ICD-9-CM Coordination and Maintenance Committee Meeting
September 24-25, 2008
Diagnosis Agenda

Welcome and announcements
Donna Pickett, MPH, RHIA
Co-Chair, ICD-9-CM Coordination and Maintenance Committee

ICD-9-CM TIMELINE

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

September 24 – 25, 2008	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 12, 2008.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
October 2008	Summary report of the Procedure part of the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes Summary report of the Diagnosis part of the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on the NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm
October 1, 2008	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/icd9.htm Procedure addendum at - http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
October 10, 2008	**Deadline for receipt of public comments on proposed code revisions discussed at the September 24-25, 2008 ICD-9-CM Coordination and Maintenance Committee meetings for implementation of April 1, 2009.**
Early November, 2008	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, 2009 will be posted on the following websites: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes http://www.cdc.gov/nchs/icd9.htm

December 5, 2008	**Deadline for receipt of public comments on proposed code revisions discussed at the September 24-25, 2008 ICD-9-CM Coordination and Maintenance Committee meetings for implementation of October 1, 2009.**
January 9, 2009	Deadline for requestors: Those members of the public requesting that topics be discussed at the March 11–March 12, 2009 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses by this date.
February 2009	Draft agenda for the Procedure part of the March 11, 2009 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 12, 2009 ICD-9-CM Coordination and Maintenance Committee meeting posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm Federal Register notice of March 11 – March 12, 2009 ICD-9-CM Coordination and Maintenance Committee Meeting will be published.
February 15, 2009	**On-line registration opens for the March 11 – 12, 2009 ICD-9-CM Coordination and Maintenance Committee meeting at: http://www.cms.hhs.gov/events**
March 2009	Because of increased security requirements, **those wishing to attend the March 11 – March 12, 2009** 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 5, 2009 failure to do so may result in lack of access to the meeting**.
March 11 – March 12 2009	ICD-9-CM Coordination and Maintenance Committee meeting.

April 1, 2009	Any new ICD-9-CM codes required to capture new technology will be implemented. Information on any new codes implemented on April 1, 2009 previously posted in early October 2008 will be on the following websites: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes http://www.cdc.gov/nchs/icd9.htm http://www.cms.hhs.gov/MLNGenInfo
April 2, 2009	Deadline for receipt of public comments on proposed code revisions discussed at the March 11-12, 2009 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2007.
April 2009	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 2009	Summary report of the Procedure part of the March 11, 2009 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 12, 2009 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm
June 2009	Final addendum posted on web pages as follows: Diagnosis addendum at - http://www.cdc.gov/nchs/icd9.htm Procedure addendum at – http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
July 17, 2009	Those members of the public requesting that topics be discussed at the September 16 – 17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.

August 1, 2009	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, 2009. This rule can be accessed at: http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp
August 2009	Tentative agenda for the Procedure part of the September 16 – 17, 2009 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 16 – 17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at - http://www.cdc.gov/nchs/icd9.htm Federal Register notice for the September 16 –17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
August 15, 2009	**On-line registration opens for the September 16-17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting at: http://www.cms.hhs.gov/events**
September 10, 2009	Because of increased security requirements, those wishing to attend the September 16 - 17, 2009 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 10, 2009; failure to do so may result in lack of access to the meeting.**
September 16 – 17, 2009	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, 2009.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.

October 2009	Summary report of the Procedure part of the September 16 – 17, 2009 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 24–25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm
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December 5, 2009	Deadline for receipt of public comments on proposed code revisions discussed at the September 16-17, 2009 ICD-9-CM Coordination and Maintenance Committee meetings for implementation of October 1, 2010.

Contact Information:

Mailing address:

National Center for Health Statistics
ICD-9-CM Coordination and Maintenance Committee
3311 Toledo Road, Room 2402
Hyattsville, Maryland 20782

Fax: (301) 458-4022

Donna Pickett: (301) 458-4434
E-mail: dfp4@cdc.gov

Amy Blum: (301) 458-4106
E-mail alb8@cdc.gov

David Berglund (301) 458-4095
E-mail zhc2@cdc.gov

Lizabeth Fisher (301) 458-4091
E-mail llw4@cdc.gov

NCHS Classifications of Diseases web page:
http://www.cdc.gov/nchs/icd9.htm

Please consult this web page for updated information.

Traumatic Brain Injury (TBI) and related topics

The Department of Defense (DoD) and the Veteran's Administration (VA) are jointly requesting changes to the ICD-9-CM classification to better represent traumatic brain injury (TBI) and associated manifestations (short and long term). Currently there is no unique ICD-9-CM code titled "traumatic brain injury". However, the classification of TBI is already represented in ICD-9-CM in several ways. The ICD-9-CM index currently has index entries for intracranial injury at "Injury, brain NEC" (with an instruction to see also Injury, intracranial) to default code 854.0, Intracranial injury of other and unspecified nature, without mention of open intracranial wound. The index entry for "Injury, intracranial" has subterm entries for the many types of intracranial injury (concussion, contusion, laceration, subarachnoid hemorrhage, etc) directing the coder to codes within section 850-854, Intracranial injury, excluding those with skull fracture. There are 5th digit subclassifications to describe the level of loss of consciousness. Since intracranial injury can occur as the result of skull fracture there are instructional notes (excludes notes) at section 850-854 to use codes in categories 800-801 and 803-804 which also have 5th digit subclassifications to describe the level of loss of consciousness. In addition, codes for manifestations associated with intracranial injury can be paired with existing late effect codes 905.0, Late effect of fracture of skull and face bones and 907.0, Late effect of intracranial injury without mention of skull fracture, to show that these conditions are associated with a previous intracranial injury.

It would be difficult to create and properly place a single code titled "traumatic brain injury" since TBI includes the initial injury out of which manifestations may develop over variable time periods. Each person's injury can manifest itself in different ways. The DoD/VA has prepared a detailed request and is presenting an overview of their work in defining TBI at this meeting.

Since these proposed changes crossed over many clinical areas the proposal was sent, for review and comment, to the American Academy of Neurology (AAN), Centers for Disease Control and Prevention/National Center for Injury Prevention and Control (CDC/NCIPC) and the American Psychiatric Association (APA). All responses to this review that there is a recognized need to improve or better recognize TBI in the ICD-9-CM but that it should be done while maintaining the structure and integrity of the classification. The AAN additionally indicated specifically that they support changes proposed at category 349, Other and unspecified disorders of the nervous system. The CDC/NCIPC had concerns about how some changes could negatively impact the surveillance of incident cases of hospitalized TBI. The APA also recognized the potential for developing greater specificity in identifying the sequelae of TBI in the ICD-9-CM but did question the need and placement of the proposed codes in category 349. The APA also indicated that they would like to meet with the DoD/VA Definition and Symptomatic Taxonomy Working Group and NCHS to discuss the most functional approach for coding TBI and related conditions.

The proposed changes are broken out into six smaller proposals. In each of these proposals **Option 1** represents the DoD/VA request with slight modifications to conform to current ICD-9-CM conventions and the established format of showing changes to the classification. The DoD/VA has provided detailed longer descriptions with each proposal and their entire long version of this will be posted on the NCHS website for further review. **Option 2** is presented using the recommendations of NCHS review as well as comments received by the outside reviewers mentioned above. A brief narrative description of each proposal is provided.

Proposal 1: Revisions to Intracranial Injury Section Heading titles; revisions to indexing; differentiate TBI under category 850, Concussion; change titles to 851-853 as follows:

Option 1:
Intracranial injuries are broadly classified into two groups: those associated with skull fracture (801-802, 803-804) and those not associated with skull fracture (850 series, 851-853 series, and 854 series). Proposal 1 revises the 800-series headings to reflect the organization of intracranial injuries and introduces the term "traumatic brain injury" throughout. This proposal also revises the current 850-series concussion codes to reflect current disease classification and revises the index.

TABULAR MODIFICATIONS

Revise INTRACRANIAL INJURY (TRAUMATIC BRAIN INJURY) DUE TO FRACTURE OF SKULL (800-804)

The following fifth-digit subclassification is for use with the appropriate codes in categories 800, 801, 803, and 804:

Revise 9 with concussion or TBI, unspecified

Revise INTRACRANIAL INJURY (TRAUMATIC BRAIN INJURY), EXCLUDING THOSE WITH SKULL FRACTURE (850-854)

The following fifth-digit subclassification is for use with categories 851-854:

Revise 9 with concussion or TBI, unspecified

Revise 850 Intracranial Injury (Traumatic Brain Injury) Not Associated with Specific Brain Injury

850.0 With no loss of consciousness
Revise Concussion or mild traumatic brain injury with mental confusion or disorientation, without loss of consciousness

850.1 With brief loss of consciousness

850.11 With loss of consciousness of 30 minutes or less

Add — Mild traumatic brain injury with loss of consciousness of 30 minutes or less

850.12 With loss of consciousness from 31 to 59 minutes

Add — Moderate traumatic brain injury with loss of consciousness from 31 to 59 minutes

850.2 With moderate loss of consciousness

Add — Moderate traumatic brain injury

850.3 With prolonged loss of consciousness and return to pre-existing conscious level

Add — Severe traumatic brain injury, with severe loss of consciousness, with return to pre-existing conscious level

850.4 With prolonged loss of consciousness, without return to pre-existing conscious level

Add — Severe traumatic brain injury, with severe loss of consciousness, without return to pre-existing conscious level

850.9 Concussion, unspecified

Revise 851 Traumatic brain injury due to cerebral laceration and contusion

Revise 852 Traumatic brain injury due to subarachnoid, subdural, and extradural hemorrhage, following injury

Revise 853 Traumatic brain injury due to other and unspecified intracranial hemorrhage following injury

INDEX MODIFICATIONS

Injury

Revise — brain **(traumatic brain injury)** NEC (see also Injury, intracranial) **850-854**

Revise — intracranial **(traumatic brain injury) 850-854**

Add — with
no loss of consciousness 850.0
unspecified duration 850.5
mild TBI (loss of consciousness 30 minutes or less) 850.11
moderate TBI (loss of consciousness 31-59 minutes) 850.12

moderate TBI (loss of consciousness, 1-24 hours) 850.2
severe TBI (loss of consciousness more than 24 hours) with return to pre-existing level 850.3
severe TBI (loss of consciousness more than 24 hours) without return to pre-existing level 850.4
TBI, unspecified 850.9

Option 2:
The 800-804 (Fracture of Skull) codes are a part of the larger grouping of Fractures (800-829). Therefore to reassign the title away from a fracture to intracranial injury is not recommended. Additionally, category 802, Fracture of face bones, does not include intracranial injury. Not all cases of skull fracture result in intracranial injury or present TBI signs/symptoms. Because traumatic brain injury is already inherent in its placement in the classification, under these sections, it is proposed as an addition as an inclusion term and in the revision to the 5th digit. These revisions clarify that TBI is (already) classified within the codes under these sections. This will also retain the coding structure of intracranial injury as the broad "umbrella" into which the initial injury of TBI already fits. If the entire sections were retitled, along with the category titles for 851-854 it may obscure the more specific medical diagnosis (cerebral laceration, contusion, hemorrhage, etc). Concussion is an important subcategory of TBI. To remove the word concussion from category 850 and all but code 850.9, and replace it with the broader category TBI, could cause misclassification into these codes. The insertion of this language will likely draw coders to place a variety of cases into this code series leading to a potential decrease in the quality and value of this code. The terms mild TBI, moderate TBI and severe TBI are not proposed here since consistent definitions and application of this language are an ongoing debate. Addition of this language to the ICD-9-CM could cause inconsistency in coding. The indexing proposed in this option conforms to current indexing conventions. In addition it recognizes that TBI is already represented in the index under intracranial injury, defaulting to 854.0 if there is no further information known about the injury. The addition of the specific term "traumatic brain injury" is done for clarification purposes.

TABULAR MODIFICATIONS

FRACTURE OF SKULL (800-804)

Add Includes: traumatic brain injury due to fracture of skull

The following fifth-digit subclassification is for use with the appropriate codes in categories 800, 801, 803, and 804:

Revise 9 with concussion <u>or TBI</u>, unspecified

INTRACRANIAL INJURY EXCLUDING THOSE WITH SKULL FRACTURE (850-854)

Add Includes: traumatic brain injury

The following fifth-digit subclassification is for use with categories 851-854:

Revise 9 with concussion or TBI, unspecified

854 Intracranial injury of other and unspecified nature

Includes: Traumatic brain injury, NOS

INDEX MODIFICATIONS

Injury

Revise brain **(traumatic)** NEC (see also Injury, intracranial) 854.0

Revise intracranial **(traumatic)** 854.0

[Note: specific intracranial injury, contusion, laceration, hemorrhage, etc are already indexed under this term]

Revise Traumatic - see **also** condition

Add brain injury (TBI) (see also Injury, intracranial) NEC 854.0

Proposal 2: Add acute symptoms related to TBI

Option 1:

Common sequelae of TBI include physical or sensory deficits. Under current coding rules, TBI symptoms are not paired with injury codes with every episode of care making it difficult to associate various symptoms to TBI, to track symptoms, identify unusual symptom patterns, or predict cost of care. The DoD/VA proposes a new code to define acute manifestations of TBI. Proposed code 349.4 would be used to describe acute physical, cognitive, or emotional/behavioral manifestations of TBI. The specific symptom or condition observed will be identified by other symptom or condition coded elsewhere in ICD-9-CM. These code pairs are intended to be coded for each episode of care.

TABULAR MODIFICATIONS

349 Other and unspecified disorders of the nervous system

New code 349.4 Acute manifestation of traumatic brain injury

Acute manifestation of intracranial injury classifiable to categories 800-801 and 803-804; 850-854

Code first associated injury

Excludes postconcussion syndrome (310.2)
late effects of traumatic brain injury (905.0, 907.0)

Option 2:
Current ICD-9-CM coding guidelines [I.B.12. Late Effects] allow for coding a condition after the acute phase of an illness or injury has terminated. This is done by pairing the symptom or condition with a late effect code to show that it is a residual of another condition. There is no time limit on when a late effect code can be used. The residual may be apparent early, such as in a cerebrovascular accident or may occur months or years after, such as those due to previous injuries. To try and apply an acute aspect to a latent/current manifestation of TBI will cause confusion in code assignment. It is not likely documentation would clearly distinguish an acute vs. non-acute phase of the manifestation. Acute also generally means that it is of short duration, rapidly progressive, and in need of urgent care. It is recommended that this already established coding guideline be followed for coding manifestations of TBI. They would be classified to sub-categories 905.0, Late effect of fracture of skull and face bones and 907.0, Late effect of intracranial injury without mention of skull fracture.

