



**ICD-9-CM Coordination and Maintenance Committee Meeting
 March 19-20, 2008
 Diagnosis Agenda**

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

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ICD-9-CM TIMELINE

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

- April 1, 2008 There will be no new ICD-9-CM codes implemented on April 1, 2008 to capture new technology.
- April 11, 2008** Deadline for receipt of public comments on proposed code revisions discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on **October 1, 2008**.
- April 2008 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 2008 Summary report of the Diagnosis part of the March 20, 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>
- Summary report of the Procedure part of the March 19, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- June 2008 Final addendum for October 1, 2009 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>
- June 20, 2008** Deadline for receipt of public comments on proposed diagnosis code revisions discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on **October 1, 2009**.

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- July 25, 2008 Those members of the public requesting that topics be discussed at the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.
- August 1, 2008 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, 2008.
This rule can be accessed at:
<http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp>
- August 2008 Tentative agenda for the Diagnosis part of the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at -
<http://www.cdc.gov/nchs/icd9.htm>
- Tentative agenda for the Procedure part of the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at -
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Federal Register notice for the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
- August 15, 2008 On-line registration opens for the September 24-25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting at: <http://www.cms.hhs.gov/events>**
Because of increased security requirements, those wishing to attend the September 24 - 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting must **register for the meeting online by September 12, 2008; failure to do so may result in lack of access to the meeting.**

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- 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 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>
- Summary report of the Procedure part of the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- 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.**
- 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.

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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.

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Topic: Other venous embolism and thrombosis

The Agency for Healthcare Research and Quality (AHRQ) is proposing changes be made to coding venous thrombosis and embolism.

On October 1, 1993, codes were implemented to describe phlebitis and thrombophlebitis of veins of the upper extremities (codes 451.82-451.84). However, no corresponding codes were created to distinguish venous embolism and thrombosis affecting the upper extremities. Additionally, the term thrombophlebitis is outdated terminology. The presence of phlebitis (inflammation of the vein) in association with thrombosis has no clinical or prognostic significance. Patients with venous thrombosis are now categorized as having superficial or deep venous thrombosis affecting a specified vein defined by name or location. There is a need to create codes to define venous thrombosis affecting the vessels in the thorax, neck and upper extremities. With the increasing use of PICC lines, central catheters, tunnel dialysis catheters and wired cardiac devices, deep vein thrombosis of the major veins in the thorax and upper extremities has become very common. Currently the terms “thrombosis, arm,” “thrombosis, upper extremity,” or “thrombosis, vein, upper extremity” are not represented in the diagnosis index or tabular. In addition, thromboses resulting from indwelling central venous catheters, which typically affect the axillary, subclavian, and/or brachiocephalic veins, are not specifically indexed.

On October 1, 2004 codes for venous embolism and thrombosis of deep vessels of lower extremity, were implemented (codes 453.40-453.42). These changes did not address the problem of superficial thromboses of lower extremities and there is a need to define thromboses affecting those sites. Currently many of these sites are indexed to one code, 453.8, Other venous embolism and thrombosis of other specified veins.

Additionally it would be beneficial to be able to identify patients with sub-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. Patients with venous thromboembolic disease often require a subsequent hospital admission for treatment of a complication, such as extension of the initial thrombosis or anticoagulant related bleeding. In addition, when these patients are readmitted for treatment of an underlying surgical problem, their deep-vein thrombosis is frequently coded as an “active” thrombosis, presumably because they are still receiving ongoing anticoagulant treatment. The proposed coding changes model the modifications of acute myocardial infarction codes, which distinguish between “initial episode of care,” “subsequent episode of care,” and “episode of care unspecified.” The use of the terms “acute”, “sub-acute” and “chronic” are consistent with similar terms used in the 2002 modifications to the heart failure codes.

The tabular changes proposed by AHRQ are detailed on the next four pages. Related changes in the index would also be made.

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TABULAR MODIFICATIONS

	415	Acute pulmonary heart disease
Revise	415.1	Pulmonary embolism and infarction, <u>acute (initial episode of care)</u>
Revise	415.11	Iatrogenic pulmonary embolism and infarction, <u>acute (initial episode of care)</u>
Revise	415.19	Other pulmonary embolism and infarction, <u>acute (initial episode of care)</u>
New subcategory	415.2	Pulmonary embolism and infarction, subacute or chronic (subsequent episode of care) Pulmonary (artery) (vein): apoplexy embolism infarction (hemorrhagic) thrombosis
		Use additional code, if applicable, for associated long-term (current) use of anticoagulants V58.61
		Excludes: that complicating: abortion (634-638 with .6, 639.6) ectopic or molar pregnancy (639.6) pregnancy, childbirth, or the puerperium (673.0-673.8)
New code	415.21	Iatrogenic pulmonary embolism and infarction, subacute or chronic (subsequent episode of care)
New code	415.29	Other pulmonary embolism and infarction, subacute or chronic (subsequent episode of care)
New subcategory	415.3	Pulmonary embolism and infarction, episode of care unspecified Pulmonary (artery) (vein): apoplexy embolism infarction (hemorrhagic) thrombosis

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

Excludes: that complicating:

- abortion (634-638 with .6, 639.6)
- ectopic or molar pregnancy (639.6)
- pregnancy, childbirth, or the puerperium (673.0-673.8)

New code 415.31 Iatrogenic pulmonary embolism and infarction, episode of care unspecified

New code 415.39 Other pulmonary embolism and infarction, episode of care unspecified

453 Other venous embolism and thrombosis

Revise 453.4 Venous embolism and thrombosis of deep vessels of lower extremity, acute (initial episode of care)

Revise 453.40 Venous embolism and thrombosis of unspecified deep vessels of lower extremity, acute (initial episode of care)

Revise 453.41 Venous embolism and thrombosis of deep vessels of proximal lower extremity, acute (initial episode of care)

Revise 453.42 Venous embolism and thrombosis of deep vessels of distal lower extremity, acute (initial episode of care)

New subcategory 453.5 Venous embolism and thrombosis of deep vessels of lower extremity, subacute or chronic (subsequent episode of care)

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

New code 453.50 Venous embolism and thrombosis of unspecified deep vessels of lower extremity, subacute or chronic (subsequent episode of care)

New code 453.51 Venous embolism and thrombosis of deep vessels of proximal lower extremity, subacute or chronic (subsequent episode of care)

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New code	453.52	Venous embolism and thrombosis of deep vessels of distal lower extremity, subacute or chronic (subsequent episode of care)
New subcategory	453.6	Venous embolism and thrombosis of deep vessels of lower extremity, episode of care unspecified
		Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V58.61)
New code	453.60	Venous embolism and thrombosis of unspecified deep vessels of lower extremity, episode of care unspecified
New code	453.61	Venous embolism and thrombosis of deep vessels of proximal lower extremity, episode of care unspecified
New code	453.62	Venous embolism and thrombosis of deep vessels of distal lower extremity, episode of care unspecified
New code	453.7	Venous embolism and thrombosis of superficial vessels of lower extremities Saphenous vein (greater) (lesser)
New subcategory	453.8	Of other specified veins
New code	453.81	Of superficial veins of upper extremities Antecubital vein Basilic vein Cephalic vein
New code	453.82	Of deep veins of upper extremities Brachial vein Radial vein Ulnar vein
New code	453.83	Of upper extremities, unspecified
New code	453.84	Of axillary veins
New code	453.85	Of subclavian veins
New code	453.86	Of internal jugular veins

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New code	453.87	Of other thoracic veins Brachiocephalic (innominate) Superior vena cava
New code	453.89	Of other specified veins
	996	Complications peculiar to certain specified procedures
	996.7	Other complications of internal (biological) (synthetic) prosthetic device, implant, and graft
Add		Use additional code to identify complication, such as: Venous embolism and thrombosis (453.2-453.9)
Alternate Option:		
	415	Acute pulmonary heart disease
Revise	415.1	<u>Acute</u> pulmonary embolism and infarction
Add		Excludes: subacute or chronic pulmonary embolism and infarction (416.2)
Revise	415.11	Iatrogenic <u>acute</u> pulmonary embolism and infarction, <u>initial episode of care</u>
New code	415.13	Iatrogenic acute pulmonary embolism and infarction, subsequent episode of care
		Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V58.61)
New code	415.14	Other acute pulmonary embolism and infarction, initial episode of care
Revise	415.19	Other acute pulmonary embolism and infarction, <u>subsequent episode of care</u>
		Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V58.61)
	416	Chronic pulmonary heart disease
New code	416.2	Subacute or chronic pulmonary embolism and infarction
		Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V58.61)

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Topic: Venous complications in pregnancy and the puerperium

The Agency for Healthcare Research and Quality (AHRQ) is proposing that changes be made for venous complications in pregnancy and the puerperium. Currently venous thrombosis during pregnancy and the puerperium involves selection from the following codes 671.3-671.4, Deep vein phlebothrombosis (antepartum, postpartum respectively) 671.8, Other venous complications, 671.9 Unspecified venous complication, 673.2, Obstetrical blood-clot embolism or 673.8, Other pulmonary embolism (plus appropriate fifth digit assignment).

