



# ICD-10 SPECIAL BULLETIN

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INTERNATIONAL CLASSIFICATION OF  
DISEASES, TENTH EDITION

OCTOBER 2023



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

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## 2024 ICD Implementation

On October 1, 2023, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2024 annual International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) updates that are effective for dates of service on or after October 1, 2023.

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 2024 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.

The new 2024 ICD diagnosis codes and inpatient hospital surgical procedure codes may be billed beginning October 1, 2023. The new 2024 ICD diagnosis codes must be billed for dates of service on or after October 1, 2023.

**Important:** *To avoid fraudulent billing, providers must submit the ICD codes that are the 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 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 Centers for Medicare and Medicaid Services (CMS) Common Healthcare Procedure Coding System (HCPCS) manual.*

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## Texas Medicaid ICD Updates

The 2024 ICD updates for Texas Medicaid are included in the ICD tables in the “All Code Changes” section of this bulletin beginning on page 18. The 2024 ICD deletions and replacements are effective October 1, 2023, for dates of service on or after October 1, 2023, 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 2024 ICD-CM diagnosis code updates and are effective for dates of service on or after October 1, 2023. 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 CMS.
- **Discontinued:** Discontinued diagnosis codes are no longer reimbursed after September 30, 2023.

## Allergen Immunotherapy

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

### Added Diagnosis Codes

G43E01	G43E09	G43E11	G43E19	J4481	J4489				
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.5.1, “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									
G40C01	G40C09	G40C11	G40C19						

**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.

## Cardiac Rehabilitation

The following diagnosis codes may be reimbursed when submitted with cardiac rehabilitation procedure codes 93797, 93798, and S9472:

Added Diagnosis Codes									
I2081	I2089	I21B							

Discontinued Diagnosis Code									
I208									

**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Inpatient and Outpatient Hospital Services Handbook*, subsection 4.2.6 “Cardiac Rehabilitation,” and *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.17 “Cardiac Rehabilitation,” for additional information.

## Clinician-Administered Drug – Botulinum Toxin Type A and Type B

The following diagnosis codes may be reimbursed when submitted with botulinum toxin type A and type B procedure code J0585:

Added Diagnosis Codes									
G3781	G3789	H50621	H50622	H50629	H50631	J50632	H50639	H50641	H50642
H50649	H50651	H50652	H50659	H50661	H50662	H50669	H50671	H50672	H50679
H50681	H50682	H50689							

**Discontinued Diagnosis Code**

G378						
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The following diagnosis codes may be reimbursed when submitted with botulinum toxin type A and type B procedure code J0586:

**Added Diagnosis Codes**

G3781	G3789								
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**Discontinued Diagnosis Code**

G378						
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook* subsection 6.13 “Botulinum Toxin Type A and Type B,” for additional information.

**Clinician-Administered Drug – Chelating Agents**

The following diagnosis codes may be reimbursed when submitted with chelating agents injection procedure codes J0470 and J0600:

**Added Diagnosis Codes**

T56821A	T56821D	T56821S	T56822A	T56822D	T56822S	T56823A
T56823D	T56823S	T56824A	T56824D	T56824S		

The following diagnosis codes may be reimbursed when submitted with chelating agents injection procedure code J0895:

**Added Diagnosis Codes**

D5704	D57214	D57414	D57434	D57454	D57814	T56821A
T56821D	T56821S	T56822A	T56822D	T56822S	T56823A	T56823D
T56823S	T56824A	T56824D	T56824S			

**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook* subsection 6.22 “Chelating Agents,” for additional information.

## Clinician-Administered Drug – Vitamin B12 (Cyanocobalamin) Injections

The following diagnosis codes may be reimbursed when submitted with Vitamin B12 (cyanocobalamin) procedure code J3420:

Added Diagnosis Codes									
K90821	K90822	K90829	K9083						

**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook*, subsection 6.110 “Vitamin B12 (Cyanocobalamin) Injections,” for additional information.

