ICD-9-CM Coordination and Maintenance Committee Meeting

December 6, 2002

Diagnosis Agenda

Welcome and announcements
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Co-chair, ICD-9-CM C & M Committee

ICD-9-CM TIME LINE

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December 5-6, 2002 ICD-9-CM Coordination and Maintenance Committee meeting in the CMS auditorium. Diagnosis and procedure code revisions discussed are for potential implementation on October 1, 2003.

January 10, 2003 Deadline for receipt of public comments on proposed code revisions discussed at the April and December 2002 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2003.

February 3, 2003 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the April 3-4, 2003 ICD-9-CM Coordination and Maintenance Committee meeting.

March 2003 Tentative agenda for the Procedure part of the April 3-4, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.hcfa.gov/medicare/icd9cm.htm

Tentative agenda for the Diagnosis part of the April 3-4, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm

Federal Register Notice of April 3-4, 2003 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda will be published.

April 3-4, 2003 ICD-9-CM Coordination and Maintenance Committee Meeting in the CMS auditorium. Diagnosis code revisions discussed are for potential implementation on October 1, 2004. Procedure code revisions discussed will be for possible implementation October 1, 2003. Those procedure code proposals that cannot be resolved quickly will be considered for implementation on October 1, 2004.

April 2003 Summary report of the Procedure part of the April 3, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.hcfa.gov/medicare/icd9cm.htm

Summary report of the Diagnosis part of the April 4, 2003 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on

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NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm

October 1, 2003 New and revised ICD-9-CM codes from the 2002 cycle go into effect.

October 1, 2003 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the December 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting.

November 2003 Tentative agenda for the Procedure part of the December 4, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.hcfa.gov/medicare/icd9cm.htm

Tentative agenda for the Diagnosis part of the December 5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm

Federal Register Notice of December 4-5, 2003 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published.

Dec. 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee Meeting. Code revisions discussed are for potential implementation on October 1, 2004. December 4 will be devoted to discussions of procedure codes. December 5 will be devoted to discussions of diagnosis codes.

December 2003 Summary report of the Procedure part of the December 4, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.hcfa.gov/medicare/icd9cm.htm

Summary report of the Diagnosis part of the December 5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm

January 10, 2004 Deadline for receipt of public comments on proposed code revisions discussed at the April 3-4, 2003 and December 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2004.

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Topic: Septic shock and Sepsis

At the November 2, 2001 C & M meeting codes for systemic inflammatory response syndrome (SIRS) and severe sepsis were presented by Eli Lilly. Those new codes became effective October 1, 2002. To build on the new codes Lilly is requesting:

1. A unique code for septic shock.
2. Modifications to the index and tabular to distinguish the terms sepsis and septicemia.

The terms septic shock, severe sepsis, sepsis and septicemia are often used interchangeably by clinicians but are clinically distinct conditions that have very different clinical pictures and outcomes. Septic shock is a unique form of shock because of combined decreased systemic vascular resistance and the presence of myocardial performance. The clinical picture of severe sepsis, SIRS with organ dysfunction, must be present for a patient to advance to septic shock. Septic shock is the end point in the continuum from sepsis to severe sepsis to septic shock. Mortality from severe sepsis is between 20-50% of patients. When severe sepsis advances to septic shock the mortality rises to 50-60%. Because no unique code for septic shock exists, it is currently not possible to classify this component of a patient's illness.

The term septicemia is an imprecise term that simply means the presence of bacteria, or their toxins, in the bloodstream. This is equivalent to the term bacteremia (ICD-9-CM code 790.7). The term sepsis is specifically for an infection accompanied by the systemic inflammatory response (SIRS). Two or more of the SIRS criteria must be met for a septicemia to clinically be sepsis. Organ dysfunction must accompany the SIRS for the diagnosis of severe sepsis.

ICD-9-CM category 038 is titled Septicemia. Because of this title it is not possible to know if the patient's assigned codes from this category suffer from a simple septicemia or a true sepsis according to the definitions of the terms.

In addition to the new code for septic shock it is being proposed that the term sepsis be added as an inclusion under code 995.91, Systemic inflammatory response syndrome due to infectious process without organ dysfunction and that the term sepsis be indexed to 995.91. A note at both category 038 and at code 785.52 would be added to instruct users.

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TABULAR MODIFICATIONS

038 Septicemia

Add Note: A code for the corresponding systemic inflammatory response syndrome (SIRS), 995.91-995.92 must accompany a code from category 038. Sequencing is discretionary.

