Provider Bulletin

www.chcpf.state.co.us

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Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
303-534-0146
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquires, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

Tamper-Resistant Prescription Pads Must Be Used Beginning April 1, 2008

The Social Security Act, 42 U.S.C. 1396b(i)(23), requires Medicaid providers to use tamper-resistant prescription pads beginning April 1, 2008. In August 2007, the Centers for Medicare and Medicaid Services issued guidance regarding implementation of the statutory requirements. In summary, the guidance states that all outpatient Medicaid prescriptions must be written on tamper-resistant pads and must meet one of the following three tamper-resistant characteristics: prevent unauthorized copying of a blank prescription form, prevent erasure or modification of information written on the form, or prevent the use of a counterfeit form. On October 1, 2008, all outpatient Medicaid prescriptions must meet all three of the tamper-resistant characteristics. Prescriptions paid by a managed care entity, drugs provided in institutional settings, e-prescriptions and prescriptions faxed or phoned to the pharmacy by the provider are excluded from the requirements.

The Department will present rules regarding the use of tamper-resistant prescription pads to the Medical Services Board for emergency adoption on February 8, 2008. The rules will be presented for final adoption on March 14, 2008. If approved, these rules will be effective April 1, 2008. The rules follow the guidance described above. To review the rules, click on the February 2008 Medical Services Board meeting at: www.chcpf.state.co.us/HCPF/msb/msbAgendas.asp. Stakeholder feedback is appreciated.

The Department will be setting up meetings with stakeholders and any other interested parties to discuss options for expanding the tamper-resistant pad program. If you are interested in participating, please contact Trish Bohm at 303-866-5865 or trish.bohm@state.co.us

Preferred Drug List (PDL) Update

Effective February 1, 2008, all dosage forms of Prevacid capsules and solutabs and Nexium capsules are the preferred proton pump inhibitors (PPIs) for Medicaid fee-for-service clients. The Preferred Drug List and prior authorization criteria for non-preferred drugs are posted at:

http://www.chcpf.state.co.us/HCPF/Pharmacy/nwDList.asp.

The prior authorization criteria are also included in Appendix P of the Billing Manual which is posted at:

http://www.chcpf.state.co.us/HCPF/Pharmacy/nwPAList.asp.

Comparative dosage tables will soon be available on the HCPF pharmacy website. The dosage tables can be used as a guide in the transition between non-preferred and preferred agents.

On January 15, 2008, the Pharmacy & Therapeutics Committee reviewed statins and statin combination drugs and non-benzodiazepine sedative/hypnotics for inclusion on the PDL. The preferred statins and sedative/hypnotics will become effective on the PDL on April 1, 2008.

For more information on the preferred drugs and prior authorization criteria for non-preferred drugs, click on the first link cited on the previous page.

On February 5, 2008, the Pharmacy & Therapeutics Committee will review beta2 agonists (long and short acting), corticosteroid inhalants and combinations and anticholinergic inhalants for inclusion on the PDL. The selected preferred drugs will be effective on the PDL on April 1, 2008.

On March 4, 2008, the Pharmacy & Therapeutics Committee will review long-acting opiates and angiotensin II receptor antagonists and combinations for inclusion on the PDL. The selected preferred drugs will be effective on the PDL on July 1, 2008.

The Pharmacy & Therapeutics Committee meetings on February 5, 2008 and March 4, 2008 will be held at 225 E. 16th Street, Denver, in the first floor conference room from 1:00 p.m. – 4:00 p.m. For more information on the how to submit comments to the Department and/or committee see the drug class review announcements posted at: http://www.chcpf.state.co.us/HCPF/Pharmacy/nwDList.asp.

Pharmacy Claim Form

The Department currently requires pharmacy providers to use a Universal Claim Form (UCF) when submitting paper claims. The Department has developed the Pharmacy Claim Form (PCF) to take the place of the UCF. The PCF will be available at no charge starting April 1, 2008 on the Department's web site; however, we will continue to accept the UCF until July 1, 2008.

Three-Day Emergency Supply

Medicaid clients can receive a three-day supply of medication while waiting for an approved prior authorization request from their provider. Pharmacies can receive authorization to process an emergency three-day drug supply through the Point-of-Sale system by calling the PA Helpdesk at 1-800-365-4944. The PA Helpdesk is available to take these prior authorization requests twenty-four hours a day seven days a week. No client should ever have to go without medications while waiting for a prior authorization request to be processed.

Extension of Implementation of Requirement For NDC Codes on Hospital and Clinic Claims

The Deficit Reduction Act of 2005 (DRA) includes provisions regarding state collection and submission of data for the purpose of collecting Medicaid drug rebates from drug manufacturers for physician-administered drugs. Physician-administered drugs are usually billed by providers to Medicaid using Healthcare Common Procedure Coding System (HCPCS) codes beginning with the letters "J", "Q", and "S." Single-source drugs are those that are still on patent and for which no generic competition exists. Multiple-source drugs are those whose patent has expired and for which generic competition now exists.

The December 2007 Provider Bulletin announced that, effective January 1, 2008, all physician, EPSDT, and Medicare Part B crossover claims for physician-administered single-source and the 20 multiple-source drugs identified by the Centers for Medicare and Medicaid Services (CMS) must be submitted using both HCPCS procedure codes and National Drug Code (NDC) numbers on the electronic 837P claim form. The Department has asked CMS to allow an extension of implementation of the rule for federally qualified health centers, rural health centers, hospital outpatient departments and hospital emergency departments. This will enable providers to develop additional inventory, medication tracking and billing mechanisms.

CMS has not yet responded to the Department's request for an extension. The Department anticipates approval. At the present time hospital and clinic providers are to continue current billing practices.

