



**March 9-10, 2010
Diagnosis Agenda**

Welcome and announcements

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ICD-9-CM TIMELINE

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

- March 9 – 10 2010 ICD-9-CM Coordination and Maintenance Committee meeting.
- April 1, 2010 There will **not** be any new ICD-9-CM codes implemented on April 1, 2010 to capture new technology.
- April 2, 2010** **Deadline for receipt of public comments on proposed code revisions discussed at the March 9-10, 2010 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2010.**
- April 2010 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 2010 Summary report of the Procedure part of the March 9, 2010 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Summary report of the Diagnosis part of the March 10, 2010 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd9.htm>
- June 2010 Final addendum posted on web pages as follows:
Diagnosis addendum at - <http://www.cdc.gov/nchs/icd9.htm>
Procedure addendum at –
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- June 11, 2010 Deadline for receipt of public comments on proposed **diagnosis** code revisions discussed at the March 9-10, 2010 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on **October 1, 2011**.
- July 16, 2010** **Those members of the public requesting that topics be discussed at the September 15 – 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.**

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- August 1, 2010 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, 2010. This rule can be accessed at:
<http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp>
- August 2010 Tentative agenda for the Procedure part of the September 15 – 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at -
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Tentative agenda for the Diagnosis part of the September 15 – 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at - <http://www.cdc.gov/nchs/icd9.htm>
- Federal Register notice for the September 15 –16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
- August 13, 2010 On-line registration opens for the September 15-16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting at:**
<http://www.cms.hhs.gov/events>
- September 10, 2010 Because of increased security requirements, those wishing to attend the September 15 - 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at:
<http://www.cms.hhs.gov/apps/events>
- Attendees must register online by September 10, 2010; failure to do so may result in lack of access to the meeting.**
- September 15 – 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting.
- Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 10, 2010**. You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
- October 2010 Summary report of the Procedure part of the September 15 – 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Summary report of the Diagnosis part of the September 15– 16, 2010 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd9.htm>

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- October 1, 2010 New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows:
Diagnosis addendum - <http://www.cdc.gov/nchs/icd9.htm>
Procedure addendum at - <http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- October 8, 2010 Deadline for receipt of public comments on proposed code revisions discussed at the September 15-16, 2010 ICD-9-CM Coordination and Maintenance Committee meetings for implementation of April 1, 2011.**
- November 2010 Any new ICD-9-CM codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2011 will be posted on the following websites:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
<http://www.cdc.gov/nchs/icd9.htm>
- November 19, 2010 Deadline for receipt of public comments on proposed code revisions discussed at the September 15-16, 2010 ICD-9-CM Coordination and Maintenance Committee meetings for implementation of October 1, 2011.**

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

Please consult this web page for updated information

Influenza with pneumonia

Codes 488.0, Influenza due to identified avian influenza virus, and 488.1, Influenza due to identified novel H1N1 influenza virus, do not provide the additional specification as the codes under category 487, Influenza. To allow for consistent coding of all forms of influenza with pneumonia NCHS is proposing that codes 488.0 and 488.1 be expanded to match the codes at 487.

A review of all tabular instructional notes related to categories 487 and 488 was done in conjunction with this proposal. Revisions to these notes are also being proposed at this time.

This proposal is being considered for expedited review to allow implementation on October 1, 2010 update. **Comments regarding the proposal are due no later than April 2, 2010.**

TABULAR MODIFICATIONS

488 Influenza due to certain identified influenza viruses

488.0 Influenza due to identified avian influenza virus

New code 488.01 Influenza due to identified avian influenza virus
with pneumonia
Avian influenzal:
 bronchopneumonia
 pneumonia
Influenza due to identified avian influenza
virus with pneumonia, any form

New code 488.02 Influenza due to identified avian influenza virus
with other respiratory manifestations
Avian influenzal:
 laryngitis
 pharyngitis
 respiratory infection (upper) (acute)
Identified avian influenza NOS

New code 488.09 Influenza due to identified avian influenza virus
with other manifestations
Avian influenza with involvement of
 gastrointestinal tract
Encephalopathy due to identified avian
influenza

Excludes: "intestinal flu" [viral gastroenteritis] (008.8)

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- 382 Suppurative and unspecified otitis media
- 382.0 Acute suppurative otitis media
- 382.02 Acute suppurative otitis media in diseases
classified elsewhere
- Revise Code first underlying disease, as:
influenza (487.8, 488.09, 488.19)
- ACUTE RESPIRATORY INFECTIONS (460-466)
- Revise Excludes: pneumonia and influenza (480.0-488.19)
- 462 Acute pharyngitis
- Revise Excludes: that specified as (due to):
influenza (487.1, 488.02, 488.12)
- 464 Acute laryngitis and tracheitis
- Revise Excludes: that associated with influenza (487.1, 488.02, 488.12)
- 465 Acute upper respiratory infections of multiple or unspecified sites
- Revise Excludes: upper respiratory infection due to:
influenza (487.1, 488.02, 488.12)
- 480 Viral pneumonia
- 480.8 Pneumonia due to other virus not elsewhere classified
- Delete Excludes: ~~influenza with pneumonia, any form (487.0)~~
- 484 Pneumonia in infectious diseases classified elsewhere
- Delete ~~Excludes: influenza with pneumonia, any form (487.0)~~
- 486 Pneumonia, organism unspecified
- Delete Excludes: ~~influenza with pneumonia, any form (487.0)~~

