ICD-9-CM Coordination and Maintenance Committee Meeting
March 22-23, 2007
Diagnosis Agenda

Welcome and announcements
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ICD-9-CM TIMELINE

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

January 22, 2007	Deadline for requestors: Those members of the public requesting topics for discussion at the March 22-23, 2007 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses by this date.
February 2007	Draft agenda for the Procedure part of the March 22, 2007 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 23, 2007 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 22 – March 23, 2007 ICD-9-CM Coordination and Maintenance Committee Meeting will be published.
February 22, 2007	On-line registration opens for the March 22 – 23, 2007 ICD-9-CM Coordination and Maintenance Committee meeting at: http://www.cms.hhs.gov/events
March 16, 2007	Because of increased security requirements, **those wishing to attend the March 22 – March 23, 2007** 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 16, 2007; failure to do so may result in lack of access to the meeting**.
March 22 –23, 2007	ICD-9-CM Coordination and Maintenance Committee meeting.
April 1, 2007	Any new ICD-9-CM codes required to capture new technology will be implemented. Information on any new codes implemented on April 1, 2007 previously posted in early October 2006 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 13, 2007	**Deadline for receipt of public comments on proposed code revisions discussed at the March 22-23, 2007 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2007.**
April 2007	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 2007	Summary report of the Procedure part of the March 22, 2007 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 23, 2007 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 2007	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
July 27, 2007	Those members of the public requesting that topics be discussed at the September 27 – 28, 2007 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.
August 1, 2007	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, 2007. This rule can be accessed at: http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp
August 16, 2007	**On-line registration opens for the September 27-28, 2007 ICD-9-CM Coordination and Maintenance Committee meeting at: http://www.cms.hhs.gov/events**

August 2007	Tentative agenda for the Procedure part of the September 27 – 28, 2007 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 27 – 28, 2007 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 27 – 28, 2007 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
September 21, 2007	Because of increased security requirements, those wishing to attend the September 27 - 28, 2007 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 21, 2007; failure to do so may result in lack of access to the meeting.**
September 27 – 28, 2007	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 21, 2007.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
October 2007	Summary report of the Procedure part of the September 27 – 28, 2007 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 27 – 28, 2007 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, 2007	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 12, 2007	**Deadline for receipt of public comments on proposed revisions discussed at September 27-28, 2007 ICD-9-CM Coordination and Maintenance Committee meeting for implementation on April 1, 2008.**
Early Nov. 2007	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, 2008 will be posted on the following websites: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes http://www.cdc.gov/nchs/icd9.htm
December 3, 2007	Deadline for receipt of public comments on proposed code revisions discussed at the March 22-23, 2007 and September 27-28, 2007 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2008.

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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.

Topic: Migraines and other headache syndromes

With the publication of the "The International Classification of Headache Disorders, 2nd edition", members of the headache classification subcommittee of the International Headache Society wished to have the concepts of the headache classification incorporated into the ICD-9-CM to allow clinicians to properly classify headache patients. Working in collaboration with representatives of the American Academy of Neurology, and the American Psychiatric Association, this proposal for the classification of headaches in the ICD-9-CM has been developed for consideration.

"The International Classification of Headache Disorders, 2nd edition" represents a three year effort by multiple headache experts. This medical specialty is a new and evolving field. The headache classification has been well received. By incorporating the concepts of the headache classification into the ICD-9-CM, it is hoped that the study and treatment of headaches can be improved.

TABULAR MODIFICATIONS

307 Special symptoms or syndromes, not elsewhere classified

307.8 Pain disorders related to psychological factors

307.81 Tension headache

Excludes: headache:
Add syndromes (339.00-339.89)
Add tension type (339.10-339.12)

338 Pain, not elsewhere classified

Add Excludes: headache syndromes (339.00-339.89)
Add migraines (346.0-346.9)

New Category 339 Other headache syndromes

Excludes: headache:
NOS (784.0)
due to lumbar puncture (349.0)
migraine (346.0-346.9)

New subcategory 339.0 Cluster headaches and other trigeminal autonomic cephalgias (TACS)

New code 339.00 Cluster headache syndrome, unspecified
Ciliary neuralgia
Cluster headache NOS
Histamine cephalgia
Lower half migraine
Migrainous neuralgia

New code 339.01 Episodic cluster headache

New code 339.02 Chronic cluster headache

New code 339.03 Episodic paroxysmal hemicrania
Paroxysmal hemicrania NOS

New code 339.04 Chronic paroxysmal hemicrania

New code 339.05 Short lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT)

New code 339.09 Other trigeminal autonomic cephalgias (TACS)

New subcategory 339.1 Tension type headache

Excludes: tension headache due to psychological factors (307.81)

New code 339.10 Tension type headache, unspecified

New code 339.11 Episodic tension type headache

New code 339.12 Chronic tension type headache

New subcategory	339.2	Post-traumatic headache	
New code		339.20	Post-traumatic headache, unspecified
New code		339.21	Acute post-traumatic headache
New code		339.22	Chronic post-traumatic headache
New code	339.3	Drug induced headache, not elsewhere classified Medication overuse headache Rebound headache	
New subcategory	339.4	Complicated headache syndromes	
New code		339.41	Hemicrania continua
New code		339.42	New daily persistent headache (NDPH)
New code		339.43	Primary thunderclap headache
New code		339.44	Other complicated headache syndrome
New subcategory	339.8	Other headache syndromes	
New code		339.81	Hypnic headache
New code		339.82	Headache associated with sexual activity Orgasmic headache Preorgasmic headache
New code		339.83	Primary cough headache
New code		339.84	Primary exertional headache
New code		339.85	Primary stabbing headache
New code		339.89	Other headache syndromes

346 Migraine

Add Excludes: headache:
Add NOS (784.0)
Add syndromes (339.00-339.89)

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

Revise 0 without mention of intractable migraine without mention of status migrainosus
Revise 1 with intractable migraine, so stated, without mention of status migrainosus
Add 2 without mention of intractable migraine with status migrainosus
Add 3 with intractable migraine, so stated, with status migrainosus

Revise 346.0 ~~Classical migraine~~ Migraine with aura
Delete ~~Migraine preceded or accompanied by transient focal neurological phenomena~~
Delete ~~Migraine with aura~~
Add Basilar migraine
Add Classic migraine
Add Migraine triggered seizures
Add Migraine with acute-onset aura
Add Migraine with aura without headache (Migraine equivalents)
Add Migraine with prolonged aura
Add Migraine with typical aura
Add Retinal migraine

Add Use additional code to identify any migraine related seizure (345.00-345.91, 780.39)

Add Excludes: persistent migraine aura (346.5, 346.6)

Revise 346.1 ~~Common migraine~~ Migraine without aura
Delete ~~Atypical migraine~~
Delete ~~Sick headache~~
Add Common migraine

Revise 346.2 Variants of migraine, not elsewhere classified
Delete ~~Cluster headache~~
Delete ~~Histamine cephalgia~~
Delete ~~Morton's neuralgia~~
Delete ~~Migraine:~~
Delete ~~basilar~~
Delete ~~lower half~~

Delete ~~retinal~~
Delete ~~Neuralgia:~~
Delete ~~ciliary~~
Delete ~~migrainous~~
Add Cyclical vomiting
Add Ophthalmoplegic migraine
Add Periodic headache syndromes in child or adolescent

New code 346.3 Hemiplegic migraine
Familial
Sporadic

New code 346.4 Menstrual migraine
Menstrually related migraine
Pure menstrual migraine

New code 346.5 Persistent migraine aura without cerebral infarction
Persistent migraine aura NOS

New code 346.6 Persistent migraine aura with cerebral infarction

Use additional code to identify the type of cerebral infarction (codes from 433 and 434 with 5th digit 1)

New code 346.7 Chronic migraine
Transformed migraine

Use additional code from category 346 to specify the type of migraine

346.8 Other forms of migraine
Delete ~~Migraine:~~
Delete ~~hemiplegic~~
Delete ~~ophthalmoplegic~~

625 Pain and other symptoms associated with female genital organs

625.4 Premenstrual tension syndromes
Delete ~~Menstrual migraine~~

Add Excludes: menstrual migraine (346.4)

INDEX MODIFICATION

Headache
Add chronic daily 784.0

Topic: Exposure to toxic metals and chemicals

At the September 2006 ICD-9-CM Coordination and Maintenance Committee meeting a representative from Abbott presented a proposal unique codes for risk factors specific to bladder cancer. They also requested that a use additional code note be added at code 599.7, Hematuria, indicating the need to code these risk factors. After review of the comments made at that meeting as well as written comments subsequently submitted a new proposal is being presented today. It includes codes which were suggested to further subdivide hematuria. This is comparable to classification of hematuria in ICD-10-CM. The use additional code note, from the original proposal is again included in this proposal.

