

INTERNATIONAL CLASSIFICATION OF DISEASES ICD-10 SPECIAL BULLETIN 2021 EDITION



Contents

General Information	
2021 ICD Implementation	3
Claims Filing	3
Medicaid Fee-for-Service and Managed Care Providers	
Texas Medicaid ICD Updates	
Texas Medicaid Benefit Changes	
Home Health and Comprehensive Care Program (CCP) Providers	
CCP Services Benefit Changes	
Children With Special Health Care Needs (CSHCN) Services Program Providers	
CSHCN Services Program Updates	
CSHCN Services Program Benefit Changes	10
All Code Changes: Added, Revised, and Discontinued	12
2021 ICD Diagnosis Code Additions	12
Discontinued Diagnosis Codes	
Diagnosis Code Description Changes.	
Inpatient Hospital ICD-10-PCS Surgical Procedure Code Updates	
Inpatient Hospital ICD-10-PCS Surgical Procedure Code Updates	

Use of the AMA's copyrighted ${\tt CPT}^{\odot}$ is allowed in this publication with the following disclosure:

"CPT® is copyright© 2020 American Medical Association. All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement (FARS/DFARS) apply."

The American Dental Association requires the following copyright notice in all publications containing Current Dental Terminology (CDT) codes:

"Current Dental Terminology (including procedure codes, nomenclature, descriptors, and other data contained therein) is copyright© 2020 American Dental Association. All rights reserved. Applicable FARS/DFARS apply."

2021 ICD Implementation

On October 1, 2021, Texas Medicaid & Healthcare Partnership (TMHP) applied the 2021 annual *International Classification of Diseases* (ICD) updates that are effective for dates of service on or after October 1, 2021. 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 2021 updates for ICD and Current Procedural Terminology (CPT®).

All providers are encouraged to review the "General Information" section of this bulletin. Policy updates for a specific program or provider type are discussed in designated sections of the bulletin.

Note: No benefit changes have been made to the Texas Health Steps, Healthy Texas Women, or HHSC Family Planning programs in response to the 2021 ICD updates.

Claims Filing

The new 2021 ICD diagnosis codes and inpatient hospital surgical procedure codes may be billed beginning October 1, 2021. The new 2021 ICD codes *must* be billed for dates of service on or after October 1, 2021.

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 Health Care Common Procedure Coding System (HCPCS) manual.

Texas Medicaid ICD Updates

The 2021 ICD updates for Texas Medicaid are included in the ICD tables in the "All Code Changes" section of this bulletin beginning on page 12. The 2021 ICD deletions and replacements are effective October 1, 2021, for dates of service on or after October 1, 2021, 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 2021 ICD-CM diagnosis code updates and are effective for dates of service on or after October 1, 2021. For more information, call the TMHP Contact Center at **800-925-9126**.

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, 2021.

Cardiac Rehabilitation

The following diagnosis code may be reimbursed when submitted with procedure codes 93797, 93798 and S9472 and revenue code 943:

Added Diagn	osis Code			
I5A				

Refer to: The current Texas Medicaid Provider Procedures Manual, Inpatient and Outpatient Hospital Services Handbook, section 4.2.6 Cardiac Rehabilitation," and the Medical and Nursing Specialists, Physicians and Physician Assistants Handbook, section 9.2.17 "Cardiac Rehabilitation," for more information.

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.

Clinician-Administered Drug – Colony Stimulating Factors

The following diagnosis codes may be reimbursed when submitted with procedure codes J1442, J1447, J2505, J2820, Q5101, Q5120 and Q5122:

Added Diagn	osis Codes			
C563	C7963	C847A		

Refer to: The current *Texas Medicaid Provider Procedures Manual, Outpatient Drug Services Handbook,* section 7.19 "Colony Stimulating Factors (Filgrastim, Pegfilgrastim, and Sargramostim)," for more information.

Cytogenetics Testing

The following diagnosis codes may be reimbursed when submitted with procedure codes 88230, 88233, 88235, 88237, 88239, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, and 88291:

Added Diagnosis Codes						
C847A	F78A1	F78A9				
Discontinued Diagnosis Code						
F78						

Refer to: The current Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, section 9.2.39.6 "Cytogenetics Testing," for more information.

