



INTERNATIONAL CLASSIFICATION OF DISEASES
ICD-10 SPECIAL BULLETIN
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TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

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2027 ICD Implementation

On October 1, 2026, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2027 annual International Classification of Diseases (ICD) updates that are effective for dates of service on or after October 1, 2026. 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 2027 updates for 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 2027 ICD diagnosis codes and inpatient hospital surgical procedure codes may be billed beginning October 1, 2026. The new 2027 ICD diagnosis codes must be billed for dates of service on or after October 1, 2026.

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 2027 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 11. The 2027 ICD deletions and replacements are effective October 1, 2026, for dates of service on or after October 1, 2026, 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 2027 ICD-CM diagnosis code updates and are effective for dates of service on or after October 1, 2026. 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, 2026.

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 code:

Added Diagnosis Code							
M043							

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 additional information.

Clinician Administered Drug – Botulinum Toxin Type A and Type B

Claims for botulinum toxin type A (procedure codes J0585 and J0586) will no longer be reimbursed when submitted with the following diagnosis code:

Discontinued Diagnosis Code							
M722							

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 – Rebyota

Claims for Rebyota (procedure code J1440) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
Z8617							

Computed Tomography and Magnetic Resonance Imaging and Related Services

Claims for ultrasound transient elastography (procedure code 91200) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
K740A							

Refer to: The current TMPPM, *Radiology and Laboratory Services Handbook* section 4.2.2.4, “Ultrasound Transient Elastography (TE),” for additional information.

Cytogenetics Testing

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

Added Diagnosis Code							
Q87A							

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.

Genetic Testing

Claims for enhanced liver fibrosis (procedure code 81517) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
K740A	K7683						

Refer to: The current TMPPM, *Radiology and Laboratory Services Handbook* section 3.2, “Enhanced Liver Fibrosis (ELF) (Procedure Code 81517),” for additional information.

Mental Health Rehabilitative Services

Claims submitted with mental health rehabilitative services (procedure codes H0034, H2012, H2014, and H2017) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
F64A							

Refer to: The current TMPPM, *Behavioral Health and Case Management Services Handbook* section 5.2.3, “Mental Health Rehabilitative Services” for additional information.

Mental Health Services

Claims with the following diagnosis codes may be reimbursed when they are submitted with revenue code 513:

Added Diagnosis Codes							
F64A	Z878901	Z878902	Z878903	Z878904	Z878909	Z87893	

Mental Health Targeted Case Management

Claims submitted for mental health targeted case management (procedure code T1017) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
F64A							

Refer to: The current TMPPM, *Behavioral Health and Case Management Services Handbook* section 5.2.2, “Mental Health Targeted Case Management (MHTCM),” for additional information.

Outpatient Mental Health Services

Claims for psychotherapy and psychiatric diagnostic evaluation procedure codes (90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, and 90853) may be reimbursed when they are submitted with the following diagnosis code:

Added Diagnosis Code							
F64A							

Claims for psychological, neurobehavioral and neuropsychological testing (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							
F64A	Z878901	Z878902	Z878903	Z878904	Z878909	Z87893	

Claims for psychological, neurobehavioral and neuropsychological testing (procedure codes 96116, 96121, 96130, 96131, 96132, 96133, 96136, and 96137) will no longer be reimbursed when they are submitted with the following diagnosis code:

Discontinued Diagnosis Code							
Z87890							

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

Therapeutic Apheresis

Claims for therapeutic apheresis (procedure codes 36511, 36512, 36513, 36514, and 36516) will no longer be reimbursed when they are submitted with the following diagnosis code:

Discontinued Diagnosis Code							
D691							

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

Vision Services – Nonsurgical

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

Added Diagnosis Code							
Q87A							

Refer to: The current TMPPM, *Vision and Hearing Services Handbook* section 4.3.7.4, “Polycarbonate Lenses,” for additional information.

COMPREHENSIVE CARE PROGRAM (CCP) PROVIDERS

CCP Services Benefit Changes

The following Texas Medicaid Home Health and CCP services benefit changes have been made to support the 2027 ICD updates and are effective for dates of service on or after October 1, 2026. 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 when they are submitted with the following diagnosis codes:

Added Diagnosis Codes							
I4281	I4289	I4722					

Claims for manual and automated blood pressure devices (procedure codes A4660 and A4670) will no longer be reimbursed when submitted with the following diagnosis code:

Discontinued Diagnosis Code							
I428							

Refer to: The current TMPPM, *Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook* section 2.2.7, “Blood Pressure Devices (Manual and Automated)” for additional information.

