



## DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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### 2006 DIAGNOSIS CODES

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- 2006 ICD-9-CM DIAGNOSIS CHANGES

#### 2006 ICD-9-CM DIAGNOSIS CHANGES

For all claims with dates of service October 1, 2005 and after, providers must use the 2006 International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM) diagnosis codes. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Transaction and Code Set Rule requires the use of national/medical code sets that are valid at the time the service is provided, and ICD-9-CM is a national/medical code set. ICD-9-CM codes submitted on claims must be valid at the time the service is provided. Therefore, Missouri Medicaid can no longer allow a 90-day grace period for billing discontinued ICD-9-CM diagnosis codes.

Listed below are the new, the revised, and the invalid diagnosis codes for 2006:

#### New 2006 Diagnosis Codes

<b>New 2006 Diagnosis Code</b>	<b>New 2006 Diagnosis Codes - Description</b>
259.5	Androgen insensitivity syndrome
276.50	Volume depletion, unspecified
276.51	Dehydration
276.52	Hypovolemia
278.02	Overweight
287.30	Primary thrombocytopenia, unspecified
287.31	Immune thrombocytopenic purpura
287.32	Evans' syndrome
287.33	Congenital and hereditary thrombocytopenic purpura
<b>New 2006 Diagnosis</b>	

<b>Code</b>	<b>New 2006 Diagnosis Codes - Description</b>
287.39	Other primary thrombocytopenia
291.82	Alcohol induced sleep disorders
292.85	Drug induced sleep disorders
327.00	Organic insomnia, unspecified
327.01	Insomnia due to medical condition classified elsewhere
327.02	Insomnia due to mental disorder
327.09	Other organic insomnia
327.10	Organic hypersomnia, unspecified
327.11	Idiopathic hypersomnia with long sleep time
327.12	Idiopathic hypersomnia without long sleep time
327.13	Recurrent hypersomnia
327.14	Hypersomnia due to medical condition classified elsewhere
327.15	Hypersomnia due to mental disorder
327.19	Other organic hypersomnia
327.20	Organic sleep apnea, unspecified
327.21	Primary central sleep apnea
327.22	High altitude periodic breathing
327.23	Obstructive sleep apnea (adult) (pediatric)
327.24	Idiopathic sleep related non-obstructive alveolar hypoventilation
327.25	Congenital central alveolar hypoventilation syndrome
327.26	Sleep related hypoventilation/hypoxemia in conditions classifiable elsewhere
327.27	Central sleep apnea in conditions classified elsewhere
327.29	Other organic sleep apnea
327.30	Circadian rhythm sleep disorder, unspecified
327.31	Circadian rhythm sleep disorder, delayed sleep phase type
327.32	Circadian rhythm sleep disorder, advanced sleep phase type
327.33	Circadian rhythm sleep disorder, irregular sleep-wake type
327.34	Circadian rhythm sleep disorder, free-running type
327.35	Circadian rhythm sleep disorder, jet lag type
327.36	Circadian rhythm sleep disorder, shift work type
327.37	Circadian rhythm sleep disorder in conditions classified
327.39	Other circadian rhythm sleep disorder
327.40	Organic parasomnia, unspecified
327.41	Confusional arousals
327.42	REM sleep behavior disorder
327.43	Recurrent isolated sleep paralysis
327.44	Parasomnia in conditions classified elsewhere
327.49	Other organic parasomnia
327.51	Periodic limb movement disorder
327.52	Sleep related leg cramps
327.53	Sleep related bruxism
<b>New 2006 Diagnosis</b>	

Code	New 2006 Diagnosis Codes - Description
327.59	Other organic sleep related movement disorders
327.8	Other organic sleep disorders
362.03	Nonproliferative diabetic retinopathy NOS
362.04	Mild nonproliferative diabetic retinopathy
362.05	Moderate nonproliferative diabetic retinopathy
362.06	Severe nonproliferative diabetic retinopathy
362.07	Diabetic macular edema
426.82	Long QT syndrome
443.82	Erythromelalgia
525.40	Complete edentulism, unspecified
525.41	Complete edentulism, class I
525.42	Complete edentulism, class II
525.43	Complete edentulism, class III
525.44	Complete edentulism, class IV
525.50	Partial edentulism, unspecified
525.51	Partial edentulism, class I
525.52	Partial edentulism, class II
525.53	Partial edentulism, class III
525.54	Partial edentulism, class IV
567.21	Peritonitis (acute) generalized
567.22	Peritoneal abscess
567.23	Spontaneous bacterial peritonitis
567.29	Other suppurative peritonitis
567.31	Psoas muscle abscess
567.38	Other retroperitoneal abscess
567.39	Other retroperitoneal infections
567.81	Choleperitonitis
567.82	Sclerosing mesenteritis
567.89	Other specified peritonitis
585.1	Chronic kidney disease, stage I
585.2	Chronic kidney disease, stage II (mild)
585.3	Chronic kidney disease, stage III (moderate)
585.4	Chronic kidney disease, stage IV (severe)
585.5	Chronic kidney disease, stage V
585.6	End stage renal disease
585.9	Chronic kidney disease, unspecified
599.60	Urinary obstruction, unspecified
599.69	Urinary obstruction, not elsewhere classified
651.70	Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or not applicable- <b>not covered by Missouri Medicaid</b>
<b>New 2006 Diagnosis</b>	

