



# ICD-10 SPECIAL BULLETIN

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INTERNATIONAL CLASSIFICATION OF  
DISEASES, TENTH EDITION

OCTOBER 2024



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

# Contents

<b>General Information .....</b>	<b>3</b>
2025 ICD Implementation.....	3
<b>Medicaid Fee-for-Service and Managed Care Providers.....</b>	<b>4</b>
Texas Medicaid ICD Updates .....	4
Texas Medicaid Benefit Changes.....	4
<b>Home Health and Comprehensive Care Program (CCP) Providers.....</b>	<b>15</b>
Home Health and CCP Services Benefit Changes .....	15
<b>Children With Special Health Care Needs (CSHCN) Services Program Providers.....</b>	<b>17</b>
CSHCN Services Program Benefit Changes.....	17
<b>All Code Changes: Added, Discontinued, Replacement, and Revised.....</b>	<b>35</b>
<b>Inpatient Hospital ICD-10-PCS Surgical Procedure Code Updates.....</b>	<b>37</b>

## 2025 ICD Implementation

On October 1, 2024, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2025 annual International Classification of Diseases (ICD) updates that are effective for dates of service on or after October 1, 2024. The annual ICD updates include the following:

- ICD-10 Clinical Modification (ICD-10-CM)
- ICD-10 Procedure Coding System (ICD-10-PCS)

This combined Special Bulletin includes the ICD updates for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. This bulletin is intended to notify providers of program and coding changes related to the 2025 updates for International Classification of Diseases (ICD) and Current Procedural Terminology (CPT®).

Policy updates for a specific program or provider type are discussed in designated sections of the bulletin.

The new 2025 ICD diagnosis codes and inpatient hospital surgical procedure codes may be billed beginning October 1, 2024. The new 2025 ICD diagnosis codes must be billed for dates of service on or after October 1, 2024.

**Important:** *To avoid fraudulent billing, providers must submit the ICD codes that are most appropriate for the services provided.*

The ICD-10-PCS procedure codes are inpatient hospital surgical procedure codes and must be submitted, as applicable, only on inpatient hospital claims.

**Note:** *For professional and outpatient procedures and services, providers must continue to use the American Medical Association (AMA) Current Procedural Terminology (CPT) manual and the CMS Healthcare Common Procedure Coding System (HCPCS) manual.*

# Texas Medicaid ICD Updates

The 2025 ICD updates for Texas Medicaid are included in the ICD tables in the “All Code Changes” section of this bulletin beginning on page 35. The 2025 ICD deletions are effective October 1, 2024, for dates of service on or after October 1, 2024, for Texas Medicaid. Providers may refer to the “General Information” section for more information.

# Texas Medicaid Benefit Changes

The following Texas Medicaid benefit changes have been made to support the 2025 ICD-CM diagnosis code updates and are effective for dates of service on or after October 1, 2024. For more information, call the TMHP Contact Center at **800-925-9126**.

**Note:** *These changes apply to Texas Medicaid fee-for-service and Medicaid managed care claims and authorization requests that are submitted to TMHP for processing.*

The policy articles in this bulletin contain the following information:

- **Added:** Added diagnosis codes are new diagnosis codes added by the Centers for Medicare & Medicaid Services (CMS).
- **Discontinued:** Discontinued diagnosis codes are no longer reimbursed after September 30, 2024.

# Allergen Immunotherapy

The following diagnosis code may be reimbursed when submitted with the preparation of the allergy vial or extract and the administration of an injection:

Added Diagnosis Code									
L2989									

  

Discontinued Diagnosis Code									
L298									

**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.5.1, “Allergy Immunotherapy,” for additional information.

## Ambulatory and Long-Term Electroencephalogram (Ambulatory EEG)

The following diagnosis codes may be reimbursed when submitted with ambulatory EEG procedure codes:

### Added Diagnosis Codes

G40841	G40842	G40843	G40844						
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians and Physician Assistants Handbook, subsection 9.2.26.2, “Ambulatory and Long-Term Electroencephalogram (Ambulatory EEG),” for additional information.

## Clinician-Administered Drug – Chimeric Antigen Receptor (CAR) T-Cell Therapy

The following diagnosis codes may be reimbursed with prior authorization when submitted with axicabta-gene ciloleucel (Yescarta) procedure code Q2041:

### Added Diagnosis Codes

C820A	C821A	C822A	C823A	C824A	C825A	C826A	C828A	C829A	C83398
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### Discontinued Diagnosis Codes

C833A	C851A	C852A							
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The following diagnosis codes may be reimbursed with prior authorization when submitted with tisagen-lecleucel (Kymriah) procedure code Q2042:

### Added Diagnosis Codes

C820A	C821A	C822A	C823A	C824A	C825A	C826A	C828A	C829A	C83398
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### Discontinued Diagnosis Code

C8339									
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The following diagnosis code may be reimbursed with prior authorization when submitted with brexucabtagene autoleucel (Tecartus) procedure code Q2053:

#### Added Diagnosis Code

C831A									
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The following diagnosis codes may be reimbursed with prior authorization when submitted with lisocabtagene maraleucel (Breyanzi) procedure code Q2054:

#### Added Diagnosis Codes

C820A	C821A	C822A	C823A	C824A	C825A	C828A	C829A	C830A	C831A
C83398	C833A	C839A	C851A	C852A	C858A				

#### Discontinued Diagnosis Code

C8339									
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Outpatient Drug Services Handbook, subsection 6.28, “Chimeric Antigen Receptor (CAR) T-Cell Therapy” for additional information.

## Clinician-Administered Drug – Colony Stimulating Factors

The following diagnosis codes may be reimbursed when submitted with colony stimulating factors procedure codes:

#### Added Diagnosis Codes

C810A	C811A	C812A	C813A	C814A	C817A	C819A	C820A	C821A	C822A
C823A	C824A	C825A	C826A	C828A	C829A	C830A	C831A	C83390	C83398
C833A	C835A	C837A	C838A	C839A	C840A	C841A	C844A	C846A	C847B
C849A	C84AA	C84ZA	C851A	C852A	C858A	C859A	C8600	C8601	C8610
C8611	C8620	C8621	C8630	C8631	C8640	C8641	C8650	C8651	C8660
C8661	C8800	C8801	C8820	C8821	C8830	C8831	C8840	C8841	C8880
C8881	C8890	C8891	T45AX1A	T45AX1D	T45AX1S	T45AX2A	T45AX2D	T45AX2S	T45AX3A
T45AX3D	T45AX3S	T45AX4A	T45AX4D	T45AX4S					

#### Discontinued Diagnosis Codes

C8339	C860	C861	C862	C863	C864	C865	C866	C880	C882
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**Discontinued Diagnosis Codes**

C883	C884	C888							
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Outpatient Drug Services Handbook, subsection 6.31, “Colony Stimulating Factors (Filgrastim, Pegfilgrastim, and Sargramostim,” for additional information.

**Clinician-Administered Drug – Tagraxofusp-erzs (Elzonris)**

The following diagnosis code may be reimbursed with prior authorization for tagraxofusp-erzs (Elzonris) procedure code J9269:

**Added Diagnosis Code**

C8640									
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**Discontinued Diagnosis Code**

C864									
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Outpatient Drug Services Handbook, subsection 6.115.1, “Prior Authorization Requirements” for additional information.