Proposal 3: Add Cognitive Symptom Codes
Option 1:
Codes in the proposed subcategory 349.5, Cognitive symptoms due to conditions classified elsewhere would be used to describe cognitive impairment which refers to decreased memory, concentration, attention, and executive function deficits. Cognitive and memory conditions related to brain damage are currently coded in several places in ICD-9-CM. Cognitive and memory deficits are coded as non-psychotic conditions related to mental disorders related to brain damage (310-series). Cognitive conditions are coded as 310.1 (personality changes) and memory changes are coded as 310.8 (other non-psychotic mental disorders). Unlike 310.2, which is specifically related to TBI, these codes are not specific to TBI and may be due to other organic brain damage. Two other codes exist for memory (780.93) and cognitive impairment (331.83), but these codes have exclusions for brain damage and TBI. This proposal adds new specificity to cognitive deficits due to conditions classified elsewhere. These codes are not specific to TBI and may be used to associate cognitive symptoms due to other conditions. The codes are placed in section in Chapter 6 (Nervous System and Sense Organs) consistent with code 331.83.

TABULAR MODIFICATIONS

New subcategory 349.5 Cognitive symptoms due to conditions classified elsewhere

Code first underlying condition, such as:
Alzheimer's disease (331.0)
epilepsy (345.0-345.9)
traumatic brain injury - injuries classifiable to categories

800-804, 850-854
multiple sclerosis (340)

Use additional code for late effect of injury (905-909)

Excludes: conditions classifiable to non-psychotic mental health conditions due to:
late effects of cerebrovascular disease (438)
memory loss (780.93)
memory loss (780.93)
mild cognitive impairment, so stated (331.83)
organic brain damage (310.0-310.9)

New code 349.51 Attention or concentration deficit

New code 349.52 Memory deficit

New code 349.53 Language or speech deficit

New code 349.54 Visiospatial deficit

New code 349.55 Psychomotor deficit

New code 349.56 Frontal lobe and executive function deficit

New code 349.58 Other cognitive symptoms

New code 349.59 Unspecified cognitive symptoms

Option 2:
There is potential for overlap of these conditions already represented in other areas of the classification (especially some of the individual inclusion terms). Further careful review of these terms should be done to avoid this overlap. The American Academy of Neurology conducted a review of this proposal and specifically supports the proposed changes to category 349.

Proposal 4: Coding Other Symptoms
Option 1:
Codes in the 349.6x series would be used to describe other symptoms associated with conditions classified elsewhere. This proposal adds new specificity to emotional/behavioral symptoms due to conditions classified elsewhere. These codes are not specific to TBI and may be used to associate emotional/behavioral symptoms due to other conditions. These codes would be utilized when specific syndromes, disorders, or conditions were excluded, or while awaiting evaluations of their diagnostic significance by qualified professionals. When such symptoms are noted to be part of a a specific

disorder or syndrome (such as a mental disorder or syndrome) the appropriate code for the disorder or syndrome would be assigned rather than the symptom code.

TABULAR MODIFICATIONS

New subcategory 349.6 Other symptoms of nervous system due to conditions classified elsewhere

Code first underlying condition, such as:
Alzheimer's disease (331.0)
epilepsy (345.0-345.9)
traumatic brain injury - injuries classifiable to categories 800-804, 850-854
multiple sclerosis (340)

Use additional code for late effect of injury (905-909)

Excludes: non-psychotic mental health syndromes and conditions due to organic brain injury (290-310.9)

New code 349.60 Unspecified emotional/behavioral symptoms
New code 349.61 Irritability
New code 349.62 Impulsivity or disinhibition
New code 349.63 Emotional lability
New code 349.64 Anxiety or depressive symptoms
New code 349.65 Apathy or lack of spontaneity
New code 349.66 Sensitivity to light or noise
New code 349.68 Other emotional/behavioral symptoms

Option 2:
Propose expanding existing code 799.2, Nervousness and restlessness, to include these symptoms. If associated as a late effect of TBI, these could be paired with the appropriate category 905.0 or 907.0 following current coding conventions. If these are inherent in an established diagnosis or syndrome they should not be separately coded. The list of codes in this proposed option is similar to ICD-10-CM category R45, Symptoms and signs involving emotional state, except where some codes in that ICD-10-CM category are already represented in existing ICD-9-CM codes. A new code for noise and light sensitivity is not necessary as these conditions can currently be assigned to codes 388.42, Hyperacusis; 388.40, Other abnormal auditory perception; 388.8, Other ear problem; or 368.8, Other specified visual disturbances. Indexing could be modified to specifically indicate which codes to use, if necessary.

TABULAR MODIFICATIONS

799 Other ill-defined and unknown causes of morbidity and mortality

Revise	799.2	~~Nervousness~~ Signs and symptoms involving emotional state
Delete		~~"Nerves"~~
New code		799.20 Nervousness NOS "Nerves"
New code		799.21 Irritability
New code		799.22 Impulsive
New code		799.23 Emotional lability
New code		799.24 Demoralization and apathy
New code		799.28 Other symptoms involving emotional state

Proposal 5: Changes in Late Effects

Option 1:

This proposes to clarify the use of the late effects codes 905.0 and 907.0 to exclude acute manifestations of TBI (349.3), post-concussive syndrome (310.2), and late effects of cerebrovascular disease (438).

TABULAR MODIFICATIONS

905 Late effects of musculoskeletal and connective tissue injuries

Add Code first condition or symptom

Add Excludes: acute manifestations of TBI (349.3)
late effects of cerebrovascular disease (438)

907 Late effects of injuries to the nervous system

Add Code first condition or symptom

Add Excludes: acute manifestations of TBI (349.3)
Add late effects of cerebrovascular disease (438)
Add postconcussion syndrome (310.2)

Option 2:

Retain the current description at the section for Late Effects (905-909) which states: "These categories are to be used to indicate conditions classifiable to 800-999 as the cause of late effects, which are themselves classified elsewhere. The "late effects" include those specified as such, or as sequelae, which may occur at any time after the acute injury."

Current guidelines (described earlier in Proposal 2) already indicate the proper use of these codes with the sequela symptom or condition. They could be further reviewed or clarified if warranted.

Proposal 6: Other Miscellaneous and Conforming Changes

This proposal has several miscellaneous changes included. To address the overlap between injury (TBI) codes and mental health diagnoses, it is proposed to reserve post-concussive syndrome (310.2) for a persistent (at least 3 months), complex presentation of cognitive, memory, physical, and personality disturbances related to TBI. In addition, there are proposals for several changes in Chapter 16 (Symptoms, Signs, and Ill-defined Conditions) to add revise inclusion terms at various codes. There are also several new V Codes proposals for combat related stress, history of TBI, blind and low vision rehabilitation; and neurological screening (TBI, and swallowing/feeding disorder).

TABULAR MODIFICATIONS

310 Specific nonpsychotic mental disorders due to brain damage

310.1 Personality change due to conditions classified elsewhere

Add Excludes: mild cognitive impairment (331.83)
postconcussion syndrome (310.2)

310.8 Other specified nonpsychotic mental disorders following organic brain damage

Add Excludes: memory loss of unknown cause (780.93)

331 Other cerebral degenerations

331.8 Other cerebral degeneration

331.83 Mild cognitive impairment, so stated
Add Excludes: cognitive impairment due to skull fracture (800-801, 803-804)
cognitive impairments due to conditions classified elsewhere (349.51-349.59)

780 General symptoms

780.0 Alteration of consciousness

Add Excludes: alteration of consciousness due to injuries classifiable to 800-801, 803-804, or 850-854

780.9 Other general symptoms
780.93 Memory loss
Add Excludes: due to injuries classifiable to 800-801, 803-804, or 850-854
Add memory deficit (349.42)

Revise mild memory disturbance due to organic brain damage (310.8)

V15 Other personal history presenting hazards to health

V15.4 Psychological trauma

New code V15.43 History of combat and operational stress reaction

V15.5 Injury

New code V15.52 History of traumatic brain injury

V57 Care involving use of rehabilitation procedures

Revise V57.3 Encounter with speech-language pathologist
Add Encounter for speech therapy

New code V57.5 Encounter for blind or low-vision rehabilitation

V80 Special screening for neurological, eye, and ear diseases

V80.0 Neurological conditions

New code V80.01 Traumatic brain injury
New code V80.02 Swallowing and feeding
New code V80.09Other neurological condition

External cause status

At the March 2008 ICD-9-CM C&M meeting a proposal for new external cause categories for activity was presented. A new category for activity status was presented as a component of the full activity proposal. The concept of status, such things as whether a person is paid, unpaid or is a student, was well received independent of the activity proposal.

A number of comments were received on the concept of external cause status. The code for "leisure status" was objected to, as those things done in a non-paid status do not necessarily correlate to a leisure activity as most people think of that term. There was also the request by many experts in the injury community that the concept of external cause status be applied to all external cause categories as the concept could be beneficial to all external cause coding, not just for activity.

Because of the comments received a new, separate proposal for external cause status is being presented. It has been reordered since the March 2008 C&M meeting to accommodate the comments and requests received. Corresponding guidelines are also being developed. The guidelines that would accompany this new category would allow that a code from category, E000, External cause status, could be used with any external cause code to indicate the status of the person at the time the event occurred.

TABULAR MODIFICATIONS

Revise SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING (E000-E999)

Add EXTERNAL CAUSE STATUS (E000)

Add Note: A code from category E000 may be used in conjunction with the external cause code(s) assigned to a record to indicate the status of the person at the time the event occurred. A single code from category E000 should be assigned for an encounter.

New category E000 External cause status

New code E000.0 Civilian activity done for income or pay
Civilian activity done for financial or other compensation

Excludes: military activity (E000.1)

New code E000.1 Student activity
Activity performed while a student not for income, pay, or other compensation
Student in military academy

Excludes: student activity for income or pay (E000.0)

New code E000.2 Military activity
Excludes: off-duty activity of military personnel (E000.3)
military student activity (E000.1)

New code E000.3 Non-paid, non-student activity
Activity NEC
Hobby not done for income
Leisure activity
Off-duty activity of military personnel
Recreation or sport not for income or while a student
Volunteer activity
Excludes: activity done as a student (E000.1)
civilian activity done for income or compensation (E000.0)
military activity (E000.2)

New code E000.9 Unspecified external cause status

Re-presentation of activity codes

Many comments were received on the proposal for external cause codes for activity that were presented at the March 2008 C&M meeting. The proposal was being considered for expedited implementation on October 1, 2008. There was overwhelming objection to an expedited implementation. The proposal was held-over and a slightly modified version, based on the comments received, is being re-presented. It is being considered for an October 1, 2009 implementation.

This revised proposal includes only proposed categories for activity. The concept of activity code status is being considered as a separate topic.

There were a number of comments questioning the design and structure of the proposal. The design was based on the current structure and conventions of the ICD-9-CM. External cause codes cannot be expanded, they are already 5 digit codes. The only way to include the concept of activity is with new categories. The categories were constructed following extensive discussion and review with injury epidemiologists and rehabilitation experts.

The activity codes are mutually exclusive from all other external cause codes. They do not overlap with falls or transport accidents. For example- a sore back or strained knee resulting from riding a bike would require an activity code for bike riding. If a bike rider is hit by a car that is a transport accident. If a bike rider falls off the bike and breaks a leg that is a fall. The hierarchy of sequencing would be that a transport accident that results in a fall would be classified as a transport accident. This is based on current guidelines.

One of the major concerns expressed in the comments received was the lack of guidelines to accompany the codes. Corresponding guidelines have been developed. The comments also indicated that there was confusion over the use of excludes notes in the original proposal. The revised proposal incorporates instructional notes, not excludes notes, to address this problem.

There was some concern expressed that current paper and electronic systems do not allow for the coding of so many external cause codes. It is correct that current systems generally do not allow for full coding of external cause. The proposal was designed to allow for the current coding of activity for those systems that can accommodate the codes and for future systems that will have the capacity to capture as many codes as are applicable.

TABULAR MODIFICATIONS

SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING (E800-E999)

Revise:Machinery accidents [other than those connected with transport] are classifiable to category E919, in which the fourth digit allows a broad classification of the type of machinery involved. ~~If a more detailed classification of type of machinery is required, it is suggested that the "Classification of Industrial Accidents according to Agency," prepared by the International Labor Office, be used in addition; it is included in this publication.~~

Categories for "late effects" of accidents and other external causes are to be found at E929, E959, E969, E977, E989, and E999.

Add ACTIVITY (E001-E030)

Note: Categories E001 to E030 are provided for use to indicate the activity of the person seeking healthcare for an injury or health condition, such as a heart attack while shoveling snow, which resulted from, or was contributed to, by the activity. These codes are appropriate for use for both acute injuries, such as those from chapter 17, and conditions that are due to the long-term, cumulative affects of an activity, such as those from chapter 13. They are also appropriate for use with external cause codes for cause and intent if identifying the activity provides additional information on the event.

These codes should be used in conjunction with other external cause codes for external cause status (E000) and place of occurrence (E849).