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487 Influenza

- Revise Excludes: influenza due to 2009 H1N1 [swine] influenza virus (488.11-488.19)
- Revise influenza due to identified avian influenza virus (488.01-488.09)
- Revise influenza due to identified novel H1N1 influenza virus (488.11-488.19)

487.0 With pneumonia

- Delete ~~Use additional code to identify the type of pneumonia (480.0-480.9, 481, 482.0-482.9, 483.0-483.8, 485)~~

INDEX MODIFICATIONS

- Add H1N1 flu – see Influenza, novel (2009) H1N1
- Add Influenza A (H1N1) – see Influenza, novel (2009) H1N1
- Add Pandemic influenza A (H1N1) – see Influenza, novel (2009) H1N1

Fluency disorder

This topic was originally presented at the ICD-9-CM Coordination and Maintenance Committee meeting in September 2008. A revised proposal was presented at the September 2009 meeting. Details regarding the background information for this condition are located in those respective topic packets which are available on the NCHS website. The revisions presented today have been agreed upon by the American Speech-Language-Hearing Association (ASHA) and the American Psychiatric Association (APA). This revised proposal recommends additions and revisions to the ICD-9-CM to better capture the nature and description of fluency disorder.

The code titles have been modified to distinguish childhood onset fluency disorder, adult onset fluency disorder, and fluency disorder subsequent to brain lesion or disease (such as neurologic disorders or late effects of traumatic brain injury). Code 438.14, Late effects of cerebrovascular disease, fluency disorder was implemented on October 1, 2009. This proposal suggests a modification to an inclusion term at that code. The default index for the term “stuttering NOS” is being proposed to new code 315.35, Childhood onset fluency disorder. Coding instructional notes such as exclusions of each of the types of fluency disorders to their respective codes are also proposed.

This revised proposal is being considered for expedited review to allow implementation on October 1, 2010.

Comments regarding this proposal are due no later than April 2, 2010.

TABULAR MODIFICATIONS

	307	Special symptoms or syndromes, not elsewhere classified
Revise	307.0	Stuttering <u>Adult onset fluency disorder</u>
Add		Excludes: childhood onset fluency disorder (315.35)
Revise		stuttering (fluency disorder) due to late effect of cerebrovascular accident (438.14)
Add		fluency disorder in conditions classified elsewhere (784.52)
	315	Specific delays in development
	315.3	Developmental speech or language disorder
New code	315.35	Childhood onset fluency disorder Cluttering NOS Stuttering NOS
		Excludes: adult onset fluency disorder (307.0) fluency disorder due to late effect of cerebrovascular accident (438.14) fluency disorder in conditions classified elsewhere (784.52)
	315.39	Other
Delete		Excludes: stammering and stuttering (307.0)
	438	Late effects of cerebrovascular disease
	438.1	Speech and language deficits
Revise	438.14	Fluency disorder <u>Stuttering due to late effect of cerebrovascular accident</u>

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784 Symptoms involving head and neck

784.5 Other speech disturbance

Revise Excludes: ~~stammering and stuttering (315.35)~~
Delete ~~that of nonorganic origin (307.0, 37.9)~~

New code 784.52 Fluency disorder in conditions classified elsewhere
Stuttering in conditions classified elsewhere

Code first underlying disease or condition, such as:
Parkinson's disease (332.0)

Excludes: adult onset fluency disorder (307.0)
childhood onset fluency disorder (315.35)
fluency disorder due to late effect of
cerebrovascular accident (438.14)

INDEX MODIFICATIONS

Revise Balbuties, balbutio (see also Disorder, fluency) 307.0

Revise Cataphasia (see also Disorder, fluency) 307.0

Revise Cluttering (see also Disorder, fluency) 307.0

Disorder

Add fluency 315.35
Add adult onset 307.0
Add childhood onset 315.35
Add due to late effect of cerebrovascular accident 438.14
Add in conditions classified elsewhere 784.52

Neurosis

Revise oral (see also Disorder, fluency) 307.0

Revise Stammering (see also Disorder, fluency) 307.0

Revise Stuttering 315.35
Add adult onset 307.0
Add childhood onset 315.35
Add in conditions classified elsewhere 784.52

***E. coli* Infection – Expansion for O157:H7 strain**

This request was previously presented at the March 2009 ICD-9-CM Coordination and Maintenance Committee. The American Academy of Pediatrics (AAP) was the original requestor and asked for a subdivision of code 041.4, *Escherichia coli* [E. coli] infection, to create a unique code for *Escherichia coli* O157:H7. Following review of comments made at and received following the meeting NCHS also contacted the Centers for Disease Control and Prevention (CDC), Enteric Disease Epidemiology Branch. CDC has published recommendations for diagnosis of Shiga toxin-producing *E. coli* by clinical laboratories, and also has a surveillance program for reporting *E. coli* O157:H7 infections.

Escherichia coli (abbreviated as *E. coli*) are a large and diverse group of bacteria. Although most strains are harmless, some can cause gastrointestinal infections ranging from mild diarrhea to hemorrhagic colitis. Infections with certain strains of *E. coli*, known as Shiga toxin-producing *E. coli* (STEC) that cause gastrointestinal infections may lead to hemolytic uremic syndrome (HUS), a potentially fatal condition. STEC produces a toxin called Shiga toxin which is sometimes referred to as verotoxin or verocytotoxin, therefore they are sometimes referred to as VTEC. STEC and VTEC that cause human illness are also referred to as enterohemorrhagic *E. coli* (EHEC). These infections are diagnosed by culture and by non-culture tests that detect the presence of Shiga toxin or Shiga toxin genes.

