



**September 15-16, 2010
Diagnosis Agenda, Part 1 of 2**

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Co-Chair, ICD-9-CM Coordination and Maintenance Committee

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ICD-9-CM TIMELINE

A timeline of important dates in the ICD-9-CM process is described below:

September 15 – 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting.

Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 10, 2010**. You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.

October 2010 Summary report of the Procedure part of the September 15 – 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>

Summary report of the Diagnosis part of the September 15– 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd.htm>

October 1, 2010 New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows:
Diagnosis addendum - <http://www.cdc.gov/nchs/icd.htm>
Procedure addendum at - <http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>

October 8, 2010 Deadline for receipt of public comments on proposed code revisions discussed at the September 15-16, 2010 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2011.

November 2010 Any new ICD-9-CM codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2011 will be posted on the following websites:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
<http://www.cdc.gov/nchs/icd.htm>

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- November 12, 2010** **Deadline for receipt of public comments on revisions to the General Equivalence Maps (GEMs) discussed at the September 15, 2010 ICD-9-CM Coordination and Maintenance Committee.**
- November 19, 2010** **Deadline for receipt of public comments on proposed code revisions discussed at the September 15-16, 2010 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2011.**
- January 7, 2011 Deadline for requestors: Those members of the public requesting that topics be discussed at the March 9 – March 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses by this date.
- February 2011 Draft agenda for the Procedure part of the March 9, 2011 ICD-9-CM Coordination and Maintenance Committee meeting posted on CMS homepage as follows:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Draft agenda for the Diagnosis part of the March 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting posted on NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd.htm>
- Federal Register notice of March 9 – March 10, 2011 ICD-9-CM Coordination and Maintenance Committee Meeting will be published.
- February 11, 2011 **On-line registration opens for the March 9 – 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting at:**
<http://www.cms.hhs.gov/apps/events>
- March 2011 Because of increased security requirements, **those wishing to attend the March 9 – March 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting** must register for the meeting online at:
<http://www.cms.hhs.gov/apps/events>
- Attendees must register online by March 4, 2011 failure to do so may result in lack of access to the meeting.**

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- March 9 – 10 2011 ICD-9-CM Coordination and Maintenance Committee meeting.
- April 1, 2011 Any new ICD-9-CM codes required to capture new technology will be implemented. Information on any new codes implemented on April 1, 2011 previously posted in early November 2010 will be on the following websites:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
<http://www.cdc.gov/nchs/icd.htm>
<http://www.cms.hhs.gov/MLNGenInfo>
- April 1, 2011 Deadline for receipt of public comments on proposed code revisions discussed at the March 9-10, 2011 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2011.
- April 2011 Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include the final ICD-9-CM diagnosis and procedure codes for the upcoming fiscal year. It will also include proposed revisions to the DRG system on which the public may comment. The proposed rule can be accessed at:
<http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp>
- April 2011 Summary report of the Procedure part of the March 9, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Summary report of the Diagnosis part of the March 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd.htm>
- June 2011 Final addendum posted on web pages as follows:
Diagnosis addendum at - <http://www.cdc.gov/nchs/icd.htm>
Procedure addendum at –
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- July 15, 2011 Those members of the public requesting that topics be discussed at the September 14 – 15, 2011 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.

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- August 1, 2011 Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include all the final codes to be implemented on October 1, 2011.
This rule can be accessed at:
<http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp>
- August 2011 Tentative agenda for the Procedure part of the September 14 – 15, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at -
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Tentative agenda for the Diagnosis part of the September 14 – 15, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at -
<http://www.cdc.gov/nchs/icd.htm>
- Federal Register notice for the September 14 –15, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
- August 12, 2011 On-line registration opens for the September 14-15, 2011 ICD-9-CM Coordination and Maintenance Committee meeting at:**
<http://www.cms.hhs.gov/apps/events>
- September 9, 2011 Because of increased security requirements, those wishing to attend the September 14 - 15, 2011 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at:
<http://www.cms.hhs.gov/apps/events>
- Attendees must register online by September 9, 2011; failure to do so may result in lack of access to the meeting.**
- September 14 –15, 2011 ICD-9-CM Coordination and Maintenance Committee meeting.
Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 9, 2011.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.

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- October 2011 Summary report of the Procedure part of the September 14 – 15, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Summary report of the Diagnosis part of the September 14– 15, 2011 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd.htm>
- October 1, 2011 New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows:
Diagnosis addendum - <http://www.cdc.gov/nchs/icd.htm>
Procedure addendum at -
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- October 7, 2011 **Deadline for receipt of public comments on proposed code revisions discussed at the September 14-15, 2011 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2012.**
- November 2011 Any new ICD-9-CM codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2012 will be posted on the following websites:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
<http://www.cdc.gov/nchs/icd.htm>
- November 18, 2011 Deadline for receipt of public comments on proposed code revisions discussed at the September 14-15, 2011 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2012.

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<http://www.cdc.gov/nchs/icd9.htm>

Please consult this web page for updated information

Infection Following Transfusion

A previous proposal was presented Sept. 2009 to create a code for transfusion-transmitted infections at subcategory 999.3. However, concerns were raised at that time related to the existing use additional code note at 999.3, in that it would imply that this code should precede the code for HIV disease.

As previously described, there are a number of infectious organisms (including bacteria, viruses, and parasites, among others) that may be transmitted through transfusion of blood or blood products (which include whole blood, RBCs, plasma, and platelets, among others). To address previous concerns, it is proposed to add a note to make it explicit that HIV disease is to be coded first, if present.

Currently there are no specific ICD-9-CM diagnosis codes for infections following transfusion. A request was received from the Food and Drug Administration (FDA) Center for Biologics Evaluation and Research (CBER) to create a unique code for infection following transfusion, as proposed here.

References

U.S. Biovigilance Network (http://www.cdc.gov/nhsn/PDFs/hemovigModuleProtocol_current.pdf)
Canadian transfusion safety surveillance system
(<http://www.phac-aspc.gc.ca/hcai-iamss/tti-it/index-eng.php>)

TABULAR MODIFICATIONS

042 Human immunodeficiency virus [HIV] disease

Use additional code, if applicable, to identify infection following transfusion, infusion, or injection of blood and blood products (999.32)

999 Complications of medical care, not elsewhere classified

999.3 Other infection

Add Code first, if applicable, human immunodeficiency virus (HIV) disease (042)

New code 999.32 Infection following transfusion, infusion, or injection of blood and blood products

Revise 999.39 Infection following other infusion, injection, ~~transfusion,~~ or vaccination

Anaphylactic Reaction, and Other Serum Reaction

An anaphylactic reaction, or anaphylaxis, is a type of allergic hypersensitivity reaction, which may be caused by a number of different allergens. It may cause itching, hives, and wheezing, among other symptoms, and in severe cases, can cause a drop in blood pressure, which is anaphylactic shock.

In ICD-9-CM, codes for anaphylactic reactions have been titled with the term anaphylactic shock, with inclusion terms and indexing making it clear that all such reactions are included, even without shock. However, this titling is somewhat confusing for clinicians. Therefore, it has been proposed that these codes be retitled, to make it more clear what is included. Parts of these changes were proposed independently by the American Academy of Pediatrics, and by the Food and Drug Administration (FDA) Center for Biologics Evaluation and Research (CBER).

It was proposed by FDA CBER to add specific codes for anaphylactic reactions due to administration of blood and blood products, and for anaphylactic reactions due to vaccination.

Anaphylactic reactions are a type I hypersensitivity reaction, involving IgE antibodies, and occurring immediately with exposure. Other serum reactions can also occur, including type II and type III hypersensitivity reactions, which both involve IgG antibodies.

There are certain types of transfusion reactions and drug reactions that exemplify type II hypersensitivity reactions. Examples of type III hypersensitivity reactions include serum sickness and Arthus reaction. Serum sickness is a hypersensitivity reaction to a protein in serum, generally occurring one to three weeks after exposure. It may involve fever, itching, and rash, potentially with other manifestations, some of which include joint pain and swollen lymph nodes.

It was also proposed by FDA CBER to add specific codes for other serum reactions due to administration of blood and blood products, and for other serum reactions due to vaccination.

TABULAR MODIFICATIONS

713 Arthropathy associated with other disorders classified elsewhere

713.6 Arthropathy associated with hypersensitivity reaction

Revise Code first underlying disease, as:
serum sickness (999.51-999.59)

785 Symptoms involving cardiovascular system

785.5 Shock without mention of trauma

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785.59 Other

Excludes: shock (due to):

Revise due to serum (999.41-999.49)

958 Certain early complications of trauma

958.4 Traumatic shock

Excludes: shock:

Revise due to serum (999.41-999.49)

995 Certain adverse effects not elsewhere classified

Revise 995.0 Other anaphylactic ~~shock~~-reaction

Add Anaphylactic shock NOS or due to adverse effect of correct medicinal substance properly administered

Revise Excludes: anaphylactic reaction to serum (999.41-999.49)

Revise anaphylactic shock or reaction due to adverse food reaction (995.60-995.69)

995.1 Angioneurotic edema

Excludes: urticaria:

Revise due to serum (999.51-999.59)

Revise 995.6 Anaphylactic ~~shock~~ reaction due to ~~adverse food reaction~~

Revise Anaphylactic ~~reaction~~ shock due to adverse food reaction

Revise Anaphylactic shock or reaction due to nonpoisonous foods

Revise 995.60 Anaphylactic reaction ~~D~~due to unspecified food

Revise 995.61 Anaphylactic reaction ~~D~~due to peanuts

Revise 995.62 Anaphylactic reaction ~~D~~due to crustaceans

Revise 995.63 Anaphylactic reaction ~~D~~due to fruits and vegetables

Revise 995.64 Anaphylactic reaction ~~D~~due to tree nuts and seeds

Revise 995.65 Anaphylactic reaction ~~D~~due to fish

Revise 995.66 Anaphylactic reaction ~~D~~due to food additives

Revise 995.67 Anaphylactic reaction ~~D~~due to milk products

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|----------|---------------------|--|
| Revise | 995.68 | <u>Anaphylactic reaction</u> Due due to eggs |
| Revise | 995.69 | <u>Anaphylactic reaction</u> Due due to other specified food |
| | 995.7 | Other adverse food reactions, not elsewhere classified |
| Revise | Excludes: | anaphylactic <u>reaction or shock</u> due to adverse food reaction (995.6) |
| | 998 | Other complications of procedures, NEC |
| | 998.0 | Postoperative shock |
| | Excludes: shock: | |
| Revise | | anaphylactic due to serum (999.41-999.49) |
| | 999 | Complications of medical care, not elsewhere classified |
| Revise | 999.4 | Anaphylactic shock <u>reaction</u> due to serum |
| Add | | Allergic shock |
| Revise | | Anaphylactic reaction <u>shock</u> due to serum |
| Add | | Anaphylaxis |
| Add | Excludes: reaction: | |
| Add | | allergic NOS (995.0) |
| Add | | anaphylactic: |
| Add | | NOS (995.0) |
| Add | | due to drugs and chemicals (995.0) |
| New Code | 999.41 | Anaphylactic reaction due to administration of blood and blood products |
| New Code | 999.42 | Anaphylactic reaction due to vaccination |
| New Code | 999.49 | Anaphylactic reaction due to other serum |
| | 999.5 | Other serum reaction |
| New Code | 999.51 | Other serum reaction due to administration of blood and blood products |
| New Code | 999.52 | Other serum reaction due to vaccination |
| New Code | 999.59 | Other serum reaction |

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INDEX MODIFICATIONS

- Allergy, allergic (reaction) 995.3
- Revise anaphylactic reaction or shock 995.0
due to food - see Anaphylactic reaction or shock, due to, food
- Revise serum (~~prophylactic~~) (~~therapeutic~~) 999.5
anaphylactic reaction or shock 999.4
shock (anaphylactic) (due to adverse effect of correct medicinal substance properly administered) 995.0
- Revise food - see Anaphylactic reaction or shock, due to, food
from serum or immunization 999.5
anaphylactic 999.4
- Revise Anaphylactic reaction or shock ~~or reaction~~ (correct substance properly administered) 995.0
due to
- Add chemical - see Table of Drugs and Chemicals
- Add correct medicinal substance properly administered 995.0
- Add drug or medicinal substance
- Add correct substance properly administered 995.0
- Add overdose or wrong substance given or taken 977.9
- Add specified drug - see Table of Drugs and Chemicals
- Add following sting(s) 989.5
food 995.60
additives 995.66
crustaceans 995.62
eggs 995.68
fish 995.65
fruits 995.63
milk products 995.67
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peanuts 995.61
seeds 995.64
specified NEC 995.69
tree nuts 995.64
vegetables 995.63
immunization 999.4
overdose or wrong substance given or taken 977.9
specified drug - see Table of Drugs and Chemicals
serum 999.4
serum 999.4
- Anaphylactoid reaction or shock ~~or reaction~~ - see Anaphylactic reaction or shock
Anaphylaxis - see Anaphylactic reaction or shock
- Arthritis, arthritic (acute) (chronic) (subacute) 716.9
due to or associated with

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- serum sickness 999.5 [713.6]
- Arthritis, cont.
 - serum (nontherapeutic) (therapeutic) 999.5 [713.6]
- Arthus phenomenon 995.21
 - due to
 - serum 999.5
- Complications
 - vaccination 999.9
 - anaphylaxis NEC 999.4
 - protein sickness 999.5
 - reaction (allergic) 999.5
 - serum 999.5
 - serum intoxication, sickness, rash, or other serum reaction NEC 999.5
 - shock (allergic) (anaphylactic) 999.4
- Effect, adverse NEC
 - foodstuffs
 - anaphylactic reaction or shock due to food NEC - see Anaphylactic reaction or shock, due to food 995.60
- Food
 - anaphylactic shock - see Anaphylactic reaction or shock, due to food
- History (personal) of
 - Revise anaphylactic reaction or shock V15.09
- Reaction
 - Revise anaphylactic - ~~see Shock, anaphylactic~~ Anaphylactic reaction
 - food - see also Allergy, food
 - Revise anaphylactic shock - see Anaphylactic reaction or shock, due to, food
 - serum (prophylactic) (therapeutic) 999.5
 - immediate 999.4
- Shock 785.50
 - Revise allergic - ~~see Shock, anaphylactic~~ Anaphylactic reaction and shock
 - anaphylactic 995.0 - see Anaphylactic reaction and shock
 - Delete chemical - see Table of Drugs and Chemicals
 - Delete correct medicinal substance properly administered 995.0
 - Delete drug or medicinal substance
 - Delete correct substance properly administered 995.0
 - Delete overdose or wrong substance given or taken 977.9
 - Delete specified drug - see Table of Drugs and Chemicals
 - Delete following sting(s) 989.5
 - Delete food - see Anaphylactic shock, due to, food
 - Delete immunization 999.4

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Delete
Revise

~~serum 999.4~~
anaphylactoid - see ~~Shock, anaphylactic~~ Anaphylactic reaction and shock

Mesh erosion/Mesh exposure

This proposal was presented at the September 2009 ICD-9-CM Coordination and Maintenance Committee meeting. There were comments made at the meeting and received in writing following the meeting concerning the definitions and use of these terms. Some indicated that the terms erosion and exposure may be used interchangeably. Others were concerned that the terms may have different meanings if these codes were going to be used for mesh complications in other surgical specialties (such as for hernia surgery). The original requestor, the American College of Obstetricians and Gynecologists (ACOG), has asked to have this proposal presented again to both help answer questions about the terms and to propose an option to locate these codes Chapter 10, Diseases of the Genitourinary System.