This section contains the following broad activity categories:

E001 Activities involving walking and running
E002 Activities involving other track and field events
E003 Activities involving calisthenics and fitness and physical training
E004 Activities involving water
E005 Activities involving watercraft
E006 Activities involving ice and snow
E007 Activities involving climbing, rappelling, and jumping off
E008 Activities involving weights and exercise machines
E009 Activities involving other individual sports
E010 Activities involving other group sports
E011 Activities involving other specified sports
E012 Activities involving dancing and other systematic rhythmic bodily exercises
E013 Activities involving usage of electronic games and equipment

E014 Activities involving repetitive use of fingers, hands, wrists, elbows, and shoulders
E015 Activities involving personal hygiene and household maintenance
E016 Activities involving caregiving
E017 Activities involving cooking and grilling
E018 Activities involving property and land maintenance, building and construction
E019 Activities involving roller coasters and other types of external motion
E020 Activities involving playing musical instrument
E021 Activities involving animal care
E022 Activity involving engine or machine repair
E029 Other activity
E030 Unspecified activity

New category E001 Activities involving walking and running
Excludes: dog walking (E021.0)
walking or running on a treadmill (E008.2)
New code E001.0 Walking or hiking
Walking or hiking on level or elevated terrain
Excludes: marching or drilling (military) (E001.1)
mountain climbing (E007.0)
New code E001.1 Foot marching or drilling without load
New code E001.2 Foot marching or drilling with load
Foot marching or drilling with backpack
New code E001.3 Sprinting
Excludes: hurdling (E001.4)
New code E001.4 Hurdles
High and intermediate hurdles
New code E001.5 Distance running
Cross country running
Jogging
Trail running
New code E001.6 Non-linear running
Backward running
Running not in a straight line
Zigzag running
New code E001.9 Other activity involving walking and running
New category E002 Activities involving other track and field events
Excludes: activities involving walking and running (E001.0-E001.9)
New code E002.0 Pole vaulting
New code E002.1 Shot put
New code E002.2 Javelin
New code E002.9 Activity involving other track and field event
New category E003 Activities involving calisthenics and fitness and physical training
New code E003.0 Calisthenics and fitness drills

Cooling down
Jumping jacks
Grass drills
Guerilla drills
Pull ups
Push ups
Sit ups
Stretching
Warming up

New code E003.1 Confidence course
Obstacle course

New code E003.2 Combatives
Hand to hand combat training and testing
Excludes: martial arts (E011.3)

New code E003.3 Stair climbing
Bleacher climbing

New code E003.9 Other activity involving fitness and physical training

New category E004 Activities involving water
Excludes: activities involving ice (E006.0-E006.8)
activities involving watercraft (E005.0-E005.8)
boating and other watercraft transport accidents (E830-E838)

New code E004.0 Lap swimming

New code E004.1 Synchronized swimming

New code E004.2 Springboard and platform diving

New code E004.3 Water polo

New code E004.4 Water aerobics

New code E004.5 Underwater diving and snorkeling
SCUBA diving

New code E004.6 Water survival training and testing

New code E004.9 Other activity involving water

New category E005 Activities involving watercraft
Excludes: boating and other watercraft transport accidents (E830-E838)
water survival practice and training (E004.6)

New code E005.0 Canoeing

New code E005.1 Kayaking

New code E005.2 Rafting
Rafting in calm and turbulent water

New code E005.3 Water skiing and wake boarding

New code E005.4 Rowing or crew

New code E005.5 Parasailing

New code E005.6 Jet skiing

New code E005.9 Other activity involving watercraft

New category E006 Activities involving ice and snow

New code E006.0 Ice skating
Figure skating (singles) (pairs)

			Ice dancing
		Excludes:	ice hockey (E006.1)
New code		E006.1	Ice hockey
New code		E006.2	Snow skiing
New code		E006.3	Snow boarding
New code		E006.4	Sledding or tobogganing
New code		E006.5	Snow mobiling
New code		E006.6	Curling
New code		E006.9	Other activity involving ice and snow
New category	E007	Activities involving climbing, rappelling, and jumping off	
	Excludes:	hiking on level or elevated terrain (E001.0)	
		jumping in place (E003.7)	
New code		E007.0	Mountain climbing
New code		E007.1	Rock climbing
New code		E007.2	Rappelling
New code		E007.3	Sky diving and BASE jumping
		Excludes:	sky diving associated with transport accident (E840.0-E842.9, E844.0- E844.9)
New code		E007.4	Bungee jumping
New code		E007.5	Hang gliding
New code		E007.9	Other activity involving climbing, rappelling, and jumping
New category	E008	Activities involving weights and exercise machines	
	Excludes:	stair climbing not on a machine (E003.3)	
New code		E008.0	Free weights
			Barbells
			Dumbbells
New code		E008.1	Weight lifting using weight machine
New code		E008.2	Walking or running on a treadmill
			Jogging on a treadmill
New code		E008.3	Stationary bike riding
			Spinning
New code		E008.4	Stepper and elliptical machine
New code		E008.9	Other activity involving weights and exercise machines
New category	E009	Activities involving other individual sports	
	Excludes:	use of individual sports equipment used for transport resulting in an injury – code to transport accident (E800-E848)	
New code		E009.0	Roller skating (inline) and skateboarding
New code		E009.1	Horseback riding
New code		E009.2	Golf
New code		E009.3	Bowling
New code		E009.4	Bike riding
		Excludes:	riding on stationary bike (spinning) (E008.3)
			transport accident involving bike riding (E800-E829)
New code		E009.5	Gymnastics

New code		E009.9	Other individual sport activity
		Excludes:	activities involving calisthenics and fitness and physical training (E003.0-E003.9)
			activities involving climbing, rappelling, and jumping (E007.0-E007.9)
			activities involving ice and snow (E006.0-E006.9)
			activities involving other track and field events (E002.0-E002.9)
			activities involving walking and running (E001.0-E001.9)
			activities involving water (E004.0-E004.9)
			activities involving watercraft (E005.0-E005.9)
			activities involving weights and exercise machines (E008.0-E008.9)
New category	E010	Activities involving other group sports	
New code		E010.0	American flag football
			American touch football
New code		E010.1	American tackle football and rugby
New code		E010.2	Baseball
			Softball
New code		E010.3	Lacrosse
New code		E010.4	Soccer
New code		E010.5	Basketball
New code		E010.6	Volleyball (beach) (court)
New code		E010.7	Field hockey
New code		E010.9	Other group sport activity
			Cricket
			Dodge ball
			Kick ball
New category	E011	Activities involving other specified sports	
	Excludes:	bungee jumping (E007.4)	
		mountain climbing (E007.0)	
		refereeing a sport activity (E024.0)	
		rock climbing (E007.1)	
		sky diving and base jumping (E007.3)	
		yoga (E012.3)	
New code		E011.0	Boxing
New code		E011.1	Wrestling
New code		E011.2	Racket sports
			Racketball
			Squash
			Tennis
New code		E011.3	Martial arts
New code		E011.4	Frisbee
			Ultimate frisbee

New code		E011.9	Other specified sport activity Handball
New category	E012	Activities involving dancing and other systematic rhythmic bodily exercises	
	Excludes: gymnastics (E009.5)		
New code		E012.0	Ballet
New code		E012.1	Tap dancing
New code		E012.2	Ballroom dancing
New code		E012.3	Yoga
New code		E012.4	Pilates
		Excludes:	fall from steps (E880.9)
New code		E012.9	Other activities involving dancing and other systematic rhythmic bodily exercises Aerobics NOS
New category	E013	Activities involving usage of electronic games and equipment	
	Excludes: playing electronic musical keyboard (E020.0)		
New code		E013.0	Electronic game playing using hand held interactive device
New code		E013.1	Electronic game playing using keyboard or other stationary device
New code		E013.2	Cellular telephone usage
New code		E013.3	Headphone and ear bud usage
New code		E013.9	Other activities involving usage of electronic games and equipment
New category	E014	Activities involving repetitive use of fingers, hands, wrists, elbows, and shoulders	
	Excludes:	activities involving playing musical instrument (E020.0-E020.9)	
		activity involving usage of electronic games and equipment (E013.0-E013.9)	
		sports activities (E001-E011)	
New code		E014.0	Meat cutting
New code		E014.1	Other cutting, chopping and slicing
New code		E014.1	Knitting and crocheting
New code		E014.2	Sewing
New code		E014.3	Typing Computer keyboarding
		Excludes:	playing of musical keyboard (E020.0)
New code		E014.9	Other activity involving primarily repetitive use of fingers, hands, wrists, elbows and shoulders
New category	E015	Activities involving personal hygiene and household maintenance	
		Excludes:	activities involving cooking and grilling (E017.0-E017.9)
			activities involving property and land maintenance, building and construction (E018.0-E018.9)
			caregiving activities (E016.0-E016.9)

			gardening (E018.3)
New code		E015.0	Bathing and showering
New code		E015.1	Laundry
New code		E015.2	Vacuuming
New code		E015.3	Ironing
New code		E015.8	Other personal hygiene activities
New code		E015.9	Other household maintenance
New category	E016	Activities involving caregiving	
New code		E016.0	Caregiving involving bathing
New code		E016.1	Caregiving involving lifting
New code		E016.9	Other caregiving activity
New category	E017	Activities involving cooking and grilling	
	Excludes:	cutting, chopping, and slicing (E014.1))	
		meat cutting (E014.0)	
New code		E017.0	Grilling or smoking food
New code		E017.1	Cooking on stovetop
New code		E017.2	Cooking using an oven
New code		E017.9	Other activity involving cooking and grilling
New category	E018	Activities involving property and land maintenance, building and construction	
	Excludes:	activities involving animal care (E021.0-E021.9)	
New code		E018.0	Digging and shoveling
			Dirt digging
			Snow shoveling
New code		E018.1	Wood chopping
New code		E018.2	Tree cutting and trimming
New code		E018.3	Gardening
			Pruning, shearing, trimming shrubs, weeding
New code		E018.4	Construction of mobile, temporary, or fixed building
New code		E018.5	Painting
			Exterior and interior painting
		Excludes:	fall from building, ladder or scaffolding (E881.0-E881.1, E882)
New code		E018.6	Laying tile
New code		E018.7	Furniture building and finishing
			Furniture repair
New code		E018.9	Other activities involving property and land maintenance, building and construction
New category	E019	Activities involving roller coasters and other types of external motion	
New code		E019.0	Rollercoaster riding
New code		E019.1	Riding on other amusement park ride
			Riding on other theme park ride
New code		E019.9	Other activity involving external motion
New	E020	Activities involving playing musical instrument	

category			
New code		E020.0	Piano playing Musical keyboard (electronic) playing
New code		E020.1	Drum playing
New code		E020.2	Playing other percussion instrument
New code		E020.3	Cello or bass playing
New code		E020.4	Tuba playing
New code		E020.8	Playing other string instrument
New code		E020.9	Playing other wind or brass instrument
New category	E021	Activities involving animal care Excludes: horseback riding (E009.1) injury caused by animal (E905.0-E905.9, E906.0-E906.9)	
New code		E021.0	Pet walking
New code		E021.1	Animal grooming
New code		E021.2	Animal milking
New code		E021.3	Animal shearing
New code		E021.9	Other activity involving animal care
New code	E022	Activity involving engine or machine repair	
New category	E029	Other activity	
New code		E029.0	Refereeing a sports activity
New code		E029.1	Spectator at an event
New code		E029.9	Other activity
New code	E030	Unspecified activity	
	E927	Overexertion and strenuous and repetitive movements or loads	
Add	Use additional code to identify activity (E000-E030)		

External cause codes for military operations

At the March 2008 C&M meeting a proposal for new external cause codes for military related injuries was presented in conjunction with a large proposal for new activity codes. Portions of that proposal were approved for implementation October 1, 2008. Due to the length of the remaining items that were not approved for implementation a revised proposal is being brought back to allow more time for additional comments.

The Department of Defense (DoD) has requested these new codes to allow for the identification of the causes of injuries among the military population to assist with prevention of these injuries.

A new fourth-digit subdivision is being proposed for water transport accidents, categories E830-E838, to identify military watercraft. This is in keeping with the structure of the air and space transport accidents categories which have a fourth-digit subdivision for military aircraft.

Codes under category E922, Accident caused by firearm and air gun missile, identify the types of firearms that cause an injury. There is currently no way to identify injuries caused by mechanical malfunctions of these firearms. A new code is being proposed for this concept.

A full expansion of codes under categories E990-E999, injuries resulting from operations of war, is being proposed to allow for more specific identification of these causes.

TABULAR MODIFICATIONS

WATER TRANSPORT ACCIDENTS (E830-E838)

The following fourth-digit subdivisions are for use with categories E830-E838 to identify the injured person:

New fourth-digit subdivision .7 Occupant of military watercraft, any type

E918 Caught accidentally in or between objects

Excludes: injury caused by:
Add mechanism or component of firearm and air gun (E928.7)

E919 Accidents caused by machinery

Excludes: injury caused by:
Add mechanism or component of firearm and air gun (E928.7)

E920 Accidents caused by cutting and piercing instruments or objects

Add Excludes: injury caused by mechanism or component of firearm and air gun (E928.7)

E922 Accident caused by firearm and air gun missile

Add Excludes: injury caused by mechanism or component of firearm and air gun (E928.7)

E923 Accident caused by explosive material

Add Excludes: injury caused by mechanism or component of firearm and air gun (E928.7)

E928 Other and unspecified environmental and accidental causes

New code E928.7 Mechanism or component of firearm and air gun
Injury due to:
recoil
explosion of gun parts
Pierced, cut, crushed, or pinched by slide, trigger mechanism, scope, or other gun part
Powder burn from firearm or air gun

Excludes: accident caused by firearm and air gun missile (E922.0-E922.9)

INJURY RESULTING FROM OPERATIONS OF WAR (E990-E999)

Revise Includes: injuries to military personnel and civilians caused by war and civil insurrections and occurring during the time of war and insurrection, and peacekeeping missions

E990 Injury due to war operations by fires and conflagrations
E990.0 From gasoline bomb
Add Incendiary bomb
New code E990.1 From flamethrower
New code E990.2 From incendiary bullet
New code E990.3 From fire caused indirectly from conventional weapon
Excludes: fire aboard military aircraft (E994.3)

E991 Injury due to war operations by bullets and fragments

Add Excludes: injury due to bullets and fragments due to war operations, but occurring after cessation of hostilities (E998.0)
injury due to explosion of artillery shells and mortars (E993.2)
injury due to explosion of improvised explosive device (IED) (E993.3-E993.5)
injury due to sea-based artillery shell (E992.3)

New code E991.4 Fragments from munitions
Fragments from:
artillery shell
bombs, except antipersonnel
detonation of unexploded ordnance (UXO)
grenade
guided missile
land mine
rockets
shell

New code E991.5 Fragments from person-borne improvised explosive device (IED)

New code E991.6 Fragments from vehicle-borne improvised explosive device (IED)
IED borne by land, air, or water transport vehicle

New code E991.7 Fragments from other improvised explosive device (IED)
Roadside IED

New code E991.8 Fragments from weapons
Fragments from:
artillery
autocannons
automatic grenade launchers
missile launchers
mortars
small arms

E991.9 Other and unspecified fragments

Delete ~~Fragments from:~~
~~artillery shell~~
~~bombs, except antipersonnel~~
~~grenade~~
~~guided missile~~
~~land mine~~
~~rockets~~
~~shell~~

Revise Shrapnel NOS

E992 Injury due to war operations by explosion of marine weapons

Delete
~~Depth charge~~
~~Marine mines~~
~~Mine NOS, at sea or in harbor~~
~~Sea-based artillery shell~~
~~Torpedo~~
~~Underwater blast~~

New code	E992.0	Torpedo
New code	E992.1	Depth charge
New code	E992.2	Marine mines Marine mines at sea or in harbor
New code	E992.3	Sea-based artillery shell
New code	E992.8	Other by other marine weapons
New code	E992.9	Unspecified marine weapon Underwater blast NOS

E993 Injury due to war operations by other explosion

Delete
~~Accidental explosion of munitions being used in war~~
~~Accidental explosion of own weapons~~
~~Air blast NOS~~
~~Blast NOS~~
~~Explosion NOS~~
~~Explosion of:~~
~~artillery shell~~
~~breech block~~
~~cannon block~~
~~mortar bomb~~
~~Injury by weapon burst~~

Add
Injuries due to direct or indirect pressure or air blast of an explosion occurring during war operations

Add
Excludes: injury due to fragments resulting from an explosion (E991.0-E991.9)
injury due to nuclear weapons (E996.0-E996.9)
injury due to detonation of unexploded ordnance but occurring after cessation of hostilities (E998.0-E998.9)

New code	E993.0	Aerial bomb
New code	E993.1	Guided missile
New code	E993.2	Mortar Artillery shell
New code	E993.3	Person-borne improvised explosive device (IED)
New code	E993.4	Vehicle-borne improvised explosive device (IED) IED borne by land, air, or water transport vehicle