785 Symptoms involving cardiovascular system

785.5 Shock without mention of trauma

New code 785.52 Septic shock

Add Note: code 785.52 must be used in conjunction with code 995.92, Systemic inflammatory response syndrome due to infectious process with organ dysfunction. Sequencing is discretionary.

785.59 Other
Shock:

Delete ~~septic~~

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995 Certain adverse effects not elsewhere classified

995.9 Systemic inflammatory response syndrome (SIRS)

995.91 Systemic inflammatory response syndrome due to infectious process without organ dysfunction

Add Sepsis

995.92 Systemic inflammatory response syndrome due to infectious process with organ dysfunction

Use additional code to specify organ dysfunction, such as:

Revise encephalopathy (348.31-348.32)

Delete ~~heart failure (428.0-428.9)~~

995.94 Systemic inflammatory response syndrome due to noninfectious process with organ dysfunction

Use additional code to specify organ dysfunction, such as:

Revise encephalopathy (348.31-348.32)

Delete ~~heart failure (428.0-428.9)~~

INDEX MODIFICATION

Revise Sepsis (generalized) ~~(see also Septicemia) 038.9~~ 995.91

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Topic: Dementia

The American Academy of Neurology has requested new ICD-9-CM codes for two forms of dementia, Dementia with Lewy bodies and Frontotemporal dementia. Dementia classification has expanded with new knowledge of pathology and pathophysiology. Dementia and geriatric specialists are increasingly using new terms to describe their patients.

Dementia with Lewy bodies is a dementia with Parkinsonian motor features. Unexplained falls are a predominant early feature. Pathologically, it differs from Parkinson's disease in that the Lewy body intracellular inclusions are also found frontally, not just within the basal ganglia. This cerebral degeneration is also manifest by somewhat greater neuropsychiatric features than Alzheimer's with more prominent hallucinations. Patients with this form of dementia classically may worsen with phenothiazine-like medications which are used otherwise for psychoses.

Frontotemporal dementia differs from Alzheimer's disease by its frontal lobe personality changes, such as impulsivity, disinhibition, motor impersistence, loss of social awareness and lack of attention to personal hygiene. Language can be affected. Other cognition may not be as impaired as in Alzheimer's disease. One subset of Frontotemporal dementia is Pick's disease, that has its own code. Frontotemporal dementia would need to be excluded from Pick's disease.

TABULAR MODIFICATIONS

331 Other cerebral degenerations

331.1 Pick's disease

Add Excludes: Frontotemporal dementia (331.83)

331.8 Other cerebral degenerations

New code 331.82 Dementia with Lewy bodies
Add Lewy body dementia
Add Lewy body disease

New code 331.83 Frontotemporal dementia
Add Excludes: Pick's disease (331.1)

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Topic: Scrotal transposition

Scrotal transposition is a congenital anomaly where the scrotum is transposed above the penis. It looks like the penis and scrotum are reversed. The testes are also involved. It is treated surgically. There is no specific code for this anomaly. Such a code is requested by the American Urological Association.

TABULAR MODIFICATION

752 Congenital anomalies of genital organs

752.8 Other specified anomalies of genital organs

Delete

~~Absence of:~~
~~prostate~~
~~spermatic cord~~
~~vas deferens~~
~~Anorchism~~
~~Aplasia (congenital) of:~~
~~prostate~~
~~round ligament~~
~~testicle~~
~~Atresia of:~~
~~ejaculatory duct~~
~~vas deferens~~
~~Fusion of testes~~
~~Hypoplasia of testis~~
~~Monorchism~~
~~Polyorchism~~

New code 752.81 Scrotal transposition

New code 752.89 Other specified anomalies of genital organs

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Topic: Peyronie's disease

Peyronie's disease is fibrosis of the cavernous sheaths leading to contracture of the investing fascia of the corpora resulting in a deviated and painful erection. The cause is unknown. The disease occurs in adult males. Resolution may occur spontaneously over many months. Minor disease that does not cause sexual dysfunction does not warrant treatment. Treatment results are unpredictable.

There is no unique code for Peyronie's disease in the ICD-9-CM. The American Urological Association is requesting a code.

