ICD-9-CM Coordination and Maintenance Committee Meeting
April 1- 2, 2004

This is an updated version of the April C&M topics based on the comments received at the April C&M meeting. The topic packet was posted on the NCHS website in advance of the meeting to allow for immediate public comment on the four topics that are being considered for the October 1, 2004 addenda. The four topics are psychalgia, stroke and CVA, Acute bronchitis with COPD, and the Bethesda system. The comment period for these topics is now closed. Comments will be accepted on the other proposals until January 2005.

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

ICD-9-CM TIME LINE

June 2004	Final addenda for October 1, 2004 posted on web pages as follows: Diagnosis addenda: http://www.cdc.gov/nchs/icd9.htm and Procedure addenda at: http://www.cms.hhs.gov/paymentsystems/icd9
April 1-2, 2004	ICD-9-CM Coordination and Maintenance Committee meeting at CMS auditorium.
	Twice yearly ICD-9-CM Coding Updates The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 contains a provision for the Secretary to add new ICD-9-CM diagnosis and procedure codes in April 1 and October 1 of each year. (Public law 108-173, Sec. 503). Prior to this legislation, new ICD-9-CM diagnosis and procedure codes were implemented only once a year on October 1. The Centers for Medicare & Medicaid Services (CMS) plans to discuss a proposal to accomplish this new congressional requirement in the Notice of Proposed Rulemaking (NPRM) for the Hospital Inpatient Prospective Payment System. The NPRM is expected to be Published in the spring. All interested parties should carefully review CMS's proposal and submit comments.
Aug. 7, 2004	Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the October 7-8, 2004 ICD-9-CM Coordination and Maintenance Committee meeting.
Sept. 7, 2004	Tentative agenda for the Diagnosis part of the October 7-8, 2004 ICD 9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm Tentative agenda for the Procedure part of the December 2, 2004 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/paymentsystems/icd9 Federal Register Notice of October 7-8, 2004 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published.

October 1, 2004 New and revised ICD-9-CM codes from the 2003 cycle go into effect.

October 4, 2004 Because of increased security requirements, those who wish to attend a specific ICD-9-CM Coordination and Maintenance Committee meeting must submit their names and organizations for addition to the meeting visitor list. Those wishing to attend the October 7-8, 2004 meeting must submit their names and organizations by October 4, 2004. This list will be maintained at the front desk at the CMS building and used by the guards to admits visitors to the building. Those who have attended previous C&M meetings will no longer be automatically added to the visitor list. Each attendee must submit his/her name prior to each meeting. An official photo ID, such as a drivers license, is required to enter the CMS building.

October 7-8, 2004 ICD-9-CM Coordination and Maintenance Committee meeting in the CMS auditorium. Diagnosis and procedure code revisions to be discussed.

Mailing address:

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

Fax: (301) 458-4022

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

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

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

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

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

Please consult this web page for updated information.

Topic: Complete and partial edentulism

A large number of dental diagnosis codes will become effective with the October 1, 2004 update. An additional set of changes, also requested by the University of Illinois College of Dentistry, to identify stages of partial and complete edentulism is being proposed to complete the dental diagnosis codes.

The current subcategory 525.1, Loss of teeth due to trauma, extraction, or periodontal disease, classifies edentulism based on cause. New subcategories are being proposed for edentulism based on degree. Instructional notes in the tabular will provide instruction on the use of codes from the different subcategories. Coding guidelines will also be provided.

TABULAR MODIFICATIONS

525 Other diseases and conditions of the teeth and supporting structures

525.1 Loss of teeth due to trauma, extraction, or periodontal disease

Add — Code first degree of edentulism (525.40-525.44, 525.50-525.54)

New subcategory — 525.4 Complete edentulism

Use additional code to identify cause of edentulism (525.10-525.19)

New code — 525.40 Complete edentulism, unspecified

New code — 525.41 Complete edentulism, class I

New code — 525.42 Complete edentulism, class II

New code — 525.43 Complete edentulism, class III

New code — 525.44 Complete edentulism, class IV

New subcategory	525.5	Partial edentulism
		Use additional code to identify cause of edentulism (525.10-525.19)
New code		525.50 Partial edentulism, unspecified
New code		525.51 Partial edentulism, class I
New code		525.52 Partial edentulism, class II
New code		525.53 Partial edentulism, class III
New code		525.54 Partial edentulism, class IV

Topic: Psychalgia

Psychological factors are judged to have an important role in the onset, severity, exacerbation, or maintenance of pain. The American Psychiatric Association (APA) has requested a modification to the instructional notes at subcategory 307.8, Psychalgia, and at code 307.89, Other psychalgia, to allow for the coding of both the pain code and the psychalgia code to indicate a psychological component to chronic intractable pain.