Previous proposal background statement:

An effective surgical treatment for vaginal vault prolapse is abdominal sacral colpopexy. In this procedure, a graft is used to suspend the upper vagina to the anterior longitudinal ligament of the sacrum. Synthetic graft material used to suspend the apex of the vagina to the anterior longitudinal ligament of the sacrum has been associated with mesh erosion and subsequent pelvic infection (due to the erosion into surrounding organs or tissue). Treatment for the erosion usually requires surgical removal of the mesh. Exposure of the mesh, into the vagina, can also occur. Though this is a less severe condition which can be treated sometimes nonsurgically it does have potential for infection to develop.

Previous coding advice has been to assign code 996.76, Other complications due to genitourinary device, implant, and graft for the erosion and/or code 996.65, Infection and inflammatory reaction due to other genitourinary device, implant and graft if an infection occurred from the mesh.

Mesh and mesh patches are also used to repair ventral (incisional) hernias caused by thinning or stretching of scar tissue that forms after surgery. Mesh erosion is a known complication that results in bowel perforations and/or, chronic intestinal fistulae.

The following tabular modifications were proposed at the September 2009 ICD-9-CM C&M Committee meeting :

TABULAR MODIFICATIONS

Option 1:

| | | |
|----------|--------|---|
| | 996 | Complications peculiar to certain specified procedures |
| Add | | Excludes: mesh erosion (998.84) |
| Add | | mesh exposure (998.85) |
| | 998 | Other complications of procedures, NEC |
| | 998.8 | Other specified complications of procedures, not elsewhere classified |
| New code | 998.84 | Mesh erosion |
| New code | 998.85 | Mesh exposure |

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Option 2:

TABULAR MODIFICATIONS

629 Other disorders of female genital organs

New subcategory 629.3 Mechanical complication of implanted vaginal mesh

New code 629.31 Erosion of implanted vaginal mesh to surrounding organ or tissue

New Code 629.32 Exposure of implanted vaginal mesh into vagina

996 Complications peculiar to certain specified procedures

996.7 Other complications of internal (biological) (synthetic) prosthetic device, implant, and graft

Add Use additional code to identify complication, such as:
implanted vaginal mesh erosion or exposure (629.31-629.32)

Malnutrition

The American Dietetic Association (ADA) and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) have requested several new codes and instructional notes be added to the ICD-9-CM to update the current classification of malnutrition. The existing ICD-9-CM codes for malnutrition are outdated and do not reflect the current standard of care or understanding of malnutrition-disease interaction. Thus, the existing ICD-9-CM malnutrition codes are inconsistently applied by clinicians and facilities across health care settings. Inconsistency in the recognition and documentation of malnutrition in adults is of concern and can significantly impact patient health, safety, quality of life, and health care costs.

Patients with acute disease or injuries, or those with chronic disease, are at high risk for malnutrition. Inconsistencies in the documentation of malnutrition limit our ability to quantify and benchmark malnutrition's overall incidence, prevalence and impact on our population's health and our nation's health care resources utilization.

TABULAR MODIFICATIONS

| | | |
|-----------------|-----------|--|
| | 260 | Kwashiorkor |
| Delete | | Nutritional edema with dyspigmentation of skin and hair |
| Add | Excludes: | severe malnutrition related to acute injury, illness and other disorders (262.11-262.14, 262.19) |
| | 261 | Nutritional marasmus |
| Delete | | Nutritional atrophy |
| Delete | | Severe calorie deficiency |
| Delete | | Severe malnutrition NOS |
| Add | Excludes: | severe malnutrition related to acute injury, illness and other disorders (262.11-262.14, 262.19) |
| Revise | 262 | Other <u>specified</u> severe protein-calorie malnutrition |
| Delete | | Nutritional edema without mention of dyspigmentation of skin and hair |
| New subcategory | 262.1 | Severe malnutrition in injury, illness or other disorders |
| New code | 262.11 | Severe malnutrition in acute injury |
| | | Code first the related acute injury, such as: Burns (940-949) Traumatic brain injury (850-854) |

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| New code | 262.12 | Severe malnutrition in acute illness |
| | | Code first the related acute illness, such as: Acute pancreatitis (577.0) Pneumonia (480-486) Transplant complications (996.80-996.89) |
| New code | 262.13 | Severe malnutrition in chronic illness |
| | | Code first the related chronic illness, such as: Chronic pancreatitis (577.1) Crohn's (555.0-555.9) Frailty (797) Malignant neoplasm (140-195) Ulcerative colitis (556.0-556.9) |
| New code | 262.14 | Severe malnutrition in environmental and social circumstances |
| | | Code first the related abuse and neglect, such as: Adult abuse and neglect (995.80-995.89) Child abuse and neglect (995.50-995.59) |
| New code | 262.19 | Severe malnutrition related to other disorders |
| | | Code first the related disorder, such as: Anorexia nervosa (307.1) Bulimia nervosa (307.51) Frailty (797) |
| | 263 | Other and unspecified protein-calorie malnutrition |
| Add | Excludes: | severe malnutrition related to acute injury, illness and other disorders (262.11-262.14, 262.19) |
| | 782 | Symptoms involving skin and other integumentary tissue |
| | 782.3 | Edema |
| Delete | Excludes: | nutritional edema (260, 262) |

INDEX MODIFICATIONS

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|--------|--|
| Revise | Anasarca 782.3 |
| | nutritional 262 — <u>see Malnutrition</u> |

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- Revise Athrepsia ~~261~~ – see Malnutrition
Atrophy,
Revise infantile ~~261~~ – see Disease, motor neuron
Revise nutritional ~~261~~ – see Malnutrition
Cachexia 799.4
Revise due to malnutrition – see Malnutrition
Deficiency, deficient
Revise calorie, severe ~~261~~ – see Malnutrition
Revise edema ~~262~~ – see Malnutrition
Revise multiple, syndrome ~~260~~ – see Malnutrition
Revise protein ~~260~~ – see Malnutrition
Revise syndrome, multiple ~~260~~ – see Malnutrition
Deprivation
Revise protein (familial) (kwashiorkor) ~~260~~ – see Malnutrition
Development
arrested 783.40
Revise due to malnutrition (protein-calorie) ~~263.2~~ – see Malnutrition
Diabetes...
Revise Lancereaux's (~~diabetes mellitus with marked emaciation~~) 250.8 [~~261~~] [~~263.8~~]
Revise due to secondary diabetes 249.8 [~~261~~] [~~263.8~~]
Revise secondary
Revise Lancereaux's (~~diabetes mellitus with marked emaciation~~) 249.8 [~~261~~] [~~263.8~~]
Disease...
wasting NEC 799.4
Revise due to malnutrition ~~261~~ – see Malnutrition
Dwarf, dwarfism 259.4
Revise nutritional ~~263.2~~ – see Malnutrition
Dystrophy...
Revise due to malnutrition ~~263.9~~ – see Malnutrition
Revise nutritional ~~263.9~~ – see Malnutrition
Edema...
Revise famine ~~262~~ – see Malnutrition
Revise inanition ~~262~~ – see Malnutrition
Revise nutritional (newborn) ~~262~~ – see Malnutrition
Revise with dyspigmentation, skin and hair ~~260~~ – see Malnutrition
Revise starvation ~~262~~ – see Malnutrition
Revise Emaciation (due to malnutrition) ~~261~~ – see Malnutrition
Famine 994.2
Revise edema ~~262~~ – see Malnutrition
Hydrops...
Revise nutritional ~~262~~ – see Malnutrition
Revise Hypoproteinosi s ~~260~~ – see Malnutrition
Revise Inanition ~~263.9~~ – see Malnutrition
Revise with edema ~~262~~ – see Malnutrition
due to
Revise malnutrition ~~263.9~~ – see Malnutrition
Revise Kwashiorkor (~~marasmus type~~) 260

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Revise Lancereaux's diabetes (~~diabetes mellitus with marked emaciation~~) 250.8 [~~261~~] [263.8]
Revise due to secondary diabetes 249.8 [~~261~~] [263.8]
Malnutrition (calorie) 263.9
degree
Revise first ~~263.1~~ 263.9
Revise second ~~263.0~~ 263.9
Revise third ~~262~~ 263.9
Revise mild (protein) NEC 263.1
Add due to specified underlying condition – see Malnutrition, related to, by
cause
moderate (protein) 263.0
Add due to specified underlying condition – see Malnutrition, related to, by
cause
Revise severe ~~261~~ 263.9
Revise protein-calorie NEC 262
Add due to specified underlying condition – see Malnutrition, related to,
by cause
Add due to – see Malnutrition, related to
Revise malignant ~~260~~ 263.9
mild (protein) 263.1
Add due to specified underlying condition – see Malnutrition, related to, by
cause
moderate (protein) 263.0
Add due to specified underlying condition – see Malnutrition, related to, by
cause
Revise protein ~~260~~ 263.9
mild 263.1
Add due to specified underlying condition – see Malnutrition, related to, by
cause
moderate 263.0
Add due to specified underlying condition – see Malnutrition, related to, by
cause
protein-calorie 263.9
Revise severe NEC 262
specified type NEC 263.8
Add due to specified underlying condition – see Malnutrition, related to, by
cause
Add related to (due to)
Add acute illness NEC 262.12
Add acute injury 262.11
Add chronic illness 262.13
Add environmental circumstances 262.14
Add injury, acute 262.11
Add social circumstances 262.14
Add specified NEC 262.19
Revise severe ~~261~~ 263.9
Add due to specified underlying condition – see Malnutrition, related to, by

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cause

Revise Pedatrophia ~~261~~ – see Malnutrition

Revise Pluricarential syndrome of infancy ~~260~~ – see Malnutrition

Revise Plurideficiency syndrome of infancy ~~260~~ – see Malnutrition

Revise Polycarential syndrome of infancy ~~260~~ – see Malnutrition

Revise Prekwashiorkor ~~260~~ – see Malnutrition

Protein

Revise deficiency ~~260~~ – see Malnutrition

Revise malnutrition ~~260~~ – see Malnutrition

Retardation

growth (physical) in childhood 783.43

Revise due to malnutrition ~~263.2~~ – see Malnutrition

physical 783.43

Revise due to malnutrition ~~263.2~~ – see Malnutrition

Starvation ...

Revise edema ~~262~~ – see Malnutrition

Syndrome...

multiple

Revise deficiency ~~260~~ – see Malnutrition

Revise pluricarential of infancy ~~260~~ – see Malnutrition

Revise plurideficiency of infancy ~~260~~ – see Malnutrition

Revise polycarential of infancy ~~260~~ – see Malnutrition

Wasting

disease 799.4

Revise due to malnutrition ~~261~~ – see Malnutrition

Revise extreme (due to malnutrition) ~~261~~ – see Malnutrition

Lymphangiomyomatosis

Lymphangiomyomatosis, also known as lymphangiomyomatosis or LAM, is a rare, frequently fatal lung disease that affects women almost exclusively. It may occur sporadically (not inherited), and also in patients with tuberous sclerosis complex (inherited). LAM is characterized by the infiltration of the lung with neoplastic smooth muscle cells of unknown origin, and cystic destruction of lung tissue.

There is no specific ICD-9-CM code for LAM. Many clinicians use code 171.9, Malignant neoplasm of connective and other soft tissue, site unspecified. However, this is a poor fit, since the 'malignant' description is controversial or inaccurate. The ICD-9-CM has an index entry "Lymphangiomyomatosis," with instruction to "see Neoplasm, connective tissue, uncertain behavior." This would lead to code 238.1, Neoplasm of uncertain behavior of other and unspecified sites and tissues, Connective and other soft tissue. A specific code would facilitate epidemiological, clinical, comparative effectiveness and cost effectiveness research.

The clinical behavior of LAM is more consistent with an interstitial lung disease, rather than a neoplasm. Thus, it has been requested that this be moved to category 516. The American Thoracic Society (ATS) and the American College of Chest Physicians (ACCP) have requested creation of a specific code for LAM, as well as for a number of other interstitial lung diseases.

