CENTERS FOR DISEASE CONTROL AND PREVENTION

March 12, 2009
Diagnosis Agenda

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

Diagnosis Topics:

ICD-9-CM TIMELINE

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

January 9, 2009	Deadline for requestors: Those members of the public requesting that topics be discussed at the March 11–March 12, 2009 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses by this date.
February 2009	Draft agenda for the Procedure part of the March 11, 2009 ICD-9-CM Coordination and Maintenance Committee meeting posted on CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes Draft agenda for the Diagnosis part of the March 12, 2009 ICD-9-CM Coordination and Maintenance Committee meeting posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm Federal Register notice of March 11 – March 12, 2009 ICD-9-CM Coordination and Maintenance Committee Meeting will be published.
February 15, 2009	**On-line registration opens for the March 11 – 12, 2009 ICD-9-CM Coordination and Maintenance Committee meeting at: http://www.cms.hhs.gov/apps/events**
March 2009	Because of increased security requirements, **those wishing to attend the March 11 – March 12, 2009** ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at: http://www.cms.hhs.gov/apps/events **Attendees must register online by March 5, 2009 failure to do so may result in lack of access to the meeting**.
March 11 – March 12 2009	ICD-9-CM Coordination and Maintenance Committee meeting.

April 1, 2009	Any new ICD-9-CM codes required to capture new technology will be implemented. Information on any new codes implemented on April 1, 2009 previously posted in early October 2008 will be on the following websites: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes http://www.cdc.gov/nchs/icd9.htm http://www.cms.hhs.gov/MLNGenInfo
April 3, 2009	Deadline for receipt of public comments on proposed code revisions discussed at the March 11-12, 2009 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2009.
April 2009	Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include the final ICD-9-CM diagnosis and procedure codes for the upcoming fiscal year. It will also include proposed revisions to the DRG system on which the public may comment. The proposed rule can be accessed at: http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp
April 2009	Summary report of the Procedure part of the March 11, 2009 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes Summary report of the Diagnosis part of the March 12, 2009 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm
June 2009	Final addendum posted on web pages as follows: Diagnosis addendum at - http://www.cdc.gov/nchs/icd9.htm Procedure addendum at – http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
June 12, 2009	Deadline for receipt of public comments on proposed diagnosis code revisions discussed at the March 11-12, 2009 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on **October 1, 2010.**

July 17, 2009	Those members of the public requesting that topics be discussed at the September 16 – 17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.
August 1, 2009	Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include all the final codes to be implemented on October 1, 2009. This rule can be accessed at: http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp
August 2009	Tentative agenda for the Procedure part of the September 16 – 17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at - http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes Tentative agenda for the Diagnosis part of the September 16 – 17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at - http://www.cdc.gov/nchs/icd9.htm Federal Register notice for the September 16 –17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
August 15, 2009	**On-line registration opens for the September 16-17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting at:** **http://www.cms.hhs.gov/apps/events**
September 10, 2009	Because of increased security requirements, those wishing to attend the September 16 - 17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at: http://www.cms.hhs.gov/apps/events **Attendees must register online by September 10, 2009; failure to do so may result in lack of access to the meeting.**

September 16 – 17, 2009	ICD-9-CM Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 10, 2009.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
October 2009	Summary report of the Procedure part of the September 16 – 17, 2009 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes Summary report of the Diagnosis part of the September 24–25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm
October 1, 2009	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 9, 2009	**Deadline for receipt of public comments on proposed code revisions discussed at the September 16-17, 2009 ICD-9-CM Coordination and Maintenance Committee meetings for implementation of April 1, 2010.**
November 2009	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, 2010 will be posted on the following websites: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes http://www.cdc.gov/nchs/icd9.htm

December 5, 2009	Deadline for receipt of public comments on proposed code revisions discussed at the September 16-17, 2009 ICD-9-CM Coordination and Maintenance Committee meetings for implementation of October 1, 2010.

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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

Post traumatic seizures

The National Association of Epilepsy Centers (NAEC) and the American Academy of Neurology (AAN) have requested a new code for post traumatic seizures. This code would be distinct from post traumatic epilepsy. Gregory L. Barkley, M.D., representing the NAEC, will present this topic.

Post traumatic seizures are acute, symptomatic seizures following a head injury. A unique code for this type of seizure is important because these patients need to be followed for treatment as well as prognostic and epidemiologic considerations.

TABULAR MODIFICATION

780 General symptoms

780.3 Convulsions

New code 780.33 Post traumatic seizures

Excludes: post traumatic epilepsy (345.00-345.91)

Cognitive deficits related to Traumatic Brain Injury (TBI) and Neurological Conditions

At the September 25, 2008, ICD-9-CM Coordination and Maintenance Committee meeting the Department of Defense (DoD) and the Veteran's Administration (VA) jointly requested changes to the ICD-9-CM classification to better classify traumatic brain injury (TBI) and its associated conditions. Within the proposal was a request for new codes for cognitive symptoms associated with TBI. These codes would be used to describe cognitive impairments such as problems with memory, concentration, attention, communication, and executive function. The American Academy of Neurology expressed support for codes to help classify patients presenting with these symptoms from a neurologic condition. It would allow using them as supplementary codes when the causation is known as well as before a more specific diagnosis is made. Originally the codes were proposed to a new subcategory 349.5, Cognitive symptoms due to neurological conditions classified elsewhere. Participants at the September 2008 meeting and comments received following the meeting requested further review for overlap of these conditions with those represented elsewhere in ICD-9-CM. It was also recommended to try placing these codes in Chapter 16, Signs, Symptoms and Ill-Defined Conditions. The original and revised proposals are presented here for discussion.