Though this is only an addenda type change, due to the impact on current coding that this modification would cause, it is being presented as an agenda topic. The Official Coding Guidelines for ICD-9-CM would have to be updated to provide instruction on the coding of psychalgia.

This modification is being considered for inclusion with the October 1, 2004 addenda.

TABULAR MODIFICATION

307 Special symptoms or syndromes, not classified elsewhere

Revise 307.8 ~~Psychalgia~~ Pain disorders related to psychological factors

307.89 Other

Delete ~~Psychogenic backache~~

Add Code first to site of pain

Add Excludes: pain disorder exclusively attributed to psychological factors (307.80)

Add psychogenic pain (307.80)

Delete ~~Excludes: pain not specifically attributed to a psychological cause (in):~~

~~back (724.5)~~

~~joint (719.4)~~

~~limb (729.5)~~

~~lumbago (724.2)~~

~~rheumatic (729.0)~~

Topic: Stroke and Cerebrovascular Accident (CVA)

Stroke or cerebrovascular accident (CVA) involves localized death of brain tissue. The causes can be grouped as hemorrhagic and nonhemorrhagic. Stroke is a major cause of death and disability in the United States. Cerebrovascular disease is the third leading cause of death in the United States, causing over 160,000 deaths in 2001. It is also one of the top ten conditions leading to hospital admission in the United States, involving over 1 million hospitalizations in 1998. As part of medical evaluation for stroke, doctors regularly use head CT to rule out hemorrhagic stroke. Subsequent treatment for nonhemorrhagic strokes commonly involves anticoagulants.

The coding of stroke or CVA has been problematic, since the record may not be clear on whether the cause was hemorrhagic or nonhemorrhagic. The majority of strokes are nonhemorrhagic. Physicians routinely use the terms stroke and CVA synonymously with cerebral infarction. However, the terms are included under the nonspecific code 436, Acute, but ill-defined, cerebrovascular disease. Coders are required to assign code 436 if further specificity is not documented in the medical record. To allow for improved uniformity in coding and statistical data, it is being proposed that the terms stroke and CVA be removed as inclusion terms under code 436 and be reindexed to the default code 434.91, Cerebral artery occlusion, unspecified, with cerebral infarction. Additional terms would also be indexed, including thrombotic stroke, to 434.01, and embolic stroke, to 434.11.

While this is only an addenda change, it is being presented as a separate topic due to the importance of strokes, and the significant impact the change would have on coding.

TABULAR MODIFICATION

436 Acute, but ill-defined, cerebrovascular disease

Delete ~~Cerebrovascular accident [CVA] NOS~~

Delete ~~Stroke~~

Add Excludes: cerebrovascular accident (434.91)
CVA (ischemic) (434.91)
embolic (434.11)
hemorrhagic (430, 431, 432.0-432.9)
thrombotic (434.01)
stroke (ischemic) (434.91)
embolic (434.11)
hemorrhagic (430, 431, 432.0-432.9)
thrombotic (434.01)

INDEX MODIFICATION

Accident
Revise — cerebral…~~436~~ 434.91
Revise — cerebrovascular…~~436~~ 434.91
Add — embolic 434.11
Add — ischemic 434.91
Add — thrombotic 434.01

Revise — Stroke ~~(see also Disease, cerebrovascular, acute) 436~~ 434.91
Revise — brain ~~(see also Disease, cerebrovascular, acute) 436~~ see Infarct, brain
Add — embolic 434.11
Add — ischemic 434.91
Revise — paralytic ~~(see also Disease, cerebrovascular, acute) 436~~ see Infarct, brain
Add — thrombotic 434.01

Topic: Renal failure and renal insufficiency

Renal failure and renal insufficiency represent a spectrum of disease, with the kidney having problems eliminating metabolic products from the blood. These kidney problems have a number of potential causes, which are often considered in groups which involve an acute presentation, versus those which cause a chronic presentation. Chronic renal failure is generally progressive, with the kidney problem worsening with time, in some cases progressing to end-stage renal disease. A request has been made to expand code 585, Chronic renal failure, to distinguish end stage renal disease.

Additionally, new codes for acute and chronic renal insufficiency have been requested. Currently, both acute and chronic renal insufficiency are coded to code 593.9, Unspecified disorder of kidney and ureter. Even though renal insufficiency is part of the same spectrum of disease as renal failure, it is not synonymous with renal failure. It is a condition involving worsening renal function that is significant, and warrants unique codes.

Included with this proposed modification are exclusion notes at 585 and the renal insufficiency codes excluding the conditions from each other. A code for renal failure and renal insufficiency would not be used together on the same record.