## Colorectal Cancer Screening

The following diagnosis codes may be reimbursed when submitted with colorectal cancer screening procedure code G0105:

Added Diagnosis Codes									
Z83710	Z83711	Z83718	Z83719						

Discontinued Diagnosis Code									
Z8371									

**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Inpatient and Outpatient Hospital Services Handbook*, subsection 4.2.8.4 “Colonoscopies,” and subsection 6.2.6.2 “Colonoscopies,” and *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.15.2 “Colorectal Cancer Screening,” for additional information.

## Cytogenetics Testing

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

Added Diagnosis Codes									
Q4470	Q4471	Q4479	Q75001	Q75002	Q75009	Q7501	Q75021	Q75022	Q75029
Q7503	Q75041	Q75042	Q75049	Q75051	Q75052	Q75058	Q7508	Q8783	Q8784
Q8785	Q9352								

**Discontinued Diagnosis Codes**

Q447	Q750						
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.40.6 “Cytogenetics Testing,” for additional information.

**Echoencephalography**

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

**Added Diagnosis Codes**

G233	G3180	G3186	G9342	G9343	G9344				
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.26.5 “Echoencephalography,” 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**

Z6223	Z6224	Z62823	Z62831	Z62832	Z62833	Z62892
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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**

G3180	G3186	G40C01	G40C09	G40C11	G40C19	G9342
G9343	G9344					

**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.



## Physician Evaluation and Management

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

Added Diagnosis Codes									
J4489									

**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.58.4, “Group Clinical Visits for Asthma” for additional information.

## Pulmonary Function Studies

The following diagnosis code may be reimbursed when submitted with high altitude stimulation test (HAST) procedure codes 94452 and 94453:

Added Diagnosis Codes									
J4489									

**Note:** When billing for HAST (procedure code 94452 or 94453) with one of the diagnosis codes listed in the *Diagnosis Codes-Requiring Evidence of Hypoxemia* table, evidence of hypoxemia must be documented in the client’s medical record.

**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Inpatient and Outpatient Hospital Services Handbook*, subsection 4.2.20.3 “Pulmonary Function Studies,” for additional information.

## Sleep Studies

The following diagnosis codes may be reimbursed when submitted with polysomnography procedure codes 95782, 95783, 95808, 95810, and 95811:

Added Diagnosis Codes									
Q75001	Q75002	Q75009	Q7501	Q75021	Q75022	Q75029	Q7503	Q75041	Q75042
Q75049	Q75051	Q75052	Q75058	Q7508					

**Discontinued Diagnosis Code**

Q750									
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.69.3, “Polysomnography” 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**

D5704	D57214	D57414	D57434	D57454	D57814	N02B1	N02B2	N02B3	N02B4
N02B5	N02B6	N02B9	N0420	N0421	N0422	N0429			

**Discontinued Diagnosis Code**

N042									
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*, subsection 9.2.73 “Therapeutic Apheresis,” for additional information.

**Vision Services – Nonsurgical**

The following diagnosis codes may be reimbursed for gonioscopy procedure code 92020:

**Added Diagnosis Codes**

H36821	H36822	H36823	H36829	H3689					
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The following diagnosis codes may be reimbursed for polycarbonate lens procedure code V2784:

**Added Diagnosis Codes**

D8984	G20A1	G20A2	G20B1	G20B2	G20C	G3180	G3186	G3781	G3789
G40C01	G40C09	G40C11	G40C19	G90B	G9342	G9344	Q8783	Q8784	Q8785
Q9352									

**Discontinued Diagnosis Codes**

G20									
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**Refer to:** The current *Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook*, subsection 4.3.6.3 “Gonioscopy,” and 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 2024 ICD updates and are effective for dates of service on or after October 1, 2023. For more information, call the TMHP Contact Center at **800-925-9126**.

### Blood Pressure Devices – CCP

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

#### Added Diagnosis Codes

I1A0	I21B	I4710	I4711	I4719	N02B1	N02B2	N02B3	N02B4	N02B5
N02B6	N02B9								

#### Discontinued Diagnosis Code

I471									
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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 “Blood Pressure Devices (Manual and Automated),” for additional information.