ORIGINAL PROPOSAL – September 2008

TABULAR MODIFICATIONS

New subcategory

349.5 Cognitive symptoms due to neurological conditions classified elsewhere

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

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

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

New code 349.51 Attention or concentration deficit

New code 349.52 Memory deficit

New code 349.53 Language or speech deficit

New code 349.54 Visiospatial deficit

New code 349.55 Psychomotor deficit

New code 349.56 Frontal lobe and executive function deficit

New code 349.58 Other cognitive symptoms

New code 349.59 Unspecified cognitive symptoms

NEW PROPOSAL March 2009

TABULAR MODIFICATIONS

781 Symptoms involving nervous and musculoskeletal systems

Revise — 781.8 Neurologic neglect <u>syndrome</u>

Add — Excludes: visuospatial deficit (799.53)

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

New Subcategory — 799.5 Signs and symptoms involving cognition

Excludes: amnesia (780.93)
amnestic syndrome (294.0)
attention deficit disorder (314.00-314.01)
late effects of cerebrovascular disease (438)
memory loss (780.93)
mild cognitive impairment, so stated (331.83)
specific problems in developmental delay (315.00-315.9)
transient global amnesia (437.7)

New code	799.50	Unspecified signs and symptoms involving cognition
New code	799.51	Attention or concentration deficit
New code	799.52	Cognitive communication deficit
New code	799.53	Visuospatial deficit
New code	799.54	Psychomotor deficit
New code	799.55	Frontal lobe and executive function deficit
New code	799.59	Other signs and symptoms involving cognition

Escherichia coli - expansion for O157:H7

In 1982, *Escherichia coli* (*E. coli*) O157:H7 was recognized as the cause of an outbreak of bloody diarrhea. *Escherichia coli* (abbreviated as *E. coli*) are a large and diverse group of bacteria. Although most strains of *E. coli* are harmless, some can cause diarrhea, while others may cause urinary tract infections, respiratory illness, and other illnesses. Some kinds of *E. coli* cause disease by making a toxin called Shiga toxin (STEC for short). The most commonly identified STEC in North America is *E. coli* O157:H7 (often shortened to *E. coli* O157 or even just "O157"). News reports about outbreaks of "*E. coli*" infections are usually talking about *E. coli* O157. Exposures that result in illness include consumption of contaminated food, unpasteurized (raw) milk, or water that has not been disinfected. Infection with this organism has been identified with the development of hemolytic uremic syndrome (code 283.11), a potentially life-threatening condition especially in the very young and elderly. It is now common for physicians and hospitals to test for this organism separately from other *E. coli* species. Additionally, the CDC has established a surveillance program and specific website because of the serious health risk associated with this organism.

The American Academy of Pediatrics is requesting a subdivision of the current 041.4 subcategory to specifically code and track the E.coli O157:H7.

TABULAR MODIFICATIONS

041 Bacterial infection in conditions classified elsewhere and of unspecified site

041.4 Escherichia coli [E.coli]

New code	041.41	Escherichia coli [E. coli] O157:H7
New code	041.49	Other Escherichia coli [E. coli]

Personal history of corrected congenital malformations

Due to advance in medical science, many congenital conditions can be repaired and leave little or no residual condition. When corrected, *Coding Guidelines* directs that "a personal history code should be used to identify the history of the anomaly." None of these conditions can be easily identified under the current codes for personal history of congenital malformations in subcategory V13.6. The American Academy of Pediatrics is requesting to expand and add codes at this to identify personal history of congenital anomalies by body system.

TABULAR MODIFICATIONS

V13 Personal history of other diseases

Revise	V13.6	Congenital <u>(corrected)</u> malformations	
New code	V13.60	Personal history of (corrected) congenital inborn errors of metabolism and chromosomal anomalies	
New code	V13.62	Personal history of other (corrected) congenital malformations of genitourinary system	
New code	V13.63	Personal history of (corrected) congenital malformations of nervous system	
New code	V13.64	Personal history of (corrected) congenital malformations of eye, ear, face and neck	
New code	V13.65	Personal history of (corrected) congenital malformations of heart and circulatory system	
New code	V13.66	Personal history of (corrected) congenital malformations of respiratory system	
New code	V13.67	Personal history of (corrected) congenital malformations of digestive system	
New code	V13.68	Personal history of (corrected) congenital malformations of integument, limbs, and musculoskeletal systems	
Revise	V13.69	<u>Personal history of other (corrected)</u> congenital malformations	

Acute Idiopathic Pulmonary Hemorrhage in Infants

The diagnosis of Acute Idiopathic Pulmonary Hemorrhage in Infants (AIPHI) is relatively rare. A number of cases were reported in Ohio in the 1990s, with subsequent suggestion of potential connection to mold exposure. However, on subsequent review, this connection was not considered to be established.

There was a CDC case definition of AIPHI published in 2001. Proposed criteria for a clinically confirmed case included pulmonary hemorrhage in a previously healthy infant with gestational age over 32 weeks and no history of prior medical problems that could cause pulmonary hemorrhage; with abrupt onset of bleeding or blood in the airway; severe presentation of the pulmonary hemorrhage leading to acute respiratory distress or respiratory failure, resulting in hospitalization in a pediatric intensive care unit with intubation or mechanical respiration; and diffuse, bilateral pulmonary infiltrates on chest x-ray or CT of the chest.

A number of cases of AIPHI were reported in Massachusetts in 2002-2003, at least some of which were subsequently determined to be related to von Willebrand disease. It was recommended in 2004 that von Willebrand disease be excluded before diagnosis of AIPHI is confirmed (reference MMWR 53(35):817-820).

The proposal to create a specific new code for AIPHI originated with CDC. While AIPHI is rare, a specific code would be useful for tracking purposes. Additional information about AIPHI is available from the CDC's Air Pollution and Respiratory Health Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health.