There is a need to improve the specificity of ICD-9-CM codes used to define deep vein thrombosis and pulmonary embolism in pregnant and postpartum women. The most critical issue is the inclusion of both venous thrombosis and septic pelvic thrombophlebitis under one single subcategory/code, 671.4 (with either a 2 or a 4 selected as the 5th digit). Septic pelvic thrombophlebitis is an inflammatory condition that affects the adnexa in the pelvis. It is thought to be an infectious complication that follows delivery, especially after cesarean delivery. This condition does not commonly respond to heparin treatment. A new code for septic pelvic thrombophlebitis is needed separating it from postpartum deep vein thrombosis.

In addition, a separate code that differentiates acute from subacute or chronic venous thrombosis or pulmonary embolism is needed. Patients with venous thromboembolic disease often require a subsequent hospital admission for treatment of a complication, such as extension of the initial thrombosis or anticoagulant related bleeding. In addition, when these patients are readmitted for treatment of an underlying surgical problem, their pulmonary embolus is frequently coded as an “active” thrombosis, presumably because they are still receiving ongoing anticoagulant treatment. The proposed coding changes model the modifications of acute myocardial infarction codes, which distinguish between “initial episode of care,” “subsequent episode of care,” and “episode of care unspecified.” The proposed tabular changes would:

1. Change the description of 671.3x and 671.4x to remove pelvic thrombophlebitis and to limit these codes to the acute (initial or unspecified) episode of care, using the existing fifth digits.
2. Add new codes 671.6x and 671.7x for subacute or chronic phlebothrombosis (subsequent episode of care), using the existing fifth digits.
3. Add new codes under existing category 670 to specifically identify the three most serious manifestations of major puerperal infection: postpartum endometritis, postpartum sepsis, and postpartum septic pelvic thrombophlebitis. The existing fifth digits would still be applied here.

The tabular changes proposed by AHRQ are detailed on the next two pages. Related changes in the index would also be made.

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TABULAR MODIFICATIONS

	670	Major puerperal infection
Delete	[0,2,4]	
Delete		Use 0 as fourth digit for category 670
Delete		Puerperal:
Delete		 endometritis
Delete		 fever (septic)
Delete		 pelvic:
Delete		 cellulitis
Delete		 sepsis
Delete		 peritonitis
Delete		 pyemia
Delete		 salpingitis
Delete		 septicemia
New subcategory	670.0	Major puerperal infection, unspecified [0,2,4]
New subcategory	670.1	Puerperal endometritis [0,2,4]
New subcategory	670.2	Puerperal sepsis [0,2,4]
New subcategory	670.3	Puerperal septic thrombophlebitis [0,2,4]
New subcategory	670.8	Other major puerperal infection [0,2,4] Puerperal: pelvic cellulitis peritonitis pyemia salpingitis

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	671	Venous complications in pregnancy and the puerperium
Revise	671.3	Deep phlebothrombosis, antepartum, acute (initial or unspecified episode of care)
Revise	671.4	Deep phlebothrombosis, postpartum, acute (initial or unspecified episode of care)
New subcategory	671.6	Deep phlebothrombosis, antepartum, subacute or chronic [0,1,3] (subsequent episode of care)
		Use additional code, if applicable, for associated long-term (current) use of anticoagulants V58.61
New subcategory	671.7	Deep phlebothrombosis, postpartum, subacute or chronic [0,2,4] (subsequent episode of care)
		Use additional code, if applicable, for associated long-term (current) use of anticoagulants V58.61

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Topic: Methicillin-Resistant *Staphylococcus aureus* (MRSA)

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a form of the bacterium *Staphylococcus aureus* (*S. aureus*) that is resistant to treatment with currently available antibiotics in the beta-lactam class, which have traditionally been a treatment of choice for *S. aureus* infections. MRSA accounts for the majority of *S. aureus* infections acquired in healthcare settings, and is associated with increased morbidity, mortality, and healthcare costs as compared to methicillin-susceptible *S. aureus* (MSSA) infections occurring in these settings. Since the late 1990s, MRSA has caused an increasing proportion of *S. aureus* infections occurring in otherwise healthy persons in the general community. Most community-associated MRSA infections are skin and soft tissue infections that are not life-threatening; however, severe and invasive infections also occur.

Based on data from a multi-state surveillance system that uses population-based laboratory data in conjunction with medical record review to identify persons with invasive MRSA infections, an estimated 94,360 persons in the United States had invasive MRSA infections in 2005, and about 18,650 of these persons died in the hospital. About 85% of these invasive MRSA infections were associated with healthcare, while 14% occurred in persons without obvious exposures to healthcare.

Active surveillance systems like the one described above are complemented by analysis of nationally representative surveys that track inpatient stays in acute care hospitals (National Hospital Discharge Survey, Nationwide Inpatient Sample) and ambulatory care visits (National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey). In these surveys, ICD-9-CM codes are used to identify diagnoses associated with hospitalizations and ambulatory care visits. These surveys can be used to estimate national burden and assess trends in conditions resulting in hospitalization or outpatient visits, including infections with *S. aureus*. For example, analysis of National Hospital Discharge Survey data estimated 291,542 hospital discharges with *S. aureus* infection-related diagnoses annually in 1999-2000. The proportion of these infections due to MRSA was estimated using data from a separate national laboratory-based surveillance system, resulting in an estimate of 125,969 hospitalizations with a diagnosis of MRSA infection each year. A more recent analysis of these data estimated that, between 1999 and 2005, the number of *S. aureus*-related hospitalizations increased 62%, from 294,570 to 477,927, and the estimated number of MRSA-related hospitalizations more than doubled, from 127,036 to 278,203. Analysis of the National Ambulatory Medical Care Surveys and National Hospital Ambulatory Medical Care Surveys from 1992-1994 and 2001-2003 estimated that there were 11.6 million annual ambulatory care visits for skin and soft tissue infections typical of *S. aureus* in 2001-2003, and rates of visits to hospital outpatient and emergency departments increased by 59% and 31%, respectively, during this time period.

While data indicate that MRSA is becoming more prevalent, the good news is that MRSA is preventable. Infection control guidelines produced by the Centers for Disease

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Control and Prevention (CDC) and the Healthcare Infection Control and Prevention Advisory Committee (HICPAC) outline strategies to prevent transmission of multidrug-resistant organisms, including MRSA, in healthcare settings. In the community, strategies focusing on increased recognition and appropriate management of new infections, meticulous wound care, and enhanced hygiene have been effective at limiting transmission of MRSA.

The Department of Health and Human Services (DHHS) is requesting that ICD-9-CM codes be modified in order to better identify and track MRSA infection and colonization. The proposed modifications will complement and enhance CDC's surveillance activities, and improve our ability to estimate national burden and trends in MRSA infection using diagnostic coding data.