The request for V codes for exposure to factors associated with bladder cancer is being proposed at V15.9 to be able to accommodate the various agents which can put a person at risk for bladder cancer.

Background:
According to the National Cancer Institute, each year in the United States, approximately 38,000 men and 15,000 women are diagnosed with bladder cancer. Hematuria is a common presenting symptom of bladder cancer. This can be caused by a number of underlying urinary conditions, including urinary tract infection, benign prostatic hypertrophy, and kidney and ureteral calculi. In a specific subset of patients, however, hematuria is a cardinal sign of bladder cancer. These patients often require more intensive and more sensitive work-up than primary hematuria patients and may include, for example, diagnostic testing at the molecular level.

Patients presenting with hematuria, who are at high risk for bladder cancer, most commonly have other distinct risk factors which are suggestive to the experienced clinician. A number of these risk factors currently have unique codes in ICD-9-CM, including: currently smoking (305.1); voiding dysfunction (596.59); personal history of UTI (V13.02); personal history of urinary disorder (V13.09); personal history of irradiation (V15.3); and personal history of tobacco use (V15.82).

Although bladder cancer is generally associated with environmental factors and is not typically inherited, some individuals with family histories appear to inherit increased sensitivity to cancer-causing factors. Family history of bladder cancer will have its own unique code, V16.52, effective October 1, 2007. Individuals such as firefighters, hair stylists, truck drivers, and textile workers may have more exposure to certain chemicals and dyes, such as benzenes or aromatic amines, and are therefore at higher risk of developing bladder cancer. Exposure to arsenic can occur from well water and drinking water near farms and mines and is also linked to development of bladder cancer. These risk factors are indexed to non-specific ICD-9-CM codes. Personal exposure to chemicals, dyes and arsenic are not indexed so they would likely be coded to V15.89, other specified personal history presenting hazards to health.

599 Other disorders of urethra and urinary tract

599.7 Hematuria

New code 599.70 Hematuria, unspecified

New code 599.71 Gross hematuria

New code 599.72 Microscopic hematuria

Add Use additional code, if applicable, to identify any risk factors for bladder cancer, such as:
Add exposure to aromatic amines (V87.02)
Add exposure to arsenic (V87.01)
Add exposure to benzenes (V87.02)
Add exposure to dyes (V87.02)
Add exposure to lead (V15.86)
Add family history of malignant neoplasm of bladder (V16.52)
Add functional disorder of bladder (596.59)
Add history of tobacco use (V15.82)
Add personal history of urinary tract infection (V13.02)
Add tobacco dependence (305.1)

New section EXPOSURE TO OTHER POTENTIALLY HAZARDOUS SUBSTANCES (V87)

New category V87 Exposure to potentially hazardous substances

V87.0 Exposure to potentially hazardous chemicals

New code V87.00 Exposure to potentially hazardous chemicals, unspecified

New code V87.01 Exposure to arsenic

New code V87.02 Exposure to dyes
Exposure to:
aromatic amines
benzenes

New code V87.09 Exposure to other potentially hazardous chemicals

Topic: Central venous catheter infections

Intravascular catheters are indispensable in modern-day medical practice, particularly in intensive care units. Although these catheters provide necessary vascular access, their use puts patients at risk for local and systemic infectious complications, including local site infection, catheter-related bloodstream infections (CRBSI), septic thrombophlebitis, endocarditis, and other metastatic infections (e.g., lung abscess, brain abscess, osteomyelitis and endophthalmitis.

The incidence of CRBSI varies considerably by type of catheter, frequency of catheter manipulation, and patient-related factors e.g., underlying disease and acuity of illness). Peripheral venous catheters are the devices most frequently used for vascular access. Although the incidence of local or bloodstream infections (BSIs) associated with peripheral venous catheters is usually low, serious infectious complications produce considerable annual morbidity because of the frequency with which such catheters are used. However, the majority of serious catheter-related infections are associated with central venous catheters (CVCs), especially those that are place in patients in ICUs. Types of central venous catheters include nontunneled central venous catheters, peripherally inserted central catheters (PICC) and tunneled central venous catheters. Of these three, the nontunneled CVS accounts for the majority of CRBSI.

Each year, according to an article published in MMWR in 2006 *(1),* an estimated 250,000 cases of central line-associated (i.e., central venous catheter-associated) bloodstream infections (BSIs) occur in hospitals in the United States, with an estimated attributable mortality of 12%--25% for each infection *(2).*

Health-care--associated infections in U.S. hospitals account for an estimated 2 million infections and 90,000 deaths annually (*3).* Central line-associated BSIs are the third most common health-care--associated infections (after ventilator-associated pneumonia and catheter-associated urinary tract infections) reported by medical/surgical ICUs participating in the NNIS system (4). CDC has identified catheter-associated adverse events, including BSIs, as one of its seven health-care safety challenges, with a goal to reduce such complications by 50% in 5 years (5).

CDC and CMS are jointly requesting that a unique code be created to specifically identify central line associated infections. It has been noted there are CDC guidelines for prevention of these infections, however, a unique ICD-9-CM code that identifies vascular catheter-associated infections does not exist. Expansion of this code will complement and enhance CDC's surveillance activities. It is proposed that a new code be created at 999.3, Other infection, to capture this important condition. It is also proposed that this code be implemented October 1, 2007.

References:
(1) Reduction in central line-associated bloodstream infections among patient in intensive care units – Pennsylvania, April 2001-March 2005. MMWR 2005; 54: 1013-1016

(2) CDC. Guidelines for the prevention of intravascular catheter-related infections. MMWR 2002; 51 (No. RR-10)
(3) Weinstein RA. Nosocomial infection update. Emerging Infectious Diseases 1998;4:416-20
(4) Richards, MJ, Edwards, JR, Culver DH, Gaynes RP. Nosocomial infections in combined
(5) CDC. Issues in healthcare settings: CDC's seven health care safety challenges. Atlanta, GA: US Department of Health and Human Services, CDC 2001. http://www.cdc.gov.ncidod/hip/challenges.htm

TABULAR MODIFICATIONS

996 Complications peculiar to certain specified procedures

996.6 Infection and inflammatory reaction due to internal prosthetic device, implant, and graft

996.62 Due to vascular device, implant and graft
Arterial graft
Arteriovenous fistula or shunt
Infusion pump
Vascular catheter (arterial) (dialysis) (venous)

Add — Excludes: infection due to central venous catheter (999.31)

999 Complications of medical care, not elsewhere classified

999.3 Other infection
Infection following infusion, injection, transfusion, or vaccination
Sepsis following infusion, injection, transfusion, or vaccination
Septicemia following infusion, injection, transfusion, or vaccination

Add — Use additional code to identify the specified infection, such as: Septicemia (038.0-038.9)

New code — 999.31 Infection due to central venous catheter
Catheter-related bloodstream infection (CRBSI)

New code — 999.39 Infection following other infusion, injection, transfusion, or vaccination

Topic: Myotonic disorders

This topic was presented at the September 2006 ICD-9-CM Coordination and Maintenance Committee meeting. Following review of the submitted written comments changes were made to the proposal and this revised proposal is being presented for consideration of October 1, 2007 implementation.

The key differences between the original and revised proposals are as follows:

- Inclusion terms existing at code 359.2 have been deleted and moved to appropriate new codes.
- An excludes note was added at 359.2.
- Includes terms were added at 359.21, 359.22, 359.23 and 359.29.
- A new code for drug induced myotonia is proposed at 359.24.
- The title for existing code 359.3 has been revised with many inclusion terms added.