TABULAR MODIFICATIONS

516 Other alveolar and parietoalveolar pneumonopathy

516.1 Idiopathic pulmonary hemosiderosis

Add — Excludes: acute idiopathic pulmonary hemorrhage in infants (786.31)

784 Symptoms involving head and neck

784.8 Hemorrhage from throat

Revise — Excludes: hemoptysis (<u>786.30-786.39</u>)

786 Symptoms involving respiratory system and other chest symptoms

786.2 Cough

Excludes: cough:

Revise with hemorrhage (786.39)

786.3 Hemoptysis

Delete ~~Cough with hemorrhage~~

Delete ~~Pulmonary hemorrhage NOS~~

Delete ~~Excludes: pulmonary hemorrhage of newborn (770.3)~~

New code 786.30 Hemoptysis, unspecified
Pulmonary hemorrhage NOS

New code 786.31 Acute idiopathic pulmonary hemorrhage in infants

Excludes: pulmonary hemorrhage of newborn (770.3)

New code 786.39 Other hemoptysis
Cough with hemorrhage

Rheumatic Heart Failure Expansion

At this time, it is not possible to tell from the rheumatic heart failure code (398.91) whether the heart failure is acute or chronic. Also, it has not been possible to tell additional information about the type of heart failure. In order to be able to convey more information about rheumatic heart failure, it was requested by the American Hospital Association (AHA) that codes be added. A related proposal was made in March 2008, to create new codes at subcategory 398.9, along with a number of other changes. This proposal is made by NCHS, based on that previous request. It would add a note for rheumatic heart failure, to use an additional code for the type of heart failure.

TABULAR MODIFICATIONS

391 Rheumatic fever with heart involvement

Add Use additional code for heart failure, if present (428.0-428.9)

398 Other rheumatic heart disease

398.9 Other and unspecified rheumatic heart diseases

398.91 Rheumatic heart failure (congestive)

Add Use additional code for type of heart failure (428.0-428.43)

Congestive Heart Failure Issues

Alternative 1 - Congestive Heart Failure Expansion

Physicians may often use the diagnosis of "acute congestive heart failure," without specifying further certain details, such as whether a case involves systolic failure or diastolic failure. It is clinically important to be able to track whether or not congestive heart failure is an acute problem in an individual case.

In order to be able to better capture information about the acute nature of heart failure, it was requested by the American Hospital Association that the existing codes for congestive heart failure be expanded. A proposal to make such expansions along with a number of other changes was presented previously, but there were a number of concerns with a variety of views being expressed.

This proposal will show only the changes needed to better classify acute congestive heart failure, with expansion of the congestive heart failure code to become a subcategory. Alternatives and other additional proposals will be shown separately.

TABULAR MODIFICATIONS

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 Acute congestive heart failure Acute right heart failure (secondary to left heart failure)
New code	428.02	Chronic congestive heart failure Chronic congestive heart failure Chronic right heart failure (secondary to left heart failure)
New code	428.03	Acute on chronic congestive heart failure Acute on chronic congestive heart disease Acute on chronic right heart failure (secondary to left heart failure)

Congestive Heart Failure Issues

Alternative 2 - Systolic Heart Failure, Diastolic Heart Failure, and Combined Heart Failure with Congestive Heart Failure

Since the creation of codes for systolic heart failure, diastolic heart failure, and combined systolic and diastolic heart failure, there have been questions on how these new codes should be used together with existing codes, particularly the code for congestive heart failure. Based on some of the comments from the earlier proposal to create codes for acute congestive heart failure, some were opposed to that proposal. There have been comments and concerns about how to code heart failure that is identified as congestive, along with being systolic or diastolic. There was the suggestion that the codes that have been created for systolic heart failure, diastolic heart failure, and combined heart failure be expanded, to enable capturing cases that are congestive in nature with one code.

This proposal also would add inclusion terms conveying the relationship between the left ventricular function and the type of heart failure. Thus, systolic heart failure has reduced left ventricular function, and diastolic heart failure has preserved left ventricular function. In addition, it is proposed to revise the title to code 428.1, Left heart failure, by adding "unspecified" at the end of the title. Also, it is proposed that the codes for systolic heart failure, diastolic heart failure, and combined systolic and diastolic heart failure be excluded from 428.1.

This may be considered as an alternative to the congestive heart failure expansion proposal (which proposes to create codes for acute congestive heart failure, along with chronic and acute on chronic congestive heart failure).

TABULAR MODIFICATIONS

428 Heart failure

428.0 Congestive heart failure, unspecified

Add — Excludes: combined systolic and diastolic heart failure with congestion (428.40-428.46)
diastolic heart failure with congestion (428.30-428.36)
systolic heart failure with congestion (428.20-428.26)

Revise — 428.1 Left heart failure, unspecified
Revise — Cardiac asthma NOS
Revise — Left ventricular failure NOS

Add — Excludes: combined systolic and diastolic heart failure with congestion (428.40-428.46)
diastolic heart failure with congestion (428.30-428.36)
heart failure with preserved left ventricular function (428.30-428.36)
heart failure with reduced left ventricular function (428.20-428.26)
systolic heart failure with congestion (428.20-428.26)

428.2 Systolic heart failure

Add — Heart failure with reduced left ventricular function

Revise — Excludes: combined systolic and diastolic heart failure (428.40-428.46)

Revise (full titles)	428.20	Unspecified systolic heart failure
Add		Systolic heart failure NOS with or without congestion
Revise	428.21	Acute systolic heart failure not specified as congestive
Add		Acute systolic heart failure NOS
Revise	428.22	Chronic systolic heart failure not specified as congestive
Add		Chronic systolic heart failure NOS
Revise	428.23	Acute on chronic systolic heart failure not specified as congestive
Add		Acute on chronic systolic heart failure NOS
Add		Exacerbation (acute) of chronic systolic heart failure NOS
New code	428.24	Acute systolic heart failure with mention of congestion
		Congestive acute systolic heart failure
New code	428.25	Chronic systolic heart failure with mention of congestion
		Congestive chronic systolic heart failure
New code	428.26	Acute on chronic systolic heart failure with mention of congestion
		Congestive acute on chronic systolic heart failure
		Exacerbation (acute) of chronic systolic heart failure with congestion