NOTE: DHHS has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

TABULAR MODIFICATIONS

	038	Septicemia	
		038.1	Staphylococcal septicemia
Revise		038.11	<u>Methicillin susceptible</u> Staphylococcus aureus septicemia
Add			MSSA septicemia
Add			Staphylococcus aureus septicemia NOS
New code		038.12	Methicillin resistant Staphylococcus aureus septicemia
	041	Bacterial infection in conditions classified elsewhere and of unspecified site	
		041.1	Staphylococcus
Revise		041.11	<u>Methicillin susceptible</u> Staphylococcus aureus
Add			MSSA
Add			Staphylococcus aureus NOS
New code		041.12	Methicillin resistant Staphylococcus aureus

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	482	Other bacterial pneumonia
	482.4	Pneumonia due to Staphylococcus
Revise	482.41	Pneumonia due to <u>methicillin susceptible</u> Staphylococcus aureus MSSA pneumonia Pneumonia due to Staphylococcus aureus NOS
New code	482.42	Pneumonia due to <u>methicillin resistant</u> Staphylococcus aureus
Add	V02	Carrier or suspected carrier of infectious diseases Colonization status
	V02.5	Other specified bacterial diseases
New code	V02.53	Methicillin susceptible Staphylococcal aureus MSSA colonization
New code	V02.54	Methicillin resistant Staphylococcal aureus MRSA colonization
Delete	V02.59	Other specified bacterial diseases Staphylococcal
	V09	Infection with drug-resistant microorganisms
Delete	V09.0	Infection with microorganisms resistant to penicillins Methicillin resistant staphylococcus aureus (MRSA)
New code	V09.01	Methicillin resistant Staphylococcus aureus MRSA
New code	V09.09	Other infection with microorganisms resistant to penicillins
	V12	Personal history of certain other diseases
	V12.0	Infectious and parasitic diseases
New code	V12.04	Methicillin resistant Staphylococcus aureus MRSA

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Topic: Fever and other physiologic disturbances of temperature regulation

A proposal to expand code 780.6, Fever, was presented at the September 2007 C&M meeting. That proposal included new codes for postprocedural fever, and fever presenting with conditions classified elsewhere. At the meeting the representative of the American Academy of Pediatrics (AAP) asked for a further expansion to the proposal to include codes for chills without fever and hypothermia. There was also a request for a code for post-vaccination fever.

Though there was consensus at the meeting, and in the comments received following the meeting, that these additional changes would be useful, the full revised proposal is being brought back for reconsideration due to the significance of the differences between the full proposal and what was presented originally.

NOTE: NCHS has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

TABULAR MODIFICATIONS

	780	General symptoms
Revise	780.6	Fever <u>and other physiologic disturbances of temperature regulation</u>
Delete		Chills with fever Fever NOS Fever of unknown origin (FUO) Hyperpyrexia NOS Pyrexia NOS Pyrexia of unknown origin
Delete		Code first underlying condition when associated fever is present, such as with: leukemia (codes from categories 204, 205, 206, 207, 208) neutropenia (288.00-288.09) sickle cell disease (282.60-282.69)
New code	780.60	Fever, unspecified Chills with fever Fever NOS Fever of unknown origin (FUO) Hyperpyrexia NOS Pyrexia NOS Pyrexia of unknown origin Excludes: chills without fever (780.64)

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New code	780.61	Fever presenting with conditions classified elsewhere
		Code first underlying condition when associated fever is present, such as with: leukemia (codes from categories 204, 205, 206, 207, 208) neutropenia (288.00-288.09) sickle-cell disease (282.60-282.69)
New code	780.62	Postprocedural fever
		Excludes: fever associated with confirmed infection – code to infection postvaccination fever (780.63)
New code	780.63	Postvaccination fever Postimmunization fever
New code	780.64	Chills (without fever) Chills NOS
		Excludes: chills associated with confirmed infection – code to infection chills with fever (780.60)
New code	780.65	Hypothermia
		Excludes: hypothermia: associated with confirmed infection – code to infection associated with low environmental temperature (991.6) due to anesthesia (995.89) of newborn (778.2, 778.3)

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Topic: Disruption of operation wound

This topic was presented at the September 2007 C&M meeting. At that meeting there was lengthy discussion regarding which additional inclusion terms should be added to the existing codes. There was also discussion on whether the codes need to distinguish between surgical wounds and traumatic wounds.

Due to the discussions at the meeting and the comments received following the meeting, it was determined that the additional inclusion terms that were requested should be added to the proposal, and that an additional code for disruption of traumatic wounds should be created. Because the revised proposal differs substantially from the original proposal, it was decided that it should be brought back to allow for comments on its final design.

In the comments received on this subject, there were additional comments on the coding of the whole issue of wound care management. Possible revisions for wound care management are being considered for the September 2008 C&M meeting. This is being reviewed with the CMS wound care management group.

NOTE: NCHS has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

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	998	Other complications of procedures, not elsewhere classified
Revise	998.3	Disruption of operation wound
Add		Disruption of any suture materials or method
New code	998.30	Disruption of wound, unspecified Disruption of wound NOS
Revise	998.31	Disruption of internal operation (surgical) wound
Add		Disruption or dehiscence of closure of:
Add		fascia, superficial or muscular
Add		internal organ
Add		muscle or muscle flap
Add		ribs or rib cage
Add		skull or craniotomy
Add		sternum or sternotomy
Add		tendon or ligament
Add		Deep disruption or dehiscence of operation wound NOS
Add		Excludes: complications of internal anastomosis of: gastrointestinal tract (997.4) urinary tract (997.5)
Revise	998.32	Disruption of external operation (surgical) wound
Delete		Disruption of operation wound NOS
Add		Disruption or dehiscence of closure of:
Add		cornea
Add		mucosa
Add		skin
Add		subcutaneous tissue
Add		Full-thickness skin disruption or dehiscence
Add		Superficial disruption or dehiscence of operation wound
New code	998.33	Disruption of traumatic injury wound repair Disruption or dehiscence of closure of traumatic laceration (external) (internal)

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Topic: Activity codes

Currently, there is no way to code the activity in which a person is engaged that results in a health condition or injury. Collection of this information is an essential process to enable epidemiologists and injury prevention specialists to work towards prevention strategies to reduce the negative health consequences associated with specific activities. As with all external cause codes, these proposed activity codes would be for use as secondary codes in conjunction with the appropriate diagnosis or injury code from the other chapters of the classification.

The guidelines that would accompany these new codes would require that a code from category, E000, Activity code status, be used with a code from categories E001-E030 to indicate the status of the activity.

These activity codes are presented as a companion proposal to the proposal presented at the September 2007 C&M meeting for expanding E927, Overexertion and strenuous movements.

NOTE: The Department of Defense has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

TABULAR MODIFICATIONS

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

This section is provided to permit the classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used in addition to a code from one of the main chapters of ICD-9-CM, indicating the nature of the condition. Certain other conditions which may be stated to be due to external causes are classified in Chapters 1 to 16 of ICD-9-CM. For these, the "E" code classification should be used as an additional code for more detailed analysis.

~~Delete 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.

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Add ACTIVITY (E000-E030)

Add Excludes: injuries due to falls (E880-E888)
 transport accidents (any accident involving a device designed
 primarily for, or being used at the time primarily for, conveying
 persons or goods from one place to another. A transport accident
 code should be used in place of an activity code when the activity
 is for the purpose of transport) (E800-E848)

Add Note: A code from category E000 is required for each code from categories
 E001 to E030 to indicate the status of the activity.

New E000 Activity code status
category

New code E000.0 Leisure related activity
 Hobby not done for income
 Off-duty activity of military personnel
 Recreation or sport not for income or while a
 student

Excludes: activity done as a student (E000.1)
 activity done for income (E000.2)

New code E000.1 Student activity
 Activity performed while a student not for income
 or pay
 ROTC student

Excludes: student activity for income or pay (E000.2)
 students in military academies (E000.3)

New code E000.2 Work-related activity
 Activity done for income or pay

Excludes: military personnel work related activity (E000.3)

New code E000.3 Military activity

Excludes: off-duty activity of military personnel (E000.0)
 ROTC students (E000.1)

New code E000.9 Unspecified activity code status

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

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- 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

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.

These codes may be used in conjunction with a place of occurrence code.

- | | | |
|--------------|--------|---|
| 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 |

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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)

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		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

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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)

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		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

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New code	E014.2	Knitting and crocheting
New code	E014.3	Sewing
New code	E014.4	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
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-

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		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 category	E020	Activities involving playing musical instrument
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	Dog walking
New code	E021.1	Dog grooming
New code	E021.2	Cow milking
New code	E021.3	Sheep shearing
New code	E021.4	Horse grooming
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

Add TRANSPORT ACCIDENTS (E800-E848)

Add 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.

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Topic: Injuries and external cause codes for military operations

To improve the ability of the Department of Defense (DoD) to identify the cause of injuries among the military population and assist with prevention of these injuries, the following external cause code expansions are being proposed. This proposal is a companion to the activity code proposal. Though these proposals are being requested by the DoD, their use would be applicable to all users of the classification.

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.

The modifications to category E927, Overexertion and strenuous movements, were originally presented at the September 2007 C&M meeting. It is being represented here with new codes for other and unspecified based on the comments received. A “use additional code” note to identify the activity was also added. A code from category E927 would be used in conjunction with an activity code to fully identify the cause of an injury or condition.

Also being brought back for consideration are revised proposed codes for personal and family deployment.

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.

Finally, in an effort to improve collection of external cause data for health conditions other than injuries, it is being proposed that “use additional code” notes be added at the beginning of certain chapters and at certain codes to instruct coders that external cause codes should be used with diagnoses that result from an external cause.

