

ICD-9-CM Coordination and Maintenance Committee Meeting
December 5, 2003

AGENDA (Diagnosis portion)

Welcome and announcements

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ICD-9-CM TIME LINE

- October 1, 2003 New and revised ICD-9-CM codes from the 2002 cycle went into effect.
- October 3, 2003 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the December 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting.
- December 2003 Summary report of the Procedure part of the December 4, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:<http://www.cms.hhs.gov/paymentsystems/icd9>
- Summary report of the Diagnosis part of the December 5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>
- January 9, 2004 Deadline for receipt of public comments on proposed code revisions discussed at the April 3-4, 2003 and December 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2004.
- Feb. 2, 2004 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the April 1-2, 2004 ICD-9-CM Coordination and Maintenance Committee meeting.
- April 1-2, 2004 ICD-9-CM Coordination and Maintenance Committee meeting in the CMS auditorium. Diagnosis and procedure code revisions discussed are for potential implementation on October 1, 2005.
- June 2004 Final addenda for October 1, 2004 posted on web pages as follows: Diagnosis addenda: <http://www.cdc.gov/nchs/icd9.htm> and Procedure addenda at: <http://www.cms.hhs.gov/paymentsystems/icd9>
- October 1, 2004 New and revised ICD-9-CM codes from the 2003 cycle go into effect.
- October 2, 2004 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the December 2-3, 2004 ICD-9-CM Coordination and Maintenance Committee meeting.

November 2004 Tentative agenda for the Procedure part of the December 2, 2004 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <http://www.cms.hhs.gov/paymentsystems/icd9>

Tentative agenda for the Diagnosis part of the December 3, 2004 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>

Federal Register Notice of December 2-3, 2004 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published.

December 2-3, 2004 ICD-9-CM Coordination and Maintenance Committee meeting in the CMS auditorium. Diagnosis and procedure code revisions discussed are for potential implementation on October 1, 2005.

Topic: Dental code expansions

Currently, there is no diagnostic code system available that provides a comprehensive basis adequate to meet oral health care diagnostic needs. As a result, diagnostic coding is not widely utilized in dentistry. The need for a comprehensive diagnostic code base has become critical with the advent of the digital age and electronic patient record. By using diagnostic codes, dentists would have the capacity to compare the outcomes of patients with a common diagnosis to determine what level of severity of the condition was associated with poor prognoses, identify which types of concurrent diagnoses were associated with slower healing, learn what types of services provide better outcomes, and document what types of services provide longer lasting outcomes. It will simultaneously provide access to more complete clinical documentation and support aggregation of data across study sites and investigators, thus enhancing the population research base and supporting outcomes research. The diagnostic codes will also standardize the process of reporting disease prevalence and incidence creating more reliable measures of societal patterns of disease.

The existing codes under the heading 'Diseases of oral cavity, salivary glands and jaws' (520-529) have not evolved enough since their inception in 1979 and do not reflect the nature of dental practice today, or our educational and research needs. There have been few changes to the dental codes over the past ten years. The most recent changes to these codes came into effect in 2001, and they were minor modifications. The University of Illinois College of Dentistry is proposing this comprehensive revision of the codes to make them more universally useful and reflective of dental practice. This will support the educational and research needs of dentistry.

The codes being proposed are part of normal diagnostic data collection that occurs for all patients. They meet with the existing standard of care in dentistry. They are within the scope and conventions of the existing classification. By adopting these codes into the public domain, dental educators and researchers will be able to contribute significantly to the body of knowledge in dentistry.

TABULAR MODIFICATIONS

	520	Disorders of tooth development and eruption
	520.6	Disturbances in tooth eruption
Delete		Excludes: impacted or embedded teeth with abnormal position of such teeth or adjacent teeth (524.3)
	521	Diseases of hard tissue of teeth
	521.0	Dental caries
New code	521.06	Dental caries pit and fissure
New code	521.07	Dental caries of smooth surface
New code	521.08	Dental caries of root surface

Revise	521.1	Excessive attrition (approximal wear) (occlusal wear)
Delete		Approximal wear
Delete		Occlusal wear
New code	521.10	Excessive attrition, unspecified
New code	521.11	Excessive attrition, limited to enamel
New code	521.12	Excessive attrition, extending into dentine
New code	521.13	Excessive attrition, extending into pulp
New code	521.14	Excessive attrition, localized
New code	521.15	Excessive attrition, generalized
	521.2	Abrasion
New code	521.20	Abrasion, unspecified
New code	521.21	Abrasion, limited to enamel
New code	521.22	Abrasion, extending into dentine
New code	521.23	Abrasion, extending into pulp
New code	521.24	Abrasion, localized
New code	521.25	Abrasion, generalized
	521.3	Erosion
New code	521.30	Erosion, unspecified
New code	521.31	Erosion, limited to enamel
New code	521.32	Erosion, extending into dentine
New code	521.33	Erosion, extending into pulp
New code	521.34	Erosion, localized
New code	521.35	Erosion, generalized
	521.4	Pathological resorption
Delete		Internal granuloma of pulp
Delete		Resorption of tooth or root (external) (internal)
New code	521.40	Pathological resorption, unspecified
New code	521.41	Pathological resorption, internal
New code	521.42	Pathological resorption, external
New code	521.49	Other pathological resorption
		Internal granuloma of pulp
Revise	521.7	<u>Intrinsic</u> posteruptive color changes
Add		Excludes: extrinsic color changes (523.6)
	523	Gingival and periodontal diseases
	523.2	Gingival recession
Revise		Gingival recession (generalized) (localized) (postinfective) (postoperative)
New code	523.20	Gingival recession, unspecified
New code	523.21	Gingival recession, minimal
New code	523.22	Gingival recession, moderate
New code	523.23	Gingival recession, severe
New code	523.24	Gingival recession, localized
New code	523.25	Gingival recession, generalized

	523.6	Accretions on teeth
Add		Extrinsic discoloration of teeth
Add		Excludes: intrinsic discoloration of teeth (521.7)
	524	Dentofacial anomalies, including malocclusion
	524.0	Major anomaly of jaw size
New code	524.07	Excessive tuberosity of jaw
	524.2	Anomalies of dental arch relationship
Delete		Crossbite (anterior) (posterior)
		Disto-occlusion
		Mesio-occlusion
		Midline deviation
		Open bite (anterior) (posterior)
		Overbite (excessive):
		 deep
		 horizontal
		 vertical
		Overjet
		Posterior lingual occlusion of mandibular teeth
		Soft tissue impingement
Add		Excludes: soft tissue impingement (524.80, 524.81)
New code	524.20	Unspecified anomaly of dental arch relationship
New code	524.21	Angle's class I
		Neutro-occlusion
New code	524.22	Angle's class II
		Disto-occlusion Division I
		Disto-occlusion Division II
New code	524.23	Angle's class III
		Mesio-occlusion
New code	524.24	Open anterior occlusal relationship
New code	524.25	Open posterior occlusal relationship
New code	524.26	Excessive horizontal overlap
New code	524.27	Reverse articulation
		Anterior articulation
		Posterior articulation
New code	524.28	Anomalies of interarch distance
		Inadequate interarch distance
		Excessive interarch distance
New code	524.29	Other anomalies of dental arch relationship