The most commonly identified STEC in North America is *E. coli* O157:H7. Because serogroup O157 strains that express the H7 antigen consistently produces Shiga toxin, isolation of *E. coli* O157:H7 in culture does not require additional non-culture testing to be called STEC. When the H antigen is not known to be H7, serogroup O157 *E. coli* strains require confirmation of Shiga toxin by non-culture tests to be called STEC. Many other serogroups of *E. coli* can also produce Shiga toxin, and many of these also cause human illness. These non-O157 STEC are an uncommon but well recognized cause of HUS.

STEC transmission occurs through consumption of contaminated meats that are undercooked as well as consumption of many other types of contaminated products including but not limited to unpasteurized juice, raw milk, raw produce, and water. It can also be transmitted through direct contact with an asymptomatic animal carrier, the environment of animal carriers, or from hands contaminated with fecal matter from an infected person. Rapid diagnosis of STEC infections helps providers initiate measures to prevent serious complications and secondary transmission. *E. coli* can also cause urinary tract infections, respiratory illness and other illnesses.

The tabular modifications proposed below reflect the input received from the CDC as well as subsequent review by the AAP. Additional changes may be needed at sub-category 008.0, Intestinal infections due to *Escherichia coli* [E. coli]. These will be presented at a future ICD-9-CM Coordination and Maintenance Committee meeting. In addition to tabular changes, there are index entries for the terms Shiga, *Escherichia coli* [E. coli] and for code 041.4 that will need to be reviewed and modified once tabular changes are finalized.

TABULAR MODIFICIATIONS

041 Bacterial infection in conditions classified elsewhere and of unspecified site

041.4 Escherichia coli [E. coli]

New code	041.41	Shiga toxin-producing Escherichia coli [E. coli] (STEC) O157 O157:H7 Escherichia coli [E.coli] with or without confirmation of Shiga toxin-production Shiga toxin-producing Escherichia coli [E.coli] O157:H7 with or without confirmation of Shiga toxin-production STEC O157:H7 with or without confirmation of Shiga toxin-production E. coli O157:H- (nonmotile) with confirmation of Shiga toxin E. coli O157 with confirmation of Shiga toxin when H antigen is unknown, or is not H7
New code	041.42	Other specified Shiga toxin-producing Escherichia coli [E. coli] Non-O157 Shiga toxin-producing Escherichia coli [E.coli] Non-O157 Shiga toxin-producing Escherichia coli [E.coli] with known O group
New code	041.43	Shiga toxin-producing Escherichia coli [E. coli], unspecified Shiga toxin-producing Escherichia coli [E. coli] with unspecified O group STEC NOS
New code	041.49	Other Escherichia coli [E. coli] Non-Shiga toxin-producing E. Coli

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The following modifications to existing coding instructional notes would be needed:

- 283 Acquired hemolytic anemias
 - 283.1 Non-autoimmune hemolytic anemias
 - 283.11 Hemolytic-uremic syndrome
- Add Use additional code to identify associated:
 - Add E. coli infection (041.41-041.49)
 - Add Pneumococcal pneumonia (481)
 - Add Shigella dysenteriae (004.0)
- 590 Infections of kidney
- Revise Use additional code to identify organism, such as Escherichia coli [E. coli] (041.41-041.49)
- 595 Cystitis
- Revise Use additional code to identify organism, such as Escherichia coli [E. coli] (041.41-041.49)
- 599 Other disorders of urethra and urinary tract
 - 599.0 Urinary tract infection, site not specified
- Revise Use additional code to identify organism, such as Escherichia coli [E. coli] (041.41-041.49)
- 604 Orchitis and epididymitis
- Revise Use additional code to identify organism such as Escherichia coli [E. coli] (041.41-041.49), Staphylococcus (041.10-041.19), or Streptococcus (041.00-041.09)
- 616 Inflammatory disease of cervix, vagina, and vulva
 - 616.1 Vaginitis and vulvovaginitis
 - 616.10 Vaginitis and vulvovaginitis, unspecified
- Revise Use additional code to identify organism such as Escherichia coli [E. coli] (041.41-041.49), Staphylococcus (041.10-041.19), or Streptococcus (041.00-041.09)

Acquired absence of joint

This request has been presented previously at the March 2008 and March 2009 ICD-9-CM Coordination and Maintenance Committee meetings. The request originated from a query reviewed by the Editorial Advisory Board for *Coding Clinic for ICD-9-CM* regarding coding advice for patient encounters for joint replacement surgery, following previous explantation of a joint prosthesis. The previous proposals recommended creating a new code in the aftercare section of the V codes. Many comments recommended also creating a unique code for explantation status. This is being proposed by creating codes to show the status of acquired absence of a joint which would include joint prosthesis explantation status. The American Academy of Orthopaedic Surgeons (AAOS) supports this proposal.