	428.3	Diastolic heart failure	
Add		Heart failure with preserved left ventricular function	
Revise		Excludes: combined systolic and diastolic heart failure (428.40-428.46)	
Revise (full titles)	428.30	Unspecified diastolic heart failure	
Add		Diastolic heart failure NOS with or without congestion	
Revise	428.31	Acute diastolic heart failure not specified as congestive	
Add		Acute diastolic heart failure NOS	
Revise	428.32	Chronic diastolic heart failure not specified as congestive	
Add		Chronic diastolic heart failure NOS	
Revise	428.33	Acute on chronic diastolic heart failure not specified as congestive	
Add		Acute on chronic diastolic heart failure NOS	
Add		Exacerbation (acute) of chronic diastolic heart failure NOS	
New code	428.34	Acute diastolic heart failure with mention of congestion	
		Congestive acute diastolic heart failure	
New code	428.35	Chronic diastolic heart failure with mention of congestion	
		Congestive chronic diastolic heart failure	
New code	428.36	Acute on chronic diastolic heart failure with mention of congestion	
		Congestive acute on chronic diastolic heart failure	
		Exacerbation (acute) of chronic diastolic heart failure with congestion	
	428.4	Combined systolic and diastolic heart failure	
Revise (full titles)	428.40	Unspecified combined systolic and diastolic heart failure	
Add		Combined systolic and diastolic heart failure NOS with or without congestion	
Revise	428.41	Acute combined systolic and diastolic heart failure not specified as congestive	
Add		Acute combined systolic and diastolic heart failure NOS	

Revise	428.42	Chronic combined systolic and diastolic heart failure not specified as congestive
Add		Chronic combined systolic and diastolic heart failure NOS
Revise	428.43	Acute on chronic combined systolic and diastolic heart failure not specified as congestive
Add		Acute on chronic combined systolic and diastolic heart failure NOS
Add		Exacerbation (acute) of chronic combined systolic and diastolic heart failure NOS
New code	428.44	Acute combined systolic and diastolic heart failure with mention of congestion
		Congestive acute combined systolic and diastolic heart failure
New code	428.45	Chronic combined systolic and diastolic heart failure with mention of congestion
		Congestive combined systolic and diastolic heart failure
New code	428.46	Acute on chronic combined systolic and diastolic heart failure with mention of congestion
		Congestive acute on chronic combined systolic and diastolic heart failure
		Exacerbation (acute) of chronic combined systolic and diastolic heart failure with congestion

Acute Heart Failure Classification, and Related Heart Failure Issues

Heart failure is a significant health problem in the United States, directly causing over one million hospitalizations annually, and contributing to millions of additional cases. Heart failure may be classified in a number of ways, with one important distinction being between acute heart failure and chronic heart failure. Acute heart failure itself may be further classified a number of complimentary ways. One method of classifying acute heart failure is by history of previous heart failure, thus into acute de novo heart failure (without history), and acute decompensation of chronic heart failure (with history).

Heart failure may be classified as "forward" or "backward." "Forward" failure indicates poor perfusion, with symptoms of cold extremities and potential ischemic effects on organs. "Backward" failure indicates symptoms primarily from congestion; these also may be termed "wet." Both types may occur together, with classification using presence or absence of each, with four quadrants separated on two axes of wet vs. dry, and cold vs. warm. Studies considering acute heart failure this way have found that cases classified as dry and warm have lower mortality than cases classified as wet and cold.

One recent method of acute heart failure classification is based on clinical presentation, and uses six broad categories: acute decompensated heart failure, hypertensive acute heart failure, acute heart failure with pulmonary edema, low-output syndrome with acute heart failure, high output failure, and right-sided acute heart failure. It is suggested that this classification system provides a useful basis for development of specific therapeutic strategies, and may also serve as a useful research tool for future trials.

Physicians may often diagnose acute heart failure without specifying further certain details, such as whether a case involves systolic failure or diastolic failure. Whether or not heart failure is acute is an important piece of clinical information. For example, in *Braunwald's Heart Disease, A Textbook of Cardiovascular Medicine*, 8th ed., 2007, an entire chapter (24) is devoted to "Diagnosis and Management of Acute Heart Failure." This is largely separate from the discussions of systolic failure and diastolic failure, which are in separate chapters related to heart failure with reduced ejection fraction, and heart failure with normal ejection fraction, respectively (chapters 25 and 26). (Reference: Braunwald's Heart Disease, A Textbook of Cardiovascular Medicine, 8th ed., 2007)

Hypertensive acute heart failure is characterized by relatively preserved left ventricular systolic function, markedly elevated blood pressure, and signs and symptoms of acute pulmonary edema. Hypertensive heart failure may be coded using code 402.91, Hypertensive heart disease, Unspecified, With heart failure. If a typical case of hypertensive acute heart failure were identified as being acute and de novo, and involving diastolic heart failure (with preserved left ventricular systolic function and ejection fraction), then it could also be assigned code 428.31 for the acute diastolic heart failure. Thus, it is possible to use multiple codes from categories 402 and 428 to identify hypertensive acute heart failure.

Acute heart failure with pulmonary edema generally presents clinically with respiratory signs and symptoms of the pulmonary edema, including severe respiratory distress, orthopnea, rales, and hypoxemia. It would be useful to be able to separately identify when pulmonary edema is present, as would be possible if a separate code were used for it. That approach will be described in a separate proposal.

The remaining types of acute heart failure, including low-output syndrome with acute heart failure, high output failure, right-sided acute heart failure, and acute decompensated heart failure, will each be discussed in more detail below. This proposal originated with NCHS staff input and review of heart failure issues.

Part 1, Low Output Syndrome (with Acute Heart Failure)

Low output syndrome involves "forward" heart failure, with tissue hypoperfusion, which can cause cold extremities and potentially organ damage.

Low output syndrome with acute heart failure involves tissue hypoperfusion because of heart failure despite adequate preload, and represents a continuum of severity ranging from a low-output state through to cardiogenic shock and to severe cardiogenic shock.

Acute right heart failure can also cause low output syndrome, although in that case, the cause is inadequate preload.

Low output (syndrome) heart failure is now indexed to code 428.9, Heart failure, unspecified. It should be noted that low output syndrome is a specific problem, and it provides complimentary additional clinical information beyond that in any of the existing ICD-9-CM codes. It would be possible to use this proposed code with other codes at the 428 category.