Revise	524.3	Anomalies of tooth position <u>of fully erupted teeth</u>
Add		Excludes: impacted or embedded teeth with abnormal position of such teeth or adjacent teeth (520.6)
Delete		Crowding of tooth, teeth
		Diastema of tooth, teeth
		Displacement of tooth, teeth
		Rotation of tooth, teeth
		Spacing, abnormal, of tooth, teeth
		Transposition of tooth, teeth
		Impacted or embedded teeth with abnormal position of such teeth or adjacent teeth
New code	524.30	Unspecified anomaly of tooth position
		Diastema of teeth NOS
		Displacement of teeth NOS
		Transposition of teeth NOS
New code	524.31	Crowding of teeth
New code	524.32	Excessive spacing of teeth
New code	524.33	Horizontal displacement of teeth
		Tipping of teeth
New code	524.34	Vertical displacement of teeth
		Infraeruption of teeth
		Supraeruption of teeth
New code	524.35	Rotation of teeth
New code	524.36	Insufficient interocclusal distance of teeth (ridge)
New code	524.37	Excessive interocclusal distance of teeth
		Loss of occlusal vertical dimension
New code	524.39	Other anomalies of tooth position
	524.5	Dentofacial functional abnormalities
Delete		Abnormal jaw closure
		Malocclusion due to:
		abnormal swallowing
		mouth breathing
		tongue, lip, or finger habits
New code	524.50	Dentofacial functional abnormality, unspecified
New code	524.51	Abnormal jaw closure
		Dyskinesia
New code	524.52	Limited mandibular range of motion
New code	524.53	Deviation in opening and closing of the mandible
New code	524.54	Insufficient anterior guidance
New code	524.55	Centric occlusion maximum intercuspation discrepancy
New code	524.56	Non-working side interference
New code	524.57	Lack of posterior occlusal support

New code	524.59 Other dentofacial functional abnormalities
	Abnormal swallowing
	Mouth breathing
	Tongue, lip, or finger habits
	Sleep postures
New code	524.6 Temporomandibular joint disorders
	524.64 Temporomandibular joint sounds on opening and/or closing the jaw
New code	524.7 Dental alveolar anomalies
	524.75 Vertical displacement of alveolus and teeth
	Extrusion of alveolus and teeth
New code	524.76 Occlusal plane deviation
New code	524.8 Other specified dentofacial anomalies
New code	524.81 Anterior soft tissue impingement
New code	524.82 Posterior soft tissue impingement
New code	524.89 Other specified dentofacial anomalies
	525 Other diseases and conditions of the teeth and supporting structures
	525.2 Atrophy of edentulous alveolar ridge
New code	525.20 Unspecified atrophy of edentulous alveolar ridge
	Atrophy of the mandible NOS
	Atrophy of the maxilla NOS
New code	525.21 Minimal atrophy of the mandible
New code	525.22 Moderate atrophy of the mandible
New code	525.23 Severe atrophy of the mandible
New code	525.24 Minimal atrophy of the maxilla
New code	525.25 Moderate atrophy of the maxilla
New code	525.26 Severe atrophy of the maxilla
	528 Diseases of the oral soft tissues, excluding lesions specific for gingiva and tongue
	528.7 Other disturbances of oral epithelium, including tongue
Delete	Erythroplakia of mouth or tongue
	Focal epithelial hyperplasia of mouth or tongue
	Leukoedema of mouth or tongue
	Leukokeratosis nicotina palati
New code	528.71 Minimal keratinized residual ridge mucosa
New code	528.72 Excessive keratinized residual ridge mucosa
New code	528.79 Other disturbances of oral epithelium, including tongue
	Erythroplakia of mouth or tongue
	Focal epithelial hyperplasia of mouth or tongue
	Leukoedema of mouth or tongue
	Leukokeratosis nicotina palati

Topic: Focal hyperhidrosis

Hyperhidrosis refers to a specific group of clinical disorders involving excessive sweating. It may be focal, regional or generalized depending upon the locations affected. Hyperhidrosis may be primary, occurring in the absence of an underlying condition, or it may be secondary, associated with another condition or as a result of treatment. Primary hyperhidrosis is generally focal, involving one or more specific locations in the body, such as the axilla, palms, soles, or face. Secondary hyperhidrosis is usually generalized, occurring, for example, as a symptom associated with endocrino-metabolic, cardiovascular or oncologic conditions. Secondary hyperhidrosis may be focal when occurring as a result of a local condition or its treatment, such as a tumor or radiation therapy.

Primary hyperhidrosis is not a rare disorder, affecting approximately 3% of the U.S. adult population. Symptoms manifest differently, depending upon the area affected, including soiled or damaged clothing, shoes or paperwork, or unappealing cold, wet handshakes. Excessive sweating of the underarms, hands or feet can be a substantial emotional burden and embarrassment and can interfere with daily activities.

The diagnosis of primary focal hyperhidrosis can be made only after excluding secondary causes of excessive sweating. Therapeutic options for treatment vary and range from non-surgical, topical treatment to intradermal botox injections, axillary liposuction and excision of the axillary sweat glands. Topical treatment is attempted first with surgical treatment being used as a last resort.

Though patients with primary focal hyperhidrosis are most frequently seen by dermatologists and neurologists, primary care physicians and pediatricians should also be instructed in the clinical presentation and treatment, as well as the coding of this condition.

Currently, the single code for hyperhidrosis is in the signs and symptoms chapter. The International Hyperhidrosis Society has requested a modification to the ICD-9-CM to allow for the coding of focal hyperhidrosis in the dermatology chapter of the classification with the current code excluded from any newly created codes.

TABULAR MODIFICATIONS

	705	Disorders of sweat glands
New sub- category		705.2 Focal hyperhidrosis
Add		Excludes: generalized (secondary) hyperhidrosis (780.8)
New code		705.21 Primary focal hyperhidrosis
		Hyperhidrosis of:
		axilla
		face
		palms
		soles
New code		705.22 Secondary focal hyperhidrosis
		Frey's syndrome
	780	General symptoms
Revise	780.8	<u>Generalized</u> hyperhidrosis
Add		Secondary hyperhidrosis
Add		Excludes: focal hyperhidrosis (750.21-750.22)
Add		Frey's syndrome (705.22)

Topic: West Nile virus with and without encephalitis

Encephalitis is the most serious complication associated with the West Nile virus. Though many patients who contract this virus are asymptomatic, those patients who do develop encephalitis are acutely ill and require hospitalization. In order to differentiate between patients with West Nile, it is being proposed that the code be expanded to provide codes for with and without encephalitis.

TABULAR MODIFICATION

	066	Other arthropod-borne viral diseases
	066.4	West Nile Fever
Delete		West Nile encephalitis
		West Nile encephalomyelitis
New code	066.40	West Nile Fever without encephalitis West Nile Fever NOS
New code	066.41	West Nile Fever with encephalitis West Nile encephalitis West Nile encephalomyelitis

Topic: Awaiting heart transplant status

Many patients with heart disease are on the waiting list for a heart transplant. Some of these patients may be hospitalized due to the severity of their condition. It is being proposed that a new status code be created to distinguish patients who are hospitalized while awaiting a new heart from patients being seen for direct treatment of their heart disease. This status code could also be used on any patient medical record to indicate that the patient is on the heart transplant waiting list.

TABULAR MODIFICATION

V49 Other conditions influencing health status

V49.8 Other specified conditions influencing health status

New code V49.83 Awaiting heart transplant status

Topic: Alpha-1-antitrypsin deficiency

Alpha-1-antitrypsin (AAT) is an acute-phase reactive protein, produced mostly by the liver, designed to protect tissues. AAT deficiency is a genetic disorder characterized by the production of an abnormal AAT protein. When the abnormal AAT protein is produced it cannot be secreted by the liver. This causes the protein to accumulate within the liver and results in a marked reduction of circulating AAT levels. This results in chronic liver damage due to the accumulation of the protein in the liver and chronic lung damage due to the lack of protection to the lungs that the normal AAT protein is designed to provide. AAT deficiency is also believed to be responsible for certain cases of panniculitis, unexplained vasculitis and Wegener’s granulomatosis.

The generally cited prevalence of AAT deficiency in the U.S. is approximately 100,000 but this figure is probably an underestimate due to the additional numbers of persons with COPD and liver disease who are likely to have AAT deficiency.