Original proposal:

TABULAR MODIFICATIONS

359 Muscular dystrophies and other myopathies

359.2 Myotonic disorders

New code	359.21	Myotonic muscular dystrophy Dystrophia myotonica Myotonic muscular dystrophy Steinert disease
New code	359.22	Myotonia congenita Thomsen disease
New code	359.23	Myotonic chondrodystrophy
New code	359.29	Other specified myotonic disorder Paramyotonia congenita of von Eulenburg

756 Other congenital musculoskeletal anomalies

Add Excludes: myotonic chondrodystrophy (359.23)

Revised proposal:

TABULAR MODIFICATIONS

359 Muscular dystrophies and other myopathies

359.2 Myotonic disorders

Delete
~~Dystrophia myotonica~~
~~Eulenburg's disease~~
~~Myotonia congenita~~
~~Paramyotonia congenita~~
~~Steinert's disease~~
~~Thomsen's disease~~

Add — Excludes: periodic paralysis (359.3)

New code — 359.21 Myotonic muscular dystrophy
- Dystrophia myotonica
- Myotonia atrophica
- Myotonic dystrophy
- Proximal myotonic myopathy (PROMM)
- Steinert disease

New code — 359.22 Myotonia congenita
- Acetazolamide responsive myotonia congenita
- Dominant form (Thomsen disease)
- Recessive form (Becker’s disease)

New code — 359.23 Myotonic chondrodystrophy
- Congenital myotonic chondrodystrophy
- Schwartz Jampel disease

New code — 359.24 Drug induced myotonia

Use additional E code to identify drug

New code — 359.29 Other specified myotonic disorder
- Myotonia fluctuans
- Myotonia levior
- Myotonia permanens
- Paramyotonia congenita (of von Eulenburg)

Revise	359.3	~~Familial p~~Periodic paralysis
Add		Familial periodic paralysis
Add		Hyperkalemic periodic paralysis
Add		Hypokalemic periodic paralysis
Add		Potassium sensitive periodic paralysis
Add	Excludes:	paramyotonia congenita (of von Eulemburg) (359.29)
	756	Other congenital musculoskeletal anomalies
Add	Excludes:	congenital myotonic chondrodystrophy (359.23)

Topic: Acquired absence of uterus

This topic was presented at the September 2006 ICD-9-CM Coordination and Maintenance Committee meeting. Following review of the comments changes were made to the proposal and this revised proposal is being presented for consideration of October 1, 2007 implementation.

The code numbers originally proposed were already in use and have been revised in this final proposal. Additionally, a code for acquired absence of cervix with remaining uterus has been added to the proposal. The previously proposed code titles were revised and inclusion terms were added at the recommendation of comments received. The revised proposal has been reviewed by the American College of Obstetrics and Gynecology (ACOG).

Original proposal:

TABULAR MODIFICATIONS

	629	Other disorders of female genital organs		
		629.8	Other specified disorders of female genital organs	
New code			629.81	Acquired absence of uterus with cervix
New code			629.82	Acquired absence of uterus without cervix Status post hysterectomy with remaining cervical stump
New code			629.89	Other specified disorders of female genital organs
	V45	Other postprocedural states		
		V45.7	Acquired absence of organ	
			V45.77	Genital organs
Add				Excludes: acquired absence of uterus and cervix (629.81, 629.89)

V67 Follow-up examination

V67.0 Following surgery

V67.01 Follow-up vaginal pap smear

Revise Use additional code to identify acquired absence of uterus (~~V45.77~~ 629.81, 629.82)

V76 Special screening for malignant neoplasm

V76.4 Other sites

V76.47 Vagina

Revise Use additional code to identify acquired absence of uterus (~~V45.77~~ 629.81, 629.82)

Revised Proposal:

TABULAR MODIFICATIONS

629 Other disorders of female genital organs

629.8 Other specified disorders of female genital organs

New code 629.82 Acquired absence of both uterus and cervix
Acquired absence of uterus NOS
Status post total hysterectomy

New code 629.83 Acquired absence of uterus with remaining cervix stump
Status post partial hysterectomy with remaining cervical stump

New code 629.84 Acquired absence of cervix with remaining uterus

V45 Other postprocedural states

V45.7 Acquired absence of organ

V45.77 Genital organs

Add Excludes: acquired absence of uterus and cervix (629.82-629.84)

V67 Follow-up examination

V67.0 Following surgery

V67.01 Follow-up vaginal pap smear

Revise Use additional code to identify acquired absence of uterus (~~V45.77~~ 629.82, 629.84)

V76 Special screening for malignant neoplasm

V76.4 Other sites

V76.47 Vagina

Revise Use additional code to identify acquired absence of uterus (~~V45.77~~ 629.82, 629.84)

Topic: Prophylactic use of agents affecting estrogen receptors

At the March 2006 ICD-9-CM Coordination and Maintenance Committee meeting a new code for long term use of antiestrogen agents, such as Tamoxifen and Raloxifene, was proposed to address the need to capture data on the many women who receive these drugs following breast cancer treatment. After review of comments received and upon further research on this topic it became apparent that new codes for other existing prophylactic agents used for treatment of estrogen receptor positive breast cancer should also be considered.

Many breast tumors are "estrogen sensitive," meaning the hormone estrogen helps them to grow. Currently there are three classes of drugs used to prevent recurrence of estrogen receptor positive breast cancer. Each of these drug classes act in different ways.

Selective estrogen receptor modulators (SERMs) inhibit the proliferative effects of estrogen that are mediated through the estrogen receptor (ER). Tamoxifen (also known as Nolvadex®) and raloxifene (also known as Evista®) are examples of this class of drug and have been proven effective in breast cancer prevention and treatment.

Aromatase inhibitors (AIs) can help block the growth of these tumors by lowering the amount of estrogen in the body. Examples of AIs include anastrazole (Arimidex®), exemestane (Aromasin®), and letrozole (Femara®).

Estrogen-receptor downregulators (ERDs) is an option for post-menopausal women with advanced (metastatic) breast cancer that is hormone-receptor-positive and has stopped responding to other anti-estrogen therapy. One such ERD is fulvestrant (Faslodex®).

There continues to be a great deal of research investigating which agent or combination of agents works best depending on the age of the patient and the stage of the cancer. These agents are all given following traditional treatment of cancer, but they may also be given prophylactically to persons known to be at high risk for developing these types of cancer. They are all properly considered prophylactic agents.

In addition to the creation of new codes, this issue is also pertinent to the official coding guidelines for malignant neoplasms. The ICD-9-CM distinguishes between current cases of cancer and personal history of cancer. The use of long term prophylactic agents to prevent recurrence of disease raises questions as to when treatment is actually complete. The guideline implications of these new codes will also be considered as part of this proposal.

TABULAR MODIFICATIONS

V07 Need for isolation and other prophylactic measures

New subcategory V07.4 Prophylactic use of agents affecting estrogen receptors
Prophylactic use of hormone therapy

Use additional code to identify:
estrogen receptor positive status (V86.0)
family history of breast cancer (V16.3)
genetic susceptibility to cancer (V84.01-V84.09)
personal history of breast cancer (V10.3)
postmenopausal status (V49.81)

New code V07.41 Prophylactic use of selective estrogen receptor modulators (SERMs)
Prophylactic use of:
raloxifene (Evista)
tamoxifen (Nolvadex)
toremifene (Fareston)

New code V07.42 Prophylactic use of aromatase inhibitors
Prophylactic use of:
anastrozole (Arimidex)
exemestar (Aromasin)
letrozole (Femara)

New code V07.49 Prophylactic use of other agents affecting estrogen receptors
Prophylactic use of:
estrogen receptor downregulators
fulvestrant (Faslodex)
gonadotropin-releasing hormone (GnRH) agonist
goserelin acetate (Zoladex)
leuprolide acetate (leuprorelin) (Lupron)
megestrol acetate (Megace)

V58 Encounter for other and unspecified procedures and aftercare

V58.6 Long-term (current) drug use

Add Excludes: prophylactic use of agents affecting estrogen receptors (V07.41-V07.49)

Topic: Autoimmune hepatitis

Currently, autoimmune hepatitis is indexed to code 571.49, Other chronic hepatitis. Chronic active hepatitis is a synonym used in the past for autoimmune hepatitis. Recent literature shows that with use of new viral serologic tests, hepatologists are able to differentiate chronic viral hepatitis from other types of liver disease, including autoimmune hepatitis.

Autoimmune hepatitis is characterized by continuing hepatocellular inflammation and necrosis, which tends to progress to cirrhosis. Immune serum markers frequently are present, and the disease often is associated with other autoimmune diseases. Autoimmune hepatitis cannot be explained on the basis of chronic viral infection, alcohol consumption, or exposure to hepatotoxic medications or chemicals.

The 2006 version of ICD-10 includes an addition for a unique code for autoimmune hepatitis; code K75.4, which is within the category of Other Inflammatory Liver Diseases.