The 2027 ICD updates for the CSHCN Services Program are included in the ICD tables in the “All Code Changes: Added, Discontinued, and Revised” section of this bulletin beginning on page 11. The 2027 ICD deletions are effective October 1, 2026, for dates of service on or after October 1, 2026, 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 2027 ICD updates and are effective for dates of service on or after October 1, 2026. 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, 2026.

Blood Pressure Monitoring and Devices

Claims for manual and automated blood pressure devices (procedure codes A4660 and A4670) may be reimbursed when they are submitted with the following diagnosis codes:

Added Diagnosis Codes

I4281	I4289	I4722					
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Claims for manual and automated blood pressure devices (procedure codes A4660 and A4670) will no longer be reimbursed when submitted with the following diagnosis code:

Discontinued Diagnosis Code

I428							
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Refer to: The *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 and Type B

Claims for botulinum toxin type A (procedure codes J0585 and J0586) will no longer be reimbursed when submitted with the following diagnosis code:

Discontinued Diagnosis Code							
M722							

Refer to: The *CSHCN Services Program Provider 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 code:

Added Diagnosis Code							
Q87A							

Refer to: The *CSHCN Services Program Provider Manual*, ‘Laboratory Services,’ section 25.2.5.2, ‘Cytogenetics Testing,’ for the affected procedure codes.

Therapeutic Apheresis

Claims for therapeutic apheresis (procedure codes 36511, 36512, 36513, 36514, and 36516) will no longer be reimbursed when they are submitted with the following diagnosis code:

Discontinued Diagnosis Code							
D691							

Refer to: The *CSHCN Services Program Provider Manual*, ‘Physician,’ section 31.2.41, ‘Therapeutic Apheresis,’ for additional information.

2027 ICD Diagnosis Code Additions

The 2027 ICD diagnosis codes that were added for 2027 will be valid for claims that are submitted with dates of service on or after October 1, 2026. The following is a list of diagnosis codes that have been added:

Added Diagnosis Codes							
C7831	C7832	C7983	D6911	D6919	E89830	E89838	F64A
I4200	I4201	I4209	I4281	I4289	I4722	I4981	I4982
I4989	J34830	J34831	J34832	J34833	J34839	J4B	K31B
K6A01	K6A09	K6A8	K740A	K7683	L02237	M043	M67A01
M67A02	M67A09	M7220	M7221	M7222	M868X11	M868X12	M868X19
M868X21	M868X22	M868X29	M868X31	M868X32	M868X39	M868X41	M868X42
M868X49	M868X51	M868X52	M868X59	M868X61	M868X62	M868X69	M868X71
M868X72	M868X79	M868X80	M868X81	M868X89	N99860	N99861	O00121
O00122	O00129	O00131	O00132	O00139	O0031	O0032	O0041
O0042	O00511	O00512	O00519	O00521	O00522	O00529	O3140X0
O3140X1	O3140X2	O3140X3	O3140X4	O3140X5	O3140X9	O3141X0	O3141X1
O3141X2	O3141X3	O3141X4	O3141X5	O3141X9	O3142X0	O3142X1	O3142X2
O3142X3	O3142X4	O3142X5	O3142X9	O3143X0	O3143X1	O3143X2	O3143X3
O3143X4	O3143X5	O3143X9	Q87A	QA171	QA1790	QA1791	QA1792
QA1798	R7872	T52811A	T52811D	T52811S	T52812A	T52812D	T52812S
T52813A	T52813D	T52813S	T52814A	T52814D	T52814S	T52821A	T52821D
T52821S	T52822A	T52822D	T52822S	T52823A	T52823D	T52823S	T52824A
T52824D	T52824S	T52891A	T52891D	T52891S	T52892A	T52892D	T52892S
T52893A	T52893D	T52893S	T52894A	T52894D	T52894S	T59821A	T59821D
T59821S	T59822A	T59822D	T59822S	T59823A	T59823D	T59823S	T59824A
T59824D	T59824S	T65851A	T65851D	T65851S	T65852A	T65852D	T65852S
T65853A	T65853D	T65853S	T65854A	T65854D	T65854S	Z6818	Z6819
Z77013	Z7732	Z7733	Z7740	Z7741	Z7742	Z7749	Z8617
Z878901	Z878902	Z878903	Z878904	Z878909	Z87893		