### Diabetic Equipment and Supplies – Home Health

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

E88810	E88811	E88818	E88819	E88A					
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#### Discontinued Diagnosis Code

E8881									
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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									
E7405	E7527	E7528	E7981	E7982	E7989	E8843	E88810	E88811	E88818
E88819	E88A								

Discontinued Diagnosis Codes									
E798	E8881								

**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 2024 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 2024 ICD deletions are effective October 1, 2023, for dates of service on or after October 1, 2023, 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 2024 ICD updates and are effective for dates of service on or after October 1, 2023. 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 CMS.
- **Discontinued:** Discontinued diagnosis codes are no longer reimbursed after September 30, 2023.

### Ambulatory Electroencephalogram

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

Added Diagnosis Codes									
G40C01	G40C09	G40C11	G40C19						

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

### 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									
I1A0	I21B	I2585	I4710	I4711	I4719	N02B1	N02B2	N02B3	N02B4
N02B5	N02B6	N02B9	N0420	N0421	N0422	N0429			

Discontinued Diagnosis Codes									
I471	N042								

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

## Botulinum Toxin Type A and Type B

The following diagnosis codes may be reimbursed when submitted with botulinum toxin type A and type B procedure code J0585:

Added Diagnosis Codes									
G3781	G3789	H50621	H50622	H50629	H50631	H50632	H50639	H50641	H50642
H50649	H50651	H50652	H50659	H50661	H50662	H50669	H50671	H50672	H50679
H50681	H50682	H50689							

Discontinued Diagnosis Code									
G378									

The following diagnosis codes may be reimbursed when submitted with botulinum toxin type A and type B procedure code J0586:

Added Diagnosis Codes									
G3781	G3789								

Discontinued Diagnosis Code									
G378									

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

## Cytogenetics Testing

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

Added Diagnosis Codes									
Q4470	Q4471	Q4479	Q75001	Q75002	Q75009	Q7501	Q75021	Q75022	Q75029
Q7503	Q75041	Q75042	Q75049	Q75051	Q75052	Q75058	Q7508	Q8783	Q8784
Q8785	Q9352								

**Discontinued Diagnosis Codes**

Q447	Q750								
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**Refer to:** The *CSHCN Services Program Provider Manual*, section 25.2.5.2, “Cytogenetics Testing,” for additional information.

**Diabetic Equipment and Supplies**

The following non-diabetic diagnosis codes may be reimbursed when submitted with diabetic equipment and supplies procedure codes A4224, A4225, A4230, A4231, A4232, A4233, A4234, A4235, A4236, A4250, A4252, A4253, A4256, A4258, A4259, and A9275:

**Added Diagnosis Codes**

E88810	E88811	E88818	E88819	E88A					
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**Discontinued Diagnosis Code**

E8881									
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**Refer to:** The *CSHCN Services Program Provider Manual*, section 15.2.1.1, “Non-Diabetic Diagnosis codes” for additional information.

**Echoencephalography**

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

**Added Diagnosis Codes**

G233	G3180	G3186	G9342	G9343	G9344				
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**Refer to:** The *CSHCN Services Program Provider Manual*, section 31.2.17, “Echoencephalography,” for additional information.

**Neurostimulators and Neuromuscular Stimulators**

The following diagnosis codes may be reimbursed when submitted with dorsal column neurostimulation (DCN), intracranial neurostimulation, and percutaneous electrical nerve stimulation (PENS) procedure codes:

**Added Diagnosis Codes**

G20A1	G20A2	G20B1	G20B2	G20C					
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**Discontinued Diagnosis Codes**

G20									
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**Refer to:** The current *CSHCN Services Program Provider Manual*, section 27.2.1 “Dorsal Column Neurostimulation (DCN),” section 27.2.2 “Intracranial Neurostimulation (ICN),” and section 27.2.4 “Percutaneous Electrical Nerve Stimulation (PENS),” 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**

D5704	D57214	N02B1	N02B2	N02B3	N02B4	N02B5	N02B6	N02B9	N0420
N0421	N0422	N0429							

**Discontinued Diagnosis Code**

N042									
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**Refer to:** The *CSHCN Services Program Provider Manual*, section 31.2.41, “Therapeutic Apheresis,” for additional information.