**Colorectal Cancer Screening**

The following diagnosis codes may be reimbursed when submitted with sigmoidoscopy procedure code G0104:

**Added Diagnosis Codes**

Z860100	Z860102	Z860109							
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The following diagnosis codes may be reimbursed when submitted with high-risk colonoscopy procedure code G0105:

**Added Diagnosis Codes**

Z8372	Z860101								
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**Discontinued Diagnosis Code**

Z86010									
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Inpatient and Outpatient Hospital Services Handbook, subsection 4.2.8.3, “Sigmoidoscopies”, subsection

4.2.8.4, “Colonoscopies”, subsection 6.2.6.1, ‘Sigmoidoscopies,” and subsection 6.2.6.2, “Colonoscopies,” and the Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.15.2, “Colorectal Cancer Screening,” for additional information.

## Cryopreservation

The following diagnosis codes may be reimbursed when submitted with procedure codes 88240 and 88241:

Added Diagnosis Codes									
C810A	C811A	C812A	C813A	C814A	C817A	C819A	C820A	C821A	C822A
C823A	C824A	C825A	C826A	C828A	C829A	C830A	C831A	C83390	C83398
C833A	C835A	C837A	C838A	C839A	C840A	C844A	C849A	C84AA	C84ZA
C851A	C852A	C858A	C859A	C8600	C8601	C8610	C8611	C8620	C8621
C8630	C8631	C8640	C8641	C8650	C8651	C8660	C8661	C8880	C8881

## Cytogenetics Testing

The following diagnosis codes may be reimbursed when submitted with cytogenetics testing procedure codes:

Added Diagnosis Codes									
C828A	C829A	C831A	C838A	C844A	C846A	C847B	C858A	C8840	C8841
C8880	C8881	Q2381	Q2382	C2388	Q8786				

Discontinued Diagnosis Codes									
C884	C888	Q238							

**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.41.6, “Cytogenetics Testing,” for additional information.

## Diagnostic Doppler Sonography

The following diagnosis codes may be reimbursed when submitted with Peripheral Arterial Doppler Studies procedure codes 93922, 93923, 93924, 93925, 93926, 93930, and 93931:

Added Diagnosis Codes									
T81320A	T81320D	T81320S	T81321A	T81321D	T81321S	T81328A	T81328D	T81328S	T81329A



**Added Diagnosis Codes**

T81329D	T81329S								
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**Discontinued Diagnosis Codes**

T8132XA	T8132XD	T8132XS							
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The following diagnosis codes may be reimbursed when submitted with Peripheral Venous Doppler Studies procedure codes 93970 and 93971:

**Added Diagnosis Codes**

I2603	I2604	I2695	I2696						
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.27.3, “Peripheral Arterial Doppler Studies,” and subsection 9.2.27.4, “Peripheral Venous Doppler Studies,” for additional information.

## Echoencephalography

The following diagnosis code may be reimbursed when submitted with echoencephalography procedure code 76506:

**Added Diagnosis Code**

G9345									
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physician and Physician Assistants Handbook, subsection 9.2.26.5, “Echoencephalography,” for additional information.

## Evoked Response Tests and Neuromuscular Procedures

The following diagnosis codes may be reimbursed when submitted with electromyography (EMG) and nerve conduction study (NCS) procedure codes:

**Added Diagnosis Codes**

M51360	M51361	M51362	M51369	M51370	M51371	M51372	M51379	M6285	
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**Discontinued Diagnosis Codes**

M5136	M5137								
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.28.2, “Electromyography and Nerve Conduction Studies,” for additional information.

**Injection - Cladribine**

The following diagnosis code may be reimbursed when submitted with procedure code J9065:

**Added Diagnosis Code**

C844A									
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**Injection - Enoxaparin Sodium**

The following diagnosis codes may be reimbursed when submitted with procedure code J1650:

**Added Diagnosis Codes**

I2695	I296								
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**Injection - Infliximab**

The following diagnosis codes may be reimbursed when submitted with procedure codes J1745, Q5103, Q5104, and Q5121:

**Added Diagnosis Codes**

K6030	K60311	K60312	K60313	K60319	K60321	K60322	K60323	K60329	
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**Injection - Vinorelbine Tartrate**

The following diagnosis code may be reimbursed when submitted with procedure code J9390:

**Added Diagnosis Code**

C847B									
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## Limited Bilateral Noninvasive Physiologic Studies of Upper or Lower Extremity Arteries

The following diagnosis codes may be reimbursed when submitted with procedure code 93922:

### Added Diagnosis Codes

T81328A	T81328D	T81328S	T81329A	T81329D	T81329S				
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## Mental Health Rehabilitative Services

The following diagnosis codes may be reimbursed when submitted with procedure codes H0034, H2012, H2014, and H2017:

### Added Diagnosis Codes

F50010	F50011	F50012	F50013	F50014	F50019	F50020	F50021	F50022	F50023
F50024	F50029	F5020	F5021	F5022	F5023	F5024	F5025	F50810	F50811
F50812	F50813	F50814	F50819	F5083	F5084				

### Discontinued Diagnosis Codes

F5001	F5002	F502	F5081						
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Behavioral Health and Case Management Services Handbook, subsection 5.2.3, “Mental Health Rehabilitative Services,” for additional information.

## Mental Health Targeted Case Management

The following diagnosis codes may be reimbursed when submitted with procedure code T1017:

### Added Diagnosis Codes

F50010	F50011	F50012	F50013	F50014	F50019	F50020	F50021	F50022	F50023
F50024	F50029	F5020	F5021	F5022	F5023	F5024	F5025	F50810	F50811
F50812	F50813	F50814	F50819	F5083	F5084				

**Discontinued Diagnosis Codes**

F5001	F5002	F502	F5081						
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Behavioral Health and Case Management Services Handbook, subsection 5.2.2, “Mental Health Targeted Case Management (MHTCM),” for additional information.

**Outpatient Mental Health Services**

The following diagnosis codes may be reimbursed for psychotherapy and psychiatric diagnostic evaluation procedure codes 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, and 90853:

**Added Diagnosis Codes**

F50010	F50011	F50012	F50013	F50014	F50019	F50020	F50021	F50022	F50023
F50024	F50029	F5020	F5021	F5022	F5023	F5024	F5025	F50810	F50811
F50812	F50813	F50814	F50819	F5083	F5084				

**Discontinued Diagnosis Codes**

F5001	F5002	F502	F5081						
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The following diagnosis codes may be reimbursed for psychological, neurobehavioral and neuropsychological testing procedure codes 96116, 96121, 96130, 96131, 96132, 96133, 96136, and 96137:

**Added Diagnosis Codes**

F50010	F50011	F50012	F50013	F50014	F50019	F50020	F50021	F50022	F50023
F50024	F50029	F5020	F5021	F5022	F5023	F5024	F5025	F50810	F50811
F50812	F50813	F50814	F50819	F5083	F5084	G40841	G40842	G40843	G40844
G9345									

**Discontinued Diagnosis Codes**

F5001	F5002	F502	F5081						
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Behavioral Health and Case Management Services Handbook, subsection 4.2, “Services, Benefits, Limitations,” for additional information.

## Photopheresis

The following diagnosis codes may be reimbursed when submitted with procedure code 36522:

Added Diagnosis Codes									
C840A	C841A	C844A							

## Physician Evaluation and Management Services

The following diagnosis codes may be reimbursed when submitted for group clinical visits for diabetes with procedure code 99078:

Added Diagnosis Codes									
E10A0	E10A1	E10A2							

**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.59.3.1, “Group Clinical Visits for Diabetes” for additional information.

## Prognostic Breast and Gynecological Cancer Studies

The following diagnosis codes may be reimbursed when submitted with gene expression profiling procedure codes 81519 and 81520:

Added Diagnosis Codes									
Z1721	Z1731	Z1732	Z17410	Z17411					

**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.15.5, “Prognostic Breast and Gynecological Cancer Studies” for additional information.

