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TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
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2026 ICD Implementation

On October 1, 2025, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2026 annual International Classification of Diseases (ICD) updates that are effective for dates of service on or after October 1, 2025. 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 2026 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.

Claims Filing

The new 2026 ICD diagnosis codes and inpatient hospital surgical procedure codes may be billed beginning October 1, 2025. The new 2026 ICD diagnosis codes must be billed for dates of service on or after October 1, 2025.

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 2026 ICD updates for Texas Medicaid are included in the ICD tables in the “All Code Changes: Added, Discontinued, and Revised” section of this bulletin beginning on page 18. The 2026 ICD deletions and replacements are effective October 1, 2025, for dates of service on or after October 1, 2025, 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 2026 ICD-CM diagnosis code updates and are effective for dates of service on or after October 1, 2025. 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 for dates of service on or after September 30, 2025.

Allergen Immunotherapy

Claims for the preparation of an allergy vial or extract (procedure codes 95145, 95146, 95147, 95148, 95149, 95165, and 95170) and the administration of an injection (procedure codes 95115 and 95117) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
T78070A	T78070D	T78070S	T78071A	T78071D	T78071S	T78079A	T78079D
T78079S	T78080A	T78080D	T78080S	T78081A	T78081D	T78081S	T78089A
T78089D	T78089S	T78110A	T78110D	T78110S	T78111A	T78111D	T78111S
T78119A	T78119D	T78119S	T78120A	T78120D	T78120S	T78121A	T78121D
T78121S	T78129A	T78129D	T78129S	T7819XA	T7819XD	T7819XS	

Discontinued Diagnosis Codes

T781XXA	T781XXD	T781XXS					
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Claims for rapid desensitization (procedure code 95180) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

Z910110	Z910111	Z910112	Z910120	Z910121	Z910122		
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Discontinued Diagnosis Codes

Z91011	Z91012						
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Refer to: The current Texas Medicaid Provider Procedures Manual (TMPPM), Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, section 9.2.5.1, “Allergy Immunotherapy,” for more information.

Clinician Administered Drug – Botulinum Toxin Type A

Claims for botulinum toxin type A (procedure codes J0585 and J0586) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

G35A	G35B0	G35B1	G35B2	G35C0	G35C1	G35C2	G35D
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Discontinued Diagnosis Code

G35							
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Refer to: The current TMPPM, *Outpatient Drug Services Handbook*, section 6.20, “Botulinum Toxin Type A and Type B,” for additional information.

Clinician Administered Drug – Injection – Adalimumab

Claims for adalimumab (procedure codes Q5140, Q5142, Q5144, and Q5145) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
M05A	R7681						

Clinician Administered Drug – Injection – Adalimumab-Aaty

Claims for adalimumab-aaty (procedure code Q5141) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
R7681							

Clinician Administered Drug – Injection – Cladribine

Claims for cladribine (procedure code J9065) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
G35A	G35B0	G35B1	G35B2	G35C0	G35C1	G35C2	G35D

Clinician Administered Drug – Injection – Epirubicin HCL

Claims for epirubicin-hcl (procedure code J9178) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
C50A0	C50A1	C50A2					

Clinician Administered Drug – Injection–Infliximab

Claims for infliximab (procedure code J1745) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
M05A							

Clinician Administered Drug – Injection – Lumasiran

Claims for lumasiran (procedure code J0224) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
E72530	E72538	E72539	E72540	E72541	E72548	E72549	

Clinician Administered Drug – Injection – Natalizumab

Claims for natalizumab (procedure code J2323) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
G35A	G35C0	G35C1	G35D				

Clinician Administered Drug – Injection – Tocilizumab

Claims for tocilizumab (procedure codes Q5133 and Q5135) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
M05A	R7681						

Clinician Administered Drug – Monoclonal Antibodies

Claims for omalizumab (procedure code J2357) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
Z910110	Z910111	Z910112	Z910120	Z910121	Z910122		

Discontinued Diagnosis Codes							
Z91011	Z91012						

Refer to: The current TMPPM, Outpatient Drug Services Handbook, section 6.90.1, “Omalizumab,” for additional information.