The Israel National Committee on Clinical Coding has submitted a request for a unique ICD-9-CM code for autoimmune hepatitis within subcategory 571.4, Chronic hepatitis. The proposed changes to the tabular are as follows:

TABULAR MODIFICATIONS

571 Chronic liver disease and cirrhosis

571.4 Chronic hepatitis

New Code 571.42 Autoimmune hepatitis

Topic: Plateau iris syndrome and pingueculitis

Plateau iris syndrome refers to a postoperative condition in which a patent iridectomy has removed the relative pupillary block which is ordinarily important in causing angle closure. The angle closure usually occurs in the early postoperative period but may occur long after iridectomy when the pupil dilates spontaneously or in response to mydriatics (agents that dilate the pupil). It most often occurs in females, in their 30-50s normally with a family history of angle-closure glaucoma. It is a risk factor for glaucoma. The treatment is the use of pilocarpine postoperatively as long as it is needed. This condition does not have a unique code nor is it currently indexed in ICD-9-CM.

A pingueculum is a raised area of conjunctival tissue probably produced by sunlight damage. Pingueculae are characterized by yellowish, slightly raised, lipid-like deposits in the nasal and temporal limbal conjunctiva and are most commonly seen in middle-aged patients with chronic sun exposure. Normally pingueculae are asymptomatic and an incidental finding. However, pingueculae can lead to the formation of pterygia. Both pingueculae and pterygia can become vascularized and inflamed, and may be associated with corneal punctuate epitheliopathy and corneal dellen (corneal thinning secondary to dryness). Pingueculitis occurs when pinguecula become acutely vascularized, red, irritated and highly symptomatic. Pinguecula currently has a unique ICD-9-CM code of 372.51. There is no unique ICD-9-CM code for pingueculitis and it is not indexed.

The American Academy of Ophthalmology has requested that unique codes be created for these two conditions that are diagnosed with some frequency.

TABULAR MODIFICATIONS

364 Disorders of iris and ciliary body

364.8 Other disorders of iris and ciliary body

New code 364.82 Plateau iris syndrome

372 Disorders of conjunctiva

372.3 Other and unspecified conjunctivitis

New code 372.34 Pingueculitis

Topic: Personal and family history of military deployment

Currently there is no way to code personal or family history of deployment or involvement in armed conflict in a foreign country. This is needed to collect data to assist in treatment of persons who were deployed as well as the family of these individuals. Tricare Management Activity has requested status V codes to track these individuals. The codes would be used in conjunction with other ICD-9-CM diagnosis codes for the specific physical and mental health related problems.

Personal history of military deployment:
A soldier returning from military deployment may experience physical and psychological problems associated with the deployment. There are medical issues related to the deployment which need to be tracked. The requestor estimates that there could be more than 1,000,000 persons in the United States to whom this code could apply.

Examples for use of this code include: All military returning from deployment in Iraq and Afghanistan who receive an initial screening and then another interview with a physician 90 days after the return. These encounters help ensure individuals are coping with issues from their deployment.

Tracking the receipt of this same follow-up is also needed for contractor personnel, media, federal civilian employees who have returned from civilian service with the troops. It is unknown if there is an increase in diseases or conditions related to deployment among the non-military who served in armed conflicts in foreign countries.

The Supplementary Classification of External Causes of Injury and Poisoning (E Codes) can be collected to indicate injuries due to war, however these would not apply to the above described post-deployment care. There are no E codes specifically related to deployment in a foreign country conflict area.

Family history of military deployment:
A military deployment to a foreign country conflict area can also impact the family of these individuals. Therefore a code for family history of deployment to armed conflict areas is also being requested. This code is needed to provide the underlying cause for various symptoms, behaviors, and diseases associated with having had a family member deployed. This will assist in improvement of prevention activities in both the military and civilian communities. An example of a civilian community would include family members of company employees that provided contract personnel to work in conflict areas.

TABULAR MODIFICATIONS

V15 Other personal history presenting hazards to health

V15.8 Other specified personal history presenting hazards to health

New code V15.83 Personal history of military deployment to armed conflict/war

V61 Other family circumstances

V61.8 Other specified family circumstances

New code V61.81 Family history of military deployment

New code V61.89 Other specified family circumstances

Topic: Genital and other warts

The Centers for Disease Control and Prevention (CDC), Division of STD Prevention – Epidemiology and Surveillance Branch, is currently developing several monitoring programs to evaluate the impact of the quadrivalent human papillomavirus (HPV) vaccine upon HPV-related conditions. Some monitoring activities related to anogenital warts will use ICD-9-CM diagnosis codes captured in managed care organization databases.

An analysis of anogenital wart diagnoses in these administrative databases indicates that several ICD-9-CM codes are currently being used for such diagnoses. These codes include the anogenital wart code 078.11 (Condyloma acuminatum), as well as two other codes that are less specific to anogenital warts (078.10 Viral warts, unspecified and 078.19, Other specified viral warts).

It is now proposed that the ICD-9-CM diagnosis codes for warts be revised to exclude genital warts from 078.19, move the synonyms Condyloma NOS from 078.10 and Genital Warts NOS from 078.19 to 078.11, and add the synonymous term 'anogenital warts' to Condyloma acuminatum (078.11) in the Tabular list. It is also proposed that genital warts references and synonymous terms be indexed to Condyloma acuminatum (078.11) instead of Other Specified Viral Warts (078.19). In addition, it is proposed that the terms anogenital, cervical, vaginal, vulvar and penile warts be indexed to Condyloma acuminatum (078.11).

Additionally, the American Academy of Pediatrics has requested that a new code be created at 078.1 to specifically identify plantar warts. Plantar warts occur on the sole, heel or ball of the foot. Plantar warts occur most often in children and young adults between the ages of 12 and 16. Incidence is higher in people who share common bathing areas (e.g., dormitory students, gym members). According to some literature, plantar warts are responsible for one third of warts.

TABULAR MODIFICATIONS

078 Other diseases due to viruses and Chlamydiae

078.1 Viral warts

	078.10	Viral warts, unspecified
Delete		~~Condyloma NOS~~
	078.11	Condyloma acuminatum
Add		Condyloma NOS
Add		Genital warts NOS
New code	078.12	Plantar wart
		Verruca plantaris
	078.19	Other specified viral warts
Add		Common wart
Add		Flat wart
Delete		~~Genital warts NOS~~
		Verruca
Delete		~~plantaris~~

Topic: Erythema Multiforme and Other Erythematous Conditions

There are a number of distinct disorders classified to code 695.1, Erythema multiforme. This proposal would create specific codes for many of these. It is proposed to created specific codes for erythema multiforme minor and erythema multiforme major.

Stevens-Johnson syndrome (SJS) had previously been considered synonymous with erythema multiforme major, but these are now considered distinct. SJS is now considered to be part of the same spectrum of disease as toxic epidermal necrolysis (TEN), although it generally involves body surface area of less than 10 percent. TEN involves significant skin sloughing, generally involving over 30 percent of the body surface area. This is similar to the skin loss with a severe burn, and treatment is best done in a burn unit. The percent body surface area involved is a very important clinical factor in the care required. There is also an overlap condition with an intermediate percent of body surface area affected (10 to 30 percent), which may be termed SJS-TEN overlap syndrome. There can be mucositis related to SJS or TEN, and that is also of clinical importance when present. SJS and TEN commonly may be drug reactions.

Staphylococcal scalded skin syndrome may be considered synonymous with Ritter disease. However, at this time staphylococcal scalded skin syndrome is indexed to code 695.1, Erythema multiforme, and Ritter's disease is code 695.81, Ritter's disease. Since 695.81 is a specific code, it is being proposed to move scalded skin syndrome (and staphylococcal scalded skin syndrome) to that code.

Specific code expansions were proposed by both the American Burn Association and the American Academy of Pediatrics. This proposal incorporates elements from both of those proposals along with further input.