## Therapeutic Apheresis

The following diagnosis codes may be reimbursed when submitted with therapeutic apheresis procedure codes 36511, 36512, 36513, 36514, and 36516:

Added Diagnosis Codes									
C8800	C8801	C8820	C8821	C8830	C8831	C8880	C8881		

Discontinued Diagnosis Codes									
C880	C882	C883	C888						

**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, subsection 9.2.75, “Therapeutic Apheresis” for additional information.

Total Disc Arthroplasty

The following diagnosis codes may be reimbursed when submitted with procedure code 22856:

Added Diagnosis Codes									
M51360	M51361	M51362	M51369	M51370	M51371	M51372	M51379		

Vision Services – Nonsurgical

The following diagnosis codes may be reimbursed for polycarbonate lens procedure code V2784:

Added Diagnosis Codes									
G40841	G40842	G40843	G40844	G9345	Q8786	R4185			

**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Vision and Hearing Services Handbook, subsection 4.3.7.4, “Polycarbonate Lenses” for additional information.

## Home Health and CCP Services Benefit Changes

The following Texas Medicaid Home Health and CCP services benefit changes have been made to support the 2025 ICD updates and are effective for dates of service on or after October 1, 2024. For more information, call the TMHP Contact Center at **800-925-9126**.

### Blood Pressure Devices-CCP

The following diagnosis codes may be reimbursed without prior authorization when submitted with manual and automated blood pressure devices procedure codes A4660 and A4670:

#### Added Diagnosis Codes

I2603	I2604	I2695	I2696						
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, subsection 2.2.7.1, "Prior Authorization," for additional information.

### Diabetic Equipment and Supplies – Home Health

The following diabetic diagnosis codes may be reimbursed when submitted with diabetic equipment and supplies-home health procedure codes A4233, A4234, A4235, A4236, A4252, A4253, A4256, A4258, A4259, A9150, and A9275:

#### Added Diagnosis Codes

E10A0	E10A1	E10A2							
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The following non-diabetic diagnosis codes may be reimbursed when submitted with diabetic equipment and supplies-home health procedure codes A4233, A4234, A4235, A4236, A4252, A4253, A4256, A4258, A4259, A9150, and A9275:

#### Added Diagnosis Codes

E16A1	E16A2	E16A3							
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, subsection 2.2.12.3, "Glucose Testing Equipment and Other Supplies," for additional information.

## Nutritional Products-CCP

Nutritional products may be reimbursed without prior authorization when they are submitted with the following diagnosis codes:

Added Diagnosis Codes									
C8800	C8801	E74820	E74829	E8882					

Discontinued Diagnosis Code									
C880									

**Refer to:** The current *Texas Medicaid Provider Procedures Manual*, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, subsection 2.2.18.2.2, “Clients who are 20 years of age and younger” for additional information.



The 2025 ICD updates for the CSHCN Services Program are included in the ICD tables in the “All Code Changes” section of this bulletin beginning on page 35. The 2025 ICD deletions are effective October 1, 2024, for dates of service on or after October 1, 2024, for the CSHCN Services Program. Providers may refer to the “General Information” section for more information.

## CSHCN Services Program Benefit Changes

The following CSHCN Services Program benefit changes have been made to support the 2025 ICD updates and are effective for dates of service on or after October 1, 2024. For more information, call the TMHP-CSHCN Services Program Contact Center at **800-568-2413**.

The policy articles in this bulletin contain the following information:

- **Added:** Added diagnosis codes are new diagnosis codes added by the Centers for Medicare & Medicaid Services (CMS).
- **Discontinued:** Discontinued diagnosis codes are no longer reimbursed after September 30, 2024.

### Ambulatory Electroencephalogram

The following diagnosis codes may be reimbursed when submitted with ambulatory electroencephalogram procedure codes:

#### Added Diagnosis Codes

G40841	G40842	G40843	G40844						
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**Refer to:** The *CSHCN Services Program Provider Manual*, section 31.2.17.1, “Ambulatory Electroencephalogram,” for additional information.

### Antithrombin III

The following diagnosis codes may be reimbursed when submitted with procedure code J7197:

#### Added Diagnosis Codes

C841A	C8820	C8821	C8890	C8891	E3400	E3401	E3409	E74820	E74829
F50810	F50811	F50812	F50813	F50814	F50819	F5084	G9081	G9089	L6610
M6590	M6598	Q8786							

## Aortic Outflow Obstruction

The following diagnosis codes may be reimbursed when submitted with procedure code 33619:

Added Diagnosis Codes									
Q2381	Q2382	Q2388							

## Blood Pressure Monitoring and Devices

The following diagnosis codes may be reimbursed when submitted with manual and automated blood pressure devices procedure codes A4660 and A4670:

Added Diagnosis Codes									
I2603	I2604	I2695	I2696						

**Refer to:** The *CSHCN Services Program Provider Manual*, section 11.2.1.2, “Manual and Automated Blood Pressure Devices,” for additional information.

## Canalith Repositioning Procedures

The following diagnosis codes may be reimbursed when submitted with procedure code 95992:

Added Diagnosis Codes									
M65911	M65912	M65931	M65932	M65941	M65942	M65951	M65952	M65961	M65962
M65971	M65972								

## Cryopreservation

The following diagnosis codes may be reimbursed when submitted with procedure codes 88240 and 88241:

Added Diagnosis Codes									
C810A	C811A	C812A	C813A	C814A	C817A	C819A	C820A	C821A	C822A
C823A	C824A	C825A	C826A	C828A	C829A	C830A	C831A	C83390	C83398
C833A	C835A	C837A	C838A	C839A	C840A	C841A	C844A	C846A	C847B
C849A	C84AA	C84ZA	C851A	C852A	C858A	C859A	C8600	C8601	C8610
C8611	C8620	C8621	C8630	C8631	C8640	C8641	C8650	C8651	C8660
C8661	C8830	C8831	C8840	C8841	C8880	C8881	C8890	C8891	F50814
F5083	L6610	M6590	M65919	M65921	M65922	M65929	M65939	M65949	M65959

**Added Diagnosis Codes**

M65969	M65979	M6598	M6599						
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**Cytogenetics Testing**

The following diagnosis codes may be reimbursed when submitted with cytogenetics testing procedure codes:

**Added Diagnosis Codes**

C828A	C829A	C831A	C838A	C844A	C846A	C847B	C858A	C8840	C8841
C8880	C8881	Q2381	Q2382	C2388	Q8786				

**Discontinued Diagnosis Codes**

C884	C888	Q238							
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**Refer to:** The CSHCN Services Program Provider Manual, subsection 25.2.5.2, "Cytogenetics Testing," for additional information.