The following tabular changes are proposed:

TABULAR MODIFICATIONS

V54 Other orthopedic aftercare

V54.8 Other orthopedic aftercare

New code	V54.82	Aftercare following explantation of joint prosthesis Aftercare following explantation of joint prosthesis, staged procedure Encounter for joint prosthesis insertion following prior explantation of joint prosthesis
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V88 Acquired absence of other organs and tissue

New subcategory	V88.2	Acquired absence of joint Acquired absence of joint following prior explantation of joint prosthesis Joint prosthesis explantation status
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New code	V88.21	Acquired absence of hip joint
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New code	V88.22	Acquired absence of knee joint
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New code	V88.29	Acquired absence of other joint
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Brain death

The National Association of Children’s Hospitals and Related Institutions (NACHRI) is requesting a new unique code for brain death. Currently this term is indexed to code 348.89, Other conditions of brain. NACHRI’s review of hospital data of children with brain injury has identified a subset within code 348.89 that had a high mortality rate and relatively short length of stay. Chart review revealed that these children often had brain death declared early in the course of the hospital stay and that once brain death is declared; life support is removed within a relatively short period of time.

It would be helpful to be able to recognize this patient population with a unique code so that they could be clearly identified for epidemiologic studies. Currently code 348.89 has many non-definable groups of patients who have both recoverable and non-recoverable components.

The American Academy of Neurology was contacted and they support a separate code for brain death. However, they did request that the term “flat EEG” remain indexed to code 348.89.

Additional letters supporting this change were also received from United Network for Organ Sharing, Organ Donation and Transplantation Alliance, and Association of Organ Procurement Organizations.

The following changes are requested:

TABULAR MODIFICATIONS

348 Other conditions of brain

348.8 Other conditions of brain

New code 348.82 Brain death

INDEX MODIFICATIONS

Revise Brain
death ~~348.89~~ 348.82

Revise Death
brain ~~348.89~~ 348.82

Lambert-Eaton myasthenic syndrome (LEMS)

Lambert-Eaton myasthenic syndrome (LEMS) is a disorder of the neuromuscular junction-the site where nerve cells meet muscle cells and help activate the muscles. It is caused by a disruption of electrical impulses between these nerve and muscle cells. LEMS is an autoimmune condition; in such disorders the immune system, which normally protects the body from foreign organisms, mistakenly attacks the body's own tissues. The disruption of electrical impulses is associated with antibodies produced as a consequence of this autoimmunity. Symptoms include muscle weakness, a tingling sensation in the affected areas, fatigue, and dry mouth. LEMS is closely associated with cancer, in particular small cell lung cancer. More than half the individuals diagnosed with LEMS also develop small cell lung cancer. LEMS may appear up to 3 years before cancer is diagnosed. There is no cure for LEMS. Treatment is directed at decreasing the autoimmune response (through the use of steroids, plasmapheresis, or high-dose intravenous immunoglobulin) or improving the transmission of the disrupted electrical impulses by giving drugs such as di-amino pyridine or pyridostigmine bromide (Mestinon). For patients with small cell lung cancer, treatment of the cancer is the first priority. The prognosis for individuals with LEMS varies. Those with LEMS not associated with malignancy have a benign overall prognosis. Generally the presence of cancer determines the prognosis. The American Academy of Neurology (AAN) proposes the following modifications:

TABULAR MODIFICATIONS

	358	Myoneural disorders
Delete	358.1	Myasthenic syndromes in diseases classified elsewhere Eaton-Lambert syndrome from stated cause classified elsewhere
New subcategory	358.3	Lambert-Eaton syndrome Eaton-Lambert syndrome
New code	358.30	Lambert-Eaton syndrome, unspecified Lambert-Eaton syndrome NOS
New code	358.31	Lambert-Eaton syndrome in neoplastic disease Code first the underlying neoplastic disease
New code	358.39	Lambert-Eaton syndrome in other diseases classified elsewhere Code first the underlying condition

Pelvic fracture without disruption of pelvic circle

The ICD-9-CM has specific codes for multiple pelvic fractures with disruption of the pelvic circle. In the index the designation of “with disruption of pelvic circle” is non-essential. This indexing suggests that the existing codes should be used for both pelvic fractures with and without disruption of the pelvic circle. As there is a significant difference in the severity of pelvic fractures when there is a disruption of the pelvic circle, NCHS is proposing that new codes be created for pelvic fractures without disruption of the pelvic circle, and that the index be modified so that the existing codes are allowed only for pelvic fractures with disruption of the pelvic circle. It is also being proposed that the term pelvic ring be added to the classification as a synonymous term for pelvic circle.

TABULAR MODIFICATIONS

	808	Fracture of pelvis
		808.4 Other specified part, closed
		808.43 Multiple pelvic fractures with disruption of pelvic circle
Add		Multiple pelvic fractures with disruption of pelvic ring
New code	808.44	Multiple pelvic fractures without disruption of pelvic circle
		Multiple pelvic fractures without disruption of pelvic ring
		808.5 Other specified part, open
		808.53 Multiple pelvic fractures with disruption of pelvic circle
Add		Multiple pelvic fractures with disruption of pelvic ring
New code	808.54	Multiple pelvic fractures without disruption of pelvic circle
		Multiple pelvic fractures without disruption of pelvic ring

INDEX MODIFICATIONS

	Fracture	
		pelvis, pelvic (bone(s)) (with visceral injury) (closed) 808.8
Delete		multiple (with disruption of pelvic circle) 808.43
Add		multiple with disruption of pelvic circle 808.43

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Exposure to uranium

The Environmental Protection Agency (EPA), in conjunction with the Agency for Toxic Substances and Disease Registry (ATSDR) and the New Mexico Department of Health (NMDH) is investigating uranium exposure, both occupational and non-occupational. The NMDH now lists uranium exposure as a reportable disease if found in the urine at certain levels. Natural uranium mineral deposits are concentrated in northeastern Santa Fe County, the Grants-Gallup area, and in other areas in the state of New Mexico. These mineral deposits can leach uranium into ground water. Other sources of exposure include contamination of sites from historical uranium mining and milling. The ATSDR Regional Office in Dallas, Texas and the NMDH have requested a new ICD-9-CM code for exposure to uranium to assist with tracking this exposure.