New code	E993.5	Other improvised explosive device (IED) Roadside IED
New code	E993.6	Unintentional detonation of own munitions Unintentional detonation of own ammunition (artillery) (mortars)
New code	E993.7	Unintentional discharge of own munitions launch device Unintentional explosion of own: Auto cannons Automatic grenade launchers Missile launchers Small arms
New code	E993.8	Other specified explosion Bomb Grenade Land mine
New code	E993.9	Unspecified explosion Air blast NOS Blast NOS Blast wave NOS Blast wind NOS Explosion NOS

	E994	Injury due to war operations by destruction of aircraft
Delete		~~Airplane:~~ ~~burned~~ ~~exploded~~ ~~shot down~~ ~~Crushed by falling airplane~~
New code	E994.0	Destruction of aircraft due to enemy fire or explosives Air to air missile Explosive device placed on aircraft Rocket propelled grenade (RPG) Small arms fire Surface to air missile
New code	E994.1	Unintentional destruction of aircraft due to own onboard explosives
New code	E994.2	Destruction of aircraft due to collision with other aircraft
New code	E994.3	Destruction of aircraft due to onboard fire
New code	E994.8	Other destruction of aircraft
New code	E994.9	Unspecified destruction of aircraft

E995 Injury due to war operations by other and unspecified forms of conventional warfare

Delete
~~Battle wounds~~
~~Bayonet injury~~
~~Drowned in war operations~~

New code E995.0 Unarmed hand-to-hand combat
Excludes: intentional restriction of airway (E995.3)

New code E995.1 Struck by blunt object
Baton (nightstick)
Stave

New code E995.2 Piercing object
Knife
Bayonet
Sword

New code E995.3 Intentional restriction of air and airway
Intentional submersion
Strangulation
Suffocation

New code E995.4 Unintentional drowning due to inability to surface or obtain air
Submersion

New code E995.8 Other forms of conventional warfare

New code E995.9 Unspecified form of conventional warfare

E996 Injury due to war operations by nuclear weapons

Delete
~~Blast effects~~
~~Exposure to ionizing radiation from nuclear weapons~~
~~Fireball effects~~
~~Heat~~
~~Other direct and secondary effects of nuclear weapons~~

Add
Dirty bomb NOS

Excludes: late effects of injury due to nuclear weapons (E999.1, E999.0)

New code E996.0 Direct blast effect of nuclear weapon
Injury to bodily organs due to blast pressure

New code E996.1 Indirect blast effect of nuclear weapon
Injury due to being thrown by blast
Injury due to being struck or crushed by blast debris

New code E996.2 Thermal radiation effect of nuclear weapon
Burns due to thermal radiation
Flash burns
Fireball effects
Heat effects

New code		E996.3	Nuclear radiation effects Acute radiation exposure Beta burns Fallout exposure Radiation sickness Secondary effects of nuclear weapons
New code		E996.8	Other effects of nuclear weapons
New code		E996.9	Unspecified effect of nuclear weapon
	E997	Injury due to war operations by other forms of unconventional warfare	
New code		E997.3	Weapon of mass destruction (WMD), unspecified
	E998	Injury due to war operations but occurring after cessation of hostilities	
New code		E998.0	Explosion of mines
New code		E998.1	Explosion of bombs
New code		E998.8	Injury due to other war operations but occurring after cessation of hostilities
New code		E998.9	Injury due to unspecified war operations but occurring after cessation of hostilities

Embedded fragments status

Injuries from explosions often include fragments or splinters from the explosive device embedding in the injured person. In some cases the fragments can be removed. In other cases they are too difficult to remove because of their number or their location in the body. Any embedded object has the potential to cause infection due to the object itself or any organism present on it when it entered the body. An embedded magnetic object is a relative contraindication to an MRI exam. Some types of embedded fragments, such as those composed of lead, pose long-term health risks. Certain metal alloys, including some containing tungsten, may also be long-term toxicological hazards. One tungsten alloy has been linked to rhabdomyosarcoma in animals.

The Department of Defense has requested new codes for embedded fragment status to identify the type of embedded material. Though this category would be useful primarily for the military, the codes would also be applicable to any injury resulting in embedded fragments. These new codes would not be applicable to or overlap with internal medical devices.

A new category is being proposed for embedded fragments status. These codes would be used as secondary status codes for cases such as injury codes that include the presence of a foreign body, or with toxic effect codes.

A new code is also being proposed for personal history of embedded fragment removal. This would be a status code that would be used to identify potential health hazards associated with having had embedded fragments.

TABULAR MODIFICATIONS

796 Other nonspecific abnormal findings

796.0 Nonspecific abnormal toxicological findings

Add Use additional code for embedded fragments, if applicable, (V90.0-V90.9)

TOXIC EFFECTS OF SUBSTANCES CHIEFLY NONMEDICINAL AS TO SOURCE (980-989)

Add Use additional code to identify:
Add embedded fragments status, if applicable, (V90.0-V90.9)
Add personal history of embedded fragments removed (V87.32)

V87 Other specified personal exposures and history presenting hazards to health

V87.3 Contact with and (suspected) exposure to other potentially hazardous substances

New code V87.32 Personal history of embedded fragments fully removed

New Category V90 Embedded fragments status
Embedded foreign body status
Embedded splinter status

Excludes: artificial joint prosthesis status (V43.60-V43.69)
in situ cardiac devices (V45.00-V45.09)
personal history of embedded fragments removed (V87.32)

New code V90.0 Radioactive fragments

New code V90.1 Depleted uranium fragments

Excludes: radioactive uranium fragments (V90.0)

New code V90.2 Magnetic fragments
Iron (ferrous) containing fragments
Tungsten-nickel-cobalt alloy fragments

New code V90.3 Other metal fragments
Copper fragments
Lead fragments
Mercury fragments
Tin fragments

New subcategory V90.8 Other embedded fragments
New code V90.81 Glass fragments
New code V90.82 Wood fragments
New code V90.83 Plastic fragments
New code V90.84 Stone or crystalline fragments
Concrete or cement fragments
New code V90.89 Other embedded fragments

New code V90.9 Embedded fragment, unspecified material

Venous thrombosis and embolism

At the March 2008 ICD-9-CM Coordination and Maintenance Committee meeting the Agency for Healthcare Research and Quality (AHRQ) proposed changes be made to coding venous thrombosis and embolism. Following that meeting comments received were reviewed and shared with AHRQ. Using the input from the comments and AHRQ two new options have been prepared and are being presented today. To view the background of the original request, please refer to the March ICD-9-CM Coordination and Maintenance Committee meeting proposals document located at: http://www.cdc.gov/nchs/about/otheract/icd9/maint/classifications_of_diseases_and1.htm

The goals of the request are:

- Create codes to define venous thrombosis affecting the vessels in the thorax, neck and upper extremities.
- Create codes for superficial thromboses of lower extremities similar to codes created in 2004 for venous embolism and thrombosis of deep vessels of lower extremity (codes 453.40-453.42).
- Identify patients with acute or chronic deep vein thrombosis or chronic pulmonary embolism who are receiving anticoagulation treatment but are no longer in the initial episode of care.
- To better track these patients because they are at high risk for recurrence of thrombosis or embolism particularly in the first 1-3 months after the initial diagnosis.

Note: A separate request was received from an individual requesting removal of the excludes note “that with inflammation, phlebitis, and thrombophlebitis” (451.0-451.9) currently at category 453, Other venous embolism and thrombosis. The requestor indicated the reason for this request is that often there are patients who have thrombosis of a specific vein at one site and thrombosis of a separate site during the same encounter. It is included in request though it was not submitted by AHRQ.

OPTION 1:

There were many comments received that opposed the March 2008 proposal, as presented, because of the concern about lack of medical record documentation of and difficulty defining acute, sub-acute, and chronic phases of the disease. Option 1 proposes codes for acute and chronic venous thrombosis and embolism with a default to the acute code when acuity is not specified. This would allow the ability to select "chronic" when a thrombosis is clearly documented as such. There was also a comment that suggested creating acute and chronic thrombosis codes for the upper extremities and thoracic vessels, as well as lower extremities. This is also included in Option 1. The expansion of code 453.8, Venous embolism and thrombosis of other specified veins has been retained in the proposal as it received favorable comments. Additionally, a simplified proposal to the OB category 671, Venous complications in pregnancy and the puerperium is also included

The problem AHRQ is attempting solve is the need to distinguish a new thrombus, requiring initiation of or intensified anticoagulant therapy, from an old or chronic thrombus, which requires continuation of established therapy.

TABULAR MODIFICATIONS

416 Chronic pulmonary heart disease

New code 416.2 Chronic pulmonary embolism

Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V58.61)

Excludes: personal history of pulmonary embolism (V12.51)

453 Other venous embolism and thrombosis

Delete Excludes: ~~that with inflammation, phlebitis, and thrombophlebitis (451.0-451.9)~~

Revise 453.4 Acute venous embolism and thrombosis of deep vessels of lower extremity

Revise 453.40 Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity

Revise 453.41 Acute venous embolism and thrombosis of deep vessels of proximal lower extremity

Revise 453.42 Acute venous embolism and thrombosis of deep vessels of distal lower extremity

New subcategory 453.5 Chronic venous embolism and thrombosis of deep vessels of lower extremity

Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V58.61)

Excludes: personal history of venous thrombosis and embolism (V12.51)

New code 453.50 Chronic venous embolism and thrombosis of unspecified deep vessels of lower extremity

New code 453.51 Chronic venous embolism and thrombosis of deep vessels of proximal lower extremity

New code 453.52 Chronic venous embolism and thrombosis of deep vessels of distal lower extremity

New code 453.6 Venous embolism and thrombosis of superficial vessels of lower extremities
Saphenous vein (greater) (lesser)

New subcategory 453.7 Chronic venous embolism and thrombosis of other specified vessels

Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V58.61)

Excludes: personal history of venous thrombosis and embolism (V12.51)

New code 453.71 Chronic venous embolism and thrombosis of superficial veins of upper extremities
Antecubital vein
Basilic vein
Cephalic vein

New code 453.72 Chronic venous embolism and thrombosis of deep veins of upper extremities
Brachial vein
Radial vein
Ulnar vein

New code 453.73 Chronic venous embolism and thrombosis of upper extremities, unspecified

New code 453.74 Chronic venous embolism and thrombosis of axillary veins

New code 453.75 Chronic venous embolism and thrombosis of subclavian veins

New code 453.76 Chronic venous embolism and thrombosis of internal jugular veins

New code 453.77 Chronic venous embolism and thrombosis of other thoracic veins
Brachiocephalic (innominate)
Superior vena cava

New code		453.79	Chronic venous embolism and thrombosis of other specified veins
Revise	453.8		Acute venous embolism and thrombosis of other specified veins
New code		453.81	Acute venous embolism and thrombosis of superficial veins of upper extremities Antecubital vein Basilic vein Cephalic vein
New code		453.82	Acute venous embolism and thrombosis of deep veins of upper extremities Brachial vein Radial vein Ulnar vein
New code		453.83	Acute venous embolism and thrombosis of upper extremities, unspecified
New code		453.84	Acute venous embolism and thrombosis of axillary veins
New code		453.85	Acute venous embolism and thrombosis of subclavian veins
New code		453.86	Acute venous embolism and thrombosis of internal jugular veins
New code		453.87	Acute venous embolism and thrombosis of other thoracic veins Brachiocephalic (innominate) Superior vena cava
New code		453.89	Acute venous embolism and thrombosis of other specified veins

671 Venous complications in pregnancy and the puerperium

Add Excludes: personal history of venous complications prior to pregnancy, such as:
thrombophlebitis (V12.52)
thrombosis and embolism (V12.51)

671.2 Superficial thrombophlebitis
Add Phlebitis NOS
Add Thrombosis NOS

671.3 Deep phlebothrombosis, antepartum
[0,1,3]

Add Use additional code to identify the deep vein thrombosis (453.40-453.42, 453.50-453.52, 453.72-453.79, 453.82-453.89)

Add Use additional code for long term (current) use of anticoagulants, if applicable (V58.61)

671.4 Deep phlebothrombosis, postpartum
[0,2,4]
Delete ~~Pelvic thrombophlebitis, postpartum~~

Add Use additional code to identify the deep vein thrombosis (453.40-453.42, 453.50-453.52, 453.72-453.79, 453.82-453.89)

Add Use additional code for long term (current) use of anticoagulants, if applicable (V58.61)

671.9 Unspecified venous complication
[0-4]
Delete ~~Phlebitis NOS~~
~~Thrombosis NOS~~

996 Complications peculiar to certain specified procedures

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

Use additional code to identify complication, such as:
Add venous embolism and thrombosis (453.2-453.9)

OPTION 2:

This option addresses the comments received to the original March 2008 proposal, again regarding documentation of and difficulty defining acute, sub-acute and chronic venous thrombosis and embolism. This option adds indexing under the terms thrombosis, thrombophlebitis, and embolism to better reference use of history codes V12.51, Personal history of venous thrombosis and embolism or V12.52, Personal history of thrombophlebitis. This indexing revision would serve as a reminder to clearly establish whether the thrombosis or embolism is a new (acute) diagnosis or an old diagnosis.

Additionally an "excludes" note in the tabular at 451 and 453 is being added as a reminder that history of or a resolved thrombosis should be coded to the subcategory V12.5, Personal history of circulatory system diseases and not to codes in categories 451 or 453. The proposal to the OB category 671, Venous complications in pregnancy and the puerperium is also included in this option.