TABULAR MODIFICATION

	403	Hypertensive renal disease
Add	Excludes:	renal insufficiency (593.83, 593.84)
	584	Acute renal failure
Add	Excludes:	acute renal insufficiency (593.83)
	585	Chronic renal failure
Add	Excludes:	chronic renal insufficiency (593.84)
New code	585.0	End stage renal disease
New code	585.8	Other chronic renal failure Chronic renal failure NOS

593 Other disorders of kidney and ureter

593.8 Other specified disorders of kidney and ureter

New code 593.83 Acute renal insufficiency

Excludes: acute renal failure (584.5-584.9)

New code 593.84 Chronic renal insufficiency

Excludes: end stage renal disease (585.0)
chronic renal failure (585.8)

593.9 Unspecified disorder of kidney and ureter

Delete ~~Renal insufficiency (acute) (chronic)~~

Add Excludes: acute renal insufficiency (593.83)
Add chronic renal insufficiency (593.84)

Topic: Immune thrombocytopenic purpura (ITP)

The disorder referred to as idiopathic thrombocytopenic purpura is recognized to be an autoimmune disorder, with development of antibodies to one's own platelets. The platelets are then destroyed by phagocytosis, primarily in the spleen. Other underlying systemic disorders must be ruled out before diagnosis. It can occur in both children and adults. Onset in children is usually acute following a viral infection. Onset in adults is usually more gradual. Low platelet counts lead to purpuric lesions, and potentially to more severe bleeding problems or even death. Treatments can include steroids, and splenectomy.

Since this condition has a recognized etiology, many more recent references have started using the name immune thrombocytopenic purpura, with the same abbreviation (ITP). It is being proposed that code 287.3 be expanded, to update the classification to include the more current terminology and to allow for the identification of other various forms of primary thrombocytopenia, now included together under code 287.3.

Evans' syndrome involves a hemolytic anemia along with thrombocytopenia, related to an autoimmune process affecting both the red cells and platelets. Examples of the congenital and hereditary thrombocytopenias include thrombocytopenia with absent radii (TAR) syndrome, and also Wiskott-Aldrich syndrome, which is coded elsewhere.

TABULAR MODIFICATION

287 Purpura and other hemorrhagic conditions

287.3 Primary thrombocytopenia

Delete

~~Evan's syndrome~~
~~Megakaryocytic hypoplasia~~
~~Purpura, thrombocytopenic~~
~~congenital~~
~~hereditary~~
~~idiopathic~~
~~Thrombocytopenia:~~
~~congenital~~
~~hereditary~~
~~primary~~
~~Tidal platelet dysgenesis~~

New code

287.30 Primary thrombocytopenia, unspecified
Megakaryocytic hypoplasia

New code 287.31 Immune thrombocytopenic purpura
Idiopathic thrombocytopenic purpura
Tidal platelet dysgenesis

New code 287.32 Evans' syndrome

New code 287.33 Congenital and hereditary thrombocytopenic purpura
Congenital and hereditary thrombocytopenia
Thrombocytopenia with absent radii (TAR) syndrome

Excludes: Wiskott-Aldrich syndrome (279.12)

New code 287.39 Other primary thrombocytopenic purpura

Topic: Vaccination not given

There are many reasons why an immunization may not be given, but the classification has only provided a single code. Tracking why an immunization was not given can be as important as tracking those that are given. The American Academy of Pediatrics (AAP) has requested additional codes to identify the multiple reasons why a patient did not receive a routine immunization.

TABULAR MODIFICATION

	V64	Persons encountering health services for specific procedures, not carried out	
Revise	V64.0	Vaccination not carried out ~~because of contraindication~~	
New code		V64.00	Vaccination not carried out, unspecified reason
New code		V64.01	Vaccination not carried out because of acute illness
New code		V64.02	Vaccination not carried out because of chronic illness or condition
New code		V64.03	Vaccination not carried out because of immune compromised state patient
New code		V64.04	Vaccination not carried out because of allergy to vaccine or component
New code		V64.05	Vaccination not carried out because of patient or caregiver refusal
New code		V64.06	Vaccination not carried out because of religious reasons
New code		V64.09	Vaccination not carried out because of other reason

Topic: Personal history of illness

The American Academy of Pediatrics (AAP) has requested some additional personal history codes, to enable tracking specific conditions over the lifetime of a patient. Specific conditions of interest include infections of the central nervous system, which include encephalitis and meningitis. Additional infections include pneumonia, and urinary tract infection. Also of interest is the renal disorder, nephrotic syndrome. These conditions have the potential to impact future care.