<b>Code</b>	<b>New 2006 Diagnosis Codes - Description</b>
651.71	Multiple gestation following (elective) fetal reduction, delivered, with or without mention of antepartum condition- <b>not covered by Missouri Medicaid</b>
651.73	Multiple gestation following (elective) fetal reduction, antepartum condition or complication- <b>not covered by Missouri Medicaid</b>
760.77	Anticonvulsants
760.78	Antimetabolic agents
763.84	Meconium passage during delivery
770.10	Fetal and newborn aspiration, unspecified
770.11	Meconium aspiration without respiratory symptoms
770.12	Meconium aspiration with respiratory symptoms
770.13	Aspiration of clear amniotic fluid without respiratory symptoms
770.14	Aspiration of clear amniotic fluid with respiratory symptoms
770.15	Aspiration of blood without respiratory symptoms
770.16	Aspiration of blood with respiratory symptoms
770.17	Other fetal and newborn aspiration without respiratory symptoms
770.18	Other fetal and newborn aspiration with respiratory symptoms
770.85	Aspiration of postnatal stomach contents without respiratory symptoms
770.86	Aspiration of postnatal stomach contents with respiratory symptoms
779.84	Meconium staining
780.95	Other excessive crying
799.01	Asphyxia
799.02	Hypoxemia
996.40	Unspecified mechanical complication of internal orthopedic device, implant and graft
996.41	Mechanical loosening of prosthetic joint
996.42	Dislocation of prosthetic joint
996.43	Prosthetic joint implant failure
996.44	Peri-prosthetic fracture around prosthetic joint
996.45	Peri-prosthetic osteolysis
996.46	Articular bearing surface wear of prosthetic joint
996.47	Other mechanical complication of prosthetic joint implant
996.49	Other mechanical complication of other internal orthopedic device, implant and graft
V12.42	Personal history, infections of the central nervous system
V12.60	Personal history, unspecified disease of respiratory system
V12.61	Personal history, pneumonia (recurrent)
V12.69	Personal history, other diseases of respiratory system
V13.02	Personal history, urinary (tract) infection
V13.03	Personal history, Nephrotic syndrome
<b>New 2006 Diagnosis</b>	

<b>Code</b>	<b>New 2006 Diagnosis Codes - Description</b>
V15.88	History of fall
V17.81	Family history, osteoporosis
V17.89	Family history, other musculoskeletal diseases
V18.9	Family history, genetic disease carrier
V26.31	Testing for genetic disease carrier status- <b>not covered by Missouri Medicaid</b>
V26.32	Other genetic testing- <b>not covered by Missouri Medicaid</b>
V26.33	Genetic counseling- <b>not covered by Missouri Medicaid</b>
V46.13	Encounter for weaning from respirator (ventilator)
V46.14	Mechanical complication of respirator (ventilator)
V49.84	Bed confinement status
V58.11	Encounter for antineoplastic chemotherapy
V58.12	Encounter for immunotherapy for neoplastic condition
V59.70	Egg (oocyte) (ovum) donor, unspecified- <b>not covered by Missouri Medicaid</b>
V59.71	Egg (oocyte) (ovum) donor, under age 35, anonymous recipient- <b>not covered by Missouri Medicaid</b>
V59.72	Egg (oocyte) (ovum) donor, under age 35, designated recipient- <b>not covered by Missouri Medicaid</b>
V59.73	Egg (oocyte) (ovum) donor, age 35 and over, anonymous recipient- <b>not covered by Missouri Medicaid</b>
V59.74	Egg (oocyte) (ovum) donor, age 35 and over, designated recipient- <b>not covered by Missouri Medicaid</b>
V62.84	Suicidal ideation
V64.00	Vaccination not carried out, unspecified reason
V64.01	Vaccination not carried out, because of acute illness
V64.02	Vaccination not carried out because of chronic illness or condition
V64.03	Vaccination not carried out because of immune compromised state
V64.04	Vaccination not carried out because of allergy to vaccine or component
V64.05	Vaccination not carried out because of caregiver refusal
V64.06	Vaccination not carried out because of patient refusal
V64.07	Vaccination not carried out for religious reasons
V64.08	Vaccination not carried out because patient had disease being vaccinated against
V64.09	Vaccination not carried out for other reason
V69.5	Behavioral insomnia of childhood
V72.42	Pregnancy examination or test, positive result
V72.86	Encounter for blood typing
<b>New 2006 Diagnosis</b>	