Cytogenetics Testing

Claims for cytogenetics testing procedure codes may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
Q8787	Q8788	Q8981	Q8989	Q99811	Q99812	Q99813	Q99818
Q99819	Q9989						

Discontinued Diagnosis Codes							
Q898	Q998						

Refer to: The current TMPPM, *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, section 9.2.42.6, “Cytogenetics Testing,” for the affected procedure codes.

Echoencephalography

Claims for echoencephalography (procedure code 76506) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
G3187							

Refer to: The current TMPPM, *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, section 9.2.26.5, “Echoencephalography,” for more information.

Evaluation and Management (Unlisted)

Claims for evaluation and management (procedure code 99499) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
QA00109							

Evoked Response Tests and Neuromuscular Procedures

Claims for electromyography (EMG) and nerve conduction study (NCS) procedure codes may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
M05A	R7681						

Refer to: The current TMPPM, *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, section 9.2.28.2, “Electromyography and Nerve Conduction Studies,” for diagnosis code information and section 9.2.28.2.2, “EMG,” and section 9.2.28.2.3, “NCS,” for the affected procedure codes.

Outpatient Mental Health Services

Claims for psychological and neuropsychological testing services (procedure codes 96116, 96121, 96130, 96131, 96132, 96133, 96136, and 96137) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
G3187	G35A	G35B0	G35B1	G35B2	G35C0	G35C1	G35C2
G35D							

Discontinued Diagnosis Code							
G35							

Refer to: The current TMPPM, *Behavioral Health and Case Management Services Handbook*, section 4.2, “Services, Benefits, Limitations,” for more information.

Pathology and Laboratory Services – Urinalysis and Chemistry

Claims for lipoprotein-associated phospholipase A2 (procedure code 83698) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
E11A	E78010	E78011	E78019				

Discontinued Diagnosis Code							
E7801							

Refer to: The current TMPPM, *Radiology and Laboratory Services Handbook*, section 2.2.16, “Urinalysis and Chemistry,” for more information.

Physician Evaluation and Management Services

Claims for physician evaluation and management services group clinical visits for diabetes (procedure code 99078) may be reimbursed they are submitted with the following diagnosis code:

Added Diagnosis Code							
E11A							

Refer to: The current TMPPM, *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, section 9.2.60.3.1, “Group Clinical Visits for Diabetes,” for additional information.

Prognostic Breast and Gynecological Cancer Studies

Claims for gene expression profiling (procedure codes 81519 and 81520) and HER2/neu testing (procedure codes 88360 and 88361) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
C50A0	C50A1	C50A2					

Refer to: The current TMPPM, *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, section 9.2.15.4, “Prognostic Breast and Gynecological Cancer Studies,” for additional information.

Pulmonary Function Studies

Claims for High Altitude Simulation Test (HAST) (procedure codes 94452 and 94453) with documented evidence of hypoxemia in the client’s medical record may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
I27840	I27841	I27848	I27849				

Refer to: The current TMPPM, *Inpatient and Outpatient Hospital Services Handbook*, section 4.2.20.3, “Pulmonary Function Studies,” for additional information.

Therapeutic Apheresis

Claims for therapeutic apheresis (procedure codes 36511, 36512, 36513, 36514, and 36516) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
E78010	E78011	E78019	N00B1	N00B2	N04B1	N04B2	

Discontinued Diagnosis Code							
E7801							

Refer to: The current TMPPM, *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, section 9.2.76, “Therapeutic Apheresis,” for additional information.

Ultrasound – Transrectal

Claims for transrectal ultrasound (procedure code 76872) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
Z15068							

Vision Services – Nonsurgical

Claims for polycarbonate lenses (procedure code V2784) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
G40841	G40842	G40843	G40844	G9345	Q8786	R4185	

Refer to: The current TMPPM, *Vision and Hearing Services Handbook*, section 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 2026 ICD updates and are effective for dates of service on or after October 1, 2025. For more information, call the TMHP Contact Center at **800-925-9126**.

