	N/A	N / A
<b>Immune Globulins</b>			

Procedure Code(s)	Diagnosis Codes		D C
	Added	Revised*	
Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section 24.3.17.12, "Immune Globulins," on page 24-48, for more information.			
1-90281, 1-90283, 1-90284, 1-J1460, 1-J1470, 1-J1480, 1-J1490, 1-J1500, 1-J1510, 1-J1520, 1-J1530, 1-J1540, 1-J1550, 1-J1560, 1-J1561, 1-J1562, 1-J1566, 1-J1568, 1-J1569, 1-J1572	03812, 04112, 20312, 20402, 20412, 20422, 20482, 20492, 20502, 20512, 20522, 20532, 20582, 20592, 20602, 20612, 20622, 20682, 20692, 20702, 20712, 20722, 20782, 20802, 20812, 20822, 20882, 20892, 28984, 33700, 33709, 57142, V0253, V0254, V1204, V4587, V8701, V8709, V8711, V8712, V8719	20410	N / A
<b>Reconstructive Cosmetic Procedures</b>			
Providers may refer to the web article posted August 8, 2008, titled, "Benefit Update for Reconstructive Cosmetic Procedures for the CSHCN Services Program," for more information.			
2/F-19301, 2/F-19302, 2/F-19303, 2/F-19304, 2/F-19305, 2/F-19306, 2/F-19307, 2/8/F-19340, 2/8/F-19342, 2/F-19350, 2/8/F-19357, 2/8/F-19361, 2/8/F-19364, 2/8/F-19366, 2/8/F-19367, 2/8/F-19368, 2/8/F-19369, 2/8/F-S2068	61183, 6120, 6121	N/A	N / A
<b>Respiratory Equipment and Supplies</b>			
Providers may refer to the 2008 <i>CSHCN Services Program Provider Manual</i> Section 28.4.2, "Apnea Monitors," on page 28-6, and Section 28.4.1, "Nebulizers," on page 28-4, for more information.			
J/L-E0618, L-E0619	33700, 33709	N/A	3

Procedure Code(s)	Diagnosis Codes		D C 3 7 0 N / A
	Added	Revised*	
J-E0570, 9-A7003, 9-A7004, 9-A7005, 9-A7006, J/L-E0565, J/L-E0572	48242	48241	

#### Stem Cell Transplants

Providers may refer to the 2008 *CSHCN Services Program Provider Manual* Section 24.4.3.2, "Bone Marrow/Stem Cell Transplants," on page 24-85, for more information.

2-38205, 2-38206, 2- 38230, 2-38240, 2- 38241, 2-38242	20302, 20312	20300, 20310, 20380, 20400, 20410, 20420, 20480, 20490, 20510, 20600, 20610, 20620, 20680, 20690, 20700, 20710, 20720, 20780, 20800, 20810, 20820, 20880, 20890	N / A
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#### Therapeutic Apheresis

Providers may refer to the 2008 *CSHCN Services Program Provider Manual* Section 24.3.32.16, "Therapeutic Apheresis," on page 24-79, for more information.

2/F-36511, 2/F- 36512, 2/F-36513, 2/F-36514	20302, 20312, 20382, 20402, 20412, 20422, 20482, 20492, 20502, 20512, 20522, 20532, 20582, 20592, 20602, 20612, 20622, 20682, 20692, 20702, 20712, 20722, 20782, 20802, 20812, 20822, 20882, 20892	20300, 20310, 20380, 20400, 20410, 20420, 20480, 20490, 20500, 20510, 20520, 20580, 20590, 20600, 20610, 20620, 20680, 20690, 20700, 20710, 20720, 20780, 20800, 20810, 20820, 20880, 20890	6 9 5 1
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#### Total Parenteral Nutrition

Providers may refer to the 2008 *CSHCN Services Program Provider Manual* Section 30.3, "Benefits and Limitations," on page 30-3, for more information.

1-S9364, 1-S9365,	1992, 20302, 20312,	20300, 20310,	N
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Procedure Code(s)	Diagnosis Codes		D C
	Added	Revised*	
1-S9366, 1- S9367, 1-S9368	20382, 20402, 20412, 20422, 20482, 20492, 20502, 20512, 20522, 20532, 20582, 20592, 20602, 20612, 20622, 20682, 20692, 20702, 20712, 20722, 20782, 20802, 20812, 20822, 20882, 20892, 20900, 20901, 20902, 20903, 20910, 20911, 20912, 20913, 20914, 20915, 20916, 20917, 20920, 20921, 20922, 20923, 20924, 20925, 20926, 20927, 20929, 20930	20380, 20400, 20410, 20420, 20480, 20490, 20500, 20510, 20520, 20530, 20580, 20590, 20600, 20610, 20620, 20680, 20690, 20700, 20710, 20720, 20780, 20800, 20810, 20820, 20880, 20890	/ A

#### Vision Related Services

Providers may refer to the 2008 *CSHCN Services Program Provider Manual* Section 32.4.1, "Eyewear," on page 32-8, Section 32.3, "Authorization Requirements," on page 32-3, and Section 32.4, "Claims Information," on page 32-4, for more information.