TABULAR MODIFICATION

607 Disorders of penis

607.8 Other specified disorders of penis

New code 607.85 Peyronie's disease

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Topic: Penile injury

Although penetrating and perforating injuries to the penis occur, severe injuries are more commonly caused by crushing blows and avulsion of the skin and genitalia. Avulsion injuries among factory and farm workers can happen when clothing is caught in machinery. Avulsion of the penis may also occur secondary to various devices (e.g., penile rings, vacuum cleaner attachments) or excessive trauma during sex. Avulsed skin should be conserved, cooled, and reapplied as quickly as possible. Debridement should be conservative. Skin grafting may be necessary. Even a completely transected penis may be reattached successfully.

The ICD-9-CM does not provide a code for injury of the penis. All injuries to the external genital organs are grouped under code 959.1, Injury of trunk. It has been requested that the external genital organs be separated out of 959.1 to allow the specific coding of penile injuries. Additional codes for other sites are also included with this modification.

TABULAR MODIFICATIONS

959 Injury, other and unspecified

959.1 Trunk

Delete	~~Abdominal wall~~
	~~Back~~
	~~Breast~~
	~~Buttock~~
	~~Chest wall~~
	~~External genital organs~~
	~~Flank~~
	~~Groin~~
	~~Interscapular region~~
	~~Perineum~~
New code	959.11 Breast
New code	959.12 Penis
New code	959.13 Scrotum
New code	959.14 Testes
New code	959.15 Vulva
New code	959.16 Buttock
New code	959.19 Injury of other sites of trunk

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Topic: Urgency of urination

The American Urological Association is requesting an ICD-9-CM code for the symptom of urgency. Urgency is the common symptom of feeling an intense need to urinate. It is now being inappropriately coded with the urge incontinence ICD-9-CM code. The symptom of urgency is as common as the diagnosis of frequency. The difference between urge incontinence and urgency is the intense feeling of having to urinate whereas urge incontinence is the intense feeling of having to urinate but not being able to make it to the restroom.

TABULAR MODIFICATION

788 Symptoms involving urinary system

788.6 Other abnormality of urination

New code 788.63 Urgency of urination

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Topic: Pre-operative insertion of ureteral stent for ureteral visualization

In many cases a urologist is called in to assist with an abdominal or pelvic procedure. The urologist may need to insert ureteral stents pre-operatively to assist the other surgeon in visualizing the ureters prior to open abdominal exploration or hysterectomy. There is no code that explains this situation. Such a code is being requested by the American Urological Association.

TABULAR MODIFICATION

593 Other disorders of kidney and ureter

593.8 Other specified disorders of kidney and ureter

New code 593.83 Nonvisible ureter

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Topic: Impaired fasting glucose

On July 23, 1997 the Expert Committee on the Diagnosis and Classification of Diabetes mellitus released new recommendations which include a new stage of impaired glucose homeostasis called impaired fasting glucose (IFG). The Committee defined IFG as a random fasting glucose of ≥110mg/dl but ≤ 126 mg/dl. This is distinct from an abnormal glucose tolerance (IGT) which is defined as a glucose obtained during an oral glucose tolerance test of ≥140mg/dl but <200mg/dl. These metabolic stages are intermediate between and separate from normal glucose homeostasis and diabetes.

Although there are usually no clinical signs or symptoms related to IFG, the clinical implications of early identification of patients at risk for diabetes and its associated cardiovascular disease are important. The first and second phase of insulin release are impaired in patients with IFG indicating beta cell dysfunction. Cardiovascular risk factors are significantly raised in all types of non-diabetic hyperglycemia. The greatest impact on mediating cardiovascular complications will occur in patients identified at the earliest stages of impaired glucose homeostasis.

The American Association of Clinical Endocrinologists has requested that a new code for IFG be created to allow for the identification of these patients.

TABULAR MODIFICATIONS

790 Nonspecific findings on examination of blood

Revise 790.2 Abnormal glucose ~~tolerance~~ test

Add Excludes: dysmetabolic syndrome X (277.7)
Add glycosuria (791.5)

New code 790.21 Impaired fasting glucose

New code 790.22 Abnormal glucose tolerance test

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Topic: Carnitine deficiency

Carnitine is an essential metabolic intermediary that is a critical factor for mitochondrial energy production and essential for normal biochemical function. The biochemical importance of L-carnitine is mainly due to its property of facilitating the transport of long-chain fatty acid inside the mitochondria for beta-oxidation. L-carnitine is also important for acting as an acyl group acceptor in order to maintain sufficient cellular levels of free coenzyme A (CoA) and for removing from the cell possible toxic acyl-groups that cannot be metabolized.

