

8.5 Diagnosis Reference Lists

Medicaid

Drugs with certain therapeutic class codes require a specific International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis code on the Medicaid claims in order for the provider to be reimbursed for that drug product. The diagnosis must be entered on the prescription, either by the authorized practitioner or the pharmacist after verification with the prescriber.

The following list contains the therapeutic class products requiring an ICD-9-CM diagnosis code for the Medicaid, SAGA, HUSKY, and Charter Oak Health Plan programs.

The following information is found on the diagnosis reference list on the following pages:

Field Name	Description
Therapeutic Class	This field indicates the therapeutic class requiring a diagnosis code.
Drug Class	This field indicates if the therapeutic class is a legend drug or over the counter drug.
Diagnosis Description	This field gives a description of the diagnosis.
Diagnosis	This field indicates the diagnosis (ICD-9-CM) code applicable for the therapeutic class.

MEDICAID/SAGA/HUSKY/CHARTER OAK LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
Central Nervous System Stimulants	Legend	Hyperkinetic syndrome of childhood	314.
		Cataplexy and narcolepsy	347.
		Drug Induced Organic Personality Disorder	292.89
		Organic Affective Syndrome	293.83
		Major Depressive Disorder, Single Episode	296.2
		Major Depressive Disorder, Recurrent Episode	296.3
		Atypical Depressive Disorder	296.82
		Neurotic Depression	300.4
		Brief Depressive Reaction	309.0
		Prolonged Depressive Reaction	309.1
		Adjustment Reaction with Physical Symptoms	309.82
Gastric Enzymes	Legend/OTC	Other and unspecified disorders of metabolism	277.
Vitamin A Preparations	Legend/OTC	Other and unspecified disorders of metabolism	277.
Food Oils – Medium Chain Triglycerides (MCT)	OTC	Other and unspecified disorders of metabolism	277.
Multivitamin Preparations	OTC – generic only Legend	Disorders of parathyroid gland	252.
		Disorders of mineral metabolism	275.
		Other and unspecified disorders of metabolism	277.
		Chronic liver disease and cirrhosis	571.
		Acute glomerulonephritis (ESRD)	580.

MEDICAID/SAGA/HUSKY/CHARTER OAK LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
Multivitamin Preparations (Continued)		Osteoarthritis and allied disorders Other disorders of bone and cartilage Other ill-defined and unknown causes of morbidity and mortality (Cachexia)	715. 733. 799.
Prenatal Vitamins	Legend/OTC	Normal pregnancy Supervision of normal first pregnancy Supervision of other normal pregnancy Pregnant state, NOS	V22. V220. V221. V222.
Calcium Replacements – Generic only	OTC	Disorders of parathyroid gland Disorders of mineral metabolism Other and unspecified disorders of metabolism Acute glomerulonephritis (ESRD) Osteoarthritis and allied disorders Other disorders of bone and cartilage	252. 275. 277. 580. 715. 733.
Magnesium Replacements Magonate Suspension	OTC	Disorders of mineral metabolism Acute glomerulonephritis (ESRD)	275. 580.
Enteral Nutritionals Metabolic Supplements	Legend/OTC	Disturbances of Amino Acid transport and metabolism Other and unspecified disorders of metabolism Heredity and idiopathic peripheral neuropathy	270. 277. 356.

MEDICAID/SAGA/HUSKY/CHARTER OAK LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
Enteral Nutritionals Metabolic Supplements (Continued) Liquid Enteral nutritional products require a valid diagnosis code. The codes in this section may be used for quantities not exceeding 21,600 ml in a 30 day period.		Functional GI Disorders	536.
		• from gastroparesis	536.3
		• from gastritis	535.5
		• from gastric outlet obstruction	560.9
		Regional enteritis (short bowel, Crohn's disease)	555.
		Intestinal malabsorption	579.
		Acute glomerulonephritis (ESRD)	580.
		Symptoms concerning nutrition, metabolism, and development (Bulimia, FTT, Anorexia),	783.
		Other ill-defined and unknown causes of morbidity and mortality (Cachexia)	799.
		Severe Dysphagia	787.2
		•From obstruction or dysfunction of the oropharynx	478.29
		•From obstruction or dysfunction of the esophagus	530.3
		Partial obstruction of the:	
		•Small bowel	560.9
		•Stomach	537.89
Fistulas of the:			
•Small bowel	565.1		
•Colon	569.81		
Severe malabsorption	579.9		