TABULAR MODIFICATIONS

415 Acute pulmonary heart disease

415.1 Pulmonary embolism and infarction

Add Excludes: personal history of pulmonary embolism (V12.51)

453 Other venous embolism and thrombosis

Delete Excludes: ~~that with inflammation, phlebitis, and thrombophlebitis (451.0-451.9)~~

453.4 Venous embolism and thrombosis of deep vessels of lower extremity

Add Excludes: personal history of venous thrombosis and embolism (V12.51)

New code 453.7 Venous embolism and thrombosis of superficial vessels of lower extremities
Saphenous vein (greater) (lesser)

Add Excludes: personal history of venous thrombosis and embolism (V12.51)

453.8 Venous embolism and thrombosis of other specified veins

Add Excludes: personal history of venous thrombosis and embolism (V12.51)

New code 453.81 Venous embolism and thrombosis of superficial veins of upper extremities
Antecubital vein
Basilic vein
Cephalic vein

New code 453.82 Venous embolism and thrombosis of deep veins of upper extremities
Brachial vein

Radial vein
Ulnar vein

New code	453.83	Venous embolism and thrombosis of upper extremities, unspecified
New code	453.84	Venous embolism and thrombosis of axillary veins
New code	453.85	Venous embolism and thrombosis of subclavian veins
New code	453.86	Venous embolism and thrombosis of internal jugular veins
New code	453.87	Venous embolism and thrombosis of other thoracic veins Brachiocephalic (innominate) Superior vena cava
New code	453.89	Venous embolism and thrombosis of other specified veins

671 Venous complications in pregnancy and the puerperium

Add Excludes: personal history of venous complications prior to pregnancy, such as:
thrombophlebitis (V12.52)
thrombosis and embolism (V12.51)

671.2 Superficial thrombophlebitis
Add Phlebitis NOS
Add Thrombosis NOS

671.3 Deep phlebothrombosis, antepartum
[0,1,3]

Add Use additional code to identify the deep vein thrombosis (453.40-453.42, 453.82)

Add Use additional code for long term (current) use of anticoagulants, if applicable (V58.61)

671.4 Deep phlebothrombosis, postpartum
[0,2,4]

Delete ~~Pelvic thrombophlebitis, postpartum~~

Add Use additional code to identify the deep vein thrombosis (453.40-453.42, 453.82)

Add Use additional code for long term (current) use of anticoagulants, if applicable (V58.61)

671.9 Unspecified venous complication
[0-4]

Delete ~~Phlebitis NOS~~
~~Thrombosis NOS~~

996 Complications peculiar to certain specified procedures

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

Use additional code to identify complication, such as:
Add venous embolism and thrombosis (453.2-453.9)

Related index changes to better emphasize coding history of thrombosis if not acute:

Embolism 444.9
pulmonary (artery) (vein) 415.19
Add healed or old V12.51
Add personal history of V12.51

Thrombosis, thrombotic … 453.9
artery… 444.9
pulmonary 415.19
Add personal history of V12.51
axillary (vein) 453.8
Add personal history of V12.51
femoral (vein)
Add personal history of V12.51
iliac (vein) 453.8
Add personal history of V12.51
leg (vein) 453.8
Add personal history of V12.51
lower extremity (vein) 453.8
Add personal history of V12.51
lung 415.19

Add personal history of V12.51
pulmonary (artery) (vein) 415.19
Add personal history of V12.51
vein
deep 453.40
Add personal history of V12.51
Add personal history of V12.51
vena cava (inferior) (superior) 453.2
Add personal history of V12.51

Epilepsy versus seizure

Two years ago an extensive modification to the epilepsy codes was implemented. With it were index changes that lead all recurrent seizures to an epilepsy code. There have been many objections to this default. Gregory L. Barkley M.D., an epileptologist at the Comprehensive Epilepsy Program at the Henry Ford Health System and current Vice President of the National Association of Epilepsy Centers (NAEC) will discuss the issue of non-epileptic seizures, the difference between repetitive and recurrent seizures, intractability, and what changes to the tabular and index may be recommended.

All proposed changes are only addenda changes, not new codes, but these changes are being presented as a topic due to the many issues involved. This discussion is supported by the American Academy of Neurology.

TABULAR MODIFICATIONS

345 Epilepsy and recurrent seizures

The following fifth-digit subclassification is for use with categories 345.0, .1, .4-.9:

0 without mention of intractable epilepsy
1 with intractable epilepsy
Add pharmacoresistant (pharmacologically resistant)
Add treatment resistant
Add refractory (medically)
Add poorly controlled

INDEX MODIFICATIONS

Below are the index entries that need to be reconsidered or added based on the discussion at the meeting:

Epilepsy, epileptic (idiopathic) 345.9

Note use the following fifth-digit subclassifications with categories 345.0, 345.1, 345.4-345.9

0 without mention of intractable epilepsy
1 with intractable epilepsy
Add pharmacoresistant (pharmacologically resistant)
Add treatment resistant
Add refractory (medically)
Add poorly controlled

Insomnia, initiating versus maintaining sleep

The National Sleep Foundation (NSF) has requested modifications to subcategory 327.0, Organic disorders of initiating and maintaining sleep, to better reflect the evolving understanding of sleep medicine. The subcategory now includes both disorders of initiating sleep and disorders of maintaining sleep so it is not possible to distinguish these two distinct forms of insomnia.

The NSF states that this additional specificity will allow providers to design a better course of treatment. It will also permit researchers to make inferences about sleep maintenance versus sleep initiation and add greater depth to the analyses of these conditions.

TABULAR MODIFICATIONS

327 Organic sleep disorders

327.0 Organic disorders of initiating and maintaining sleep [Organic insomnia]

	327.00	Organic insomnia, unspecified
Add		Disorder of initiating sleep NOS
Revise	327.01	~~Insomnia~~Disorder of initiating sleep, due to medical condition classified elsewhere
Revise	Excludes:	~~insomnia~~ disorder of initiating sleep due to mental disorder (327.02)
Revise	327.02	~~Insomnia~~ Disorder of initiating sleep, due to mental disorder
New code	327.03	Disorder of maintaining sleep, unspecified
New code	327.04	Disorder of maintaining sleep due to medical condition classified elsewhere
		Code first underlying condition
	Excludes:	disorder of maintaining sleep due to mental disorder (327.05)

New code	327.05	Disorder of maintaining sleep due to mental disorder
		Code first mental disorder
		Excludes: alcohol induced insomnia (291.82) drug induced insomnia (292.85)
Revise	327.09	Other organic <u>disorder of initiating and maintaining sleep</u>

Endometrial intraepithelial neoplasia [EIN]

In the past, both generalized endometrial hormonal responses and localized premalignant lesions were lumped under the general term "endometrial hyperplasia" with various modifiers such as mild, moderate, severe and atypical that had no uniform meaning. The 1994 4-class WHO hyperplasia diagnostic system which is based on a classic 1985 study (but in which some subsets of patients had very small numbers), subdivided "hyperplasias" by architectural complexity (simple versus complex) and cytologic atypia (present or absent). Although this practice has been widespread, and has had a benefit of unifying terminology, it fails to optimally stratify patients according to those pathologic mechanisms and cancer risks necessary to appropriate therapeutic triaging. Diagnoses are poorly reproducible. Recent molecular studies have shown that bona fide premalignant lesions are mutation-bearing monoclonal neoplasms, and computerized image analysis has defined new histologic features for their accurate diagnosis. For these reasons, pathologists and gynecologists are increasingly using a practically oriented disease classification that distinguishes the benign hormonal effects of unopposed estrogens (benign hyperplasia) from emergent precancerous lesions (endometrial intraepithelial neoplasia [EIN]) through the use of non-overlapping terminology and discrete criteria. The subset of largely polyclonal proliferations that result from a physiologic response of the endometrium to an abnormal estrogenic stimulus precisely fits the general definition of hyperplasia and is a benign process. In contrast, the clonal subset has the characteristics of a non-invasive neoplasm, and should be diagnosed as EIN. Compelling genetic, biologic, and histologic evidence supports the use of two diagnostic entities in lieu of a 4-group hyperplasia strategy.

Revised diagnostic criteria must be associated with the new diagnostic terms to avoid confusion with legacy methods. This is the main reason that simple rebundling of subsets of the old "hyperplasias" into two clinicopathologic entities is not appropriate. Differing diagnostic criteria cannot be directly extrapolated to a contemporary diagnosis of EIN or benign endometrial hyperplasia. Additionally, ICD conventions and the need for longitudinal data integrity prohibit the deletion of existing ICD-9-CM codes or the changing of meaning of existing codes. And though EIN, rather than the 1994 hyperplasia schema, is what is now taught to pathologists and gynecologists in training, the old terminology is still used by older practicing physicians. For these reasons it is being proposed that two new codes be added to subcategory 621.3, Endometrial hyperplasia, for benign endometrial hyperplasia, and endometrial intraepithelial neoplasia [EIN]. These new codes would be excluded from the appropriate existing codes. It is hope that over time documentation would migrate over to the use of the new terminology.

George Mutter, M.D., Associate Professor of Pathology at Harvard Medical School, and a pathologist at Brigham and Women's Hospital, has submitted this proposal.

TABULAR MODIFICATIONS

621 Disorders of uterus, not elsewhere classified

621.3 Endometrial hyperplasia

Delete ~~Hyperplasia (adenomatous) (cystic) (glandular) of endometrium~~
~~Hyperplastic endometritis~~

621.30 Endometrial hyperplasia, unspecified

Add Hyperplasia (adenomatous) (cystic) (glandular) of endometrium
Hyperplastic endometritis

621.31 Simple endometrial hyperplasia without atypia

Add Excludes: benign endometrial hyperplasia (621.34)

621.32 Complex endometrial hyperplasia without atypia

Add Excludes: benign endometrial hyperplasia (621.34)

621.33 Endometrial hyperplasia with atypia

Add Excludes: endometrial intraepithelial neoplasia [EIN] (621.35)

New code 621.34 Benign endometrial hyperplasia

New code 621.35 Endometrial intraepithelial neoplasia [EIN]

Dysphonia

The American Speech Language Hearing Association (ASHA) recommends changes to in ICD-9-CM so that diagnostic information may be coded that clarifies and delineates the disorders of phonation and resonance.

Currently in ICD-9-CM dysphonia, hoarseness, hypernasality, hyponasality, and change in voice all are included in code 784.49, Other voice disturbance (under subcategory 784.4, Voice disturbance). Voice disturbance is a disorder of phonation; whereas, hypernasality and hyponasality are disorders of resonance. Dysphonia and hyper/hyponasality are distinct manifestations and should not be grouped together as voice disturbances.

Dysphonia is a disorder of phonation; that is, voice production. Like aphonia, which is a complete loss of voice, dysphonia is a symptom of a laryngeal disorder affecting the structure and/or function of the larynx. Dysphonia is distinct and separate from impairments of resonance and nasal air flow.

Disorders of resonance and nasal air flow may be due to impairment(s) affecting the structure and/or function of the oral cavity, nasal airway, and/or the velopharyngeal port. Hypernasality is excessive nasality while hyponasality is diminished nasality.

TABULAR MODIFICATIONS

	784		Symptoms involving head and neck
Revise	784.4		Voice ~~disturbance~~ and resonance disorders
Revise		784.40	Voice ~~disturbance~~ and resonance disorder, unspecified
New code		784.42	Dysphonia Hoarseness
New code		784.43	Hypernasality
New code		784.44	Hyponasality
Revise		784.49	Other voice and resonance disorders
Delete			~~Dsyphonia~~
Delete			~~Hoarseness~~
Delete			~~Hypernasality~~
Delete			~~Hyponasality~~

Fluency problems

The American Speech-Language-Hearing Association (ASHA) recommends additions and revisions to the ICD-9-CM so that diagnostic information can be coded that clarifies and augments the nature and description of a variety of fluency disorders, including stuttering.

Stuttering is defined as a disruption in speech production characterized by primary behavioral symptoms that include sound and syllable repetitions, blocks (articulatory fixations that prevent the speaker from moving forward in his or her speech), and inappropriate prolongations of speech sounds. The speaker's inability to initiate or continue speaking may cause secondary reactions characterized by visible signs of awareness, tension and struggle.

Presently there are three major recognized forms of stuttering: stuttering with onset in early childhood, psychogenic stuttering and fluency disorder subsequent to brain lesion or disease, most typically as a result of cerebral vascular events (sometimes called neurogenic stuttering).

The prevalence of stuttering in the general population, both in the United States and in other surveyed regions, is approximately 1% of the general population. There is a higher incidence, approximately 4%, with onset in early childhood that spontaneously resolves. It is not currently possible to predict which children will experience remission or become persistent stutterers. Persistent stuttering is a potentially handicapping and disabling condition with significant educational, social and vocational consequences

In contrast, psychogenic stuttering and neurogenic stuttering are much less frequently observed speech fluency disorders. Psychogenic stuttering, a form of conversion reaction, has been documented in relatively few published reports with virtually all reported cases showing onset in adulthood. The number of documented cases of stuttering secondary to central nervous system damage or disease is growing. Stuttering is most commonly observed subsequent to cerebral vascular events, but may be seen in neurodegenerative diseases, among a variety of causes.

Currently the only code in ICD-9-CM for stuttering is in Chapter 5, Mental Disorders. ASHA recognizes the appropriateness of this code for individuals showing post-childhood onset of stuttering symptoms secondary to emotional stress or trauma, but proposes to add codes for stuttering to two additional categories. ASHA is proposing a new code for stuttering with onset in childhood in category 784, Symptoms involving head and neck, and another for fluency disorders subsequent to CVA disturbances, in category 438 Late effects of cerebrovascular disease. Epidemiological, research and treatment efforts could improve considerably if more specificity were available in the ICD-9-CM to distinguish among types of fluency disturbances. In particular, it is timely and important to establish the proposed additional codes, especially that for the most

typical presentation of stuttering, appropriately among other speech and language disorders.

The American Academy of Neurology has reviewed this proposal and has no objections to the proposed changes.

TABULAR MODIFICATIONS

307 Special symptoms or syndromes, not elsewhere classified

Revise 307.0 Psychogenic stuttering

Add Excludes: stuttering with onset in childhood (784.52)
Add fluency disorder due to late effect of cerebrovascular accident (438.14)

438 Late effects of cerebrovascular disease

438.1 Speech and language deficits

New code 438.13 Dysarthria

New code 438.14 Fluency disorder
Stuttering

784 Symptoms involving head and neck

784.5 Other speech disturbance
Delete ~~Dysarthria~~
Delete ~~Dysphasia~~
Delete ~~Slurred speech~~
Add Excludes: speech disorder due to late effect of cerebrovascular accident, (438.10 - 438.19)
Revise psychogenic stammering and stuttering (307.0)

New code 784.51 Dysarthria
Excludes: dysarthria due to late effect of cerebrovascular accident (438.13)

New code 784.52 Stuttering with onset in childhood
Excludes: psychogenic stuttering (307.0)

New code 784.59 Other speech disturbance
Dysphasia
Slurred speech
Speech disturbance NOS

Wrong site, wrong surgery, wrong patient

Wrong site, wrong surgery, wrong patient, also described in literature as wrong-side/wrong-side, wrong procedure, and wrong-patient adverse events is among the list of 28 "never events". The list of "never events" is a National Quality Forum (NQF) endorsed list of adverse events that are serious, largely preventable, and of concern to both the public and healthcare providers. The Joint Commission on Accreditation on Healthcare Organizations (JCAHO), the Agency for Healthcare Research and Quality (AHRQ) and several states use the list as the basis for quality indicators and state-based reporting systems. Policies and programs have been implemented by several professional medical organizations to reduce wrong site surgery.

Some events are already identified by unique codes in ICD-9-CM (e.g., E871.0-E871.9, Foreign object left in body during procedure), while others are captured more broadly. New codes have been recently introduced into the classification (pressure ulcer stages) or are being proposed in separate topics during today's meeting that relate to events on the list. It should be noted that some "never events" cannot be captured using the ICD-9-CM because the event is outside the scope of the ICD (e.g., infant discharged to the wrong person, abduction of patient).

The Centers for Medicare and Medicaid Services (CMS) is requesting that ICD-9-CM codes be created to better identify and track wrong site, wrong surgery and wrong patient. The proposed modification should also compliment and enhance prevention and surveillance activities currently being undertaken by a number of public and private sector healthcare organizations.