Carnitine deficiency occurs with certain genetic abnormalities, certain medical conditions, and from treatments for disease. Patients with carnitine deficiency can manifest with cardiomyopathy, Reye-like encephalopathy, hypoketotic hypoglycemia, hypotonia, muscle weakness, failure to thrive, and certain dialysis related problems such as intra-dialytic hypotension and erythropoietin-resistant anemia.

There are two forms of carnitine deficiency that are now recognized by the scientific community, primary and secondary. Primary carnitine deficiency is caused by a defect in the transporter responsible for the carnitine uptake from plasma to the tissues. Primary carnitine deficiency is a permanent condition that currently requires chronic therapy with L-carnitine. Secondary carnitine deficiency may be divided further into two other major categories, carnitine deficiency due to genetic defect of the metabolism and carnitine deficiency due to iatrogenic factors. Secondary carnitine deficiency is more common than primary carnitine deficiency and is mainly due to inborn errors of metabolism. Secondary carnitine deficiency may also result from medical conditions such as cirrhosis, Fanconi syndrome and HIV and treatments for diseases such as hemodialysis and e.g. valproic acid therapy.

Carnitine deficiency is an important disorder that deserves to be tracked and studied. No codes for disorders of carnitine metabolism exist in the ICD-9-CM. Sigma-Tau Pharmaceuticals, Inc. has requested that codes be created for these conditions. Additionally, since hemodialysis may be responsible for carnitine deficiency with an accompanying hypotension a code for hypotension of hemodialysis is also being requested.

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TABULAR MODIFICATIONS

277 Other and unspecified disorders of metabolism

277.8 Other specified disorders of metabolism

Delete ~~Hand-Schuller-Christian disease~~
~~Histiocytosis (acute) (chronic)~~
~~Histiocytosis X (chronic)~~
~~Excludes: histiocytosis:~~
~~acute differentiated progressive (202.5)~~
~~X, acute (progressive) (202.5)~~

New code 277.81 Primary carnitine deficiency

New code 277.82 Carnitine deficiency due to inborn errors of metabolism

New code 277.83 Iatrogenic carnitine deficiency
Carnitine deficiency due to:
Hemodialysis
Valproic acid therapy

New code 277.84 Other secondary carnitine deficiency

New code 277.89 Other specified disorders of metabolism
Hand-Schuller-Christian disease
Histiocytosis (acute) (chronic)
Histiocytosis X (chronic)

Excludes: histiocytosis:
acute differentiated progressive (202.5)
X, acute (progressive) (202.5)

458 Hypotension

New code 458.3 Hypotension of hemodialysis
Intra-dialytic hypotension

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Topic: Rhabdomyolysis

Rhabdomyolysis is an acute, sometimes fatal disease marked by destruction of skeletal muscle. Rarely, this may occur following strenuous exercise and in association with drugs that cause coma, such as alcohol, heroin, or cocaine. When associated with the crush syndrome, where muscle tissue disintegrates due to prolonged, continuous pressure, it is referred to as traumatic rhabdomyolysis. Due to severity of this condition, the Editorial Advisory Board of "Coding Clinic for ICD-9-CM" has requested that a unique code be created for rhabdomyolysis.

TABULAR MODIFICATION

728 Disorders of muscle, ligament, and fascia

728.8 Other disorders of muscle, ligament, and fascia

New code 728.88 Rhabdomyolysis

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Topic: Hypercoagulable states

The hypercoagulable states are a group of inherited and acquired disorders which cause an increased risk of thrombosis. The primary hypercoagulable states are for the most part inherited abnormalities of specific proteins, particularly the anticoagulant factors that normally break down blood clots. Some examples of primary hypercoagulable states include antithrombin III deficiency, protein C deficiency, protein S deficiency, activated protein C resistance (Factor V Leiden mutation), and prothrombin gene mutation. The secondary hypercoagulable states are a diverse group of mostly acquired disorders which predispose to thrombosis through complex and often multifactorial mechanisms. These mechanisms may broadly involve abnormalities of blood flow, of blood composition, and of vessel walls. Some disorders that can cause a secondary hypercoagulable state include malignancy, myeloproliferative disorders, antiphospholipid antibody syndrome, pregnancy, and trauma. Prognosis and treatment of a hypercoagulable state depends on the specific disorder involved. Anticoagulation therapy may be indicated short term, or for some cases, a lifetime.