## 2024 ICD Diagnosis Code Additions

The following is a list of new ICD diagnosis codes:

Added Diagnosis Codes						
A4154	B9683	D1391	D1399	D48110	D48111	D48112
D48113	D48114	D48115	D48116	D48117	D48118	D48119
D4819	D5704	D57214	D57414	D57434	D57454	D57814
D6102	D8984	E20810	E20811	E20812	E20818	E20819
E2089	E7405	E7527	E7528	E7981	E7982	E7989
E8843	E88810	E88811	E88818	E88819	E88A	G115
G116	G20A1	G20A2	G20B1	G20B2	G20C	G233
G3180	G3186	G3781	G3789	G40C01	G40C09	G40C11
G40C19	G43E01	G43E09	G43E11	G43E19	G90B	G9342
G9343	G9344	H36811	H36812	H36813	H36819	H36821
H36822	H36823	H36829	H3689	H50621	H50622	H50629
H50631	H50632	H50639	H50641	H50642	H50649	H50651
H50652	H50659	H50661	H50662	H50669	H50671	H50672
H50679	H50681	H50682	H50689	H578A1	H578A2	H578A3
H578A9	I1A0	I2081	I2089	I21B	I2481	I2489
I2585	I4710	I4711	I4719	J1561	J1569	J4481
J4489	J4A0	J4A8	J4A9	K35200	K35201	K35209
K35210	K35211	K35219	K638211	K638212	K638219	K63822
K63829	K682	K683	K90821	K90822	K90829	K9083
M800B1A	M800B1D	M800B1G	M800B1K	M800B1P	M800B1S	M800B2A
M800B2D	M800B2G	M800B2K	M800B2P	M800B2S	M800B9A	M800B9D
M800B9G	M800B9K	M800B9P	M800B9S	M808B1A	M808B1D	M808B1G
M808B1K	M808B1P	M808B1S	M808B2A	M808B2D	M808B2G	M808B2K
M808B2P	M808B2S	M808B9A	M808B9D	M808B9G	M808B9K	M808B9P
M808B9S	N02B1	N02B2	N02B3	N02B4	N02B5	N02B6
N02B9	N0420	N0421	N0422	N0429	N0620	N0621
N0622	N0629	O26641	O26642	O26643	O26649	O9041
O9049	Q4470	Q4471	Q4479	Q75001	Q75002	Q75009

**Added Diagnosis Codes**

Q7501	Q75021	Q75022	Q75029	Q7503	Q75041	Q75042
Q75049	Q75051	Q75052	Q75058	Q7508	Q8783	Q8784
Q8785	Q9352	R09A0	R09A1	R09A2	R09A9	R402A
R9230	R92311	R92312	R92313	R92321	R92322	R92323
R92331	R92332	R92333	R92341	R92342	R92343	T56821A
T56821D	T56821S	T56822A	T56822D	T56822S	T56823A	T56823D
T56823S	T56824A	T56824D	T56824S	W448XXA	W448XXD	W448XXS
W449XXA	W449XXD	W449XXS	W44A0XA	W44A0XD	W44A0XS	W44A1XA
W44A1XD	W44A1XS	W44A9XA	W44A9XD	W44A9XS	W44B0XA	W44B0XD
W44B0XS	W44B1XA	W44B1XD	W44B1XS	W44B2XA	W44B2XD	W44B2XS
W44B3XA	W44B3XD	W44B3XS	W44B4XA	W44B4XD	W44B4XS	W44B5XA
W44B5XD	W44B5XS	W44B9XA	W44B9XD	W44B9XS	W44C0XA	W44C0XD
W44C0XS	W44C1XA	W44C1XD	W44C1XS	W44C2XA	W44C2XD	W44C2XS
W44D0XA	W44D0XD	W44D0XS	W44D1XA	W44D1XD	W44D1XS	W44D2XA
W44D2XD	W44D2XS	W44D3XA	W44D3XD	W44D3XS	W44D4XA	W44D4XD
W44D4XS	W44D9XA	W44D9XD	W44D9XS	W44E0XA	W44E0XD	W44E0XS
W44E1XA	W44E1XD	W44E1XS	W44E2XA	W44E2XD	W44E2XS	W44E3XA
W44E3XD	W44E3XS	W44E4XA	W44E4XD	W44E4XS	W44E9XA	W44E9XD
W44E9XS	W44F0XA	W44F0XD	W44F0XS	W44F1XA	W44F1XD	W44F1XS
W44F2XA	W44F2XD	W44F2XS	W44F3XA	W44F3XD	W44F3XS	W44F4XA
W44F4XD	W44F4XS	W44F9XA	W44F9XD	W44F9XS	W44G0XA	W44G0XD
W44G0XS	W44G1XA	W44G1XD	W44G1XS	W44G2XA	W44G2XD	W44G2XS
W44G3XA	W44G3XD	W44G3XS	W44G9XA	W44G9XD	W44G9XS	W44H0XA
W44H0XD	W44H0XS	W44H1XA	W44H1XD	W44H1XS	W44H2XA	W44H2XD
W44H2XS	Z0284	Z0581	Z0589	Z1613	Z22340	Z22341
Z22349	Z22350	Z22358	Z22359	Z2981	Z2989	Z6223
Z6224	Z62823	Z62831	Z62832	Z62833	Z62892	Z83710
Z83711	Z83718	Z83719	Z9185	Z91A41	Z91A48	Z91A51
Z91A58	Z91A91	Z91A98				