<b>Code</b>	<b>New 2006 Diagnosis Codes - Description</b>
V85.0	Body mass index less than 19, adult
V85.1	Body mass index between 19-24, adult
V85.21	Body mass index 25.0-25.9, adult
V85.22	Body mass index 26.0-26.9, adult
V85.23	Body mass index 27.0-27.9, adult
V85.24	Body mass index 28.0-28.9, adult
V85.25	Body mass index 29.0-29.9, adult
V85.30	Body mass index 30.0-30.9, adult
V85.31	Body mass index 31.0-31.9, adult
V85.32	Body mass index 32.0-32.9, adult
V85.33	Body mass index 33.0-33.9, adult
V85.34	Body mass index 34.0-34.9, adult
V85.35	Body mass index 35.0-35.9, adult
V85.36	Body mass index 36.0-36.9, adult
V85.37	Body mass index 37.0-37.9, adult
V85.38	Body mass index 38.0-38.9, adult
V85.39	Body mass index 39.0-39.9, adult
V85.4	Body mass index 40 and over, adult

### 2006 Revised Diagnosis Codes

<b>2006 Revised Diagnosis Code</b>	<b>2006 Revised Diagnosis Codes - Description</b>
285.21	Anemia in chronic kidney disease
307.45	Circadian rhythm sleep disorder of nonorganic origin
403.00	Hypertensive kidney disease, malignant, without chronic kidney disease
403.01	Hypertensive kidney disease, malignant, with chronic kidney disease
403.10	Hypertensive kidney disease, benign, without chronic kidney disease
403.11	Hypertensive kidney disease, benign, with chronic kidney disease
403.90	Hypertensive kidney disease, unspecified, without chronic kidney disease
403.91	Hypertensive kidney disease, unspecified, with chronic kidney disease
404.00	Hypertensive heart and kidney disease, malignant, without heart failure or chronic kidney disease
<b>2006 Revised</b>	

<b>Diagnosis Code</b>	<b><u>2006 Revised Diagnosis Codes - Description</u></b>
404.01	Hypertensive heart and kidney disease, malignant, with heart failure
404.02	Hypertensive heart and kidney disease, malignant, with chronic kidney disease
404.03	Hypertensive heart and kidney disease, malignant, with heart failure and chronic kidney disease
404.10	Hypertensive heart and kidney disease, benign, without heart failure or chronic kidney disease
404.11	Hypertensive heart and kidney disease benign, with heart failure
404.12	Hypertensive heart and kidney disease, benign, with chronic kidney disease
404.13	Hypertensive heart and kidney disease, benign, with heart failure and chronic kidney disease
404.90	Hypertensive heart and kidney disease, unspecified, without heart failure or chronic kidney disease
404.91	Hypertensive heart and kidney disease, unspecified, with heart failure
404.92	Hypertensive heart and kidney disease, unspecified, with chronic kidney disease
404.93	Hypertensive heart and kidney disease, unspecified, with heart failure and chronic kidney disease
728.87	Muscle weakness (generalized)
780.51	Insomnia with sleep apnea, unspecified
780.52	Insomnia, unspecified
780.53	Hypersomnia with sleep apnea, unspecified
780.54	Hypersomnia, unspecified
780.55	Disruption of 24 hour sleep wake cycle, unspecified
780.57	Unspecified sleep apnea
780.58	Sleep related movement disorder, unspecified

### **2006 Invalid Diagnosis Codes**

<b>Invalid 2006 Diagnosis Code</b>	<b><u>Invalid 2006 Diagnosis Codes - Description</u></b>
276.5	Volume depletion
287.3	Primary thrombocytopenia
567.2	Other suppurative peritonitis
567.8	Other specified peritonitis
585	Chronic renal failure
599.6	Urinary obstruction, unspecified
<b>Invalid 2006 Diagnosis</b>	

Code	<u>Invalid 2006 Diagnosis Codes - Description</u>
770.1	Meconium aspiration syndrome
799.0	Asphyxia
996.4	Mechanical complication of internal orthopedic device, implant and graft
V12.6	Diseases of the respiratory system
V17.8	Other musculoskeletal diseases
V26.3	Genetic counseling and testing
V58.1	Chemotherapy
V64.0	Vaccination not carried out because of contradiction

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**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline  
573-751-2896**