Welcome and announcements
Donna Pickett, MPH, RHIA
Co-Chair, ICD-10 Coordination and Maintenance Committee

Diagnosis Topics:

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ICD-10 Timeline

A timeline of important dates in the ICD-10 process is described below:

September 11-12, 2018  
ICD-10 Coordination and Maintenance Committee Meeting.

Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting must have registered for the meeting online by September 3, 2018. You must bring an official form of picture identification (such as a driver’s license) in order to be admitted to the building.

In compliance to The Real ID Act, enacted in 2005, (http://www.dhs.gov/real-id-enforcement-brief) the following states/territories: Maine, Minnesota, Missouri, Montana and Washington State will not gain access into any Federal Agencies using the above states driver’s license or ID. This means CMS visitors from these states/territories will need to provide alternative proof of identification (such as a passport) to gain entrance into Baltimore-based and Bethesda CMS buildings, as well as the Humphrey Building in Washington.

September 2018  
Webcast of the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html

October 1, 2018  
New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum available on web pages as follows:  
Diagnosis addendum:  
http://www.cdc.gov/nchs/icd/icd10cm.htm
Procedure addendum:
http://www.cms.gov/Medicare/Coding/ICD10/

October 12, 2018  Deadline for receipt of public comments on proposed new codes discussed at the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2019.

November 2018  Any new ICD-10 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, 2019 will be posted on the following websites: http://www.cdc.gov/nchs/icd/icd10cm.htm http://www.cms.gov/Medicare/Coding/ICD10/

November 13, 2018  Deadline for receipt of public comments on proposed new codes and revisions discussed at the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2019.

December 7, 2018  Deadline for requestors: Those members of the public requesting that topics be discussed at the March 5-6, 2019 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses by this date.

February 2019  Tentative agenda for the Procedure part of the March 5, 2019 ICD-10 Coordination and Maintenance Committee meeting posted on CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html

Tentative agenda for the Diagnosis part of the March 6, 2019 ICD-10 Coordination and Maintenance Committee meeting posted on NCHS homepage as follows:
http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
Federal Register notice of March 5-6, 2019 ICD-10 Coordination and Maintenance Committee Meeting will be published.

February 1, 2019
On-line registration opens for the March 5-6, 2019 ICD-10 Coordination and Maintenance Committee meeting at:
https://www.cms.gov/apps/events/default.asp

March 2019
Because of increased security requirements, those wishing to attend the March 5-6, 2019 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at:
https://www.cms.gov/apps/events/default.asp
Attendees must register online by February 22, 2019; failure to do so may result in lack of access to the meeting.

March 5-6, 2019
ICD-10 Coordination and Maintenance Committee Meeting.

March 2019
Webcast of the March 5-6, 2019 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:

April 1, 2019
Any new ICD-10 codes to capture new diseases or technology will be implemented on April 1, 2019.

April 5, 2019
Deadline for receipt of public comments on proposed new codes and revisions discussed at the March 5-6, 2019 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2019.

April 2019
Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include references to the finalized FY 2020 ICD-10-CM diagnosis and ICD-10-PCS procedure codes to date. It will also include proposed revisions to the
MS-DRG system based on ICD-10-CM/PCS codes on which the public may comment. The proposed rule can be accessed at:

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp

June 2019
Final addendum posted on web pages as follows:
Diagnosis addendum: http://www.cdc.gov/nchs/icd/icd10cm.htm
Procedure addendum:
http://cms.hhs.gov/Medicare/Coding/ICD10/index.html

June 14, 2019
Deadline for requestors: Those members of the public requesting that topics be discussed at the September 10-11, 2019 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses.

August 1, 2019
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 links to all the final codes to be implemented on October 1, 2019.

This rule can be accessed at:
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp

August 2019
Tentative agenda for the Procedure part of the September 10-11, 2019 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage at:


Tentative agenda for the Diagnosis part of the September 10-11, 2019 ICD-10 Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at:
http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
Federal Register notice for the September 10-11, 2019 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.

August 2, 2019

**On-line registration opens for the September 10-11, 2019 ICD-10 Coordination and Maintenance Committee meeting at:**


September 3, 2019

Because of increased security requirements, those wishing to attend the September 10-11, 2019 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at:


**Attendees must register online by September 3, 2019; failure to do so may result in lack of access to the meeting.**

September 10-11, 2019

ICD-10 Coordination and Maintenance Committee Meeting.

Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 3, 2019.** You must bring an official form of picture identification (such as a driver’s license) in order to be admitted to the building.

September 2019

Webcast of the September 10-11, 2019 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:

[https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html](https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html)

October 1, 2019

New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum available on web pages as follows:

Diagnosis addendum:

[http://www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm)
ICD-10 Coordination and Maintenance Committee Meeting
September 11-12, 2018
Part 2

Procedure addendum:
http://www.cms.gov/Medicare/Coding/ICD10/

October 11, 2019

Deadline for receipt of public comments on proposed new codes discussed at the September 10-11, 2019 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2020.