There is no specific code for AAT deficiency in the ICD-9-CM. Currently it is indexed to code 277.6, Other deficiencies of circulating enzymes. This is an incorrect code assignment since AAT is not an enzyme. The Alpha-1 Foundation has submitted a proposal requesting that a new code be created for AAT deficiency.

TABULAR MODIFICATIONS

	273	Disorders of plasma protein metabolism
New code	273.4	Alpha-1-antitrypsin deficiency AAT deficiency
	277	Other and unspecified disorders of metabolism
Delete	277.6	Other deficiencies of circulating enzymes Alpha-1-antitrypsin deficiency

Topic: Other metabolic disorders

Clinical knowledge of metabolic conditions has increased substantially over the last decade. Codes in the ICD-9-CM have not been updated to provide unique codes for many of the more common metabolic conditions. The American College of Medical Genetics is proposing that new codes for disorders of fatty acid oxidation, peroxisomal disorders and disorders of mitochondrial metabolism be created. Each of these codes will include a number of specific disorders which are relatively rare. These are generally diagnosed in children, and their severity makes them complex to treat.

Disorders of fatty acid oxidation result in episodes of coma and hypoglycemia after prolonged periods without food. These episodes may be life threatening. Secondary carnitine deficiency may also be present. A number of specific enzyme deficiencies can result in a disorder of fatty acid oxidation. Certain specific disorders may cause chronic progressive muscle weakness, cardiomyopathy, rhabdomyolysis, or congenital anomalies.

Peroxisomal disorders involve problems with normal formation or functioning of the peroxisomes, subcellular membrane-bound organelles that contain various enzymes. The peroxisomes are involved in the metabolism of very long chain fatty acids. In disorders of peroxisome import, one or more proteins fail to be transported into the peroxisome. This prevents normal peroxisome function, affecting multiple enzymes. There can also be isolated single enzyme defects involving the peroxisomes.

Mitochondria are subcellular organelles involved in energy production and utilization. They have their own DNA and a double membrane. Mitochondrial metabolism disorders can result in a range of clinical disorders. Many of these involve neurological problems, such as encephalopathies or myopathies, for example with characteristic ragged red fibers found on muscle biopsy.

TABULAR MODIFICATIONS

277 Other and unspecified disorders of metabolism

277.8 Other specified disorders of metabolism

New code 277.85 Disorders of fatty acid oxidation
Carnitine palmitoyltransferase deficiencies (CPT1, CPT2)
Glutaric aciduria type II (type IIA, IIB, IIC)
Long chain/very long chain acyl CoA dehydrogenase deficiency (LCAD, VLCAD)
Long chain 3-hydroxyacyl CoA dehydrogenase deficiency (LCHAD)
Medium chain acyl CoA dehydrogenase deficiency (MCAD)
Short chain acyl CoA dehydrogenase deficiency (SCAD)

Add Excludes: primary carnitine deficiencies (277.81)

New code 277.86 Peroxisomal disorders
Adrenomyeloneuropathy
Infantile Refsum disease
Neonatal adrenoleukodystrophy
Rhizomelic chondrodysplasia punctata
X-linked adrenoleukodystrophy
Zellweger syndrome

New code

277.87 Disorders of mitochondrial metabolism

Kearns-Sayre syndrome

Mitochondrial Encephalopathy, Lactic Acidosis and Stroke-like episodes syndrome (MELAS)

Myoclonus with Epilepsy and with Ragged Red Fibers syndrome (MERRF)

Mitochondrial Neurogastrointestinal Encephalopathy (MNGIE)

Neuropathy, Ataxia and Retinitis Pigmentosa syndrome (NARP)

Add

Excludes: disorders of pyruvate metabolism (271.8)

Add

Leber's disease (377.16)

Add

Leigh's encephalopathy (330.8)

Add

Reye's syndrome (331.81)

Topic: Autosomal deletion syndromes

The study of the human genome has allowed for the identification of many chromosomal disorders. Deletions of certain portions of a chromosome may result in very serious defects such as mental retardation and multiple congenital anomalies. The American College of Medical Genetics is proposing that the code for autosomal deletion syndromes, 758.3, be expanded to allow for unique codes for certain of the conditions included there.

The cri du chat syndrome is due to a deletion on the short arm of the fifth chromosome (5p-). Affected infants have a high pitched cry, like a kitten. Associated findings can include mental retardation, microcephaly, dysmorphic features, inguinal hernia, partial syndactyly, and congenital heart disease. Velocardiofacial syndrome is due to a microdeletion at q11.2 on the long arm of chromosome 22, and is one of the most common microdeletion syndromes. It affects multiple organ systems. Findings are variable, and can include cleft palate, cardiac defects (most commonly ventricular septal defect), mild mental retardation, characteristic dysmorphic facial features, and immune deficiency. A number of other syndromes have been described related to microdeletions, small chromosomal deletions not visible on microscopic examination.

TABULAR MODIFICATIONS

	758	Chromosomal anomalies
Add		Use additional codes for conditions associated with the chromosomal anomalies
	758.3	Autosomal deletion syndromes
Delete		Antimongolism syndrome
Delete		Cri-du-chat syndrome
New code	758.31	Cri-du-chat syndrome Deletion 5p
New code	758.32	Velo-cardio-facial syndrome Deletion 22q11.2
New code	758.33	Other microdeletions Miller-Dieker syndrome Smith-Magenis syndrome
New code	758.39	Other autosomal deletions

Topic: Sleep disorders

The American Academy of Sleep Medicine has requested certain tabular and index modifications to the ICD-9-CM to enable the classification of specific type of sleep disorders, including narcolepsy, cataplexy and sleep related movement disorders. Narcolepsy is chronic recurrent attacks of drowsiness and sleep during the daytime. Cataplexy is the sudden, brief loss of muscle control brought on by strong emotion or emotional response. About 70% of patients with narcolepsy also have cataplexy.

Sleep medicine is a fairly new sub-specialty. There is a great deal of new knowledge on the types and treatments for sleep disorders that cannot be classified in the ICD-9-CM. A much larger expansion to the various sleep related codes will be included in the ICD-10-CM.

TABULAR MODIFICATIONS

	347	Cataplexy and narcolepsy
New subcategory	347.0	Narcolepsy
New code	347.00	without cataplexy Narcolepsy NOS
New code	347.01	with cataplexy
New subcategory	347.1	Narcolepsy in conditions classified elsewhere Code first underlying condition
New code	347.10	without cataplexy
New code	347.11	with cataplexy
	780	General symptoms
	780.5	Sleep disturbances
New code	780.58	Sleep related movement disorder Restless leg syndrome

INDEX MODIFICATION

	Disorder
Revise	dissociative 300.15
Add	nocturnal 307.47

Topic: Nonspecific abnormal findings on neonatal screening

Newborns are routinely screened for several metabolic conditions. Generally, an initial screening test is done, followed by a more precise test if the first test is positive. During the period between the initial test and the secondary test, it is not known whether the newborn actually has the condition being screened or has a false positive. The American College of Medical Genetics has requested that a new code be created to identify newborns in this interim period. This new code would allow physicians and states to better track babies that are awaiting screening test results.

TABULAR MODIFICATION

	796	Other nonspecific abnormal findings
New code	796.6	Nonspecific abnormal findings on neonatal screening
Add		Excludes: nonspecific serologic evidence of human immunodeficiency virus [HIV] (795.71)

Topic: Exposure to communicable diseases

Exposure to certain diseases can result in a high risk of morbidity and mortality, especially in children and patients with compromised immune systems. The American Academy of Pediatrics has requested that some additional exposure codes be added at V01.7, Exposure to other viral diseases and V01.8, Exposure to other communicable diseases.