NOTE: The Department of Defense has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

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TABULAR MODIFICATIONS

DISORDERS OF THE EYE AND ADNEXA (360-379)

Add Use additional external cause code, if applicable, to identify the cause of the eye condition

DISEASES OF THE EAR AND MASTOID PROCESS (380-389)

Add Use additional external cause code, if applicable, to identify the cause of the ear condition

13. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (710-739)

Add Use additional external cause code, if applicable, to identify the cause of the musculoskeletal condition

733 Other disorders of bone and cartilage

733.9 Other and unspecified disorders of bone and cartilage

733.93 Stress fracture of tibia or fibula

Add Use additional external cause code(s) to identify the cause of the stress fracture

733.94 Stress fracture of the metatarsals

Add Use additional external cause code(s) to identify the cause of the stress fracture

733.95 Stress fracture of other bone
Stress reaction of other bone

Add Use additional external cause code(s) to identify the cause of the stress fracture

Add Excludes: stress fracture of:
femoral neck (733.96)
fibula (733.93)

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		metatarsals (733.94) pelvis (733.98) shaft of femur (733.97) tibia (733.93)
New code	733.96	Stress fracture of femoral neck Stress reaction of femoral neck
Add		Use additional external cause code(s) to identify the cause of the stress fracture
New code	733.97	Stress fracture of shaft of femur Stress reaction of shaft of femur
Add		Use additional external cause code(s) to identify the cause of the stress fracture
New code	733.98	Stress fracture of pelvis Stress reaction of pelvis
Add		Use additional external cause code(s) to identify the cause of the stress fracture
	994	Effects of other external causes
	994.5	Exhaustion due to excessive exertion <u>Exhaustion due to overexertion</u>
Revise		
	V61	Other family circumstances
	V61.0	Family disruption
Delete		Divorce Estrangement
New code	V61.01	Family disruption due to family member on military deployment Individual or family affected by other family member being on deployment
New code	V61.02	Family disruption due to return of family member from military deployment Individual or family affected by other family member having returned from deployment (current or past conflict)
New code	V61.09	Other family disruption Divorce Estrangement

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	V62	Other psychosocial circumstances
	V62.2	Other occupational circumstances or maladjustment
Delete		Career choice problem
		Dissatisfaction with employment
		Occupational problem
New code	V62.21	Personal current military deployment status Individual (civilian or military) currently deployed in theatre or in support of military war, peacekeeping and humanitarian operations
New code	V62.22	Personal history of return from military deployment Individual (civilian or military) with past history of military war, peacekeeping and humanitarian deployment (current or past conflict)
New code	V62.29	Other occupational circumstances or maladjustment Career choice problem Dissatisfaction with employment Occupational problem

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)

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	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)
Revise Delete	E927	Overexertion and strenuous <u>and repetitive</u> movements <u>or loads</u> Excessive physical exercise Overexertion (from): lifting pulling pushing Strenuous movements in: recreational activities other activities
		Use additional code to identify activity (E000-E025)
New code	E927.0	Overexertion from sudden strenuous movement Sudden trauma from strenuous movement
New code	E927.1	Overexertion from prolonged static position Overexertion from maintaining prolonged positions, such as: Holding Sitting Standing
New code	E927.2	Excessive physical exertion from prolonged activity
New code	E927.3	Cumulative trauma from repetitive motion Cumulative trauma from repetitive movements
New code	E927.4	Cumulative trauma from repetitive impact
New code	E927.8	Other overexertion and strenuous and repetitive movements or loads
New code	E927.9	Unspecified overexertion and strenuous and repetitive movements or loads
	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

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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

Add E990.0 From gasoline bomb
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)

New code E991.8 Roadside IED
Fragments from weapons

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		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 <u>NOS</u>
	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

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	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
Delete	E994 Injury due to war operations by destruction of aircraft Airplane: burned exploded shot down Crushed by falling airplane

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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

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		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

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Topic: Exposure to harmful chemicals and other harmful substances

In today's environment there is an unfortunate ever increasing risk of exposure to chemicals and toxins. Frequently, persons will seek medical care due to exposure or contact with substances as diverse as liquid chlorine bleach (non-toxic) to chlorine gas (potentially toxic). These patients may be without any symptoms due to the exposure but may have other injuries from the same event. In this group of patients it would be inappropriate to use a code from the section Toxic Effects of Substances Chiefly Nonmedicinal As To Source (980-989).

In order to better track encounters for these conditions, the American Academy of Pediatrics proposed certain revisions. These are shown below, together with revisions of proposed changes from the March and September 2007 C&M meetings.

NOTE: NCHS has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

TABULAR MODIFICATION*

New Category	V87	Other specified personal exposures and history presenting hazards to health
New subcategory	V87.0	Contact with and (suspected) exposure to hazardous metals Excludes: toxic effect of metals (984.0-985.9)
New code	V87.01	Arsenic
New code	V87.09	Other hazardous metals Chromium compounds Nickel dust
New subcategory	V87.1	Contact with and (suspected) exposure to hazardous aromatic compounds Excludes: toxic effects of aromatic compounds (982.0, 983.0)
New code	V87.11	Aromatic amines
New code	V87.12	Benzene
New code	V87.19	Other hazardous aromatic compounds Aromatic dyes NOS Polycyclic aromatic hydrocarbons

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Topic: Incidental Dural Tear

Incidental durotomy is an unintended tear of the dura mater during spine surgery or other invasive extradural procedures such as epidural injections, resulting in some (frequently slight) cerebrospinal fluid leakage. Surgeons will routinely document interchangeably “incidental durotomy” or “dural tear” for these cases. The dural laceration and resulting leakage of spinal fluid has associated risks, with the potential for persistent cerebrospinal fluid leak, headache, urine retention, meningitis, infection, neural compression, and the late development of a pseudomeningocele.

Dural tears are undesirable but relatively commonplace in spine surgery, particularly revision spine surgery due to a greater risk of adhesions to the dura itself and greater deformity requiring repair. Other surgical factors predictably increasing the risk of incidental durotomy or dural tear include location of the surgery (thoracic or lumbar vs. cervical, procedure inside the spinal column or not), type of surgery (fusion vs. simple disk removal or decompression), and number of spine levels involved (multiple levels vs. single level.) Patient factors predictably increasing the risk include diagnosis (curvature of the spine, spondylolisthesis, spinal stenosis, and disk herniation) and co-morbid conditions associated with a thinning dura (smoking, diabetes, epidural steroid injections, and cancer treatment.)

The majority of dural tears are observed and repaired intra-operatively with suturing, fat grafts, and/or fibrin glue. Follow-up care in the hospital typically includes 24 hours of bed rest, close monitoring, and use of steroids or drugs. This routine treatment is effective and there are few long term sequelae reported.

Incidental dural tears are currently indexed to and reported in code 998.2, Accidental puncture or laceration during procedure, along with accidental punctures and lacerations of blood vessels, nerves, bladder, urethra, liver, kidney, and other organs. A refinement of the ICD-9-CM coding is needed to distinguish incidental durotomy or dural tear from other accidental punctures or lacerations. It is also suggested that this will help to address a current significant difference in reporting between different hospitals, which appears to be due in part to conflicting ICD-9-CM coding conventions.

Incidental dural tears are routinely expected and unavoidably inherent in certain spine procedures. Many surgeons do not consider incidental durotomies a complication and will not document that they are. The coder will not code the condition to 998.2 if the physician has not documented it as a complication. On the other hand, many surgeons and hospitals do code dural tears.

A specific code for dural tear should be created to uniquely differentiate these cases and enhance the consistency of code use. In addition, a “code also” note for common risk factors contributing to the dural tear incidence would provide further coding guidance to document clinical context.

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A new code for dural tear has been requested by NextWave, with a preference for this new code to be in the body systems section (Option 2 shown below).