TABULAR MODIFICATION

V12 Personal history of certain other diseases

V12.0 Personal history of infectious and parasitic diseases

New code V12.04 Infections of the central nervous system
Encephalitis
Meningitis

V12.6 Diseases of the respiratory system

Add Excludes: tuberculosis (V12.01)

New code V12.61 Pneumonia

New code V12.69 Other diseases of the respiratory system

V13 Personal history of other diseases

V13.0 Disorders of urinary system

New code V13.02 Urinary (tract) infection

New code V13.03 Nephrotic syndrome

Topic: Screening for Genetic Carrier Status

The American College of Medical Genetics (ACMG) has requested a new code for screening for genetic carrier status. Both the American College of Obstetricians and Gynecologists (ACOG) and ACMG have published documents making it standard of care to screen couples either pre-conception or early in pregnancy to determine carrier status for certain serious genetic diseases. If both partners are carriers, different pregnancy management will be instituted.

Carrier status screening has become the professional standard of care for cystic fibrosis, (joint ACOG/ACMG Guidelines, October 2001), Canavan disease (ACOG Committee Opinion, November 1998; ACMG Position Statement January 1998), hemoglobinopathies (ACOG Committee Opinion, July 2000), and Tay-Sachs disease (ACOG Committee Opinion, March 1991). In order to comply with professional standards physicians are now required to offer some screening for genetic carrier status to the majority of their pregnant and pre-conception patients and their partners. As most of these adults will turn out to be non-carriers, it is not appropriate to use disease codes to describe the screening encounter. This new code would allow physicians and states to better track couples that come to medical attention for the purpose of determining their genetic carrier status.

With the wider use of both neonatal screening, and adult screening for genetic carrier status, relatives of those who screen positive are themselves at risk to be carriers of genetic disease. When these individuals come for a medical encounter to learn about their risks and options for determining their carrier status, there is currently no code. As these patients do not themselves have a genetic disease, the disease codes that already exist are not appropriate. Use of such codes would skew the prevalence of genetic disease in the population.

TABULAR MODIFICATION

V18 Family history of certain other specific conditions

New code V18.9 Carrier of genetic disease

V26 Procreative management

V26.3 Genetic counseling and testing

New code V26.31 Screening for genetic disease carrier status

New code V26.32 Other genetic testing

New code V26.33 Genetic counseling

Topic: Retroperitoneal abscess

Code 567.2, Other suppurative peritonitis, has a large number of inclusion terms, many of which are conditions serious enough to warrant unique codes. A request was submitted by Jackson Memorial Hospital in Miami, Florida to expand the codes within 567.2, and specifically to create a unique code for retroperitoneal abscess.

TABULAR MODIFICATIONS

Revise 567 Peritonitis and retroperitoneal infections

567.2 Other suppurative peritonitis

Delete ~~Abscess (of):~~
~~abdominopelvic~~
~~mesenteric~~
~~omentum~~
~~peritoneum~~
~~retrocecal~~
~~retroperitoneal~~
~~subdiaphragmatic~~
~~subhepatic~~
~~subphrenic~~
~~Peritonitis (acute):~~
~~general~~
~~pelvic, male~~
~~subphrenic~~
~~suppurative~~

New code 567.21 Peritonitis (acute) generalized

New code 567.22 Peritoneal abscess
Abscess (of):
abdominopelvic
mesenteric
omentum
peritoneum
retrocecal
subdiaphragmatic
subhepatic
subphrenic

New code		567.29 Other suppurative peritonitis pelvic peritonitis, male subphrenic peritonitis
New subcategory	567.3	Retroperitoneal infections
New code		567.31 Retroperitoneal abscess
New code		567.39 Other retroperitoneal infections

Topic: Fetal reduction status

It is not currently possible to identify women who have undergone fetal reduction for large number multiple gestation pregnancies. Though the procedure reduces the risk to the remaining fetuses, the pregnancy is still considered high risk. The American College of Obstetricians and Gynecologists (ACOG) has requested a new code within the multiple gestation category be created to identify that a pregnant woman has undergone fetal reduction during her current pregnancy.

TABULAR MODIFICATION

	651	Multiple gestation
New code		651.7 Multiple gestation following elective fetal reduction [0,1,3]

Topic: Overweight

Obesity is a continuum from overweight to morbid obesity. The ICD-9-CM indexes the term overweight to obesity. Several requests have been submitted to create a unique code for overweight and for Body Mass Index (BMI). BMI is the first determination of a patient's weight in proportion to height. It is being proposed that subcategory 278.0, be retitled to "Overweight and obesity" and that a set of BMI status codes be created to use in conjunction with a code from 278.0 to provide specific information about a patient's weight. BMI codes could also be used for underweight patients.