TABULAR MODIFICATION

289 Other diseases of blood and blood-forming organs

289.8 Other specified diseases of blood and blood-forming organs

Delete
~~Hypergammaglobulinemia~~
~~Myelofibrosis~~
~~Pseudocholinesterase deficiency~~

New code
289.81 Primary hypercoagulable state
Activated protein C resistance
Antithrombin III deficiency
Lupus anticoagulant
Protein C deficiency
Protein S deficiency

289.82 Secondary hypercoagulable state

New code
289.89 Other specified diseases of blood and blood-forming organs
Hypergammaglobulinemia
Myelofibrosis
Pseudocholinesterase deficiency

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Topic: Hyperaldosteronism

The ICD-9-CM code 255.1, Hyperaldosteronism, includes several different states of aldosterone excess for which the diagnostic work up and treatment are distinct. Also important is the recent realization that the primary form of aldosteronism is responsible for the hypertension seen in 5-10% of patients with hypertension. These findings and changes in the terminology for states of excess aldosterone now merit the revision of the classification for such disorders.

The Endocrine Society requests that code 255.1, Hyperaldosteronism, be expanded at the 5th digit level to identify the different conditions currently included in 255.1

TABULAR MODIFICATIONS

255 Disorders of adrenal glands

255.1 Hyperaldosteronism

Delete
~~Aldosteronism (primary) (secondary)~~
~~Bartter's syndrome~~
~~Conn's syndrome~~

New code 255.10 Primary aldosteronism
Aldosteronism NOS
Hyperaldosteronism, unspecified

New code 255.11 Secondary aldosteronism

New code 255.12 Bartter's syndrome

New code 255.13 Glucocorticoid-remediable aldosteronism
Familial aldosteronism type I

New code 255.14 Conn's syndrome

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Topic: Barrett's esophagus

Barrett's esophagus (BE) is a metaplastic disorder in which specialized columnar epithelium replaces healthy squamous epithelium. BE is an acquired condition, secondary to chronic gastroesophageal reflux damage to the esophageal mucosa. Its origin probably involves multipotential undifferentiated cells.

Currently, BE is indexed to code 530.2, Ulcer of esophagus. This code does not appropriately capture the inherent physiologic changes to the structure of the mucosal lining of the esophagus and lower esophageal junction. A unique code for BE is being requested by the American Gastroenterological Association (AGA).

TABULAR MODIFICATION

530 Diseases of esophagus

530.8 Other specified disorders of esophagus

New code 530.85 Barrett's esophagus

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Topic: Early satiety

The symptom of early satiety is common in many conditions, including serious conditions such as a brain tumor or hormonal problems. This symptom is not equivalent to anorexia, when a person chooses not to eat or who has no appetite. Early satiety occurs in persons who have hunger and are eating, but feel full quickly. A new code for this general symptom is being proposed.

TABULAR MODIFICATION

780 General symptoms

780.9 Other general symptoms

New code 780.94 Early satiety

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Topic: Encounter for emergency contraception

Codes exist for encounters for prescription for oral contraceptives and other forms of birth control but no code exists for the unique circumstances of an encounter for emergency contraception.

TABULAR MODIFICATION

V25 Encounter for contraceptive management

V25.0 General counseling and advice

New code V25.03 Encounter for emergency contraceptive counseling and prescription

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Topic: Thoracoscopic procedure converted to open procedure

A code exists for laparoscopic surgical procedure converted to open procedure, V64.4. A similar code for thoracoscopic procedure converted to open procedure has been requested.

TABULAR MODIFICATION

V64 Person encountering health services for specific procedures, not carried out

New code V64.5 Thoracoscopic surgical procedure converted to open procedure

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Topic: Subaponeurotic hemorrhage (Subgaleal hemorrhage)

Caput succedaneum, cephalhematoma, chignon and subaponeurotic hemorrhage (Subgaleal hemorrhage-SGH) currently are all assigned to code 767.1, Injuries to scalp. The first three of these conditions are commonly encountered events after normal spontaneous vaginal delivery or uncomplicated forceps or vacuum extraction deliveries, and have no significant associated morbidity or mortality. SGH is a relatively rare event but one associated with high rates of morbidity and mortality. SGH has reported mortality rates of between 3% and 23%.

The frequency of this injury in the United States has increased as the percentage of vacuum extraction deliveries has increased. An increase in usage and injury is reflected in worldwide literature as well. Without a unique code for SGH there has been an inability to implement specific programs to decrease the incidence of this injury, as there is no accurate means to measure outcomes of any particular program. It is proposed that code 767.1 be expanded to create a unique code for SGH.