NOTE: The requestor has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

TABULAR MODIFICATIONS

Option 1 – New 5th Digits at 998.2

	998	Other complications of procedures, NEC
	998.2	Accidental puncture or laceration during a procedure
Revise		Accidental perforation by catheter or other instrument during a procedure on:
Delete		blood vessel
		nerve
		organ
New code	998.20	Accidental puncture or laceration during a procedure, unspecified site
New code	998.21	Accidental puncture or laceration of dura during a procedure Dural tear (inadvertent) (incidental)
		Excludes: postprocedural pseudomeningocele (997.01)
		Use additional code for associated conditions, such as:
		curvature of spine (737.0-737.9)
		diabetes mellitus (250.00-250.93)
		exostosis, spine (osteophytes of spine) (721.8)
		history of tobacco use (V15.82)
		intervertebral disc disorders (722.0-722.93)
		long-term use of steroids (V58.65)
		meningeal adhesions (349.2)
		obesity (278.00-278.01)
		post laminectomy syndrome (722.83)
		spinal stenosis (723.0, 724.00-724.09)
		spondylosis (721.0-721.91)
		spondylolisthesis (756.12)
		tobacco use disorder (305.1)

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Topic: Hepatic coma and hepatic encephalopathy

Hepatic encephalopathy involves altered consciousness and behavior related to insufficient liver function. Asterixis is present. Ammonia is generally elevated, but does not correlate with symptoms. Hepatic encephalopathy has a range of severity, from altered consciousness, sleep disruptions, and forgetfulness in stage 1; confusion, bizarre behaviors, and disorientation in stage 2; and lethargy and profound disorientation in stage 3; to coma in stage 4.

These have been grouped together in the ICD-9-CM at code 572.2, Hepatic coma. In order to differentiate less severe hepatic encephalopathy from cases with hepatic coma, it is proposed to expand 572.2 to create a code for hepatic encephalopathy and a code for hepatic coma. The proposal was based on issues arising from questions raised from the Editorial Advisory Board for *Coding Clinic for ICD-9-CM*.

TABULAR MODIFICATIONS

	572	Liver abscess and sequelae of chronic liver disease
Revise	572.2	Hepatic coma <u>and encephalopathy</u>
Delete		Hepatic encephalopathy
		Hepatocerebral intoxication
		Portal-systemic encephalopathy
New code	572.21	Hepatic encephalopathy Hepatocerebral intoxication Portal-systemic encephalopathy
New code	572.22	Hepatic coma

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Topic: Premature birth status

Premature birth can lead to a number of problems later in life. It would be of value to be able to track the status of those born prematurely, with the degree of prematurity as shown by the weeks of gestation completed. This differs from low birth weight status. The American Academy of Pediatrics has proposed the addition of codes to show prematurity status.

TABULAR MODIFICATIONS

	V21	Constitutional states in development
New subcategory	V21.4	Prematurity status
New code	V21.40	Prematurity status, unspecified
New code	V21.41	Less than 24 completed weeks of gestation
New code	V21.42	24 weeks of gestation
New code	V21.43	25-26 weeks of gestation
New code	V21.44	27-28 weeks of gestation
New code	V21.45	29-30 weeks of gestation
New code	V21.46	31-32 weeks of gestation
New code	V21.47	33-34 weeks of gestation
New code	V21.48	35-36 weeks of gestation
New code	V21.49	37 or more weeks of gestation

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Topic: Acute Heart Failure

Heart failure can have a number of forms. It can cause symptoms related to backward pump failure or congestion, such as peripheral edema and pulmonary edema. It may also cause problems related to forward pump failure, with poor perfusion of tissues. Heart failure also can be left sided or right sided, involving primarily the left ventricle or the right ventricle. Left sided failure is more common, and is actually the most common cause of right sided failure.

In addition, heart failure may be acute or chronic, or acute on chronic. It also may be systolic or diastolic (or combined). Differentiating systolic and diastolic heart failure requires echocardiogram.

Existing codes cover many combinations. However, often heart failure may be described as acute congestive heart failure, or acute heart failure with pulmonary edema, without further identifying the type of failure. For such cases, it would be useful to be able to identify the acute nature of the heart failure.

The proposed code changes are based on a request by American Hospital Association for codes to be able to identify the acute or chronic nature of congestive heart failure. With acute congestive heart failure that involves the left ventricle, pulmonary edema may occur, and can be life-threatening. Heart failure with pulmonary edema has always been coded to 428.1, Left heart failure. Since most heart failure involves the left heart, it is also proposed to expand to be able to identify this more exactly. Changes are also proposed at code 398.9, for acute and chronic forms of rheumatic heart failure.

TABULAR MODIFICATIONS

	398	Other rheumatic heart disease
	398.9	Other and unspecified rheumatic heart diseases
	398.91	Rheumatic heart failure (congestive)
Add		Excludes: Acute on chronic rheumatic heart failure (398.94) Acute rheumatic heart failure (398.92) Chronic rheumatic heart failure (398.93)
New code	398.92	Acute rheumatic heart failure
New code	398.93	Chronic rheumatic heart failure
New code	398.94	Acute on chronic rheumatic heart failure

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	428	Heart failure
	428.0	Congestive heart failure, unspecified
Delete		Congestive heart disease Right heart failure (secondary to left heart failure)
New code	428.00	Congestive heart failure, unspecified Congestive heart disease Right heart failure (secondary to left heart failure)
New code	428.01	Acute congestive heart failure without mention of pulmonary edema Acute congestive heart failure NOS Acute congestive heart disease Acute right heart failure (secondary to left heart failure)
		Excludes: acute congestive heart failure with pulmonary edema (428.14)
New code	428.02	Chronic congestive heart failure Chronic congestive heart disease Chronic right heart failure (secondary to left heart failure)
New code	428.03	Acute on chronic congestive heart failure without mention of pulmonary edema Acute on chronic congestive heart disease Acute on chronic right heart failure (secondary to left heart failure)
		Excludes: acute on chronic congestive heart failure with pulmonary edema (428.15)
	428.1	Left heart failure
Delete		Acute edema of lung with heart disease NOS or heart failure Acute pulmonary edema with heart disease NOS or heart failure Cardiac asthma Left ventricular failure
New code	428.10	Left heart failure, unspecified Left ventricular failure NOS

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New code	428.11	Acute left heart failure without mention of pulmonary edema
New code	428.12	Chronic left heart failure without mention of pulmonary edema
New code	428.13	Acute on chronic left heart failure without mention of pulmonary edema
New code	428.14	Acute left heart failure with pulmonary edema Acute congestive heart failure with pulmonary edema Acute edema of lung with heart disease NOS or heart failure Acute pulmonary edema with heart disease NOS or heart failure Cardiac asthma
New code	428.15	Acute on chronic left heart failure with pulmonary edema Acute on chronic congestive heart failure with pulmonary edema
Revise Delete	428.9	Other and unspecified heart failure, unspecified Cardiac failure NOS Heart failure NOS Myocardial failure NOS Weak heart
New code	428.90	Heart failure, unspecified Cardiac failure NOS Heart failure NOS Myocardial failure NOS Weak heart
New code	428.91	Acute heart failure, unspecified
New code	428.92	Chronic heart failure, unspecified
New code	428.93	Acute on chronic heart failure, unspecified
New code	428.99	Other heart failure

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Topic: Family circumstances

Unfortunately in today's society, there are many circumstances that lead to disruption of the family. The specific circumstances can affect how the physician may have to deal with the patient and manage any ongoing medical problems. So that these circumstances can be more carefully monitored, the American Academy of Pediatrics (AAP) has proposed an expansion of the V61.0 category, family disruption.

AAP also raised concerns that problems between adopted children and parents, or foster children and parents should be able to be better monitored. To this end AAP proposed revising V61.2, Parent-child problems, and that a code for foster care status be created.

Additionally, the use of illegal drugs or drug abuse by a family member can have an adverse effect on other members of the household. In order to better track the specific circumstances, it is proposed to revise V61.4, Health problems within family.

TABULAR MODIFICATIONS

	V61	Other family circumstances
	V61.0	Family disruption
Delete		Divorce
		Estrangement
New code	V61.03	Family disruption due to divorce or legal separation
New code	V61.04	Family disruption due to parent-child estrangement
New code	V61.05	Family disruption due to child in welfare custody
New code	V61.06	Family disruption due to child in foster care or in care of non-parental family member
New code	V61.09	Family disruption, unspecified

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V61.2 Parent-child problems

New code	V61.23	Adopted child-parent problem
New code	V61.24	Foster child-parent problem
	V61.29	Other
Delete		Problem concerning adopted or foster child

V61.4 Health problems within family

New code	V61.42	Substance abuse in family
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Options for foster care status:

Option 1

V60 Housing, household, and economic circumstances

V60.8 Other specified housing or economic circumstances

New code	V60.81	Foster care (status)
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New code	V60.89	Other specified housing or economic circumstances
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Option 2

V62 Other psychosocial circumstances

V62.5 Legal circumstances

Delete	Imprisonment
	Legal investigation
	Litigation
	Prosecution

New code	V62.51	Foster care (status)
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New code	V62.59	Other legal circumstances
		Imprisonment
		Legal investigation
		Litigation
		Prosecution

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Topic: Autoimmune lymphoproliferative syndrome

Autoimmune lymphoproliferative syndrome (ALPS) is a rare disease that affects both children and adults. It has only recently been understood. It is caused by a genetic defect which results in lymphocytes not dying off as they should, resulting in an overabundance of lymphocytes in many tissues. Clinical features of the syndrome present in early childhood or even at birth and include chronic multifocal lymphadenopathy, splenomegaly, autoimmune hemolytic anemia and often other immune cytopenias. Though the majority of patients improve with steroid therapy, and generally, autoimmune complications lessen in severity as a patient gets older, they have a greater risk of developing lymphoma.