TABULAR MODIFICATIONS

Revise	278	<u>Overweight,</u> obesity and other hyperalimentation
Revise		278.0 <u>Overweight and</u> obesity
Add		Use additional code to identify Body Mass Index (BMI), if known (V85.0- V85.5)
New code		278.02 Overweight
	783	Symptoms concerning nutrition, metabolism, and development
		783.2 Abnormal weight loss and underweight
Add		Use additional code to identify Body Mass Index (BMI), if known (V85.0- V85.5)

New category	V85	Body Mass Index (BMI) Kilograms per meters squared
New code		V85.0 Body Mass Index (BMI) less than 18.5
New code		V85.1 Body Mass Index (BMI) 18.0 – 24.9
New code		V85.2 Body Mass Index (BMI) 25.0 - 29.9
New code		V85.3 Body Mass Index (BMI) 30.0 – 31.9
New code		V85.4 Body Mass Index (BMI) 32.0 – 33.9
New code		V85.5 Body Mass Index (BMI) 34.0 – 35.9
New code		V85.6 Body Mass Index (BMI) 36.0 – 37.9
New code		V85.7 Body Mass Index (BMI) 38.0 – 38.9
New code		V85.8 Body Mass Index (BMI) 39.0 – 39.9
New code		V85.9 Body Mass Index (BMI) equal to or greater than 40

Topic: Family history of osteoporosis

The American College of Obstetricians and Gynecologist (ACOG) has requested a new code for family history of osteoporosis. Such a code would assist with research on osteoporosis.

TABULAR MODIFICATION

	V17		Family history of certain chronic disabling diseases
		V17.8	Other musculoskeletal diseases
New code		V17.81	Family history of osteoporosis
New code		V17.89	Other musculoskeletal diseases

Topic: Egg (Oocyte) donor

The American College of Obstetricians and Gynecologist (ACOG) has requested new codes for egg donors that identify the age of the donor and whether the eggs are intended to be used for anonymous donations or for a designated recipient.

Sperm donor will be indexed to code V59.8, Donor of other specified organ or tissue, effective October 1, 2004.

TABULAR MODIFICATION

	V59	Donors	
New subcategory	V59.7	Egg (Oocyte)	
New code		V59.70	Egg (Oocyte) donor, unspecified
New code		V59.71	Egg (Oocyte) donor, under age 35, anonymous recipient Egg donor, under age 35 NOS
New code		V59.72	Egg (Oocyte) donor, under age 35, designated recipient
New code		V59.73	Egg (Oocyte) donor, age 35 and over, anonymous recipient Egg donor, age 35 and over NOS
New code		V59.74	Egg (Oocyte) donor, age 35 and over, designated recipient

Topic: Acute bronchitis with COPD

The modifications to the inclusion terms at code 491.21, Obstructive chronic bronchitis with (acute) exacerbation, has lead to confusion among coders as to how to code acute bronchitis with chronic obstructive pulmonary disease (COPD). Though the intention was that the acute bronchitis code, 466.0, should be used with a code from subcategory 491, if acute bronchitis was present with COPD, the sequencing of these codes posed a problem.

In order to allow for the coding of acute bronchitis when accompanying COPD, it is being proposed that a new code at subcategory 491 be created. Official coding guidelines would also be created to provide instruction on the use of the new code and code 491.21.

This proposal is being considered for implementation on October 1, 2004.

TABULAR MODIFICATION

466 Acute bronchitis and bronchiolitis

466.0 Acute bronchitis

Add Excludes: acute bronchitis with chronic obstructive pulmonary disease (491.22)

491 Chronic bronchitis

491.2 Obstructive chronic bronchitis

New code 491.22 With acute bronchitis

Topic: The Bethesda System

Several important sets of comments from the American College of Obstetricians and Gynecologists (ACOG) and the College of American Pathologists (CAP) required extensive revisions to the proposal that was presented at the December 2003 C&M meeting. To provide the public an additional opportunity to comment on the revisions, the proposal is being brought back to this C&M meeting. In an effort to have these changes be incorporated into the October 1, 2004 addenda, a comment period of one week is being provided for submission of comments on the proposal as it is now being presented.

