



**FEDERAL FISCAL YEAR 2008 (FFY)
ICD-9-CM DIAGNOSIS CHANGES
EFFECTIVE OCTOBER 1, 2007**

CONTENTS

- **MO HEALTHNET DIVISION**
- **(FFY) 2008 ICD-9-CM DIAGNOSIS CHANGES EFFECTIVE OCTOBER 1, 2007**

MO HEALTHNET DIVISION

The Missouri Health Improvement Act of 2007 renamed Missouri Medicaid to MO HealthNet. Effective September 1, 2007 the Department of Social Services, Division of Medical Services, changed its name to the MO HealthNet Division (MHD).

(FFY) 2008 ICD-9-CM DIAGNOSIS CHANGES EFFECTIVE OCTOBER 1, 2007

For all claims with dates of service October 1, 2007 and after, providers must use the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes that are effective October 1, 2007. The Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set Rule requires the use of national/medical code sets that are valid at the time that 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.

NOTE: The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM is posted on CDC's Web page at: www.cdc.gov/nchs/icd9.htm.

Listed below are the new, the revised, and the invalid diagnosis codes effective October 1, 2007.

New (FFY) 2008 Diagnosis Codes

Effective October 1, 2007

New (FFY) 2008 Diagnosis Code	New (FFY) 2008 Diagnosis Codes – Description Effective October 1, 2007
040.41	Infant botulism
040.42	Wound botulism
058.10	Roseola infantum, unspecified
058.11	Roseola infantum due to human herpesvirus 6
058.12	Roseola infantum due to human herpesvirus 7
058.21	Human herpesvirus 6 encephalitis
058.29	Other human herpesvirus encephalitis
058.81	Human herpesvirus 6 infection
058.82	Human herpesvirus 7 infection
058.89	Other human herpesvirus infection
079.83	Parvovirus B19
200.30	Marginal zone lymphoma, unspecified site, extranodal and solid organ sites
200.31	Marginal zone lymphoma, lymph nodes of head, face, and neck
200.32	Marginal zone lymphoma, intrathoracic lymph nodes
200.33	Marginal zone lymphoma, intra-abdominal lymph nodes
200.34	Marginal zone lymphoma, lymph nodes of axilla and upper limb
200.35	Marginal zone lymphoma, lymph nodes of inguinal region and lower limb
200.36	Marginal zone lymphoma, intrapelvic lymph nodes
200.37	Marginal zone lymphoma, spleen
200.38	Marginal zone lymphoma, lymph nodes of multiple sites
200.40	Mantle cell lymphoma, unspecified site, extranodal and solid organ sites
200.41	Mantle cell lymphoma, lymph nodes of head, face, and neck
200.42	Mantle cell lymphoma, intrathoracic lymph nodes
200.43	Mantle cell lymphoma, intra-abdominal lymph nodes
200.44	Mantle cell lymphoma, lymph nodes of axilla and upper limb
200.45	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
200.46	Mantle cell lymphoma, intrapelvic lymph nodes
200.47	Mantle cell lymphoma, spleen
200.48	Mantle cell lymphoma, lymph nodes of multiple sites
200.50	Primary central nervous system lymphoma, unspecified site, extranodal and solid organ sites
200.51	Primary central nervous system lymphoma, lymph nodes of head, face, and neck
200.52	Primary central nervous system lymphoma, intrathoracic lymph nodes