TABULAR MODIFICATIONS

428 Heart failure

New code 428.5 Low output syndrome

Excludes: cardiogenic shock (785.51)

Part 2, High Output Failure

High output failure is a relatively uncommon cause of acute heart failure. It generally manifests with warm peripheral extremities, pulmonary congestion, and at times low blood pressure with high cardiac output and usually elevated heart rate. Underlying conditions that may cause high output failure include sepsis, arrhythmias, anemia, thyrotoxicosis, and Paget disease.

High output heart failure is now indexed to code 428.9, Heart failure, unspecified. While it is generally due to some other underlying cause, high output failure is a specific problem. Similarly to low output syndrome, it provides complimentary additional clinical information beyond that in any existing ICD-9-CM codes.

TABULAR MODIFICATIONS

428 Heart failure

New code 428.6 High output failure

Excludes: septic shock (785.52)

Part 3, Acute Right Heart Failure

Right-sided acute heart failure presents with increased jugular venous pressure, evidence of right-sided congestion (such as hepatomegaly and peripheral edema), and evidence of low-output syndrome with hypotension (differentiated from the other type of low-output syndrome with acute heart failure by inadequate preload). Right-sided heart failure is increasingly recognized as patients with chronic obstructive pulmonary disease develop cor pulmonale, and as there is greater appreciation for the prevalence of pulmonary hypertension.

TABULAR MODIFICATIONS

428 Heart failure

428.0 Congestive heart failure, unspecified

Delete ~~Right heart failure (secondary to left heart failure)~~

Add Excludes: Right heart failure (428.70-428.73)

428.7 Right heart failure, unspecified

New code 428.70 Right heart failure, unspecified
Right heart failure secondary to left heart failure
Right congestive heart failure

New code 428.71 Acute right heart failure
Acute right heart failure secondary to left heart failure
Acute right congestive heart failure

New code 428.72 Chronic right heart failure
Chronic right heart failure secondary to left heart failure
Chronic right congestive heart failure

New code 428.73 Acute on chronic right heart failure
Acute on chronic right heart failure secondary to left heart failure
Acute on chronic right congestive heart failure

Part 4, Acute Decompensated Heart Failure

Acute decompensated heart failure typically presents with mild to moderate signs and symptoms of congestion and does not meet criteria for other categories of acute heart failure.

Decompensated heart failure is indexed to code 428.0, Congestive heart failure, unspecified. If a new code was created as shown in the congestive heart failure expansion proposal, 428.03, Acute on chronic congestive heart failure, then acute decompensated heart failure could be coded to that code. If additional information is given, then other codes could be assigned. It would be appropriate to index acute decompensated systolic heart failure to 428.23, Acute on chronic, Systolic heart failure. In similar fashion, acute decompensated diastolic heart failure should be indexed to 428.33, Acute on chronic, Diastolic heart failure. Also, acute decompensated combined systolic and diastolic heart failure should be indexed to 428.43, Acute on chronic, Combined systolic and diastolic heart failure.

INDEX MODIFICATIONS

Failure, failed

heart (acute) (sudden) 428.9

decompensated (see also Failure, heart) 428.0

Add combined systolic and diastolic 428.43

Add diastolic 428.33

Add systolic 428.23

Heart Failure with Reduced Ejection Fraction, and with Normal Ejection Fraction

It is proposed to add inclusion terms related to ejection fraction, for systolic heart failure, diastolic heart failure, and combined systolic and diastolic heart failure subcategories. The ejection fraction is a measure of the left ventricular function. In systolic heart failure, the ejection fraction is reduced. In diastolic heart failure, there is a normal ejection fraction. In combined systolic and diastolic heart failure, there is a reduced ejection fraction, along with diastolic dysfunction.

In *Braunwald's Heart Disease, A Textbook of Cardiovascular Medicine*, 8th ed., 2007, there is a chapter on systolic heart failure titled, "Management of Heart Failure Patients with Reduced Ejection Fraction" (chapter 25), and another on diastolic heart failure titled, "Heart Failure with Normal Ejection Fraction" (chapter 26). (Reference: Braunwald's Heart Disease, A Textbook of Cardiovascular Medicine, 8th ed., 2007).

TABULAR MODIFICATIONS

428 Heart failure

428.2 Systolic heart failure

Add Heart failure with reduced ejection fraction

428.3 Diastolic heart failure

Add Heart failure with normal ejection fraction

428.4 Combined systolic and diastolic heart failure

Add Heart failure with reduced ejection fraction and diastolic dysfunction

Acute Pulmonary Edema with Other Conditions

Acute pulmonary edema may occur in respiratory conditions, and also in other conditions, including heart failure. This proposal would enable specific identification of pulmonary edema occurring with other conditions including heart failure by using an additional code. Thus, it shows a use additional code note for associated acute pulmonary edema, at category 428. In addition, the acute pulmonary edema code (518.4) is expanded, to create specific codes for postoperative pulmonary edema, and acute pulmonary edema with conditions classified elsewhere.

TABULAR MODIFICATIONS

428 Heart failure

Add Use additional code to identify associated acute pulmonary edema, if applicable (518.42)

428.1 Left heart failure

Delete ~~Acute edema of lung with heart disease NOS or heart failure~~

Delete ~~Acute pulmonary edema with heart disease NOS or heart failure~~

514 Pulmonary congestion and hypostasis

Excludes: acute pulmonary edema:

Revise NOS (518.40)

Delete ~~with mention of heart disease or failure (428.1)~~

518 Other diseases of lung

Revise 518.4 Acute edema of lung~~, unspecified~~

Delete ~~Acute pulmonary edema NOS~~

Delete ~~Pulmonary edema, postoperative~~

Excludes: pulmonary edema:

Delete ~~acute, with mention of heart disease or failure (428.1)~~

New code 518.40 Acute pulmonary edema, unspecified
Acute pulmonary edema NOS

New code 518.41 Postoperative pulmonary edema

New code 518.42 Acute pulmonary edema with conditions classified elsewhere

Code first associated condition

Aortic Ectasia

Aortic ectasia includes diffuse and irregular dilation of the aorta that is less than 3 cm in diameter. In one study, close to 20% of the patients with ectatic aorta in the abdomen over time developed abdominal aortic aneurysm. It is recommended that there be consistent follow up and evaluation for ectatic aorta. (Cardiovasc Surg. 2003 Aug;11(4):273-6; http://www.ncbi.nlm.nih.gov/pubmed/12802262).