For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126** or the TMHP-CSHCN Services Program Contact Center at **800-568-2413**.

## Discontinued Diagnosis Codes

The 2024 ICD discontinued diagnosis codes are no longer valid for claims submitted with dates of service on or after October 1, 2023. The following is a list of diagnosis codes that have been discontinued:

Discontinued Diagnosis Codes						
D139	D481	E208	E798	E8881	G20	G378
H36	I208	I248	I471	J156	K3520	K3521
N042	N062	O904	Q447	Q750	Z058	Z298
Z8371	Z91A4	Z91A5	Z91A9			

For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126** or the TMHP-CSHCN Services Program Contact Center at **800-568-2413**.

## Diagnosis Code Description Changes

Effective for dates of service on or after October 1, 2023, the following diagnosis code descriptions have changed:

Revised Diagnosis Codes						
I25112	I25112	I7151	I7151	I7152	I7152	I7161
I7161	I7162	I7162	N35812	N35812	P199	P199
Q8581	Q8581	Q8740	Q8740	Q87410	Q87410	Q87418
Q87418	Q8742	Q8742	Q8743	Q8743		

For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at **800-925-9126** or the TMHP-CSHCN Services Program Contact Center at **800-568-2413**.

## 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 Centers for Medicare and Medicaid (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, 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, 2023.

The following table lists all of 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.

Added PCS Surgical Procedure Codes						
02HW3RZ	02PW3RZ	02WW3RZ	0CSS0ZZ	0CSS7ZZ	0CSS8ZZ	0DH17JZ
0DH27JZ	0DH37JZ	0WHC0GZ	0WHC3GZ	0WHC4GZ	0WPC0GZ	0WPC3GZ
0WPC4GZ	0WPCXGZ	0WWC0GZ	0WWC3GZ	0WWC4GZ	0WWCXGZ	5A09B5K
5A09C5K	5A09D5K	8E0U0EN	8E0U3EN	8E0U4EN	8E0U7EN	8E0U8EN
8E0W0EN	8E0W3EN	8E0W4EN	8E0W7EN	8E0W8EN	X051329	X2H03R9
X2H13R9	X2H20R9	X2H30R9	X2H63V9	X2HK3V9	X2HLOF9	X2HM0F9
X2HX0F9	X2KH3D9	X2KH3E9	X2KJ3D9	X2KJ3E9	X2U4079	X2UQ0P9
X2UR0P9	XNHG0F9	XNHH0F9	XNR80D9	XNRL099	XNRM099	XRGJ0B9
XRGK0B9	XRGL0B9	XRGM0B9	XW013L9	XW013S9	XW033K9	XW033P9
XW033Q9	XW033R9	XW043K9	XW043P9	XW043Q9	XW043R9	XW053T9
XW0DXJ9	XW0DXN9	XW133H9	XW143H9	XX20X89	XX2F3W9	XXE2X19
XXE5XY9						