References:

McCormack FX. Lymphangiomyomatosis: a clinical update. *Chest*. 2008 Feb;133(2):507-16. Review. PubMed PMID: 18252917

This reference can be found at link: <http://chestjournal.chestpubs.org/content/133/2/507.full.pdf+html>

or PUBMED at: <http://www.ncbi.nlm.nih.gov/pubmed/18252917>.

TABULAR MODIFICATIONS

516 Other alveolar and parietoalveolar pneumonopathy

| | | |
|----------|-------|--|
| New code | 516.4 | Lymphangiomyomatosis Lymphangiomyomatosis |
|----------|-------|--|

Dementia unspecified with and without behavioral disturbance

NCHS has received a request from the West Palm, Florida Veterans Affairs Medical Center, requesting that fifth digits be added at 294.8, Other persistent mental disorders due to conditions classified elsewhere, to identify the presence or absence of behavioral disturbance when the etiology of the dementia is not known. The request is intended to parallel the fifth digits at subcategory 294.1, Dementia in conditions classified elsewhere. It was noted that providers will document dementia with behavioral disturbance but are not always able to identify the etiology of the dementia.

The American Academy of Neurology and the American Psychiatric Association support new codes to identify unspecified dementia with or without behavioral disturbance.

TABULAR MODIFICATIONS

ORGANIC PSYCHOTIC CONDITIONS (290-294)

294 Persistent mental disorders due to conditions classified elsewhere
New subcategory 294.2 Dementia, unspecified
Dementia NOS

Excludes: mild memory disturbances, not amounting to dementia (310.8)

294.20 Dementia unspecified without behavioral disturbance

294.21 Dementia unspecified with behavioral disturbance
Aggressive behavior
Combative behavior
Violent behavior
Wandering off

294.8 Other persistent mental disorders due to conditions classified elsewhere

Amnestic disorder NOS
~~Dementia NOS~~
Epileptic psychosis NOS
Mixed paranoid and affective organic psychotic states

Elective c-sections prior to 39 weeks

The American College of Obstetricians and Gynecologists (ACOG) has indicated that one of the new markers of quality involves looking at elective deliveries done prior to 39 weeks gestation. In reviewing these cases planned repeat cesarean section deliveries done prior to 39 weeks fall into this category. However, many times these deliveries occur earlier because the woman presents at 37-38 weeks gestation in labor and the physician determines that is best to deliver at that time rather than try to take measures to wait until the 39th week. Using code 654.2x, Previous cesarean delivery does not completely describe this scenario. They are requesting a new code that will specify the onset of labor for this time period with delivery. Existing codes for onset of labor only apply to labor prior to 37 weeks, or false labor and neither of these apply in this situation. The following modifications are proposed:

TABULAR MODIFICATIONS

644 Early or threatened labor

New code

644.3 Late preterm onset of labor, with delivery
[0-1]

Late preterm onset of labor, after 37 completed weeks of gestation but before 39 weeks gestation, with delivery

Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 weeks gestation, with delivery

Personal history of gestational diabetes

The American College of Obstetrics and Gynecology (ACOG) has requested a new code for patients with a personal history of gestational diabetes. Currently this is indexed to V12.2, Personal history endocrine, metabolic, and immunity disorders.

TABULAR MODIFICATIONS

V12 Personal history of certain other diseases

V12.2 Personal history endocrine, metabolic, and immunity disorders

New code V12.21 Personal history of gestational diabetes

New code V12.29 Personal history of other endocrine, metabolic, and immunity disorders

Encounter for fetal viability ultrasound/personal history of ectopic pregnancy

The American College of Obstetrics and Gynecology (ACOG) has received many requests asking for the most appropriate diagnosis coding for encounters to check fetal viability, using ultrasound, especially when pregnancy has been confirmed in the early weeks of pregnancy. Patients previously confirmed as pregnant in very early weeks may return within a few weeks and if the fetal heartbeat cannot be heard an ultrasound may be necessary to confirm that the pregnancy is viable.

In addition, ACOG would find it useful to have a code to allow tracking of patients who have had a previous ectopic pregnancy.

TABULAR MODIFICATIONS

- V23 Supervision of high-risk pregnancy
 - V23.4 Pregnancy with other poor obstetric history
 - V23.42 Pregnancy with history of ectopic pregnancy
 - V23.43 Pregnancy with inconclusive fetal viability
Encounter to determine fetal viability of pregnancy

Adult Pulmonary Langerhans Cell Histiocytosis (PLCH)

Adult Pulmonary Langerhans Cell Histiocytosis (PLCH) is a rare interstitial lung disorder of unknown etiology that occurs almost exclusively in smokers, with an average peak incidence of 20-40 years. In adults, pulmonary involvement with Langerhans' cell histiocytosis usually occurs as a single-system disease and is characterized by focal Langerhans' cell granulomas infiltrating and destroying distal bronchioles. The typical high resolution CT pattern combines small nodules with or without cavitation and cysts predominantly involving upper lungs with relative sparing of the lung bases. Adult PLCH is distinct from the multisystem histiocytic disorders that occur in children and adolescents (named Hand-Schüller-Christian disease, Letterer-Siwe disease, and histiocytosis X), in which pulmonary disease is rarely the focus.

Adult PLCH is not currently indexed in ICD-9-CM. Histiocytosis is included at code 277.89, Other specified disorders of metabolism. Another potential code is 202.5, Letterer-Siwe disease, which includes acute differentiated progressive histiocytosis, and acute histiocytosis X (progressive); this is a pediatric form of histiocytosis. While some may use either of these codes, due to the interstitial lung involvement, ATS-ACCP would currently code adult PLCH to 516.8, Other specified alveolar and parietoalveolar pneumonopathies.

The clinical behavior of adult PLCH is consistent with an interstitial lung disease, rather than a neoplasm or a metabolic disorder. Thus, it has been requested that this be classified to category 516.

The American Thoracic Society (ATS) and the American College of Chest Physicians (ACCP) have requested creation of a specific code for adult PLCH, as well as for a number of other interstitial lung diseases. A specific code for adult PLCH will distinguish the histiocytic disease which occurs in adult smokers from the neoplastic histiocytic diseases that occur in children, and will facilitate epidemiological, clinical, comparative effectiveness and cost effectiveness research.

Reference:

Tazi A. Adult pulmonary Langerhans' cell histiocytosis. *Eur Respir J.* 2006 Jun;27(6):1272-85. Review. PubMed PMID: 16772390.

This article can be accessed here:

<http://erj.ersjournals.com/cgi/reprint/27/6/1272>

TABULAR MODIFICATIONS

202 Other malignant neoplasms of lymphoid and histiocytic tissue

202.5 Letterer-Siwe disease

Add Excludes: Adult Pulmonary Langerhans Cell Histiocytosis (516.5)

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277 Other and unspecified disorders of metabolism

277.8 Other specified disorders of metabolism

277.89 Other specified disorders of metabolism

Excludes: histiocytosis:

Add

Adult pulmonary Langerhans cell (516.5)

516 Other alveolar and parietoalveolar pneumonopathy

New code

516.5 Adult Pulmonary Langerhans Cell Histiocytosis
Adult PLCH

Acquired absence of joint

This request has been presented previously at the March 2008, March 2009, and March 2010 ICD-9-CM Coordination and Maintenance Committee meetings. The request originated from a query reviewed by the Editorial Advisory Board for *Coding Clinic for ICD-9-CM* regarding coding advice for patient encounters for joint replacement surgery, following previous explanation of a joint prosthesis. Last March it was proposed to create codes to show the status of acquired absence of a joint which would include joint prosthesis explantation status. This proposal was favorably commented upon by participants. It was further reviewed by the American Academy of Orthopaedic Surgeons (AAOS) who asked that in order to make these codes useful for tracking patients who have had their joint prosthesis explanted (with or without an antibiotic-impregnated cement spacer) to add the inclusion notes under the codes at proposed new subcategory V88.2, Acquired absence of joint. The clinical rationale given for these changes is that there are many other congenital and acquired causes of destruction of the hip or knee joint (including trauma, neoplasm, infection, etc). It is important to clearly specify the cause of the acquired absence of the joint, which is explantation of joint prosthesis. The revised tabular modifications reflecting comments received after the March 2010 ICD-9-CM C&M Committee meeting and the AAOS recommendation is below:

ICD-9-CM TABULAR MODIFICATIONS

V54 Other orthopedic aftercare

V54.8 Other orthopedic aftercare

| | | |
|----------|--------|---|
| New code | V54.82 | Aftercare following explantation of joint prosthesis Aftercare following explantation of joint prosthesis, staged procedure Encounter for joint prosthesis insertion following prior explantation of joint prosthesis |
|----------|--------|---|

V88 Acquired absence of other organs and tissue

| | | |
|-----------------|-------|---|
| New subcategory | V88.2 | Acquired absence of joint Acquired absence of joint following prior explantation of joint prosthesis |
| | | Joint prosthesis explantation status |

| | | |
|----------|--------|---|
| New code | V88.21 | Acquired absence of hip joint Acquired absence of hip joint following explantation of joint prosthesis, with or without presence of antibiotic-impregnated cement spacer |
|----------|--------|---|

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New code V88.22 Acquired absence of knee joint
 Acquired absence of knee joint following explantation of
 joint prosthesis, with or without presence of antibiotic-
 impregnated cement spacer

New code V88.29 Acquired absence of other joint
 Acquired absence of other joint following explantation of
 joint prosthesis, with or without presence of antibiotic-
 impregnated cement spacer

Glaucoma severity staging

Glaucoma is characterized by optic nerve damage that results in visual field loss as the disease progresses to more advanced stages. The most common types of glaucoma are Primary Open Angle Glaucoma (POAG), Primary Angle closure glaucoma, pigmentary glaucoma, corticosteroid-induced glaucoma, pseudoexfoliation glaucoma, and glaucoma associated with ocular inflammation, ocular vascular disorders, and ocular trauma. Patients present at vastly different stages of disease, and typically treatment at early stages of disease results in better outcomes and uses fewer resources than patients who present with more severe stages of glaucoma.

The American Academy of Ophthalmology has requested that new codes be created as it would be important to be able to capture the stage of disease when coding for the most commonly encountered types of glaucoma.

Several other revisions are also requested by the American Academy of Ophthalmology that are consistent with knowledge and terminology currently in use. Modern glaucoma evaluation now entails the assessment of clinical factors in determining risk for the development of open angle glaucoma. Open angle glaucoma suspect patients are commonly stratified into low risk and high risk. Similarly, the angle closure code revisions are also requested to be consistent with current worldwide terminology.

TABULAR MODIFICATIONS

365.0 Borderline glaucoma [glaucoma suspect]

| | | |
|--------|--------|--|
| Revise | 365.01 | Open angle with borderline findings, <u>low risk</u> |
| Add | | Open angle, low risk |
| Delete | | Open angle with: |
| Delete | | borderline intraocular pressure |
| Delete | | cupping of optic discs |

| | | |
|-----|--------|--|
| Add | 365.02 | Anatomical narrow angle Primary angle closure suspect |
|-----|--------|--|

| | | |
|----------|--------|---|
| New code | 365.05 | Open angle with borderline findings, high risk Open angle, High Risk |
|----------|--------|---|

| | | |
|----------|--------|---|
| New code | 365.06 | Primary angle closure without glaucoma damage |
|----------|--------|---|

365.1 Open-angle glaucoma

| | | |
|-----|--------|---|
| Add | 365.10 | Open-angle glaucoma, unspecified Wide-angle glaucoma NOS Use additional code to identify glaucoma stage (365.71-365.74) |
|-----|--------|---|

| | | |
|-----|--------|--|
| Add | 365.11 | Primary open angle glaucoma Chronic simple glaucoma Use additional code to identify glaucoma stage (365.71-365.74) |
|-----|--------|--|

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- Add 365.12 Low-tension glaucoma
Add Normal tension glaucoma
Use additional code to identify glaucoma stage (365.71-365.74)
- Add 365.13 Pigmentary glaucoma
Use additional code to identify glaucoma stage (365.71-365.74)
- 365.2 Primary angle-closure glaucoma
- Add 365.20 Primary angle-closure glaucoma, unspecified
Use additional code to identify glaucoma stage (365.71-365.74)
- Add 365.22 Acute angle-closure glaucoma
Add Acute angle-closure glaucoma crisis
Add Acute angle-closure glaucoma attack
- Add 365.23 Chronic angle-closure glaucoma
Add Primary angle closure glaucoma
Use additional code to identify glaucoma stage (365.71-365.74)
- 365.3 Corticosteroid-induced glaucoma
- Add 365.31 Glaucomatous stage
Use additional code to identify glaucoma stage (365.71-365.74)
- 365.5 Glaucoma associated with disorders of the lens
- Add 365.52 Pseudoexfoliative glaucoma
Use additional code to identify glaucoma stage (365.71-365.74)
- 365.6 Glaucoma associated with other ocular disorders
- Add 365.62 Glaucoma associated with ocular inflammations
Use additional code to identify glaucoma stage (365.71-365.74)
- Add 365.63 Glaucoma associated with vascular disorders
Use additional code to identify glaucoma stage (365.71-365.74)
- Add 365.65 Glaucoma associated with ocular trauma
Use additional code to identify glaucoma stage (365.71-365.74)
- New subcategory 365.7 Glaucoma stage
Code first associated type of glaucoma (365.11-365.13, 365.26, 365.31, 365.52, 365.62-365.63, 365.65)

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| | | |
|----------|--------|--|
| New code | 365.71 | Mild stage glaucoma Early stage glaucoma |
| New code | 365.72 | Moderate stage glaucoma |
| New code | 365.73 | Severe stage glaucoma Advanced stage glaucoma End-stage glaucoma |
| New code | 365.74 | Indeterminate stage glaucoma Glaucoma stage NOS |