Echoencephalography

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

Added Diagn	osis Codes					
P0082	S06A0XA	S06A0XD	S06A0XS	S06A1XA	S06A1XD	S06A1XS

Refer to: The current Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians and Physician Assistants Handbook, section 9.2.25.5, "Echoencephalography," for more 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						
M3505	M3506	M3507	M3508	M350A	M350B	M350C
M5450	M5451	M5459				

Discontinued Diagnosis Code						
M545						

Refer to: The current Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook, section 9.2.27.2 "Electromyography and Nerve Conduction Studies," for more information.

Mental Health Rehabilitation Services

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

Added Diagn	osis Code			
F32A				

Refer to: The current *Texas Medicaid Provider Procedures Manual, Behavioral Health and Case Management Services Handbook,* section 5.2.3 " Mental Health Rehabilitation Services," for more information.

Mental Health Targeted Case Management

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

Added Diagn	osis Code			
F32A				

Refer to: The current *Texas Medicaid Provider Procedures Manual, Behavioral Health and Case Management Services Handbook,* section 5.2.2 "Mental Health Targeted Case Management (MHTCM)," for more 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 Diagn	osis Codes				
F32A	R4588	Z9151	Z9152		

In addition, the following diagnosis codes may be reimbursed when submitted with psychotherapy and psychiatric diagnostic evaluation procedure codes 90791 and 90792:

Added Diagn	osis Codes			
F78A1	F78A9			

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 Diag	Added Diagnosis Codes							
F32A	F78A1	F78A9	G0482	G928	G929	R4588		
T40711A	T40711D	T40711S	T40712A	T40712D	T40712S	T40713A		
T40713D	T40713S	T40714A	T40714D	T40714S	T40715A	T40715D		
T40715S	T40716A	T40716D	T40716S	T40721A	T40721D	T40721S		
T40722A	T40722D	T40722S	T40723A	T40723D	T40723S	T40724A		
T40724D	T40724S	T40725A	T40725D	T40725S	T40726A	T40726D		
T40726S	Z9151	Z9152						

Discontinue	Discontinued Diagnosis Codes						
F78	G92						

Refer to: The current *Texas Medicaid Provider Procedures Manual, Behavioral Health and Case Management Services Handbook,* section 4.2 "Services, Benefits, Limitations," for more information.

Pediatric Pneumogram

The following diagnosis code may be reimbursed when submitted for procedure code 94772 for a pediatric pneumogram in clients who are birth through 11 months of age:

Added Diagn	osis Code			
P0082				

Refer to: The current Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians and Physician Assistants Handbook, section 9.2.25.10, "Pediatric Pneumogram," for more information.

Skin Therapy

The following diagnosis codes may be reimbursed when submitted with procedure codes 96900, 96910, 96912, 96913, 96920, 96921, and 96922:

Added Diagnosis Codes								
L24A0	L24A1	L24A2	L24A9	L24B0	L24B1	L24B2		
L24B3								

Refer to: The current Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians and Physician Assistants Handbook, section 9.2.66 "Skin Therapy," for more information.

Therapeutic Apheresis

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

Added Diagn	osis Codes			
M3110	M3111	M3119		

Discontinue	d Diagnosis C	ode		
M311				

Refer to: The current Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians and Physician Assistants Handbook, section 9.2.71 'Therapeutic Apheresis," for more information.

CCP Services Benefit Changes

The following Texas Medicaid CCP benefit changes have been made to support the 2021 ICD updates and are effective for dates of service on or after October 1, 2021. For more information, call the TMHP Contact Center at 800-925-9126.

Blood Pressure Devices-CCP

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

Added Diagn	osis Code			
15A				

Refer to: The current Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, section 2.2.7, "Blood Pressure Devices (Manual and Automated)," for more information.

Nutritional Products-CCP

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

Added Diagn	osis Codes			
E75244	M3508			

Refer to: The current Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, section 2.2.18.2.2 "Clients who are 20 years of age and younger," for more information.

CSHCN Services Program Updates

The 2021 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 12. The 2021 ICD deletions are effective October 1, 2021, for dates of service on or after October 1, 2021, 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 2021 ICD updates and are effective for dates of service on or after October 1, 2021. For more information, call the TMHP-CSHCN Services Program Contact Center at **800-925-9126**.

The policy articles below contain the following information:

- **Added:** Added diagnosis codes are new procedure codes added by the Centers for Medicare & Medicaid Services (CMS).
- **Discontinued:** Discontinued diagnosis codes are no longer reimbursed after September 30, 2021.