Blood Pressure Devices – CCP

Claims for manual and automated blood pressure devices (procedure codes A4660 and A4670) may be reimbursed without prior authorization when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

I27840	I27841	I27848	I27849	N00B1	N00B2	N04B1	N04B2
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Refer to: The current TMPPM, *Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, section 2.2.7.1, “Prior Authorization,” for additional information.

Diabetic Equipment and Supplies – Home Health

Claims for diabetic supplies procedure codes may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code

E11A							
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Refer to: The current TMPPM, *Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, section 2.2.12.3, “Glucose Testing Equipment and Other Supplies,” for the glucose testing supplies affected procedure codes.

Incontinence Supplies – Home Health

A completed Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form may be valid for up to 12 months for intermittent catheters and related insertion supplies, up to a maximum of 150 per month, for clients who have one of the following chronic conditions:

Added Diagnosis Codes

G35A	G35B0	G35B1	G35B2	G35C0	G35C1	G35C2	G35D
------	-------	-------	-------	-------	-------	-------	------

Discontinued Diagnosis Code

G35							
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Refer to: The current TMPPM, *Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, section 2.2.15.6.2, “Intermittent Catheters and Related Insertion Supplies,” for more information.

Nutritional Products – CCP

Nutritional products may be reimbursed without prior authorization for clients who are 20 years of age or younger when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

E72530	E72538	E72539	E72540	E72541	E72548	E72549	E83820
E83821	E83822	E83823	E83824	E83825	E8810	E8811	E8812
E8813	E8814	E8819					

Discontinued Diagnosis Codes

E7253	E881						
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Refer to: The current TMPPM, *Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, section 2.2.18.1, “Enteral Nutritional Products, Feeding Pumps, and Feeding Supplies,” for affected procedure codes.

The 2026 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 18. The 2026 ICD deletions are effective October 1, 2025, for dates of service on or after October 1, 2025, 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 2026 ICD updates and are effective for dates of service on or after October 1, 2025. 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 for dates of service on or after September 30, 2025.

Blood Pressure Monitoring and Devices

Claims for manual and automated blood pressure devices (procedure codes A4660 and A4670) may be reimbursed without prior authorization when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

I27840	I27841	I27848	I27849	N00B1	N00B2	N04B1	N04B2
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Refer to: The current *CSHCN Services Program Provider Manual*, “Blood Pressure Monitoring and Devices,” section 11.2.1.2, “Manual and Automated Blood Pressure Devices,” for additional information.

Botulinum Toxin Type A

Claims for botulinum toxin type A (procedure codes J0585 and J0586) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

G35A	G35B0	G35B1	B35B2	B35C0	G35C1	G35C2	G35D
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Discontinued Diagnosis Code

G35							
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Refer to: The current *CSHCN Services Program Provider Procedures Manual*, “Physician,” section 31.2.26.9, “Botulinum Toxin (Type A and Type B),” for additional information.

Cytogenetics Testing

Claims for cytogenetics testing procedure codes may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

Q8787	Q8788	Q8981	Q8989	Q99811	Q99812	Q99813	Q99818
Q99819	Q9989						

Discontinued Diagnosis Codes

Q898	Q998						
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Refer to: The current *CSHCN Services Program Provider Procedures Manual*, Laboratory Services, section 25.2.5.2, “Cytogenetics Testing,” for the affected procedure codes.

Diabetic Equipment and Supplies

Claims for diabetic supplies procedure codes may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code

E11A							
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Refer to: The *CSHCN Services Program Provider Manual*, “Diabetic Equipment and Supplies,” section 15.2.1.3, “Glucose Testing Supplies,” for the affected procedure codes.

Echoencephalography

Claims for echoencephalography (procedure code 76506) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code

G3187									
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Refer to: The CSHCN Services Program Provider Manual, “Physician,” section 31.2.17, “Echoencephalography,” for additional information.

Evoked Response Tests and Neuromuscular Procedures

Claims for electromyography (EMG) or nerve conduction study (NCS) procedure codes may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

M05A	R7681					
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Refer to: The CSHCN Services Program Provider Manual, “Physician” section 31.2.19.2, “Electromyography and Nerve Conduction Studies,” for the affected procedure codes.