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

2027 ICD Discontinued Diagnosis Codes

The ICD diagnosis codes that were discontinued for 2027 are no longer reimbursed for claims that are submitted with dates of service on or after October 1, 2026. The following is a list of diagnosis codes that have been discontinued:

Discontinued Diagnosis Codes							
D691	I420	I428	I498	M722	M868X1	M868X2	M868X3
M868X4	M868X5	M868X6	M868X7	M868X8	S23420A	S23420D	S23420S
T528X1A	T528X1D	T528X1S	T528X2A	T528X2D	T528X2S	T528X3A	T528X3D
T528X3S	T528X4A	T528X4D	T528X4S	Z681	Z87890		

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

2027 Diagnosis Code Description Changes

Effective for dates of service on or after October 1, 2026, the following diagnosis code descriptions have changed:

Revised Diagnosis Code Descriptions							
L02232	L03312	L03322	Z2914				

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

2027 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 Healthcare 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, 2026.

The following tables lists all the new, discontinued, and revised 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 2027 will be valid for claims that are submitted with dates of service on or after October 1, 2026. The following is a list of procedure codes that have been added:

Added PCS Surgical Procedure Codes							
028F3Z0	028F3Z1	028G3Z0	028G3Z1	0RGA0E0	0RGA0EJ	0RGA3E0	0RGA3EJ
0RGA4E0	0RGA4EJ	0SG00E0	0SG00EJ	0SG03E0	0SG03EJ	0SG04E0	0SG04EJ
0SG10E0	0SG10EJ	0SG13E0	0SG13EJ	0SG14E0	0SG14EJ	0SG30E0	0SG30EJ
0SG33E0	0SG33EJ	0SG34E0	0SG34EJ	0W99003	0W99303	0W99403	0W9B003
0W9B303	0W9B403	0W9C003	0W9C303	0W9C403	30233S5	30243S5	3E00XGF
3E01XGF	5A0527D	5A1D701	5A1D801	5A1D901	B85A2ZZ	B85B2ZZ	B85G2ZZ
B85H2ZZ	X0HQ05C	X27P3NC	X27Q3NC	X27R3NC	X27S3NC	X27T3NC	X27U3NC
X28M3DC	X2H43MC	X2RF3LC	X2RG3FC	X2RH0GC	X2VJ3HC	X2VW3JC	X2VX0KC
XEZ5XKC	XEZD3QC	XEZJ3NC	XEZU3HC	XEZZXJC	XEZZXLC	XEZZXMC	XEZZXPC
XEZZXRC	XEZZXSC	XFJB3CC	XFJB4CC	XFJB8BC	XFJD3CC	XFJD4CC	XFJD8BC
XHH80JC	XRH10NC	XRH13NC	XRH14NC	XRH20NC	XRH23NC	XRH24NC	XRH40NC
XRH43NC	XRH44NC	XRH60NC	XRH63NC	XRH64NC	XW0134C	XW0336C	XW0337C
XW0436C	XW0Q35C	XW0U0CC	XW0V0BC	XXE2XHC			

The ICD PCS surgical procedure codes that were discontinued for 2027 are no longer reimbursed for claims that are submitted with dates of service on or after October 1, 2026. The following is a list of procedure codes that have been discontinued:

Discontinued PCS Surgical Procedure Codes							
X2KB317	X2KC317	XD2G4V7	XD2G8V7	XD2H4V7	XD2H8V7	XRGA0R7	XRGA3R7
XRGA4R7	XRGB0R7	XRGB3R7	XRGB4R7	XRGC0R7	XRGC3R7	XRGC4R7	XRGD0R7
XRGD3R7	XRGD4R7	XW00X27	XW01397	XW01X27	XW023X7	XW03367	XW03377
XW03387	XW033B7	XW04367	XW04377	XW04387	XW043B7	XW0DXR7	XW0G7R7
XW0H7R7	XW133D7	XW133F8	XW143D7	XXE5XR7	XXE5XT7		

Effective for dates of service on or after October 1, 2026, the following ICD PCS surgical procedure code descriptions have changed:

Revised PCS Surgical Procedure Codes							
XW0E33B	XW0V0P7	XW143F8					