PERSONS WITH POTENTIAL HEALTH HAZARDS RELATED TO PERSONAL AND FAMILY HISTORY (V10-V19)

V19 Family history of other conditions

| | | |
|-----------------|--------|------------------------------|
| New subcategory | V19.1 | Other eye disorders |
| New code | V19.11 | Glaucoma |
| New code | V19.19 | Other specified eye disorder |

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INDEX MODIFICATIONS

Glaucoma

- angle closure 365.20
- Add attack 365.22
- Add crisis 365.22
- Add primary angle closure glaucoma 365.23
- Add angle recession 365.65
- Add exfoliation 365.52
- Add inflammatory 365.62
- Add neovascular 365.63
- Add normal tension 365.12
- Revise open angle 365.10
 - with
 - Add abnormal optic disc appearance or asymmetry 365.01
 - Add thin central corneal thickness (pachymetry) 365.01
- phacoanaphylactic 365.59
- Add phacomorphic, acute 365.22
- Add phacomorphic, borderline 365.06
- Add pigment dispersion 365.13
- secondary NEC 365.60
- Add due to
 - Add surgery 365.60
 - Add steroids 365.31
 - Add steroid induced 365.31
 - Add uveitic 365.62

- Plateau iris syndrome 364.82
- Add without glaucoma 365.06
- Add with glaucoma 365.23

Corticobasal degeneration

Corticobasal degeneration (CBD) is a neurodegenerative disease that is manifest by both movement disorder and cognitive impairment. The cognitive symptoms resemble those of the frontotemporal dementias, especially loss of executive function, visuospatial and number processing, and language impairment. The movement disorder most often presents asymmetrically and may include akinetic-rigid syndrome, myoclonus or dystonia. Patients may also have alien limb syndrome, apraxia and cortical sensory loss. Because CBD is clinically and pathologically different than the neurodegenerative diseases with currently assigned ICD codes, and also is not a degenerative disease primarily of the basal ganglia, the American Academy of Neurology (AAN) proposes the following new code:

TABULAR MODIFICATIONS

331 Other cerebral degenerations

New code 331.6 Corticobasal degeneration

Pulmonary Arteriovenous Malformation and Pulmonary Atresia

A pulmonary arteriovenous malformation (AVM) is an abnormal communication between pulmonary arteries and pulmonary veins. While these are most often congenital, they can also be acquired. These may also be called pulmonary arteriovenous aneurysms, or pulmonary arteriovenous fistulae.

Most often, a pulmonary AVM is small, and will usually not present until adulthood, even when congenital. However, in some cases these can become serious problems, and they may present with cyanosis, heart failure, dyspnea, and even respiratory failure. Pulmonary arteriovenous malformation is not indexed in ICD-9-CM. However, pulmonary arteriovenous aneurysm is included at 747.3, Anomalies of pulmonary artery. Pulmonary circulation anomalies are also indexed to 747.3, thus including those that do not affect the main pulmonary artery.

Narrowing of the pulmonary artery is called coarctation or stenosis. Complete failure of the pulmonary valve to form, with the origin of the pulmonary artery not connecting to the heart, may be called pulmonary artery atresia or agenesis; this is generally seen only along with a patent ductus arteriosus, that transfers blood from the left heart circulation to the pulmonary circulation.

The question of coding for a pulmonary AVM was raised through the Coding Clinic Editorial Advisory Board, and it is proposed to create a specific code for pulmonary AVM, and a code for Pulmonary artery coarctation and atresia, and a code for Other anomalies of pulmonary artery and pulmonary circulation.

TABULAR MODIFICATIONS

042 Human immunodeficiency virus [HIV] disease

Use additional code, if applicable, to identify infection following transfusion, infusion, or injection of blood and blood products (999.32)

417 Other diseases of pulmonary circulation

417.0 Arteriovenous fistula of pulmonary vessels

Revise Excludes: congenital arteriovenous fistula (747.32)

417.1 Aneurysm of pulmonary artery

Revise Excludes: congenital aneurysm (747.39)
Add congenital arteriovenous aneurysm (747.32)

747 Other congenital anomalies of circulatory system

Delete 747.3 Anomalies of pulmonary artery and pulmonary circulation
~~Agensis of pulmonary artery~~
~~Anomaly of pulmonary artery~~

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~~Atresia of pulmonary artery~~
~~Coarctation of pulmonary artery~~
~~Hypoplasia of pulmonary artery~~
~~Stenosis of pulmonary artery~~
~~Pulmonary arteriovenous aneurysm~~

| | | |
|----------|--------|--|
| New code | 747.31 | Pulmonary artery coarctation and atresia Agenesis of pulmonary artery Atresia of pulmonary artery Coarctation of pulmonary artery Hypoplasia of pulmonary artery Stenosis of pulmonary artery |
| New code | 747.32 | Pulmonary arteriovenous malformation Pulmonary arteriovenous aneurysm Excludes: acquired pulmonary arteriovenous fistula (417.0) |
| New code | 747.39 | Other anomalies of pulmonary artery and pulmonary circulation Anomaly of pulmonary artery |
| | 747.6 | Other anomalies of peripheral vascular system |
| Revise | | Excludes: anomalies of: pulmonary artery (747.39) |
| | 747.8 | Other specified anomalies of circulatory system |
| | 747.89 | Other |
| Revise | | Excludes: congenital aneurysm: pulmonary (747.39) |
| Add | | arteriovenous (747.32) |

Complications of stem cell transplant

The ICD-9-CM currently does not have a unique code for complications of stem cell transplants. During recent discussions of the AHA Editorial Advisory Board meeting for *Coding Clinic for ICD-9-CM* on the code assignment for complications of stem cell transplants, it was suggested that either a new code be created or that entry be added to the Alphabetical Index at existing code 996.85, Complications of transplanted organ, bone marrow.

The greatest concentration of blood stem cells is in the bone marrow. However, it is possible to move blood stem cells out of the bone marrow into the bloodstream or “peripheral blood” where they can be collected and used instead of bone marrow for the transplant. Umbilical cord blood also contains blood stem cells that can be used for transplant.

With the availability of the stem cell growth factors granulocyte-macrophage colony-stimulating factor (GM-CSF) and granulocyte colony-stimulating factor (G-CSF), most hematopoietic stem cell transplantation procedures are now performed using stem cells collected from the peripheral blood, rather than from the bone marrow. Collecting peripheral blood stem cells provides a bigger graft, does not require that the donor be subjected to general anesthesia to collect the graft, results in a shorter time to engraftment, and may provide for a lower long-term relapse rate.

A stem cell transplant poses many risks of complications, some potentially fatal. Complications that can arise with a stem cell transplant include: graft-versus-host disease, stem cell (graft) failure, organ damage, cataracts, and secondary cancers.

The two options are:

TABULAR MODIFICATIONS

Option 1:

996.8 Complications of transplanted organ

| | |
|----------|------------------|
| New code | 996.88 Stem cell |
| | bone marrow |
| | peripheral blood |
| | umbilical cord |

Option 2:

996.8 Complications of transplanted organ

| | |
|-----|--|
| | 996.85 Bone marrow |
| Add | Stem cell transplant (bone marrow) (peripheral blood) (umbilical cord) |

Pseudobulbar Affect

Avanir Pharmaceuticals has requested that a unique code be created for pseudobulbar affect (PBA). Currently, PBA is indexed to code 310.8 "Other specified nonpsychotic mental disorders following organic brain damage, which includes several unrelated conditions, including mild memory disturbance, amnesia, and postencephalitic syndrome. A unique code would assist in recognition and diagnosis of PBA and would improve the epidemiologic tracking of this distinct neurologic condition.

PBA is a neurologic condition caused by underlying structural damage in the brain which triggers involuntary, frequent and disruptive outbursts of crying or laughing. PBA episodes typically occur out of proportion or incongruent to the patient's underlying emotional state. The pathophysiology of PBA is widely believed to involve injury to the neurologic pathways that regulate affect.

PBA occurs secondary to neurologic disease or injury and has been reported to occur in 49% of patients with amyotrophic lateral sclerosis (ALS), in 10% of patients with multiple sclerosis (MS), in 11% of patients 1 year after suffering a stroke, and in 11% of patients after a traumatic brain injury. PBA has also been reported to occur secondary to certain other neurological conditions. The etiology of PBA is not completely understood but the symptoms are similar across patient populations.

Despite the high prevalence of PBA among persons with underlying neurologic conditions, it is under recognized and undertreated in neurological, psychiatric, and general medical settings. Due to the symptomatology, PBA is often mistaken for psychiatric disorders such as depression, bipolar disorder, schizophrenia and generalized anxiety disorder.

In summary, PBA is a prevalent neurologic condition associated with significant functional impairment and worsened quality of life for patients and their caregivers. Avanir believes that a PBA-specific ICD-9-CM code would help to increase recognition, improve diagnosis and ultimately advance the management of PBA.

The creation of a unique code for PBA has support from the following organizations: Multiple Sclerosis Association of America, Brain Injury Association of America, and the Physician Foundation at California Pacific Medical Center.

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TABULAR MODIFICATIONS

- 310 Specific nonpsychotic mental disorders due to brain damage
- 310.8 Other specified nonpsychotic mental disorders following organic brain damage
- Delete ~~Mild memory disturbance~~
- Delete ~~Postencephalitic syndrome~~
- Delete ~~Other focal (partial) organic psychosyndromes~~
- Excludes: ~~memory loss of unknown cause (780.93)~~
- New code 310.81 Pseudobulbar affect
Involuntary emotional expression disorder
- Code first underlying cause, such as:
amyotrophic lateral sclerosis (335.20)
late effect of cerebrovascular accident (438.89)
late effect of traumatic brain injury (907.0)
multiple sclerosis (340)
- New code 310.89 Other
Mild memory disturbance
Postencephalitic syndrome
Other focal (partial) organic psychosyndromes
Excludes: memory loss of unknown cause (780.93)

Reportable malignant skin cancers

The New York State Cancer Registry has requested that the ICD-9-CM be expanded in some way to allow for the classification of reportable skin cancers that are currently included under category 173, Other malignant neoplasm of skin.

The vast majority of skin cancers are either basal or squamous cell, neither of which are reportable conditions to central cancer registries. These histologies are included in category 173. Precedent for including histologic type has already been set with malignant melanoma, indexing of Kaposi's sarcoma, and most recently new codes for Merkel cell carcinoma.

Currently, case finding for reportable cancers is done by a combination of automated and manual methods. In hospitals, the medical record index which generally utilizes ICD-9-CM codes is used to filter records for review by tumor registrars. Registrars must review all records with a code from category 173 to identify reportable cases.

Laboratories and other non-hospital facilities are starting to submit reports automatically to central registries. The ICD9-CM codes are commonly used to filter reports for automatic creation of HL-7 records. Because of the difficulty in distinguishing reportable skin cancers from non-reportable skin cancers the facilities are transmitting all skin cancers to central registries. This places an additional burden on central registries and also results in the transmission of confidential patient information on patients whose information should not be reported.

Due to the volume of data that has been collected over the years on codes under category 173 it seems best to leave basal and squamous cell classified under category 173. Creating a new category in ICD-9-CM at this late date in its use seems problematic. It is being proposed that codes under category 173 be expanded to the 5th digit level to allow for the differentiation of reportable and non-reportable (basal and squamous cell) skin cancers.

Once a final design for this expansion is completed and a valid, comprehensive list of the reportable skin cancers is compiled, the best method for indexing these new codes in the Index to Diseases and, specifically, the Neoplasm table will be determined.

TABULAR MODIFICATIONS

- 173 Other malignant neoplasm of skin
Includes: malignant neoplasm of:
sebaceous glands
sudoriferous, sudoriparous glands
sweat glands
Excludes: Kaposi's sarcoma (176.0-176.9)
malignant melanoma of skin (172.0-172.9)
skin of genital organs (184.0-184.9, 187.1-187.9)

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173.0 Skin of lip

- New code 173.00 Basal cell and squamous cell carcinoma of skin of lip
Malignant neoplasm of skin of lip NOS
- New code 173.09 Other malignant neoplasm of skin of lip

173.1 Eyelid, including canthus

- New code 173.10 Basal cell and squamous cell carcinoma of skin of
eyelid, including canthus
Malignant neoplasm of skin of eyelid (canthus) NOS
- New code 173.19 Other malignant neoplasm of skin of eyelid, including
canthus

173.2 Skin of ear and external auditory canal

- New code 173.20 Basal cell and squamous cell carcinoma of skin of ear
and external auditory canal
Malignant neoplasm of skin of ear NOS
Malignant neoplasm of skin of auditory canal NOS
- New code 173.29 Other malignant neoplasm of skin of ear and external
auditory canal

173.3 Skin of other and unspecified parts of face

- New code 173.30 Basal cell and squamous cell carcinoma of skin of other
and unspecified parts of face
Malignant neoplasm of skin of face NOS
- New code 173.39 Other malignant neoplasm of skin of other and
unspecified parts of face

173.4 Scalp and skin of neck

- New code 173.40 Basal cell and squamous cell carcinoma of scalp and
skin of neck
Malignant neoplasm of scalp NOS
Malignant neoplasm of skin of neck NOS
- New code 173.49 Other malignant neoplasm of scalp and skin of neck

173.5 Skin of trunk, except scrotum

- New code 173.50 Basal cell and squamous cell carcinoma of skin of
trunk, except scrotum
Malignant neoplasm of skin of trunk NOS
- New code 173.59 Other malignant neoplasm of skin of trunk, except
scrotum

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173.6 Skin of upper limb, including shoulder