TABULAR MODIFICATIONS

V87 Other specified personal exposures and history presenting hazards to health

V87.0 Contact with and (suspected) exposure to hazardous metals

New code V87.02 Contact with and (suspected) exposure to uranium

Saddle embolus of pulmonary artery

Saddle emboli are one of the most severe forms of embolism and are associated with high mortality rates. The most common site for a saddle embolus is the aorta, but they can occur at other sites, such as the pulmonary artery. The ICD-9-CM currently only provides a code for a saddle embolus of the aorta. NCHS is proposing a new code for saddle embolus of the pulmonary artery. The aorta would remain the default site.

A unique code for saddle embolus of the aorta is also being proposed. It is currently just an inclusion term under code 444.0, Arterial embolism and thrombosis of abdominal aorta.

TABULAR MODIFICATIONS

	415	Acute pulmonary heart disease
	415.1	Pulmonary embolism and infarction
New code	415.13	Saddle embolus of pulmonary artery
	444	Arterial embolism and thrombosis
	444.0	Of abdominal aorta
Delete		Aortic bifurcation syndrome
Delete		Aortoiliac obstruction
Delete		Leriche's syndrome
Delete		Saddle embolus
New code	444.01	Saddle embolus of abdominal aorta
New code	444.09	Other arterial embolism and thrombosis of abdominal aorta
		Aortic bifurcation syndrome
		Aortoiliac obstruction
		Leriche's syndrome
	444.8	Of other specified artery
	444.89	Other
Revise		Excludes: pulmonary (<u>415.11-</u> 415.19)

Cystostomy complications

The classification has specific codes for complications of many artificial stomas, but not for a cystostomy. A question was submitted as to how to code an infection of a cystostomy. The current options, 997.5, Urinary complications, and 996.39, Mechanical complication of other genitourinary device, implant, and graft, do not specify that the complication is with the cystostomy or that there is an infection. NCHS is proposing that a new set of codes for complications of a cystostomy be created.

TABULAR MODIFICATIONS

	596	Other disorders of bladder
	596.8	Other specified disorders of bladder
Delete		calcified
Delete		contracted
Delete		hemorrhage
Delete		hypertrophy
New code	596.81	Infection of cystostomy
		Use additional code to specify type of infection
New code	596.82	Mechanical complication of cystostomy Malfunction of cystostomy
New code	596.83	Other complication of cystostomy Fistula Hernia Prolapse
New code	596.89	Other specified disorders of bladder calcified contracted hemorrhage hypertrophy

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The following modifications to the tabular are needed in conjunction with the new code proposal:

- 996 Complications peculiar to certain specified procedures
- 996.3 Mechanical complication of genitourinary device, implant,
and graft
- 996.39 Other
~~Cystostomy catheter~~
- Delete
- Excludes: complications due to:
external stoma of urinary tract (596.81-
596.83)
- Revise
- 997 Complications affecting specified body systems, not elsewhere
classified
- 997.5 Urinary complications
Complications of:
~~external stoma of urinary tract~~
- Delete
- Excludes: complications of cystostomy (596.81-596.83)
complications of external stoma of urinary tract
(596.81-596.83)
- Add
- V55 Attention to artificial openings
- Excludes: complications of external stoma (519.00-519.09, 569.60-
569.69, 596.81-596.83, 997.4, ~~997.5~~)
- Revise

Smoke inhalation

NCHS has received questions regarding the correct coding for smoke inhalation and how it relates to the coding of acute respiratory failure. The default code for the term smoke inhalation is 987.9, Toxic effect of unspecified gas, fume, or vapor. However, at the tabular section 980-989, Toxic effects of substances chiefly nonmedicinal as to source, there is an excludes note for respiratory conditions due to external agents (506.0-508.9).

Based on that excludes note the default for smoke inhalation NOS should be changed to a code within categories 506, Respiratory conditions due to chemical fumes and vapors, or 508, Respiratory conditions due to other and unspecified external agents. The axes of classification for these categories are not consistent. Category 506 includes codes for specific types of respiratory conditions, and category 508 is broken out based on the external agent. Both categories require an E code to identify the cause (the source of the fumes and vapors). Comments are requested on which category would be better to assign this default, and whether a new code within that category should be created?

There is also the question of the sequencing of these codes in conjunction with the associated specific respiratory conditions. To be consistent with the sequencing rules for other poisoning and toxic effect codes, a use additional code note should be added under categories 506 and 508. This note would apply to all secondary respiratory codes, including acute respiratory failure.

Finally, the term asphyxia is indexed to the same default as the term smoke inhalation. Comment is requested on whether the terms should be considered synonymous.

TABULAR MODIFICATIONS

506 Respiratory conditions due to chemical fumes and vapors

Add Use additional code to identify associated respiratory conditions, such as:
acute respiratory failure (518.81)

508 Respiratory conditions due to other and unspecified external agents

Add Use additional code to identify associated respiratory conditions, such as:
acute respiratory failure (518.81)

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

Add Excludes: respiratory conditions due to smoke inhalation NOS (506.xx or 508.xx)

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The following index entries will be affected by this topic.