TABULAR MODIFICATION

767 Birth trauma

767.1 Injuries to scalp

Delete
~~Caput succedaneum~~
~~Cephalhematoma~~
~~Chignon (from vacuum extraction)~~
~~Massive epicranial subaponeurotic hemorrhage~~

New code
767.11 Epicranial subaponeurotic hemorrhage (massive)
Add
Subgaleal hemorrhage

New code
767.19 Other injuries to scalp
Add
Caput succedaneum
Cephalhematoma
Chignon (from vacuum extraction)

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Topic: Postpartum cardiomyopathy

Cardiomyopathy may occur in the postpartum period in women without pre-existing heart disease. It tends to affect multiparas, women over age 30, those carrying multiple fetuses and those whose pregnancy is complicated by pre-eclampsia. It has a mortality rate of 50% within 5 years and a high probability of recurrence in subsequent pregnancies, which are therefore contraindicated. Heart transplant is frequently required.

Postpartum cardiomyopathy is currently an inclusion under code 674.8, Other complications of the puerperium, not elsewhere classified. Due to the severity of the condition, it is being proposed that a unique code be created.

TABULAR MODIFICATIONS

674 Other and unspecified complications of the puerperium, not elsewhere classified

New code

674.5 Postpartum cardiomyopathy
[2, 4]

674.8 Other
Postpartum:

Delete

~~cardiomyopathy~~

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Topic: Late infant

When code 645, Late pregnancy, was expanded creating codes for post-term pregnancy, 645.1, those between 40 and 42 weeks, and prolonged pregnancy, 645.2, those over 42 weeks, a similar modification was not made to the corresponding newborn code, 766.2, Post-term infant, not "heavy for dates". Because of this, 766.2 does not correspond to either of the codes or definitions at 645. An expansion of code 766.2 is being proposed at the request of the Central Office on ICD-9-CM of the American Hospital Association to correct this discrepancy.

TABULAR MODIFICATION

766 Disorders relating to long gestation and high birthweight

Revise	766.2	~~Post-term infant, not "heavy-for-dates"~~ Late infant, not "heavy-for-dates" ~~Fetus or infant with gestation period of 294 days or more [42 or more completed weeks], not "heavy-" or "large-for-dates"~~ ~~Postmaturity NOS~~
New code		766.21 Post-term infant
Add		Infant with gestation period over 40 completed weeks to 42 completed weeks
New code		766.22 Prolonged gestation of infant
Add		Infant with gestation period over 42 completed weeks
Add		Postmaturity NOS

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Topic: Loss of consciousness in mild traumatic brain injury

In recent decades, public health and health care communities have become increasingly aware that the consequences of mild traumatic brain injury (MTBI) may not, in fact, be mild. Epidemiologic research has identified MTBI as a public health problem of large magnitude. Clinical research has provided evidence that these injuries can cause serious, lasting problems.

Responding to a mandate from Congress, the National Center for Injury Prevention and Control (NCIPC), one of the Centers for Disease Control and Prevention (CDC), Division of Injury and Disability Outcomes and Programs (DIDPO), and a group of experts have recommended methods to assess the incidence and prevalence of MTBI in the United States. For this purpose, a surveillance definition for MTBI was established. One of the many criteria for this definition is either observed or reported loss of consciousness (LOC) lasting 30 minutes or less.

The codes for concussion, which are the codes that are applicable for mild traumatic brain injury, indicate length of LOC. Currently, the shortest time frame for LOC for the concussion codes is less than one hour. This time frame does not conform to the surveillance definition established for MTBI of LOC lasting less than 30 minutes. It is being proposed that new codes be created to indicate LOC under 30 minutes and for between 31-59 minutes to conform to the surveillance definition while maintaining statistical integrity.

TABULAR MODIFICATIONS

850 Concussion

850.1 With brief loss of consciousness

New code 850.11 with loss of consciousness less than 30 minutes

New code 850.12 with loss of consciousness from 31 to 59 minutes

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Topic: Cerebral infarct of unknown vessel

Often a patient with confirmed occlusion of his precerebral and cerebral arteries may have signs and symptoms of a cerebral infarction but it is not possible to determine the vessel responsible for the infarction. Because of this, use of the 5th digits for categories 433, Occlusion and stenosis of precerebral arteries, and 434, Occlusion of cerebral arteries, has been a problem. A 5th digit modifies the code to which it is assigned. 5th digit 1, with cerebral infarction, modifies codes that specify a vessel. If it can't be determined that the site of an occlusion is also the site responsible for the infarct then its is incorrect to use 5th digit 1. It is also a problem using 5th digit 0, without mention of infarction, since the patient clearly has had an infarct and it is documented as such. The use of code 436, Acute, but ill-defined, cerebrovascular disease, is always discouraged, and is illogical with a code that has a 5th digit stating without infarct.