- New code 173.60 Basal cell and squamous cell carcinoma of skin of upper limb, including shoulder
Malignant neoplasm of skin of upper limb NOS
- New code 173.69 Other malignant neoplasm of skin of upper limb, including shoulder

173.7 Skin of lower limb, including hip

- New code 173.70 Basal cell and squamous cell carcinoma of skin of lower limb, including hip
Malignant neoplasm of skin of lower limb NOS
- New code 173.79 Other malignant neoplasm of skin of lower limb, including hip

173.8 Other specified sites of skin

- New code 173.80 Basal cell and squamous cell carcinoma of other specified sites of skin
- New code 173.89 Other malignant neoplasm of other specified sites of skin

173.9 Skin, site unspecified

- New code 173.90 Basal cell and squamous cell carcinoma of skin
Malignant neoplasm of skin NOS
Skin cancer NOS
- New code 173.99 Other malignant neoplasm of skin

ICD-9-CM TABULAR LIST OF DISEASES

PROPOSED ADDENDA (Effective October 1, 2011)

- 249 Secondary diabetes mellitus
- 249.8 Secondary diabetes mellitus with other specified manifestations
- Revise Use additional code to identify manifestation, as:
any associated ulceration (~~707.10-707.9~~) (707.10-707.19, 707.8, 707.9)
- 250 Diabetes mellitus
- 250.8 Diabetes mellitus with other specified manifestations
- Revise Use additional code to identify manifestation, as:
any associated ulceration (~~707.10-707.9~~) (707.10-707.19, 707.8, 707.9)
- Revise Chapter
Title 5. MENTAL AND BEHAVIORAL DISORDERS (290-319)
- 430 Subarachnoid hemorrhage
- Add Excludes: berry aneurysm, nonruptured (437.3)
- 440 Atherosclerosis
- 440.2 Of native arteries of the extremities
- 440.23 Atherosclerosis of the extremities with ulceration
- Revise Use additional code for any associated ulceration (~~707.10-707.9~~)
(707.10-707.19, 707.8, 707.9)
- 440.24 Atherosclerosis of the extremities with gangrene
- Revise Use additional code for any associated ulceration (~~707.10-707.9~~)
(707.10-707.19, 707.8, 707.9)

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- 459 Other disorders of circulatory system
- 459.8 Other specified disorders of circulatory system
- 459.81 Venous (peripheral) insufficiency, unspecified
- Revise Use additional code for any associated ulceration (~~707.10-707.9~~)
(707.10-707.19, 707.8, 707.9)
- 518 Other diseases of lung
- 518.3 Pulmonary eosinophilia
- Add Excludes: pulmonary infiltrate NOS (793.1)
- 536 Disorders of function of stomach
- 536.3 Gastroparesis
- Revise Code first, if applicable, underlying disease, such as:
diabetes mellitus (249.6, 250.6)
- 569 Other disorders of intestine
- 569.4 Other specified disorders of rectum and anus
- 569.49 Other
- Revise Use additional code for any associated fecal incontinence
(787.60-787.63)
- 618 Genital prolapse
- 618.0 Prolapse of vaginal walls without mention of uterine prolapse
- 618.04 Rectocele
- Revise Use additional code for any associated fecal incontinence
(787.60-787.63)

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| | | |
|--------|-----|--|
| | 718 | Other derangement of joint |
| Revise | | 718.6 Unspecified intrapelvic protrusion of acetabulum [0,5] |
| | 793 | Nonspecific (abnormal) findings on radiological and other examination of body structure |
| Add | | 793.1 Lung field Pulmonary infiltrate NOS |
| | 999 | Complications of medical care, not elsewhere classified |
| | | 999.6 ABO incompatibility reaction due to transfusion of blood or blood products |
| Revise | | Excludes: minor blood group antigens reactions (Duffy) (E) (K(ell)) (Kidd) (Lewis) (M) (N) (P) (S) (999.89) <u>(999.75-999.79)</u> |
| Revise | | SUPPLEMENTARY CLASSIFICATION OF FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (V01-V90) <u>(V01-V91)</u> |

ICD-9-CM INDEX TO DISEASES AND INJURIES

PROPOSED ADDENDA (Effective October 1, 2011)

- Absence (organ or part) (complete or partial)
artery ...747.60
Revise brain 747.81
- Automatism 348.89
Add with temporal sclerosis 348.81
- Revise ALPHI (acute idiopathic pulmonary hemorrhage in infants (over 28 days old) 786.31
- Add Anaplasmosis, human 082.49
- Aneurysm... 442.9
berry (congenital) (ruptured) (see also Hemorrhage, subarachnoid) 430
Add nonruptured 437.3
brain 437.3
berry (congenital) (ruptured) (see also Hemorrhage, subarachnoid) 430
Add nonruptured 437.3
- Complications
vaccination 999.9
reaction (allergic) 999.5
Delete ~~Herxheimer's 995.0~~
- Dense
Revise breast(s) ~~omit code~~ 793.82
- Disease, diseased - see also Syndrome
Fournier's disease (idiopathic gangrene) 608.83
Add female 616.89
iron
Revise metabolism (see also Hemochromatosis) ~~275.03~~ 275.09
Add microvillus atrophy 751.5
Add polyethylene 996.45
- Revise Sweeley-Klionsky ~~272.4~~ 272.7

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Disorder

Add alcohol-induced mood 291.89
mood- (see also Disorder, bipolar) 296.90

Add alcohol-induced 291.89

Embolism 444.9
vein 453.9

Revise upper extremity (acute) 453.83

Delete ~~acute 453.83~~

Delete ~~deep 453.82~~

Delete ~~superficial 453.81~~

Add deep 453.82

Add superficial 453.81

Encephalopathy (acute) 348.30
due to

Revise drugs - (see also Table of Drugs and Chemicals) ~~348.39~~ 349.82
metabolic (see also Delirium) 348.31

Add drug induced 349.82

Fournier's disease (idiopathic gangrene) 608.83

Add female 616.89

Fracture ... 829.0
femur, femoral (closed) 821.00
neck (closed) 820.8

Add stress 733.96
shaft (lower third) (middle third) (upper third) 821.01

Add stress 733.97
march 733.95

Add femoral neck 733.96

Add pelvis 733.98

Add shaft of femur 733.97
pelvis, pelvic (bone(s)) (with visceral injury) (closed) 808.8

Add stress 733.98
stress

Add femoral neck 733.96

Add pelvis 733.98

Add shaft of femur 733.97

Hemochromatosis (acquired) (liver) (myocardium) (secondary) 275.03

Revise diabetic ~~275.01~~ 275.03

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| | | | | |
|--------|---|--------------------------------|-----------|--------|
| Revise | Herxheimer's reaction | 995.0 <u>995.91</u> | | |
| | Hypertension, hypertensive... | | Malignant | Benign |
| | pulmonary (artery) (secondary) | | - | - |
| | | | | 416.8 |
| Revise | with cor pulmonale (chronic) | 416.8 | | |
| Delete | acute | 415.0 | | |
| Add | cor pulmonale (chronic) | | - | - |
| | | | | 416.8 |
| Add | acute | | - | - |
| | | | | 415.0 |
| Add | right heart ventricular strain/failure | | - | - |
| | | | | 416.8 |
| Add | acute | | | 415.0 |
| | Infiltrate, infiltration | | | |
| Revise | lung (see also Infiltrate, pulmonary) | 518.3 <u>793.1</u> | | |
| Revise | pulmonary | 518.3 <u>793.1</u> | | |
| | Injury 959.9 | | | |
| | internal 869.0 | | | |
| | lung 861.20 | | | |
| Add | aspiration 507.0 | | | |
| | Intrauterine contraceptive device | | | |
| | reinsertion V25.13 | | | |
| Delete | and reinsertion V25.13 | | | |
| | removal V25.12 | | | |
| Add | and reinsertion V25.13 | | | |
| | Leukoencephalopathy (see also Encephalitis) 323.9 | | | |
| Add | arteriosclerotic 437.0 | | | |
| Add | Lipodermatosclerosis 729.39 | | | |
| Add | Melanocytosis, neurocutaneous 757.33 | | | |
| Add | MVID (microvillus inclusion disease) 751.5 | | | |
| | Osteomalacia 268.2 | | | |
| Add | oncogenic 275.8 | | | |
| | Pain | | | |
| Delete | temporomaxillary joint | 524.62 | | |

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Pancytopenia
with
Add myelodysplastic syndrome – see Syndrome, myelodysplastic

Revise Prognathism (mandibular) (maxillary) ~~524.00~~ 524.10

Reaction
Revise Herxheimer's ~~995.0~~ 995.91

Revise Septum, septate (congenital) - see also Anomaly, specified type NEC
uterus (~~see also Double, uterus~~) (complete) (partial) 752.35

Add Siderosis (lung) (occupational) 503
CNS 437.8

Syndrome
Add myelodysplastic 238.75
lesions, low grade 238.72
superior
Add semi-circular canal dehiscence 386.8

Tear
Add annular fibrosis 722.51

Thrombosis, thrombotic...453.9
Revise iliac (acute) (vein) ~~453.89~~ 453.41
Revise chronic ~~453.79~~ 453.51
vein 453.9
Revise upper extremity (acute) 453.83
Delete acute ~~453.83~~
Delete deep ~~453.82~~
Delete superficial ~~453.81~~
Add deep 453.82
Add superficial 453.81

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ICD-9-CM ALPHABETIC INDEX TO EXTERNAL CAUSES OF INJURY
PROPOSED ADDENDA (Effective October 1, 2011)

| | | |
|--------|---|--|
| | Blast (air) | |
| | in | |
| | war operations E993.9 | |
| Revise | from nuclear explosion - see War operations, injury due to, | |
| | nuclear weapons | |
| | War operations (during hostilities) (injury) (by) (in) E995.9 | |
| | blast (air) (effects) E993.9 | |
| Revise | from nuclear explosion see War operations, injury due to, nuclear | |
| | weapons | |

TABLE OF DRUGS AND CHEMICALS
PROPOSED ADDENDA (Effective October 1, 2011)

| | | | | | | | |
|--------|--|--------|---------------|---|--------|--------|--------|
| Revise | Cleaner, cleansing agent, NEC | | | | | | |
| | <u>type not specified</u> | 989.89 | <u>E861.9</u> | - | E950.9 | E962.1 | E980.9 |
| Add | specified type NEC | 989.89 | E861.3 | - | E950.9 | E962.1 | E980.9 |

Opioids expansion for ICD-10-CM

Opioid drugs have benefit when used properly and are a necessary component of pain management for certain patients. Opioid drugs have serious risks when used improperly, as well as certain risks when used properly. In the past, the Food and Drug Administration (FDA), drug manufacturers, and others have taken a number of steps to prevent misuse, abuse and accidental overdose of these drugs, including providing additional warnings in product labeling, implementing risk management plans, conducting inter-agency collaborations and issuing direct communications to both prescribers and patients. Despite these efforts, the rates of misuse and abuse, and of accidental overdose of opioids, have risen over the past decade. The FDA believes that establishing risk evaluation and mitigation strategies (REMS) for opioids will reduce these risks while ensuring that patients with legitimate need for these drugs will continue to have appropriate access.

A discussion regarding the lack of specificity available in data collected on the use of opioids occurred during an exchange between the FDA and an Industry Working Group held on December 4, 2009. (*FDA Public Meeting on Risk Evaluation and Mitigation Strategies (REMS) for Certain Opioids*) The discussion focused on developing metrics to assess the effectiveness of a class wide REMS program to mitigate the risks of abuse, misuse, and overdose of extended-release opioids. The issue was addressed again during the most recent FDA long-acting opioid REMS Advisory Committee meeting which was held July 22 & 23 2010, as well as the FDA REMS public meeting on July 27 & 28 2010.

Covidien Pharmaceuticals, a member of the industry working group and a manufacturer of certain opioid agents, submitted a request to NCHS for an expansion to the ICD-10-CM for various opioids categories. The proposal includes creating 7th characters for category F11, Opioid related disorders, to identify the type of opioid, an expansion of the subcategories under category T40, Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics [hallucinogens], with specific codes for the various opioid molecules, and creating a unique code under category T39, Poisoning by, adverse effect of and underdosing of nonopioid analgesics, antipyretics and antirheumatics, for acetaminophen with instructional notes to allow for the coding of NSAID/opioid combinations. These changes will allow for:

- **Differentiating long-acting vs. short-acting opioids:**
 - FDA mandate class-wide long-acting opioid REMS which may result in what is commonly known as the “balloon” effect – putting regulatory pressure on one side of the pain medication spectrum (long-acting opioids) will result in the expanded use on the other side of the spectrum (immediate-release or short-acting opioids).
- **Granularity of opioid molecules:**
 - Able to compare molecule to molecule through various public databases (i.e. FDA AERS, DAWN, AAPCC, etc.) to track trends of misuse, abuse, and deaths related to pharmaceutical opioid products.
- **Differentiating class of drugs by formulations (i.e. NSAID):**
 - FDA mandated class-wide medication guide to be dispensed with all NSAID products, which include oral, topical, and other forms of this drug class. The class-wide NSAID medication guide address risks mainly associated with oral formulation (i.e. ulcers and bleeding). To reduce the risk of inadvertently misuse

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of non-oral NSAID products this level of granularity may support class-wide medication guide may not mitigate the risks the FDA intended to address.

The following modifications are being proposed and would become effective with the implementation of the ICD-10-CM.