Asphyxia, asphyxiation (by) 799.01
gas, fumes, or vapor NEC 987.9

Conflagration - see also Burn, by site
asphyxia (by inhalation of smoke, gases, fumes, or vapors) 987.9

Gas 787.3
asphyxia, asphyxiation, inhalation, poisoning, suffocation NEC 987.9

Inhalation
gas, fumes, or vapor (noxious) 987.9
smoke 987.9
steam 987.9

Vapor asphyxia or suffocation NEC 987.9

Personal history of pulmonary embolism and anaphylactic shock

With the expansions of the codes for venous embolism and thrombosis it was noted that there is not an individual code for personal history of pulmonary embolism. It is currently included under code V12.51, Venous thrombosis and embolism. NCHS is recommending that a unique code for personal history of pulmonary embolism be created.

It was also noted that there is no unique code for personal history of anaphylactic shock. A new code for this condition is also being proposed under subcategory V12.5, Personal history of diseases of circulatory system.

TABULAR MODIFICATIONS

V12 Personal history of certain other diseases

V12.5 Diseases of circulatory system

Delete	V12.51 Venous thrombosis and embolism Pulmonary embolism
Add	Excludes: pulmonary embolism (V12.51)
New code	V12.55 Pulmonary embolism
New code	V12.56 Anaphylactic shock

Complications of weight loss procedures

Bariatric surgery and gastric band procedures, while very successful in most cases for weight reduction, do have associated complications, such as infections and device malfunctions. Complications of bariatric surgery are now indexed to code 997.4, Digestive system complications. NCHS is proposing that a new set of codes for the complications of these procedures be created.

TABULAR MODIFICATIONS

New Category	539	Complications of bariatric surgery and gastric band procedures
New sub-category	539.0	Complications of bariatric surgery
New code	539.01	Infection due to bariatric surgery
		Use additional code to specify the infection
New code	539.09	Other complications of bariatric surgery
		Use additional codes to specify the complication
New sub-category	539.1	Complications of gastric band procedure
New code	539.11	Infection due to gastric band
		Use additional code to specify the infection
New code	539.19	Other complications of gastric band procedure
		Use additional codes to specify the complication

The following modifications to the tabular are needed in conjunction with the new code proposal:

	997	Complications affecting specified body systems, not elsewhere classified
	997.4	Digestive system complications
Add		Excludes: complications of bariatric surgery (539.01-539.19) complications of gastric band procedure (539.11-539.19)

Postoperative aspiration pneumonia

There is confusion regarding the correct coding of aspiration pneumonia resulting from a procedure. Code 997.39, Other respiratory complications, includes aspiration pneumonia complicating a procedure, but there is a use additional code note at the beginning of the category to identify the complication. The question is whether code 507.0, Pneumonitis due to inhalation of food or vomitus, should be used with code 997.39, or whether, since aspiration pneumonia is an inclusion term, no additional code is needed. The instructional note at category 997 requires the use of a secondary code with a complication code. Because such a question was raised, a future further review of inclusion terms will be done to assess the best way to utilize them in the ICD-9-CM and ICD-10-CM.

For now, to improve the accuracy of the coding of postoperative pneumonitis (Mendelson’s syndrome), NCHS is proposing a new code. The instructional notes at categories 507 and 997 would also be modified to assist coders in selecting the correct codes for this complication.

TABULAR MODIFICATIONS

	507	Pneumonitis due to solids and liquids
Add		Excludes: postprocedural pneumonitis (997.32)
	997	Complications affecting specified body systems, not elsewhere classified
	997.3	Respiratory complications
Delete		Excludes: Mendelson’s syndrome in labor and delivery (668.0)
New code	997.32	Postprocedural aspiration pneumonia Chemical pneumonitis resulting from a procedure Mendelson’s syndrome resulting from a procedure
		Excludes: aspiration pneumonia during labor and delivery (668.0)
Delete	997.39	Other respiratory complications Mendelson’s syndrome resulting from a procedure
Delete		Pneumonia (aspiration) resulting from a procedure
Add		Use additional code to identify the complication

Pilar cyst/Trichilemmal cyst

Pilar cysts are epidermal cysts formed by an outer wall of keratinizing epithelium without a granular layer, similar to the normal epithelium of the hair follicle at and distal to the sebaceous duct. Pilar cysts are common, occurring in 5-10% of the population. Pilar cysts occur preferentially in areas with dense hair follicle concentrations; therefore, 90% occur on the scalp. Pilar cysts are the second most frequent type of cyst on the head and neck. Pilar cysts are almost always benign, malignant transformation being extremely rare. In 2% of pilar cysts, single or multiple foci of proliferating cells lead to proliferating tumors, often called proliferating trichilemmal cysts. Proliferating trichilemmal cysts grow rapidly and may also arise de novo. Although biologically benign, they may be locally aggressive, becoming large and ulcerated. Pilar cysts are erroneously but frequently referred to as sebaceous cysts. These cysts are not indexed in the ICD-9-CM, so new codes are being proposed by NCHS.

TABULAR MODIFICATIONS

	704	Diseases of hair and hair follicles
New subcategory	704.4	Pilar and trichilemmal cysts
New code	704.41	Pilar cyst
New code	704.42	Trichilemmal cyst Trichilemmal proliferating cyst
	706	Diseases of sebaceous glands
	706.2	Sebaceous cyst
Add		Excludes: pilar cyst (704.41) trichilemmal (proliferating) cyst (704.42)

Retained gallstones following cholecystectomy

It is not uncommon following cholecystectomy, especially following laparoscopic cholecystectomy, for gallstones to fall into the bile duct, the abdominal cavity or abdominal wall. These stones can later cause obstruction or infection. There is no accurate way to classify this complication. New codes with associated instructional notes are being proposed by NCHS.