A solution to this problem is being proposed. A new 5th digit for "with cerebral infarction of other or unspecified vessel" would be added to the 5th digit subclassifications for categories 433 and 434. The existing 5th digit 1 would be retitled to read "with cerebral infarction of this vessel. With this modification the use of a 5th digit indicating a cerebral infarction could still be used even when the site of the infarct is unknown.

TABULAR MODIFICATIONS

433 Occlusion and stenosis of precerebral arteries

The following fifth-digit subclassification is for use with category 433:

Revise 1 with cerebral infarction <u>of this vessel</u>
New 2 with cerebral infarction of other or unspecified vessel

434 Occlusion of cerebral arteries

The following fifth-digit subclassification is for use with category 434:

Revise 1 with cerebral infarction <u>of this vessel</u>
New 2 with cerebral infarction of other or unspecified vessel

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Topic: Hair tourniquet syndrome

Hair tourniquet syndrome, also referred to as hair strangulation, is the external constriction of a finger, toe, or the external genitalia by hair. The external constriction may also be due to thread, a ring, a rubber band, or any other object that can go around a body part. It is a relatively common finding in infants. It may be an emergency situation if the object is not removed and infection or amputation results. Hair is most commonly associated with toes and external genitalia while thread is more often found around fingers. There is an association with older frequently washed cloths and the wearing of mittens.

External constriction is classified as a superficial injury. However, there are no index entries to identify this type of injury and there is no external cause code to specify the object causing the constriction. Index entries for this syndrome were presented at the April 19, 2002 C & M meeting. External cause codes are now being proposed to allow for more specific classification of this syndrome.

TABULAR MODIFICATION

E928 Other and unspecified environmental and accidental causes

New code	E928.4	External constriction caused by hair
New code	E928.5	External constriction caused by other object

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Addenda
TABULAR

250 Diabetes mellitus

250.5 Diabetes with ophthalmic manifestations

Use additional code to identify manifestations, as:
diabetic
Revise retinal edema (362.10)

278 Obesity and other hyperalimentation

278.0 Obesity

278.01 Morbid obesity
Add Severe obesity

285 Other and unspecified anemia

285.2 Anemia in chronic illness

285.21 Anemia in end-stage renal disease
Add Erythropoietin-resistant anemia (EPO resistant anemia)

491 Chronic bronchitis

491.2 Obstructive chronic bronchitis

491.21 With acute exacerbation
Delete ~~Acute bronchitis with chronic obstructive pulmonary disease [COPD]~~

593 Other disorders of kidney and ureter

593.9 Unspecified disorder of kidney and ureter
Revise Renal disease (chronic) NOS
Add Renal insufficiency (acute) (chronic)

614 Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue, and peritoneum

614.6 Pelvic peritoneal adhesions, female (postoperative) (postinfection)

Add — Excludes: pelvic peritoneal adhesions complicating pregnancy or labor (648.9)

625 Pain and other symptoms associated with female genital organs

625.4 Premenstrual tension syndrome

Add — Premenstrual dysphoric disorder

710 Diffuse diseases of connective tissue

710.1 Systemic sclerosis

Use additional code to identify...

Revise — lung involvement (517.2)

785 Symptoms involving cardiovascular system

785.4 Gangrene

Delete — ~~Code first any associated underlying condition~~

Add — Code first the following conditions only:

Add — diabetes mellitus with peripheral circulatory disorders (250.7)

Add — Raynaud's syndrome (443.0)

965 Poisoning by analgesics, antipyretics, and antirheumatics

965.1 Salicylates

Add — Excludes: salicylates used for (as):
antiplatelet (964.8)
antithrombotic (964.8)

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Addenda
INDEX

Aftercare...
  fracture...
    healing...
      pathologic...
Add ankle V54.29
Add finger V54.29
Add foot V54.29
Add hand V54.29
Add toe(s) V54.29
Add wrist V54.29
      traumatic
Add ankle V54.19
Add finger V54.19
Add foot V54.19
Add hand V54.29
Add toe(s) V54.19
Add wrist V54.19