TABULAR MODIFICATIONS

F11 Opioid related disorders

Add The appropriate 7th character is to be added to each code from subcategory F11

- 0 buprenorphine
- 1 codeine
- 2 fentanyl
- 3 hydrocodone
- 4 hydromorphone
- 5 meperidine
- 6 methadone
- 7 morphine
- 8 oxycodone
- 9 oxymorphone
- a tramadol
- b other opioid

T39 Poisoning by, adverse effect of and underdosing of nonopioid analgesics, antipyretics and antirheumatics

T39.1 Poisoning by, adverse effect of and underdosing of 4-Aminophenol derivatives

Add Code first appropriate code from category T40, Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics [hallucinogens], if 4-Aminophenol derivative is a combination 4-Aminophenol/opioid product

New subcategory T39.11 Poisoning by, adverse effect of and underdosing of acetaminophen

New code T39.111 Poisoning by acetaminophen, accidental (unintentional)

New code T39.112 Poisoning by acetaminophen, intentional self-harm

New code T39.113 Poisoning by acetaminophen, assault

New code T39.114 Poisoning by acetaminophen, undetermined

New code T39.115 Adverse effect of acetaminophen

New code T39.116 Underdosing of acetaminophen

New subcategory T39.19 Poisoning by, adverse effect of and underdosing of other 4-Aminophenol derivatives

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| | | |
|-----------------|---------|--|
| New code | T39.191 | Poisoning by other 4-Aminophenol derivatives, accidental (unintentional) Poisoning by other 4-Aminophenol derivatives NOS |
| New code | T39.192 | Poisoning by other 4-Aminophenol derivatives, intentional self-harm |
| New code | T39.193 | Poisoning by other 4-Aminophenol derivatives, assault |
| New code | T39.194 | Poisoning by other 4-Aminophenol derivatives, undetermined |
| New code | T39.195 | Adverse effect of other 4-Aminophenol derivatives |
| New code | T39.196 | Underdosing of other 4-Aminophenol derivatives |
| | T39.3 | Poisoning by, adverse effect of and underdosing of other nonsteroidal anti-inflammatory drugs [NSAID] |
| Add | | Code first appropriate code from category T40, Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics [hallucinogens], if NSAID is a combination NSAID/opioid product |
| | T40 | Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics [hallucinogens] |
| Add | | Use additional code from category T39, Poisoning by, adverse effect of and underdosing of nonopioid analgesics, antipyretics and antirheumatics, if the narcotic is a combination NSAID/opioid product |
| Revise | T40.0 | Poisoning by, adverse effect of and underdosing of opium <u>and other natural origin opium alkaloids</u> Poisoning by, adverse effect of and underdosing of short acting natural origin opium alkaloids |
| New subcategory | T40.01 | Poisoning by, adverse effect of and underdosing of opium |
| New code | T40.011 | Poisoning by opium, accidental (unintentional) Poisoning by opium NOS |
| New code | T40.012 | Poisoning by opium, intentional self-harm |
| New code | T40.013 | Poisoning by opium, assault |
| New code | T40.014 | Poisoning by opium, undetermined |
| New code | T40.015 | Adverse effect of opium |
| New code | T40.016 | Underdosing of opium |
| New subcategory | T40.02 | Poisoning by, adverse effect of and underdosing of short acting morphine Excludes2: poisoning by, adverse effect of and underdosing of long acting morphine (T40.18-) |
| New code | T40.021 | Poisoning by short acting morphine, accidental (unintentional) Poisoning by short acting morphine NOS |
| New code | T40.022 | Poisoning by short acting morphine, intentional self- |

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| | | |
|-----------------|--------|---|
| | | harm |
| New code | | T40.023 Poisoning by short acting morphine, assault |
| New code | | T40.024 Poisoning by short acting morphine, undetermined |
| New code | | T40.025 Adverse effect of short acting morphine |
| New code | | T40.026 Underdosing of short acting morphine |
| New subcategory | T40.03 | Poisoning by, adverse effect of and underdosing of codeine |
| New code | | T40.031 Poisoning by codeine, accidental (unintentional) Poisoning by codeine NOS |
| New code | | T40.032 Poisoning by codeine, intentional self-harm |
| New code | | T40.033 Poisoning by codeine, assault |
| New code | | T40.034 Poisoning by codeine, undetermined |
| New code | | T40.035 Adverse effect of codeine |
| New code | | T40.036 Underdosing of codeine |
| New subcategory | T40.09 | Poisoning by, adverse effect of and underdosing of other natural origin opium alkaloids Poisoning by, adverse effect of and underdosing of thebaine |
| New code | | T40.091 Poisoning by other natural origin opium alkaloids, accidental (unintentional) Poisoning by other natural origin opium alkaloids NOS |
| New code | | T40.092 Poisoning by other natural origin opium alkaloids, intentional self-harm |
| New code | | T40.093 Poisoning by other natural origin opium alkaloids, assault |
| New code | | T40.094 Poisoning by other natural origin opium alkaloids, undetermined |
| New code | | T40.095 Adverse effect of other natural origin opium alkaloids |
| New code | | T40.096 Underdosing of other natural origin opium alkaloids |
| Revise | T40.1 | Poisoning by, adverse effect of and underdosing of heroin <u>and short acting semi-synthetic opioid derivatives</u> Excludes2: poisoning by, adverse effect of and underdosing of long acting semi- synthetic opioid derivatives (T40.2-) |
| New subcategory | T40.11 | Poisoning by and adverse effect of heroin |
| New code | | T40.111 Poisoning by heroin, accidental (unintentional) Poisoning by heroin NOS |
| New code | | T40.112 Poisoning by heroin, intentional self-harm |
| New code | | T40.113 Poisoning by heroin, assault |
| New code | | T40.114 Poisoning by heroin, undetermined |
| New code | | T40.115 Adverse effect of heroin |
| New code | | T40.116 Underdosing of heroin |
| New subcategory | T40.12 | Poisoning by, adverse effect of and underdosing of short acting hydromorphone |
| New code | | T40.121 Poisoning by short acting hydromorphone, accidental (unintentional) Poisoning by short acting hydromorphone NOS |
| New code | | T40.122 Poisoning by short acting hydromorphone, |

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| | | |
|-----------------|---------|---|
| | | intentional self-harm |
| New code | T40.123 | Poisoning by short acting hydromorphone, assault |
| New code | T40.124 | Poisoning by short acting hydromorphone, undetermined |
| New code | T40.125 | Adverse effect of short acting hydromorphone |
| New code | T40.126 | Underdosing of short acting hydromorphone |
| New subcategory | T40.13 | Poisoning by, adverse effect of and underdosing of short acting oxycodone |
| New code | T40.131 | Poisoning by short acting oxycodone, accidental (unintentional) |
| | | Poisoning by short acting oxycodone NOS |
| New code | T40.132 | Poisoning by short acting oxycodone, intentional self-harm |
| New code | T40.133 | Poisoning by short acting oxycodone, assault |
| New code | T40.134 | Poisoning by short acting oxycodone, undetermined |
| New code | T40.135 | Adverse effect of short acting oxycodone |
| New code | T40.136 | Underdosing of short acting oxycodone |
| New subcategory | T40.14 | Poisoning by, adverse effect of and underdosing of short acting hydrocodone |
| New code | T40.141 | Poisoning by short acting hydrocodone, accidental (unintentional) |
| | | Poisoning by short acting hydrocodone NOS |
| New code | T40.142 | Poisoning by short acting hydrocodone, intentional self-harm |
| New code | T40.143 | Poisoning by short acting hydrocodone, assault |
| New code | T40.144 | Poisoning by short acting hydrocodone, undetermined |
| New code | T40.145 | Adverse effect of short acting hydrocodone |
| New code | T40.146 | Underdosing of short acting hydrocodone |
| New subcategory | T40.15 | Poisoning by, adverse effect of and underdosing of short acting oxymorphone |
| New code | T40.151 | Poisoning by short acting oxymorphone, accidental (unintentional) |
| | | Poisoning by short acting oxymorphone NOS |
| New code | T40.152 | Poisoning by short acting oxymorphone, intentional self-harm |
| New code | T40.153 | Poisoning by short acting oxymorphone, assault |
| New code | T40.154 | Poisoning by short acting oxymorphone, undetermined |
| New code | T40.155 | Adverse effect of short acting oxymorphone |
| New code | T40.156 | Underdosing of short acting oxymorphone |
| New subcategory | T40.19 | Poisoning by, adverse effect of and underdosing of other short acting semi-synthetic opioid derivatives |
| New code | T40.191 | Poisoning by other short acting semi-synthetic opioid derivatives, accidental (unintentional) |
| | | Poisoning by other short acting semi-synthetic opioid derivatives NOS |

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| | | |
|-----------------|---------|--|
| New code | T40.192 | Poisoning by other short acting semi-synthetic opioid derivatives, intentional self-harm |
| New code | T40.193 | Poisoning by other short acting semi-synthetic opioid derivatives, assault |
| New code | T40.194 | Poisoning by other short acting semi-synthetic opioid derivatives, undetermined |
| New code | T40.195 | Adverse effect of other short acting semi-synthetic opioid derivatives |
| New code | T40.196 | Underdosing of other short acting semi-synthetic opioid derivatives |
| Revise | T40.2 | Poisoning by, adverse effect of and underdosing of <u>long acting semi-synthetic opioid derivatives</u> Excludes2: poisoning by, adverse effect of and underdosing of short acting semi-synthetic opioid derivatives (T40.1-) |
| New subcategory | T40.21 | Poisoning by, adverse effect of and underdosing of long acting hydromorphone Poisoning by, adverse effect of and underdosing of CR hydromorphone |
| New code | T40.211 | Poisoning by long acting hydromorphone, accidental (unintentional) Poisoning by long acting hydromorphone NOS |
| New code | T40.212 | Poisoning by long acting hydromorphone, intentional self-harm |
| New code | T40.213 | Poisoning by long acting hydromorphone, assault |
| New code | T40.214 | Poisoning by long acting hydromorphone, undetermined |
| New code | T40.215 | Adverse effect of long acting hydromorphone |
| New code | T40.216 | Underdosing of long acting hydromorphone |
| New subcategory | T40.22 | Poisoning by, adverse effect of and underdosing of long acting oxycodone Poisoning by, adverse effect of and underdosing of CR oxycodone |
| New code | T40.221 | Poisoning by long acting oxycodone, accidental (unintentional) Poisoning by long acting oxycodone NOS |
| New code | T40.222 | Poisoning by long acting oxycodone, intentional self-harm |
| New code | T40.223 | Poisoning by long acting oxycodone, assault |
| New code | T40.224 | Poisoning by long acting oxycodone, undetermined |
| New code | T40.225 | Adverse effect of long acting oxycodone |
| New code | T40.226 | Underdosing of long acting oxycodone |
| New subcategory | T40.23 | Poisoning by, adverse effect of and underdosing of long acting morphine Poisoning by, adverse effect of and underdosing of CR morphine |
| New code | T40.231 | Poisoning by long acting morphine, accidental (unintentional) |

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| | | | |
|-----------------|--------|---------|--|
| | | | Poisoning by long acting morphine NOS |
| New code | | T40.232 | Poisoning by long acting morphine, intentional self-harm |
| New code | | T40.233 | Poisoning by long acting morphine, assault |
| New code | | T40.234 | Poisoning by long acting morphine, undetermined |
| New code | | T40.235 | Adverse effect of long acting morphine |
| New code | | T40.236 | Underdosing of long acting morphine |
| New subcategory | T40.24 | | Poisoning by, adverse effect of and underdosing of long acting buprenorphine |
| New code | | T40.241 | Poisoning by long acting buprenorphine, accidental (unintentional) |
| | | | Poisoning by long acting buprenorphine NOS |
| New code | | T40.242 | Poisoning by long acting buprenorphine, intentional self-harm |
| New code | | T40.243 | Poisoning by long acting buprenorphine, assault |
| New code | | T40.244 | Poisoning by long acting buprenorphine, undetermined |
| New code | | T40.245 | Adverse effect of long acting buprenorphine |
| New code | | T40.246 | Underdosing of long acting buprenorphine |
| New subcategory | T40.25 | | Poisoning by, adverse effect of and underdosing of long acting oxymorphone |
| | | | Poisoning by, adverse effect of and underdosing of CR oxymorphone |
| New code | | T40.251 | Poisoning by long acting oxymorphone, accidental (unintentional) |
| | | | Poisoning by long acting oxymorphone NOS |
| New code | | T40.252 | Poisoning by long acting oxymorphone, intentional self-harm |
| New code | | T40.253 | Poisoning by long acting oxymorphone, assault |
| New code | | T40.254 | Poisoning by long acting oxymorphone, undetermined |
| New code | | T40.255 | Adverse effect of long acting oxymorphone |
| New code | | T40.256 | Underdosing of long acting oxymorphone |
| New subcategory | T40.29 | | Poisoning by, adverse effect of and underdosing of other long acting semi-synthetic opioid derivatives |
| New code | | T40.291 | Poisoning by other long acting semi-synthetic opioid derivatives, accidental (unintentional) |
| New code | | T40.292 | Poisoning by other long acting semi-synthetic opioid derivatives, intentional self-harm |
| New code | | T40.293 | Poisoning by other long acting semi-synthetic opioid derivatives, assault |
| New code | | T40.294 | Poisoning other long acting semi-synthetic opioid derivatives, undetermined |
| New code | | T40.295 | Adverse effect of other long acting semi-synthetic opioid derivatives |
| New code | | T40.296 | Underdosing of other long acting semi-synthetic opioid derivatives |