November 2019

Any new ICD-10 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, 2020 will be posted on the following websites:

http://www.cdc.gov/nchs/icd/icd10cm.htm
http://www.cms.gov/Medicare/Coding/ICD10/

November 8, 2019

Deadline for receipt of public comments on proposed new codes and revisions discussed at the September 10-11, 2019 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2020.
• Toll-free WebEx log in information: **Day 1-September 11, 2018:**
  1. Event address for **participants**: https://events-cms.webex.com/events-cms/onstage/g.php?MTID=e15de5ab6e1d20cf9fa7c02829f13f4bf
  2. Event address for **remote presenters**: https://events-cms.webex.com/events-cms/onstage/g.php?MTID=eeefc517ca9f0ec858ea4b1877b90034b5
  3. Event number: **908 381 636**
  4. Event password: This event does not require a password for attendees or panelists.

• Toll-free WebEx log in information: **Day 2-September 12, 2018:**
  1. Event address for **participants**: https://events-cms.webex.com/events-cms/onstage/g.php?MTID=e3bf010920f178df3eab041e70e1093da
  2. Event address for **remote presenters**: https://events-cms.webex.com/events-cms/onstage/g.php?MTID=e258aa3de637e69f8f67f5b13dcf17b87
  3. Event number: **909 444 644**
  4. Event password: This event does not require a password for attendees or panelists.
Contact Information
Mailing address:

National Center for Health Statistics
ICD-9-CM Coordination and Maintenance Committee
3311 Toledo Road
Hyattsville, Maryland 20782
Fax: (301) 458-4022

Comments on the diagnosis proposals presented at the ICD Coordination and Maintenance Committee meeting should be sent to the following email address: nchsicd10CM@cdc.gov

Donna Pickett (301) 458-4434
David Berglund (301) 458-4095
Cheryl Bullock (301) 458-4297
Shannon McConnell-Lamptey (301) 458-4612
Traci Ramirez (301) 458-4454
Continuing Education Credits

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS/NCHS ICD-10 Coordination and Maintenance (C&M) Committee Meeting.

Continuing Education Information for American Academy of Professional Coders (AAPC)

If you plan to attend or participate via telephone the ICD-10 Coordination and Maintenance (C&M) Committee Meeting, you should be aware that CMS /NCHS do not provide certificates of attendance for these calls. Instead, the AAPC will accept your printed topic packet as proof of participation. Please retain a your topic packet copy as the AAPC may request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information for American Health Information Management Association (AHIMA)

AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to NCHS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not NCHS.
Chronic Fatigue Syndrome

This topic was last discussed at the September 2011 and September 2012 ICD Coordination and Maintenance committee meetings. Codes were not created at that time due to the freeze on the ICD-9-CM and ICD-10-CM classifications between 2011 and 2015, as well as a lack of consensus on specific issues with the proposal. A new request to create specific codes for chronic fatigue syndrome and myalgic encephalomyelitis has been submitted by the International Association for Chronic Fatigue Syndrome/Myalgic Encephalomyelitis.

The Committee on the Diagnostic Criteria for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and the Board of the Health of Select Populations, under the Institute of Medicine (IOM) convened an expert committee to examine the evidence base for ME/CFS. A report published in 2015, “Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness” contained the committee’s proposed new diagnostic criteria and also contained recommendations that have bearing on the classification of Chronic Fatigue Syndrome (CFS) and Myalgic Encephalomyelitis (ME) in ICD-10-CM:

1) “Historically, however, the diagnostic criteria for ME have required the presence of specific or different symptoms from those required by the diagnostic criteria for CFS; thus, a diagnosis of CFS is not equivalent to a diagnosis of ME.” (I.O.M., p. 60, 2015).

2) A new code should be assigned to this disorder in the ICD-10 that is not linked to "chronic fatigue" or "neurasthenia" (Recommendation #1).

3) The committee recommended that this disorder be renamed "systemic exertion intolerance disease (SEID). SEID should replace myalgic encephalomyelitis/chronic fatigue syndrome for patients who meet the criteria set forth in this report. (Recommendation #4). Additional medical expert input received at NCHS has indicated that the term SEID is being used in medical education and in some clinical practice settings.

The cause or causes of CFS remain unknown, despite a vigorous search. While a single cause for CFS may yet be identified, another possibility is that CFS may represent a common endpoint of disease resulting from multiple causes. Conditions that have been proposed to trigger the development of CFS include infections, traumatic conditions, immune dysfunction, stress, and toxins.

As noted in the 2015 IOM report, the cause of ME/CFS remains unknown, although in many cases, symptoms may have been triggered by an infection or other prodromal event, such as “immunization, anesthetics, physical trauma, exposure to environmental pollutants, chemicals and heavy metals, and rarely blood transfusions.”

In ICD-9-CM, the code for Chronic Fatigue Syndrome (CFS), 780.71, Chronic Fatigue Syndrome, became effective October 1, 1998. The proposal to create a unique code was presented at the December 1997 ICD-9-CM Coordination and Maintenance meeting and was based on a number of requests that stated that a unique code was needed because it was impossible to collect meaningful data about the frequency of the diagnosis as well as the utilization of medical services. Placement of
CFS within Chapter 16 in ICD-9-CM at that time reflected that an underlying cause had not yet been determined.

