



**FEDERAL FISCAL YEAR 2009 (FFY09)
 ICD-9-CM DIAGNOSIS CODE CHANGES
 EFFECTIVE OCTOBER 1, 2008**

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- **2009 ICD-9-CM DIAGNOSIS CODE CHANGES EFFECTIVE OCTOBER 1, 2008**

2009 ICD-9-CM DIAGNOSIS CODE CHANGES

For all claims with dates of service October 1, 2008 and after, providers must use the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes that are effective October 1, 2008. 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.

Listed below are invalid, new, and revised diagnosis codes effective October 1, 2008:

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.

INVALID DIAGNOSIS CODES – Effective October 1, 2008	
Diagnosis Code	Description
046.1	Jakob-Creutzfeldt disease
051.0	Cowpox
136.2	Specific infections by free-living amebae
259.5	Androgen insensitivity syndrome
337.0	Idiopathic peripheral autonomic neuropathy
511.8	Other specified forms of pleural effusion, except tuberculous
599.7	Hematuria
611.8	Other specified disorders of breast
695.1	Erythema multiforme
729.9	Other and unspecified disorders of soft tissue
760.6	Surgical operation on mother
777.5	Necrotizing enterocolitis in fetus or newborn

INVALID DIAGNOSIS CODES – Effective October 1, 2008 (continued)

Diagnosis Code	Description
780.6*	Fever
788.9	Other symptoms involving urinary system
795.1	Nonspecific abnormal Papanicolaou smear of other site
997.3	Respiratory complications
999.8	Other transfusion reaction
V13.5	Personal history of other musculoskeletal disorders
V15.2	Personal history of surgery to other major organs
V15.5	Personal history of injury
V28.8	Encounter for other specified antenatal screening
V45.1	Renal dialysis status
V51	Aftercare involving the use of plastic surgery
V61.0*	Family disruption
V62.2*	Other occupational circumstances or maladjustment

NEW DIAGNOSIS CODES – Effective October 1, 2008

Diagnosis Code	Description
038.12*	Methicillin resistant Staphylococcus aureus septicemia
041.12*	Methicillin resistant Staphylococcus aureus in conditions classified elsewhere and of unspecified site
046.11	Variant Creutzfeldt-Jakob disease
046.19	Other and unspecified Creutzfeldt-Jakob disease
046.71	Gerstmann-Sträussler-Scheinker syndrome
046.72	Fatal familial insomnia
046.79	Other and unspecified prion disease of central nervous system
051.01	Cowpox
051.02	Vaccinia not from vaccination
059.00	Orthopoxvirus infection, unspecified
059.01	Monkeypox
059.09	Other orthopoxvirus infections
059.10	Parapoxvirus infection, unspecified
059.11	Bovine stomatitis
059.12	Sealpox
059.19	Other parapoxvirus infections
059.20*	Yatapoxvirus infection, unspecified
059.21	Tanapox
059.22	Yaba monkey tumor virus
059.8	Other poxvirus infections
059.9	Poxvirus infections, unspecified
078.12	Plantar wart
136.21	Specific infection due to acanthamoeba
136.29	Other specific infections by free-living amebae
199.2	Malignant neoplasm associated with transplant organ
203.02	Multiple myeloma, in relapse
203.12	Plasma cell leukemia, in relapse
203.82	Other immunoproliferative neoplasms, in relapse
204.02	Acute lymphoid leukemia, in relapse
204.12	Chronic lymphoid leukemia, in relapse
204.22	Subacute lymphoid leukemia, in relapse
204.82	Other lymphoid leukemia, in relapse
204.92	Unspecified lymphoid leukemia, in relapse

NEW DIAGNOSIS CODES – Effective October 1, 2008 (continued)