New (FFY) 2008 Diagnosis Code	New (FFY) 2008 Diagnosis Codes – Description Effective October 1, 2007
200.53	Primary central nervous system lymphoma, intra-abdominal lymph nodes
200.54	Primary central nervous system lymphoma, lymph nodes of axilla and upper limb
200.55	Primary central nervous system lymphoma, lymph nodes of inguinal region and lower limb
200.56	Primary central nervous system lymphoma, intrapelvic lymph nodes
200.57	Primary central nervous system lymphoma, spleen
200.58	Primary central nervous system lymphoma, lymph nodes of multiple sites
200.60	Anaplastic large cell lymphoma, unspecified site, extranodal and solid organ sites
200.61	Anaplastic large cell lymphoma, lymph nodes of head, face, and neck
200.62	Anaplastic large cell lymphoma, intrathoracic lymph nodes
200.63	Anaplastic large cell lymphoma, intra-abdominal lymph nodes
200.64	Anaplastic large cell lymphoma, lymph nodes of axilla and upper limb
200.65	Anaplastic large cell lymphoma, lymph nodes of inguinal region and lower limb
200.66	Anaplastic large cell lymphoma, intrapelvic lymph nodes
200.67	Anaplastic large cell lymphoma, spleen
200.68	Anaplastic large cell lymphoma, lymph nodes of multiple sites
200.70	Large cell lymphoma, unspecified site, extranodal and solid organ sites
200.71	Large cell lymphoma, lymph nodes of head, face, and neck
200.72	Large cell lymphoma, intrathoracic lymph nodes
200.73	Large cell lymphoma, intra-abdominal lymph nodes
200.74	Large cell lymphoma, lymph nodes of axilla and upper limb
200.75	Large cell lymphoma, lymph nodes of inguinal region and lower limb
200.76	Large cell lymphoma, intrapelvic lymph nodes
200.77	Large cell lymphoma, spleen
200.78	Large cell lymphoma, lymph nodes of multiple sites
202.70	Peripheral T cell lymphoma, unspecified site, extranodal and solid organ sites
202.71	Peripheral T cell lymphoma, lymph nodes of head, face, and neck
202.72	Peripheral T cell lymphoma, intrathoracic lymph nodes
202.73	Peripheral T cell lymphoma, intra-abdominal lymph nodes
202.74	Peripheral T cell lymphoma, lymph nodes of axilla and upper limb
202.75	Peripheral T cell lymphoma, lymph nodes of inguinal region and lower limb
202.76	Peripheral T cell lymphoma, intrapelvic lymph nodes
202.77	Peripheral T cell lymphoma, spleen
202.78	Peripheral T cell lymphoma, lymph nodes of multiple sites

New (FFY) 2008 Diagnosis Code	New (FFY) 2008 Diagnosis Codes – Description Effective October 1, 2007
233.30	Carcinoma in situ, unspecified female genital organ
233.31	Carcinoma in situ, vagina
233.32	Carcinoma in situ, vulva
233.39	Carcinoma in situ, other female genital organ
255.41	Glucocorticoid deficiency
255.42	Mineralocorticoid deficiency
258.01	Multiple endocrine neoplasia (MEN) type I
258.02	Multiple endocrine neoplasia (MEN) type IIA
258.03	Multiple endocrine neoplasia (MEN) type IIB
284.81	Red cell aplasia (acquired)(adult)(with thymoma)
284.89	Other specified aplastic anemias
288.66	Bandemia
315.34	Speech and language developmental delay due to hearing loss
331.5	Idiopathic normal pressure hydrocephalus (INPH)
359.21	Myotonic muscular dystrophy
359.22	Myotonia congenital
359.23	Myotonic chondrodystrophy
359.24	Drug induced myotonia
359.29	Other specified myotonic disorder
364.81	Floppy iris syndrome
364.89	Other diseases of iris and ciliary disorder
388.45	Acquired auditory processing disorder
389.05	Conductive hearing loss, unilateral
389.06	Conductive hearing loss, bilateral
389.13	Neural hearing loss, unilateral
389.17	Sensory hearing loss, unilateral
389.20	Mixed hearing loss, unspecified
389.21	Mixed hearing loss, unilateral
389.22	Mixed hearing loss, bilateral
414.2	Chronic total occlusion of coronary artery
415.12	Septic pulmonary embolism
423.3	Cardiac tamponade
440.4	Chronic total occlusion of artery of the extremities
449	Septic arterial embolism
488	Influenza due to identified avian influenza virus
525.71	Osseointegration failure of dental implant
525.72	Post-osseointegration biological failure of dental implant
525.73	Post-osseointegration mechanical failure of dental implant
525.79	Other endosseous dental implant failure
569.43	Anal sphincter tear (healed)(old)
624.01	Vulvar intraepithelial neoplasia I (VIN I)