Injection – Natalizumab

Claims for natalizumab (procedure code J2323) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

G35A	G35B0	G35B1	G35B2	G35C0	G35C1	G35C2	G35D
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Therapeutic Apheresis

Claims for therapeutic apheresis (procedure codes 36511, 36512, 36513, 36514, and 36516) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

E78010	E78011	E78019	N00B1	N00B2	N04B1	N04B2	
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Discontinued Diagnosis Code

E7801							
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Refer to: The current CSHCN Services Program Provider Procedures Manual, “Physician,” section 31.2.41, “Therapeutic Apheresis,” for additional information.

2026 ICD Diagnosis Code Additions

The 2026 ICD diagnosis codes that were added for 2026 will be valid for claims that are submitted with dates of service on or after October 1, 2025. The following is a list of diagnosis codes that have been added:

Added Diagnosis Codes							
B8801	B8809	C50A0	C50A1	C50A2	D711	D718	D719
E11A	E72530	E72538	E72539	E72540	E72541	E72548	E72549
E78010	E78011	E78019	E83820	E83821	E83822	E83823	E83824
E83825	E8810	E8811	E8812	E8813	E8814	E8819	G3187
G35A	G35B0	G35B1	G35B2	G35C0	G35C1	G35C2	G35D
G71036	H0181	H0182	H0183	H0184	H0185	H0186	H0189
H018A	H018B	H05831	H05832	H05833	H05839	H40841	H40842
H40843	H40849	I27840	I27841	I27848	I27849	L02217	L02227
L0331A	L0332A	L98431	L98432	L98433	L98434	L98435	L98436
L98438	L98439	L98441	L98442	L98443	L98444	L98445	L98446
L98448	L98449	L98451	L98452	L98453	L98454	L98455	L98456
L98458	L98459	L98461	L98462	L98463	L98464	L98465	L98466
L98468	L98469	L98471	L98472	L98473	L98474	L98475	L98476
L98478	L98479	L98A111	L98A112	L98A113	L98A114	L98A115	L98A116
L98A118	L98A119	L98A121	L98A122	L98A123	L98A124	L98A125	L98A126
L98A128	L98A129	L98A191	L98A192	L98A193	L98A194	L98A195	L98A196
L98A198	L98A199	L98A211	L98A212	L98A213	L98A214	L98A215	L98A216
L98A218	L98A219	L98A221	L98A222	L98A223	L98A224	L98A225	L98A226
L98A228	L98A229	L98A291	L98A292	L98A293	L98A294	L98A295	L98A296
L98A298	L98A299	L98A311	L98A312	L98A313	L98A314	L98A315	L98A316
L98A318	L98A319	L98A321	L98A322	L98A323	L98A324	L98A325	L98A326
L98A328	L98A329	L98A391	L98A392	L98A393	L98A394	L98A395	L98A396