TABULAR MODIFICATIONS

	E876	Other and unspecified misadventures during medical care
	E876.5	Performance of inappropriate operation
Add		Wrong procedure performed on patient
Add	Excludes:	performance of operation on wrong body part (E876.7)
New code	E876.6	Performance of operation on wrong patient Performance of procedure on wrong patient
New code	E876.7	Performance of operation on wrong body part Performance of procedure on wrong side Performance of procedure on wrong site

Tumor lysis syndrome

Tumor lysis syndrome is a very serious and sometimes life-threatening complication of cancer therapy. It is not specifically indexed in ICD-9-CM. Advice given in the American Hospital Association's *Coding Clinic for ICD-9-CM.* (Nov/Dec 1985, page 1) advised coders to use code 584.8, Acute renal failure with other specified pathological lesion in kidney, along with external cause code E933.1, Adverse effects of antineoplastic and immunosuppressive drugs, if the tumor lysis syndrome is post-chemotherapy.

Recent literature shows that tumor lysis syndrome is a group of metabolic complications that can occur after treatment of cancer, usually lymphomas and leukemias, and sometimes even without treatment. These complications are caused by the breakdown products of dying cancer cells and include hyperkalemia, hyperphosphatemia, hyperuricemia, hypocalcemia and acute renal failure. Furthermore, pretreatment spontaneous tumor lysis syndrome is associated with acute renal failure due to uric acid nephropathy prior to the institution of chemotherapy. The important distinction between this syndrome and the post-chemotherapy syndrome is that spontaneous tumor lysis syndrome is not associated with hyperphosphatemia.

The Ministry of Health of the State of Israel is requesting the following tabular modifications in subcategory 277.8 , Other specified disorders of metabolism:

TABULAR MODIFICATIONS

277 Other and unspecified disorders of metabolism

277.8 Other specified disorders of metabolism

New code

277.88 Tumor lysis syndrome
Spontaneous tumor lysis syndrome
Tumor lysis syndrome following antineoplastic drug therapy

Use additional code for associated conditions
Use additional E code to identify cause, if drug-induced

Fertility preservation prior to antineoplastic therapy

More and more patients are living significant portions of their life following the diagnosis of cancer. Some types of cancer treatment can affect a person's ability to conceive a child or maintain a pregnancy. Infertility following cancer treatment may be temporary or permanent and may depend on the type and dose of drugs given, how drugs are given, dose of radiation therapy and the area being irradiated, type of cancer, patient's age and gender, and whether a patient had fertility problems before cancer treatment.

The first goal is to cure the cancer, even if the treatment causes sterility. However since it may be possible to preserve fertility before and after cancer treatments patients are advised to talk with their doctor, or may be referred to a fertility specialist, to become informed about options available before starting treatment (chemotherapy, surgery or radiation). Discussion points may include: whether the patient should try to conceive before cancer treatment, should he/she try to bank sperm/eggs/ovarian tissue/embryos, should the surgery be modified so as to spare the uterus (possible in some types of cervical cancer), and the pros and cons of attempting to undergo fertility preservation or tissue/gamete banking.

The American Society for Reproductive Medicine (ASRM) in collaboration with the American College of OB-GYN (ACOG) is requesting codes for encounters for fertility preservation. The use of these codes need not be limited to those seeking this advice prior to cancer treatment. They may be applied to individuals seeking this advice prior to other treatments that could affect fertility.

TABULAR MODIFICATIONS

V26 Procreative management

V26.4 General counseling and advice

New code V26.42 Fertility preservation counseling
Fertility preservation counseling prior to cancer therapy
Fertility preservation counseling prior to surgical removal of gonads

V26.8 Other specified procreative management

New code V26.82 Fertility preservation
Fertility preservation procedure prior to cancer therapy
Fertility preservation procedure prior to surgical removal of gonads

Fitting/adjustment of gastric lap band

Gastric banding ("lap band") is a type of bariatric surgery used to treat obesity. The restrictive device, which is an inflatable silicone prosthesis, is placed around the top portion of the stomach. This reduces the size of the stomach, thus restricting food intake and causing weight loss. The band may be periodically adjusted to achieve the optimal restriction of food intake necessary for weight loss while still allowing adequate nutrition. During pregnancy a gastric lap band patient may need to adjust the band to allow additional intake to assure optimal nutrition for mother and baby. Although a port is inserted to allow patients to "self-adjust" the band, often a physician office visit is required to achieve optimal adjustments described above. Currently there is no unique code for these encounters and it has been advised, through the American Hospital Association's *Coding Clinic for ICD-9-CM* Editorial Advisory Board to use existing code V53.5, Fitting and adjustment of other intestinal appliance or device. It has been suggested to expand this code to allow for creation of a unique code for these encounters. The following modifications are being proposed at this time.

TABULAR MODIFICATIONS

V53 Fitting and adjustment of other device

V53.5 Other intestinal appliance or device

New code	V53.50	Fitting and adjustment of intestinal appliance or device
New code	V53.51	Fitting and adjustment of gastric lap band
New code	V53.59	Fitting and adjustment of other abdominal device

Failed sedation

The American Society of Anesthesiologists (ASA**)** is requesting a unique ICD-9-CM diagnosis code to describe instances of failed sedation. Under some circumstances, moderate (conscious) sedation by non-anesthesia providers can be sufficient to provide safe and satisfactory pain relief and/or amnesia to patients undergoing noxious procedures that do not ordinarily require a full anesthetic. In some situations, however, this may produce inadequate sedation making the procedure more difficult to perform and less satisfactory to the patient. This may also produce unsafe conditions for the patient. Reasons for this may include, but are not limited to, situations where, maximum prudent and safe medication doses are administered but the patient remains inadequately sedated for the procedure; patient exhibits idiosyncratic responses to the mediations administered; patient becomes more deeply sedated than intended; patient is unable to adequately maintain a patent airway but respirations are depressed such that adequate air exchange is compromised; hemodynamic changes occur posing potential risks to the patient; other situations arise that are beyond the experience or expertise of the provider administering sedation.

Such situations may have arisen during a previous procedure performed under moderate (conscious) sedating, necessitating planned intervention during subsequent procedures. Alternatively this situation may occur during a procedure currently in progress, making urgent intervention necessary to ensure a safe outcome for the patient and satisfactory conditions for completion of the procedure. In such circumstances, it may be necessary to enlist the services of an anesthesiologist or other provider with the training to administer adequate moderate (conscious) sedation or to administer deep sedation and/or anesthesia.

The following tabular changes are being requested:

TABULAR MODIFICATIONS

995 Certain adverse effects not elsewhere classified

Revise	995.4	Shock and other adverse effects due to anesthesia
Delete		~~Shock due to anesthesia in which the correct substance was properly administered~~
New code	995.41	Shock due to anesthesia Shock due to anesthesia in which the correct substance was properly administered
New code	995.42	Failed moderate sedation during procedure Failed conscious sedation during procedure
New code	995.49	Other adverse effect of anesthesia or sedation

V15 Other personal history presenting hazards to health

V15.8 Other specified personal history presenting hazards to health

New code V15.83 History of failed moderate sedation
History of failed conscious sedation

Transfusion reaction

Immunologic transfusion reactions result from the interaction(s) of inherited or acquired antibodies with foreign antigens associated with cellular or humoral components of transfused blood products. When administering blood, hospitals routinely type and crossmatch blood for ABO and Rh antigens, unless emergent needs do not allow for it (e.g. serious trauma). However, other minor antigens (e.g., Kell, Duffy, Kidd, Lewis, E, M, N, P, S) may also cause acute or delayed hemolytic transfusion reactions. These reactions can result in similar clinical findings as ABO or Rh transfusion reactions. Most patients do not develop antibodies to these minor antigens and therefore are not susceptible to these reactions. Patients who receive frequent blood transfusions may develop antibodies to these minor antigens and subsequent reactions. Hospitals may choose to screen blood for these minor antigens and process the blood appropriately before administering the transfusion but this is generally limited to patients who have already experienced a transfusion reaction to a minor antigen. Therefore, the reactions to minor antigens are generally not considered preventable. ABO incompatibility reactions are generally considered preventable events and tend to be more severe than the minor antigen reactions. The Agency for Healthcare Research and Quality (AHRQ) has a Patient Safety Indicator that relies on codes 999.6, ABO incompatibility reaction and 999.7, Rh incompatibility reaction to identify potentially preventable transfusion reactions. These reactions, when they occur inpatients for whom cross-matching is possible, have been targeted as "serious reportable events" by the Joint Commission and the National Quality Forum.

Currently, ICD-9-CM indexing combines ABO incompatibility reactions with the minor blood group antigen reactions. Given the increasing focus on ABO and Rh transfusion reactions as potentially preventable complications of transfusion therapy there is a need to have separate codes for the reactions to minor blood antigens. To use code 999.6 as a tool for surveillance, it must be restricted to ABO-related transfusion reactions. Therefore, AHRQ proposes the following changes for coding transfusion reaction so as to separate ABO incompatibility reactions from minor blood group antigens.

TABULAR MODIFICATIONS

999 Complications of medical care, not elsewhere classified

999.6 ABO incompatibility reaction

Add — Excludes: minor blood group antigens reactions (Duffy) (E) (K(ell)) (Kidd) (Lewis) (M) (N) (P) (S) (999.87)

999.8 Other infusion and transfusion reaction

New code — 999.87 Other specified transfusion reaction
Minor antigens reaction (Duffy) (E) (K(ell)) (Kidd) (Lewis) (M) (N) (P) (S)

Revise — 999.89 Unspecified ~~Other~~ transfusion reaction

Hypoxic-ischemic encephalopathy (HIE)

Hypoxic-ischemic encephalopathy (HIE) has well defined clinical definitions (mild, moderate, severe) based on clinical presentation and imaging findings. Since code 768.7, hypoxic-ischemic encephalopathy (HIE) was added in 2006, the lack of these specific diagnostic terms has made it difficult to track the specific clinical conditions. The American Academy of Pediatrics requests that this code be expanded to the 5th digit level to allow adding new codes for the specific clinical definitions.

TABULAR MODIFICATIONS

768 Intrauterine hypoxia and birth asphyxia

768.7 Hypoxic-ischemic encephalopathy (HIE)

New code	768.70	Hypoxic-ischemic encephalopathy, unspecified
New code	768.71	Mild hypoxic-ischemic encephalopathy
New code	768.72	Moderate hypoxic-ischemic encephalopathy
New code	768.73	Severe hypoxic-ischemic encephalopathy

Antineoplastic chemotherapy induced anemia

Antineoplastic chemotherapy induced anemia is anemia acquired secondary to the administration of antineoplastic chemotherapy. Cancer and its treatment can interfere with the supply of red blood cells - by inhibiting the production of bone marrow. This type of anemia is only rarely a hemolytic process and is not truly an aplastic process, aplasia implying that the bone marrow is "wiped out". Antineoplastic chemotherapy induced changes are usually short-term and they do not commonly reduce the marrow cellularity to a point of aplasia. This type of anemia can be diagnosed with a blood test which measures the volume of red blood cells in whole blood.

It is estimated that chemotherapy-induced anemia is one of the most common side effects caused by treatment with antineoplastic chemotherapy, affecting between 20%-60% of cancer patients. Patients afflicted with antineoplastic chemotherapy induced anemia often have a lower quality of life resulting in fatigue and an inability to perform everyday activities including work, social and leisure activities.

At this time, there are no ICD-9-CM codes to differentiate antineoplastic chemotherapy induced anemia from other anemias. This void leads to a lack of specificity in coding that causes limitations in the specificity of the reporting of both chemotherapy induced anemia and other anemia. The University of Texas MD Anderson Cancer Center proposes that a new code be added for chemotherapy induced anemia.

TABULAR MODIFICATION

285 Other and unspecified anemias

New code 285.3 Antineoplastic chemotherapy induced anemia

Family circumstances

At the March 2008 C&M meeting, at the request of the American Academy of Pediatrics (AAP), a proposal was presented to expand subcategory V61.0, Family disruption, to allow for codes to describe specific disruptive family situations. The proposal received positive comments and the codes were approved for implementation for October 1, 2008. A comment was received asking for an additional code for family disruption due to the death of a family member. This code is being proposed now. It will be excluded from code V62.82, Bereavement. The bereavement code will be appropriate for the grieving process. The proposed new code would be for the disruption to household routine that results from the death of a family member.

Another topic presented at the March 2008 C&M meeting at the request of the Department of Defense, DOD, were codes for family disruption due to military deployment and return from deployment of a family member. These codes were also approved for implementation on October 1, 2008. A comment on this proposal asked for a parallel code for family disruption due to extended absence of a non-military family member. This code is being presented at this time.

Also presented at the March 2008 C&M meeting, also at the request of the AAP, was an expansion of subcategory V61.2, Parent-child problems. The AAP was particularly interested in problems between parents and foster children. The proposal as presented did not fully conform to the structure of the subcategory and there were many comments that an additional code for parent-biological child would also be helpful. A revised proposal for expanding subcategory V61.2 is now being presented.

TABULAR MODIFICATIONS

V61 Other family circumstances

V61.0 Family disruption

V61.01 Family disruption due to family member on military deployment

Add — Excludes: family disruption due to family member on non-military extended absence from home (V61.08)

New code — V61.07 Family disruption due to death of family member

Excludes: bereavement (V62.82)

New code V61.08 Family disruption due to extended absence of family member

Excludes: family disruption due to family member on military deployment (V61.01)

V61.2 Parent-child problems

V61.20 Counseling for parent-child problem, unspecified
Concern about behavior of child
Parent-child conflict
Parent-child relationship problem

New code V61.23 Counseling for parent-biological child problem
Concern about behavior of biological child
Parent-biological child conflict
Parent-biological child relationship problem

New code V61.24 Counseling for parent-adopted child problem
Concern about behavior of adopted child
Parent-adopted child conflict
Parent-adopted child relationship problem

New code V61.25 Counseling for parent (guardian)-foster child problem
Concern about behavior of foster child
Parent (guardian)-foster child conflict
Parent (guardian)-foster child relationship problem

V61.29 Other
Delete ~~Problem concerning adopted or foster child~~

V62 Other psychosocial circumstances

V62.8 Other psychological or physical stress, not elsewhere classified

V62.82 Bereavement, uncomplicated

Add Excludes: family disruption due to death of family member (V61.07)

Personal history of immunosuppression, estrogen, and steroid therapy

Effective October 1, 2008 a new subcategory V87.4, Personal history of drug therapy, will become effective, as will codes for personal history of antineoplastic and monoclonal drug therapy. Comments received when this proposed new category was presented at the March 2008 C&M meeting requested additional codes for other past drug therapies that may present hazards to health in the long term.