TABULAR MODIFICATIONS

695 Erythematous conditions

695.1 Erythema multiforme
~~Erythema iris~~
~~Herpes iris~~
~~Lyell's syndrome~~
~~Scalded skin syndrome~~
~~Stevens-Johnson syndrome~~
~~Toxic epidermal necrolysis~~

Add — Use additional code to identify associated manifestations such as:
conjunctival edema (372.73)
conjunctivitis (372.04, 372.33)
corneal scars and opacities (371.00-371.05)
corneal ulcer (370.00-370.07)
mucositis (478.11, 528.00, 538, 616.81)
edema of eyelid (374.82)
inflammation of eyelid (373.8)
keratoconjunctivitis sicca (370.33)
mechanical lagophthalmos (374.22)
stomatitis (528.00)
symblepharon (372.63)

Add — Use additional E-code to identify drug, if drug-induced

Add — Use additional code to identify percentage of skin exfoliation (695.50-695.59)

Add — Excludes: scalded skin syndrome (695.81)

New code — 695.10 Erythema multiforme, unspecified
Erythema iris
Herpes iris

New code — 695.11 Erythema multiforme minor

New code — 695.12 Erythema multiforme major

New code — 695.13 Stevens-Johnson syndrome

New code	695.14	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome SJS-TEN overlap syndrome
New code	695.15	Toxic epidermal necrolysis Lyell's syndrome
New code	695.19	Other erythema multiforme

New subcategory 695.5 Erythematous conditions causing exfoliation according to extent of body surface involved

Code first erythematous condition causing exfoliation, such as:
Ritter’s disease (695.81)
scalded skin syndrome (695.81)
Stevens-Johnson syndrome (695.13)
Stevens-Johnson syndrome - toxic epidermal necrolysis overlap syndrome (695.14)
toxic epidermal necrolysis (695.15)

New code	695.50	Exfoliation due to erythematous condition involving less than 10 percent of body surface
New code	695.51	Exfoliation due to erythematous condition involving 10-19 percent of body surface
New code	695.52	Exfoliation due to erythematous condition involving 20-29 percent of body surface
New code	695.53	Exfoliation due to erythematous condition involving 30-39 percent of body surface
New code	695.54	Exfoliation due to erythematous condition involving 40-49 percent of body surface
New code	695.55	Exfoliation due to erythematous condition involving 50-59 percent of body surface
New code	695.56	Exfoliation due to erythematous condition involving 60-69 percent of body surface
New code	695.57	Exfoliation due to erythematous condition involving 70-79 percent of body surface

New code		695.58	Exfoliation due to erythematous condition involving 80-89 percent of body surface
New code		695.59	Exfoliation due to erythematous condition involving 90 percent or more of body surface
	695.8	Other specified erythematous conditions	
		695.81	Ritter's disease
Add			Scalded skin syndrome
Add			Use additional code to identify percentage of skin exfoliation (695.50-695.59)

Topic: Poxviruses

Poxviruses infecting humans can be grouped into five genera: orthopoxviruses, parapoxviruses, molluscipoxviruses, yatapoxviruses, and others (yet unclassified). There are recently developed laboratory tests available to diagnose human infections caused by poxviruses in each of these genera.

Orthopoxviruses include variola virus (agent of smallpox), monkeypox virus, vaccinia virus, and cowpox virus. Although naturally occurring smallpox has been eradicated, variola virus is still maintained in two laboratories, and the potential for infection with variola virus through accidental or deliberate means remains. For this reason, variola virus should be maintained as a distinct code. Humans may be intentionally (i.e., smallpox vaccination) or unintentionally (e.g., secondary spread from a vaccine, or infection from a dairy-associated wild type strain) infected with vaccinia virus. Monkeypox virus and cowpox virus are not endemic within the United States but have the potential for importation via infected travelers or imported animals. Orthopoxviruses cause systemic infections in humans, which has implications for specific diagnosis, treatment, and infection control precautions as distinct from other poxviruses which cause infections compartmentalized to the skin. These factors support the separation of other orthopoxvirus infections as a separate subcategory (058.0). It could be preferable to have these in a separate category, but that is not feasible within the constraints of ICD-9-CM.

Parapoxviruses include orf virus, pseudocowpox virus, bovine papular stomatitis virus and sealpox virus. All currently known parapoxviruses are zoonotic in nature and the four listed above are all endemic within the United States. Orf virus causes a sore mouth; it is associated with contact with sheep and goats. Pseudocowpox is also called milker's nodule; it is associated with contact with dairy cattle. Bovine papular stomatitis is associated with contact with beef cattle. In general these infections are self-limited but may cause severe infections in immunocompromised hosts; in addition, they may be mistaken for life threatening zoonoses such as cutaneous anthrax. This supports creation of a separate subcategory for parapoxviruses (058.1), to enable independent tabulation.

Molluscipoxviridae includes only one species: molluscum contagiosum virus. This virus is perceived to be the most common cause of poxvirus infections in the United States. This virus should continue to be coded to 078.0, Molluscum contagiosum. That code should be excluded from the new proposed category 058, Other poxvirus infections.

Yatapoxviruses include tanapox virus and yaba monkey tumor virus; these viruses are both endemic to sub-Saharan Africa and are a concern for travelers and potentially for handlers in animal research facilities. Because of the unique risk factors and distinctive diagnostic assays needed for confirmation of yatapoxvirus infections in humans, a specific subcategory is being proposed for yatapoxviruses (058.2), to enable independent tabulation.

Finally, there are other poxviruses (058.8), which may infect humans, which have yet to be formally classified (e.g., Cotia virus). Furthermore, as diagnostics for poxvirus infections are not readily available through commercial vendors, clinicians may not be able to make a diagnosis beyond "poxvirus" (058.9).

This proposal is originally from CDC infectious disease experts, but has been modified for consistency with ICD-9-CM conventions.

TABULAR MODIFICATIONS

051 Cowpox and paravaccinia

Revise 051.0 Cowpox and vaccinia not from vaccination

Excludes: vaccinia (generalized) (from vaccination) (999.0)

New code 051.01 Cowpox

New code 051.02 Vaccinia not from vaccination

New Category 058 Other poxvirus infections

Excludes: cowpox (051.01)
contagious pustular dermatitis (051.2)
ecthyma contagiosum (051.2)
milker's nodule (051.1)
orf (051.2)
paravaccinia NOS (051.9)
pseudocowpox (051.1)
smallpox (050)
vaccinia (generalized) (from vaccination) (999.0)
vaccinia not from vaccination (051.02)

New subcategory 058.0 Other orthopoxvirus infections

New code 058.00 Orthopoxvirus infection, unspecified

New code 058.01 Monkeypox

New code 058.09 Other orthopoxvirus infection

New subcategory	058.1	Other parapoxvirus infections	
New code		058.10	Parapoxvirus infection, unspecified
New code		058.11	Bovine stomatitis
New code		058.12	Sealpox
New code		058.19	Other parapoxvirus infections
New subcategory	058.2	Yatapoxvirus infections	
New code		058.21	Tanapox
New code		058.22	Yaba monkey tumor virus
New code		058.29	Yatapoxvirus infection, unspecified
New code	058.8	Other poxvirus infections	
New code	058.9	Poxvirus infections, unspecified	

INDEX MODIFICATIONS

Add Cotia virus 058.8

Topic: Prion Diseases

Prion diseases infecting humans include Creutzfeldt-Jakob disease (CJD), variant Creutzfeldt-Jakob disease (vCJD), Gerstmann-Sträussler-Scheinker syndrome (GSS), and fatal familial insomnia (FFI).

These diseases, previously thought to be caused by a slow virus, are now widely believed to be caused by proteinaceous infectious particles known as prions. Creutzfeldt-Jakob disease may occur in a sporadic, familial, or iatrogenic form.

It has been proposed by CDC infectious disease experts that it would be beneficial to have a separate category for prion diseases. This proposal is based on these recommendations, but has been modified to follow ICD-9-CM constraints. This proposal would create a distinct subcategory for certain prion diseases. It would also enable differentiation of variant CJD from other types of CJD.

TABULAR MODIFICATIONS

Revise POLIOMYELITIS AND OTHER NON-ARTHROPOD-BORNE VIRAL DISEASES AND PRION DISEASES OF CENTRAL NERVOUS SYSTEM (045-049)

Revise 046 Slow virus infections and prion diseases of central nervous system

046.1 Jakob-Creutzfeldt disease

New code 046.11 Variant Creutzfeldt-Jakob disease (vCJD)

New code 046.19 Other and unspecified Creutzfeldt-Jakob disease
CJD
Familial Creutzfeldt-Jakob disease
Iatrogenic Creutzfeldt-Jakob disease
Jakob-Creutzfeldt disease, unspecified
Sporadic Creutzfeldt-Jakob disease
Subacute spongiform encephalopathy

Excludes: variant Creutzfeldt-Jakob disease (vCJD) (046.11)

New subcategory	046.7	Other specified prion diseases of central nervous system	
		Excludes:	Creutzfeldt-Jakob disease (046.11-046.19) Jakob-Creutzfeldt disease (046.11-046.19) kuru (046.0) variant Creutzfeldt-Jakob disease (vJKD) (046.11)
New code		046.71	Gerstmann-Sträussler-Scheinker syndrome GSS syndrome
New code		046.72	Fatal familial insomnia FFI
New code		046.79	Other and unspecified prion disease of central nervous system

Topic: Carotid Sinus Syndrome

Carotid sinus syndrome or carotid sinus syncope results from pressure on the carotid sinus, resulting in vagal stimulation, and subsequent hypotension or bradycardia, and resulting syncope. Since it is vagally mediated, it has been classified with the disorders of the autonomic nervous system. In order to identify carotid sinus syndrome specifically, a unique code for it is being proposed.