ICD-10 was approved by the International Conference for the Tenth Revision of the International Classification of Diseases in 1989 and adopted by the 43rd World Health Assembly in 1990. In ICD-10, WHO created code G93.3, Postviral fatigue syndrome, and indexed chronic fatigue syndrome to this code.

References


TABULAR MODIFICATIONS

G93 Other disorders of brain

<table>
<thead>
<tr>
<th>Revise</th>
<th>G93.3 Postviral and related fatigue syndromes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delete</td>
<td>Benign myalgic encephalomyelitis</td>
</tr>
<tr>
<td>Delete</td>
<td>Excludes1: chronic fatigue syndrome NOS (R53.82)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New code</th>
<th>G93.30 Systemic Exertion Intolerance Disease, unspecified SEID, NOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>New code</td>
<td>G93.31 Postviral fatigue syndrome</td>
</tr>
<tr>
<td>New code</td>
<td>G93.32 Myalgic encephalomyelitis</td>
</tr>
<tr>
<td>New code</td>
<td>G93.33 Chronic fatigue syndrome</td>
</tr>
<tr>
<td>Add</td>
<td>G93.39 Other postviral and related fatigue syndromes</td>
</tr>
</tbody>
</table>

R53 Malaise and fatigue

<table>
<thead>
<tr>
<th>R53.8</th>
<th>Other malaise and fatigue</th>
</tr>
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<tbody>
<tr>
<td>Delete</td>
<td>R53.82 Chronic fatigue, unspecified</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes1: chronic fatigue syndrome (G93.32)</td>
</tr>
<tr>
<td>Revise</td>
<td>postviral and related fatigue syndromes (G93.3- )</td>
</tr>
</tbody>
</table>
Deep Pressure-Induced Tissue Damage

The National Pressure Ulcer Advisory Panel (NPUAP) serves as the authoritative voice for improved patient outcomes in pressure ulcer prevention and treatment through public policy, education and research. As part of an inclusive, multi-year process, NPUAP appointed a multidisciplinary Staging Task Force to review the scientific literature and prepare refined definitions. These definitions were initially revised based on new research and common clinician queries submitted to NPUAP after release of the 2007 NPUAP Staging System. An open invitation was issued for stakeholder comments, which were reviewed and incorporated into the process. A professionally mediated consensus conference was held in April 2016 and was attended by over 400 multidisciplinary professionals from around the world. Changes supported by research were not considered as part of the consensus process. Participants deliberated and then voted on the changes not addressed by research, yet critical to clinical practice. At the conclusion of this process, NPUAP announced updates to the previously described stages of pressure injury.¹

The ICD-10-CM Coordination & Maintenance Committee previously incorporated 2007 NPUAP recommendations related to staging of pressure ulcers. The information generated as a result of this modification into ICD-9-CM and ICD-10-CM has proven to be extremely valuable for surveillance, research, and quality improvement purposes.

NPUAP adopted several changes to pressure ulcer staging, based on recent clinical literature and expert consensus, which have introduced minor inconsistencies with ICD-10-CM. These changes, which have now been promulgated,² are summarized below:

- In the previous staging system, Stage 1 and Deep Tissue Injury described injured intact skin, while the other stages described open ulcers. This led to confusion because the definitions for each of the stages referred to the injuries as ‘pressure ulcers.’ Pressure injury is now described as “localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.”

- Deep Tissue Pressure Injury (DTPI) is now defined as “intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and

temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This condition results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss.”

“Deep tissue injury” is currently indexed to “ulcer, pressure, unstageable, by site.” However, unstageable ulcers can ONLY be Stage 3 or 4, by definition (“full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed”). By contrast, deep tissue injury may resolve without tissue loss. In addition, deep tissue injuries often have a combined etiology involving both ischemia and pressure. AHRQ is requesting the following new codes to identify and track these conditions for surveillance and quality improvement purposes.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>L89</td>
<td>Pressure ulcer</td>
</tr>
<tr>
<td>L89.0</td>
<td>Pressure ulcer of elbow</td>
</tr>
<tr>
<td>L89.00</td>
<td>Pressure ulcer of unspecified elbow</td>
</tr>
<tr>
<td>L89.006</td>
<td>Pressure-induced deep tissue damage of unspecified elbow</td>
</tr>
<tr>
<td>L89.01</td>
<td>Pressure ulcer of right elbow</td>
</tr>
<tr>
<td>L89.016</td>
<td>Pressure-induced deep tissue damage of right elbow</td>
</tr>
<tr>
<td>L89.02</td>
<td>Pressure ulcer of left elbow</td>
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<td>L89.026</td>
<td>Pressure-induced deep tissue damage of left elbow</td>
</tr>
<tr>
<td>L89.1</td>
<td>Pressure ulcer of back</td>
</tr>
<tr>
<td>L89.10</td>
<td>Pressure ulcer of unspecified part of back</td>
</tr>
<tr>
<td>L89.106</td>
<td>Pressure-induced deep tissue damage of unspecified part of back</td>
</tr>
<tr>
<td>L89.11</td>
<td>Pressure ulcer of right upper back</td>
</tr>
</tbody>
</table>
New code | L89.116  | Pressure-induced deep tissue damage of right upper back  
| L89.12  | Pressure ulcer of left upper back  
New code | L89.126  | Pressure-induced deep tissue damage of left upper back  
| L89.13  | Pressure ulcer of right lower back  
New code | L89.136  | Pressure-induced deep tissue damage of right lower back  
| L89.14  | Pressure ulcer of left lower back  
New code | L89.146  | Pressure-induced deep tissue damage of left lower back  
| L89.15  | Pressure ulcer of sacral region  
New code | L89.156  | Pressure-induced deep tissue damage of sacral region  
| L89.20  | Pressure ulcer of unspecified hip  
New code | L89.206  | Pressure-induced deep tissue damage of unspecified hip  
| L89.21  | Pressure ulcer of right hip  
New code | L89.216  | Pressure-induced deep tissue damage of right hip  
| L89.22  | Pressure ulcer of left hip  
New code | L89.226  | Pressure-induced deep tissue damage of left hip  
| L89.30  | Pressure ulcer of unspecified buttock  
New code | L89.306  | Pressure-induced deep tissue damage of unspecified buttock  
| L89.31  | Pressure ulcer of right buttock  
New code | L89.316  | Pressure-induced deep tissue damage of right buttock
L89.32 Pressure ulcer of left buttock
   New code L89.326 Pressure-induced deep tissue damage of left buttock