TABULAR MODIFICATION

233 Carcinoma in situ of breast and genitourinary system

233.1 Cervix uteri

Add Cervical intraepithelial neoplasia III [CIN III]

Add Severe dysplasia of cervix

Add Excludes: cervical intraepithelial neoplasia II [CIN II] (622.12)
moderate dysplasia of cervix (622.12)

622 Inflammatory disorders of cervix

622.1 Dysplasia of cervix (uteri)

Delete ~~Anaplasia of cervix~~

Delete ~~Cervical atypism~~

Delete ~~Cervical intraepithelial neoplasia I (CIN I)~~

Delete ~~Cervical intraepithelial neoplasia II (CIN II)~~

Delete ~~High grade squamous intraepithelial dysplasia (HGSIL)~~

Delete ~~Low grade squamous intraepithelial dysplasia (LGSIL)~~

New code 622.10 Dysplasia of cervix, unspecified
Anaplasia of cervix
Cervical atypism
Cervical dysplasia NOS

New code 622.11 Mild dysplasia of cervix
Cervical intraepithelial neoplasia I [CIN I]

New code		622.12 Moderate dysplasia of cervix Cervical intraepithelial neoplasia II [CIN II]
Add		Excludes: carcinoma in situ of cervix (233.1) cervical intraepithelial neoplasia III [CIN III] (233.1) severe dysplasia (233.1)
Revise	795	Other and nonspecific abnormal cytological, histological, ~~and~~ immunological and DNA test findings
Revise		795.0 ~~Nonspecific~~ Abnormal Papanicolaou smear of cervix and cervical HPV
Revise		Excludes: cervical intraepithelial neoplasia I [CIN I] (622.11)
Revise		cervical intraepithelial neoplasia II [CIN II] (622.12)
Revise		dysplasia of cervix (uteri) NOS (622.10)
Delete		~~high grade squamous intraepithelial neoplasia (HGSIL) (HGSIL) (622.1)~~
Delete		~~low grade squamous intraepithelial neoplasia (LGSIL) (LGSIL) (622.1)~~
Add		mild dysplasia (622.11)
Add		moderate dysplasia (622.12)
Add		severe dysplasia (233.1)
Revise		795.00 ~~Nonspecific~~ Abnormal glandular Papanicolaou smear of cervix~~, unspecified~~
Add		Atypical endocervical cells NOS
Add		Atypical endometrial cells NOS
Add		Atypical glandular cells NOS
Revise		795.01 ~~Atypical squamous cell changes of undetermined significance favor benign (ASCUS favor benign)~~ Papanicolaou smear of cervix with atypical squamous cells of undetermined significance (ASC-US)
Delete		~~Atypical glandular cell changes of undetermined significance favor benign (AGCUS favor benign)~~

Revise	795.02 ~~Atypical squamous cell changes of undetermined significance favor dysplasia (ASCUS favor dysplasia)~~ Papanicolaou smear of cervix with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
Delete	~~Atypical glandular cell changes of undetermined significance favor dysplasia (AGCUS favor dysplasia)~~
New code	795.03 Papanicolaou smear of cervix with low grade squamous intraepithelial lesion (LGSIL)
New code	795.04 Papanicolaou smear of cervix with high grade squamous intraepithelial lesion (HGSIL)
New code	795.05 Cervical high risk human papillomavirus (HPV) DNA test positive
New code	795.08 Unsatisfactory smear Inadequate sample
Revise	795.09 Other ~~nonspecific~~ abnormal Papanicolaou smear of cervix and cervical HPV
Delete	~~Benign cellular changes~~
Delete	~~Unsatisfactory smear~~
Add	Papanicolaou smear of cervix with low risk human papillomavirus (HPV) DNA test positive
Add	Use additional code for associated human papillomavirus (HPV) (079.4)
Add	Excludes: encounter for Papanicolaou cervical smear to confirm findings of recent normal smear following initial abnormal smear (V72.32)

Topic: Worn out joint prosthesis

The length of time that artificial joints can be used before replacement of components is necessary has gradually increased since the introduction of components made of metal alloys and synthetic polymers, as well as the reduction of problems with fixation and infection. Many joint replacement components are now lasting as long as 10 years, some longer, after which time it becomes likely that they need to be replaced due to routine wear rather than a mechanical complication. The use of a mechanical complication code for healthcare encounters for the replacement of a worn out prosthesis suggests that there is a malfunction or some other problem with the device. An orthopedic physician group proposed creating a new ICD-9-CM diagnosis code that would allow a distinction to be made between a mechanical complication of an artificial joint and a worn out artificial joint.