Diagnosis Code	Description
205.02	Acute myeloid leukemia, in relapse
205.12	Chronic myeloid leukemia, in relapse
205.22	Subacute myeloid leukemia, in relapse
205.32	Myeloid sarcoma, in relapse
205.82	Other myeloid leukemia, in relapse
205.92	Unspecified myeloid leukemia, in relapse
206.02	Acute monocytic leukemia, in relapse
206.12	Chronic monocytic leukemia, in relapse
206.22	Subacute monocytic leukemia, in relapse
206.82	Other monocytic leukemia, in relapse
206.92	Unspecified monocytic leukemia, in relapse
207.02	Acute erythremia and erythroleukemia, in relapse
207.12	Chronic erythremia, in relapse
207.22	Megakaryocytic leukemia, in relapse
207.82	Other specified leukemia, in relapse
208.02	Acute leukemia of unspecified cell type, in relapse
208.12	Chronic leukemia of unspecified cell type, in relapse
208.22	Subacute leukemia of unspecified cell type, in relapse
208.82	Other leukemia of unspecified cell type, in relapse
208.92	Unspecified leukemia, in relapse
209.00	Malignant carcinoid tumor of the small intestine, unspecified portion
209.01	Malignant carcinoid tumor of the duodenum
209.02	Malignant carcinoid tumor of the jejunum
209.03	Malignant carcinoid tumor of the ileum
209.10	Malignant carcinoid tumor of the large intestine, unspecified portion
209.11	Malignant carcinoid tumor of the appendix
209.12	Malignant carcinoid tumor of the cecum
209.13	Malignant carcinoid tumor of the ascending colon
209.14	Malignant carcinoid tumor of the transverse colon
209.15	Malignant carcinoid tumor of the descending colon
209.16	Malignant carcinoid tumor of the sigmoid colon
209.17	Malignant carcinoid tumor of the rectum
209.20	Malignant carcinoid tumor of unknown primary site
209.21	Malignant carcinoid tumor of the bronchus and lung
209.22	Malignant carcinoid tumor of the thymus
209.23	Malignant carcinoid tumor of the stomach
209.24	Malignant carcinoid tumor of the kidney
209.25	Malignant carcinoid tumor of foregut, not otherwise specified
209.26	Malignant carcinoid tumor of midgut, not otherwise specified
209.27	Malignant carcinoid tumor of hindgut, not otherwise specified
209.29	Malignant carcinoid tumor of other sites
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site
209.40	Benign carcinoid tumor of the small intestine, unspecified portion
209.41	Benign carcinoid tumor of the duodenum
209.42	Benign carcinoid tumor of the jejunum
209.43	Benign carcinoid tumor of the ileum
209.50	Benign carcinoid tumor of the large intestine, unspecified portion
209.51	Benign carcinoid tumor of the appendix
209.52	Benign carcinoid tumor of the cecum
209.53	Benign carcinoid tumor of the ascending colon
209.54	Benign carcinoid tumor of the transverse colon

NEW DIAGNOSIS CODES – Effective October 1, 2008 (continued)

Diagnosis Code	Description
209.55	Benign carcinoid tumor of the descending colon
209.56	Benign carcinoid tumor of the sigmoid colon
209.57	Benign carcinoid tumor of the rectum
209.60	Benign carcinoid tumor of unknown primary site
209.61	Benign carcinoid tumor of the bronchus and lung
209.62	Benign carcinoid tumor of the thymus
209.63	Benign carcinoid tumor of the stomach
209.64	Benign carcinoid tumor of the kidney
209.65	Benign carcinoid tumor of foregut, not otherwise specified
209.66	Benign carcinoid tumor of midgut, not otherwise specified
209.67	Benign carcinoid tumor of hindgut, not otherwise specified
209.69	Benign carcinoid tumor of other sites
238.77	Post-transplant lymphoproliferative disorder (PTLD)
249.00	Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified
249.01	Secondary diabetes mellitus without mention of complication, uncontrolled
249.10	Secondary diabetes mellitus with ketoacidosis, not stated as uncontrolled, or unspecified
249.11	Secondary diabetes mellitus with ketoacidosis, uncontrolled
249.20	Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified
249.21	Secondary diabetes mellitus with hyperosmolarity, uncontrolled
249.30	Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified
249.31	Secondary diabetes mellitus with other coma, uncontrolled
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified
249.51	Secondary diabetes mellitus with ophthalmic manifestations, uncontrolled
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified
249.61	Secondary diabetes mellitus with neurological manifestations, uncontrolled
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified
249.81	Secondary diabetes mellitus with other specified manifestations, uncontrolled
249.90	Secondary diabetes mellitus with unspecified complication, not stated as uncontrolled, or unspecified
249.91	Secondary diabetes mellitus with unspecified complication, uncontrolled
259.50	Androgen insensitivity, unspecified
259.51	Androgen insensitivity syndrome
259.52	Partial androgen insensitivity
275.5	Hungry bone syndrome
279.50	Graft-versus-host disease, unspecified
279.51	Acute graft-versus-host disease
279.52	Chronic graft-versus-host disease
279.53	Acute on chronic graft-versus-host disease
289.84	Heparin-induced thrombocytopenia (HIT)
337.00	Idiopathic peripheral autonomic neuropathy, unspecified
337.01	Carotid sinus syndrome