**Destruction of Localized Lesion of Choroid**

The following diagnosis codes may be reimbursed when submitted with procedure codes 67220, 67221, and 67225:

**Added Diagnosis Codes**

C83390	C841A	C844A	C8820	C8821	C8880	C8881	C8890	C8891	E10A0
E10A1	E10A2	E74820	E74829	F50810	F50811	F50812	F50813	F50814	F50819
F5084	G9089	I2603	I2604	I2695	I2696	L6610	L6681	M51360	M51361
M51362	M51369	M51370	M51371	M51372	M51379	M6590	M65911	M65912	M65919
M65931	M65932	M65939	M65941	M65942	M65949	M65951	M65952	M65959	M65961
M65962	M65969	M65971	M65972	M65979	M6598	M6599			

**Destruction of Localized Lesion of Choroid**

The following diagnosis codes may be reimbursed when submitted with procedure code G0186:

**Added Diagnosis Codes**

C83390	C844A	C8880	C8881	C8890	C8891	E10A0	E10A1	E10A2	I2603
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**Added Diagnosis Codes**

I2604	I2695	I2696	L6610	L6681	M51360	M51361	M51362	M51369	M51370
M51371	M51372	M51379	M6590	M65911	M65912	M65919	M65931	M65932	M65939
M65941	M65942	M65949	M65951	M65952	M65959	M65961	M65962	M65969	M65971
M65972	M65979	M6598	M6599						

**Diabetic Equipment and Supplies**

The following diabetic diagnosis codes may be reimbursed when submitted with diabetic equipment and supplies procedure codes A4224, A4225, A4230, A4231, A4233, A4233, A4234, A4235, A4236, A4252, A4253, A4256, A4258, A4259, A9150, and A9275:

**Added Diagnosis Codes**

E10A0	E10A1	E10A2							
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The following non-diabetic diagnosis codes may be reimbursed when submitted with diabetic equipment and supplies procedure codes A4224, A4225, A4230, A4231, A4233, A4233, A4234, A4235, A4236, A4252, A4253, A4256, A4258, A4259, A9150, and A9275:

**Added Diagnosis Codes**

E16A1	E16A2	E16A3							
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**Refer to:** The *CSHCN Services Program Provider Manual*, subsection 15.2.1, “Glucose Monitor and Supplies,” and subsection 15.2.1.2, “Non Diabetic Diagnosis Codes,” for additional information.

**Dual-Energy X-Ray Absorptiometry (DXA)**

The following diagnosis codes may be reimbursed when submitted with procedure code 77081:

**Added Diagnosis Codes**

C841A	C8820	C8821	C8890	C8891					
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## Echoencephalography

The following diagnosis code may be reimbursed when submitted with echoencephalography procedure code 76506:

Added Diagnosis Code									
G9345									

**Refer to:** The CSHCN Services Program Provider Manual, section 31.2.17, “Echoencephalography,” for additional information.

## Evoked Response Tests and Neuromuscular Procedures

The following diagnosis codes may be reimbursed when submitted with electromyography (EMG) and nerve conduction study (NCS) procedure codes:

Added Diagnosis Codes									
M51360	M51361	M51362	M51369	M51370	M51371	M51372	M51379	M6285	

Discontinued Diagnosis Codes									
M5136	M5137								

**Refer to:** The CSHCN Services Program Provider Manual, subsection 31.2.19.2, “Electromyography and Nerve Conduction Studies,” for additional information.

## Extracapsular Cataract Removal

The following diagnosis codes may be reimbursed when submitted with procedure codes 66989 and 66991:

Added Diagnosis Codes									
F50010	F50011	F50020	F50021	F5021	F5022	F50810	F50811	M65911	M65912
M65931	M65932	M65941	M65942	M65951	M65952	M65961	M65962	M65971	M65972

## Fresh Frozen Plasma

The following diagnosis codes may be reimbursed when submitted with procedure code C9507:

Added Diagnosis Codes									
C841A	C8820	C8821	C8890	C8891					

## Gastrointestinal Tract Imaging

The following diagnosis codes may be reimbursed when submitted with procedure code 91113:

Added Diagnosis Codes									
C8830	C8831	L6610	M6590	M6598	T81320A	T81320D	T81320S	Z860100	Z860101
Z860102	Z860109								

## HLA Typing

The following diagnosis codes may be reimbursed when submitted with procedure code 86812, 86813, 86816, 86817, and 86821:

Added Diagnosis Codes									
C810A	C811A	C812A	C813A	C814A	C817A	C819A	C820A	C821A	C822A
C823A	C824A	C825A	C826A	C828A	C829A	C830A	C831A	C83390	C83398
C833A	C835A	C837A	C838A	C839A	C840A	C841A	C844A	C846A	C847B
C849A	C84AA	C84ZA	C851A	C852A	C858A	C859A	C8600	C8601	C8610
C8611	C8620	C8621	C8630	C8631	C8640	C8641	C8650	C8651	C8660
C8661	C8800	C8801	C8820	C8821	C8830	C8831	C8840	C8841	C8880
C8881	C8890	C8891	F50814	F5083	G9089	J348200	J348201	J348202	J348210
J348211	J348212	J34829	K6030	K60311	K60312	K60313	K60319	K60321	K60322
K60323	K60329	L6610	L6612	L6681	M6590	M65911	M65912	M65919	M65921
M65922	M65929	M65931	M65932	M65939	M65941	M65942	M65949	M65951	M65952
M65959	M65961	M65962	M65969	M65971	M65972	M65979	M6598	M6599	Q2382
Q2388	T81320A	T81320D	T81320S	Z1721	Z1731	Z1732	Z17410	Z17411	Z17420
Z17421	Z6855	Z6856	Z860100	Z860101	Z860102	Z860109			

## Implantation of Intravitreal Drug Delivery System

The following diagnosis codes may be reimbursed when submitted with procedure code 68027:

Added Diagnosis Codes									
C841A	C8820	C8821	C8880	C8881	C8890	C8891	L6610	M6590	M65911
M65912	M65919	M65931	M65932	M65939	M65941	M65942	M65949	M65951	M65952
M65959	M65961	M65962	M65969	M65971	M65972	M65979	M6598		

## Injection – Adalimumab

The following diagnosis codes may be reimbursed when submitted with procedure code J0135:

Added Diagnosis Codes									
C841A	C8820	C8821	C8830	C8831	C8890	C8891	E3400	E3401	E3409
G9081	K6030	K60311	K60312	K60313	K60319	K60321	K60322	K60323	K60329
K6040	K60411	K60412	K60413	K60419	K60421	K60422	K60423	K60429	K6050
K60511	K60512	K60513	K60519	K60521	K60522	K60523	K60529	L6610	M51360
M51361	M51362	M51369	M51370	M51371	M51372	M51379	M6285	M6590	M65911
M65912	M65919	M65931	M65932	M65939	M65941	M65942	M65949	M65951	M65952
M65959	M65961	M65962	M65969	M65971	M65972	M65979	M6598	M6599	Q8786
Z1731	Z1732	Z17410	Z17411	Z17420	Z17421	Z860100	Z860101	Z860102	Z860109

## Injection – Ado-Trastuzumab Emtansine

The following diagnosis codes may be reimbursed when submitted with procedure codes J9354:

Added Diagnosis Codes									
C83390	C8880	C8881	C8890	C8891	L6610	L6681	M6590	M65911	M65912
M65919	M65931	M65932	M65939	M65941	M65942	M65949	M65951	M65952	M65959
M65961	M65962	M65969	M65971	M65972	M65979	M6598	M6599		

## Injection – Antihemophilic Factor VIII

The following diagnosis codes may be reimbursed when submitted with procedure codes J7186 and J7187:

Added Diagnosis Codes									
C841A	C8820	C8821	C8890	C8891	L6610	M6590	M6598	Z1731	Z1732
Z17410	Z17411	Z17420	Z17421						

## Injection – Azacitidine

The following diagnosis codes may be reimbursed when submitted with procedure code J9025:

Added Diagnosis Codes									
C841A	C8640	C8641	C8820	C8821	C8890	C8891	D6103	E3400	E3401
E3409	F50814	F5083	G9081	L6610	M6590	M65919	M65939	M65949	M65959

**Added Diagnosis Codes**

M65969	M65979	M6598	Q8786						
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**Injection – Bebtelovimab**

The following diagnosis codes may be reimbursed when submitted with procedure codes M0222, M0223, M0240, M0241, M0243, M0244, M0245, M0246, M0247, M0248, Q0222, and Q0247:

**Added Diagnosis Codes**

C841A	C8820	C8821	C8890	C8891					
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**Injection – Bevacizumab**

The following diagnosis codes may be reimbursed when submitted with procedure code J9035:

**Added Diagnosis Codes**

C8880	C8881	C8890	C8891	K6030	K60311	K60312	K60313	K60319	K60321
K60322	K60323	K60329	L6610	L6612	M6590	M65911	M65912	M65919	M65921
M65922	M65929	M65931	M65932	M65939	M65941	M65942	M65949	M65951	M65952
M65959	M65961	M65962	M65969	M65971	M65972	M65979	M6598	M6599	Z8372
Z860100	Z860101	Z860102	Z860109	Z9226					

**Injection – Calaspargase Pegol-mknl**

The following diagnosis codes may be reimbursed when submitted with procedure code J9188:

**Added Diagnosis Codes**

C835A	C8640	C8641	F50814						
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**Injection – Chorionic Gonadotropin**

The following diagnosis codes may be reimbursed when submitted with procedure code J0725:

**Added Diagnosis Codes**

L6610	M6590	M65919	M65939	M65949	M65959	M65969	M65979		
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## Injection – Degarelix

The following diagnosis codes may be reimbursed when submitted with procedure code J9155:

Added Diagnosis Codes									
C8880	C8881	C8890	C8891						

## Injection – Eculizumab

The following diagnosis codes may be reimbursed when submitted with procedure code J1300:

Added Diagnosis Codes									
D6103	J348210	J348211	J348212	L6610	M6590	M65921	M65922	M65929	M6598

## Injection – Emicizumab-kxwh

The following diagnosis codes may be reimbursed when submitted with procedure code J7170:

Added Diagnosis Codes									
C841A	C8820	C8821	C8890	C8891	E3400	E3401	E3409	G9081	L6610
M6590	M6598	Q8786	Z1731	Z1732	Z17410	Z17411	Z17420	Z17421	

## Injection – Epirubicin HCl

The following diagnosis codes may be reimbursed when submitted with procedure code J9178:

Added Diagnosis Codes									
C810A	C811A	C812A	C813A	C814A	C817A	C819A	C820A	C821A	C822A
C823A	C824A	C825A	C826A	C828A	C829A	C830A	C831A	C83390	C83398
C833A	C835A	C837A	C838A	C839A	C840A	C841A	C844A	C846A	C847B
C849A	C84AA	C84ZA	C851A	C852A	C858A	C859A	C8600	C8601	C8610
C8611	C8620	C8621	C8630	C8631	C8640	C8641	C8650	C8651	C8880
C8881	C8890	C8891	L6610	L6681	M6590	M65911	M65912	M65919	M65931
M65932	M65939	M65941	M65942	M65949	M65951	M65952	M65959	M65961	M65962
M65969	M65971	M65972	M65979	M6598	M6599				

## Injection – Epoprostenol

The following diagnosis codes may be reimbursed when submitted with procedure code J1325:

Added Diagnosis Codes									
C841A	C8820	C8821	C8880	C8881	C8890	C8891	E3400	E3401	E3409
G9081	I2603	I2604	I2695	I2696	L6610	M6590	M65912	M65932	M65942
M65952	M65962	M65972	M6598	Q8786					

## Injection – Factor IX

The following diagnosis codes may be reimbursed when submitted with procedure codes J7193, J7194, J7195 and J7203:

Added Diagnosis Codes									
Z1731	Z1732	Z17410	Z17411	Z17420	Z17421				

## Injection – Factor X

The following diagnosis codes may be reimbursed when submitted with procedure code J7175:

Added Diagnosis Codes									
L6610	M6590	M6598	Z1731	Z1732	Z17410	Z17411	Z17420	Z17421	

## Injection – Factor XIII

The following diagnosis codes may be reimbursed when submitted with procedure codes J7180, J7182, J7185, J7188, J7189, J7190, J7192, J7198, J7200, J7201, J7202:

Added Diagnosis Codes									
C841A	C8820	C8821	C8890	C8891	E3400	E3401	E3409	G9081	L6610
M6590	M6598	Q8786	Z1731	Z1732	Z17410	Z17411	Z17420	Z17421	

## Injection – Factor VIII

The following diagnosis codes may be reimbursed when submitted with procedure codes J7205, J7210, and J7211:

Added Diagnosis Codes									
C841A	C8820	C8821	C8890	C8891	L6610	M6590	M6598	Z1731	Z1732

**Added Diagnosis Codes**

Z17410	Z17411	Z17420	Z17421						
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**Injection – Granisetron**

The following diagnosis codes may be reimbursed when submitted with procedure code J1626:

**Added Diagnosis Codes**

M6598	Z51A	Z9226							
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**Injection – Infliximab**

The following diagnosis codes may be reimbursed when submitted with procedure codes J1745, Q5103, and Q5104:

**Added Diagnosis Codes**

C841A	C8820	C8821	C8830	C8831	C8890	C8891	E3400	E3401	E3409
G9081	K6030	K60311	K60312	K60313	K60319	K60321	K60322	K60323	K60329
K6040	K60411	K60412	K60413	K60419	K60421	K60422	K60423	K60429	K6050
K60511	K60512	K60513	K60519	K60521	K60522	K60523	K60529	L6610	M51360
M51361	M51362	M51369	M51370	M51371	M51372	M51379	M6285	M6590	M65911
M65912	M65919	M65931	M65932	M65939	M65941	M65942	M65949	M65951	M65952
M65959	M65961	M65962	M65969	M65971	M65972	M65979	M6598	M6599	Q8786
Z1731	Z1732	Z17410	Z17411	Z17420	Z17421	Z860100	Z860101	Z860102	Z860109

**Injection – Ixabepilone**

The following diagnosis codes may be reimbursed when submitted with procedure code J9207:

**Added Diagnosis Codes**

C810A	C811A	C812A	C813A	C814A	C817A	C819A	C820A	C821A	C822A
C823A	C824A	C825A	C826A	C828A	C829A	C830A	C831A	C83390	C83398
C833A	C835A	C837A	C838A	C839A	C840A	C841A	C844A	C846A	C849A
C84AA	C84ZA	C851A	C852A	C858A	C859A	C8600	C8601	C8610	C8611
C8620	C8621	C8630	C8631	C8640	C8641	C8650	C8651	C8880	C8881
C8890	C8891	L6610	L6681	M6590	M65911	M65912	M65919	M65931	M65932

**Added Diagnosis Codes**

M65939	M65941	M65942	M65949	M65951	M65952	M65959	M65961	M65962	M65969
M65971	M65972	M65979	M6598	M6599					

**Injection – Melphalan Hydrochloride**

The following diagnosis codes may be reimbursed when submitted with procedure code J9245 and J9246:

**Added Diagnosis Codes**

F50814	M6599								
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**Injection – Natalizumab**

The following diagnosis codes may be reimbursed when submitted with procedure code J2323:

**Added Diagnosis Codes**

C841A	C8820	C8821	C8830	C8831	C8890	C8891	K6030	K60311	K60312
K60313	K60319	K60321	K60322	K60323	K60329	K6040	K60411	K60412	K60413
K60419	K60421	K60422	K60423	K60429	K6050	K60511	K60512	K60513	K60519
K60521	K60522	K60523	K60529	L6610	M6590	M65919	M65939	M65949	M65959
M65969	M65979	M6598	M6599						

**Injection – Ramucirumab**

The following diagnosis codes may be reimbursed when submitted with procedure code J9308:

**Added Diagnosis Codes**

C8880	C8881	C8890	C8891	L6610	M6590	M6598	M6599	Z6855	Z6856
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**Injection – Ravulizumab-cwvz**