Ectasis, aorta, is indexed to code 441.9, Aortic aneurysm of unspecified site without mention of rupture. However, these patients do not have an aortic aneurysm. Even so, it is important to be able to track them. To support this, a distinct code for ectasis of the aorta has been requested by Susan Proctor. In order to differentiate from annuloaortic ectasia, involving dilation of the aortic valve root, it is also proposed to index that disorder to code 424.1, Aortic valve disorders.

TABULAR MODIFICATION

447 Other disorders of arteries and arterioles

447.8 Other specified disorders of arteries and arterioles

Delete ~~Fibromuscular hyperplasia of arteries, except renal~~

New code 447.81 Aortic ectasia

New code 447.89 Other specified disorders of arteries and arterioles
Fibromuscular hyperplasia of arteries, except renal

INDEX MODIFICATION

Revise Aortectasia ~~441.9~~ 447.81
Add with aneurysm 441.9

Dilatation
Revise aorta (focal) (general) (see also Aneurysm, aorta) ~~441.9~~ 447.81

Ectasia, ectasis
Revise aorta (see also Aneurysm, aorta) ~~441.9~~ 447.81
Add with aneurysm 441.9
Add aortic 447.81
Add annuloaortic 424.1

Revise Widening aorta (see also Aneurysm, aorta) ~~441.9~~ 447.81
Add with aneurysm 441.9

Difficult airway

The American Society of Anesthesiologists has requested an ICD-9-CM diagnosis code to describe a difficult airway, where anatomical variations or abnormalities are causing or may cause difficulties with: spontaneous ventilation, controlled ventilation by mask, or endotracheal intubation. Anesthesiologists are called in to assist with intubation, maintaining airway, or ventilation problems because of the difficult airway. This code would be used to describe a general symptom of difficult airway when a related definitive diagnosis has not been established (confirmed) by the provider.

The following tabular modification is proposed:

TABULAR MODIFICATIONS

786 Symptoms involving respiratory system and other chest symptoms

786.0 Dyspnea and respiratory abnormalities

New code	786.08	Difficult airway Difficult airway NOS

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 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.

At the March 2008 ICD-9-CM Coordination and Maintenance Committee meeting a proposal was presented to create a code titled "awaiting joint prosthesis". Comments at the meeting and during the public comment period recommended creating two codes. However, after consultation with orthopedists the recommendation was to have one code with the following title. This code would indicate that the patient has had their prosthesis explanted whether or not the current admission/encounter is for a procedure to implant a new prosthesis. Procedure coding would capture that aspect of the admission/encounter.

TABULAR MODIFICATIONS

V54 Other orthopedic aftercare

V54.8 Other orthopedic aftercare

New code	V54.82	Aftercare following joint prosthesis explantation Explantation status

Cocaine poisoning

It has been recommended to create a unique code for cocaine poisoning, which is currently indexed to code 970.8, Other specified central nervous system stimulants. The following tabular modifications are being proposed by NCHS.

TABULAR MODIFICATIONS

970 Poisoning by central nervous system stimulants

970.8 Other specified central nervous system stimulants

New code	970.81	Cocaine Crack
New code	970.89	Other central nervous system stimulants

Body Mass Index (BMI)

The American College of Obstetricians and Gynecologists (ACOG) has requested an expansion of the BMI codes to allow for specificity of BMI over 50. It is being proposed that the existing code V85.4, Body Mass Index 40 and over, adult, be expanded at the 5th digit level to create new codes for BMI 40.0 to 49.9, and BMI 50 and over.

TABULAR MODIFICATION

V85 Body mass index (BMI)

V85.4 Body Mass Index 40 and over, adult

New code	V85.41	Body Mass Index 40.0 to 49.9, adult
New code	V85.42	Body Mass Index 50 and over, adult

Fecal incontinence

Various problems with the rectum and anal sphincter, including rectoceles, can result in problems with fecal incontinence. The incontinence may present as problematic symptoms such as fecal smearing, fecal urgency and incomplete defecation. Incomplete defecation is distinct from constipation and fecal impaction. The American College of Obstetricians and Gynecologists (ACOG) has asked for an expansion of the fecal incontinence code to allow for the classification of these symptoms.

Additionally, a unique code for fecal impaction is being proposed with appropriate instructional notes that distinguish the new symptom codes from the codes for fecal impaction and constipation.

TABULAR MODIFICATION

307 Special symptoms or syndromes, not elsewhere classified

307.7 Encopresis

Revise Excludes: encopresis of unspecified cause (787.60-787.63)

560 Intestinal obstruction without mention of hernia

560.3 Impaction of intestine

New code 560.32 Fecal impaction

Excludes: constipation (564.00-564.09)
incomplete defecation (787.61)

560.39 Other

Delete ~~Fecal impaction~~

564 Functional digestive disorders, not elsewhere classified

564.0 Constipation

Add Excludes: fecal impaction (560.32)
Add incomplete defecation (787.61)

569 Other disorders of intestine

569.4 Other specified disorders of rectum and anus

569.43 Anal sphincter tear (healed) (old)

Revise Use additional code for any associated fecal incontinence (787.60-787.63)

569.49 Other

Add Use additional code for associated fecal incontinence (787.60-787.63)

Delete Excludes: ~~incontinence of sphincter ani (787.6)~~

618 Genital prolapse

618.0 Prolapse of vaginal walls without mention of uterine prolapse

618.04 Rectocele

Add Use additional code for associated fecal incontinence (787.60-787.63)

787 Symptoms involving digestive system

787.6 Incontinence of feces

New code 787.60 Full incontinence of feces
Fecal incontinence NOS

New code 787.61 Incomplete defecation

Excludes: constipation (564.00-564.09)
fecal impaction (560.32)

New code 787.62 Fecal smearing
Fecal soiling

New code 787.63 Fecal urgency

Müllerian anomalies

The development of the female reproductive tract is a complex process that involves a highly orchestrated series of events including cellular differentiation, migration, fusion, and canalization. Failure of any part of the process results in congenital anomalies. Müllerian anomalies include all congenital anomalies of the uterus, cervix and vagina. They do not include congenital anomalies of the ovaries, which have a separate embryologic origin.