L89.4 Pressure ulcer of contiguous site of back, buttock and hip
   New code L89.46 Pressure-induced deep tissue damage of contiguous site of back, buttock and hip

L89.5 Pressure ulcer of ankle
   L89.50 Pressure ulcer of unspecified ankle
   New code L89.506 Pressure-induced deep tissue damage of unspecified ankle
   L89.51 Pressure ulcer of right ankle
   New code L89.516 Pressure-induced deep tissue damage of right ankle
   L89.52 Pressure ulcer of left ankle
   New code L89.526 Pressure-induced deep tissue damage of left ankle

L89.6 Pressure ulcer of heel
   L89.60 Pressure ulcer of unspecified heel
   New code L89.606 Pressure-induced deep tissue damage of unspecified heel
   L89.61 Pressure ulcer of right heel
   New code L89.616 Pressure-induced deep tissue damage of right heel
   L89.62 Pressure ulcer of left heel
   New code L89.626 Pressure-induced deep tissue damage of left heel
L89.8 Pressure ulcer of other site
   L89.81 Pressure ulcer of head
      New code    L89.816 Pressure-induced deep tissue damage of head
   L89.89 Pressure ulcer of other site
      New code    L89.896 Pressure-induced deep tissue damage of other site

L89.9 Pressure ulcer of unspecified site
      New code    L89.96 Pressure-induced deep tissue damage of unspecified site
Electronic Nicotine Delivery Systems

A request to create specific codes for electronic nicotine delivery systems (ENDS), submitted by the American Thoracic Society (ATS) was presented at the March 2017 Coordination and Maintenance (C&M) meeting.

As a result of comments raised during the meeting, subsequent written comments and other recommendations and comments related to tobacco (nicotine) products, a revised proposal is being brought back to C&M for further discussion. It should be noted that this proposal focuses solely on electronic nicotine delivery systems and therefore does not address issues related to the use of marijuana or other substances that may be used in electronic devices. Also, this proposal does not address electronic nicotine devices that may be used in nicotine replacement therapies under medical supervision.

The development and marketing of e-cigarettes, e-cigars and other electronic nicotine delivery devices poses significant challenges to health care providers, researchers, patients, public health officials and for ICD-10-CM coding. Currently, there is no effective way for health care providers to specifically code patients who use an ENDS products. Given the growth in its usage, both domestically and internationally, the lack of a unique code set for these products will pose a barrier for the effective use of ICD-10- CM for health surveillance and research purposes.

As noted in the previous presentation, ATS believes that the lack of unique ENDS ICD-10-CM codes impedes important public health research. This has included researchers who are attempting to study ENDS use in veteran populations, studying ENDS use by youth, and studying ENDS use in the chronic obstructive pulmonary disease (COPD) population.

The ATS also recommends the creation of a new ICD-10-CM code to capture the non-dependence use of ENDS products. The creation of new codes presented at the 2017 meeting was supported by the American Association for Respiratory Care, the American Lung Association, the American College of Preventive Medicine and the Campaign for Tobacco-Free Kids. Additional support has been submitted by the American Academy of Pediatrics and the Society for Thoracic Surgery.

The following tabular modifications are proposed:
F17 Nicotine dependence

F17.2 Nicotine dependence

<table>
<thead>
<tr>
<th>New subcategory</th>
<th>F17.23 Nicotine dependence, electronic nicotine delivery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>E-cigarettes</td>
</tr>
<tr>
<td>Add</td>
<td>Electronic cigarettes</td>
</tr>
<tr>
<td>Add</td>
<td>Electronic Nicotine Delivery Systems [ENDS]</td>
</tr>
<tr>
<td>Add</td>
<td>Vapes, vaping</td>
</tr>
</tbody>
</table>

| New code        | F17.230 Nicotine dependence, electronic nicotine delivery system, uncomplicated |
| New code        | F17.231 Nicotine dependence, electronic nicotine delivery system, in remission |
| Add             | Tobacco use disorder, e-cigarettes, mild, in early remission  |
| Add             | Tobacco use disorder, e-cigarettes, mild, in sustained remission |
| Add             | Tobacco use disorder, e-cigarettes, moderate, in early remission |
| Add             | Tobacco use disorder, e-cigarettes, moderate, in sustained remission |
| Add             | Tobacco use disorder, e-cigarettes, severe, in early remission |
| Add             | Tobacco use disorder, e-cigarettes, severe, in sustained remission |

| New code        | F17.233 Nicotine dependence, electronic nicotine delivery system, withdrawal |
| New code        | F17.238 Nicotine dependence, electronic nicotine delivery system, with other |
nicotine-induced disorder