TABULAR MODIFICATIONS

V01 Contact with or exposure to communicable disease

V01.7 Other viral diseases

New code V01.71 Varicella

New code V01.79 Other viral diseases

V01.8 Other communicable diseases

New code V01.83 Escherichia coli (E. coli)

New code V01.84 Meningococcus

Topic: Broken mechanical ventilator

Patients who are dependent on ventilators may be admitted to a health care facility when their mechanical ventilator has equipment malfunctions or when there is a power outage causing the machine to fail. There is no specific health condition requiring attention except their dependence on the respirator. Currently the only code available for this is V46.1, Other dependence on machines. This is a status code. A new code is being proposed to be able to indicate encounters associated with patients admitted due to the mechanical failure of the ventilator.

TABULAR MODIFICATION

V46 Other dependence on machines

V46.1 Respirator

New Code

V46.11 Dependence on respirator, status

New Code

V46.12 Dependence on respirator, machine failure

Add

Power failure causing machine failure

Topic: Chondritis of ear

Auricular perichondritis is an infection of the skin and layer of tissue around the cartilage of the outer ear. Most frequently this occurs following trauma or infection. Recently ear piercing through the cartilage has become a more significant risk factor for this condition. While this is not a common infection if it progresses to involve the cartilage of the ear it is called chondritis. Chondritis is the most feared complication of injury or surgery of the pinna since it can lead to severe damage to the ear. The damage can cause part of the ear to die and need to be surgically removed. This may result in the need for plastic surgery to restore the ear to its normal shape.

Currently perichondritis of the pinna is coded to 380.00-380.02. There is no code for chondritis of the ear, nor is it indexed. There is room to add this to the classification as follows:

TABULAR MODIFICATION

	380	Disorders of external ear
Revise	380.0	Perichondritis <u>and chondritis</u> of pinna
Add		Chondritis of auricle
New Code	380.03	Chondritis of pinna

Topic: Decubitus ulcers

Decubitus ulcers, also known as pressure sores and bedsores, occur most often in patients with diminished or absent sensation or who are debilitated, emaciated, paralyzed or long bedridden. Tissues over the elbows, sacrum, ischia, ankles, and heels are especially susceptible. Other sites may be involved depending on the patient’s positions. Pressure sores can also affect muscle and bone.

Currently there is one diagnosis code for decubitus ulcer, 707.0. This code is used regardless of the location of the decubitus. Many times patients have more than one decubitus located at different sites on the body. These ulcers may be different in severity and while one might be debrided the other(s) may not be as severe. A proposal is being made to establish codes for the more common body sites where decubitus ulcers may occur.

TABULAR MODIFICATION

707 Chronic ulcer of skin

707.0 Decubitus ulcer

New code	707.00 Unspecified site
New code	707.01 Elbow
New code	707.02 Upper back
Add	Shoulder blades
New code	707.03 Lower back
Add	Sacrum
New code	707.04 Hip
New code	707.05 Buttock
New code	707.06 Ankle
New code	707.07 Heel
New code	707.09 Other site
	Head

Topic: Deep vein thrombosis of lower extremity (DVT)

Venous thromboembolism (VTE) refers to occlusion within the venous system. It includes deep vein thrombosis (DVT), typically of the lower extremities, and embolism to the pulmonary vasculature. A unique code for DVT does not exist in the ICD-9-CM. At the April 3, 2003 ICD-9-CM Coordination and Maintenance meeting, it was proposed to create codes for DVT. Since that time NCHS has received proposals to expand this proposal to create more detailed codes for specific sites.

Additionally it has been suggested that these same site modifications be made to codes at subcategory 451.1, Phlebitis and thrombophlebitis of deep vessels of lower extremities. This proposal will be made at the April 2004 C&M meeting.

Proposed modification from April 3, 2003:

TABULAR MODIFICATION

	453	Other venous embolism and thrombosis
New sub-category	453.4	Venous embolism and thrombosis of deep vessels of lower extremity Deep vein thrombosis NOS DVT NOS
New code	453.40	Venous embolism and thrombosis of unspecified deep vessels of lower extremity
New code	453.41	Venous embolism and thrombosis of deep vessels of proximal lower extremity Upper leg NOS Thigh
New code	453.42	Venous embolism and thrombosis of deep vessels of distal lower extremity Calf Lower leg NOS

New proposed modification:

TABULAR MODIFICATION

	453	Other venous embolism and thrombosis
New sub- category	453.4	Venous embolism and thrombosis of deep vessels of lower extremity Deep vein thrombosis NOS
New code	453.40	Venous embolism and thrombosis of unspecified deep vessels of lower extremity
New code	453.41	Venous embolism and thrombosis of iliac vein
New code	453.42	Venous embolism and thrombosis of femoral vein
New code	453.43	Venous embolism and thrombosis of popliteal vein
New code	453.44	Venous embolism and thrombosis of tibial (calf) vein Calf Lower leg NOS

Topic: Endometrial hyperplasia with and without atypia

Endometrial hyperplasia, an abnormal growth of normal cells of the endometrium, may cause dysfunctional uterine bleeding. Women with atypical adenomatous hyperplasia (seen on biopsy) are at risk of developing adenocarcinoma of the endometrium. The ICD-9-CM code for endometrial hyperplasia does not distinguish between with and without atypia. The American College of Obstetricians and Gynecologists has requested that the existing code be expanded to allow the identification of endometrial hyperplasia with atypia.

This topic was presented at the April 2003 C&M meeting. However, the proposal as presented at that meeting did not distinguish between with and without atypia properly. An alternate proposal is now being presented.

TABULAR MODIFICATION

	621	Disorders of uterus, not elsewhere classified
Revise	621.3	Endometrial cystic hyperplasia
New code	621.30	Endometrial hyperplasia, unspecified Endometrial hyperplasia NOS
New code	621.31	Simple endometrial hyperplasia without atypia
New code	621.32	Complex endometrial hyperplasia without atypia
New code	621.33	Endometrial hyperplasia with atypia
Add		Excludes: carcinoma in-situ of endometrium (233.2)

Topic: Genital prolapse

A single code currently exists in the ICD-9-CM for prolapse of the vaginal wall without uterine prolapse and for complete uterovaginal prolapse. Concepts for relaxation and weakening of the vaginal outlet or pelvis do not have unique codes. Physicians from the American College of Obstetrics and Gynecology (ACOG) have requested that these codes be expanded to provide additional detail on the types of prolapses and that unique code for pelvic muscle relaxation and atrophy be created.

Urinary incontinence is a common problem associated with genital prolapse. A new code for overflow incontinence is also be proposed.

TABULAR MODIFICATIONS

	618	Genital prolapse
	618.0	Prolapse of vaginal walls without mention of uterine prolapse
Delete		Cystocele
		Cystourethrocele
		Proctocele, female, without mention of uterine prolapse
		Rectocele, without mention of uterine prolapse
		Urethrocele, female, without mention of uterine prolapse
		Vaginal prolapse, without mention of uterine prolapse
New code	618.00	Unspecified prolapse of vaginal walls Vaginal prolapse NOS
New code	618.01	Cystocele, midline Cystocele NOS
New code	618.02	Cystocele, lateral Paravaginal
New code	618.03	Urethrocele
New code	618.04	Rectocele Proctocele
New code	618.05	Perineocele
New code	618.09	Other prolapse of vaginal walls without mention of uterine prolapse Cystourethrocele

	618.3	Uterovaginal prolapse, complete
New code	618.30	Uterovaginal prolapse, complete, without prolapse of vaginal apex
		Uterovaginal prolapse, complete NOS
New code	618.31	Uterovaginal prolapse, complete, with prolapse of vaginal apex
	618.8	Other specified genital prolapse
Delete		Incompetence or weakening of pelvic fundus
		Relaxation of vaginal outlet or pelvis
New code	618.81	Incompetence or weakening of pubocervical tissue
New code	618.82	Incompetence or weakening of rectovaginal tissue
New code	618.83	Pelvic muscle wasting
		Disuse atrophy of pelvic muscles and anal sphincter
New code	618.89	Other specified genital prolapse
	728	Disorders of muscle, ligament, and fascia
	728.2	Muscular wasting and disuse atrophy, not elsewhere classified
Add		Excludes: pelvic muscle wasting and disuse atrophy (618.83)
	788	Symptoms involving urinary system
	788.3	Incontinence of urine
New code	788.38	Overflow incontinence

Topic: Bethesda system

A system for reporting the results of abnormal Pap tests, the Bethesda system, first published in 1989 and revised in 1991 has a new 2001 version. Over 90% of laboratories in the United States use the Bethesda system as well as labs in many other countries. It has been endorsed by more than 20 national and international societies.