Added Diagnosis Codes

L98A398	L98A399	M05A	N00B1	N00B2	N04B1	N04B2	N07B
Q8787	Q8788	Q8981	Q8989	Q99811	Q99812	Q99813	Q99818
Q99819	Q9989	QA00101	QA00102	QA00109	QA0011	QA0012	QA00131
QA00139	QA00141	QA00142	QA00149	QA00151	QA00159	QA08	R1020
R1021	R1022	R1023	R1024	R1085	R108A1	R108A2	R108A3
R108A9	R10A0	R10A1	R10A2	R10A3	R1116	R39851	R39852
R39853	R39859	R7681	R7689	S3011XA	S3011XD	S3011XS	S3012XA
S3012XD	S3012XS	S3013XA	S3013XD	S3013XS	S3081AA	S3081AD	S3081AS
S3082AA	S3082AD	S3082AS	S3084AA	S3084AD	S3084AS	S3085AA	S3085AD
S3085AS	S3086AA	S3086AD	S3086AS	S3087AA	S3087AD	S3087AS	S309AXA
S309AXD	S309AXS	S31106A	S31106D	S31106S	S31107A	S31107D	S31107S
S3110AA	S3110AD	S3110AS	S31116A	S31116D	S31116S	S31117A	S31117D
S31117S	S3111AA	S3111AD	S3111AS	S31126A	S31126D	S31126S	S31127A
S31127D	S31127S	S3112AA	S3112AD	S3112AS	S31136A	S31136D	S31136S
S31137A	S31137D	S31137S	S3113AA	S3113AD	S3113AS	S31146A	S31146D
S31146S	S31147A	S31147D	S31147S	S3114AA	S3114AD	S3114AS	S31156A
S31156D	S31156S	S31157A	S31157D	S31157S	S3115AA	S3115AD	S3115AS
S31606A	S31606D	S31606S	S31607A	S31607D	S31607S	S3160AA	S3160AD
S3160AS	S31616A	S31616D	S31616S	S31617A	S31617D	S31617S	S3161AA
S3161AD	S3161AS	S31626A	S31626D	S31626S	S31627A	S31627D	S31627S
S3162AA	S3162AD	S3162AS	S31636A	S31636D	S31636S	S31637A	S31637D
S31637S	S3163AA	S3163AD	S3163AS	S31646A	S31646D	S31646S	S31647A
S31647D	S31647S	S3164AA	S3164AD	S3164AS	S31656A	S31656D	S31656S
S31657A	S31657D	S31657S	S3165AA	S3165AD	S3165AS	T36AX1A	T36AX1D
T36AX1S	T36AX2A	T36AX2D	T36AX2S	T36AX3A	T36AX3D	T36AX3S	T36AX4A
T36AX4D	T36AX4S	T36AX5A	T36AX5D	T36AX5S	T36AX6A	T36AX6D	T36AX6S
T65841A	T65841D	T65841S	T65842A	T65842D	T65842S	T65843A	T65843D
T65843S	T65844A	T65844D	T65844S	T75830A	T75830D	T75830S	T75838A

Added Diagnosis Codes

T75838D	T75838S	T78070A	T78070D	T78070S	T78071A	T78071D	T78071S
T78079A	T78079D	T78079S	T78080A	T78080D	T78080S	T78081A	T78081D
T78081S	T78089A	T78089D	T78089S	T78110A	T78110D	T78110S	T78111A
T78111D	T78111S	T78119A	T78119D	T78119S	T78120A	T78120D	T78120S
T78121A	T78121D	T78121S	T78129A	T78129D	T78129S	T7819XA	T7819XD
T7819XS	W44H9XA	W44H9XD	W44H9XS	W453XXA	W453XXD	W453XXS	Y36A1XA
Y36A1XD	Y36A1XS	Y36A2XA	Y36A2XD	Y36A2XS	Y37A1XA	Y37A1XD	Y37A1XS
Y37A2XA	Y37A2XD	Y37A2XS	Y93L1	Y93L9	Z1505	Z15060	Z15068
Z1507	Z153	Z4081	Z4082	Z4089	Z59861	Z59868	Z59869
Z7731	Z7739	Z8044	Z8411	Z8419	Z84A	Z854A	Z8600A
Z910110	Z910111	Z910112	Z910120	Z910121	Z910122	Z91B	

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

2026 Discontinued Diagnosis Codes

The ICD diagnosis codes that were discontinued for 2026 are no longer reimbursed for claims that are submitted with dates of service on or after September 30, 2025. The following is a list of diagnosis codes that have been discontinued:

Discontinued Diagnosis Codes

B880	D71	E7253	E7801	E881	G35	H018	Q898
Q998	R102	R768	S301XXA	S301XXD	S301XXS	T7807XA	T7807XD
T7807XS	T7808XA	T7808XD	T7808XS	T781XXA	T781XXD	T781XXS	Z408
Z5986	Z841	Z91011	Z91012				

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

2026 Diagnosis Code Description Changes

Effective for dates of service on or after October 1, 2025, the following diagnosis code descriptions have changed:

Revised Diagnosis Codes							
L02212	L02222	M21159	M24076	M61129	P096	Q75001	Q75002
Q75009	Q75021	Q75022	Q75029	S6290XA	S6290XB	S6290XD	S6290XG
S6290XK	S6290XP	S6290XS	S6291XA	S6291XB	S6291XD	S6291XG	S6291XK
S6291XP	S6291XS	S6292XA	S6292XB	S6292XD	S6292XG	S6292XK	S6292XP
S6292XS	S7421XA	S7421XD	S7421XS	Y07435	Z83718		

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

2026 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 and discontinued descriptions for the procedure codes indicated below. All discontinued codes will not be reimbursed for dates of service on or after October 1, 2025.