TABULAR MODIFICATIONS

997 Complications affecting specified body systems, not elsewhere classified

997.4 Digestive system complications

New code 997.41 Retained cholelithiasis following cholecystectomy

New code 997.49 Other digestive system complication

The following modifications to the tabular are needed in conjunction with the new code proposal:

574 Cholelithiasis

Add Excludes: retained cholelithiasis following cholecystectomy (997.41)

996 Complications peculiar to certain specified procedures

Revise Excludes: complications of internal anastomosis of:
gastrointestinal tract (997.49)

998 Other complications of procedures, NEC

998.3 Disruption of wound

998.31 Disruption of internal operation (surgical) wound

Revise Excludes: complications of internal anastomosis of:
gastrointestinal tract (997.49)

Biochemical pregnancy

Fertility clinics, and physicians who specialize in assisted reproductive technologies, have asked for a code to identify patients who have what are referred to imprecisely as a false positive pregnancy, a chemical pregnancy, or a biochemical pregnancy. These terms are not indicating that the pregnancy was conceived using hormone stimulation or other such chemical methods. This would be for cases where a woman’s pregnancy test comes back as positive, indicating serum hCG levels, but when followed up with ultrasound no fetus is present. These are, in effect, very early miscarriages.

The positive test confirms that conception occurred, but when the ultrasound indicates no uterine pregnancy an ectopic pregnancy must be ruled out. When no ectopic pregnancy is noted, the miscarriage is confirmed.

At the request of the American College of Obstetricians and Gynecologists (ACOG), the following expansion of code 631 is being proposed to address this situation.

TABULAR MODIFICATIONS

	631	Other abnormal product of conception
Delete		Blighted ovum
Delete		Mole:
Delete		NOS
Delete		carneous
Delete		fleshy
Delete		stone
New code	631.0	Inappropriate rise (decline) of quantitative human chorionic gonadotropin (hCG) in early pregnancy Biochemical pregnancy Chemical pregnancy Inappropriate level of quantitative human chorionic gonadotropin (hCG) for gestational age in early pregnancy
New code	631.8	Other abnormal products of conception Blighted ovum Mole: NOS carneous fleshy stone

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The following modifications to the tabular are needed in conjunction with the new code proposal:

632 Missed abortion

Revise Excludes: that with abnormal product of conception (630, 631.0-631.8)

V72 Special investigations and examinations

V72.4 Pregnancy examination or test

Add Excludes: biochemical pregnancy (631.0)
chemical pregnancy (631.0)

Addenda

Tabular

The following changes are being considered for October 1, 2010

- 225 Benign neoplasm of brain and other parts of nervous system
- Revise Excludes: neurofibromatosis (237.70-237.78)
- 365 Glaucoma
- 365.4 Glaucoma associated with congenital anomalies, dystrophies, and systemic syndromes
- 365.44 Glaucoma associated with systemic syndromes
- Revise Code first associated disease, as:
neurofibromatosis (237.70-237.78)
- 737 Curvature of spine
- 737.4 Curvature of spine associated with other conditions
- Revise Code first associated condition, as:
neurofibromatosis (237.70-237.78)
- 742 Other congenital anomalies of nervous system
- 742.8 Other specified anomalies of nervous system
- Revise Excludes: neurofibromatosis (237.70-237.78)
- 759 Other and unspecified congenital anomalies
- 759.6 Other hamartoses, NEC
- Revise Excludes: neurofibromatosis (237.70-237.78)

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V15 Other personal history presenting hazards to health

V15.8 Other specified personal history presenting hazards to health

V15.89 Other

Revise Excludes: contact with and (suspected)→ exposure to ~~other~~potentially other potentially hazardous substances (V87.39)

V55 Attention to artificial openings

Revise Excludes: complications of external stoma (519.00-519.09, 569.60-569.69, ~~997.4~~, 997.5)

V76 Special screening for malignant neoplasms

V76.5 Intestine

Add V76.51 Colon
Screening colonoscopy NOS

V90 Retained foreign body

Add Excludes: foreign body accidentally left during a procedure (998.4)

The following changes are being considered for October 1, 2011

042 Human immunodeficiency virus [HIV] disease

Add Code first human immunodeficiency virus [HIV] disease due to blood transfusion (999.39)

236 Neoplasm of uncertain behavior of genitourinary organs

236.1 Placenta

Add Malignant hydatid mole
Revise Malignant ~~hydatid(iform)~~ hydatidiform mole

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323 Encephalitis, myelitis, and encephalomyelitis

323.0 Encephalitis, myelitis, and encephalomyelitis in viral diseases classified elsewhere

Code first underlying disease, as:

Add human immunodeficiency virus [HIV] disease (042)

Revise 323.4 Other encephalitis, myelitis, and encephalomyelitis due to other infections classified elsewhere

Revise 323.41 Other encephalitis and encephalomyelitis due to other infections classified elsewhere

Revise 323.42 Other myelitis due to other infections classified elsewhere

346 Migraine

The following fifth-digit subclassification is for use with category 346:

0 without mention of intractable migraine without mention of status migrainosus

Add without mention of refractory migraine without mention of status migrainosus

Revise 1 with intractable migraine, so stated, without mention of status migrainosus