New code

F17.239 Nicotine dependence, electronic nicotine delivery system, with unspecified nicotine-induced disorder

O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium

O99.3 Mental disorders and diseases of the complicating pregnancy, childbirth and the puerperium

New subcategory

O99.33 Tobacco use disorder complicating pregnancy, childbirth, and the puerperium

Add Smoking complicating pregnancy, childbirth, and the puerperium

Add Use additional code from category F17 to identify type of tobacco nicotine dependence

Revise O99.330 Smoking (tobacco/nicotine) complicating pregnancy, unspecified trimester

Revise O99.331 Smoking (tobacco/nicotine) complicating pregnancy, first trimester

Revise O99.332 Smoking (tobacco/nicotine) complicating pregnancy, second trimester

Revise O99.333 Smoking (tobacco/nicotine) complicating pregnancy, third trimester

Revise O99.334 Smoking (tobacco/nicotine) complicating childbirth
Revise O99.335 Smoking (tobacco/nicotine) complicating the puerperium

T65 Toxic effect of other and unspecified substances

T65.2 Toxic effect of tobacco and nicotine

Excludes2: nicotine dependence (F17.-)

New sub-subcategory T65.23 Toxic effect of electronic nicotine delivery system

Add Toxic effect of e-liquid vapor from electronic nicotine delivery system

Add E-cigarettes

Add Electronic cigarettes

Add Electronic nicotine delivery system [ENDS]

Add Toxic effect of e-cigarette and electronic nicotine delivery system (ENDS) or components

Add Vapes, vaping

New code T65.231 Toxic effect of electronic nicotine delivery system, accidental (unintentional)

New code T65.232 Toxic effect of electronic nicotine delivery system, intentional self-harm

New code T65.233 Toxic effect of e-cigarettes, assault

New code T65.234 Toxic effect of e-cigarettes, undetermined

Z72 Problems related to lifestyle

Z72.0 Tobacco use

Excludes1: History of tobacco dependence (Z87.891)

nicotine dependence (F17.2-)

tobacco dependence (F17.2-)

tobacco use during pregnancy (O99.33-)

New code Z72.01 Tobacco use

New code Z72.02 Electronic nicotine delivery system use

Add E-cigarettes
Add)  Electronic cigarettes
Add)  Electronic nicotine delivery system [ENDS]
Add)  Toxic effect of e-cigarette and electronic nicotine delivery system (ENDS) or components
       Vapes, vaping

New code)  Z72.09 Tobacco use, unspecified
Add)  Tobacco use not otherwise specified (NOS)
Orbital Roof and Wall Fracture

This topic was presented originally at the March 2017 and subsequently at the March 2018 Coordination and Maintenance meeting. This revised proposal is based on public comments received and further discussions with the American Academy of Ophthalmology. Orbital fractures may be defined in terms of anatomic location, including isolated fractures of the orbital floor, medial wall, temporal wall, and roof. These fractures are commonly seen with midfacial trauma.

Currently, there is only one code for orbital bone fractures, S02.3-, Fracture of orbital floor. There is no unique code in ICD-10-CM for capturing the diagnosis of an orbital roof fracture. These are reported using code S02.19, Other fracture of base of skull. There are three other walls of the orbit, including the roof, medial wall and temporal wall.

The American Academy of Ophthalmology is proposing the following tabular modifications for new codes to identify these specific types of fracture.

TABULAR MODIFICATIONS

S02 Fracture of skull and facial bones

S02.1 Fracture of base of skull

Delete Excludes1: orbit NOS (S02.8)
Add Excludes1: orbit NOS (S02.85)
Add Excludes2: lateral orbital wall (S02.84-)
Add medial orbital wall (S02.83-)

New sub-subcategory S02.12 Fracture of orbital roof

New code S02.121 Fracture of orbital roof, right side
New code S02.122 Fracture of orbital roof, left side
New code S02.129 Fracture of orbital roof, unspecified side
### S02.19 Other fracture of base of skull

**Delete**

<table>
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<tbody>
<tr>
<td>S02.19</td>
<td>Other fracture of base of skull</td>
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</table>

**Fracture of orbital roof**

### S02.3 Fracture of orbital floor

**Add**

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<th>Code</th>
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<tr>
<td>S02.3</td>
<td>Fracture of orbital floor</td>
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### S02.8 Fracture of other specified skull and facial bones

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<td>Excludes2: orbital floor (S02.3-)</td>
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<tr>
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### New sub-subcategory S02.83 Fracture of medial orbital wall