The American Society of Reproductive Medicine has identified seven types of uterine anomalies, agenesis, unicornuate, didelphus, bicornuate, septate, arcuate, and DES related anomalies. Of these, only didelphus and DES related anomalies have unique ICD-9-CM code, 795.2 and 760.76, respectively. It is important to be able to differentiate between these different types, since the appropriate diagnosis has specific gynecologic and obstetric implications and management.

The incidence of uterine anomalies is difficult to determine, since many women with this condition are asymptomatic and are not diagnosed unless there is a problem with conception or maintenance of a pregnancy. Depending on the anomaly, increased rates of first and second trimester spontaneous abortion, preterm labor, preterm delivery, and malpresentation are recognized.

Vaginal and cervical anomalies are less common than uterine anomalies. Many of these anomalies obstruct menstrual flow and can cause amenorrhea or cyclic pelvic pain, as well as causing problems with conception and pregnancy. Currently, the ICD-9-CM has unique codes only for imperforate hymen, 752.42, and embryonic cyst of cervix, vagina, and external female genitalia, 752.41.

The American College of Obstetricians and Gynecologists (ACOG) is requesting new codes for Müllerian anomalies. The availability of specific ICD-9-CM codes for these conditions will enhance patient care and improve communication among practitioners.

TABULAR MODIFICATION

752 Congenital anomalies of genital organs

752.3 Other anomalies of uterus

Delete ~~Absence, congenital, of uterus~~
Delete ~~Agenesis of uterus~~
Delete ~~Aplasia of uterus~~
Delete ~~Bicornuate uterus~~
Delete ~~Uterus unicornis~~
Delete ~~Uterus with only one functioning horn~~

New code 752.31 Agenesis of uterus
Congenital absence of uterus
New code 752.32 Hypoplasia of uterus
New code 752.33 Unicornuate uterus
Unicornate uterus with or without a separate uterine horn
Uterus with only one functioning horn
New code 752.34 Bicornuate uterus
Bicornuate uterus, complete or partial
New code 752.35 Septate uterus
Septate uterus, complete or partial
New code 752.36 Arcuate uterus
New code 752.39 Other anomalies of uterus
Aplasia of uterus NOS
Müllerian anomalies of the uterus, NEC

Excludes: anomaly of uterus due to exposure to Diethylstilbestrol [DES] in utero (760.76)
didelphic uterus (752.2)
doubling of uterus (752.2)

752.4 Anomalies of cervix, vagina, and external female genitalia

New code	752.43	Cervical agenesis Cervical hypoplasia
New code	752.44	Cervical duplication
New code	752.45	Vaginal agenesis Agenesis of vagina, total or partial
New code	752.46	Transverse vaginal septum
New code	752.47	Longitudinal vaginal septum Longitudinal vaginal septum with or without obstruction
	752.49	Other anomalies of cervix, vagina, and external female genitalia
Revise		Absence of ~~cervix,~~ clitoris~~, vagina,~~ or vulva
Revise		Agenesis of ~~cervix,~~ clitoris~~, vagina,~~ or vulva
Add		Anomalies of cervix, NEC
Add		Anomalies of hymen, NEC
Add		Müllerian anomalies of the cervix and vagina, NEC

Personal history of vaginal and vulvar dysplasia

The American College of Obstetricians and Gynecologists (ACOG) is requesting new codes for personal history of vaginal and vulvar dysplasia. Patients who have had vaginal or vulvar dysplasia are seen every 4 to 6 months following treatment to verify that there has been no recurrence. This history may be the sole reason for the encounter. These codes are needed to explain the reason for these encounters. This proposal parallels the existing code for personal history of cervical dysplasia.

TABULAR MODIFICATION

V13 Personal history of other diseases

V13.2 Other genital system and obstetric disorders

New code V13.23 Personal history of vaginal dysplasia
Personal history of conditions classifiable to 623.0

Excludes: personal history of malignant neoplasm of vagina (V10.44)

New code V13.24 Personal history of vulvar dysplasia
Personal history of conditions classifiable to 624.01-624.02

Excludes: personal history of malignant neoplasm of vulva (V10.44)

ADDENDA

ITEMS FOR CONSIDERATION FOR OCTOBER 1, 2009

TABULAR

078 Other diseases due to viruses and Chlamydiae

078.8 Other specified diseases due to viruses and Chlamydiae

078.89 Other specified diseases due to viruses

Delete ~~Tanapox~~

209 Neuroendocrine tumors

209.3 Malignant poorly differentiated neuroendocrine tumors

Delete 209.37 ~~Merkel cell carcinoma, unknown primary site~~
Delete ~~Merkel cell carcinoma nodal presentation~~
Delete ~~Merkel cell carcinoma visceral metastatic presentation~~

209.7 Secondary neuroendocrine tumors
Secondary carcinoid tumors

Delete ~~Excludes: secondary Merkel cell carcinoma (209.37)~~

New code 209.75 Merkel cell carcinoma, unknown primary site
Merkel cell carcinoma nodal presentation
Merkel cell carcinoma visceral metastatic presentation
Secondary Merkel cell carcinoma, any site