NEW DIAGNOSIS CODES – Effective October 1, 2008 (continued)

Diagnosis Code	Description
337.09	Other idiopathic peripheral autonomic neuropathy
339.00	Cluster headache syndrome, unspecified
339.01	Episodic cluster headache
339.02	Chronic cluster headache
339.03	Episodic paroxysmal hemicrania
339.04	Chronic paroxysmal hemicrania
339.05	Short lasting unilateral neuralgiform headache with conjunctival injection and tearing
339.09	Other trigeminal autonomic cephalgias
339.10	Tension type headache, unspecified
339.11	Episodic tension type headache
339.12	Chronic tension type headache
339.20	Post-traumatic headache, unspecified
339.21	Acute post-traumatic headache
339.22	Chronic post-traumatic headache
339.3	Drug induced headache, not elsewhere classified
339.41	Hemicrania continua
339.42	New daily persistent headache
339.43	Primary thunderclap headache
339.44	Other complicated headache syndrome
339.81	Hypnic headache
339.82	Headache associated with sexual activity
339.83	Primary cough headache
339.84	Primary exertional headache
339.85	Primary stabbing headache
339.89	Other headache syndromes
346.02	Migraine with aura, without mention of intractable migraine with status migrainosus
346.03	Migraine with aura, with intractable migraine, so stated, with status migrainosus
346.12	Migraine without aura, without mention of intractable migraine with status migrainosus
346.13	Migraine without aura, with intractable migraine, so stated, with status migrainosus
346.22	Variants of migraine, not elsewhere classified, without mention of intractable migraine with status migrainosus
346.23	Variants of migraine, not elsewhere classified, with intractable migraine, so stated, with status migrainosus
346.30	Hemiplegic migraine, without mention of intractable migraine without mention of status migrainosus
346.31	Hemiplegic migraine, with intractable migraine, so stated, without mention of status migrainosus
346.32	Hemiplegic migraine, without mention of intractable migraine with status migrainosus
346.33	Hemiplegic migraine, with intractable migraine, so stated, with status migrainosus
346.40	Menstrual migraine, without mention of intractable migraine without mention of status migrainosus
346.41	Menstrual migraine, with intractable migraine, so stated, without mention of status migrainosus
346.42	Menstrual migraine, without mention of intractable migraine with status migrainosus
346.43	Menstrual migraine, with intractable migraine, so stated, with status migrainosus
346.50	Persistent migraine aura without cerebral infarction, without mention of intractable migraine without mention of status migrainosus
346.51	Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
346.52	Persistent migraine aura without cerebral infarction, without mention of intractable migraine with status migrainosus

NEW DIAGNOSIS CODES – Effective October 1, 2008 (continued)