The following diagnosis codes may be reimbursed when submitted with procedure code J1303:

**Added Diagnosis Codes**

E3400	E3401	E3409	G9081	L6610	M6590	M6598	Q8786		
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## Injection – Remdesivir

The following diagnosis codes may be reimbursed when submitted with procedure code J0248:

Added Diagnosis Codes									
C841A	C8820	C8821	C8890	C8891					

## Injection – Rituximab-arrx

The following diagnosis codes may be reimbursed when submitted with procedure code J9312 and Q5123:

Added Diagnosis Codes									
C810A	C811A	C812A	C813A	C814A	C817A	C819A	C820A	C821A	C822A
C823A	C824A	C825A	C826A	C828A	C829A	C830A	C831A	C83390	C83398
C833A	C835A	C837A	C838A	C839A	C844A	C846A	C847B	C84AA	C851A
C852A	C858A	C859A	C8600	C8601	C8610	C8611	C8620	C8621	C8630
C8631	C8640	C8641	C8650	C8651	C8660	C8661	C8830	C8831	C8840
C8841	F50814	J348200	J348201	J348202	J348210	J348211	J348212	J34829	L6610
M6590	M65919	M65921	M65922	M65929	M65939	M65949	M65959	M65969	M65979
M6598	M6599	Z1721							

## Injection – Sumatriptan Succinate

The following diagnosis codes may be reimbursed when submitted with procedure code J3030:

Added Diagnosis Codes									
E3400	E3401	E3409	G40841	G40842	G40843	G40844	G9081	K60312	K60322
K60412	K60422	K60512	K60522	L6610	M6590	M65961	M65962	M65969	M6598
Q8786	Z1721	Z1722							

## Injection – Teniposide

The following diagnosis codes may be reimbursed when submitted with procedure code Q2017:

Added Diagnosis Codes									
C835A	C8640	C8641	F50814	L6610	M6590	M65919	M65939	M65949	M65959
M65969	M65979	M6598							

## Injection- Trastuzumab

The following diagnosis codes may be reimbursed when submitted with procedure code J9355:

Added Diagnosis Codes									
C810A	C811A	C812A	C813A	C814A	C817A	C819A	C820A	C821A	C822A
C823A	C824A	C825A	C826A	C828A	C829A	C830A	C831A	C83390	C83398
C833A	C835A	C837A	C838A	C839A	C840A	C841A	C844A	C846A	C849A
C84AA	C84ZA	C851A	C852A	C858A	C859A	C8600	C8601	C8610	C8611
C8620	C8621	C8630	C8631	C8640	C8641	C8650	C8651	C8880	C8881
C8890	C8891	L6610	L6681	M6590	M65911	M65912	M65919	M65931	M65932
M65939	M65941	M65942	M65949	M65951	M65952	M65959	M65961	M65962	M65969
M65971	M65972	M65979	M6598	M6599					

## Injection – Triamcinolone Acetonide

The following diagnosis codes may be reimbursed when submitted with procedure code J3304:

Added Diagnosis Codes									
M65911	M65912	M65931	M65932	M65941	M65942	M65951	M65952	M65961	M65962
M65971	M65972	M6598							

## Injection – Vedolizumab

The following diagnosis codes may be reimbursed when submitted with procedure code J3380:

Added Diagnosis Codes									
C841A	C8820	C8821	C8830	C8831	C8890	C8891	K6030	K60311	K60312
K60313	K60319	K60321	K60322	K60323	K60329	K6040	K60411	K60412	K60413
K60419	K60421	K60422	K60423	K60429	K6050	K60511	K60512	K60513	K60519
K60521	K60522	K60523	K60529	L6610	M6590	M65919	M65939	M65949	M65959
M65969	M65979	M6598							

## Injection – Verteporfin

The following diagnosis codes may be reimbursed when submitted with procedure code J3396:

Added Diagnosis Codes									
L6610	M51360	M51361	M51362	M51369	M51370	M51371	M51372	M51379	M6590
M65911	M65912	M65919	M65931	M65932	M65939	M65941	M65942	M65949	M65951
M65952	M65959	M65961	M65962	M65969	M65971	M65972	M65979		

## Injection – Von Willebrand Factor

The following diagnosis codes may be reimbursed when submitted with procedure code J7179:

Added Diagnosis Codes									
Z1731	Z1732	Z17410	Z17411	Z17420	Z17421				

## Injection – Von Willebrand Factor

The following diagnosis code may be reimbursed when submitted with procedure code J7183:

Added Diagnosis Codes									
C841A	C8820	C8821	C8890	C8891	L6610	M6590	M6598		

## Large Volume Nebulizer

The following diagnosis codes may be reimbursed when submitted with procedure code A7008:

Added Diagnosis Codes									
C841A	C8820	C8821	C8830	C8831	C8880	C8881	C8890	C8891	I2603
I2604	I2695	I2696	L6610	M6590	M65921	M65922	M65929	M6598	Z1721
Z1722	Z51A								

## Lithotripsy

The following diagnosis codes may be reimbursed when submitted with procedure code 50590:

Added Diagnosis Codes									
C841A	C8820	C8821	C8880	C8881	C8890	C8891	L6610	M6590	M65919
M65939	M65949	M65959	M65969	M65979	M6598				

## Metacarpophalangeal Joint Implant/Interphalangeal Joint Spacer

The following diagnosis codes may be reimbursed when submitted with procedure code L8630 and L8658:

Added Diagnosis Codes									
C841A	C8820	C8821	C8830	C8831	C8890	C8891	E3400	E3401	E3409
G9081	L6610	M6590	M65911	M65912	M65919	M65931	M65932	M65939	M65941
M65942	M65949	M65951	M65952	M65959	M65961	M65962	M65969	M65971	M65972
M65979	M6598	M6599	Q8786	Z1731	Z1732	Z17410	Z17411	Z17420	Z17421

## Metatarsal Joint Implant

The following diagnosis codes may be reimbursed when submitted with procedure code L8641 and L8642

Added Diagnosis Codes									
C841A	C8820	C8821	C8830	C8831	C8880	C8881	C8890	C8891	E3400
E3401	E3409	G9081	L6610	M6590	M65911	M65912	M65919	M65931	M65932
M65939	M65941	M65942	M65949	M65951	M65952	M65959	M65961	M65962	M65969
M65971	M65972	M65979	M6598	M6599	Q8786	Z1731	Z1732	Z17410	Z17411
Z17420	Z17421								

## Noc Drugs

The following diagnosis codes may be reimbursed when submitted with procedure code J7699:

Added Diagnosis Codes									
C841A	C844A	C84AA	C8610	C8611	C8620	C8621	C8630	C8631	C8650
C8651	C8660	C8661	C8820	C8821	C8830	C8831	C8880	C8881	C8890
C8891	E3400	E3401	E3409	F50010	F50011	F50012	F50020	F50021	F50022
F5021	F5022	F5023	F50810	F50811	F50812	G9081	I2603	I2604	I2695
I2696	K60311	K60312	K60313	K60319	K60322	K60411	K60412	K60413	K60419
K60422	K6050	K60511	K60512	K60513	K60519	K60522	L6610	M6285	M6590
M65919	M65921	M65922	M65929	M65939	M65949	M65959	M65969	M65979	M6598
Q8786	Z1721	Z1722	Z51A						



## Percutaneous Balloon Valvuloplasty

The following diagnosis codes may be reimbursed when submitted with procedure codes 92986, 92987, 92990, 92997, and 92998:

Added Diagnosis Codes									
E74820	E74829	F50810	F50811	F50812	F50813	F50814	F50819	F5084	G9089
I2603	I2604	I2695	I2696	J348200	J348201	J348202	J348210	J348211	J348212
J34829	L6610	M6590	M6598	Q2381	Q2382	Q2388			

## Removal of Total Disc Athroplasty

The following diagnosis codes may be reimbursed when submitted with procedure code 22864:

Added Diagnosis Codes									
E3400	E3401	E3409	E74820	E74829	F50810	F50811	F50812	F50813	F50814
F50819	F5084	G9081	G9089	J348200	J348201	J348202	K60311	K60321	K60411
K60421	K60511	K60521	L6610	M51360	M51361	M51362	M51369	M51370	M51371
M51372	M51379	M6590	M65919	M65939	M65949	M65959	M65969	M65979	M6598
Q8786	Z51A								

## Repair of a Single Ventricle

The following diagnosis codes may be reimbursed when submitted with procedure code 33619:

Added Diagnosis Codes									
C841A	C8820	C8821	C8830	C8831	C8890	C8891	E3400	E3401	E3409
G9081	I2603	I2604	I2695	I2696	M65912	M65932	M65942	M65952	M65962
M65972	Q2381	Q2382	Q2388	Q8786					

## Therapeutic Apheresis

The following diagnosis codes may be reimbursed when submitted with therapeutic apheresis procedure codes 36511, 36512, 36513, 36514, and 36516:

Added Diagnosis Codes									
C8800	C8801	C8820	C8821	C8830	C8831	C8880	C8881		

**Discontinued Diagnosis Codes**

C880	C882	C883	C888						
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**Refer to:** The *CSHCN Services Program Provider Manual*, section 31.2.41, “Therapeutic Apheresis,” for additional information.

**Total Disc Arthroplasty**

The following diagnosis codes may be reimbursed when submitted with procedure codes 22856, 22858 and 22861:

**Added Diagnosis Codes**

E3400	E3401	E3409	E74820	E74829	F50810	F50811	F50812	F50813	F50814
F50819	F5084	G9081	G9089	L6610	M51360	M51361	M51362	M51369	M51370
M51371	M51372	M51379	M6590	M65919	M65939	M65949	M65959	M65969	M65979
M6598	Q8786								

**Vascular Graft Material**

The following diagnosis codes may be reimbursed when submitted with procedure code L8670:

**Added Diagnosis Codes**

C811A	C841A	C8820	C8821	C8830	C8831	C8890	C8891	I2603	I2604
I2695	I2696	L6610	M6590	M65911	M65912	M65919	M65931	M65932	M65939
M65941	M65942	M65949	M65951	M65952	M65959	M65961	M65962	M65969	M65971
M65972	M65979								

## 2025 ICD Diagnosis Code Additions

The 2025 ICD added diagnosis codes will be valid for claims submitted with dates of service on or after October 1, 2024. The following is a list of diagnosis codes that have been added:

Added Diagnosis Codes									
C810A	C811A	C812A	C813A	C814A	C817A	C819A	C820A	C821A	C822A
C823A	C824A	C825A	C826A	C828A	C829A	C830A	C831A	C83390	C83398
C833A	C835A	C837A	C838A	C839A	C840A	C841A	C844A	C846A	C847B
C849A	C84AA	C84ZA	C851A	C852A	C858A	C859A	C8600	C8601	C8610
C8611	C8620	C8621	C8630	C8631	C8640	C8641	C8650	C8651	C8660
C8661	C8800	C8801	C8820	C8821	C8830	C8831	C8840	C8841	C8880
C8881	C8890	C8891	D6103	E10A0	E10A1	E10A2	E16A1	E16A2	E16A3
E3400	E3401	E3409	E66811	E66812	E66813	E6689	E74820	E74829	E8882
F50010	F50011	F50012	F50013	F50014	F50019	F50020	F50021	F50022	F50023
F50024	F50029	F5020	F5021	F5022	F5023	F5024	F5025	F50810	F50811
F50812	F50813	F50814	F50819	F5083	F5084	G40841	G40842	G40843	G40844
G9081	G9089	G9345	I2603	I2604	I2695	I2696	J348200	J348201	J348202
J348210	J348211	J348212	J34829	K6030	K60311	K60312	K60313	K60319	K60321
K60322	K60323	K60329	K6040	K60411	K60412	K60413	K60419	K60421	K60422
K60423	K60429	K6050	K60511	K60512	K60513	K60519	K60521	K60522	K60523
K60529	L2981	L2989	L6610	L6611	L6612	L6619	L6681	L6689	M51360
M51361	M51362	M51369	M51370	M51371	M51372	M51379	M6285	M6590	M65911
M65912	M65919	M65921	M65922	M65929	M65931	M65932	M65939	M65941	M65942
M65949	M65951	M65952	M65959	M65961	M65962	M65969	M65971	M65972	M65979
M6598	M6599	Q2381	Q2382	Q2388	Q8786	R4185	T45AX1A	T45AX1D	T45AX1S
T45AX2A	T45AX2D	T45AX2S	T45AX3A	T45AX3D	T45AX3S	T45AX4A	T45AX4D	T45AX4S	T45AX5A
T45AX5D	T45AX5S	T45AX6A	T45AX6D	T45AX6S	T81320A	T81320D	T81320S	T81321A	T81321D
T81321S	T81328A	T81328D	T81328S	T81329A	T81329D	T81329S	Z151	Z152	Z1721
Z1722	Z1731	Z1732	Z17410	Z17411	Z17420	Z17421	Z51A	Z5971	Z5972

**Added Diagnosis Codes**

Z67A1	Z67A2	Z67A3	Z67A4	Z6855	Z6856	Z8372	Z860100	Z860101	Z860102
Z860109	Z9226								

For more information, call the TMHP Contact Center at **800-925-9126** or the TMHP-CSHCN Services Program Contact Center at **800-568-2413**.

**2025 Discontinued Diagnosis Codes**

The 2025 ICD discontinued diagnosis codes are no longer valid for claims submitted with dates of service on or after October 1, 2024. The following is a list of diagnosis codes that have been discontinued:

**Discontinued Diagnosis Codes**

C8339	C860	C861	C862	C863	C864	C865	C866	C880	C882
C883	C884	C888	C889	E340	E668	F5001	F5002	F502	F5081
G908	K603	K604	K605	L298	L661	L668	M5136	M5137	M659
Q238	T8132XA	T8132XD	T8132XS	Z597	Z86010				

For more information, call the TMHP Contact Center at **800-925-9126** or the TMHP-CSHCN Services Program Contact Center at **800-568-2413**.

**2025 Diagnosis Code Description Changes**

Effective for dates of service on or after October 1, 2024, the following diagnosis code descriptions have changed:

**Revised Diagnosis Codes**

A7741	F9821	G9342	H442A3	H442B3	H442C3	H442D3	H442E3	I2693	I2694
K589	Q1381	Z6854							

For more information, call the TMHP Contact Center at **800-925-9126** or the TMHP-CSHCN Services Program Contact Center at **800-568-2413**.

## 2025 Inpatient Hospital ICD-10-PCS Surgical Procedure Code Updates

The ICD-10-PCS procedure codes are inpatient hospital surgical procedure codes and must be submitted, as applicable, only on inpatient hospital claims.

**Note:** For professional and outpatient procedures and services, providers must continue to use the American Medical Association (AMA) Current Procedural Terminology (CPT) manual and the CMS Health Care Common Procedure Coding System (HCPCS) manual.

This section lists the ICD-10-PCS inpatient hospital surgical procedure 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, 2024.