**Add**

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</thead>
<tbody>
<tr>
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<td>orbital roof (S02.1-)</td>
</tr>
</tbody>
</table>

### New code S02.831 Fracture of medial orbital wall, right side

### New code S02.832 Fracture of medial orbital wall, left side

### New code S02.839 Fracture of medial orbital wall, unspecified side

### New sub-subcategory S02.84 Fracture of lateral orbital wall

**Add**

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<td>Excludes2: orbital floor (S02.3-)</td>
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<td>Code</td>
<td>Description</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>S02.841</td>
<td>Fracture of lateral orbital wall, right side</td>
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<td>S02.842</td>
<td>Fracture of lateral orbital wall, left side</td>
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<tr>
<td>S02.849</td>
<td>Fracture of lateral orbital wall, unspecified side</td>
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<tr>
<td>S02.85</td>
<td>Fracture of orbit, unspecified</td>
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<td></td>
<td>Fracture of orbit NOS</td>
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<td></td>
<td>Fracture of orbit wall NOS</td>
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Polyps and Angiodysplasia of Jejunum and Ileum

ICD-10-CM has specific codes for non-adenomatous polyps and angiodysplasia of the stomach and duodenum as well as the colon. However, there are currently no unique codes for polyps and angiodysplasia of the jejunum and ileum.

Upper gastrointestinal endoscopy (EGD) has long been able to visualize polyps and angiodysplasia of the stomach and duodenum. Likewise, lower GI endoscopy (colonoscopy) has long been able to visualize polyps and angiodysplasia of the large intestine. However, it was not possible to directly identify polyps and angiodysplasia of the intervening segments of the small intestine, because the jejunum and ileum generally cannot be reached or surveyed via conventional endoscopy due to their location, mobility, and length.

More recently, the advent and routine use of capsule endoscopy and deep (balloon-assisted) enteroscopy to examine the distal small intestine now enables polyps and angiodysplasia of the jejunum and ileum to be regularly identified and documented. When performing capsule endoscopy, the physician does not know the specific histology of the polyp (i.e., it includes adenomatous polyps, but does not exclude any other histology) he/she is visualizing at the time of the procedure.

Though less common than angiodysplasia of the esophagus, stomach, duodenum and colon, angiodysplasia of the jejunum and ileum is an important cause of obscure gastrointestinal bleeding. Since these diagnoses are now being established with increasing frequency in the jejunum and ileum, it would be beneficial to have specific codes for the jejunum and ileum.

The submitter is requesting the following new codes to capture this condition and differentiate the jejunum and ileum. The American Gastroenterological Association supports this proposal.

**TABULAR MODIFICATIONS**

- D13 Benign neoplasm of other and ill-defined parts of digestive system
  - D13.3 Benign neoplasm of other and unspecified parts of small intestine
  - New sub-subcategory D13.39 Benign neoplasm of other parts of small intestine
  - New code D13.391 Benign neoplasm of jejunum
  - New code D13.392 Benign neoplasm of ileum
- K63 Other diseases of intestine
  - K63.8 Other specified diseases of intestine
  - New code K63.82 Angiodysplasia of jejunum and ileum without bleeding
  - New code K63.83 Angiodysplasia of jejunum and ileum with bleeding
Pressure Ulcer of Mucosal Membrane by Site

This topic was presented originally at the September 2017 Coordination and Maintenance meeting. This revised proposal is based on public comments received and further discussions with the Agency for Healthcare Research and Quality (AHRQ). Currently, there is no indexing for pressure ulcers or sores involving mucosal membranes.

AHRQ reports that some coders are using “specified site NEC” (L89.89-) to describe pressure sores involving mucous membranes, but other coders are concerned that this code is in Chapter 12, Diseases of the skin and subcutaneous tissue, which may not be an appropriate for conditions involving mucous membrane.

AHRQ is requesting new codes to identify mucosal membrane pressure ulcers of specific sites. AHRQ believes that unique codes are needed to capture this important information.

TABULAR MODIFICATIONS

J34 Other and unspecified disorders of nose and nasal sinuses

<table>
<thead>
<tr>
<th>New subcategory</th>
<th>J34.0 Abscess, furuncle, and carbuncle of nose</th>
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<tbody>
<tr>
<td>Delete</td>
<td>Cellulitis of nose</td>
</tr>
<tr>
<td>Delete</td>
<td>Necrosis of nose</td>
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<tr>
<td>Delete</td>
<td>Ulceration of nose</td>
</tr>
<tr>
<td>New code</td>
<td>J34.01 Pressure ulcer of nasal mucosa</td>
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<tr>
<td>New code</td>
<td>J34.02 Abscess, furuncle, and carbuncle of nose</td>
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<td>Add</td>
<td>Cellulitis of nose</td>
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<td>Add</td>
<td>Necrosis of nose</td>
</tr>
<tr>
<td>Add</td>
<td>Ulceration of nose</td>
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</tbody>
</table>

J39 Other diseases of upper respiratory tract

<table>
<thead>
<tr>
<th>New subcategory</th>
<th>J39.2 Other diseases of pharynx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delete</td>
<td>Cyst of pharynx</td>
</tr>
</tbody>
</table>
ICD-10 Coordination and Maintenance Committee Meeting
September 11-12, 2018
Part 2