Diagnosis Code	Description
346.53	Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, with status migrainosus
346.60	Persistent migraine aura with cerebral infarction, without mention of intractable migraine without mention of status migrainosus
346.61	Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
346.62	Persistent migraine aura with cerebral infarction, without mention of intractable migraine with status migrainosus
346.63	Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, with status migrainosus
346.70	Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus
346.71	Chronic migraine without aura, with intractable migraine, so stated, without mention of status migrainosus
346.72	Chronic migraine without aura, without mention of intractable migraine with status migrainosus
346.73	Chronic migraine without aura, with intractable migraine, so stated, with status migrainosus
346.82	Other forms of migraine, without mention of intractable migraine with status migrainosus
346.83	Other forms of migraine, with intractable migraine, so stated, with status migrainosus
346.92*	Migraine, unspecified, without mention of intractable migraine with status migrainosus
346.93*	Migraine, unspecified, with intractable migraine, so stated, with status migrainosus
349.31*	Accidental puncture or laceration of dura during a procedure
349.39*	Other dural tear
362.20	Retinopathy of prematurity, unspecified
362.22	Retinopathy of prematurity, stage 0
362.23	Retinopathy of prematurity, stage 1
362.24	Retinopathy of prematurity, stage 2
362.25	Retinopathy of prematurity, stage 3
362.26	Retinopathy of prematurity, stage 4
362.27	Retinopathy of prematurity, stage 5
364.82	Plateau iris syndrome
372.34	Pingueculitis
414.3	Coronary atherosclerosis due to lipid rich plaque
482.42*	Methicillin resistant pneumonia due to Staphylococcus aureus
511.81	Malignant pleural effusion
511.89	Other specified forms of effusion, except tuberculous
530.13*	Eosinophilic esophagitis
535.70*	Eosinophilic gastritis, without mention of hemorrhage
535.71*	Eosinophilic gastritis, with hemorrhage
558.41*	Eosinophilic gastroenteritis
558.42*	Eosinophilic colitis
569.44	Dysplasia of anus
571.42	Autoimmune hepatitis
599.70	Hematuria, unspecified
599.71	Gross hematuria
599.72	Microscopic hematuria
611.81	Ptosis of breast
611.82	Hypoplasia of breast
611.83	Capsular contracture of breast implant
611.89	Other specified disorders of breast
612.0	Deformity of reconstructed breast
612.1	Disproportion of reconstructed breast

NEW DIAGNOSIS CODES – Effective October 1, 2008 (continued)

Diagnosis Code	Description
625.70	Vulvodynia, unspecified
625.71	Vulvar vestibulitis
625.79	Other vulvodynia
649.70	Cervical shortening, unspecified as to episode of care or not applicable
649.71	Cervical shortening, delivered, with or without mention of antepartum condition
649.73	Cervical shortening, antepartum condition or complication
678.00	Fetal hematologic conditions, unspecified as to episode of care or not applicable
678.01	Fetal hematologic conditions, delivered, with or without mention of antepartum condition
678.03	Fetal hematologic conditions, antepartum condition or complication
678.10	Fetal conjoined twins, unspecified as to episode of care or not applicable
678.11	Fetal conjoined twins, delivered, with or without mention of antepartum condition
678.13	Fetal conjoined twins, antepartum condition or complication
679.00	Maternal complications from in utero procedure, unspecified as to episode of care or not applicable
679.01	Maternal complications from in utero procedure, delivered, with or without mention of antepartum condition
679.02	Maternal complications from in utero procedure, delivered, with mention of postpartum complication
679.03	Maternal complications from in utero procedure, antepartum condition or complication
679.04	Maternal complications from in utero procedure, postpartum condition or complication
679.10	Fetal complications from in utero procedures, unspecified as to episode of care or not applicable
679.11	Fetal complications from in utero procedures, delivered, with or without mention of antepartum condition
679.12	Fetal complications from in utero procedures, delivered, with mention of postpartum complication
679.13	Fetal complications from in utero procedures, antepartum condition or complication
679.14	Fetal complications from in utero procedures, postpartum condition or complication
695.10	Erythema multiforme, unspecified
695.11	Erythema multiforme minor
695.12	Erythema multiforme major
695.13	Stevens-Johnson syndrome
695.14	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
695.15	Toxic epidermal necrolysis
695.19	Other erythema multiforme
695.50	Exfoliation due to erythematous condition involving less than 10 percent of body surface
695.51	Exfoliation due to erythematous condition involving 10-19 percent of body surface
695.52	Exfoliation due to erythematous condition involving 20-29 percent of body surface
695.53	Exfoliation due to erythematous condition involving 30-39 percent of body surface
695.54	Exfoliation due to erythematous condition involving 40-49 percent of body surface
695.55	Exfoliation due to erythematous condition involving 50-59 percent of body surface
695.56	Exfoliation due to erythematous condition involving 60-69 percent of body surface
695.57	Exfoliation due to erythematous condition involving 70-79 percent of body surface
695.58	Exfoliation due to erythematous condition involving 80-89 percent of body surface
695.59	Exfoliation due to erythematous condition involving 90 percent or more of body surface
707.20	Pressure ulcer, unspecified stage
707.21	Pressure ulcer, stage I
707.22	Pressure ulcer, stage II
707.23	Pressure ulcer, stage III
707.24	Pressure ulcer, stage IV
707.25*	Pressure ulcer, unstageable