453 Other venous embolism and thrombosis

Revise 453.2 <u>Of inferior</u> vena cava

593 Other disorders of kidney and ureter

593.9 Unspecified disorder of kidney and ureter

Delete ~~Acute renal disease~~

V10 Personal history of malignant neoplasm

V10.9 Other and unspecified personal history of malignant neoplasm

V10.90 Personal history of unspecified type of malignant neoplasm

Add Personal history of malignant neoplasm NOS

Add Personal history of malignant neoplasm of unspecified site and unspecified histology

Changes to Official ICD-9-CM CD-ROM for October 1, 2009

Tabular changes:

587 Renal sclerosis, unspecified

Revise Includes: Atrophy of kidney

854 Intracranial injury of other and unspecified nature

Revise Includes: injury:
Revise brain ~~injury~~ NOS
Revise intracranial ~~injury~~

945 Burn of lower limb(s)

945.0 Unspecified degree
Revise [0-6, 9]

945.1 Erythema [first degree]
Revise [0-6, 9]

945.2 Blisters, epidermal loss [second degree]
Revise [0-6, 9]

945.3 Full-thickness skin loss [third degree NOS]
Revise [0-6, 9]

945.4 Deep necrosis of underlying tissues [deep third degree]

without mention of loss of a body part

Revise [0-6, 9]

945.5 Deep necrosis of underlying tissues [deep third degree] with loss of a body part

Revise [0-6, 9]

995 Certain adverse effects not elsewhere classified

Revise 995.2 Other and unspecified adverse effect of drug, medicinal and biological substance (due) to correct medicinal substance properly administered

Index corrections:

Tumor…
carcinoid (M8240/1) 209.60
malignant (of) 209.20
transverse colon 209.14
Delete ~~neuroendocrine 209.60~~
~~malignant poorly differentiated 209.30~~
myoepithelial (M8982/0) - see Neoplasm, by site, benign
Add neuroendocrine 209.60
malignant poorly differentiated 209.30

ITEMS FOR CONSIDERATION FOR OCTOBER 1, 2010

TABULAR

244 Acquired hypothyroidism

244.2 Iodine hypothyroidism

Add Excludes: hypothyroidism resulting from administration of radioactive iodine (244.1)

279 Disorders involving the immune mechanism

Add Use additional code for associated manifestations

438 Late effects of cerebrovascular disease

Revise Note: This category is to be used to indicate conditions in 430-437 as the cause of late effects. The "late effects" include conditions specified as such, or as sequelae, which may occur at any time after the onset of the causal condition. <u>They are not for use for manifestations that are treated and resolve during the initial episode of care.</u>

Add Excludes: manifestations occurring during initial episode of care- code to manifestations

453 Other venous embolism and thrombosis

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

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

Add Femoral
Add Iliac
Add Popliteal
Add Thigh
Add Upper leg NOS

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

Add Calf
Add Lower leg NOS
Add Peroneal
Add Tibial

453.6 Venous embolism and thrombosis of superficial vessels of lower extremity
Saphenous vein (greater) (lesser)

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

626 Disorders of menstruation and other abnormal bleeding from female genital tract

Add Excludes: precocious puberty (259.1)

664 Trauma to perineum and vulva during delivery

664.8 Other specified trauma to perineum and vulva
Add Periurethral trauma

665 Other obstetrical trauma

665.5 Other injury to pelvic organs

Add Excludes: periurethral trauma (664.8)

670 Major puerperal infection

670.2 Puerperal sepsis

Add Use additional code to identify severe sepsis (995.92) and any associated acute organ dysfunction, if applicable

671 Venous complications in pregnancy and the puerperium

671.2 Superficial thrombophlebitis

Add Use additional code to identify the superficial thrombophlebitis (453.6, 453.71, 453.81)

771 Infections specific to the perinatal period

771.8 Other infections specific to the perinatal period

Revise Use additional code to identify organism or specific infection ~~(041.00-041.9)~~

V45 Other postprocedural states

V45.0 Cardiac device in situ

V45.01 Cardiac pacemaker

Add Excludes: cardiac pacemaker with cardiac defibrillator (V45.02)

V45.02 Automatic implantable cardiac defibrillator

Add with synchronous cardiac pacemaker

INDEX

Arteriosclerosis, arteriosclerotic (artery)…

Add iliac 440.8

Blister - see also Injury, superficial, by site

Add fracture –omit code

Revise Cerebromalacia (see also Softening, brain) 348.8

Delirium, delirious 780.09

Revise acute ~~(psychotic)~~ 780.09

Add due to conditions classified elsewhere 293.0

Depression 311

Add major 296.2

Add recurrent episode 296.3

Add single episode 296.2

Diabetes…

with

Add loss of protective sensation (LOPS) – see Diabetes, neuropathy

Dislocation…
femur
distal end (closed) 836.50
Revise lateral 836.54
Revise open 836.64
Revise medial 836.53
Revise open 836.63

Edema, edematous 782.3
Revise brain (cytotoxic) (vasogenic) 348.5

Revise Encephalomalacia (brain) (cerebellar) (cerebral) (cerebrospinal) (see also Softening, brain) 348.8

Findings, abnormal…
cervical
Add non-atypical endometrial cells 795.09
Add cytology NEC 796.9
Papanicolaou (smear) 796.9
cervix 795.00
with
Add non-atypical endometrial cells 795.09
Add non-atypical endometrial cells 795.09

Ischemia…
Add demand (see also Angina) 414.9
Add supply (see also Angina) 414.9

Malnutrition (calorie) 263.9
degree
Revise mild (protein) 263.1
Revise moderate (protein) 263.0
Revise mild (protein) 263.1
Revise moderate (protein) 263.0
protein 260
Add mild 263.1
Add moderate 263.0

Revise Papulosis~~, malignant 447.8~~
Add lymphomatoid 709.8
Add malignant 447.8

Pneumonia…
Add cryptogenic organizing 516.8
Add multilobar – See Pneumonia, by type

Revise
Precocious
menstruation 259.1

Add
Pregnancy
complicated by
pneumonia 648.9

Revise
Reticulosis (skin)
Sézary's (M9701/3) 202.2

Revise
Softening
brain (necrotic) (progressive) 348.8

Add
Syndrome…
Poland 756.81