Nursing Facility Providers

Notification of Redeterminations

Nursing facilities began receiving letters notifying them of Medicaid client eligibility redeterminations due to the county beginning December 2007. This enables the facility to offer assistance to clients or the responsible parties about redeterminations. This will reduce the risk of clients' eligibility being discontinued due to lack of response to the redetermination packets sent directly to the client or responsible party.

The facility should receive the letters the second week of the month - approximately a week after the client receives the redetermination packets. Currently the letters state the month the redetermination is due – normally the next month. Until the exact due date is added to the letter, the facility should estimate that the completed packets are due the first week of the month.

Since these letters do not have a staff member's name or job title in the address, the following information will help facilities identify them. The return and mailing addresses are on yellow paper which shows through the envelope windows. The return address contains the county income technician's name and address, but not the name of the county department. Currently two copies of each letter are being sent.

If you have questions or concerns, please contact Janice Brenner at janice.brenner@state.co.us or at 303-866-4758.

Possible Nursing Facility Payment Errors

Nursing facility claims that were submitted in the Web Portal between January 15, 2008 and January 18, 2006 may need to be adjusted. The MMIS deleted the value that was entered in the 'Client Amount Paid:$' field for all web portal submitted claims between January 15, 2008 and January 18, 2008. This issue may have caused claims to be paid incorrectly.

New Claim Form and Billing Manuals

New UB-04 Specialty Billing Manuals

- **February 1, 2008**: Providers may begin using the UB-04 claim form with the Certification to submit paper claims. The Certification can be found at:
  http://www.chcpf.state.co.us/ACS/Pdf_Bin/Institutional_certification_012908.pdf
- **May 31, 2008**: Last day to submit a UB-92 paper claim form.
- **June 1, 2008**: The UB-04 claim form will be the only form accepted by the Colorado Medical Assistance Program to submit Institutional claims. UB-92 claim forms will be returned for resubmission.

Please check the Provider Services Billing Manuals section of Department's website for the new UB-04 Specialty Billing Information by visiting:
http://www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp

The UB-04 Claim Form

Providers must use Value Codes on the UB-04 to indicate the following:

Value Code 31 - Patient Liability (Patient Pay)

Value Code 80 - Covered Days

Value Code 81 - Non-Covered Days

Do not submit "continuation" claims. Each claim form has a set number of billing lines available for completion. Do not crowd more lines on the form. Billing lines in excess of the designated number are not processed or acknowledged. Claims with more than one page must be submitted electronically.

Dental PARS

When using the ADA 2006 Dental form to submit Prior Authorization Requests to the fiscal agent (ACS), the form **must include the eight-digit Medicaid Provider Number**. For more information, please refer to the 2006 ADA Dental Billing Manual located at:
http://www.chcpf.state.co.us/ACS/Pdf_Bin/2006_ADA_Dental_Billing_Manual_0108.pdf

New ICD-9-CM Diagnosis and Procedure Codes Crosswalk

Hospital Providers

Updates to the DRG System

The Department has finished updating and testing new ICD-9 codes that were not part of the original Version 24.0 DRG grouper. The update allows claims with new diagnosis and/or procedure codes to appropriately group to the Version 24.0 DRG. The implementation of the update occurred on January 8, 2008. New diagnosis and procedure codes were assigned to the most appropriate preexisting code allowing the system to group accordingly. The crosswalk table, which appears in Attachment A at the end of this provider bulletin, shows the changes that were implemented.

The crosswalk table also appears on the Department's website (http://www.hcpf.state.co.us) in the Reference Material section under the DRG Relative Weights link and as Appendix W in Appendices of the Provider Services Billing Manuals section located at http://www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp.

As was stated in previous bulletins, the Department did not implement the MS-DRG (Medicare Severity-Adjusted DRGs) for Colorado Medicaid reimbursement as of October 1, 2007. Instead, the Department is searching for alternatives (or modifications to the MS-DRG) in order to better accommodate Medicaid's population. Meanwhile, the Department left in place the DRG grouper Version 24.0 (the same grouper used since October 1, 2006.) The following versions of the Centers for Medicare and Medicaid Services Grouper will be used to process Medicaid inpatient hospital claims:

Discharge Date Grouper:	
On or after October 1, 2006	Version 24.0
October 1, 2005 to September 30, 2006	Version 23.0
October 1, 2004 to September 30, 2005	Version 22.0
October 1, 2003 to September 30, 2004	Version 21.0
October 1, 2002 to September 30, 2003	Version 20.0

Inpatient DRG claims containing a new diagnosis code or new ICD-9-CM procedure code, with a discharge date on or after October 1, 2007, and a paid date between October 2007 and January 8, 2008, will be mass-adjusted to ensure that payment is made based on the revised grouper. The mass adjustment will be completed by the end of February 2008.

Please continue to watch for DRG updates in future Colorado Medical Assistance Program bulletins. If you would like to submit comments or questions to the Department regarding DRG system options, please send an email to: eric.wolf@state.co.us.

Verifying Client Eligibility

Our fiscal agent, ACS, and our HCPF Customer Service are unable to provide you with the guarantee number used to verify client eligibility and coverage. You can verify eligibility through one of the electronic methods and if the client is eligible for the date span you ask for, an eligibility guarantee number will be issued. This means that the claims for those dates of service will be exempted from eligibility edits.

Electronic methods include:

- **State's Web Portal (Batch or Interactive)** X12N 270 - Eligibility Inquiry
- **Fax-Back**: 1-800-493-0920 Toll free
- **CMERS**: 303-534-3500 Denver Metro; 1-800-237-0044 Toll free Colorado

Batch eligibility verifications through other vendors (such as WebMD, Envoy, Passport Health, etc.)