The ICD-9-CM was updated on October 1, 2002 to reflect the changes made in the earlier version of the system. We are now proposing to revise the code titles and inclusion terms and add new codes to reflect the 2001 version. This is a revised proposal from the one presented at the April 2003 C&M meeting. It has been reviewed by physicians at the American College of Obstetrics and Gynecology for accuracy.

TABULAR MODIFICATIONS

	233	Carcinoma in situ of breast and genitourinary system
	233.1	Cervix uteri
Add		High grade squamous intraepithelial dysplasia of cervix (HGSIL)
Add		Severe dysplasia of cervix
	622	Noninflammatory disorders of cervix
	622.1	Dysplasia of cervix (uteri)
Delete		High grade squamous intraepithelial dysplasia (HGSIL)
		Low grade squamous intraepithelial dysplasia (LGSIL)
Add		High grade squamous intraepithelial lesion (HSIL)
Add		Human papillomavirus (HPV) with mild dysplasia
Add		Low grade squamous intraepithelial lesion (LSIL)
Add		Mild dysplasia
Add		Moderate dysplasia
Add	Excludes:	high grade squamous intraepithelial dysplasia of cervix (HGSIL) (233.1) severe dysplasia (233.1)

795 Nonspecific abnormal histological and immunological findings

795.0 Nonspecific abnormal Papanicolaou smear of cervix

Delete Excludes: ~~High grade squamous intraepithelial dysplasia (HGSIL)(622.1)~~
Delete ~~Low grade squamous intraepithelial dysplasia (LGSIL)(622.1)~~
Add High grade squamous intraepithelial lesion (HSIL) (622.1)
Add Human papillomavirus (HPV) with mild dysplasia (622.1)
Add Low grade squamous intraepithelial lesion (LSIL) (622.1)
Add Moderate dysplasia (622.1)

Revise 795.00 ~~Nonspecific abnormal Papanicolaou smear of cervix,~~
~~unspecified~~ Atypical glandular cells on papanicolaou smear
of cervix

Add Abnormal pap smear NOS
Add Atypical endocervical cells NOS
Add Atypical endometrial cells NOS
Add Atypical glandular cells NOS

Add 795.01 Atypical squamous cell changes of undetermined
significance favor benign (ASCUS favor benign)
Atypical glandular cells changes of undetermined
significance favor benign (AGCUS favor benign)
This classification is no longer valid. The code is being retained
for statistical purposes.

Add 795.02 Atypical squamous cell changes of undetermined
significance favor dysplasia (ASCUS favor dysplasia)
Atypical glandular cell changes of undetermined
significance favor dysplasia (AGCUS favor dysplasia)
This classification is no longer valid. The code is being retained
for statistical purposes.

New code 795.03 Atypical squamous cells of undetermined significance
(ASC-US)

New code	795.04 Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H) Atypical endocervical cells, favor neoplastic Atypical glandular cells, favor neoplastic
New code	795.05 Negative cellular changes
New code	795.06 Unsatisfactory smear Inadequate sample
Delete	795.09 Other nonspecific abnormal Papanicolaou smear of cervix Benign cellular changes
Delete	Unsatisfactory smear

Topic: Female genital mutilation

The topic of female circumcision was presented at the April 2003 C&M meeting. Comments were received requesting a more detailed set of new codes, specifically codes that identify the different types of procedures performed on females. Because the term designated by the World Health Organization for these procedures is female genital mutilation (FGM) the title of the proposal has been changed.

There are three basic types that fall under the heading of FGM. Type I: Clitoridectomy, a part or the whole clitoris has been amputated. Type II: Excision, both the clitoris and the labia minora have been amputated. Type III: Infibulation, the clitoris has been removed, some or all of the labia minora have been cut off and incisions made in the labia majora have healed as a “hood of skin” which covers the urethra and most of the vagina. A small opening made after healing allows for the flow of urine and menstrual blood.

Of all women who have undergone this procedure 85% have had either a type I or type II performed. In those countries where type III is practiced, the procedure is performed on 99% of all females. For physicians in the U.S. who serve a large immigrant population as many as two-thirds of their female patients have undergone some form of FGM.

Common early complications of all types of FGM are hemorrhage and severe pain. Long-term complications of FGM are associated more with infibulation. These include chronic pelvic infections due to interference with the drainage of urine and menstrual blood. For women who have undergone infibulation, deinfibulation surgery is necessary to permit the woman to have sexual intercourse, have a pelvic exam performed or to deliver a baby. For multiparous woman who have been deinfibulated to permit delivery of a baby and then reinfibulated after delivery there is a high incidence of maternal and fetal death with subsequent pregnancies.

Because of the potential serious complications associated with FGM, it is being proposed that new codes be created in the genitourinary system chapter. These new codes would be used for non-gravid patients and as secondary codes for gravid patients.

TABULAR MODIFICATIONS

	629	Other disorders of female genital organs
New subcategory	629.2	Female genital mutilation status Female circumcision status
New code	629.20	Female genital mutilation Type I status Clitorectomy status Female genital mutilation status NOS
New code	629.20	Female genital mutilation Type II status Clitorectomy with excision of labia minora status
New code	629.20	Female genital mutilation Type III status Infibulation status

Topic: Long-term use of aspirin and insulin

Aspirin is used on a long-term basis by many people for various reasons including, pain relief, blood-clot prevention, arthritis. The dose varies with the purpose. Certain of the current codes under subcategory V58.6, Long-term (current) drug use, all have properties that can be associated with aspirin. Because of this, it has been difficult to decide which code from V58.6 to assign to indicate a patient is on aspirin. To correct this, a new code for long-term (current) aspirin use is being proposed. The new code would be excluded from conflicting codes under V58.6. The new aspirin code would be assigned regardless of the condition for which the patient is taking it or the dose.

A new code for long-term use of insulin is also being proposed to indicate if a type II patient or a patient with gestational diabetes is using insulin to control blood sugar levels.

TABULAR MODIFICATION

V58.6 Long-term (current) drug use

	V58.61 Long-term (current) use of anticoagulants
Add	Excludes: long-term (current) use of aspirin (V58.66)
	V58.63 Long-term (current) use of antiplatelets/antithrombotics
Add	Excludes: long-term (current) use of aspirin (V58.66)
	V58.64 Long-term (current) use of non-steroidal anti-inflammatories (NSAID)
Add	Excludes: long-term (current) use of aspirin (V58.66)
New code	V58.66 Long-term (current) use of aspirin
New code	V58.67 Long-term (current) use of insulin

Topic: Diabetes mellitus

The terminology for describing diabetes mellitus has been revised. The two main types of diabetes mellitus are no longer properly termed insulin dependent and non-insulin dependent. The distinction now is on the functioning of the pancreatic beta cells. Type I diabetes mellitus refers to the absence of pancreatic beta cells. Type II diabetes mellitus refers to the lack of proper functioning of pancreatic beta cells. The use of insulin is not a determining factor in the type of diabetes a patient has. Type I patients must use insulin. Type II patients may or may not use insulin depending on the severity of their condition and other inter-related health issues. Pregnant patients who develop gestational diabetes may also require insulin to maintain proper blood sugar levels during pregnancy.