The following tables lists all the new and discontinued surgical procedure codes:

**Note:** These procedure codes are surgical codes used to assign the proper diagnosis-related group (DRG) for an inpatient hospital stay and are processed as informational only.

The 2025 ICD added PCS surgical procedure codes will be valid for claims submitted with dates of service on or after October 1, 2024. The following is a list of procedure codes that have been added:

Added PCS Surgical Procedure Codes							
00503Z4	00K0XZ1	041309R	04130AR	04130JR	04130KR	04130ZR	041349R
04134AR	04134JR	04134KR	04134ZR	041409R	04140AR	04140JR	04140KR
04140ZR	041449R	04144AR	04144JR	04144KR	04144ZR	047K342	047K352
047K362	047K372	047L342	047L352	047L362	047L372	047M342	047M352
047M362	047M372	047N342	047N352	047N362	047N372	047P342	047P352
047P362	047P372	047Q342	047Q352	047Q362	047Q372	047R342	047R352
047R362	047R372	047S342	047S352	047S362	047S372	047T342	047T352
047T362	047T372	047U342	047U352	047U362	047U372	07100Z3	07100Z4
07100Z7	07100ZK	07100ZL	07104Z3	07104Z4	07104Z7	07104ZK	07104ZL
07110Z3	07110Z4	07110Z7	07110ZK	07110ZL	07114Z3	07114Z4	07114Z7
07114ZK	07114ZL	07120Z3	07120Z4	07120Z7	07120ZK	07120ZL	07124Z3
07124Z4	07124Z7	07124ZK	07124ZL	07130Z3	07130Z4	07130Z7	07130ZK
07130ZL	07134Z3	07134Z4	07134Z7	07134ZK	07134ZL	07140Z3	07140Z4

Added PCS Surgical Procedure Codes							
07140Z7	07140ZK	07140ZL	07144Z3	07144Z4	07144Z7	07144ZK	07144ZL
07150Z3	07150Z4	07150Z7	07150ZK	07150ZL	07154Z3	07154Z4	07154Z7
07154ZK	07154ZL	07160Z3	07160Z4	07160Z7	07160ZK	07160ZL	07164Z3
07164Z4	07164Z7	07164ZK	07164ZL	07170Z3	07170Z4	07170Z7	07170ZK
07170ZL	07174Z3	07174Z4	07174Z7	07174ZK	07174ZL	07180Z3	07180Z4
07180Z7	07180ZK	07180ZL	07184Z3	07184Z4	07184Z7	07184ZK	07184ZL
07190Z3	07190Z4	07190Z7	07190ZK	07190ZL	07194Z3	07194Z4	07194Z7
07194ZK	07194ZL	071B0Z3	071B0Z4	071B0Z7	071B0ZK	071B0ZL	071B4Z3
071B4Z4	071B4Z7	071B4ZK	071B4ZL	071C0Z3	071C0Z4	071C0Z7	071C0ZK
071C0ZL	071C4Z3	071C4Z4	071C4Z7	071C4ZK	071C4ZL	071D0Z3	071D0Z4
071D0Z7	071D0ZK	071D0ZL	071D4Z3	071D4Z4	071D4Z7	071D4ZK	071D4ZL
071F0Z3	071F0Z4	071F0Z7	071F0ZK	071F0ZL	071F4Z3	071F4Z4	071F4Z7
071F4ZK	071F4ZL	071G0Z3	071G0Z4	071G0Z7	071G0ZK	071G0ZL	071G4Z3
071G4Z4	071G4Z7	071G4ZK	071G4ZL	071H0Z3	071H0Z4	071H0Z7	071H0ZK
071H0ZL	071H4Z3	071H4Z4	071H4Z7	071H4ZK	071H4ZL	071J0Z3	071J0Z4
071J0Z7	071J0ZK	071J0ZL	071J4Z3	071J4Z4	071J4Z7	071J4ZK	071J4ZL
071K0Z3	071K0Z4	071K0Z7	071K0ZK	071K0ZL	071K4Z3	071K4Z4	071K4Z7
071K4ZK	071K4ZL	071L0Z3	071L0Z4	071L0Z7	071L0ZK	071L0ZL	071L4Z3
071L4Z4	071L4Z7	071L4ZK	071L4ZL	0FP480Z	0FPG80Z	0FW480Z	0FWG80Z
0HRT07B	0HRU07B	0HRV07B	0NPB05Z	0NPB35Z	0NPB45Z	0NPBX5Z	0NPW05Z
0NPW35Z	0NPW45Z	0NPWX5Z	0NWB05Z	0NWB35Z	0NWB45Z	0NWBX5Z	0NWW05Z
0NWW35Z	0NWW45Z	0NWWX5Z	5A05A0L	8E023FZ	X05133A	X27P3TA	X27Q3TA
X27R3TA	X27S3TA	X27T3TA	X27U3TA	X28F3VA	X2R50WA	X2R60WA	X2R70WA
X2R80WA	X2RJ3RA	X2VE3SA	XHR0XGA	XHR1XGA	XHR2XGA	XHR3XGA	XHR4XGA
XHR5XGA	XHR6XGA	XHR7XGA	XRGA0EA	XRGB0EA	XRGC0EA	XRGD0EA	XRGJ0CA
XRGK0CA	XRGL0CA	XRGM0CA	XRH60FA	XRH63FA	XRH64FA	XRH70FA	XRH73FA
XRH74FA	XRH80FA	XRH83FA	XRH84FA	XRHA0FA	XRHA3FA	XRHA4FA	XRHB0FA
XRHB3FA	XRHB4FA	XRHC0FA	XRHC3FA	XRHC4FA	XRHD0FA	XRHD3FA	XRHD4FA

**Added PCS Surgical Procedure Codes**

XW0136A	XW0333A	XW0334A	XW0335A	XW0338A	XW0339A	XW033BA	XW033CA
XW033DA	XW033FA	XW0433A	XW0434A	XW0435A	XW0438A	XW0439A	XW043BA
XW043CA	XW043FA	XW0J3HA	XW0J3JA	XW0J3KA	XW0J3LA	XW0K3HA	XW0K3JA
XW0K3KA	XW0K3LA	XW0L3HA	XW0L3JA	XW0L3KA	XW0L3LA	XW0M3HA	XW0M3JA
XW0M3KA	XW0M3LA	XW0U0GA	XW0V3WA	XW1337A	XW1437A	XX25X0A	XXA536A
XXE0X1A	XXE5X2A	XXE5X4A					

The 2025 ICD discontinued PCS surgical procedure codes are no longer valid for claims submitted with dates of service on or after October 1, 2024. The following is a list of procedure codes that have been discontinued:

**Discontinued PCS Surgical Procedure Codes**

X27H385	X27H395	X27H3B5	X27H3C5	X27J385	X27J395	X27J3B5	X27J3C5
X27K385	X27K395	X27K3B5	X27K3C5	X27L385	X27L395	X27L3B5	X27L3C5
X27M385	X27M395	X27M3B5	X27M3C5	X27N385	X27N395	X27N3B5	X27N3C5
X27P385	X27P395	X27P3B5	X27P3C5	X27Q385	X27Q395	X27Q3B5	X27Q3C5
X27R385	X27R395	X27R3B5	X27R3C5	X27S385	X27S395	X27S3B5	X27S3C5
X27T385	X27T395	X27T3B5	X27T3C5	X27U385	X27U395	X27U3B5	X27U3C5
XW033K5	XW033N5	XW033U5	XW043K5	XW043N5	XW043U5	XW097M5	XW0DXJ5
XW0DXL5	XW0DXR5	XW0DXT5	XW0DXV5	XXE5XM5			