Note: If a client is not eligible for the entire date span you ask for, you will not get a guarantee number. If the client is eligible but not for the entire date span, request another verification request for just the eligible period to have a guarantee number issued. For example, if you ask for eligibility for 7/15/07 through 9/30/07 and the response says the client was eligible for the period 8/1/07 through 9/30/07, no guarantee number will come back. Re-verify the period 8/1/07 through 9/30/07 and a guarantee number will be issued.

February 2008 Holiday Payment Processing

Presidents' Day – Monday, February 18, 2008

Claim payments will be processed on Thursday, February 14, 2008. The processing cycle includes electronic claims accepted before 6:30 P.M. on Thursday.

Go Green and Enjoy the Benefits of Direct Deposit

Did you know that providers who receive payments through Electronic Funds Transfer (EFT) receive their payments up to a week sooner than those receiving paper checks (warrants)? EFT eliminates payment delays due to inclement weather or post office mishaps.
Don't worry, the payment transfer process is one way – from us to you; the agreement you sign does not allow us to withdraw funds from your account.
Begin receiving payments via EFT today! Complete the form located in the Provider Services Forms section of the Department's website at:

http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp

Need to update your bank account information? Using the same form noted above, simply indicate "Change" in the top-right corner and complete the form as indicated.
Please allow 30 days to process your EFT request.

- You will receive paper warrants until EFT has been established or your update request has been processed.
- After 30 days, check with your bank to verify that EFT has been setup.

***Please** contact the Department at* 303-866-4372 *with any EFT questions.*

Electronic Bulletin Notification

Like the new look of our Provider Bulletin? Sign up for electronic notification and never miss an issue! Our electronic notification contains a link to the latest bulletin and allows providers to receive important information up to a week sooner than those receiving bulletins via mail. The Department will soon require all providers to receive electronic bulletin notifications, but why wait? Signing up is easy!

Medical Assistance Program enrolled providers who are not receiving electronic notifications can complete and submit their information through the "Inquiry/Update Provider Data" option, located at the main menu within the Web Portal.

Providers may also complete and submit the Publication Preferences form in the Provider Services Forms section of the Department's website at:
http://www.chcpf.state.co.us/ACS/Provider_Services/Forms/Forms.asp.

Please fax or mail the completed form to the fiscal agent at the fax number or address on the form. *The Medical Assistance Program will not be responsible for undeliverable notifications due to incorrect email addresses.*

Please Remember: *Providers may have only one email address on file with the fiscal agent.*

February- April 2008 Provider Billing Workshops

Provider billing workshops include both Medical Assistance Program Billing instructions and a review of Medical Assistance Program billing procedures. There are specific classes for new billers to the Medical Assistance Program and specialty training for different provider types. The February- April 2008 workshop schedule will be posted on the website. Additional schedules will also be included in future 2008 bulletins.

Who Should Attend?

New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should attend the appropriate workshops.

Do I need Reservations?
Yes, reservations are necessary for ***all workshops***.
Email reservations to: workshop.reservations@acs-inc.com
Or
Call Medical Assistance Program Provider Services to make reservations.
1-800-237-0757 or 303-534-0146

Press "**5**" to make your workshop reservation. You must leave the following information:

- Medical Assistance Program provider billing number
- The date and time of the workshop
- The number of people attending and their names
- Contact name, address and phone number

Without all of the requested information, your reservation will not be processed successfully. Your confirmation will be mailed to you within one (1) week of making your reservation.

If you do not receive a confirmation within one (1) week please contact Provider Services and talk to a Provider Relations Representative.

All Workshops held in Denver are located at:
ACS
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

Beginning Billing Class Description

This class is for new billers, billers who would like a refresher, and would like to network with other billers about the Colorado Medical Assistance Program. Currently, the class covers in-depth information on resources, eligibility, timely filing, reconciling your remittance statements, and paper claim completion for the UB-04 and the CO1500. *This class does **not** cover any specialty billing information.*

The fiscal agent provides specialty training in their Denver office during April and October each year and statewide during May and September each year.

Enrollment Application Workshop

This workshop focuses on the importance of correctly completing the Colorado Medical Assistance Program Provider Enrollment Application. Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives, and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend.

Driving directions to ACS, Denver Club Building, 518 17th Street, 4th floor, Denver, CO:

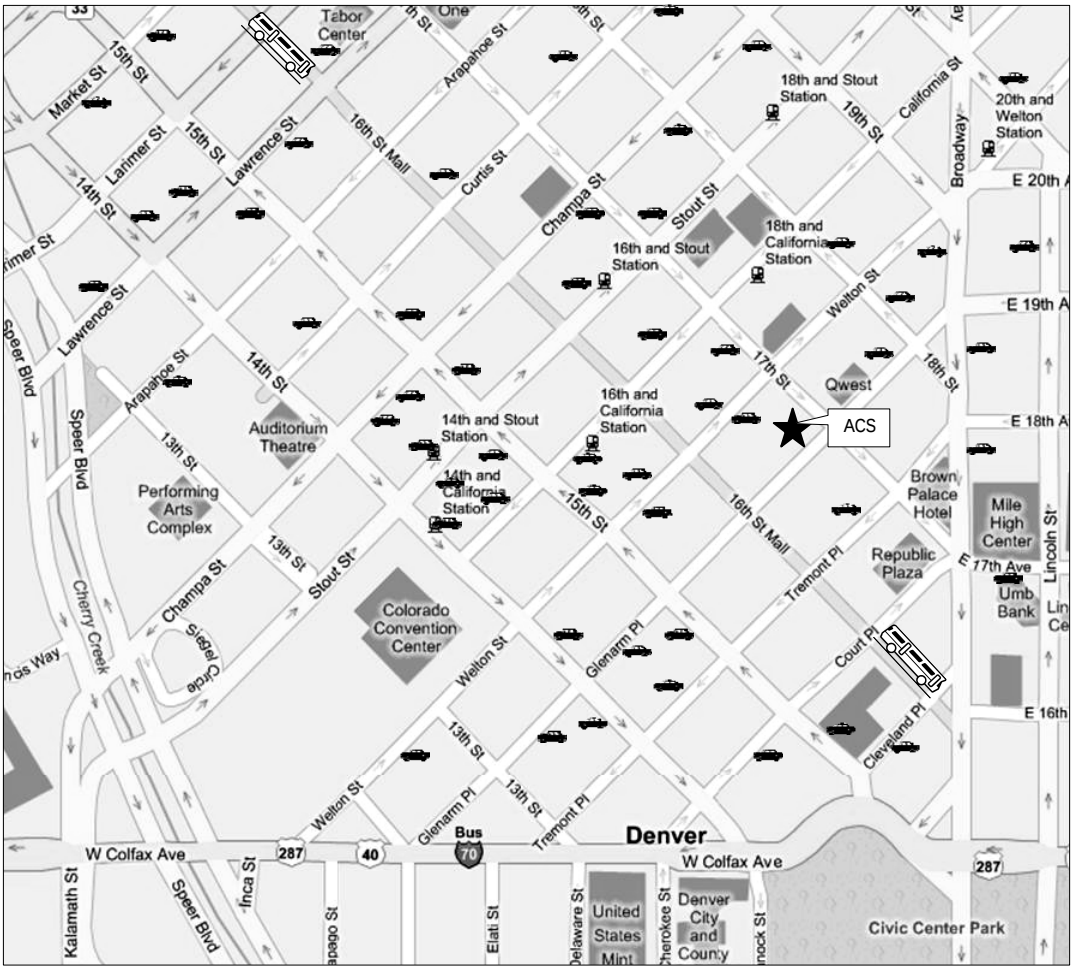
Take I-25 toward **Denver**
Take exit **210A** to merge onto **W Colfax Ave (40 E),** 1.1 miles
Turn **left** at **Kalamath St,** 456 ft
Continue on **Stout St, 0.6** miles
Turn **right** at **17th St,** 0.2 miles

ACS is located in the Denver Club Building, on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Parking:

Parking is not provided by ACS and is limited in the Downtown Denver area.

Providers attending workshops are urged to carpool and arrive early to secure parking or use public transportation.



= Light Rail Station; A Light Rail map is available at:

http://www.rtd-denver.com/LightRail/lrmap.htm

= **Free** MallRide; MallRide stops are located at every intersection between RTD's Civic Center Station and Union Station.

= Some of the commercial parking lots; Lots are available throughout the downtown area and the daily rates range from about $5 to $20.

The February-April 2008 Denver Workshop Calendars are located on pages 8 and 9.

Please direct questions about Medical Assistance Program billing or the information in this bulletin to Medical Assistance Program Provider Services at:
303-534-0146 or 1-800-237-0757 (Toll free Colorado)

For Provider News & Updates, please remember to check the Provider Services section of The Department's website at:
http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

February-April 2008 Denver Workshop Calendar

February 2008						
					1	2
3	4	5	6	7	8	9
10	11	**12** Beginning Billing - Professional 9 am - 3 pm	**13** Provider Enrollment 9 am - 12 pm	14 Beginning Billing - Institutional 9 am - 3 pm	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

March 2008						
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
						1
2	3	4	5	6	7	8
9	10	**11** Beginning Billing - Professional 9 am - 3 pm	12	**13** Beginning Billing - Institutional 9 am - 3 pm	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Specialty Billing Classes Calendar

April 2008						
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
		1	2	3	4	5
6	7	**8** Beginning Billing Professional 9:00 am – 3:00 pm	9	**10** Beginning Billing Institutional 9:00 am – 3:00 pm	11	12
13	**14** IP/OP 9:00 am-12:00 pm Hospice 1:00-3:00 pm	**15** Practitioner 9:00 am-12:00 pm OT/PT/ST 1:00-3:00 pm	**16** Pediatric HH PARs 9:00-11:30 am Home Health 1:00-3:30 pm	**17** RHC/FQHC 9:00-11:30 am Dental 1:00-3:30 pm	**18** PAR Workshop 9:00-10:30 am DME/Supply 11:30 am-2:00 pm Pharmacy 2:30-4:00 pm	19
20	**21** Transportation 9:00-11:30 am Audiology 1:00-3:30 pm	**22** HCBS-EBD/PLWA/MI 9:00-11:30 am HCBS-BI 1:00-3:30	**23** Skilled Nursing Facility 9:00-11:30 am Dialysis 1:00-3:30 pm	24	25	26
27	28	29	30			

Specialty Class Descriptions

Audiology
This class is for billers using the CO1500/837P format for audiology services. The class covers billing procedures, common billing issues and guidelines specifically for Audiologists.

Dental
The class is for billers using the 2006 ADA/837D claim format. The class covers billing procedures, claim formats, common billing issues and guidelines specifically for the following provider types: Dentists, Dental Hygienists

(This is not the class for Nursing Facilities or FQHC/RHCs- or Nursing Facilities – please refer to the Nursing Facility and FQHC/RHC Classes)

Dialysis
This class is for billers who bill for Dialysis services on the UB-04/837I and/or CO1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for dialysis providers.
(This is not the class for Hospitals – please refer to Hospital Class)

FQHC/RHC

This class is for billers using the UB-04/837I and CO1500/837P format. The class covers billing procedures, Encounter Payments, common billing issues and guidelines specifically for FQHC/RHC providers.