TABULAR MODIFICATIONS

337 Disorders of the autonomic nervous system

337.0 Idiopathic peripheral autonomic neuropathy

Delete ~~Carotid sinus syncope or syndrome~~

Delete ~~Cervical sympathetic dystrophy or paralysis~~

New code	337.00	Idiopathic peripheral autonomic neuropathy, unspecified
New code	337.01	Carotid sinus syndrome Carotid sinus syncope
New code	337.09	Other idiopathic peripheral autonomic neuropathy Cervical sympathetic dystrophy or paralysis

Topic: Personal history of fracture

Patients with osteoporosis or other conditions affecting the bones are susceptible to pathologic fractures. It is important to be able to identify those patients who have had a pathologic fracture in the past as it puts them at greater risk for additional fractures and it affects treatment. Though a history of a traumatic fracture may not put a patient at increased risk for future fractures, the fact that a bone was traumatically fractured in the past may also affect future treatment. It is being proposed that new codes be created for personal history of pathologic and traumatic fractures.

TABULAR MODIFICATION

733 Other disorders of bone and cartilage

733.0 Osteoporosis

Add — Use additional code to identify personal history of pathologic fracture (V13.51)

V13 Personal history of other diseases

V13.5 Other musculoskeletal disorders

New code — V13.51 Pathologic fracture

Excludes: personal history of traumatic fracture (V15.51)

New code — V13.59 Other musculoskeletal disorders

V15 Other personal history presenting hazards to health

V15.5 Injury

New code — V15.51 Traumatic fracture

Excludes: personal history of pathologic fracture (V13.51)

New code — V15.59 Other injury

Topic: Noncompliance with renal dialysis

Dialysis patients who are noncompliant are at risk of fluid overload in addition to the other complications of chronic kidney disease. Code V15.81, Noncompliance with medical treatment, does not provide sufficient detail to indicate noncompliance with dialysis. It is being proposed that a new code be created for noncompliance with renal dialysis.

TABULAR MODIFICATION

V15 Other personal history presenting hazards to health

V15.8 Other specified personal history presenting hazards to health

V15.81 Noncompliance with medical treatment

Add — Excludes: noncompliance with renal dialysis (V45.12)

V45 Other postprocedural states

V45.1 Renal dialysis status

Delete
~~Hemodialysis status~~
~~Patient requiring intermittent renal dialysis~~
~~Peritoneal dialysis status~~
~~Presence of arterial-venous shunt (for dialysis)~~

New code — V45.11 Renal dialysis status
Hemodialysis status
Patient requiring intermittent renal dialysis
Peritoneal dialysis status
Presence of arterial-venous shunt (for dialysis)

New code — V45.12 Noncompliance with renal dialysis

Topic: Other complications of organ transplant and transplant status

The immunosuppressant drugs used to prevent transplant rejection leave patients more vulnerable to the developments of malignancies. It is also possible that a transplanted organ may have malignant cells present prior to transplant that were undetected.

Post-transplant lymphoproliferative disorder (PTLD) is a disease of uncontrolled proliferation of B cell lymphocytes following infection with the Epstein-Barr virus. PTLD may regress spontaneously after reduction or cessation of immunosuppressant medication, and can also be treated with anti-viral therapy. If untreated it may form tumor masses with bowel obstruction or progress to a non-Hodgkin's lymphoma.

Graft-versus-host disease (GVHD) occurs most often as a complication of bone marrow transplant, so it has been classified to code 996.85, Complications of transplanted organ, Bone marrow. However, GVHD can also rarely occur following blood transfusion, or any organ transplant where white blood cells are present in the organ that is transplanted. GVHD may be either acute or chronic. Acute cases of GVHD may affect the skin (ranging from maculopapular rash to desquamation), gastrointestinal tract (with diarrhea), liver (with elevated bilirubin), and cause increased susceptibility to infection (which may be in part a direct effect, and in part due to treatment of GVHD). Chronic GVHD usually starts more than 3 months after transplant, and may be distinct from acute cases (although it may occur in those who also had acute cases of GVHD). Chronic GVHD also may affect the skin, gastrointestinal system, and liver, and cause increased susceptibility to infection, and may additionally involve hair loss, dry eyes and mouth (sicca), and lung disorders. Treatment of GVHD involves corticosteroids and other immune suppressants.

Additionally, patients now may receive more than one transplant in a life time. At times an existing transplant may need to be removed and it may be some time before the new transplant. There is currently no way to classify a patient who has had a previous transplant that was removed.

It is being proposed that new codes be created for PTLD, GVHD, malignant neoplasm associated with a transplanted organ, and for the status of having had a transplanted organ removed.

TABULAR MODIFICATIONS

199 Malignant neoplasm without specification of site

New code 199.2 Malignant neoplasm associated with transplanted organ

Use additional code for specific malignancy

238 Neoplasm of uncertain behavior of other and unspecified sites and tissues

238.7 Other lymphatic and hematopoietic tissues

New code 238.77 Post-transplant lymphoproliferative disorder (PTLD)

Code first complications of transplant (996.80-996.89)

279 Disorders involving the immune mechanism

New code 279.5 Graft-versus-host disease
Acute graft-versus-host disease
Chronic graft-versus-host disease

Code first underlying cause, such as:
complication of transplanted organ (bone marrow) (996.80-996.89)
complication of blood transfusion (999.8)

Use additional code to identify associated manifestations, such as:
desquamative dermatitis (695.89)
diarrhea (787.91)
elevated bilirubin (782.4)
hair loss (704.09)

996 Complications peculiar to certain specified procedures

996.8 Complications of transplanted organ

Use additional code to identify nature of complication, such as:

Add malignancy associated with organ transplant (199.2)

Add post-transplant lymphoproliferative disorder (PTLD) (238.77)

996.85 Bone marrow

Delete ~~Graft-versus-host disease (acute) (chronic)~~

999 Complications of medical care, not elsewhere classified

999.8 Other transfusion reaction

Add Use additional code to identify graft-versus-host reaction (279.5)

V45 Other postprocedural states

V45.8 Other postprocedural status

New code V45.87 Transplanted organ removal status
Transplanted organ removed due to complication, failure or rejection

Excludes: encounter for removal of transplanted organ – code to complication of transplanted organ (996.80-996.89)

Topic: Vulvodynia

Vulvodynia is vulvar pain without an identifiable cause that persists for three months or longer. The most commonly reported symptoms are burning, stinging and/or rawness in the vulva (the area surrounding the vaginal opening). Some women describe the pain as a feeling of acid being poured into an open wound. The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Family Physicians (AAFP), have recently disseminated documents on vulvodynia to their 150,000 cumulative members, alerting them to this often misdiagnosed and inappropriately treated women's health condition.

Data from a recent study funded by the National Institutes of Health (NIH) show that 13 million women may suffer from vulvodynia during their lifetime and that six percent have symptoms before age 25. The data demonstrate the need for continuing research on vulvodynia and for increasing awareness about this condition among both women and their health care providers.

Vulvodynia had been indexed to 625.9, Unspecified symptoms associated with female genital organs. A request was submitted to reindex it to 625.8, Other specified symptoms associated with female genital organs, as it is a specific condition. This index entry will become effective October 1, 2007. It has since been decided that a new code for vulvodynia would be useful, so it is being proposed at this time.

TABULAR MODIFICATION

	625	Pain and other symptoms associated with female genital organs	
		625.8	Other specified symptoms associated with female genital organs
New code		625.81	Vulvodynia
New code		625.89	Other specified symptoms associated with female genital organs

Topic: Fetal medicine

Proposals for the classification of conditions affecting a fetus and in utero procedures have been brought to C&M meetings in the past. The complexity of these types of cases and the structure of the codes has made finalizing a new set of codes difficult. An updated proposal is being presented at this time. The current proposal attempts to eliminate any overlap between maternal, fetal and newborn codes while still allowing for the classification of all situations.