Allergy
Add milk protein 558.3

Angina
Add accelerated 411.1

Bedsore 707.0
Delete ~~with gangrene 707.0 [785.4]~~

Blue
Revise toe syndrome ~~– see Atherosclerosis~~ 445.02

Revise Burnett's syndrome (milk-alkali) 275.42

Complication
  mechanical
Add esophagostomy 996.59

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Delete	~~Decubital gangrene 707.0 [785.4]~~
	Decubitus (ulcer) 707.7
Delete	~~with gangrene 707.7 [785.4]~~
Revise	Diabetes...(poorly controlled) ...
	Disease
	renal
Revise	chronic ~~- See Nephritis, chronic~~ 593.9
	Findings, abnormal, without diagnosis...
Add	stress test 794.39
Revise	Fitz-Hugh and Curtis syndrome ~~(gonococcal peritonitis) 098.86~~
Add	due to:
Add	Chlamydia trachomatis 099.56
Add	Neisseria gonorrhoeae (gonococcal peritonitis) 098.86
	Fracture
	march...
Revise	fibula 733.93
Revise	tibia 733.93
	Gangrene
	abdominal wall
Delete	~~arteriosclerosis 440.29 [785.4]~~
	Hypertension
	with
Revise	heart involvement (conditions classifiable to ~~425.8~~...)...
	Hypertrophy
Revise	spinal ligament 724.8
Revise	Keratoacanthoma (M8071/1) 238.2 -see Neoplasm, skin, uncertain behavior

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	Laceration...
Revise	anus (sphincter) 879.6
Add	complicated 879.7
	uterus
Revise	obstetrical trauma NEC 665.5
	Newborn
Add	affected by maternal abuse of drugs (gestational) (via placenta) (via breast milk) 760.70
	Obesity
Add	severe 278.01
	Pregnancy...
	complicated by...
Add	adhesion, pelvic peritoneal 648.9
Revise	infection (conditions classifiable to 614.0-614.5, 614.7-614.9, 615)
Revise	inflammation (conditions classifiable to 614.0-614.5, 614.7-614.9, 615)
Revise	pelvic inflammatory disease (conditions classifiable to 614.0-614.5, 614.7-614.9, 615)
Add	pelvic peritoneal adhesion 648.9
	Sore
	pressure
Delete	~~with gangrene 707.0 [785.4]~~
	Syndrome...
Add	Angelman 759.89
	blue
Revise	toe ~~– see Atherosclerosis~~ 445.02
Revise	Burnett's (milk-alkali) 275.42
Revise	Fitz-Hugh and Curtis ~~(gonococcal peritonitis) 098.86~~
Add	due to:
Add	Chlamydia trachomatis 099.56
Add	Neisseria gonorrhorea (gonococcal peritonitis) 098.86
Add	Mal de Debarquement 780.4
Revise	milk-alkali (milk drinkers') 275.42
Add	Smith-Magenis 758.3

	Thrombosis...
Add	vein 453.8
Add	deep 453.8
	Ulcer...
Delete	~~with gangrene 707.9 [785.4]~~
	decubitus...
Delete	~~with gangrene 707.0 [785.4]~~
	lower extremity...
Delete	~~with gangrene...707.10 [785.4]~~
	decubitus...
Delete	~~with gangrene 707.0 [785.4]~~
	skin...
Delete	~~with gangrene 707.9 [785.4]~~
	decubitus...
Delete	~~with gangrene 707.0 [785.4]~~
	lower extremity...
Delete	~~with gangrene 707.10 [785.4]~~
Delete	~~arteriosclerotic 440.24~~
Add	Vasculopathy
Add	cardiac allograft 996.83

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ADDENDA

Index to External Causes

Cold
self-inflicted...
Revise suicidal E958.3 ~~(herded)~~

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Table of Drugs and Chemicals

Aspirin		~~965.1~~	~~E850.3~~	~~E935.3~~	~~E950.0~~	~~E962.0~~	~~E980.0~~
	for (as)						
	analgesia	965.1	E850.3	E935.3	E950.0	E962.0	E980.0
	antiplatelet	964.8	E858.2	E934.8	E950.4	E962.0	E980.4
	antipyretic	965.1	E850.3	E935.3	E950.0	E962.0	E980.0
	antirheumatics	965.1	E850.3	E935.3	E950.0	E962.0	E980.0
	antithrombotic	964.8	E858.2	E934.8	E950.4	E962.0	E980.4
	thrombocythemia (essential)	964.8	E858.2	E934.8	E950.4	E962.0	E980.4
Add	Botox	975.3	E858.6	E945.3	E950.4	E962.0	E980.4