HCBS-EBD/PLWA/MI

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

HCBS-EBD HCBS-PLWA HCBS-MI

HCBS-BI

This class is for billers using the CO1500/837P claim format for the following services: adult day care, non-medical transportation, home electronics, home modifications and personal care. The class covers billing procedures, common billing issues and guidelines specifically for HCBS-BI providers.

Home Health

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Home Health providers.

Hospice

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Hospice providers.

Hospital

This class is for billers using the UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for: In-patient Hospital, Out-patient Hospital

(This is not the class for FQHC/RHC – please refer to FQHC/RHC Class)

Nursing Facility

This class is for billers using the UB-04/837I claim format. The class covers billing procedures, common billing issues, PETI, Medicare Crossovers and guidelines specifically for Nursing Facility providers.

Occupational, Physical and Speech Therapy

This class is for billers using the CO1500/837P format for therapies. The class covers billing procedures, common billing issues and guidelines specifically for Occupational, Physical and Speech Therapists providers.

Pharmacy

This class is for billers using the Pharmacy claim format/Point of Sale and/or UCF Format. The class covers billing procedures, common billing issues and guidelines specifically for Pharmacies.

(This is not the class for DME/ Supply Providers – please refer to DME/ Supply Provider Class)

Pediatric HH PAR Workshop

The Pediatric Home Health PAR class focuses on the PAR completion instructions for Pediatric Home Health procedures. This class is specifically for Pediatric Home Health providers.

DME/Supply PAR Workshop

The PAR class focuses on completing the PAR correctly and avoiding common mistakes. This class is for DME/Supply providers who bill procedures requiring prior authorization.

(This class is not for Dental, HCBS, Nursing Facility, Pharmacy or Pediatric Home Health Providers.)

Practitioner

This class is for providers using the CO1500/837P format. The class covers billing procedures, common billing issues and guidelines specifically for the following provider types:

- Ambulance
- Anesthesiologists
- ASC
- Family Planning
- Independent Labs
- Independent Radiologists
- Nurse Practitioner
- Physician Assistant
- Physicians, Surgeons

Supply/DME

This class is for billers using the CO1500/837P claim format. The class covers billing procedures, common billing issues and guidelines specifically for Supply/DME providers.

Transportation

This class is for emergency transportation providers billing on the CO1500/837P and/or UB-04/837I format. The class covers billing procedures, common billing issues and guidelines specifically for Transportation providers.

New ICD-9-CM Diagnosis and Procedure Codes Crosswalk for Dates of Service beginning October 1, 2007

To reimburse inpatient hospital claims, the Department uses the DRG system methodology. The current DRG table with respective weights, ALOS and trim point is the same used since October 1, 2006. The following table contains new ICD-9-CM codes which were not part of the original Version 24.0 DRGs. The crosswalk allows claims with new diagnosis and/or procedure codes to appropriately group to the original Version 24.0 DRG.

Diagnosis Code Crosswalk

New Code	Description	Previous Code	Description
040.41	Infant botulism	771.89	OTHER INFECTIONS, PERINATAL PERIOD
040.42	Wound botulism	887.1	OPN WOUND SITE NOS-COMPL
058.10	Roseola infantum, unspecified	057.8	VIRAL EXANTHEMATA NEC
058.11	Roseola infantum due to human herpesvirus 6	057.8	VIRAL EXANTHEMATA NEC
058.12	Roseola infantum due to human herpesvirus 7	057.8	VIRAL EXANTHEMATA NEC
058.21	Human herpesvirus 6 encephalitis	054.3	HERPETIC ENCEPHALITIS
058.29	Other human herpesvirus encephalitis	054.3	HERPETIC ENCEPHALITIS
058.81	Human herpesvirus 6 infection	054.9	HERPES SIMPLEX NOS
058.82	Human herpesvirus 7 infection	054.9	HERPES SIMPLEX NOS
058.89	Other human herpesvirus infection	054.9	HERPES SIMPLEX NOS
079.83	Parvovirus B19	079.89	OTHER SPEC VIRAL INFECTIONS
200.30	Marginal zone lymphoma, unspecified site, extranodal and solid	202.81	LYMPHOMAS NEC HEAD
200.31	Marginal zone lymphoma, lymph nodes of head, face, and neck	202.81	LYMPHOMAS NEC HEAD
200.32	Marginal zone lymphoma, intrathoracic lymph nodes	202.81	LYMPHOMAS NEC HEAD
200.33	Marginal zone lymphoma, intraabdominal lymph nodes	202.81	LYMPHOMAS NEC HEAD
200.34	Marginal zone lymphoma, lymph nodes of axilla and upper	202.81	LYMPHOMAS NEC HEAD
200.35	Marginal zone lymphoma, lymph nodes of inguinal region and	202.81	LYMPHOMAS NEC HEAD
200.36	Marginal zone lymphoma, intrapelvic lymph nodes	202.81	LYMPHOMAS NEC HEAD
200.37	Marginal zone lymphoma, spleen	202.81	LYMPHOMAS NEC HEAD
200.38	Marginal zone lymphoma, lymph nodes of multiple sites	202.81	LYMPHOMAS NEC HEAD
200.40	Mantle cell lymphoma, unspecified site, extranodal and solid	202.81	LYMPHOMAS NEC HEAD
200.41	Mantle cell lymphoma, lymph nodes of head, face, and neck	202.81	LYMPHOMAS NEC HEAD
200.42	Mantle cell lymphoma, intrathoracic lymph nodes	202.81	LYMPHOMAS NEC HEAD
200.43	Mantle cell lymphoma, intra-abdominal lymph nodes	202.81	LYMPHOMAS NEC HEAD
200.44	Mantle cell lymphoma, lymph nodes of axilla and upper limb	202.81	LYMPHOMAS NEC HEAD
200.45	Mantle cell lymphoma, lymph nodes of inguinal region and	202.81	LYMPHOMAS NEC HEAD
200.46	Mantle cell lymphoma, intrapelvic lymph nodes	202.81	LYMPHOMAS NEC HEAD
200.47	Mantle cell lymphoma, spleen	202.81	LYMPHOMAS NEC HEAD
200.48	Mantle cell lymphoma, lymph nodes of multiple sites	202.81	LYMPHOMAS NEC HEAD
200.50	Primary central nervous system lymphoma, unspecified site,	202.81	LYMPHOMAS NEC HEAD