Changes to the code titles for the 5th digits for category 250, Diabetes mellitus, are being proposed to conform to the accepted terminology for diabetes mellitus. Though these are only addenda changes, it is being presented as an individual topic due to significant impact the changes may make on the coding of diabetes mellitus.

To accompany these title changes a new long-term (current) use of insulin code is also being proposed. The use of insulin by patients with type II diabetes mellitus and women with gestational diabetes will be able to be identified by the use of the new code.

TABULAR MODIFICATION

250 Diabetes mellitus

The following fifth-digit subclassification is for use with category 250:

Revise	0	type II [non-insulin dependent type] [NIDDM type] [adult-onset type] or unspecified type, not stated as uncontrolled Fifth-digit 0 is for use for type II, adult-onset diabetic patients , even if the patient requires insulin
Add		Use additional code, if applicable, for associated long-term (current) insulin use V58.67
Revise	1	type I [insulin dependent type] [IDDM] [juvenile type], not stated as uncontrolled
Revise	2	type II [non-insulin dependent type] [NIDDM type] [adult-onset type] or unspecified type, uncontrolled Fifth-digit 2 is for use for type II, adult-onset diabetic patients , even if the patient requires insulin

Add	Use additional code, if applicable, for associated long-term (current) insulin use V58.67
Revise	3 type I [insulin dependent type] [IDDM] [juvenile type], uncontrolled
	250.6 Diabetes with neurological manifestations
	Use additional code to identify manifestation, as: diabetic:
Add	gastroparalysis 536.3
Add	gastroparesis 536.3

INDEX MODIFICATION

Diabetes, diabetic...

Note: Use the following fifth-digit subclassification with category 250:

Revise	0 type II [non-insulin dependent type] [NIDDM type] [adult-onset type] or unspecified type, not stated as uncontrolled
Revise	1 type I [insulin dependent type] [IDDM] [juvenile type], not stated as uncontrolled
Revise	2 type II [non-insulin dependent type] [NIDDM type] [adult-onset type] or unspecified type, uncontrolled
Revise	3 type I [insulin dependent type] [IDDM] [juvenile type], uncontrolled

Topic: Mental health addenda changes

Clinicians, researchers, and administrators in the field of mental health services use the Diagnostic and Statistical Manual of Mental Disorders (DSM) for communicating and recording diagnostic information. Although the diagnostic codes used in the DSM classification system have been taken from the ICD-9-CM, the diagnostic terminology has evolved over several revisions of the DSM in order to keep pace with current clinical usage. In contrast, the diagnostic terminology used in the ICD-9-CM in large part has changed little since the original introduction of ICD-9 in the late 1970's. Over the past two decades, the American Psychiatric Association has worked closely with the National Center for Health Statistics in order to insure that the mental disorders section of ICD-9-CM continues to meet the coding needs of the mental health treatment community. However, most changes requested by the APA were made to insure a seamless cross-walking between the two systems, and consisted of requests for additional 5th digits and additions to the Alphabetical index to insure that coders can easily determine the ICD-9-CM diagnostic codes that correspond to the DSM diagnoses. Requests for changes in diagnostic terminology were kept to a minimum, partly because of the belief that the adoption of ICD-10-CM in the 1990's would result in near perfect compatibility between the two systems. (The diagnostic terms used in the current draft of Chapter 5 of ICD-10-CM are virtually identical to those in DSM-IV). However, renewed focus on the diagnostic terms (given that under HIPAA ICD-9-CM has been designated as the only acceptable diagnostic code set) justifies updating the diagnostic terminology in ICD-9-CM so that it reflects current clinical usage in the field of mental health. Thus, the following request for term changes replaces as much as possible the anachronistic ICD-9-CM diagnostic terminology of mental disorders with DSM-IV (and ICD-10-CM) terminology.

The American Psychiatric Association (APA) has also formally requested that the Glossary of mental disorder, one of the appendices of the ICD-9-CM be removed. It has not been maintained for many years and is no longer accurate. It will be removed from the official version of the ICD-9-CM effective with the October 1, 2004 update.

TABULAR MODIFICATIONS

Revise	290	Senile and presenile organic psychotic conditions <u>Dementias</u>
Add		Excludes: dementia due to alcohol (291.0-291.2)
Add		dementia due to drugs (292.82)
Revise	290.4	Arteriosclerotic <u>Vascular</u> dementia
Revise	290.40	Arteriosclerotic <u>Vascular</u> dementia, uncomplicated
Revise	290.41	Arteriosclerotic <u>Vascular</u> dementia, with delirium
Revise	290.42	Arteriosclerotic <u>Vascular</u> dementia, with delusional features <u>delusions</u>
Revise	290.43	Arteriosclerotic <u>Vascular</u> dementia, with depressive features depressed mood

Revise	291	Alcoholic psychoses <u>Alcohol-induced mental disorders</u>
Revise		291.1 Alcohol-induced persisting amnestic syndrome disorder
Revise		291.2 Other alcoholic <u>Alcohol-induced persisting dementia</u>
Revise		291.3 Alcohol withdrawal hallucinosis <u>-induced psychotic disorder with hallucinations</u>
Revise		291.5 Alcoholic jealousy <u>-induced psychotic disorder with delusions</u>
Revise		291.8 Other specified alcoholic psychosis <u>alcohol-induced mental disorders</u>
Revise		291.89 Other
Add		Alcohol-induced anxiety disorder
Add		Alcohol-induced mood disorder
Add		Alcohol-induced sexual dysfunction
Add		Alcohol-induced sleep disorder
Revise		291.9 Unspecified alcoholic psychosis <u>alcohol-induced mental disorders</u>
Add		Alcohol-related disorder NOS
Revise	292	Drug psychoses <u>Drug-induced mental disorders</u>
Revise		292.0 Drug withdrawal syndrome
Revise		292.1 Paranoid and/or hallucinatory states induced by drugs <u>Drug-induced psychotic disorders</u>
Revise		292.11 Drug-induced organic delusional syndrome <u>psychotic disorder with delusions</u>
Revise		292.12 Drug-induced hallucinosis <u>psychotic disorder with hallucinations</u>
		292.8 Other specified drug-induced mental disorders
Revise		292.82 Drug-induced <u>persisting dementia</u>
Revise		292.83 Drug-induced <u>persisting amnestic syndrome disorder</u>
Revise		292.84 Drug-induced organic affective syndrome <u>mood disorder</u>
		292.89 Other
Add		Drug-induced anxiety disorder
Add		Drug-induced sexual dysfunction
Add		Drug-induced sleep disorder
Add		Drug intoxication
		292.9 Unspecified drug-induced mental disorder
Add		Drug-related disorder NOS

Revise	293	Transient organic psychotic conditions <u>mental disorders due to conditions classified elsewhere</u>
Revise		293.0 Acute delirium <u>Delirium due to conditions classified elsewhere</u>
Revise		293.8 Other specified transient organic <u>mental disorders due to conditions classified elsewhere</u>
Revise		293.81 Organic delusional syndrome <u>Psychotic disorder with delusions in conditions classified elsewhere</u>
Revise		293.82 Organic hallucinosis syndrome <u>Psychotic disorder with hallucinations in conditions classified elsewhere</u>
Revise		293.83 Organic affective syndrome <u>Mood disorder in conditions classified elsewhere</u>
Revise		293.84 Organic anxiety syndrome <u>Anxiety disorder in conditions classified elsewhere</u>
		293.89 Other <u>Catatonic disorder in conditions classified elsewhere</u>
Add		
Revise		293.9 Unspecified transient organic <u>mental disorders in conditions classified elsewhere</u>
Revise	294	Other organic psychotic conditions (chronic) <u>Persistent mental disorders due to conditions classified elsewhere</u>
Revise		294.0 Amnestic syndrome <u>disorder in conditions classified elsewhere</u>
Add		Code first underlying condition
		294.1 Dementia in conditions classified elsewhere
Add		Dementia of the Alzheimer's type
Revise		294.8 Other specified organic brain syndrome (chronic) <u>persistent mental disorders due to conditions classified elsewhere</u>
Add		Amnestic disorder NOS
Add		Dementia NOS
Revise		294.9 Unspecified organic brain syndrome (chronic) <u>persistent mental disorders due to conditions classified elsewhere</u>
Add		Cognitive disorder NOS
	295	Schizophrenic disorders
Revise		295.4 Acute schizophrenic episode <u>Schizophreniform disorder</u>
Delete		Schizophreniform disorder
Revise		295.6 Residual type schizophrenia
Revise		295.7 Schizo-affective type <u>Schizoaffective disorder</u>
		295.9 Unspecified schizophrenia
Add		Schizophrenia, undifferentiated type