Delete

Edema of pharynx

New code
J39.21 Pressure ulcer of pharynx

New code
J39.29 Other diseases of pharynx

Add
Cyst of pharynx

Add
Edema of pharynx

K06 Other disorders of gingiva and edentulous alveolar ridge

New

subcategory K06.8 Other specified disorders of gingiva and edentulous alveolar ridge

Delete
Fibrous epulis

Delete
Flabby alveolar ridge

Delete
Giant cell epulis

Delete
Peripheral giant cell granuloma of gingiva

Delete
Pyogenic granuloma of gingiva

Delete
Vertical ridge deficiency

New code
K06.81 Pressure ulcer of gingiva and edentulous alveolar ridge

New code
K06.89 Other specified disorders of gingiva and edentulous alveolar ridge

Add
Fibrous epulis

Add
Flabby alveolar ridge

Add
Giant cell epulis

Add
Peripheral giant cell granuloma of gingiva

Add
Pyogenic granuloma of gingiva

Add
Vertical ridge deficiency
K12  Stomatitis and related lesions

New subcategory  K12.1  Other forms of stomatitis
Delete  Stomatitis NOS
Delete  Denture stomatitis
Delete  Ulcerative stomatitis
Delete  Vesicular stomatitis

New code  K12.11  Pressure ulcer of oral mucosa
New code  K12.19  Other forms of stomatitis
Add  Stomatitis NOS
Add  Denture stomatitis
Add  Ulcerative stomatitis
Add  Vesicular stomatitis

K13  Other diseases of lip and oral mucosa

New subcategory  K13.0  Diseases of lips
Delete  Abscess of lips
Delete  Angular cheilitis
Delete  Cellulitis of lips
Delete  Cheilitis NOS
Delete  Cheilodynia
Delete  Cheilosis
Delete  Exfoliative cheilitis
Delete  Fistula of lips
Delete  Glandular cheilitis
Delete  Hypertrophy of lips
Delete    Perleche NEC

New code   K13.01 Pressure ulcer of lips
New code   K13.09 Other diseases of lips

Add       Abscess of lips
Add       Angular cheilitis
Add       Cellulitis of lips
Add       Cheilitis NOS
Add       Cheilodynia
Add       Cheilosis
Add       Exfoliative cheilitis
Add       Fistula of lips
Add       Glandular cheilitis
Add       Hypertrophy of lips
Add       Perleche NEC

K14    Diseases of tongue

New subcategory  K14.0 Glossitis
Delete          Abscess of tongue
Delete          Ulceration (traumatic) of tongue

New code       K14.01 Pressure ulcer of tongue
New code       K14.09 Other glossitis
Add            Abscess of tongue
Add            Ulceration (traumatic) of tongue

K62    Other diseases of anus and rectum
New subcategory K62.6 Ulcer of anus and rectum
Delete Solitary ulcer of anus and rectum
Delete Stercoral ulcer of anus and rectum

New code K62.61 Pressure ulcer of anus and rectum
New code K62.69 Other ulcer of anus and rectum
Add Solitary ulcer of anus and rectum
Add Stercoral ulcer of anus and rectum

N34 Urethritis and urethral syndrome

New subcategory N34.2 Other urethritis
Delete Meatitis, urethral
Delete Postmenopausal urethritis
Delete Ulcer of urethra (meatus)
Delete Urethritis NOS

New code N34.21 Pressure ulcer of urethra
New code N34.29 Other urethritis
Add Meatitis, urethral
Add Postmenopausal urethritis
Add Ulcer of urethra
Add Urethritis NOS

N48 Other disorders of penis

New subcategory N48.5 Ulcer of penis
New code N48.51 Pressure ulcer of penis
New code N48.59 Other ulcer of penis
N76  Other inflammation of vagina and vulva

New subcategory  N76.5  Ulceration of vagina

New code  N76.51  Pressure ulcer of vagina
New code  N76.59  Other ulceration of vagina

New subcategory  N76.6  Ulceration of vulva

New code  N76.61  Pressure ulcer of vulva
New code  N76.69  Other ulceration of vulva
ICD-10 Coordination and Maintenance Committee Meeting  
September 11-12, 2018  
Part 2

ICD-10-CM TABULAR OF DISEASES - PROPOSED ADDENDA  
All proposed effective October 1, 2019

B96 Other bacterial agents as the cause of diseases classified elsewhere  
B96.2 Escherichia coli [E. coli] as the cause of diseases classified elsewhere  
Revise B96.21 Shiga toxin-producing Escherichia coli [E. coli] [(STEC)] O157 as the cause of diseases classified elsewhere  
Revise B96.22 Other specified Shiga toxin-producing Escherichia coli [E. coli] [(STEC)] as the cause of diseases classified elsewhere  
Revise B96.23 Unspecified Shiga toxin-producing Escherichia coli [E. coli] [(STEC)] as the cause of diseases classified elsewhere

B97 Viral agents as the cause of diseases classified elsewhere  
B97.4 Respiratory syncytial virus as the cause of diseases classified elsewhere  
Add Code first related disorders, such as:  
Add otitis media (H65.-)  
Add upper respiratory infection (J06.9)  
Add Excludes2: respiratory syncytial virus (RSV) pneumonia (J12.1)  
Add acute bronchitis due to respiratory syncytial virus (RSV) (J20.5)  
Add acute bronchiolitis due to respiratory syncytial virus (RSV) (J21.0)