New Code	Description	Previous Code	Description
200.51	Primary central nervous system lymphoma, lymph nodes of	202.81	LYMPHOMAS NEC HEAD
200.52	Primary central nervous system lymphoma, intrathoracic lymph	202.81	LYMPHOMAS NEC HEAD
200.53	Primary central nervous system lymphoma, intra-abdominal	202.81	LYMPHOMAS NEC HEAD
200.54	Primary central nervous system lymphoma, lymph nodes of	202.81	LYMPHOMAS NEC HEAD
200.55	Primary central nervous system lymphoma, lymph nodes of	202.81	LYMPHOMAS NEC HEAD
200.56	Primary central nervous system lymphoma, intrapelvic lymph	202.81	LYMPHOMAS NEC HEAD
200.57	Primary central nervous system lymphoma, spleen	202.81	LYMPHOMAS NEC HEAD
200.58	Primary central nervous system lymphoma, lymph nodes of	202.81	LYMPHOMAS NEC HEAD
200.60	Anaplastic large cell lymphoma,	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.61	Anaplastic large cell lymphoma,	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.62	Anaplastic large cell lymphoma, intrathoracic lymph nodes	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.63	Anaplastic large cell lymphoma, intra-abdominal lymph nodes	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.64	Anaplastic large cell lymphoma, lymph nodes of axilla and	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.65	Anaplastic large cell lymphoma, lymph nodes of inguinal	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.66	Anaplastic large cell lymphoma, intrapelvic lymph nodes	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.67	Anaplastic large cell lymphoma, spleen	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.68	Anaplastic large cell lymphoma, lymph nodes of multiple sites	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.70	Large cell lymphoma, unspecified site, extranodal and solid	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.71	Large cell lymphoma, lymph nodes of head, face, and neck	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.72	Large cell lymphoma, intrathoracic lymph nodes	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.73	Large cell lymphoma, intra-abdominal lymph nodes	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.74	Large cell lymphoma, lymph nodes of axilla and upper limb	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.75	Large cell lymphoma, lymph nodes of inguinal region and	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.76	Large cell lymphoma, intrapelvic lymph nodes	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.77	Large cell lymphoma, spleen	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
200.78	Large cell lymphoma, lymph nodes of multiple sites	200.01	Reticulosarcoma of lymph nodes of head, face, and neck
202.70	Peripheral T cell lymphoma, unspecified site, extranodal and	202.11	MYCOSIS FUNGOIDES HEAD
202.71	Peripheral T cell lymphoma, lymph nodes of head, face, and	202.11	MYCOSIS FUNGOIDES HEAD
202.72	Peripheral T cell lymphoma, intrathoracic lymph nodes	202.11	MYCOSIS FUNGOIDES HEAD
202.73	Peripheral T cell lymphoma, intra-abdominal lymph nodes	202.11	MYCOSIS FUNGOIDES HEAD
202.74	Peripheral T cell lymphoma, lymph nodes of axilla and upper	202.11	MYCOSIS FUNGOIDES HEAD
202.75	Peripheral T cell lymphoma, lymph nodes of inguinal region	202.11	MYCOSIS FUNGOIDES HEAD
202.76	Peripheral T cell lymphoma, intrapelvic lymph nodes	202.11	MYCOSIS FUNGOIDES HEAD
202.77	Peripheral T cell lymphoma, spleen	202.11	MYCOSIS FUNGOIDES HEAD
202.78	Peripheral T cell lymphoma, lymph nodes of multiple sites	202.11	MYCOSIS FUNGOIDES HEAD
233.30	Carcinoma in situ, unspecified female genital organ	233.3	CA IN SITU FEM GEN NEC
233.31	Carcinoma in situ,vagina	233.3	CA IN SITU FEM GEN NEC