TABULAR MODIFICATION

	996	Complications peculiar to certain specified procedures
		996.4 Mechanical complication of internal orthopedic device, implant, and graft
Add		Excludes: worn out artificial joint (V49.51)
	V49	Other conditions influencing health status
		V49.5 Other problems of limbs
New code		V49.51 Worn out artificial joint
		Use additional code to identify to identify joint replacement site (V43.60-V43.69)
		Excludes: mechanical complication of artificial joint (996.4)
New code		V49.59 Other problems with limbs

Topic: Effects of Red Tide

Red tides are caused by several species of marine phytoplankton that produce a potent chemical toxin. Red tides occur throughout the world, drastically affecting Scandinavian and Japanese fisheries, Caribbean and South Pacific reef fishes, and shell fishing along the U.S. coast. Most recently, it has been implicated in the deaths of hundreds of whales, dolphins, and manatees in North American waters. Red tides are a natural phenomenon, apparently unrelated, though possibly exacerbated by, manmade pollution. A red tide results when the algae undergo a mass multiplication, a "bloom". It is not possible to predict when a red tide will occur.

Irritation of the eyes, nose, throat, and tingling lips and tongue are common symptoms that occur in humans during red tides. Waves, wind and boat propellers disperse toxin particles into the air causing these problems for people alone the shore. People suffering from severe or chronic respiratory conditions should avoid red tide areas. Swimming in a red tide may cause skin irritation.

Red tides produce massive fish kills. Red tide populations well below the fish kill level pose a serious problem for public health through shellfish contamination. Bivalve shellfish, especially oysters, clams and coquinas can accumulate so much toxin that they become toxic to humans.

A new toxic effect code and a new External cause index entry are being proposed for red tide.

TABULAR MODIFICATION

989 Toxic effect of other substances, chiefly nonmedicinal as to source

989.8 Other substances chiefly nonmedicinal as to source

New code 989.85 Red tide
Algae bloom

Add Use additional code to identify conditions associated with red tide exposure

E CODE INDEX MODIFICATION

Revise Exposure (to)
Add Algae bloom E905.7
Add Marine phytoplankton E905.7
Add Red tide E905.7

Topic: Erythromelalgia

Erythromelalgia is a rare syndrome of paroxysmal vasodilation with burning pain, increased skin temperature, and redness of the feet, and less often, the hands. Symptoms may remain mild for years or become so severe that total disability results.

Diagnosis of erythromelalgia is based on the relationship of complaints to increased skin temperature. The cause is unknown, though it frequently develops spontaneously. It may be the result of vasomotor abnormalities or a dysfunction in the normal constriction and dilation of the diameter of certain blood vessels, leading to abnormalities of blood flow to the extremities. Aspirin, 650 mg 1 to 4 times/day, may provide, prolonged relief. Avoiding factors that produce vasodilation is usually helpful, and vasoconstrictors may also provide relief.

Some people who have myeloproliferative disorders, hypertension, venous insufficiency, diabetes mellitus, SLE, RA, lichen sclerosus et atrophicus, gout, spinal cord disease, or multiple sclerosis may develop erythromelalgia as a result. In these cases, treating the underlying disease should relieve the symptoms of the erythromelalgia.

The Erythromelalgia Association has requested a unique code for this condition. Currently it is indexed to code 443.89, Other specified peripheral vascular diseases. There is room to create a unique code as shown below:

TABULAR MODIFICATION

443 Other peripheral vascular disease

443.8 Other specified peripheral vascular diseases

New code 443.82 Erythromelalgia

443.89 Other

Delete ~~Erythromelalgia~~

Topic: Encounter for ventilator weaning

Patients are often admitted to long-term care facilities specifically to be weaned from a ventilator. It is being proposed that a new code be created to identify encounters for ventilator weaning. This would compliment existing codes for ventilator status and encounters for ventilator status patients during a power failure.

TABULAR MODIFICATIONS

	V46	Other dependence on machine
Revise	V46.1	Respirator (Ventilator)
New code	V46.13	Encounter for weaning from respirator (ventilator)

Topic: Encounter for blood typing

A question was received asking how to code an encounter for blood typing, specifically to test a patient's Rh status. If a pregnant woman's blood group is Rh negative, knowing whether the father is Rh positive or Rh negative will help find the risk of Rh sensitization and whether or not she should receive Rh immunoglobulin to prevent sensitization for the rest of the pregnancy.

To address this question, and similar encounters that are specifically for blood typing, a new code is being proposed for this type of encounter.

Additionally, it is being proposed that the titles for the pre-operative examination codes be revised to include pre-procedural, to broaden the scope of the codes.

TABULAR MODIFICATION

V72 Special investigations and examinations

V72.8 Other specified examinations

	V72.81	Pre-operative cardiovascular examination
Add		Pre-procedural cardiovascular examination
	V72.82	Pre-operative respiratory examination
Add		Pre-procedural respiratory examination
	V72.83	Other specified pre-operative examination
Add		Other pre-procedural examination
	V72.84	Pre-operative examination, unspecified
Add		Pre-procedural examination, unspecified
New code	V72.86	Encounter for blood typing

Topic: Secondary diabetes mellitus

The American Association of Pediatrics has requested a code to identify secondary diabetes mellitus, specifically for cystic fibrosis patients who develop diabetes mellitus as a result. Diabetes mellitus can be caused by other specific disease processes, such as Cushing's syndrome, pancreatitis, malignant neoplasm, and others as well as certain genetic disorders. According to the "Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus, 1997", secondary diabetes is considered neither type I or type II diabetes mellitus and are grouped as "other specific types".