TABULAR MODIFICATIONS

V87 Other specified personal exposures and history presenting hazards to health

V87.4 Personal history of drug therapy

New code	V87.43	Personal history of immunosuppression therapy
New code	V87.44	Personal history of estrogen therapy
New code	V87.45	Personal history of steroid therapy

Apparent Life Threatening Event (ALTE) in an Infant

An Apparent Life Threatening Event (ALTE) in an infant has been defined by a National Institutes of Health (NIH) Consensus Development Conference as, "An episode that is frightening to the observer and that is characterized by some combination of apnea (central or occasionally obstructive), color change (usually cyanotic or pallid but occasionally erythematous or plethoric), marked change in muscle tone (usually marked limpness), choking, or gagging. In some cases, the observer fears that the infant has died." Some previously used terms include "aborted crib death" and "near-miss SIDS," but according to the NIH Consensus Development Conference, such terminology "should be abandoned because it implies a possibly misleadingly close association between this type of spell and SIDS."

The term ALTE describes a clinical syndrome. A variety of identifiable diseases or conditions can cause such episodes (e.g., gastroesophageal reflux, respiratory disease or seizures), but in approximately one-half of the cases, despite extensive workup, no cause can be identified. These episodes can occur during sleep, wakefulness, or feeding and are in infants who were generally born at greater than 37 weeks gestational age.

In one study of ALTE (by Davies and Gupta), cyanosis and apnea were the predominant presenting symptoms (71% and 70% respectively) while significant numbers of patient also presented with difficulty breathing, pallor, stiffness, floppiness, choking, red face, limb jerking and vomiting. Over half of the episodes (58%) occurred while the child was awake.

Infants on home cardiorespiratory monitoring for ALTEs have been shown to have an increased risk of repeated significant events. The American Academy of Pediatrics (AAP) has found that infants who have experienced an ALTE are one of the few groups in which use of a home monitor is appropriate.

Because of current reporting methods, the true incidence of ALTE is unknown. Reported incidence ranges from 0.05 to 6 percent in reports published in the medical literature. Current coding guidelines and Coding Clinic advice has directed that the particular signs and symptoms be used when coding for an ALTE. Because of the wide variety of presentations of this condition, current coding recommendations do not allow this significant condition to be well tracked.

The AAP has expressed strong concern that without an adequate method of tracking this condition, there will never be a truly good idea of its incidence, and that the only way that this condition can be properly monitored is through a unique code. Therefore, AAP has asked that this be considered for the next edition of ICD-9-CM.

References on ALTE:

1. *National Institutes of Health Consensus Development Conference on Infantile Apnea and Home Monitoring, Sept 29 to Oct 1, 1986.* Pediatrics.1987; 79:292–299.

2. McGovern MC, Smith MBH. *Causes of apparent life threatening events in infants: a systematic review*. Arch Dis Child 2004; 89:1043–1048.

3. Davies F, Gupta R. *Apparent life threatening events in infants presenting to an emergency department.* Emerg Med J 2002; 19:11-6.

4. Committee on Fetus and Newborn, American Academy of Pediatrics. *Apnea, Sudden Infant Death Syndrome, and Home Monitoring*. Pediatrics 2003; 111:914-917.

5. Wennergren G, Milerad J, Lagercrantz H, et al. *The epidemiology of sudden infant death syndrome and attacks of lifelessness in Sweden*. Acta Paediatr Scand 1987; 76:898-906.

6. Sunkaran K, McKenna A, O'Donnell M, et al. *Apparent life-threatening prolonged infant apnea in Saskatchewan*. West J Med 1989; 150:293-5.

7. Brooks JG. *Apparent life-threatening events and apnea of infancy*. Clin Perinatol 1992;19:809-38.

8. Carroll JL. *Apparent Life Threatening Event (ALTE) assessment*. Pediatr Pulmonol Suppl 2004;26:108-9.).

TABULAR MODIFICATIONS

799 Other ill-defined and unknown causes of morbidity and mortality

799.8 Other ill-defined conditions

New code 799.82 Apparent life threatening event in infant
ALTE
Apparent life threatening event in newborn and infant

Newborn Post-discharge Health Check

The American Academy of Pediatrics (AAP) recommends that all otherwise healthy newborns that are discharged from the hospital less then 48 hours from delivery should be examined by their primary care provider within 2 days of that discharge.

The purpose of the follow-up visit is to:

Weigh the infant; assess the infant's general health, hydration, and degree of jaundice; identify any new problems; review feeding pattern and technique, including observation of breastfeeding for adequacy of position, latch-on, and swallowing; and obtain historical evidence of adequate urination and defecation patterns for the infant.

Assess quality of mother-infant interaction and details of infant behavior.

Reinforce maternal or family education in infant care, particularly regarding infant feeding.

Review the outstanding results of laboratory tests performed before discharge.

Perform screening tests in accordance with state regulations and other tests that are clinically indicated, such as serum bilirubin.

Verify the plan for health care maintenance, including a method for obtaining emergency services, preventive care and immunizations, periodic evaluations and physical examinations, and necessary screenings.

AAP raised the concern that existing codes do not adequately describe the reason for the encounter, including codes for the well child exam (V20.2), observation for other specified condition (V29.8) and other specified aftercare (V58.89). Therefore, AAP has asked that a new specific code be established for this type of visit. Based on recently published guidelines from AAP for post-hospital newborn care for both vaginal and caesarian deliveries, modifications to the previous proposal were made, to consider infants in the first 7 days of life, and 8 to 28 days.

TABULAR MODIFICATIONS

V20 Health supervision of infant or child

Revise V20.2 Routine infant or child health checks
Delete ~~Developmental testing of infant or child~~
~~Immunizations appropriate for age~~
~~Initial and subsequent routine newborn check~~
~~Routine vision and hearing testing~~

New code V20.21 Routine health check for newborn under 8 days old

New code V20.22 Routine health check for newborn 8 to 28 days old
Newborn weight check

New code V20.23 Routine health check for infant and child over 28 days old
Developmental testing of infant or child
Immunizations appropriate for age
Routine vision and hearing testing

Torus fracture

In 2002 a new code was added for torus fracture of radius, 813.45. Torus or buckle fractures generally occur from axial loading on a long bone of an extremity, such as falling on an outstretched arm. They are most common in children. While torus fractures are most common in the radius, they can also involve either the ulna alone, or both the radius and ulna. The American Academy of Pediatrics (AAP)has requested that additional codes be created for torus fractures of these other sites.

The term buckle fracture has not been indexed, so it is also proposed that it be indexed, referring to torus fracture. Also, as torus fractures can occur in the humerus it is being proposed to index torus fracture of the humerus to code 812.49, Other fracture of lower end of the humerus, closed.

TABULAR MODIFICATIONS

813 Fracture of radius and ulna

813.4 Lower end, closed

New code 813.46 Torus fracture of ulna

New code 813.47 Torus fracture of radius and ulna

INDEX MODIFICATIONS

Fracture
Add buckle – see Fracture, torus
torus
Add humerus 812.49

Torus
fracture
Add humerus 812.49

Pouchitis

Pouchitis is a nonspecific inflammation of an internal ileoanal pouch, which has been created following removal of part of the colon. The surgical procedure is a restorative proctocolectomy with ileal pouch anal anastomosis, and it may be done for treatment of ulcerative colitis or familial adenomatous polyposis. Creation of the pouch means that the patient does not need a permanent ileostomy, but can have preserved continence.

One of the most common complications of the pouch is pouchitis. Presenting symptoms of pouchitis include diarrhea, which may be bloody, along with urgency and incontinence. This may be accompanied by abdominal pain, fever, loss of appetite, and general malaise. Pouchitis may usually be treated successfully with antibiotics. However, relapse is common. The cause of pouchitis is not understood.

A code for pouchitis was requested by two physicians from Tel Aviv Medical Center.

TABULAR MODIFICATIONS

569 Other disorders of intestine

New subcategory 569.7 Complications of intestinal pouch

New code 569.71 Pouchitis
Inflammation of internal ileoanal pouch

New code 569.79 Other complications of intestinal pouch

997 Complications affecting specified body systems, not elsewhere classified

997.4 Digestive system complications

Excludes: specified gastrointestinal complications classified elsewhere, such as:

Add complications of intestinal pouch (569.71-569.79)

Add pouchitis (569.71)

Gout

Gout is a disorder in which urate (uric acid) crystals are deposited in joints and soft tissues with accompanying inflammation and degenerative changes. This is generally associated with hyperuricemia, excessive uric acid in the blood, although hyperuricemia does not always progress to gout. While definitions continue to evolve, current literature routinely describes four progressive stages of gout:

- Asymptomatic urate deposition or accumulation: This is documented evidence of uric acid accumulation in the tissues of a patient with concomitant hyperuricemia, but without an as-yet established diagnosis of gout.
- Acute gout (also known as gout attacks or gout flares): Acute gout is an acute symptomatic inflammation caused by urate crystals in one or more joints. Acute gout is generally intermittent, unpredictable, extremely painful and at times debilitating. Acute gout (attack, flare) clinically corresponds to acute gouty arthropathy.
- Intercritical gout: This includes the interval between gout flares during which time joints symptomatically return to normal, often in the face of persistent hyperuricemia.
- Chronic tophaceous gout: This stage of chronic arthritis is associated with tophi, concentrated urate crystal deposits in and around joints and in subcutaneous tissue. The arthritis is characterized by tender and swollen joints. Tophi usually appear only after a patient has had gout for several years.

Asymptomatic urate deposition and intercritical gout are terms usually reserved for academic discussion and literature. However, acute gout and chronic gout with and without tophi are diagnoses in general clinical usage and are commonly documented in medical records. The currently available ICD-9-CM codes do not differentiate these distinctly different clinical aspects of gout.

There have been no new therapeutic agents to treat gout and hyperuricemia since 1964, so that there has been relatively little reason to update gout-related codes. However, there are currently a number of new agents in the final stage of development for use in various aspects of gout management (e.g., a selective xanthine oxidase inhibitor; a PEGylated uricase enzyme (with polyethylene glycol, PEG, strands attached to prolong the time the enzyme stays in the circulation), an interluekin-1 receptor antagonist, and cyclooxygenase-2 inhibitors).

The majority of individuals with gout are treated by primary care physicians and not specialists, with the many gout-related visits based on the acute exacerbations of the disease, such as flares, tender and swollen joints, or complications of tophi. Together with new agents targeted at different aspects of gout management, the ability to appropriately code for the relevant aspect of the disease is important in addressing patient outcomes, determining the appropriateness of treatment, and performing precise health care services research of many types.

New codes to differentiate the stages of gouty arthropathy have been requested by Savient Pharmaceuticals Inc.

TABULAR MODIFICATIONS

274 Gout

274.0 Gouty arthropathy

New code 274.00 Gouty arthropathy, unspecified

New code 274.01 Acute gouty arthropathy
Acute gout
Gout attack
Gout flare
Podagra

New code 274.02 Chronic gouty arthropathy without mention of tophus (tophi)
Chronic gout

New code 274.03 Chronic gouty arthropathy with tophus (tophi)
Chronic tophaceous gout
Gout with tophi NOS

274.8 Gout with other specified manifestations

274.82 Gouty tophi of other sites

Add Excludes: gout with tophi NOS (274.03)
gouty arthropathy with tophi (274.03)

Colic

Colic generally affects newborns and infants between 3 and 12 weeks of age. While very concerning to most parents, it is a benign condition. The etiology is unclear. Currently infantile colic is coded to 789.0x, Abdominal pain, with a fifth-digit for site.

The American Academy of Pediatrics (AAP) has stated that this does not appear appropriate, especially since the underlying cause may not be related to abdominal pain. The AAP has recommended removing the term colic as an inclusion term at code 789.0 and providing it with its own code. This would allow for better tracking of this condition.

TABULAR MODIFICATIONS

789 Other symptoms involving abdomen and pelvis

789.0 Abdominal pain
[0-7,9]

Delete ~~Colic:~~
~~NOS~~
~~infantile~~

New code 789.7 Colic
Infantile colic

Vomiting expansion

Vomiting can be a very non-specific complaint with many different conditions. However, in the same way that persistent vomiting (536.2) can indicate a more significant problem, bilious emesis can also be indicative of a serious condition that may require an extensive evaluation. Currently, vomiting fecal matter is indexed to a non-specific "Other disorders of intestine, other" (569.89). Also, with the current neonatal ICD-9-CM codes there is no ability to differentiate vomiting, bilious emesis or similar problems from feeding issues in the newborn.

The American Academy of Pediatrics has requested ICD-9-CM modifications to enable better tracking of these conditions.

TABULAR MODIFICATIONS

536 Disorders of function of stomach

536.2 Persistent vomiting

Add — Excludes: bilious emesis (vomiting) (787.04)
vomiting of fecal matter (787.05)

787 Symptoms involving digestive system

787.0 Nausea and vomiting

Add — Excludes: persistent vomiting (536.2)

New code — 787.04 Bilious emesis
Bilious vomiting

Excludes: bilious emesis (vomiting) in newborn (779.32)

New code — 787.05 Vomiting of fecal matter

779 Other and ill-defined conditions originating in the perinatal period

Revise 779.3 Disorder of stomach function and feeding problems in newborn

Delete ~~Regurgitation of food in newborn~~

Delete ~~Slow feeding in newborn~~

Delete ~~Vomiting in newborn~~

New code 779.31 Feeding problems in newborn

New code 779.32 Bilious vomiting in newborn

New code 779.33 Other vomiting in newborn
Regurgitation of food in newborn

New code 779.34 Failure to thrive in newborn

783 Symptoms concerning nutrition, metabolism, and development

783.4 Lack of expected normal physiological development in childhood

783.41 Failure to thrive

Add Excludes: failure to thrive in newborn (779.34)

Merkel cell carcinoma

Paul Nghiem, M.D., an associate professor and researcher at the University of Washington, Fred Hutchinson Cancer Research Center has requested distinct diagnosis codes for Merkel cell carcinoma. Merkel cell carcinoma is an aggressive neuroendocrine skin cancer with a rising incidence. In the United States there are about 1500 new cases per year, approximating cutaneous T-cell lymphoma. This lethal cancer of the skin has a 33% disease specific mortality which is much higher than that of melanoma (~15%) making it the most common cause of non-melanoma skin cancer death in the United States. The incidence of Merkel cell carcinoma has more than tripled in the past 20 years. Both melanoma and cutaneous T-cell lymphoma (CTCL/mycosis fungoides) have their own ICD-9-CM codes.

Currently the index directs the coder to code Merkel cell carcinoma to malignant neoplasm, by site which for the skin is category 173, Other malignant neoplasm of the skin. This category is also used for far more common skin tumors such as basal and squamous cell carcinoma. This can make it difficult for Merkel cell carcinoma patients to be tracked and receive appropriate medical care needed for this more aggressive cancer. Merkel cell carcinoma does have a unique pathology code (8247) used by tumor registries across the country. Since there are no unique ICD-9-CM diagnosis codes for Merkel cell carcinoma, these proposed codes would improve the accuracy and consistency of coding this and help improve identifying and tracking these patients.