New Code	Description	Previous Code	Description
233.32	Carcinoma in situ,vulva	233.3	CA IN SITU FEM GEN NEC
233.39	Carcinoma in situ, other female genital organ	233.3	CA IN SITU FEM GEN NEC
255.41	Glucocorticoid deficiency	255.4	CORTICOADRENAL INSUFFIC
255.42	Mineralocorticoid deficiency	255.4	CORTICOADRENAL INSUFFIC
258.01	Multiple endocrine neoplasia [MEN] type I	258.0	WERMER'S SYNDROME
258.02	Multiple endocrine neoplasia [MEN] type IIA	193	MALIGN NEOPL THYROID
258.03	Multiple endocrine neoplasia [MEN] type IIB	258.0	WERMER'S SYNDROME
284.81	Red cell aplasia (acquired)(adult)(with thymoma)	284.8	APLASTIC ANEMIAS NEC
284.89	Other specified aplastic anemias	284.8	APLASTIC ANEMIAS NEC
288.66	Bandemia	288.69	ELEVATED WBC COUNT NEC
315.34	Speech and language developmental delay due to hearing loss	315.31	EXPRESSIVE LANGUAGE DISORDER
331.5	Idiopathic normal pressure hydrocephalus (INPH)	331.3	COMMUNICAT HYDROCEPHALUS
359.21	Myotonic muscular dystrophy	359.2	MYOTONIC DISORDERS
359.22	Myotonia congenital	359.2	MYOTONIC DISORDERS
359.23	Myotonic chondrodystrophy	359.2	MYOTONIC DISORDERS
359.24	Drug induced myotonia	359.2	MYOTONIC DISORDERS
359.29	Other specified myotonic disorder	359.2	MYOTONIC DISORDERS
364.81	Floppy iris syndrome	364.8	IRIS/CILIARY DIS NEC
364.89	Other disorders of iris and ciliary body	364.8	IRIS/CILIARY DIS NEC
388.45	Acquired auditory processing disorder	315.32	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DIS
389.05	Conductive hearing loss, unilateral	389.00	CONDUCTIVE HEARING LOSS
389.06	Conductive hearing loss, bilateral	389.00	CONDUCTIVE HEARING LOSS
389.13	Neural hearing loss, unilateral	389.12	NEURAL HEARNG LOSS,BILAT
389.17	Sensory hearing loss, unilateral	389.11	SENSRY HEARNG LOSS,BILAT
389.20	Mixed hearing loss, unspecified	389.2	MIXED HEARING LOSS
389.21	Mixed hearing loss, unilateral	389.2	MIXED HEARING LOSS
389.22	Mixed hearing loss, bilateral	389.2	MIXED HEARING LOSS
414.2	Chronic total occlusion of coronary artery	414.00	CORONARY ATHEROSCLEROSIS OF UNSP VESSEL
415.12	Septic pulmonary embolism	415.19	OTHER PULMONARY EMBOLISM & INFARCTION
423.3	Cardiac tamponade	423.9	PERICARDIAL DISEASE NOS
440.4	Chronic total occlusion of artery of the extremities	440.24	ATHEROSCLEROSIS EXTREMITIES W GANGRENE
449	Septic arterial embolism	038.0	STREPTOCOCCAL SEPTICEMIA
488	Influenza due to identified avian influenza virus	487.1	FLU W RESP MANIFEST NEC
525.71	Osseointegration failure of dental implant	525.8	DENTAL DISORDER NEC
525.72	Post-osseointegration biological failure of dental implant	525.8	DENTAL DISORDER NEC
525.73	Post-osseointegration mechanical failure of dental implant	525.8	DENTAL DISORDER NEC
525.79	Other endosseous dental implant failure	525.8	DENTAL DISORDER NEC

New Code	Description	Previous Code	Description
569.43	Anal sphincter tear (healed) (old)	565.0	ANAL FISSURE
624.01	Vulvar intraepithelial neoplasia I [VIN I]	624.0	DYSTROPHY OF VULVA
624.02	Vulvar intraepithelial neoplasia II [VIN II]	624.0	DYSTROPHY OF VULVA
624.09	Other dystrophy of vulva	624.0	DYSTROPHY OF VULVA
664.60	Anal sphincter tear complicating delivery, not associated with third-dgree perineal laceration, unspecified as to episode of care or not applicable	664.20	DEL W 3 DEG LACERAT-UNSP
664.61	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, delivered, with or without mention of antepartum condition	664.21	DEL W 3 DEG LACERAT-DEL
664.64	Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, postpartum condition or complication	664.24	DEL W 3 DEG LAC-POSTPART
733.45	Aseptic necrosis of bone, jaw	733.49	ASEPT NECROSIS BONE NEC
787.20	Dysphagia, unspecified	787.2	DYSPHAGIA
787.21	Dysphagia, oral phase	787.2	DYSPHAGIA
787.22	Dysphagia, oropharyngeal phase	787.2	DYSPHAGIA
787.23	Dysphagia, pharyngeal phase	787.2	DYSPHAGIA
787.24	Dysphagia, pharyngoesophageal phase	787.2	DYSPHAGIA
787.29	Other dysphagia	787.2	DYSPHAGIA
789.51	Malignant ascites	197.6	SEC MAL NEO PERITONEUM
789.59	Other ascites	789.5	ASCITES
999.31	Infection due to central venous catheter	996.62	INFECT/INFLAMM REAC DUE TO OTHER VASCULA
999.39	Infection following other infusion, injection, transfusion, or vaccination	999.3	INFEC COMPL MED CARE NEC
V12.53	Personal history of sudden cardiac arrest	V12.59	PERSONAL HISTORY OF OTHER DISEASES OF CI
V12.54	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits	V12.59	PERSONAL HISTORY OF OTHER DISEASES OF CI
V13.22	Personal history of cervical dysplasia	V13.29	PERSONAL HX OF OTHER GENITAL & OB DISORD
V16.52	Family history of malignant neoplasm, bladder	V16.59	FAMILY HX MALIG. NEOPLASM OTH URINARY OR
V17.41	Family history of sudden cardiac death (SCD)	V17.4	FAM HX-CARDIOVAS DIS NEC
V17.49	Family history of other cardiovascular diseases	V17.4	FAM HX-CARDIOVAS DIS NEC
V18.11	Family history of multiple endocrine neoplasia [MEN] syndrome	V18.1	FM HX-ENDO/METAB DIS NEC
V18.19	Family history of other endocrine and metabolic diseases	V18.1	FM HX-ENDO/METAB DIS NEC
V25.04	Counseling and instruction in natural family planning to avoid pregnancy	V25.09	CONTRACEPTIVE MANGMT NEC
V26.41	Procreative counseling and advice using natural family planning	V26.4	PROCREATIVE MGMT-COUNSEL
V26.49	Other procreative management counseling and advice	V26.4	PROCREATIVE MGMT-COUNSEL
V26.81	Encounter for assisted reproductive fertility procedure cycle	V26.8	PROCREATIVE MANGMT NEC
V26.89	Other specified procreative management	V26.8	PROCREATIVE MANGMT NEC
V49.85	Dual sensory impairment	V49.89	CONDITN INFLU HEALTH NEC
V68.01	Disability examination	V68.0	ISSUE MEDICAL CERTIFICAT