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| | | |
|-----------------|---------|--|
| Revise | T40.3 | Poisoning by, adverse effect of and underdosing of methadone <u>and other long acting synthetic opioids</u> |
| | | Excludes2: poisoning by, adverse effect of and underdosing of short acting synthetic opioids (T40.4-) |
| New subcategory | T40.31 | Poisoning by, adverse effect of and underdosing of methadone |
| New code | T40.311 | Poisoning by methadone, accidental (unintentional) Poisoning by methadone NOS |
| New code | T40.312 | Poisoning by methadone, intentional self-harm |
| New code | T40.313 | Poisoning by methadone, assault |
| New code | T40.314 | Poisoning by methadone, undetermined |
| New code | T40.315 | Adverse effect of methadone |
| New code | T40.316 | Underdosing of methadone |
| New subcategory | T40.32 | Poisoning by, adverse effect of and underdosing of long acting fentanyl |
| | | Poisoning by, adverse effect of and underdosing of transdermal fentanyl (fentanyl patch) |
| New code | T40.321 | Poisoning by long acting fentanyl, accidental (unintentional) |
| New code | T40.322 | Poisoning by long acting fentanyl, intentional self-harm |
| New code | T40.323 | Poisoning by long acting fentanyl, assault |
| New code | T40.324 | Poisoning by long acting fentanyl, undetermined |
| New code | T40.325 | Adverse effect of long acting fentanyl |
| New code | T40.326 | Underdosing of long acting fentanyl |
| New subcategory | T40.33 | Poisoning by, adverse effect of and underdosing of long acting tramadol |
| | | Poisoning by, adverse effect of and underdosing of CR tramadol |
| New code | T40.331 | Poisoning by long acting tramadol, accidental (unintentional) Poisoning by long acting tramadol NOS |
| New code | T40.332 | Poisoning by long acting tramadol, intentional self-harm |
| New code | T40.333 | Poisoning by long acting tramadol, assault |
| New code | T40.334 | Poisoning by long acting tramadol, undetermined |
| New code | T40.335 | Adverse effect of long acting tramadol |
| New code | T40.336 | Underdosing of long acting tramadol |
| New subcategory | T40.39 | Poisoning by, adverse effect of and underdosing of other long acting synthetic opioids |
| | | Poisoning by, adverse effect of and underdosing of levo alphacetylmethadol (LAAM) |
| | | Poisoning by, adverse effect of and underdosing of levorphanol |
| New code | T40.391 | Poisoning by other long acting synthetic opioids, accidental (unintentional) Poisoning by other long acting synthetic opioids |

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| | | |
|-----------------|---------|--|
| New code | T40.392 | Poisoning by other long acting synthetic opioids, intentional self-harm |
| New code | T40.393 | Poisoning by other long acting synthetic opioids, assault |
| New code | T40.394 | Poisoning by other long acting synthetic opioids, undetermined |
| New code | T40.395 | Adverse effect of other long acting synthetic opioids |
| New code | T40.396 | underdosing of other long acting synthetic opioids |
| Revise | T40.4 | Poisoning by, adverse effect of and underdosing of <u>short acting synthetic opioids</u> |
| | | Excludes2: poisoning by, adverse effect of and underdosing of long acting synthetic opioids (T40.3-) |
| New subcategory | T40.41 | Poisoning by, adverse effect of and underdosing of short acting fentanyl |
| New code | T40.411 | Poisoning by short acting fentanyl, accidental (unintentional) |
| New code | T40.412 | Poisoning by short acting fentanyl, intentional self-harm |
| New code | T40.413 | Poisoning by short acting fentanyl, assault |
| New code | T40.414 | Poisoning by short acting fentanyl, undetermined |
| New code | T40.415 | Adverse effect of short acting fentanyl |
| New code | T40.416 | Underdosing of short acting fentanyl |
| New subcategory | T40.42 | Poisoning by, adverse effect of and underdosing of short acting meperidine |
| New code | T40.421 | Poisoning by short acting meperidine, accidental (unintentional) |
| New code | T40.422 | Poisoning by short acting meperidine, intentional self-harm |
| New code | T40.423 | Poisoning by short acting meperidine, assault |
| New code | T40.424 | Poisoning by short acting meperidine, undetermined |
| New code | T40.425 | Adverse effect of short acting meperidine |
| New code | T40.426 | Underdosing of short acting meperidine |
| New subcategory | T40.43 | Poisoning by, adverse effect of and underdosing of short acting tramadol |
| New code | T40.431 | Poisoning by short acting tramadol, accidental (unintentional) |
| | | Poisoning by short acting tramadol NOS |
| New code | T40.432 | Poisoning by short acting tramadol, intentional self-harm |
| New code | T40.433 | Poisoning by short acting tramadol, assault |
| New code | T40.434 | Poisoning by short acting tramadol, undetermined |
| New code | T40.435 | Adverse effect of short acting tramadol |
| New code | T40.436 | Underdosing of short acting tramadol |
| New subcategory | T40.49 | Poisoning by, adverse effect of and underdosing of other short acting synthetic opioids |
| | | Poisoning by, adverse effect of and underdosing of short |

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| | | |
|-----------------|---------|--|
| | | acting butorphanol |
| | | Poisoning by, adverse effect of and underdosing of short acting dextropropoxyphene |
| | | Poisoning by, adverse effect of and underdosing of short acting pentazocine |
| New code | T40.491 | Poisoning by other short acting synthetic opioids, accidental (unintentional) Poisoning by other short acting synthetic opioids NOS |
| New code | T40.492 | Poisoning by other short acting synthetic opioids, intentional self-harm |
| New code | T40.493 | Poisoning by other short acting synthetic opioids, assault |
| New code | T40.494 | Poisoning by other short acting synthetic opioids, undetermined |
| New code | T40.495 | Adverse effect of other short acting synthetic opioids |
| New code | T40.496 | Underdosing of other short acting synthetic opioids |
| | T40.5 | Poisoning by, adverse effect of and underdosing of cocaine |
| New subcategory | T40.51 | Poisoning by, adverse effect of and underdosing of powder cocaine |
| New code | T40.511 | Poisoning by powder cocaine, accidental (unintentional) Poisoning by powder cocaine NOS |
| New code | T40.512 | Poisoning by powder cocaine, intentional self-harm |
| New code | T40.513 | Poisoning by powder cocaine, assault |
| New code | T40.514 | Poisoning by powder cocaine, undetermined |
| New code | T40.515 | Adverse effect of powder cocaine |
| New code | T40.516 | Underdosing of powder cocaine |
| New subcategory | T40.52 | Poisoning by, adverse effect of and underdosing of crack cocaine |
| New code | T40.521 | Poisoning by crack cocaine, accidental (unintentional) Poisoning by crack cocaine NOS |
| New code | T40.522 | Poisoning by crack cocaine, intentional self-harm |
| New code | T40.523 | Poisoning by crack cocaine, assault |
| New code | T40.524 | Poisoning by crack cocaine, undetermined |
| New code | T40.525 | Adverse effect of crack cocaine |
| New code | T40.526 | Underdosing of crack cocaine |

ICD-10-CM Weeks of gestation of pregnancy

The American Medical Association's Physician Consortium for Performance Improvement® (PCPI) convened a Maternity Care Work Group (MCWG) that included members from health plans, hospitals, patients, consumers and health professionals, to develop physician-level performance measures. During the meeting the work group reached consensus on the potential usefulness of having additional ICD-10-CM codes for specific gestational age. This information is considered important for quality improvement and measurement purposes. The benefits of documenting specific gestational age within coding includes the ability to risk stratify and/or adjust for measurement as well as the ability to identify pre-term and late pre-term births.

The work group submitted a proposal to the American College of Obstetricians and Gynecologists' (ACOG) Committee on Coding and Nomenclature who then submitted the proposal to the ICD-9-CM Coordination and Maintenance Committee (C&M) for consideration for inclusion in ICD-10-CM (once it is implemented) since it is not possible to add this amount of detail to ICD-9-CM.

The codes in ICD-10-CM Chapter 15, Pregnancy, childbirth and the puerperium, do include the trimester of the pregnancy. This designation was included in the ICD-10-CM at the request of ACOG during the initial development of ICD-10-CM in 1994. Though trimester is still considered important, the specific gestational age is now considered a more precise indicator of risk.

The initial proposal of the work group included indicating days within the week of gestation as well as the method used (such as ultrasound or estimated date of conception) in determining gestation. These methods cannot be included within an ICD status code. However, the National Center for Health Statistics (NCHS) recognizes the importance of this information in ICD-10-CM and has designed the proposal to fit within the structure of the classification. This proposal has been accepted by ACOG and the MCWG. This proposal does not alter the existing Chapter 15 codes. Instead, it provides a secondary status code to be used in conjunction with a Chapter 15 code to identify the specific gestational age. Should this information not be available in the medical record and unspecified code within each trimester subcategory is provided to indicate that.

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CHAPTER 15

Pregnancy, childbirth and the puerperium (O00-O99)

Note: Trimesters are counted from the first day of the last menstrual period. They are defined as follows:

1st trimester- less than 14 weeks 0 days

2nd trimester- 14 weeks 0 days to less than 28 weeks 0 days

3rd trimester- 28 weeks 0 days until delivery

Add Use an additional code from category Z35, Weeks of gestation, to identify the specific week the pregnancy

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New category Z35 Weeks of gestation

Note: Codes from category Z35 are for use on the maternal record only in conjunction with a code from Chapter 15, Pregnancy, childbirth and the puerperium, to indicate the weeks of gestation of the pregnancy. They are never for use on a newborn record.

| | | |
|-----------------|--------|---|
| New subcategory | Z35.1 | First trimester, weeks 0-14 |
| New code | Z35.10 | First trimester, unspecified week |
| New code | Z35.11 | First trimester, week 0 to week 7 |
| New code | Z35.12 | First trimester, week 8 to week 14 |
| New subcategory | Z35.2 | Second trimester, weeks 15-21 and unspecified |
| New code | Z35.20 | Second trimester, unspecified week |
| New code | Z35.21 | Second trimester, week 15 |
| New code | Z35.22 | Second trimester, week 16 |
| New code | Z35.23 | Second trimester, week 17 |
| New code | Z35.24 | Second trimester, week 18 |
| New code | Z35.25 | Second trimester, week 19 |
| New code | Z35.26 | Second trimester, week 20 |
| New code | Z35.27 | Second trimester, week 21 |
| New subcategory | Z35.3 | Second trimester, weeks 22-28 |
| New code | Z35.31 | Second trimester, week 22 |
| New code | Z35.32 | Second trimester, week 23 |
| New code | Z35.33 | Second trimester, week 24 |
| New code | Z35.34 | Second trimester, week 25 |
| New code | Z35.35 | Second trimester, week 26 |
| New code | Z35.36 | Second trimester, week 27 |
| New code | Z35.37 | Second trimester, week 28 |
| New subcategory | Z35.4 | Third trimester, weeks 29-35 and unspecified |
| New code | Z35.40 | Third trimester, unspecified week |
| New code | Z35.41 | Third trimester, week 29 |
| New code | Z35.42 | Third trimester, week 30 |
| New code | Z35.43 | Third trimester, week 31 |
| New code | Z35.44 | Third trimester, week 32 |
| New code | Z35.45 | Third trimester, week 33 |
| New code | Z35.46 | Third trimester, week 34 |
| New code | Z35.47 | Third trimester, week 35 |
| New subcategory | Z35.5 | Third trimester, weeks 36-40 |
| New code | Z35.51 | Third trimester, week 36 |
| New code | Z35.52 | Third trimester, week 37 |
| New code | Z35.53 | Third trimester, week 38 |
| New code | Z35.54 | Third trimester, week 39 |
| New code | Z35.55 | Third trimester, week 40 |

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| | | |
|-----------------|--------|--------------------------------------|
| New subcategory | Z35.6 | Over 40 completed weeks of gestation |
| New code | Z35.61 | 41 weeks gestation |
| New code | Z35.62 | 42 weeks gestation |
| New code | Z35.63 | 43 weeks gestation |

ICD-10-CM Weeks of gestation for newborn

The National Association of Children's Hospitals and Related Institutions (NACHRI) and the American Academy of Pediatrics (AAP) request that the weeks of gestation codes in ICD-10-CM be revised and expanded to even more accurately reflect prematurity of the newborn than the current codes in ICD-9-CM (765.2x).

The current ICD-9-CM code set has been very helpful to both NACHRI and the Academy in analyses of premature newborn patients using the birthweight diagnosis codes, the gestational age diagnosis codes, and various combinations of these diagnosis codes. These are the most fundamental descriptors of premature newborns. It is especially striking to see how much mortality varies within a birthweight range when further stratified by gestational age. Each week of gestational age makes a big difference in terms of outcomes: perinatal complications, in-hospital mortality, length of stay, and longer term morbidity and mortality. The differences are especially pronounced for the more premature newborns. We believe an expansion of these codes will be in the best interest of these children.

AAP and NACHRI believe that detailed analysis would be much improved if the prematurity codes in ICD-10-CM are expanded. For example, it would be more difficult to differentiate mortality for a 24 week newborn (which is higher) versus a 25 or 26 week newborn since these weeks of ages are all included at code P07.22, Extreme immaturity of newborn, 24-26 completed weeks.

Each week of gestational age makes a big difference in terms of outcomes: perinatal complications, in-hospital mortality, length of stay, and longer term morbidity and mortality. The differences are especially pronounced for the more premature newborns. NACHRI and AAP believe an expansion of P07.2 and P07.3 will be in the best interest of these children. With the additional available space, the expansion of this code set will allow for even better morbidity and mortality analysis. To this end NACHRI and AAP recommend the following expansion of the codes to become effective for the 2013 version of ICD-10-CM.