The following concepts are included:
Complications affecting the fetus that are not currently classified
High risk pregnancy due to assisted reproductive technology
Suspected fetal conditions after study found not to exist
Complications to the mother and fetus from in utero surgery
Problems affecting the newborn due to in utero procedures

TABULAR MODIFICATIONS

649 Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium

649.6 Uterine size date discrepancy

Add — Excludes: suspected problem with fetal growth not found (678.34)

New code — 649.7 Pregnancy resulting from assisted reproductive technology
[0-4] Pregnancy resulting from in vitro fertilization

651 Multiple gestation

Add — Excludes: fetal conjoined twins (678.2)

653 Disproportion

653.7 Other fetal abnormality causing disproportion

Delete — ~~Conjoined twins~~

Add — Excludes: conjoined twins causing disproportion (678.2)

656 Other fetal and placental problems affecting management of mother

Add — Excludes: fetal hematologic conditions (678.1)
suspected placental problems not found (678.31-678.39)

656.8 Other specified fetal and placental problems

Add — Subchorionic hematoma

657 Polyhydramnios

Add — Excludes: suspected polyhyramnios not found (678.31)

658 Other problems associated with amniotic cavity and membranes

Add — Excludes: suspected problems with amniotic cavity and membranes, not found (678.31)

New section — Other Fetal Management (678)

New Category — 678 Other fetal management

New code — 678.1 Fetal hematologic conditions
Fetal anemia
Fetal thrombocytopenia
Fetal twin to twin transfusion

Excludes: fetal and neonatal hemorrhage (772.0-772.9)
fetal hematologic disorders affecting newborn (776.0-776.9)
fetal-maternal hemorrhage (656.00-656.03)
isoimmunization incompatibility (656.10-656.13, 656.20-656.23)

New code — 678.2 Fetal conjoined twins

New sub category — 678.3 Suspected fetal conditions not found

Excludes: known or suspected fetal anomalies affecting management of mother, not ruled out (655.00 - 655.93)

New code	678.31	Suspected problems with amniotic cavity and membranes not found Suspected oligohydramnios not found Suspected polyhydramnios not found
New code	678.32	Suspected placental problems not found
New code	678.33	Suspected fetal anomalies not found
New code	678.34	Suspected problem with fetal growth not found Suspected large for dates not found Suspected small for dates not found
New code	678.39	Other suspected fetal conditions during pregnancy not found

New section Complications of in utero procedures (679)

New category 679 Complications of in utero procedures

New subcategory 679.0 Maternal complications from in utero procedure

Excludes: maternal in utero procedure status of current pregnancy (V23.85)

New code	679.01	Maternal complications from in utero procedure, antepartum
New code	679.02	Maternal complications from in utero procedure, postpartum

New subcategory 679.1 Fetal complications from in utero procedures

Excludes: newborn affected by in utero procedure (760.61-760.64)

New code	679.11	Fetal complications from amniocentesis
New code	679.12	Fetal complications from other in utero procedure

760 Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy

Revise 760.6 Surgical operation on mother and fetus

Delete Excludes: ~~previous surgery to uterus or pelvic organs (763.89)~~

New code 760.61 Newborn affected by amniocentesis

Excludes: fetal complications from amniocentesis (679.11)

New code 760.62 Newborn affected by other in utero procedure

Excludes: fetal complications of in utero procedure (679.12)

New code 760.63 Newborn affected by other surgical operations on mother during pregnancy

Excludes: newborn affected by previous surgical procedure on mother (760.64)

New code 760.64 Newborn affected by previous surgical procedure on mother

763 Fetus or newborn affected by other complications of labor and delivery

Add Excludes: surgical procedures on mother (760.61-760.64)

763.8 Other specified complications of labor and delivery affecting fetus or newborn

763.89 Other specified complications of labor and delivery affecting fetus or newborn
Fetus or newborn affected by:
Delete ~~previous surgery to uterus or pelvic organs~~

Revise 776 Hematological disorders of ~~fetus and~~ newborn

Revise Includes: disorders specific to the ~~fetus or~~ newborn though possibly originating in utero

Add Excludes: fetal hematologic conditions (678.1)

V15 Other personal history presenting hazards to health

V15.2 Surgery to other major organs

New code V15.21 Personal history of undergoing in utero procedure during pregnancy

New code V15.22 Personal history of undergoing in utero procedure while a fetus

New code V15.29 Surgery to other major organs

V23 Supervision of high-risk pregnancy

V23.8 Other high-risk pregnancy

New code V23.85 Pregnancy with history of in utero procedure during previous pregnancy

Excludes: management of pregnancy affected by in utero procedure during current pregnancy (678.0-678.2)

Revise V28 Encounter for antenatal screening of mother to detect fetal abnormalities

Add Excludes: genetic counseling and testing (V26.31- V26.39)

V28.3 Screening for malformations using ultrasonics
Add Fetal anatomic survey

V28.8 Other specified antenatal screening
Add Chorionic villus sampling
Add Genomic screening
Add Nuchal translucency testing
Add Proteomic screening
Add Screening for risk of pre-term labor

INDEX MODIFICATIONS

Pregnancy…
management affected by
fetal (suspected)
abnormality 655.9
Add abdominal 655.8
Add cardiovascular 655.8
Add facial 655.8
Add gastrointestinal 655.8
Add genitourinary 655.8
Add limb 655.8
Add aneuploidy 655.1

Topic: Malignant pleural effusion

For the October 1, 2007 addenda a new code was approved for malignant ascites. Previously malignant ascites defaulted to secondary malignant neoplasm of the peritoneum which was not a valid default. Similarly, malignant pleural effusion defaults to secondary malignant neoplasm of the pleura. Again, this is not a valid default since a malignant pleural effusion may also represent a thoracic lymphoma. Additionally, malignant pleural effusion is a sign used for staging of lung cancer. For these reasons a new code for malignant pleural effusion is being proposed.

TABULAR MODIFICATION

511 Pleurisy

Delete Excludes: ~~malignant pleural effusion (197.2)~~

511.8 Other specified forms of effusion, except tuberculous

Delete
~~Encysted pleurisy~~
~~Hemopneumothorax~~
~~Hemothorax~~
~~Hydropneumothorax~~
~~Hydrothorax~~

New code 511.81 Malignant pleural effusion

New code 511.89 Other specified forms of effusion, except tuberculous
Encysted pleurisy
Hemopneumothorax
Hemothorax
Hydropneumothorax
Hydrothorax

782 Symptoms involving skin and other integumentary tissue

782.3 Edema

Revise Excludes: hydrothorax (511.89)

Topic: Abnormal Papanicolaou smear of vagina and vaginal HPV

A new subcategory was recently created for abnormal cervical smears. Vaginal smears are interpreted the same way. The American College of Obstetricians and Gynecologists (ACOG) has requested parallel codes for abnormal vaginal cytologies to mirror those of the cervix.

TABULAR MODIFICATIONS

623 Noninflammatory disorders of vagina

623.0 Dysplasia of vagina

Add — Excludes: abnormal results from vaginal cytologic examination without histologic confirmation (795.10-795.19)

795 Other and nonspecific abnormal cytological, histological, immunological and DNA test findings

795.0 Abnormal Papanicolaou smear of cervix and cervical HPV

Revise — Excludes: mild <u>cervical</u> dysplasia (histologically confirmed) (622.11)
Revise — moderate <u>cervical</u> dysplasia (histologically confirmed) (622.12)
Revise — severe <u>cervical</u> dysplasia (histologically confirmed) (233.1)

Revise — 795.08 Unsatisfactory <u>cervical</u> smear
Revise — Inadequate <u>cervical</u> sample

Revise — 795.1 Nonspecific abnormal Papanicolaou smear of <u>vagina and vaginal HPV and other sites</u>

Add — Use additional code to identify acquired absence of uterus and cervix, if applicable (629.82-629.84)

Add — Excludes: carcinoma in-situ of vagina (233.31)
vaginal intraepithelial neoplasia I (VAIN I) (623.0)
vaginal intraepithelial neoplasia II (VAIN II) (623.0)
vaginal intraepithelial neoplasia III (VAIN III) (233.31)
dysplasia (histologically confirmed) of vagina NOS (623.0)
mild vaginal dysplasia (histologically confirmed) (623.0)

moderate vaginal dysplasia (histologically confirmed) (623.0)
severe vaginal dysplasia (histologically confirmed) (233.31)

New code	795.10	Abnormal glandular Papanicolaou smear of vagina
Add		Abnormal thin preparation smear of vagina NOS
Add		Abnormal vaginal cytology NOS Atypical endocervical cells NOS Atypical endometrial cells NOS Atypical glandular cells NOS
New code	795.11	Papanicolaou smear of vagina with atypical squamous cells of undetermined significance (ASC-US)
New code	795.12	Papanicolaou smear of vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
New code	795.13	Papanicolaou smear of vagina with low grade squamous intraepithelial lesion (LGSIL)
New code	795.14	Papanicolaou smear of vagina with high grade squamous intraepithelial lesion (HGSIL)
New code	795.15	Vaginal high risk human papillomavirus (HPV) DNA test positive
New code	795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
New code	795.18	Unsatisfactory vaginal smear Inadequate vaginal sample
New code	795.19	Other abnormal Papanicolaou smear of vagina and vaginal HPV and other sites Vaginal low risk human papillomavirus (HPV) DNA test positive Use additional code for associated human papillomavirus (079.4)

ADDENDA

TABULAR

The tabular modifications on this page will become effective October 1, 2007. They are necessary to correspond to changes that were part of the October 1, 2006 addenda.