Revise	296	Affective psychoses <u>Episodic mood disorders</u>
Revise		296.0 Bipolar I disorder, single manic disorder, single episode
Revise		296.4 Bipolar affective I disorder, most recent episode manic
Revise		296.5 Bipolar affective I disorder, most recent episode depressed
Revise		296.6 Bipolar affective I disorder, most recent episode mixed
Revise		296.7 Bipolar affective I disorder, most recent episode unspecified
Revise		296.8 Manic-depressive psychosis, Other and unspecified bipolar disorders
Revise		296.80 Manic-depressive psychosis, Bipolar disorder, unspecified
Add		Bipolar disorder NOS
		296.89 Other
Add		Bipolar II disorder
Revise		296.9 Other and unspecified affective psychosis <u>episodic mood disorder</u>
Revise		296.90 Unspecified affective psychosis <u>episodic mood disorder</u>
Add		Mood disorder NOS
Revise		296.99 Other affective psychosis <u>episodic mood disorder</u>
Revise	297	Paranoid states [Delusional disorders]
Revise		297.1 Paranoia <u>Delusional disorder</u>
Revise		297.3 Shared paranoid <u>psychotic</u> disorder
	298	Other nonorganic psychoses
		298.8 Other and unspecified reactive psychosis
Add		Brief psychotic disorder
		298.9 Unspecified psychosis
Add		Psychotic disorder NOS
	299	Psychoses with origin specific to childhood
Revise		299.0 Infantile autism <u>Autistic disorder</u>
Revise		299.1 Disintegrative psychosis <u>Childhood disintegrative disorder</u>
Revise		299.8 Other specified early childhood psychoses
Add		Asperger's disorder
Add		Pervasive developmental disorder NOS
Add		Rett's disorder

Revise	300	Neurotic disorders <u>Anxiety, dissociative and somatoform disorders</u>
		300.0 Anxiety states
Revise		300.01 Panic disorder <u>without agoraphobia</u>
Add		Excludes: panic disorder with agoraphobia (300.21)
Revise	300.1	Hysteria <u>Dissociative, conversion and factitious disorders</u>
Revise		300.12 Psychogenic <u>Dissociative amnesia</u>
Revise		300.13 Psychogenic <u>Dissociative fugue</u>
Revise		300.14 Multiple personality <u>Dissociative identity disorder</u>
Delete		Dissociative identity disorder
Revise		300.16 Factitious illness <u>disorder with predominantly psychological signs and symptoms</u>
		300.19 Other and unspecified factitious illness
Revise		Factitious illness <u>disorder (with combined psychological and physical signs and symptoms) (with predominantly physical signs and symptoms) NOS</u>
	300.2	<u>Phobic disorders</u>
Revise		300.21 Agoraphobia with panic attacks <u>disorder</u>
Add		Panic disorder with agoraphobia
Add		Excludes: agoraphobia without panic disorder (300.22)
Add		panic disorder without agoraphobia (300.01)
Revise		300.29 Other isolated and simple <u>specific phobias</u>
Revise	300.4	Neurotic depression <u>Dysthymic disorder</u>
Delete		Dysthymic disorder
	300.6	Depersonalization syndrome <u>disorder</u>
Delete		Depersonalization disorder
Revise	300.8	Other neurotic disorders <u>Somatoform disorders</u>
Revise		300.89 Other <u>somatoform disorders</u>
Revise	300.9	Unspecified neurotic disorder <u>Unspecified nonpsychotic mental disorder</u>
Delete		Neurosis NOS
	301	<u>Personality disorders</u>
	301.2	<u>Schizoid personality disorder</u>
Revise		301.22 Schizotypal personality <u>disorder</u>
Revise	301.4	<u>Obsessive-compulsive personality disorder</u>
	301.8	<u>Other personality disorders</u>
Revise		301.81 Narcissistic personality <u>disorder</u>
Revise		301.82 Avoidant personality <u>disorder</u>
Revise		301.83 Borderline personality <u>disorder</u>

Revise	302	Sexual deviations and <u>gender identity disorders</u>
Revise		302.0 Ego-dystonic homosexuality <u>sexual orientation</u>
Revise		302.3 Transvestism <u>Transvestic fetishism</u>
Revise		302.6 Disorders of psychosexual identify <u>Gender identity disorder in children</u>
Delete		Gender identity disorder of childhood
Add		Gender identity disorder NOS
Delete		Excludes: homosexuality (302.0)
		302.7 Psychosexual dysfunction
		302.70 Psychosexual dysfunction, unspecified
Add		Sexual dysfunction NOS
Revise		302.71 With inhibited <u>Hypoactive sexual desire disorder</u>
		302.72 With inhibited sexual excitement
Add		Female sexual arousal disorder
Add		Male erectile disorder
Revise		302.73 With inhibited <u>female orgasmic disorder</u>
Revise		302.74 With inhibited <u>male orgasmic disorder</u>
Revise		302.75 With Premature ejaculation
Revise		302.76 With functional <u>Dyspareunia, psychogenic</u>
Delete		Dyspareunia, psychogenic
		302.79 With other specified psychosexual dysfunction
Add		Sexual aversion disorder
		302.8 Other specified psychosexual disorders
Revise		302.85 Gender identity disorder of adolescent or adult life in <u>adolescents or adults</u>
Add		Excludes: gender identity disorder NOS (302.6)
Add		gender identity disorder in children (302.6)
		302.89 Other
Add		Frotteurism
		302.9 Unspecified psychosexual disorder
Add		Paraphilia NOS
Add		Sexual disorder NOS
	304	Drug dependence
Revise		304.1 Barbiturate and similarly acting <u>Sedative, or hypnotic or anxiolytic dependence</u>
		304.6 Other specified drug dependence
Add		Inhalant dependence
Add		Phencyclidine dependence

	305	Nondependent abuse of drugs
		305.1 Tobacco use disorder
Add		Tobacco dependence
Revise		305.4 Barbiturate and similarly acting <u>Sedative, or hypnotic or anxiolytic</u> abuse
		305.9 Other, mixed, or unspecified drug abuse
Add		Caffeine intoxication
Add		Inhalant abuse
Add		Phencyclidine abuse
	307	Special symptoms or syndromes, not elsewhere classified
		307.0 Stammering and <u>Stuttering</u>
		307.2 Tics
		307.20 Tic disorder, unspecified
Add		Tic disorder NOS
Revise		307.21 Transient tic disorder of childhood
Revise		307.22 Chronic motor <u>or vocal</u> tic disorder
Revise		307.23 Gilles de la Tourette's disorder
Revise		307.3 Stereotyped repetitive movements <u>Stereotypic movement disorder</u>
		307.4 Specific disorders of sleep of nonorganic origin
Revise		307.45 Phase-shift disruption of 24-hour sleep-wake cycle <u>Circadian rhythm sleep disorder</u>
		307.46 Somnambulism or night terrors <u>Sleepwalking disorder</u>
Add		Night terror disorder
Add		Sleep terror disorder
		307.47 Other dysfunction of sleep stages or arousal from sleep
Add		Dyssomnia NOS
Add		Nightmare disorder
Add		Parasomnia NOS
		307.5 Other and unspecified disorders of eating
		307.50 Eating disorder, unspecified
Add		Eating disorder NOS
Revise		307.51 Bulimia <u>nervosa</u>
Revise		307.53 Psychogenic ruminat <u>ion disorder</u>
		307.59 Other
Add		Feeding disorder of infancy or early childhood
		307.9 Other and unspecified special symptoms or syndromes, not elsewhere classified
Add		Communication disorder NOS
	308	Acute reaction to stress
		308.3 Other acute reactions to stress
Delete		Brief or acute posttraumatic stress disorder
Add		Acute stress disorder