The Editorial Advisory Board for *Coding Clinic for ICD-9-CM* suggested creating a code for this condition.

TABULAR MODIFICATIONS

MALIGNANT NEOPLASM OF LYMPHATIC AND HEMATOPOIETIC TISSUE
(200-208)

Add Excludes: autoimmune lymphoproliferative syndrome (279.41)

279 Disorders involving the immune mechanism

279.4 Autoimmune disease, not elsewhere classified
~~Autoimmune disease NOS~~

New code	279.41	Autoimmune lymphoproliferative syndrome ALPS
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New code	279.49	Autoimmune disease, not elsewhere classified Autoimmune disease NOS
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Topic: Nursemaid's Elbow

The American Association of Pediatricians (AAP) has requested a unique code for nursemaid's elbow. This condition is a subluxation of the radial head commonly seen in children under the age of five. Currently the index of ICD-9-CM directs you to code this to dislocation of the elbow. It was suggested that a new code be created in category 832, Dislocation of elbow, to indicate subluxation.

TABULAR MODIFICATIONS

	832	Dislocation of elbow
New subcategory	832.2	Subluxation of radial head
	[0,9]	Nursemaid's elbow

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Topic: Awaiting joint prosthesis

Sometimes it is necessary to remove a joint prosthesis (such as for infection of that site) and have the patient readmitted at a later time, after the infection heals, before completing the joint replacement procedure. It has been requested that a unique code be created to indicate that a person is in the status of awaiting a joint prosthesis. Currently, when the patient is admitted for the new joint prosthesis, coders have been advised to assign codes for an acquired deformity of the site (such as 736.39, other acquired deformity of hip). However this code does not accurately describe the nature of the acquired deformity. A complication code (for the joint prosthesis) would not apply since the prosthesis is no longer in the patient.

The Editorial Advisory Board for *Coding Clinic for ICD-9-CM* suggested creating a code for this condition.

TABULAR MODIFICATIONS

V54 Other orthopedic aftercare

V54.8 Other orthopedic aftercare

New code V54.82 Awaiting joint prosthesis

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Topic: Gastroschisis

Gastroschisis is a congenital ventral body wall defect, adjacent and usually to the right of the umbilical cord insertion that results from the failure of the developing abdominal wall to completely close. In turn this allows the extrusion of the fetal intestines from the defect. The exposed intestines are not covered by a membranous sac which results in a prolonged exposure to amniotic fluid. This results in a thick, swollen and inflamed intestine increasing the risk of heat and fluid loss and infection after birth. The incidence of this condition has been reported at 2-5 per 10,000 births with an increasing prevalence reported in many parts of the world (higher incidence in younger mothers). There are no associated syndromes with gastroschisis but may be associated with other gastrointestinal anomalies such as intestinal atresia, stenosis and malrotation.

Omphalocele, on the other hand, is a separately distinct ventral wall defect. In this case the intestines are usually covered by a membranous sac with the intestine only being exposed if the sac ruptures. The incidence is 1-2 per 10,000 births. Unlike gastroschisis, omphalocele is frequently associated with other structural and chromosomal anomalies. More than half will have abnormalities of other organs or body parts and a third chromosomal abnormality, most commonly trisomy. This condition is more common in infants of mother 35 and older.

Currently both of these conditions are indexed and included at code 756.79, Other congenital anomalies of the abdominal wall. This makes surveillance difficult to accurately separate these distinct defects. In order to improve better epidemiologic tracking of these two distinct entities the American Academy of Pediatrics (AAP) has requested that new unique codes be established for each condition.

TABULAR MODIFICATIONS

	756	Other congenital musculoskeletal anomalies
	756.7	Anomalies of abdominal wall
New code	756.72	Omphalocele Exomphalos
New code	756.73	Gastroschisis
Delete	756.79	Other congenital anomalies of abdominal wall Exomphalos
Delete		Gastroschisis
Delete		Omphalocele

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Topic: Underimmunized or lapsed immunization status

Childhood immunization is a key element in the prevention of childhood illness. According to the 2006 National Immunization Survey, a significant number of children are “under immunized”. They may have received none or only some of the recommended immunization schedule. Some common reasons identified for this include, persons immigrating to the United States, foreign adoptees who may not have been fully immunized according to U.S. scheduled recommendations, families moving without re-establishing with a new provider to continue the recommended vaccination schedule, as well as, persons without health insurance coverage for immunizations.

Studies show that there is a poor “catch-up” rate for delinquent immunizations in older children. While there are ICD-9-CM codes in the V64.0 sub-category to indicate why an immunization was not carried out when offered, there is no current code to indicate the status of the person who is at risk due to being behind schedule on the recommended immunization schedule. These people place themselves and others at risk of contracting and spreading a given disease for which they are not immunized.

To help better track this at risk population the American Academy of Pediatrics (AAP) is requesting that a new unique status V code be established.

TABULAR MODIFICATIONS

	V15	Other personal history presenting hazards to health
	V15.8	Other specified personal history presenting hazards to health
New code	V15.83	Underimmunization status Delinquent immunization status Lapsed immunization schedule status
	V64	Persons encountering health services for specific procedures, not carried out
	V64.0	Vaccination not carried out
Add		Excludes: delinquent immunization status (V15.83) lapsed immunization schedule status (V15.83) underimmunization status (V15.83)

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Topic: Encounter for serologic antibody testing

Documentation of patient vaccinations helps ensure that persons in need of a vaccine receive it and that adequately vaccinated patients are not over immunized. However, vaccination providers frequently encounter persons who do not have adequate documentation (for example, international adoptees). Pre-vaccination serologic testing may be indicated to determine immunity as an alternative to unnecessary vaccinations for certain antigens (e.g., measles, mumps, rubella, varicella, tetanus, diphtheria, hepatitis A, hepatitis B, and poliovirus). Additionally, pre-vaccination serologic testing for susceptibility may be considered to reduce the cost of vaccinating adult populations that may have an expected high prevalence of a given disease (for example, hepatitis B infection).

Post-vaccination testing for antibody response may be needed to help determine appropriate post exposure prophylaxis. For example post-vaccination testing may be indicated for health care workers who have received the hepatitis B vaccine but have blood or patient contact and are at ongoing risk for injuries with sharp instruments or needle sticks. Their medical management will depend on knowledge of their immune status. It may also be ordered to check whether or not adequate response has been achieved.

Currently there is no code specific for encounters for serologic antibody testing. NCHS received a request to create a unique code and are proposing the following:

TABULAR MODIFICATIONS

	V72	Special investigations and examinations
	V72.6	Laboratory examination
New code	V72.60	Lab examination, unspecified
New code	V72.61	Antibody response examination Immunity status testing
New code	V72.69	Other laboratory examination

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Topic: Pre-procedural evaluations

It is now routine practice for patients to receive blood and radiology tests prior to certain treatments and procedures. These visits are generally done in an out-patient setting days before the treatment or procedure is scheduled. Currently, the ICD-9-CM has codes for pre-procedural cardiovascular and respiratory evaluations, as well as a code for other pre-procedural examinations.

It has been requested that additional codes be created for certain types of pre-procedural exams, such as pre-chemotherapy ultrasounds. Because the V codes are reasons for encounter codes, not procedure codes, it would be inappropriate to create such codes. However, to advise coders that encounters for such exams should be assigned to code V72.83, Other specified preoperative examination, it is being proposed that an inclusion term for examination prior to chemotherapy be added.

Additionally, currently there is no way to identify encounters for laboratory tests as part of general physical exams, or for preparation for a procedure or treatment. It is being proposed that code V72.6, Laboratory examination, be expanded to provide codes for these different encounters.