646 Other complications of pregnancy, not elsewhere classified

646.3 Habitual aborter

Revise Excludes: without current pregnancy (629.81)

V13 Personal history of other diseases

V13.2 Other genital system and obstetric disorders

Excludes: habitual aborter (646.3)
Revise without current pregnancy (629.81)

V23 Supervision of high-risk pregnancy

V23.2 Pregnancy with history of abortion

Excludes: habitual aborter:
Revise that without current pregnancy (629.81)

The following tabular addenda modifications are for consideration for October 1, 2008

172 Malignant melanoma of skin

Add Includes: melanoma in situ of skin

181 Malignant neoplasm of placenta
Add Chorioadenoma (destruens)
Add Invasive hydatidiform mole
Add Malignant hydatidiform mole

Excludes: ~~chorioadenoma (destruens) (236.1)~~
hydatidiform mole (630)
Delete ~~malignant (236.1)~~
Delete ~~invasive mole (236.1)~~

232 Carcinoma in situ of skin

Add Excludes: melanoma in situ of skin (172.0-172.9)

236 Neoplasm of uncertain behavior of genitourinary organs

236.1 Placenta
Delete ~~Chorioadenoma (destruens)~~
Delete ~~Invasive mole~~
Delete ~~Malignant hydatid(iform) mole~~

571 Chronic liver disease and cirrhosis

571.5 Cirrhosis of liver without mention of alcohol

Add Excludes: cirrhosis due to viral hepatitis (acute) (chronic) (070.0 - 070.9)

630 Hydatidiform mole

Revise Excludes: chorioadenoma (destruens) (<u>181</u>)
Revise malignant hydatidiform mole (<u>181</u>)

647 Infectious and parasitic conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium

647.6 Other viral diseases
[0-4]

Revise Conditions classifiable to 042 and 050-079, except 056, V02.51, 795.05

648 Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium

648.9 Other current conditions classifiable elsewhere

Revise Conditions classifiable to 440-459, 795.01-795.04, 795.06

707 Chronic ulcer of skin

Delete Excludes: ~~specific infections classified under "Infectious and parasitic diseases" (001.0-136.9)~~

729 Other disorders of soft tissues

729.7 Nontraumatic compartment syndrome

Add Code first, if applicable, post-surgical compartment syndrome (998.89)

994 Effects of other external causes

994.8 Electrocution and nonfatal effects of electric current

Add Shock from electroshock gun (taser)

995 Certain adverse effects not elsewhere classified

995.6 Anaphylactic shock due to adverse food reaction

Add Anaphylactic reaction due to food

996 Complications peculiar to certain specified procedures

996.4 Mechanical complication of internal orthopedic device, implant, and graft

996.49 Other mechanical complication of other internal orthopedic device, implant, and graft

Add — Breakage of internal fixation device in bone

Add — Dislocation of internal fixation device in bone

999 Complications of medical care, not elsewhere classified

999.4 Anaphylactic shock due to serum

Add — Anaphylactic reaction due to serum

V58 Encounter for other and unspecified procedures and aftercare

V58.1 Encounter for chemotherapy and immunotherapy for neoplastic conditions

Delete — ~~Excludes: prophylactic chemotherapy against disease which has never been present (V03.0-V07.9)~~

ADDENDA

INDEX

The index modifications on this page will become effective October 1, 2007. They are corrections to the official ICD-9-CM CD-ROM.

	History (personal) of
	family
Delete	~~hypospadias V13.61~~
Add	hypospadias V13.61
Revise	Stump - see also Amputation ~~cervix, cervical (healed) 622.8~~
Add	cervix, cervical (healed) 622.8

The following index addenda changes are being proposed for October 1, 2008

Abnormal…
Add creatinine clearance 794.4

Revise Amyloidosis 277.30

Anemia 285.9
Add due to drug – see Anemia, by type (see also Table of Drugs and Chemicals)
refractory (primary) 238.72
Add due to
Add drug 285.0
Add myelodysplastic syndrome 238.72
Add toxin 285.0
Add hereditary 285.0
Add idiopathic 238.72

Anomaly…
Add venous – see Anomaly, vein

Blindness (acquired) (congenital) (both eyes) 369.00
Add face 368.16

Cementoperiostitis 523.40
Add acute 523.33
Add apical 523.40

Cirrhosis
due to
Add viral hepatitis – see Hepatitis, viral

Cyst
fallopian tube 620.8
Add congenital 752.11
mullerian duct 752.89
Add appendix testis 608.89
Add cervix (embryonal) 752.41
Add fallopian tube 752.11
Add prostatic utricle 599.89
Add vagina (embryonal) 752.41
Add paramesonephric duct – see Cyst, mullerian duct

Dermopathy
Add nephrogenic fibrosing 701.8

Diabetes…
with
Add hyperglycemia – code to Diabetes, by type, with 5th digit for uncontrolled

Disease
Add gastroesophageal reflux (GERD) 530.81
Still's (juvenile rheumatoid arthritis) 714.30
Add adult onset 714.2

Disorder
Add semantic pragmatic 315.39
Add with autism 299.0

Revise Encephalomyelitis (chronic) (granulomatous) ~~(hemorrhagic necrotizing, acute)~~ (myalgic, benign) (see also Encephalitis) 323.9

Encephalopathy (acute) 348.30
alcoholic 291.2
Add due to drugs - (see also Table of Drugs and Chemicals) 348.39
necrotizing
hemorrhagic 323.61
Add acute 323.61
toxic 349.82

Endometritis
Revise complicating pregnancy 670

Findings, abnormal…
Add creatinine clearance 794.4

Hypertension (Table)
Add pancreatic duct – code to underlying condition
Add with
Add chronic pancreatitis 577.1

Incompetency…
Add chronotropic 426.89
Add with
Add autonomic dysfunction 337.9
Add ischemic heart disease 414.9
Add left ventricular dysfunction 337.9
Add sinus node dysfunction 427.81

Infection…
Add TORCH – see Infection, congenital NEC
Add without active infection 760.2

Malformation (congenital) - see also Anomaly
Add venous – see Anomaly, vein

Meningoencephalitis
toxic
Revise due to carbon tetrachloride (vapor) 987.8 [323.71]

Add Near drowning 994.1

Neoplasm, neoplastic (Table)
bone…

Revise Note-Carcinomas and adenocarcinomas, of any type other than intraosseous or odontogenic, of the sites listed under "Neoplasm, bone" should be considered as constituting metastatic spread from an unspecified primary site and coded to 198.5 for morbidity coding and to 199.1 for underlying cause of death coding.

mandible
alveolar
Revise mucosa
vaginovesical
Revise septum 184.9

Pericoronitis (chronic) 523.40
Revise acute 523.33

Add Prosopagnosia 368.16

Revise Reflux 530.81
Add acid 530.81

Sinusitis
Revise influenzal 487.1

Still's disease or syndrome 714.30
Add adult onset 714.2

Syndrome
Add alien hand 333.0
Revise anticardiolipin antibody 289.8
Revise antiphospholipid antibody 289.8
compartment
Add post-surgical (see also Syndrome, compartment, non-traumatic) 998.89
Add complex regional pain
Add type I – see Dystrophy, sympathetic (posttraumatic) (reflex)
Add type II – see Causalgia
Add flat back
Add acquired 737.29
Add postprocedural 738.5
Add Landau-Kleffner 784.3
Add os trigonum 755.69
Add Susac 348.89

Tear, torn (traumatic) - see also Wound, open, by site
Add surgical (incidental) 998.2

Add TORCH infection – (see also Infection, congenital) 760.2

INDEX TO EXTERNAL CAUSES OF INJURY

Electric shock, electrocution…
Add electroshock gun (taser) (stun gun) E925.8
Add stated as intentionally caused by another person E968.8
Add stated as undetermined whether accidental or intentional E988.4
Add suicidal (attempt) E958.4