NEW DIAGNOSIS CODES – Effective October 1, 2008 (continued)

Diagnosis Code	Description
729.90	Disorders of soft tissue, unspecified
729.91	Post-traumatic seroma
729.92	Nontraumatic hematoma of soft tissue
729.99	Other disorders of soft tissue
733.96*	Stress fracture of femoral neck
733.97*	Stress fracture of shaft of femur
733.98*	Stress fracture of pelvis
760.61	Newborn affected by amniocentesis
760.62	Newborn affected by other in utero procedure
760.63	Newborn affected by other surgical operations on mother during pregnancy
760.64	Newborn affected by previous surgical procedure on mother not associated with pregnancy
777.50	Necrotizing enterocolitis in newborn, unspecified
777.51	Stage I necrotizing enterocolitis in newborn
777.52	Stage II necrotizing enterocolitis in newborn
777.53	Stage III necrotizing enterocolitis in newborn
780.60*	Fever, unspecified
780.61*	Fever presenting with conditions classified elsewhere
780.62*	Postprocedural fever
780.63*	Postvaccination fever
780.64*	Chills (without fever)
780.65*	Hypothermia not associated with low environmental temperature
780.72	Functional quadriplegia
788.91	Functional urinary incontinence
788.99	Other symptoms involving urinary system
795.07	Satisfactory cervical smear but lacking transformation zone
795.10	Abnormal glandular Papanicolaou smear of vagina
795.11	Papanicolaou smear of vagina with atypical squamous cells of undetermined significance (ASC-US)
795.12	Papanicolaou smear of vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
795.13	Papanicolaou smear of vagina with low grade squamous intraepithelial lesion (LGSIL)
795.14	Papanicolaou smear of vagina with high grade squamous intraepithelial lesion (HGSIL)
795.15	Vaginal high risk human papillomavirus (HPV) DNA test positive
795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
795.18	Unsatisfactory vaginal cytology smear
795.19	Other abnormal Papanicolaou smear of vagina and vaginal HPV
796.70	Abnormal glandular Papanicolaou smear of anus
796.71	Papanicolaou smear of anus with atypical squamous cells of undetermined significance (ASC-US)
796.72	Papanicolaou smear of anus with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
796.73	Papanicolaou smear of anus with low grade squamous intraepithelial lesion (LGSIL)
796.74	Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HGSIL)
796.75	Anal high risk human papillomavirus (HPV) DNA test positive
796.76	Papanicolaou smear of anus with cytologic evidence of malignancy
796.77	Satisfactory anal smear but lacking transformation zone
796.78	Unsatisfactory anal cytology smear
796.79	Other abnormal Papanicolaou smear of anus and anal HPV
997.31	Ventilator associated pneumonia
997.39	Other respiratory complications
998.30	Disruption of wound, unspecified