MEDICAID/SAGA/HUSKY/CHARTER OAK LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
Enteral Nutritionals Metabolic Supplements (Continued)		•Caused by short bowel	579.3
		•Caused by inflammatory bowel disease	558.9
		Nausea with Vomiting	787.01
		Coma	780.01
		Delirious State	780.09
Enteral Nutritionals For enteral nutritional products exceeding 21,600 ml in a 30 day period the following high caloric need diagnosis codes may be used.	Legend/OTC	Severe Dysphagia	787.2
		•From obstruction or dysfunction of the oropharynx	478.29
		•From obstruction or dysfunction of the esophagus	530.3
		Partial obstruction of the:	
		•Small bowel	560.9
		•Stomach	537.89
		Fistulas of the:	
		•Small bowel	565.1
		•Colon	569.81
		Severe malabsorption	579.9
		•Caused by short bowel	579.3
		•Caused by inflammatory bowel disease	558.9
		Nausea with Vomiting	787.01
•From gastroparesis	536.3		

MEDICAID/SAGA/HUSKY/CHARTER OAK LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
		<ul style="list-style-type: none"> •From gastritis •From gastric outlet obstruction Coma	535.5 560.09 780.01
		<ul style="list-style-type: none"> •Delirious State Persistent Anorexia	780.09 783.0
Xenical	Legend	Pure Hypercholesterolemia Pure Hyperglyceridemia Mixed Hyperlipidemia Hyperchylomicronemia Other and Unspecified Hyperlipidemia Lipoprotein Deficiencies Lipodystrophy Lipidoses Other Disorders of Lipoid Metabolism Unspecified Disorder of Lipoid Metabolism	272. 272.1 272.2 272.3 272.4 272.5 272.6 272.7 272.8 272.9
Retinoic or Vitamin A Acid	Legend	Acne Vulgaris	706.1
Progestional Agents (Crinone Vaginal Gel)	Legend	Amenorrhea	626.
Revatio, Viagra	Legend	Primary Pulmonary Hypertension	416.0

MEDICAID/SAGA/HUSKY/CHARTER OAK LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
Flutter Respiratory Aid Device (NDC 58914-0910-99)	Legend	Other and unspecified disorders of metabolism	277.
		Chronic bronchitis	491.
		Chronic airway obstruction	496.
		Other diseases of lung	518.
*H2 Antagonist *Proton Pump Inhibitors *Sucralfate *Submit with a diagnosis only after the Physician has confirmed that acute dosing should be continued.	Legend	Esophagitis	530.1
		Esophageal Reflux - GERD	530.81
		Gastritis and Duodenitis	535.
		Hypersecretory Disorder	536.8
		Zollinger-Ellison Syndrome	251.5
Epoetin Alpha (Procrit, Epogen) Subject to Medicare B cost avoidance for dually eligible clients for specific diagnoses. *Claims with these diagnoses must be submitted to Medicare B if the dual eligible client does not reside in a SNF/NF. Epoetin Alpha (Procrit, Epogen)	Legend	Chronic Renal Failure*	585.
		Renal Failure Not Otherwise Specified*	586.
		Other Deficiency Anemias	281.
		Deficiency Anemia Not Otherwise Specified	281.9
		Anemia Hemolytic Acquired	283.
		Autoimmune Hemolytic Anemia	283.0
		Non-autoimmune Hemolytic Anemia	283.1
		Non-autoimmune Hemolytic Anemia, unspecified	283.10
		Hemolytic-Uremic Syndrome	283.11
		Other Non-autoimmune Hemolytic Anemia	283.19
		Hemolytic Hemoglobinuria	283.2