Add with refractory migraine, so stated, without mention of status migrainosus

2 without mention of intractable migraine with status migrainosus

Add without mention of refractory migraine with status migrainosus

3 with intractable migraine, so stated, with status migrainosus

Add with refractory migraine, so stated, with status migrainosus

646 Other complications of pregnancy, not elsewhere classified

Revise 646.7 Liver and biliary tract disorders in pregnancy

968 Poisoning by other central nervous system depressants and anesthetics

968.5 Surface [topical] and infiltration anesthetics

Revise Cocaine [topical]

Add Excludes: poisoning by cocaine (crack) used as a central nervous system stimulant (970.81)

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999 Complications of medical care, not elsewhere classified

999.3 Other infection

Add Use additional code to identify the specified infection, such as:
human immunodeficiency virus [HIV] disease (042)

V58 Encounter for other and unspecified procedures and aftercare

V58.6 Long-term (current) drug use

Revise V58.69 Long-term (current) use of other medications
Long term current use of methadone for
pain control

Add Excludes: methadone maintenance NOS (304.00)
Add methadone use NOS (304.00)

V84 Genetic susceptibility to disease

Add Excludes: chromosomal anomalies (758.0-758.9)

V84.8 Genetic susceptibility to other disease

V84.81 Genetic susceptibility to multiple endocrine
neoplasia [MEN]

Add Excludes: multiple endocrine neoplasia [MEN] syndromes
(258.01-258.03)

E917 Striking against or struck accidentally by objects or persons

Revise Excludes: injury caused by:
assault (E960.0-E960.1, ~~E967.0-E967.9~~)

E967 Perpetrator of child and adult abuse

Add Note: Codes from category E967 correspond only to codes under
subcategory 995, Child maltreatment syndrome, and codes 995.80
995.85, adult maltreatment and abuse. They are not for use to
identify the perpetrator of other types of assault.

Index

The following changes are being considered for October 1, 2010

	Neoplasm...						
Delete	colon — see also Neoplasm, intestine, large and rectum	154.0	197.5	230.4	211.4	235.2	239.0
Add	colon – see also Neoplasm, intestine, large	153.9	197.5	230.3	211.3	235.2	239.0
Add	with rectum	154.0	197.5	230.4	211.4	235.2	239.0
	Pain...						
Revise	maxilla <u>524.62</u>						
	Pneumonia ... 486						
Revise	basal, basic, basilar - see Pneumonia, <u>by type</u>						
	Puerperal						
Revise	fever <u>672</u>						
	Screening (for) V82.9						
Add	colonoscopy V76.51						
	Tumor...						
	stromal						
Add	endometrium (endometrial) 236.0						

TABLE OF DRUGS AND CHEMICALS

Revise	Dekalin <u>Dekalin</u> ...
	Gas...
	utility (for cooking, heating, or lighting)
Revise	incomplete combustion of - see Carbon, monoxide, fuel, <u>utility</u>

The following changes are being considered for October 1, 2011

Add	Acroangioidermitis 448.9
	Anemia 285.9
Add	chronic 285.9
	Blood
	pressure
	high
Add	borderline 796.2

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Borderline
Add diabetes mellitus 790.29
Add hypertension 796.2

Diabetes...
Add borderline 790.29

Disease...
Add lymphoproliferative (chronic) (M9970/1) 238.79
X linked 759.89

Drug...
Add therapy (maintenance) status NEC
methadone 304.00

Encephalitis...
Add due to
human immunodeficiency virus [HIV] disease 042 [323.01]

Add Encephaloduroarteriomyosynangiosis (EDAMS) 437.5

Eosinophilia 288.3
Add with
Add angiolymphoid hyperplasia (ALHE) 228.01

Hematoma...
Add aortic intramural – see Dissection, aorta

High
Add blood pressure...
borderline 796.2

Add Hyperplasia, hyperplastic
angiolymphoid, with eosinophilia (ALHE) 228.01

Add Hypertension (table)
borderline 796.2

Add Interrogation
Add cardiac pacemaker V53.31

Add IRIS (Immune Reconstitution Inflammatory Syndrome) 995.90

Add Maintenance
methadone 304.00

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Revise Pneumonia (acute) (~~Alpenstich~~) (~~benign~~) (bilateral) (~~brain~~) (~~cerebral~~)
(circumscribed) (congestive) (~~creeping~~) (~~delayed resolution~~) (double)
(~~epidemic~~) (~~fever~~) (~~flash~~) (fulminant) (~~fungoid~~) (granulomatous)
(~~hemorrhagic~~) (incipient) (~~infantile~~) (infectious) (infiltration) (insular)
(intermittent) (latent) (~~lobe~~) (~~migratory~~) (~~newborn~~) (organized)
(~~overwhelming~~) (primary) (progressive) (~~pseudolobar~~) (purulent)
(~~resolved~~) (~~secondary~~) (~~senile~~) (~~septic~~) (suppurative) (~~terminal~~) (~~true~~)
(~~unresolved~~) (vesicular) 486

Pregnancy...

 complicated (by)...
Add cholestasis 646.7
Add insulin resistance 648.8
Add management affected by
Add insulin resistance 648.8

Resistance...

 insulin 277.7
Add complicating pregnancy 648.8

Saddle

Add injury – see Contusion, by site

Sepsis...

Add intra-abdominal 567.22
Revise localized – code to specific localized infection

Add Stent jail 996.72

Syndrome...

Add immune reconstitution inflammatory (IRIS) 995.90
Add post chemoembolization – code to associated conditions