New (FFY) 2008 Diagnosis Code	New (FFY) 2008 Diagnosis Codes – Description Effective October 1, 2007
624.02	Vulvar intraepithelial neoplasia II (VIN II)
624.09	Other dystrophy of vulva
664.60	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, unspecified as to episode of care or not applicable
664.61	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, delivered, with or without mention of antepartum condition
664.64	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, postpartum condition or complication
733.45	Aseptic necrosis of bone, jaw
787.20	Dysphagia, unspecified
787.21	Dysphagia, oral phase
787.22	Dysphagia, oropharyngeal phase
787.23	Dysphagia, pharyngeal phase
787.24	Dysphagia, pharyngoesophageal phase
787.29	Other dysphagia
789.51	Malignant ascites
789.29	Other ascites
999.31*	Infection due to central venous catheter
999.39*	Infection following other infusion, injection, transfusion, or vaccination
V12.53	Personal history of sudden cardiac arrest
V12.54	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
V13.22	Personal history of cervical dysplasia
V16.52	Family history of malignant neoplasm, bladder
V17.41	Family history of sudden cardiac death (SCD)
V17.49	Family history of other cardiovascular diseases
V18.11	Family history of multiple endocrine neoplasia (MEN) syndrome
V18.19	Family history of other endocrine and metabolic diseases
V25.04	Counseling and instruction in natural family planning to avoid pregnancy
V26.41	Procreative counseling and advice using natural family planning
V26.49	Other procreative management counseling and advice
V26.81	Encounter for assisted reproductive fertility procedure cycle
V26.89	Other specified procreative management
V49.85	Dual sensory impairment
V68.01	Disability examination
V68.09	Other issue of medical certificates
V72.12	Encounter for hearing conservation and treatment
V73.81	Special screening examination, Human papillomavirus (HPV)

New (FFY) 2008 Diagnosis Code	New (FFY) 2008 Diagnosis Codes – Description Effective October 1, 2007
V84.81	Genetic susceptibility to multiple endocrine neoplasia (MEN)
V84.89	Genetic susceptibility to other disease

(FFY) 2008 Invalid Diagnosis Codes
Effective October 1, 2007

Invalid (FFY) 2008 Diagnosis Code	Invalid (FFY) 2008 Diagnosis Codes – Description Effective October 1, 2007
233.3	Carcinoma in situ, other and unspecified female genital organs
255.4	Corticoadrenal insufficiency
258.0	Polyglandular activity in multiple endocrine adenomatosis
284.8	Other specified aplastic anemias
359.2	Myotonic disorders
364.8	Other disorders of iris and ciliary body
389.2	Mixed conductive and sensorineural hearing loss
624.0	Dystrophy of vulva
787.2	Dysphagia
789.5	Ascites
999.3*	Complications of medical care, not elsewhere classified, Other infection
V17.4	Family history of other cardiovascular diseases
V18.1	Family history of other endocrine and metabolic diseases
V26.4	Procreative management, general counseling and advice
V26.8	Other specified procreative management
V68.0	Issue of medical certificates
V84.8	Genetic susceptibility to other disease

(FFY) 2008 Revised Diagnosis Codes
Effective October 1, 2007

Revised (FFY) 2008 Diagnosis Code	Revised (FFY) 2008 Diagnosis Codes – Description Effective October 1, 2007
005.1	Botulism food poisoning
359.3	Periodic paralysis
389.14	Central hearing loss
389.18	Sensorineural hearing loss, bilateral
389.7	Deaf, nonspeaking, not elsewhere classifiable

* These diagnosis codes were discussed at the March 22-23, 2007 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. They will be implemented on October 1, 2007.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

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

- MC+ Fee-for-Service
- MO HealthNet 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