MEDICAID/SAGA/HUSKY/CHARTER OAK LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
(Continued)		Acquired Hemolytic Anemia, Not Otherwise Specified	283.9
		Other and Unspecified Anemias	285.
		Sideroblastic Anemia	285.0
		Anemia in Chronic Illness	285.2
		Anemia in End Stage Renal Disease	285.21
		Anemia Not Otherwise Specified	285.9
		Kidney Transplant	V420.
Gastrointestinal - Culturelle With the indicated diagnosis for a duration greater than 30 days	OTC	Diarrhea	787.91
		Other post operative functional disorder/diarrhea following gastrointestinal surgery	564.4
		Functional diarrhea	564.5
		Intestinal infections due to Clostridium Difficile	008.45

ConnPACE

Drugs with certain therapeutic class codes require a specific International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis code on the Connecticut Medical Assistance Program claim in order for the provider to be reimbursed for that drug product. The diagnosis must be entered on the prescription, either by the authorized practitioner or the pharmacist, after verification with the prescriber.

The following list contains the therapeutic class products requiring an ICD-9-CM diagnosis code for ConnPACE claims.

The following information is found on the Diagnosis Reference List on the following page:

Field Name	Description
Therapeutic Class	This field indicates the therapeutic class requiring a diagnosis code.
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ConnPACE LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
Central Nervous System Stimulants <ul style="list-style-type: none"> • Methylphenidate • Doxapram • Amphetamines • Pemoline (Cylert) 	Legend	Drug induced organic personality disorder	292.89
		Organic affective disorder	293.83
		Major depressive disorder, single episode	296.2
		Major depressive disorder, recurrent episode	296.3
		Atypical depressive disorder	296.82
		Neurotic depression	300.4
		Brief depressive reaction	309.0
		Prolonged depressive reaction	309.1
		Adjustment reaction with physical symptoms	309.82
		Hyperkinetic syndrome of childhood	314.
		Cataplexy and narcolepsy	347.
Xenical	Legend	Pure Hypercholesterolemia	272.
		Pure Hyperglyceridemia	272.1
		Mixed Hyperlipidemia	272.2
		Hyperchylomicronemia	272.3
		Other and Unspecified Hyperlipidemia	272.4
		Lipoprotein Deficiencies	272.5
		Lipodystrophy	272.6
		Lipidoses	272.7
		Other Disorders of Lipoid Metabolism	272.8
		Unspecified Disorder of Lipoid Metabolism	272.9

ConnPACE LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
*H2 Antagonist	Legend	Esophagitis	530.1
*Proton Pump Inhibitors		Esophageal Reflux - GERD	530.81
*Sucralfate		Gastritis and Duodenitis	535.
* Submit with a diagnosis only after the physician has confirmed that acute dosing should be continued.		Hypersecretory Disorder	536.8
		Zollinger-Ellison Syndrome	251.5
Epoetin Alpha (Procrit, Epogen)	Legend	Chronic Renal Failure	585.
		Renal Failure Not Otherwise Specified	586
		Other Deficiency Anemias	281.
		Deficiency Anemia Not Otherwise Specified	281.9
		Anemia Hemolytic Acquired	283.
		Autoimmune Hemolytic Anemia	283.0
		Non-autoimmune Hemolytic Anemia	283.1
		Non-autoimmune Hemolytic Anemia, unspecified	283.10
		Hemolytic-Uremic Syndrome	283.11
		Other Non-autoimmune Hemolytic Anemia	283.19
		Hemolytic Hemoglobinuria	283.2
		Acquired Hemolytic Anemia, Not Otherwise Specified	283.9
		Other and Unspecified Anemias	285.
		Sideroblastic Anemia	285.0
		Anemia in Chronic Illness	285.2
	Anemia in End Stage Renal Disease	285.21	

ConnPACE LIST			
THERAPEUTIC CLASS	DRUG CLASS	DIAGNOSIS DESCRIPTION	DIAGNOSIS CODE
Epoetin Alpha (Procrit, Epogen) (Continued)		Anemia Not Otherwise Specified Kidney Transplant	285.9 V420.
Revatio, Viagra	Legend	Primary Pulmonary Hypertension	416.0