TABULAR MODIFICATIONS

P07.2 Extreme immaturity of newborn

Less than 28 completed weeks (less than 196 completed days) of gestation

Add P07.20 Extreme immaturity of newborn, unspecified weeks
Gestation less than 28 completed weeks

Revise P07.21 Extreme immaturity of newborn, gestational age less than 23 ~~24~~
completed weeks

Revise P07.22 Extreme immaturity of newborn, gestational age 23 ~~24-26~~ completed
weeks

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- Revise P07.23 Extreme immaturity of newborn, gestational age 24 ~~27~~ completed weeks
- New code P07.24 Extreme immaturity of newborn, gestational age 25 completed weeks
- New code P07.25 Extreme immaturity of newborn, gestational age 26 completed weeks
- New code P07.26 Extreme immaturity of newborn, gestational age 27 completed weeks
- Revise P07.3 ~~Other preterm~~ Preterm [premature] newborn [other] 28 completed weeks or more but less than 37 completed weeks (196 completed days but less than 259 completed days) of gestation.
Prematurity NOS
- Revise P07.30 ~~Other preterm~~ Preterm newborn, unspecified weeks
- Revise P07.31 ~~Other preterm~~ Preterm newborn, gestational age 28-31 completed weeks
- Revise P07.32 ~~Other preterm~~ Preterm newborn, gestational age 29 ~~32-36~~ completed weeks
- New code P07.33 Preterm newborn, gestational age 30 completed weeks
- New code P07.34 Preterm newborn, gestational age 31 completed weeks
- New code P07.35 Preterm newborn, gestational age 32 completed weeks
- New code P07.36 Preterm newborn, gestational age 33 completed weeks
- New code P07.37 Preterm newborn, gestational age 34 completed weeks
- New code P07.38 Preterm newborn, gestational age 35 completed weeks
- New code P07.39 Preterm newborn, gestational age 36 completed weeks

Benign neoplasm of genitourinary organs

The American Urological Association (AUA) has requested that benign neoplasms of the genitourinary organs be given more specific codes as it would be helpful to identify specific areas where neoplasm are most prevalent. For example, angiomyolipomas, a benign neoplasm, are a common occurrence in male urology patients in their 50's. When an angiomyolipoma grows to over 4 cm, the treatment options can either be non-surgical or surgical. While benign, they can cause other symptoms or spontaneous bleeding. Currently, the only unique code for benign neoplasm involving the genitourinary organs is that for the spermatic cord, D17.6, Benign lipomatous neoplasm of spermatic cord.

TABULAR MODIFICATIONS

D17.7 Benign lipomatous neoplasm of other sites

| | |
|----------|---|
| New code | D17.71 Benign lipomatous neoplasm of kidney |
| New code | D17.72 Benign lipomatous neoplasm of other genitourinary organ |
| New code | D17.79 Benign lipomatous neoplasm of other sites Benign lipomatous neoplasm of peritoneum Benign lipomatous neoplasm of retroperitoneum |

Urethral False Passage

In ICD-9-CM, there was a specific diagnosis code for urethral false passage (599.4). This code was included in the original WHO ICD-9 but was not included in the WHO ICD-10.

A false urethral passage is generally a traumatic occurrence caused by instrumentation or catheterization and causes a by-pass of the normal urethra. The intervention of a false urethral passage is either by catheter drainage or by allowing the false passage to heal on its own. The American Urological Association (AUA) feels that this is an occurrence that happens frequently enough in urology patients that there should be a separate diagnosis code in ICD-10 and not included in the N36.0 as an inclusion term.

TABULAR MODIFICATIONS

Other diseases of the urinary system (N30-N39)

| | | |
|----------|-------|-----------------------------------|
| | N36 | Other disorders of the urethra |
| | N36.0 | Urethral fistula |
| Delete | | False urethral passage |
| New code | N36.3 | Urethral false passage |

Nodular prostate

A nodular prostate appears on initial examination where the urologist can feel a hardened area in the prostate. This occurs frequently in male patients and can represent several diagnoses when more tests are completed. These additional diagnoses can be prostatic stones, granulomatous prostatitis or prostate cancer. Unique codes have existed in ICD-9-CM since October 1, 2003 when distinctions were added: code 600.10, Nodular prostate without urinary obstruction and code 600.11, Nodular prostate with urinary obstruction. The American Urological Association (AUA) requests that nodular prostate continue to have its own ICD-10-CM diagnosis codes but change the descriptor to follow the current nomenclature to include “with” and “without lower urinary tract symptoms” as suggested above to maintain the ability to track the different diagnosis of nodular prostate which is a significantly different diagnosis from hypertrophy and hyperplasia.

TABULAR MODIFICATIONS

Diseases of male genital organs (N40-N51)

N40 Enlarged prostate (EP)

New code N40.2 Nodular prostate with lower urinary tract symptoms
(LUTS)

New code N40.3 Nodular prostate without lower urinary tract symptoms
(LUTS)

Inflammatory disease of the prostate

Prostatitis is an inflammation of the prostate gland in males. It is a common problem for men at any age but specifically for men in their 20's and 30's. The American Urological Association (AUA) now questions the codes created for prostatitis without and with hematuria. The urologist does not look for hematuria with prostatitis. The AUA believes that the suggested changes to the inflammatory disease of the prostate section is better served by eliminating the "with and without hematuria". Please note that this deletion is being proposed now before the freeze and implementation of ICD-10-CM. As has been the established practice no codes will be deleted from ICD-10-CM after October 1, 2013.

TABULAR MODIFICATIONS

| | | |
|--------|-------|---|
| | N41.0 | Acute prostatitis |
| Delete | | N41.00 Acute prostatitis without hematuria |
| Delete | | N41.01 Acute prostatitis with hematuria |
| | N41.1 | Chronic prostatitis |
| Delete | | N41.10 Chronic prostatitis without hematuria |
| Delete | | N41.11 Chronic prostatitis with hematuria |

Cyst of the prostate

A cyst in the prostate is a fluid filled cavity. For the most part, the cyst is asymptomatic but may lead to perineal discomfort. In ICD-9-CM, cyst of the prostate was given a diagnosis code of 600.3 (October 1, 2000). In ICD-10 CM, cyst of the prostate is included under code N42.89, "Other specified disorders of the prostate." The American Urological Association (AUA) believes that a separate designation of cyst of prostate should be included in ICD-10-CM in order to capture this urologic diagnosis which occurs frequently.

TABULAR MODIFICATIONS

N42 Other and unspecified disorders of prostate

N42.8 Other specified disorders of prostate

| | |
|----------|--|
| New code | N42.83 Cyst of prostate |
| | N42.89 Other specified disorders of prostate |
| Delete | Cyst of prostate |

Acquired and congenital torsion of the penis

The American Urological Association (AUA) believes that there should be ICD-10-CM codes to incorporate both the congenital penile torsion and the acquired penile torsion. The AUA believes that these diagnoses should be given their own codes given the fact that the congenital torsion occurs in pediatric patients and requires that the torsion of the penis be separated out from the N48.89 other specified disorders of the penis and Q55.69 Other congenital malformation of penis NOS. The congenital torsion of the penis occurs in pediatric patients in the first trimester in-utero and is a common occurrence in pediatric patients. The urologist can decide to correct the problem based on the severity. In the acquired torsion, the twist may occur as a result of the repair of a hypospadias condition of the penis.

TABULAR MODIFICATIONS

N48 Other disorders of penis

N48.8 Other specified disorders of penis

New code N48.82 Acquired torsion of penis, acquired

Acquired torsion of penis NOS

Excludes 1: Congenital torsion of penis (Q55.63)

Q55 Other congenital malformations of male genital organs

Q55.6 Other congenital malformations of penis

New code Q55.63 Congenital torsion of penis

Excludes 1: Acquired torsion of penis (N48.82)

Cyst of the epididymis

The American Urological Association (AUA) has proposed the addition of an ICD-10-CM code to track the occurrence of cysts in the male epididymis. As with the cyst of the prostate, the cyst of the epididymis occurs frequently in male urology patients. It is a fluid filled growth on the epididymis that may remain asymptomatic or may cause perineal pain.

TABULAR MODIFICATIONS

N50 Other and unspecified disorders of male genital organs
New code N50.3 Cyst of epididymis

Hidden penis

A unique was added to ICD-9-CM effective October 1, 1996, for hidden penis (752.65). There is no code in ICD-10-CM to report this diagnosis except for the other congenital malformation of penis NOS code. This is an occurrence that frequently appears in babies and young children as well as adults and the American Urological Association (AUA) recommends that it is appropriate to have a separate diagnosis code for this anomaly in ICD-10-CM.

TABULAR MODIFICATIONS

Q55 Other congenital malformations of male genital organs

Q55.6 Other congenital malformations of penis

New code Q55.64 Hidden penis
 Buried penis
 Concealed penis

Personal history of malignant neoplasm of ureter

Cancer of the ureter is a frequent occurrence in the urologic patient. A patient with a personal history of ureteral cancer needs to be monitored closely as there can be a recurrence on the contralateral ureter or may even appear as a secondary cancer in the bladder. The American Urological Association (AUA) believes that there is a significant enough occurrence of cancer of the ureter to warrant a code for personal history and therefore there should be a separate code for neoplasm of ureter.

TABULAR MODIFICATIONS

Z85 Personal history of malignant neoplasm

Z85.5 Personal history of malignant neoplasm of urinary tract

New code Z85.54 Personal history of malignant neoplasm of ureter

Visual agnosia and related conditions (ICD-10-CM only)

Currently the conditions visual agnosia and prosopagnosia are included in ICD-10-CM code H53.16, Psychophysical visual disturbances. These were included here as a carryover of addenda changes done recently to ICD-9-CM. However, these are symbolic dysfunctions and more appropriately categorized as such. Simultanagnosia (asimultagnosia) is a symbolic dysfunction in which the patient can process individual elements of a visual presentation, but not the whole presentation at once.

The American Academy of Neurology (AAN) proposes deleting the terms prosopagnosia and visual object agnosia from code H53.16, and adding a unique code for visual agnosia. These proposed changes are shown below.

ICD-10-CM TABULAR MODIFICATIONS

| | | |
|----------|--------|---|
| | H53 | Visual disturbances |
| | H53.1 | Subjective visual disturbances |
| | H53.16 | Psychophysical visual disturbances |
| Delete | | Prosopagnosia |
| Delete | | Visual object agnosia |
| | R48 | Dyslexia and other symbolic dysfunctions, not elsewhere classified |
| | R48.1 | Agnosia |
| Revise | | Excludes1: visual object agnosia (H53.16) (R48.3) |
| New code | R48.3 | Visual agnosia Prosopagnosia Simultanagnosia (asimultagnosia) |

Displacement/dislocation of internal hip prosthesis titles (ICD-10-CM Only)

The terms “dislocation” and “instability” are specific and clinically relevant for the knee. Though complete dislocation of prosthetic knees is extremely rare instability of prosthetic knees is a common indication for revision surgery. For this reason the American Academy of Orthopaedic Surgeons (AAOS) is requesting the following revisions to ICD-10-CM code titles:

TABULAR MODIFICATIONS

T84 Complications of internal orthopedic prosthetic devices, implants and grafts

T84.0 Mechanical complication of internal joint prosthesis

T84.02 Dislocation of internal joint prosthesis
Instability of internal joint prosthesis
Subluxation of internal joint prosthesis

Revise T84.022 ~~Dislocation~~ **Instability** of internal right knee prosthesis

Revise T84.023 ~~Dislocation~~ **Instability** of internal left knee prosthesis

Gastroparesis

A request has been received from Clarity Coding to add a unique code to ICD-10-CM for gastroparesis. The condition is currently indexed to K31.89, Other diseases of stomach and duodenum.

Gastroparesis is a chronic disorder of the stomach characterized by abnormal motility and delayed gastric emptying. Because the stomach cannot properly macerate food or propel the bolus into the small intestine, the patient's digestive and nutritional health suffer.

Symptoms of gastroparesis include early satiety, bloating, epigastric and upper abdominal pain, chronic nausea, and frequent vomiting. In some patients, nausea and vomiting are intractable. Gastroparesis can lead to repeated episodes of dehydration and electrolyte imbalance as well as severe nutritional compromise and extreme weight loss.

The most common cause of gastroparesis is diabetes. Other causes include infections, endocrine disorders, connective tissue disorders such as scleroderma, autoimmune conditions, neuromuscular diseases, cancer, some forms of chemotherapy and radiation therapy, and surgery of the upper intestinal tract. It's believed that, in many of these scenarios, gastroparesis may be associated with some level of vagal nerve damage, because this nerve regulates gastrointestinal peristalsis.

Although gastroparesis is frequently due to diabetes or another known underlying condition, in about one-third to one-half of cases no underlying diagnosis is identified. Some research indicates that idiopathic gastroparesis is at least as common as diabetic gastroparesis.

A unique code for gastroparesis was added to ICD-9-CM effective October 1, 1994. NCHS agrees with the importance of this code being included in ICD-10-CM.

K31 Other diseases of stomach and duodenum

Includes: functional disorders of stomach

Excludes2: diabetic gastroparesis (E08.43, E09.43, E10.43, E11.43, E13.43)
diverticulum of duodenum (K57.00-K57.11)

K31.4 Gastroparesis

Gastroparalysis

Code first underlying disease, if known, such as:

anorexia nervosa (F50.0-)

diabetes mellitus (E08.43, E09.43)

scleroderma (M34.-)

ICD-10-CM TABULAR PROPOSED ADDENDA ITEMS

G31 Other degenerative diseases of nervous system, not elsewhere classified

G31.0 Frontotemporal dementia

G31.01 Pick's disease

Delete
Add

~~Circumscribed brain atrophy~~
Primary progressive aphasia

ICD-10-CM INDEX PROPOSED ADDENDA ITEMS

Atrophy, atrophic (of)

Revise

- brain (cortex) (progressive) G31.9
- - frontotemporal circumscribed G31.01 [F02.80]

Revise

Gerstmann's syndrome (~~developmental~~) F81.2 R48.8

Add

- developmental F81.2

Isoimmunization NEC - see also Incompatibility

Add

- affecting management of pregnancy (ABO) (with hydrops fetalis) O36.11-

Add

- - anti-c sensitization O36.09-

Add

- - anti-C sensitization O36.09-

Revise

- - anti-e sensitization O36.09-

- - anti-E sensitization ~~O36.19~~ O36.09-