TABULAR MODIFICATIONS

	209	Neuroendocrine tumors		
		209.3	Malignant poorly differentiated neuroendocrine tumors	
New code			209.31	Merkel cell carcinoma of the face Merkel cell carcinoma of the ear Merkel cell carcinoma of the eyelid, including canthus Merkel cell carcinoma of the lip
New code			209.32	Merkel cell carcinoma of the scalp and neck
New code			209.33	Merkel cell carcinoma of the upper limb
New code			209.34	Merkel cell carcinoma of the lower limb
New code			209.35	Merkel cell carcinoma of the trunk
New code			209.36	Merkel cell carcinoma of other sites Merkel cell carcinoma of the buttock Merkel cell carcinoma of the genitals
New code			209.37	Merkel cell carcinoma, unknown primary site Merkel cell carcinoma nodal presentation Merkel cell carcinoma visceral metastatic presentation

Secondary neuroendocrine tumors and personal history of neuroendocrine tumors

On October 1, 2008 category 209, Neuroendocrine tumors, will become effective. This new category includes codes for primary neuroendocrine tumors. M.D. Anderson Cancer Center, the facility that requested the category, has asked that additional codes be created for secondary neuroendocrine tumors and personal history of neuroendocrine tumors to fully classify these types of neoplasms. An additional subcategory under 209 is being proposed for the secondary sites, and a new code under category V10, Personal history of malignant neoplasm, is also being proposed. The use of these codes would follow the same guidelines as for all malignant neoplasms.

TABULAR MODIFICATIONS

196 Secondary and unspecified malignant neoplasm of lymph nodes

Add Excludes: secondary neuroendocrine tumor of (distant) lymph nodes (207.71)

197 Secondary malignant neoplasm of respiratory and digestive systems

Add Excludes: secondary neuroendocrine tumor of liver (207.72)
Add secondary neuroendocrine tumor of respiratory organs (207.79)

198 Secondary malignant neoplasm of other specified sites

Add Excludes: secondary neuroendocrine tumor of other specified sites (207.79)

209 Neuroendocrine tumors

New subcategory 209.7 Secondary neuroendocrine tumors
Secondary carcinoid tumors

New code	209.70	Secondary neuroendocrine tumor, unspecified site
New code	209.71	Secondary neuroendocrine tumor of distant lymph nodes Mesentery metastasis of neuroendocrine tumor
New code	209.72	Secondary neuroendocrine tumor of liver
New code	209.73	Secondary neuroendocrine tumor of bone
New code	209.74	Secondary neuroendocrine tumor of peritoneum
New code	209.79	Secondary neuroendocrine tumor of other sites

V10 Personal history of malignant neoplasm

Delete ~~Code first any continuing functional activity, such as: carcinoid syndrome (259.2)~~

V10.0 Gastrointestinal tract

Add Excludes: personal history of carcinoid tumor (V10.91)
personal history of neuroendocrine tumor (V10.91)

V10.1 Trachea, bronchus, and lung

Add Excludes: personal history of carcinoid tumor (V10.91)
personal history of neuroendocrine tumor (V10.91)

V10.8 Personal history of malignant neoplasm of other sites

Add Excludes: personal history of carcinoid tumor (V10.91)
personal history of neuroendocrine tumor (V10.91)

Revise V10.9 Other and ~~U~~unspecified personal history of malignant neoplasm

New code V10.90 Unspecified personal history of malignant neoplasm

New code V10.91 Personal history of neuroendocrine tumor
Personal history of carcinoid tumor

Code first any continuing functional activity, such as:
carcinoid syndrome (259.2)

Inconclusive mammogram

A routine mammogram may be deemed inconclusive due to what is termed dense breasts. This is not considered an abnormal condition, but one which requires further testing to confirm that no malignant condition exists that cannot be noted on mammogram. A new code has been requested to explain this situation and to justify further testing.

Category 793, Nonspecific abnormal findings on radiological and other examination of body structure, was considered the best category for this new code, but there were concerns that because dense breasts are not abnormal category 793 would not be correct. To remedy this potential conflict it is being proposed that the title of category 793 be modified to have the term abnormal be nonessential allowing the inclusion of inconclusive, but not necessarily abnormal test findings to be included in this category.

TABULAR MODIFICATIONS

Revise	793	Nonspecific <u>(abnormal)</u> findings on radiological and other examination of body structure
		793.8 Breast
Add		Excludes: inconclusive mammogram (793.92)
		793.9 Other
New code		793.92 Inconclusive mammogram Dense breasts Inconclusive mammography

Addenda

TABULAR ADDENDA

046 Slow virus infections and prion diseases of central nervous system

046.1 Jakob-Creutzfeldt disease

Add Use additional code to identify dementia:
Add with behavioral disturbance (294.11)
Add without behavioral disturbance (294.10)

Revise VIRAL DISEASES GENERALLY ACCOMPANIED BY EXANTHEM (050-059)

172 Malignant melanoma of skin

Revise Excludes: sites other than skin~~?~~ code to malignant neoplasm of the site

199 Malignant neoplasm without specification of site

Add Excludes: malignant (poorly differentiated) neuroendocrine carcinoma, any site (209.30)
Revise malignant (poorly differentiated) neuroendocrine tumor, any site (209.30)
Revise neuroendocrine carcinoma (high grade), any site (209.30)

199.2 Malignant neoplasm associated with transplanted organ

Revise Use additional code for specific malignancy ~~site~~

202 Other malignant neoplasms of lymphoid and histiocytic tissue

202.0 Nodular lymphoma
Lymphoma:
Revise follicular (giant) (large cell)

209 Neuroendocrine tumors

Add Excludes: benign pancreatic islet cell tumors (211.7)
Revise malignant pancreatic islet cell tumors (157.4)

238 Neoplasm of uncertain behavior of other and unspecified sites and tissues

238.7 Other lymphatic and hematopoietic tissues

238.72 Low grade myelodysplastic syndrome lesions
Add Refractory anemia with excess blasts-1 (RAEB-1)
238.73 High grade myelodysplastic syndrome lesions
Delete ~~Refractory anemia with excess blasts-1 (RAEB-1)~~

244 Acquired hypothyroidism

244.1 Other postablative hypothyroidism
Add Hypothyroidism following therapy, such as irradiation

244.2 Iodine hypothyroidism
Add Hypothyroidism resulting from administration or ingestion of iodide

251 Other disorders of pancreatic internal secretion

251.3 Postsurgical hypoinsulinemia
Add Postpancreatectomy (complete) (partial)

Add Use additional code to identify (any associated):
Add acquired absence of pancreas (V45.79)
Add secondary diabetes mellitus (249.00-249.91)
Add insulin use (V58.67)

Add Excludes: transient hyperglycemia post procedure (790.29)
transient hypoglycemia post procedure (251.2)

272 Disorders of lipoid metabolism

272.2 Mixed hyperlipidemia
Add Combined hyperlipidemia
Add Elevated cholesterol with elevated triglycerides NEC

272.4 Other and unspecified hyperlipidemia
Delete ~~Combined hyperlipidemia~~

279 Disorders involving the immune mechanism

279.5 Graft-versus-host disease

Code first underlying cause, such as:

Revise complication of transplanted organ ~~(bone marrow)~~ (996.80-996.89)

Revise complication of blood transfusion (998.89)

285 Other and unspecified anemias

285.2 Anemia of chronic disease

Revise Anemia in (due to) (with) chronic illness

294 Persistent mental disorders due to conditions classified elsewhere

294.1 Dementia in conditions classified elsewhere

Code first any underlying physical condition as:

dementia in:

Revise Jakob-Creutzfeldt disease (046.19)

305 Nondependent abuse of drugs

305.1 Tobacco use disorder

Delete ~~[0-3]~~

331 Other cerebral degenerations

331.7 Cerebral degeneration in diseases classified elsewhere

Excludes: cerebral degeneration in:

Revise Jakob-Creutzfeldt disease (046.19)

372 Disorders of conjunctiva

372.3 Other and unspecified conjunctivitis

372.34 Pingueculitis

Add Excludes: Pinguecula (372.51)

372.5 Conjunctival degenerations and deposits

372.51 Pinguecula

Add Excludes: Pingueculitis (372.34)

403 Hypertensive chronic kidney disease

Revise Excludes: acute kidney failure (584.5-584.9)

413 Angina pectoris

413.9 Other and unspecified angina pectoris
Angina:
Add equivalent

Add Use additional code(s) for symptoms associated with angina equivalent

445 Atheroembolism

445.8 Of other sites

445.81 Kidney

Revise Use additional code for any associated acute kidney failure or chronic kidney disease (584, 585)

Revise 584 Acute ~~renal~~ kidney failure
Add Acute kidney disease
Add Acute kidney failure
Add Acute renal failure

Revise 584.5 Acute kidney failure ~~W~~with lesion of tubular necrosis
Add Acute kidney failure with lesion of tubular necrosis

Revise 584.6 Acute kidney failure ~~W~~with lesion of renal cortical necrosis

Revise 584.7 Acute kidney failure ~~W~~with lesion of renal medullary [papillary] necrosis

Revise 584.8 Acute kidney failure ~~W~~with other specified pathological lesion in kidney

Revise 584.9 Acute kidney failure ~~Acute renal failure~~, unspecified

587 Renal sclerosis, unspecified

Includes: Atrophy of kidney

Delete ~~Atrophy of kidney~~

611 Other disorders of breast

611.8 Other specified disorders of breast

611.82 Hypoplasia of breast

Add Excludes: congenital absence of breast (757.6)

624 Noninflammatory disorders of vulva and perineum

Revise Excludes: condyloma acuminatum (078.10)

639 Complications following abortion and ectopic and molar pregnancies

Revise 639.3 Kidney failure

Revise Renal (Kidney):

649 Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium

649.3 Coagulation defects complicating pregnancy, childbirth, or the puerperium

Revise Conditions classifiable to 286, 287, 289

Revise Use additional code to identify the specific coagulation defect (286.0-286.9, 287.0-287.9, 289.0-289.9)

669 Other complications of labor and delivery, not elsewhere classified

Revise 669.3 Acute kidney failure following labor and delivery

INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE (680-686)

Excludes: certain infections of skin classified under "Infectious and Parasitic Diseases," such as:

Revise viral warts (078.10)

707 Chronic ulcer of skin

707.0 Pressure ulcer

Add — 707.03 Lower back
Coccyx

733 Other disorders of bone and cartilage

733.1 Pathologic fracture
Add — Chronic fracture

757 Congenital anomalies of the integument

Revise — 757.6 Specified congenital anomalies of breast
Revise — Congenital a~~A~~bsent breast or nipple

Add — Excludes: micromastia (611.82)

772 Fetal and neonatal hemorrhage

Add — Excludes: fetal hematologic conditions (678.0)

Revise — 772.0 Fetal blood loss affecting newborn

776 Hematological disorders of newborn

Revise — Includes: disorders specific to the ~~fetus or~~ newborn though possibly originating in utero

Revise — 776.9 Unspecified hematological disorder specific to ~~fetus or~~ newborn

777 Perinatal disorders of digestive system

777.5 Necrotizing enterocolitis in newborn
Delete — ~~Pseudomembranous enterocolitis in newborn~~

Add — 777.51 Stage I necrotizing enterocolitis in newborn
Necrotizing enterocolitis without pneumatosis, without perforation

795 Other and nonspecific abnormal cytological, histological, immunological and DNA test findings

795.0 Abnormal Papanicolaou smear of cervix and cervical HPV

Revise Excludes: carcinoma ~~in situ~~ in situ of cervix (233.1)

795.3 Nonspecific positive culture findings

795.39 Other nonspecific positive culture findings

Add Excludes: colonization status (V02.0-V02.9)

796 Other nonspecific abnormal findings

796.7 Abnormal cytologic smear of anus and anal HPV

Revise Excludes: severe anal dysplasia (histologically confirmed) (230.5, 230.6)

OPEN WOUNDS (870-897)

Note: The description "complicated" used in the fourth-digit subdivisions includes those with mention of delayed healing, delayed treatment, foreign body, or infection.

Add Code first any associated systemic infection or infection with systemic effects, such as:
wound botulism (040.42)

Revise Use additional code to identify localized or superficial infection

995 Certain adverse effects not elsewhere classified

995.9 Systemic inflammatory response syndrome (SIRS)

995.92 Severe sepsis

Use additional code to specify acute organ dysfunction, such as:

Revise acute kidney failure (584.5-584.9)

995.94 Systemic inflammatory response syndrome due to non-infectious process with acute organ dysfunction

Use additional code to specify acute organ dysfunction, such as:

Revise acute kidney failure (584.5-584.9)

996 Complications peculiar to certain specified procedures

996.4 Mechanical complication of internal orthopedic device, implant, and graft

Revise 996.43 ~~Prosthetic joint implant failure~~ Broken prosthetic joint implant

996.5 Mechanical complication of other specified prosthetic device, implant, and graft

996.53 Due to ocular lens prosthesis

Revise Excludes: contact lenses~~?~~ code to condition

997 Complications affecting specified body systems, not elsewhere classified

997.3 Respiratory complications

997.31 Ventilator associated pneumonia

Add Ventilator associated pneumonitis

997.5 Urinary complications

Revise Renal (Kidney):

V07 Need for isolation and other prophylactic measures

V07.5 Prophylactic use of agents affecting estrogen receptors and estrogen levels

V07.52 Prophylactic use of aromatase inhibitors

Prophylactic use of:

Revise exemestane ~~exemestar~~ (Aromasin)

V15 Other personal history presenting hazards to health

V15.8 Other specified personal history presenting hazards to health

Revise V15.84 Contact with and (suspected) exposure to ~~to Exposure to~~ asbestos

Revise V15.85 Contact with and (suspected) exposure to ~~Exposure to~~ potentially hazardous body fluids

Revise V15.86 Contact with and (suspected) exposure to ~~Exposure to~~ lead

V23 Supervision of high-risk pregnancy

V23.8 Other high-risk pregnancy

V23.86 Pregnancy with history of in utero procedure during previous pregnancy

Revise Excludes: management of pregnancy affected by in utero procedure during current pregnancy (679.0-679.1)

V45 Other postprocedural states

V45.7 Acquired absence of organ

V45.71 Acquired absence of breast and nipple

Add Excludes: congenital absence of breast and nipple (757.6)

V54 Other orthopedic aftercare

V54.0 Aftercare involving internal fixation device

Add Excludes: aftercare involving internal fixation devices used for fracture treatment (V54.10-V54.19, V54.20-V54.29)

V54.1 Aftercare for healing traumatic fracture

Add Excludes: aftercare following joint replacement (V54.81)

V54.2 Aftercare for healing pathologic fracture

Add Excludes: aftercare following joint replacement (V54.81)

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