Currently, the diabetes mellitus codes in category 250 provide fifth-digits for type I and type II diabetes, but there is no code or fifth-digit to indicate diabetes secondary to another condition. Previous advice given in AHA's Coding Clinic has been to code the underlying condition followed by 251.8, Other specified disorders of pancreatic internal secretion. Additionally, the advice stated that codes from category 250 are not to be used for secondary diabetes mellitus.

In ICD-10-CM this is classified to category E08, Diabetes mellitus due to underlying condition. This category is included in the overall range of categories for diabetes mellitus.

It is being proposed to create two new fifth-digits at category 250, Diabetes mellitus to reflect this cause. This would allow the use of category 250 codes to indicate manifestations which may develop with this type of diabetes. A note would instruct coders to sequence the underlying condition before the diabetes code. Additionally, code V58.67, Long term current use of insulin would be assigned for those patients requiring insulin use.

TABULAR MODIFICATION

250 Diabetes mellitus

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

Add Note: Codes from category 250 with fifth-digits 4 or 5 are secondary codes and must be sequenced after the underlying condition

New 4 secondary diabetes, not stated as uncontrolled

New 5 secondary diabetes, uncontrolled

ADDENDA

TABULAR

552 Other hernia of abdominal cavity, with obstruction, but without mention of gangrene

552.8 Hernia of other specified sites, with obstruction

Add Excludes: hernia due to adhesion with obstruction (560.81)

758 Chromosomal anomalies

Add Use additional code(s) to identify associated conditions

ADDENDA

INDEX

Acne
Add — neonatal 706.8

Administration, prophylactic
Revise — antibiotics V07.8

Anomaly
arteriovenous
gastrointestinal
Add — acquired – see Angiodysplasia

Conjunctivitis
chemical 372.05
Add — meaning corrosion - See Burn, conjunctiva

Deficiency
Add — phosphomannomutase 271.8
Add — phosphomannose isomerase 271.8
Add — phosphomannosyl mutase 271.8

Disorder
Add — congenital
Add — glycosylation (CDG) 271.8

Revise — Drip, postnasal – ~~see Sinusitis~~ code to condition

Fibrosis
Add — sclerosing mesenteric (idiopathic) 567.8

Infection
Add — Enterobacter sakazakii 041.85

Infarct, infarction
Revise — mesentery, mesenteric (embolic) (thrombotic) (with gangrene) 557.0

Infertility
Add — age-related 628.8

Injury
Add diffuse axonal 854.0
Add with open intracranial wound 854.1

Revise Jakob-Creutzfeldt disease or syndrome (new variant) 046.1

Lipodystrophy
Add mesenteric 567.8

Add Mesenteritis
Add retractile 567.8
Add sclerosing 567.8

Add Microalbuminuria 791.0

Newborn
Add apnea 770.81
Add obstructive 770.82
Add specified NEC 770.82
Add convulsion 779.0
Add infection 771.89
Add candida 771.7
Add mastitis 771.5
Add specified NEC 771.89
Add urinary tract 771.82
Add mastitis 771.5
Add omphalitis 771.4
Add seizure 779.0
Add sepsis 771.81

Add Panniculitis
Add mesenteric 567.8

Revise Postnasal drip – ~~see Sinusitis~~ code to condition

Add Pseudobulbar affect (PBA) 310.8

Revise Pseudomeningocele (cerebral) (infective) ~~(surgical)~~ 349.2
Add postprocedural 997.01

Quadriparesis – see Quadriplegia
Add meaning muscle weakness 728.87

Revise Rape ~~– see Injury, by site~~

Add adult 995.83
Add child 995.53

Sciatica
Add wallet 724.3

Syndrome
Add Barth 759.89
Add carbohydrate-deficient glycoprotein (CDGS) 271.8
Revise Mounier-Kuhn 748.3
Add with bronchiectasis 494.0
Add with (acute) exacerbation 494.1
Add acquired 519.1
Add with bronchiectasis 494.0
Add with (acute) exacerbation 494.1
Add Stickler 759.89

Tracheobronchomegaly 748.3
Add with bronchiectasis 494.0
Add with (acute) exacerbation 494.1
Add acquired 519.1
Add with bronchiectasis 494.0
Add with (acute) exacerbation 494.1