An excludes note is also being proposed to exclude the pre-procedural codes from code V72.5 Radiological examination, not elsewhere classified. Expanding V72.5 similarly to what is being proposed for V72.6 could also be considered. It is also being proposed that the existing excludes notes under codes V72.5 and V72.6 be deleted as they are no longer applicable based on previous changes to the classification.

TABULAR MODIFICATIONS

	V70	General medical examination
		V70.0 Routine general medical examination at a health care facility
Add		Use additional code, if applicable, for blood testing associated with routine general medical (V72.62)
	V72	Special investigations and examinations
		V72.5 Radiological examination, not elsewhere classified
Delete		Excludes: examination for suspected tuberculosis (V71.2)
Add		radiologic examinations as part of pre-procedural testing (V72.81-V72.84)

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	V72.6	Laboratory examination
Add		Encounters for blood and urine testing
Delete		Excludes: that for suspected disorder (V71.0-V71.9)
New code	V72.62	Laboratory examination as part of a general medical examination Blood tests for general physical examination
New code	V72.63	Pre-procedural laboratory examination Blood tests prior to treatment or procedure
New code	V72.69	Other laboratory examination
	V72.8	Other specified examinations
Add		Excludes: pre-procedural laboratory examinations (V72.63)
Add	V72.83	Other specified preoperative examination Examination prior to chemotherapy

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Topic: Poisoning by antidepressants and psychostimulants

Currently, poisoning by antidepressants has a single code, 969.0. All classes of antidepressants are grouped together at this code. This limits the utility of hospital discharge data to identify the substance responsible for the overdose. The Poison Workgroup of the State and Territorial Injury Prevention Directors Association has requested that code 969.0 be expanded to provide a code for each of the 7 current classes of antidepressants.

This group has also requested similar expansions to the external cause codes for adverse effects and self-harm. The external cause codes cannot be expanded. NCHS would like to request comments on whether or not new external cause codes categories should be created for therapeutic use and self harm external cause codes.

Also, currently caffeine and amphetamines are grouped together under code 969.7, Poisoning by psychostimulants. It is being proposed that code 969.7 be expanded to allow for the separation of caffeine from the other psychostimulants.

TABULAR MODIFICATIONS

	969	Poisoning by psychotropic agents
	969.0	Antidepressants
Delete		Amitriptyline
		Imipramine
		Monoamine oxidase [MAO] inhibitors
New code	969.00	Antidepressant, unspecified
New code	969.01	Monoamine oxidase inhibitors MAOI
New code	969.02	Selective serotonin and norepinephrine reuptake inhibitors SSNRI antidepressants
New code	969.03	Selective serotonin reuptake inhibitors SSRI antidepressants
New code	969.04	Tetracyclic antidepressants
New code	969.05	Tricyclic antidepressants
New code	969.09	Other antidepressants

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Delete	969.7	Psychostimulants Amphetamine Caffeine
New code	969.70	Psychostimulant, unspecified
New code	996.71	Caffeine
New code	969.72	Amphetamines
New code	969.73	Methamphetamines
New code	969.79	Other psychostimulants

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Topic: Retinal and choroidal neoplasms of uncertain behavior

Not uncommonly, an eye examination will reveal a black or dark area or spot within the retina. Ophthalmologists must continue to evaluate these areas as they are suspicious of a retinal melanoma. Currently there is no unique code that allows for the identification of these suspicious areas on the retina. Bruce Hyman, M.D., an ophthalmologist from New York, has requested a new code for this condition to be able to follow these patients over time.

Assignment of codes from Chapter 2, Neoplasms, generally requires histologic confirmation. Though these dark areas are correctly referred to as neoplasms or “suspected melanoma”, a biopsy of the retina is difficult and poses a risk to the eye, and done only after such an area or spot grows, so there is generally no tissue sample to confirm the diagnosis.

To allow for the identification of this condition within the structure of the classification a new code in Chapter 2, under category 239, Neoplasms of unspecified nature, is being proposed. Histologic confirmation is not required for codes in this category. Inclusion terms are also being proposed to validate for ophthalmologists and coders that this is the correct code for this condition since users may not realize to look for the code in the Neoplasm table or in the index.

TABULAR MODIFICATION

	239	Neoplasms of unspecified nature
	239.8	Other specified sites
New code	239.81	Retina and choroid Dark area on retina Retinal freckle
New code	239.89	Other specified sites

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Topic: Inclusion body myositis (IBM)

The American Academy of Neurology (AAN) has requested a new code for inclusion body myositis (IBM). IBM is an inflammatory myopathy which is not due to some other identifiable disease.

TABULAR MODIFICATIONS

	359	Muscular dystrophies and other myopathies
New subcategory	359.7	Inflammatory and immune myopathies, NEC
New code	359.71	Inclusion body myositis IBM
New code	359.79	Other inflammatory and immune myopathies, NEC Inflammatory myopathy NOS

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Topic: Mesial temporal sclerosis

Localization related epilepsy can be an acquired condition, and by far the largest numbers of focal seizures arise from the temporal lobes. These, in turn, are often found due to structural changes in the brain, including, but not limited to, tumors, vascular malformations, developmental cortical malformations, and scarring. There are structures in this region which are particularly prone to both traumatic injury and hypoxic injury, resulting in sclerosis. The most common of these is mesial temporal sclerosis (or hippocampal sclerosis). Both of these are frequent discharge diagnoses from epilepsy units, particularly because both are potentially amenable to surgical removal to reduce the frequency of or eliminate seizures.

Currently, the default for sclerosis of the brain is to code 341.9, Demyelinating disease of central nervous system, unspecified. Neither of these conditions is a demylenating disease. The American Academy of Neurology (AAN) has requested the addition of a new code to identify these forms of temporal sclerosis.

TABULAR MODIFICATIONS

	345	Epilepsy and recurrent seizures
Add		Excludes: hippocampal sclerosis (348.81) mesial temporal sclerosis (348.81) temporal sclerosis (348.81)
	348	Other conditions of brain
Delete	348.8	Other conditions of brain Cerebral: calcification fungus
New code	348.81	Temporal sclerosis Hippocampal sclerosis Mesial temporal sclerosis
New code	348.89	Other conditions of brain Cerebral: calcification fungus

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Topic: Exposure to algae

On October 1, 2007 a new external cause code E928.6, Environmental exposure to harmful algae and toxins, was implemented. This code is now available for use to identify the external cause of the symptoms and conditions associated with algae blooms.

A parallel V code is also necessary to identify the possible contact and exposure to an algae bloom for a person who may have been in the vicinity of the bloom and has not yet developed symptoms, or for a person who may have symptoms suspicious of being in the vicinity of an algae bloom, but a definitive cause has not been confirmed.

A new subcategory, V87.3, Contact with and (suspected) exposure to other potentially hazardous substances, will become effective on October 1, 2008. A new code under this subcategory is being proposed at this time for contact with and suspected exposure to an algae bloom.

TABULAR MODIFICATION*

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 Contact with and (suspected) exposure to algae bloom

*This category and subcategory are on the addenda for 10/1/2008.

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Addenda

For October 1, 2008 addenda

TABULAR

	172	Malignant melanoma of skin
Add		Includes: melanoma in situ
	368	Visual disturbances
	368.1	Subjective visual disturbances
	368.16	Psychophysical visual disturbances
Add		Prosopagnosia
Add		Visual: object agnosia
	391	Rheumatic fever with heart involvement
Revise		Excludes: chronic heart diseases of rheumatic origin (393.0-398.9) (393-398.99) unless rheumatic fever is also present or there is evidence of recrudescence or activity of the rheumatic process
	403	Hypertensive chronic kidney disease
Revise		Includes: any condition classifiable to 585, 586 , or 587 with any condition classifiable to 401
	411	Other acute and subacute forms of ischemic heart disease
	411.1	Intermediate coronary syndrome
		Excludes: angina (pectoris) (413.9)
Delete		decubitus (413.0)
Add		decubitus (413.0)
	530	Diseases of esophagus
	530.1	Esophagitis
Delete		Abscess of esophagus
Delete		Esophagitis: NOS

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Add	530.10	Esophagitis, unspecified Esophagitis NOS
Add	530.19	Other esophagitis Abscess of esophagus
	584	Acute renal failure
Add	584.9	Acute renal failure, unspecified Acute kidney injury (nontraumatic)
Add		Excludes: traumatic kidney injury (866.00)
	586	Renal failure, unspecified
Delete		Excludes: with any condition classifiable to 401 (403.0-403.9 with fifth digit 1)
	587	Renal sclerosis, unspecified
Delete		Excludes: nephrosclerosis (arteriolar) (arteriosclerotic) (403.00-403.92) with hypertension (403.00-403.92)
	648	Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium
Revise		Excludes: those conditions in the mother known or suspected to have affected the fetus (655.0- <u>655.9</u>)
	733	Other disorders of bone and cartilage
	733.8	Malunion and nonunion of fracture
Revise	733.82	Nonunion of fracture Pseudoarthrosis (bone)
	780	General symptoms
	780.9	Other general symptoms
Delete		Excludes: hypothermia: memory disturbance as part of a pattern of mental disorder
Add		memory disturbance as part of a pattern of mental disorder