	309	Adjustment reaction
Revise	309.0	Brief depressive reaction <u>Adjustment disorder with depressed mood</u>
	309.2	With predominant disturbance of other emotions
Revise	309.24	Adjustment reaction disorder with anxious mood <u>anxiety</u>
Revise	309.28	Adjustment reaction disorder with mixed emotional features <u>anxiety and depressed mood</u>
Revise	309.3	<u>Adjustment disorder</u> with predominant disturbance of conduct
Revise	309.4	<u>Adjustment disorder</u> with mixed disturbance of emotions and conduct
	309.8	Other specified adjustment reactions
Revise	309.81	Prolonged posttraumatic stress disorder
Add		Posttraumatic stress disorder NOS
Add		Excludes: acute stress disorder (308.3)
Revise	310	Specific nonpsychotic mental disorders due to organic brain damage
Revise	310.1	Organic <u>Personality change syndrome due to conditions classified elsewhere</u>
	312	Disturbance of conduct, not elsewhere classified
	312.3	Disorders of impulse control, not elsewhere classified
	312.39	Other
Add		Trichotillomania
	312.8	Other specified disturbances of conduct, not elsewhere classified
	312.89	Other conduct disorder
Add		Conduct disorder of unspecified onset
	312.9	Unspecified disturbance of conduct
Add		Disruptive behavior disorder NOS
	313	Disturbance of emotions specific to childhood and adolescence
	313.2	Sensitivity, shyness, and social withdrawal disorder
Revise	313.23	Elective <u>Selective</u> mutism
	313.8	Other or mixed emotional disturbances of childhood or adolescence
Revise	313.81	Oppositional <u>defiant</u> disorder
	313.82	Identity disorder
Add		Identity problem
	313.89	Other
Add		Reactive attachment disorder of infancy or early childhood
	313.9	Unspecified emotional disturbance of childhood or adolescence
Add		Mental disorder of infancy, childhood or adolescence NOS

	315	Specific delays in development
	315.1	Specific arithmetical <u>Mathematics</u> disorder
	315.2	Other specific learning difficulties
Add		Disorder of written expression
	315.3	Developmental speech or language disorder
Revise	315.31	Developmental <u>Expressive</u> language disorder
Delete		Expressive language disorder
Revise	315.32	<u>Mixed receptive-expressive</u> language disorder (mixed)
Delete		Receptive-expressive language disorder
	315.39	Other
Add		Phonological disorder
Revise	315.4	<u>Developmental</u> coordination disorder
	315.9	Unspecified delay in development
Add		Learning disorder NOS

ADDENDA

TABULAR

	008	Intestinal infections due to other organisms
		008.4 Other specified bacteria
		008.46 Other anaerobes
Delete		Anaerobic enteritis NOS
		Gram-negative anaerobes
Add		Bacteroides (fragilis)
		Gram-negative anaerobes
	041	Bacterial infection in conditions classified elsewhere and of unspecified site
Revise		041.82 Bacillus <u>Bacteroides</u> fragilis
		041.84 Other anaerobes
Delete		Bacteroides (fragilis)
	255	Disorders of adrenal glands
		255.1 Hyperaldosteronism
		255.10 Primary aldosteronism
Add		Excludes: Conn's syndrome (255.12)
		255.11 Glucocorticoid-remediable aldosteronism
Add		Excludes: Conn's syndrome (255.12)
	286	Coagulation defects
Revise		286.5 Hemorrhagic disorder due to <u>intrinsic</u> circulating anticoagulants
Add		Secondary hemophilia
Delete		Use additional E code to identify cause, if drug induced

	402	Hypertensive heart disease
Revise		Includes: any condition classifiable to 428 , 429.0-429.3, 429.8, 429.9 due to hypertension
	491	Chronic bronchitis
		491.2 Obstructive chronic bronchitis
		491.21 With (acute) exacerbation
Delete		Acute and chronic obstructive bronchitis
Delete		Emphysema with both acute and chronic bronchitis
	493	Asthma
		The following fifth-digit subclassification is for use with codes 493.0...
Add		1 with status asthmaticus acute exacerbation with status asthmaticus
Add		2 with (acute) exacerbation acute exacerbation without status asthmaticus
	536	Disorders of function of stomach
Add		536.3 Gastroparesis Gastroparalysis
	560	Intestinal obstruction without mention of hernia
		560.8 Other specified intestinal obstruction
Add		560.89 Other Acute pseudo-obstruction of intestine
	648	Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth or the puerperium
Add		648.6 Other cardiovascular disease Excludes: peripartum cardiomyopathy (674.5)

	760	Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy
Revise	760.7	Noxious influences affecting fetus <u>or newborn</u> via placenta or breast milk
	771	Infections specific to the perinatal period
	771.8	Other infection specific to the perinatal period
Revise		Use additional code to identify organism (<u>041.0-041.9</u>)
	785	Symptoms involving the cardiovascular system
Add	785.52	Septic shock
Add		endotoxic
		gram-negative
Revise		Code first: systemic inflammatory response syndrome due to infectious process with organ dysfunction (995.92) <u>systemic inflammatory response syndrome due to noninfectious process with organ dysfunction (995.94)</u>
	785.59	Other
Delete		endotoxic
Delete		gram-negative
		POISONING BY DRUGS, MEDICINAL, AND BIOLOGICAL SUBSTANCES (960-979)
		Excludes: adverse effect...
Revise		adverse effect NOS (995.2) <u>NEC (995.89)</u>
	995	Certain adverse effects not elsewhere classified
	995.2	Unspecified adverse effect of drug, medicinal and biological substance
Add		This code is not for use in the inpatient setting and only for limited use in the outpatient setting when no signs or symptoms of the drug are documented.

	995.9 Systemic inflammatory response syndrome (SIRS)
Revise	Code first underlying condition <u>systemic infection</u>
	995.92 Systemic inflammatory response syndrome due to infectious process with organ dysfunction
Delete	Use additional code to specify organ dysfunction, such as: kidney failure (584.5-584.9, 585, 586)
	995.94 Systemic inflammatory response syndrome due to noninfectious process with organ dysfunction
Delete	Use additional code to specify organ dysfunction, such as: kidney failure (584.5-584.9, 585, 586)
	V07 Need for isolation and other prophylactic measures
Revise	V07.4 Postmenopausal h Hormone replacement therapy (<u>postmenopausal</u>)
	V09 Infection with drug-resistant microorganisms
Add	V09.0 Infection with microorganisms resistant to penicillins Methicillin-resistant staphylococcus aureus (MRSA)
Add	V09.8 Infection with microorganisms resistant to other specified drugs Vancomycin (glycopeptide) intermediate staphylococcus aureus (VISA/GISA)
Add	Vancomycin (glycopeptide) resistant enterococcus (VRE)
Add	Vancomycin (glycopeptide) resistant staphylococcus aureus (VRSA/GRSA)
	V58 Encounter for other and unspecified procedures and aftercare
	V58.6 Long-term (current) drug use
Add	Excludes: Hormone replacement therapy (postmenopausal) (V07.4)

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