9-V2500, 9-V2501, 9-V2502, 9-V2510, 9-V2511, 9-V2512, 9-V2513, 9-V2520, 9-V2521, 9-V2522, 9-V2523, 9-V2530, 9-V2531	36220, 36225, 36226, 36227	N/A	N / A
1-92025	37234, 69513, 69514 , 69515	N/A	N / A

(DC) Discontinued. (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 may 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 on or after October 1, 2008.

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

New Procedure Codes				
K-00049	K-00058	K-00059	K-00067	K-00068
K-00069	K-01711	K-01712	K-01713	K-01721
K-01722	K-01723	K-01724	K-01731	K-01732
K-01733	K-01734	K-01735	K-01736	K-01739
K-01741	K-01742	K-01743	K-01744	K-01745
K-01749	K-03372	K-03736	K-03755	K-03760
K-03823	K-04581	K-04582	K-04583	K-04840
K-04842	K-04843	K-04850	K-04851	K-04852
K-04859	K-05342	K-05343	K-05362	K-05363
K-05371	K-05372	K-05375	K-05383	K-05384
K-08053	K-08054	K-08570	K-08571	K-08572
K-08573	K-08574	K-08575	K-08576	K-08579
Discontinued Procedure Codes				
K-04580	K-04850	K-05370	K-08570	
Revised Procedure Codes				
K-03752	K-03753	K-03754	K-03762	K-03764
K-03765	K-04571	K-04572	K-04573	K-04574
K-04575	K-04576	K-04579	K-05301	K-05302
K-05303	K-05304	K-05311	K-05312	K-05313
K-05314	K-05315	K-05316	K-05341	K-05349
K-05361	K-05369	K-08165	K-08166	K-08456
K-09390	K-09670	K-09671	K-09672	

**Note:** Type of service (TOS) K indicates surgical codes used to assign the proper DRG for an inpatient hospital stay and are processed as informational only.

The following table lists all new and revised DRG codes:

New DRG Code	Description	
265	AICD lead procedures	
Revised DRG Code	New Description	Old Description

082	Traumatic stupor & coma, coma >1 hr w MCC	Traumatic stupor & coma, coma > or equal to 1 hr w MCC
083	Traumatic stupor & coma, coma >1 hr w CC	Traumatic stupor & coma, coma > or equal to 1 hr w CC
084	Traumatic stupor & coma, coma >1 hr w/o CC/MCC	Traumatic stupor & coma, coma, coma > or equal to 1 hr w/o CC/MCC
154	Other ear, nose, mouth & throat diagnoses w MCC	Nasal trauma & deformity w MCC
155	Other ear, nose, mouth & throat diagnoses w CC	Nasal trauma & deformity w CC
156	Other ear, nose, mouth & throat diagnoses w/o CC/MCC	Nasal trauma & deformity w/o CC/MCC
208	Respiratory system diagnosis w ventilator support <96 hours	Respiratory system diagnosis w ventilator support 96 hours
245	AICD generator procedures	AICD lead & generator procedures
250	Perc cardiovasc proc w/o coronary artery stent w MCC	Perc cardiovasc proc w/o coronary artery stent or AMI w MCC
251	Perc cardiovasc proc w/o coronary artery stent w/o MCC	Perc cardiovasc proc w/o coronary artery stent or AMI w/o MCC
864	Fever	Fever of unknown origin
870	Septicemia or severe sepsis w MV 96+ hours	Septicemia w MV 96+ hours
871	Septicemia or severe sepsis w/o MV 96+ hours w MCC	Septicemia w/o MV 96+ hours w MCC
872	Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	Septicemia w/o MV 96+ hours w/o MCC

Providers may refer to the TMHP HCPCS/ICD-9-CM web page at [www.tmhp.com](http://www.tmhp.com) for the complete list of DRG relative weights, mean lengths of stay, and day thresholds for 2009, effective for dates of admission on or after October 1, 2008.

Click the following link for the complete list of DRG relative weights, mean lengths of stay, and day thresholds for 2009, effective for dates of admission on or after October 1, 2008:

[MS-DRG 2009 Updates Effective October 1, 2008](#)