NEW DIAGNOSIS CODES – Effective October 1, 2008 (continued)

Diagnosis Code	Description
998.33*	Disruption of traumatic injury wound repair
999.81	Extravasation of vesicant chemotherapy
999.82	Extravasation of other vesicant agent
999.88	Other infusion reaction
999.89	Other transfusion reaction
V02.53*	Carrier or suspected carrier of Methicillin susceptible <i>Staphylococcus aureus</i>
V02.54*	Carrier or suspected carrier of Methicillin resistant <i>Staphylococcus aureus</i>
V07.51	Prophylactic use of selective estrogen receptor modulators (SERMs)
V07.52	Prophylactic use of aromatase inhibitors
V07.59	Prophylactic use of other agents affecting estrogen receptors and estrogen levels
V12.04*	Personal history of Methicillin resistant <i>Staphylococcus aureus</i>
V13.51	Personal history of pathologic fracture
V13.52	Personal history of stress fracture
V13.59	Personal history of other musculoskeletal disorders
V15.21	Personal history of undergoing in utero procedure during pregnancy
V15.22	Personal history of undergoing in utero procedure while a fetus
V15.29	Personal history of surgery to other organs
V15.51	Personal history of traumatic fracture
V15.59	Personal history of other injury
V23.85	Pregnancy resulting from assisted reproductive technology
V23.86	Pregnancy with history of in utero procedure during previous pregnancy
V28.81	Encounter for fetal anatomic survey
V28.82	Encounter for screening for risk of pre-term labor
V28.89	Other specified antenatal screening
V45.11	Renal dialysis status
V45.12	Noncompliance with renal dialysis
V45.87	Transplanted organ removal status
V45.88*	Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility
V46.3	Wheelchair dependence
V51.0	Encounter for breast reconstruction following mastectomy
V51.8	Other aftercare involving the use of plastic surgery
V61.01*	Family disruption due to family member on military deployment
V61.02*	Family disruption due to return of family member from military deployment
V61.03*	Family disruption due to divorce or legal separation
V61.04*	Family disruption due to parent-child estrangement
V61.05*	Family disruption due to child in welfare custody
V61.06*	Family disruption due to child in foster care or in care of non-parental family member
V61.09*	Other family disruption
V62.21*	Personal current military deployment status
V62.22*	Personal history of return from military deployment
V62.29*	Other occupational circumstances or maladjustment
V87.01	Contact with and (suspected) exposure to arsenic
V87.09	Contact with and (suspected) exposure to other hazardous metals
V87.11	Contact with and (suspected) exposure to aromatic amines
V87.12	Contact with and (suspected) exposure to benzene
V87.19	Contact with and (suspected) exposure to other hazardous aromatic compounds
V87.2	Contact with and (suspected) exposure to other potentially hazardous chemicals
V87.31	Contact with and (suspected) exposure to mold
V87.39	Contact with and (suspected) exposure to other potentially hazardous substances
V87.41	Personal history of antineoplastic chemotherapy

NEW DIAGNOSIS CODES – Effective October 1, 2008 (continued)

Diagnosis Code	Description
V87.42	Personal history of monoclonal drug therapy
V87.49	Personal history of other drug therapy
V88.01	Acquired absence of both cervix and uterus
V88.02	Acquired absence of uterus with remaining cervical stump
V88.03	Acquired absence of cervix with remaining uterus
V89.01	Suspected problem with amniotic cavity and membrane not found
V89.02	Suspected placental problem not found
V89.03	Suspected fetal anomaly not found
V89.04	Suspected problem with fetal growth not found
V89.05	Suspected cervical shortening not found
V89.09	Other suspected maternal and fetal condition not found

New code 059.29 that was listed in the proposed rule has been deleted. It has been replaced with new code 059.20.

The title for new code 998.33 that was listed in the proposed rule has been revised for the final rule.