The following tables list 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 ICD PCS surgical procedure codes that were added for 2026 will be valid for claims that are submitted with dates of service on or after October 1, 2025. The following is a list of procedure codes that have been added:

Added PCS Surgical Procedure Codes							
00H033J	00P207Z	00P20JZ	00P20KZ	00PT07Z	00PT0JZ	00PT0KZ	00W207Z
00W20JZ	00W20KZ	00WT07Z	00WT0JZ	00WT0KZ	02UW3LZ	031209Y	03120AY
03120JY	03120KY	03120ZY	04U03LZ	09XK0Z1	09XK0Z2	09XK0Z3	09XK0Z4
09XL0Z1	09XL0Z2	09XL0Z3	09XL0Z4	09XM0Z1	09XM0Z2	09XM0Z3	09XM0Z4
0C1S0E4	0C1S0F4	0C1S0Z4	0C1S3E4	0C1S3F4	0C1S3Z4	0F198D3	0F198Z3
0RRJ008	0RRJ0J8	0RRK008	0RRK0J8	0SRC07D	0SRC07E	0SRC0KD	0SRC0KE
0SRD07D	0SRD07E	0SRD0KD	0SRD0KE	5A05A6M	5A05A6N	5A05A6P	5A05A6Q
6A4T00A	8E0ZXGP	F08D5AZ	F08F5AZ	F08G5AZ	F08H5AZ	F08J5AZ	F08K5AZ
F08L5AZ	F08M5AZ	X05233B	X053X4B	X27339B	X27439B	X27535B	X27635B
X27735B	X27835B	X27935B	X27A35B	X27B35B	X27C35B	X27D35B	X27E35B

Added PCS Surgical Procedure Codes							
X27W39B	X27X39B	X28F3WB	X2AH34B	X2AJ34B	X2AK34B	X2AL34B	X2H03BB
X2H13XB	X2HN37B	X2HP38B	X2HQ38B	X2HR38B	X2HS38B	X2HT38B	X2HU38B
X2VY06B	XDJ07LB	XHH80HB	XNH60HB	XNH63HB	XNH70HB	XNH73HB	XNSN0HB
XNSN3HB	XNSP0HB	XNSP3HB	XRG10RB	XRG13RB	XRG14RB	XRG20RB	XRG23RB
XRG24RB	XRG40RB	XRG43RB	XRG44RB	XRGE0HB	XRGE3HB	XRGF0HB	XRGF3HB
XRH10GB	XRH13GB	XRH14GB	XRH20GB	XRH23GB	XRH24GB	XRH40GB	XRH43GB
XRH44GB	XRH60GB	XRH63GB	XRH64GB	XW013TB	XW033FB	XW033PB	XW033QB
XW033RB	XW033WB	XW043FB	XW043PB	XW043QB	XW043RB	XW043WB	XW0DXVB
XW0U0XB	XW0U3XB	XW0U4XB	XW133SB	XW133YB	XW143SB	XW143YB	XX2KXDB
XXA539B	XXE5XBB	XXEZAB	XXEZCB				

The ICD PCS surgical procedure codes that were discontinued for 2026 are no longer reimbursed for claims that are submitted with dates of service on or after September 30, 2025. The following is a list of procedure codes that have been discontinued:

Discontinued PCS Surgical Procedure Codes							
X2A5312	X2A6325	X2AH336	X2AJ336	XW03306	XW03326	XW03336	XW03366
XW033A6	XW033B6	XW033C6	XW033D6	XW033E6	XW033F6	XW04306	XW04326
XW04336	XW04366	XW043A6	XW043B6	XW043C6	XW043D6	XW043E6	XW043F6
XW0DX66	XXE5XN6	XXEBXQ6					