Blood Pressure Monitoring and Devices

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

Added Diagn	osis Code			
I5A				

Refer to: The current *CSHCN Services Program Provider Manual*, section 11.2.1.2 "Manual and Automated Blood Pressure Devices," for more information.

Cytogenetics Testing

The following diagnosis codes may be reimbursed when submitted with procedure codes 88230, 88233, 88237, 88239, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, and 88291:

Added Diagn	osis Codes			
C847A	F78A1	F78A9		

Discontinue	d Diagnosis C	ode		
F78				

Refer to: The current *CSHCN Services Program Provider Manual*, section 25.2.5.2 "Cytogenetics Testing," for more information.

Echoencephalography

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

Added Diagn	osis Codes					
P0082	S06A0XA	S06A0XD	S06A0XS	S06A1XA	S06A1XD	S06A1XS

Refer to: The current *CSHCN Services Program Provider Manual*, section 31.2.16 "Echoencephalography," for more 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								
M3505	M3506	M3507	M3508	M350A	M350B	M350C		
M5450	M5451	M5459						

Discontinue	d Diagnosis C	ode		
M545				

Refer to: The current *CSHCN Services Program Provider Manual*, section 31.2.18.2 "Electromyography and Nerve Conduction Studies," for more information.

Therapeutic Apheresis

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

Added Diagn	osis Codes			
M3110	M3111	M3119		

Discontinue	d Diagnosis C	ode		
M311				

Refer to: The current *CSHCN Services Program Provider Manual*, section 31.2.39 "Therapeutic Apheresis," for more information.

ALL CODE CHANGES: ADDED, REVISED, AND DISCONTINUED

2021 ICD Diagnosis Code Additions

The following is a list of new ICD diagnosis codes:

Added Diag	nosis Codes					
A7982	C563	C7963	C847A	D5521	D5529	D75838
D75839	D8944	E75244	F32A	F78A1	F78A9	G0482
G4486	G9200	G9201	G9202	G9203	G9204	G9205
G928	G929	I5A	K2281	K2282	K2289	K31A0
K31A11	K31A12	K31A13	K31A14	K31A15	K31A19	K31A21
K31A22	K31A29	L24A0	L24A1	L24A2	L24A9	L24B0
L24B1	L24B2	L24B3	M3110	M3111	M3119	M3505
M3506	M3507	M3508	M350A	M350B	M350C	M45A0
M45A1	M45A2	M45A3	M45A4	M45A5	M45A6	M45A7
M45A8	M45AB	M5450	M5451	M5459	P0082	P091
P092	P093	P094	P095	P096	P098	P099
R051	R052	R053	R054	R058	R059	R3581
R3589	R4588	R6330	R6331	R6332	R6339	R7983
S06A0XA	S06A0XD	S06A0XS	S06A1XA	S06A1XD	S06A1XS	T40711A
T40711D	T40711S	T40712A	T40712D	T40712S	T40713A	T40713D
T40713S	T40714A	T40714D	T40714S	T40715A	T40715D	T40715S

Added Diagnosis Codes								
T40716A	T40716D	T40716S	T40721A	T40721D	T40721S	T40722A		
T40722D	T40722S	T40723A	T40723D	T40723S	T40724A	T40724D		
T40724S	T40725A	T40725D	T40725S	T40726A	T40726D	T40726S		
T8082XA	T8082XD	T8082XS	U099	Y35899A	Y35899D	Y35899S		
Z555	Z586	Z5900	Z5901	Z5902	Z5941	Z5948		
Z59811	Z59812	Z59819	Z5989	Z7185	Z91014	Z9151		
Z9152	Z92850	Z92858	Z92859	Z9286				

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

Discontinued Diagnosis Codes

The 2021 ICD discontinued diagnosis codes are no longer valid for claims submitted with dates of service on or after October 1, 2021. The following is a list of diagnosis codes that have been discontinued:

Discontinued Diagnosis Codes								
D552	F78	G92	K228	M311	M545	P09		
R05	R358	R633	T407X1A	T407X1D	T407X1S	T407X2A		
T407X2D	T407X2S	T407X3A	T407X3D	T407X3S	T407X4A	T407X4D		
T407X4S	T407X5A	T407X5D	T407X5S	T407X6A	T407X6D	T407X6S		
Z590	Z594	Z598	Z915					

For more information, call the 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, 2021, the following diagnosis code descriptions have changed:

Diagnosis Code Description Changes						
G7120	G7120	M3500	M3500	M3501	M3501	M3502

Diagnosis Code Description Changes								
M3502	M3503	M3503	M3504	M3504	M3509	M3509		
T63611A	T63611A	T63611D	T63611D	T63611S	T63611S	T63612A		
T63612A	T63612D	T63612D	T63612S	T63612S	T63613A	T63613A		
T63613D	T63613D	T63613S	T63613S	T63614A	T63614A	T63614D		
T63614D	T63614S	T63614S	Z9225	Z9225				

For more information, call the 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

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, 2021.