REVISED DIAGNOSIS CODES – Effective October 1, 2008

Diagnosis Code	Description
038.11*	Methicillin susceptible <i>Staphylococcus aureus</i> septicemia
041.11*	Methicillin susceptible <i>Staphylococcus aureus</i> in conditions classified elsewhere and of unspecified site
203.00	Multiple myeloma, without mention of having achieved remission
203.10	Plasma cell leukemia, without mention of having achieved remission
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission
204.00	Acute lymphoid leukemia, without mention of having achieved remission
204.10	Chronic lymphoid leukemia, without mention of having achieved remission
204.20	Subacute lymphoid leukemia, without mention of having achieved remission
204.80	Other lymphoid leukemia, without mention of having achieved remission
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission
205.00	Acute myeloid leukemia, without mention of having achieved remission
205.10	Chronic myeloid leukemia, without mention of having achieved remission
205.20	Subacute myeloid leukemia, without mention of having achieved remission
205.30	Myeloid sarcoma, without mention of having achieved remission
205.80	Other myeloid leukemia, without mention of having achieved remission
205.90	Unspecified myeloid leukemia, without mention of having achieved remission
206.00	Acute monocytic leukemia, without mention of having achieved remission
206.10	Chronic monocytic leukemia, without mention of having achieved remission
206.20	Subacute monocytic leukemia, without mention of having achieved remission
206.80	Other monocytic leukemia, without mention of having achieved remission
206.90	Unspecified monocytic leukemia, without mention of having achieved remission
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission
207.10	Chronic erythremia, without mention of having achieved remission
207.20	Megakaryocytic leukemia, without mention of having achieved remission
207.80	Other specified leukemia, without mention of having achieved remission
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission
208.10	Chronic leukemia of unspecified cell type, without mention of having achieved remission
208.20	Subacute leukemia of unspecified cell type, without mention of having achieved remission

REVISED DIAGNOSIS CODES – Effective October 1, 2008 (continued)	
Diagnosis Code	Description
208.80	Other leukemia of unspecified cell type, without mention of having achieved remission
208.90	Unspecified leukemia, without mention of having achieved remission
346.00	Migraine with aura, without mention of intractable migraine without mention of status migrainosus
346.01	Migraine with aura, with intractable migraine, so stated, without mention of status migrainosus
346.10	Migraine without aura, without mention of intractable migraine without mention of status migrainosus
346.11	Migraine without aura, with intractable migraine, so stated, without mention of status migrainosus
346.20	Variants of migraine, not elsewhere classified, without mention of intractable migraine without mention of status migrainosus
346.21	Variants of migraine, not elsewhere classified, with intractable migraine, so stated, without mention of status migrainosus
346.80	Other forms of migraine, without mention of intractable migraine without mention of status migrainosus
346.81	Other forms of migraine, with intractable migraine, so stated, without mention of status migrainosus
346.90*	Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus
346.91*	Migraine, unspecified, with intractable migraine, so stated, without mention of status migrainosus
386.00	Ménière's disease, unspecified
386.01	Active Ménière's disease, cochleovestibular
386.02	Active Ménière's disease, cochlear
386.03	Active Ménière's disease, vestibular
386.04	Inactive Ménière's disease
482.41*	Methicillin susceptible pneumonia due to Staphylococcus aureus
707.00	Pressure ulcer, unspecified site
707.01	Pressure ulcer, elbow
707.02	Pressure ulcer, upper back
707.03	Pressure ulcer, lower back
707.04	Pressure ulcer, hip
707.05	Pressure ulcer, buttock
707.06	Pressure ulcer, ankle
707.07	Pressure ulcer, heel
707.09	Pressure ulcer, other site
795.08	Unsatisfactory cervical cytology smear
998.31	Disruption of internal operation (surgical) wound
998.32*	Disruption of external operation (surgical) wound
V28.3	Encounter for routine screening for malformation using ultrasonics
V45.71	Acquired absence of breast and nipple

Revised code 776.9 that was listed in the proposed rule has been deleted. There will be no changes to code 776.9.

*These diagnosis codes were discussed at the March 19-20, 2008 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, 2008.

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 Bulletin site.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website 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

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