New Code	Description	Previous Code	Description
V68.09	Other issue of medical certificates	V68.0	ISSUE MEDICAL CERTIFICAT
V72.12	Encounter for hearing conservation and treatment	V72.19	EXAM EARS & HEARING NEC
V73.81	Special screening examination, Human papillomavirus (HPV)	V73.89	SPEC SCREEN EXAM FOR OTH SPEC VIRAL DISE
V84.81	Genetic susceptibility to multiple endocrine neoplasia [MEN]	V84.8	GENETIC SUSCEPT TO OTHER DISEASE
V84.89	Genetic susceptibility to other disease	V84.8	GENETIC SUSCEPT TO OTHER DISEASE
E928.6	Environmental exposure to harmful algae and toxins	E928.8	OTHER & UNSPEC ENVIRO & ACC/OTHER
E933.6	Oral biophosphonates	E933.8	OTHER SYST AGENTS, NOT CLASS ELSE/ADVERS
E933.7	Intravenous biophosphonates	E933.8	OTHER SYST AGENTS, NOT CLASS ELSE/ADVERS

Procedure Code Crosswalk

New Code	Description	Previous Proc Codes	Description
00.19	Disruption of blood brain barrier via infusion [BBBD]	99.29	Inject/Infuse Of Other Therapeutic Or Prophylactic Substance
00.94	Intra-operative neurophysiologic monitoring	99.99	Other Miscellaneous Procedure
01.10	Intracranial pressure monitoring	01.18	Other Dx Procedures On Brain & Cerebral Meninges
01.16	Intracranial oxygen monitoring	01.18	Other Dx Procedures On Brain & Cerebral Meninges
01.17	Brain temperature monitoring	01.18	Other Dx Procedures On Brain & Cerebral Meninges
07.83	Thoracoscopic partial excision of thymus	07.81	Part Excision Of Thymus
07.84	Thoracoscopic total excision of thymus	07.82	Total Excision Of Thymus
07.95	Thoracoscopic incision of thymus	07.92	Incision Of Thymus
07.98	Other and unspecified thoracoscopic operations on thymus	07.99	Thymus Operation Nec
32.20	Thoracoscopic excision of lesion or tissue of lung	32.29	Other Local Esc/Destruct Of Lesion/Tissue-Lung
32.30	Thoracoscopic segmental resection of lung	32.3	Segmental Resection Of Lung
32.39	Other and unspecified segmental resection of lung	32.3	Segmental Resection Of Lung
32.41	Thoracoscopic lobectomy of lung	32.4	Lobectomy Of Lung
32.49	Other lobectomy of lung	32.4	Lobectomy Of Lung
32.50	Thoracoscopic pneumonectomy	32.5	Complete Pneumonectomy
32.59	Other and unspecified pneumonectomy	32.5	Complete Pneumonectomy
33.20	Thoracoscopic lung biopsy	33.28	Open Biopsy Of Lung
34.06	Thoracoscopic drainage of pleural cavity	34.04	Insert Intercostal Cath for Drain
34.20	Thoracoscopic pleural biopsy	34.24	Pleural Biopsy
34.52	Thoracoscopic decortication of lung	34.51	Decortication Of Lung
50.13	Transjugular liver biopsy	50.11	Closed (Percutaneous)(Needle) Biopsy Of Liver
50.14	Laparoscopic liver biopsy	50.19	Other Dx Proc On Liver

New Code	Description	Previous Proc Codes	Description
70.53	Repair of cystocele and rectocele with graft or prosthesis	70.50	Repair Of Cystocele And Rectocele
70.54	Repair of cystocele with graft or prosthesis	70.51	Repair Of Cystocele
70.55	Repair of rectocele with graft or prosthesis	70.52	Repair Of Rectocele
70.63	Vaginal construction with graft or prosthesis	70.61	Vaginal Construction
70.64	Vaginal reconstruction with graft or prosthesis	70.62	Vaginal Reconstruction
70.78	Vaginal suspension and fixation with graft or prosthesis	70.77	Vaginal Suspension And Fixation
70.93	Other operations on cul-de-sac with graft or prosthesis	70.92	Other Operations On Cul-De-Sac
70.94	Insertion of biological graft	70.92	Other Operations On Cul-De-Sac
70.95	Insertion of synthetic graft or prosthesis	70.92	Other Operations On Cul-De-Sac
84.80	Insertion or replacement of interspinous process device(s)	84.58	Implantation Of Interspinous Process Decompr Device
84.81	Revision of interspinous process device(s)	78.59	Internal Fix Of Bone W/O Fracture Reduction--Other
84.82	Insertion or replacement of pedicle-based dynamic stablization device(s)	84.59	Insertion Of Other Spinal Devices
84.83	Revision of pedicle-based dynamic stabilization device(s)	78.59	Internal Fix Of Bone W/O Fracture Reduction--Other
84.84	Insertion or replacement of facet replacement device(s)	84.59	Insertion Of Other Spinal Devices
84.85	Revision of facet replacement device(s)	78.59	Internal Fix Of Bone W/O Fracture Reduction--Other
88.59	Intra-operative fluorescence vascular angiography	88.90	Diagnostic Imaging N.E.C.
92.41	Intra-operative electron radiation therapy	92.25	Teleradiotherapy Using Electrons

Note:
New ICD-9-CM codes which were not part of the original Version 24.0 DRGs. The crosswalk allows claims with new diagnosis and/or procedure codes to appropriately group to the original Version 24.0 DRG.