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	850	Concussion
Revise	850.4	With prolonged loss of <u>consciousness</u> , without return to pre-existing conscious level
	866	Injury to kidney
Add		Excludes: acute kidney injury (nontraumatic) (584.9)
	996	Complications peculiar to certain specified procedures
	996.6	Infection and inflammatory reaction due to internal prosthetic device, implant, and graft
	996.62	Due to vascular device, implant and graft
Add		Excludes: infection due to: portacath (port-a-cath) (999.31)
	999	Complications of medical care, not elsewhere classified
	999.0	Generalized vaccinia
Add		Excludes: vaccinia not from vaccine (051.02)
	999.3	Other infection
Revise	999.31	Infection due to central venous catheter Catheter-related bloodstream infection (CRBSI) <u>NOS</u>
Add		Infection due to: Portacath (Port-a-cath)
	E919	Accidents caused by machinery
Revise		Excludes: injury caused by: transport vehicle accidents involving machinery (E800.0 -E848.9)

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Worn out ...
Add joint prosthesis (see also Complications, mechanical, devices NEC,
prosthetic NEC, joint) 996.47

For October 1, 2009 consideration:

TABULAR

	008	Intestinal infections due to other organisms
	008.6	Enteritis due to specified virus
	008.63	Norwalk virus
Add		Norovirus
Revise	008.65	<u>Calicivirus</u>
	041	Bacterial infection in conditions classified elsewhere and of unspecified site
Revise	041.3	Friedländer's bacillus <u>Klebsiella pneumoniae</u>
Delete		Infection by Klebsiella pneumoniae
	041.8	Other specified bacterial infections
Revise	041.86	Helicobacter pylori (H. pylori) [<u>H. pylori</u>]
	202	Other malignant neoplasms of lymphoid and histiocytic tissue
	202.1	Mycosis fungoides
Add		Excludes: peripheral T-cell lymphoma (202.7)
	286	Coagulation defects
Add		Excludes: hemorrhage due to long term use of anticoagulant – code to condition
	286.5	Hemorrhagic disorder due to intrinsic circulating anticoagulants
Add		Excludes: hemorrhagic disorder due to extrinsic anticoagulants – see Table of Drugs and Chemicals

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	286.7	Acquired coagulation factor deficiency
Delete		Use additional E code to identify cause, if drug induced
	293	Transient mental disorders due to conditions classified elsewhere
Revise		Code first, <u>if applicable</u> , the associated physical or neurological condition
	310	Specific nonpsychotic mental disorders due to brain damage
	310.1	Personality change due to conditions classified elsewhere
Delete		Excludes: memory loss of unknown cause (780.93)
	310.8	Other specified nonpsychotic mental disorders following organic brain damage
Add		Excludes: memory loss of unknown cause (780.93)
	333	Other extrapyramidal disease and abnormal movement disorders
	333.2	Myoclonus
Add		Familial essential myoclonus
Delete		Palatal myoclonus
Delete		Progressive myoclonic epilepsy
		Unverricht-Lundborg disease
	345	Epilepsy and recurrent seizures
	345.1	Generalized convulsive epilepsy
Add		Progressive myoclonic epilepsy
Add		Unverricht-Lundborg disease
	359	Muscular dystrophies and other myopathies
	359.2	Myotonic disorders
	359.22	Myotonia congenita
Add		<u>Myotonia levior</u>
	359.29	Other specified myotonic disorder
Delete		Myotonia levior

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- 649 Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium
 - 649.3 Coagulation defects complicating pregnancy, childbirth, or [0-4] the puerperium
 - Revise Conditions classifiable to 286 and 287
 - Revise Use additional code to identify the specific coagulation defect (286.0-286.9, 287.0-287.9)

 - 780 General symptoms
 - 780.9 Other general symptoms
 - 780.93 Memory loss
 - Revise Excludes: mild memory disturbance due to organic brain damage (310.8)

 - 790 Nonspecific findings on examination of blood
 - 790.01 Precipitous drop in hematocrit
 - Add Drop in hemoglobin
- 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 associated systemic infection, such as: wound botulism (040.42)
 - Revise Use additional code to identify localized or superficial infection

 - 996 Complications peculiar to certain specified procedures
 - 996.4 Mechanical complication of internal orthopedic device, implant, and graft
 - Revise 996.43 Breakage (fracture) of prosthetic joint ~~Prosthetic joint implant failure~~
 - Delete ~~Breakage (fracture) of prosthetic joint~~

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996.47 Other mechanical complication of prosthetic joint implant
Add Prosthetic joint implant failure NOS

999 Complications of medical care, not elsewhere classified

999.3 Other infection

999.31 Infection due to central venous catheter
Add Infection due to:
Portacath

V15 Other personal history presenting hazards to health

V15.0 Allergy, other than to medicinal agents

Revise V15.06 Allergy to insects and arachnids

**DRUGS, MEDICINAL AND BIOLOGICAL SUBSTANCES CAUSING
ADVERSE EFFECTS IN THERAPEUTIC USE (E930-E949)**

Revise Excludes: administration with suicidal or homicidal intent or intent to harm, or in circumstances classifiable to ~~E980-E989~~ (E950.0-E950.5, E962.0, E980.0-E980.5)

INDEX

Add Abstinance symptoms or syndrome
neonatal 779.5

Admission (encounter)
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aftercare (see also Aftercare) V58.9
Revise chemotherapy (oral) (intravenous) V58.11
antineoplastic
Revise chemotherapy (oral) (intravenous) V58.11
Revise chemotherapy, (oral) (intravenous), antineoplastic V58.11

Aftercare
Revise chemotherapy (oral) (intravenous) session (adjunctive) (maintenance)
V58.11

Revise Agranulocytosis (~~angina~~) (see also Neutropenia) 288.09
Add due to infection 288.04

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- Revise Anticoagulant, intrinsic, circulating, causing hemorrhagic disorder 286.5
- Add Bradykinesia 781.0
- Chemotherapy
- Revise encounter (for) (oral) (intravenous) V58.11
- Revise maintenance (oral) (intravenous) V58.11
- Revise Circulating, intrinsic anticoagulants causing hemorrhagic disorder 286.5
- Complications
- mechanical
- devices NEC
- prosthetic NEC 996.59
- Revise joint (~~see also Complications, prosthetic joint~~) 996.47
- Elevated - see Elevation
- Add findings on laboratory examination – see Findings, abnormal, without
 diagnosis (examination) (laboratory test)
- Add GFR (glomerular filtration rate) – see Findings, abnormal, without
 diagnosis (examination) (laboratory test)
- Elevation
- Add GFR (glomerular filtration rate) – see Findings, abnormal, without
 diagnosis (examination) (laboratory test)
- Revise Encounter for - see also Admission for
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- Enteritis...
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- Revise calicivirus 008.65
- Injury...
- Add deep tissue – see Contusion
- Add meaning pressure ulcer 707.25
- Add Leukoariosis – see Leukoaraiosis
- Add Leukoaraiosis (hypertensive) 437.1
- Add Leukoencephalopathy (see also Encephalitis) 323.9
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Revise	Myoclonus (familial essential) (multifocal) (simplex) 333.2 pharyngeal <u>333.2</u>
Add	Neonatal - see also condition abstinence syndrome 779.5
Revise	Neuropathy, neuropathic (see also Disorder, nerve) 355.9 progressive hypertrophic interstitial 356.9
Add	hypertrophic interstitial 356.9
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Add	Newborn (infant) (liveborn) abstinence syndrome 779.5
Delete	Problem (with) V49.9 foster child V61.29 specified NEC V41.8
Revise	Sclerosis, sclerotic brain (general) (lobular) 348.8
Add	Seizure(s) 780.39 disorder (see also Epilepsy) 345.9
Revise	Sex reassignment surgery status (see also Trans-sexualism) 302.50
Revise	Status (post) sex reassignment surgery (see also Trans-sexualism) 302.50
Add	Syndrome - see also Disease abstinence neonatal 779.5