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 DRG for an inpatient hospital stay and are processed as informational only.

Added Procedure Codes						
00D00ZZ	00D03ZZ	00D04ZZ	00D70ZZ	00D73ZZ	00D74ZZ	02C03Z7
02C13Z7	02C23Z7	02C33Z7	02F03ZZ	02F13ZZ	02F23ZZ	02F33ZZ

Added Pro	cedure Codes					
02RA0LZ	02RA0MZ	02RH38L	02RH38M	02VL0CZ	02VL0DZ	02VL0ZZ
02VL3CZ	02VL3DZ	02VL3ZZ	02VL4CZ	02VL4DZ	02VL4ZZ	03173ZF
03183ZF	03FG3Z0	03FG3ZZ	06LY7CC	06LY7CZ	06LY7DC	06LY7DZ
06LY7ZC	06LY7ZZ	06LY8CC	06LY8CZ	06LY8DC	06LY8DZ	06LY8ZC
06LY8ZZ	07DT0ZX	07DT0ZZ	07DT3ZX	07DT3ZZ	0F800ZZ	0F803ZZ
0F804ZZ	0F810ZZ	0F813ZZ	0F814ZZ	0F820ZZ	0F823ZZ	0F824ZZ
0K847ZZ	0K848ZZ	0NH003Z	0NH033Z	0NH043Z	0PS403Z	0PS443Z
0QBN0Z2	0QBN3Z2	0QBN4Z2	0QBP0Z2	0QBP3Z2	0QBP4Z2	0QS003Z
0QS043Z	0RPJ0J6	ORPJ0J7	0RPJ3J6	0RPJ3J7	0RPJ4J6	0RPJ4J7
ORPK0J6	ORPK0J7	0RPK3J6	0RPK3J7	0RPK4J6	0RPK4J7	0RWJ0J6
ORWJ0J7	0RWJ3J6	0RWJ3J7	0RWJ4J6	0RWJ4J7	0RWJXJ6	0RWJXJ7
ORWK0J6	ORWK0J7	0RWK3J6	0RWK3J7	0RWK4J6	0RWK4J7	0RWKXJ6
ORWKXJ7	30233D1	30243D1	3E1M48X	3E1M48Z	4B00XW0	5A1221J
BF150ZZ	BF151ZZ	BF15YZZ	BF15ZZA	X2CP3T7	X2CQ3T7	X2CR3T7
X2CS3T7	X2CT3T7	X2CU3T7	X2CV3T7	X2CY3T7	X2J	X2JAX47
X2K	X2KB317	X2KC317	X2RX0N7	X2V	X2V73Q7	X2VW0N7
XD2	XD2G4V7	XD2G8V7	XD2H4V7	XD2H8V7	XDP	XDPH8K7
XFJ	XFJB8A7	XFJD8A7	XHRPXF7	XNS00C7	XNS03C7	XNS40C7
XNS43C7	XRGA0R7	XRGA3R7	XRGA4R7	XRGB0R7	XRGB3R7	XRGB4R7
XRGC0R7	XRGC3R7	XRGC4R7	XRGD0R7	XRGD3R7	XRGD4R7	XW00X27
XW01397	XW01X27	XW03357	XW03367	XW03377	XW03387	XW033A7
XW033B7	XW033C7	XW033G7	XW033H7	XW033J7	XW033K7	XW033L7
XW033M7	XW033N7	XW04357	XW04367	XW04377	XW04387	XW043A7
XW043B7	XW043C7	XW043G7	XW043H7	XW043J7	XW043K7	XW043L7
XW043M7	XW043N7	XW0V0P7	XW133D7	XW133E7	XW143D7	XW143E7
XWH	XWHD7Q7	XXE0X07	XXE3X27	XXE5XR7	XXE5XT7	XXE5XV7
XXE97U7	XY0YX37					