C91 Lymphoid leukemia  
Excludes1: personal history of leukemia (Z85.6)  
C91.0 Acute lymphoblastic leukemia [ALL]  
Delete Note: Code C91.0 should only be used for T-cell and B-cell precursor leukemia  
Add Codes in subcategory C91.0- should only be used for T-cell and B-cell precursor leukemia
D12 Benign neoplasm of colon, rectum, anus and anal canal  
Add Excludes1: polyp of colon NOS (K63.5)  
D12.6 Benign neoplasm of colon, unspecified  
Delete Excludes1: polyp of colon NOS (K63.5)

D04 Carcinoma in situ of skin  
Revise Excludes42: melanoma in situ (D03.-)

D23 Other benign neoplasms of skin  
Revise Excludes42: melanocytic nevi (D22.-)

E88 Other and unspecified metabolic disorders  
E88.0 Disorders of plasma-protein metabolism, not elsewhere classified  
E88.02 Plasminogen deficiency  
Code also, if applicable, ligneous conjunctivitis (H10.51)  
Use additional code for associated findings, such as:  
Delete ligneous conjunctivitis (H10.51)

F19 Other psychoactive substance related disorders  
F19.2 Other psychoactive substance dependence  
F19.21 Other psychoactive substance dependence, in remission  
Revise Other (or unknown) substance use disorder, severe, in sustained remission

G31 Other degenerative diseases of nervous system, not elsewhere classified  
Revise Use additional code to identify: For codes G31.0-G31.83, G31.85-G3.9, use additional code to identify:
dementia with behavioral disturbance (F02.81)
dementia without behavioral disturbance (F02.80)

G63 Polyneuropathy in diseases classified elsewhere
   Excludes1: polyneuropathy (in):
   Rheumatoid arthritis (M05.3-M05.5)

H47 Other disorders of optic [2nd] nerve and visual pathways
   H47.6 Disorders of visual cortex
   Code also underlying condition
   Excludes1: injury to visual cortex S04.04-S04.04

H65 Nonsuppurative otitis media
   Use additional code if applicable to identify:
   Infectious agent (B95-B97)

I21 Acute myocardial infarction
   I21.A Other type of myocardial infarction
      I21.A1 Myocardial infarction type 2
      Myocardial infarction due to demand ischemia
      Myocardial infarction secondary to ischemic imbalance
      Code also first the underlying cause, if known and applicable, such as:
      Anemia (D50.0-D64.9)
      Chronic obstructive pulmonary disease (J44.-)
      Heart failure (I50.-)
      Paroxysmal tachycardia (I47.0-I47.9)
      Renal failure (N17.0-N19)
shock (R57.0-R57.9)

I25 Chronic ischemic heart disease
  I25.8 Other forms of chronic ischemic heart disease
    I25.81 Atherosclerosis of other coronary vessels without angina pectoris
      Use additional code, if applicable, to identify:
        coronary atherosclerosis due to calcified coronary lesion (I25.84)
        coronary atherosclerosis due to lipid rich plaque (I25.83)

Revise Excludes12: atherosclerotic heart disease of native coronary artery without angina pectoris (I25.10)

I70 Atherosclerosis
  I70.2 Atherosclerosis of native arteries of the extremities
    I70.23 Atherosclerosis of native arteries of right leg with ulceration

Revise I70.238 Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg

  I70.24 Atherosclerosis of native arteries of left leg with ulceration

Revise I70.248 Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg

J06 Acute upper respiratory infections of multiple and unspecified sites
  J06.9 Acute upper respiratory infection, unspecified
    Upper respiratory disease, acute
    Upper respiratory infection NOS

Add Use additional code (B95-B97) to identify infectious agent, if known, such as:

Add respiratory syncytial virus (RSV) (B97.4)
K63.5  Polyp of colon

Revise  Excludes1: adenomatous polyp of colon (D12.6-)

K74  Fibrosis and cirrhosis of liver

K74.3  Primary biliary cirrhosis

Revise  Excludes2: primary sclerosing cholangitis (K83.01)

L49  Exfoliation due to erythematous conditions according to extent of body surface involved

Code first erythematous condition causing exfoliation, such as:

Revise  (Staphylococcal) scalded skin syndrome (L00)

M50  Cervical disc disorders

M50.1  Cervical disc disorder with radiculopathy

M50.12  Cervical disc disorder with radiculopathy, mid-cervical region

Revise  M50.120 Mid-cervical disc disorder, unspecified level

M66  Spontaneous rupture of synovium and tendon

M66.8  Spontaneous rupture of other tendons

Revise  M66.88  Spontaneous rupture of other tendons, other sites

M67  Other disorders of synovium and tendon

M67.8  Other specified disorders of synovium and tendon

M67.83  Other specified disorders of synovium and tendon, wrist

Revise  M67.839  Other specified disorders of synovium and tendon, unspecified forearm wrist
M77  Other enthesopathies

M77.5  Other enthesopathy of foot and ankle

M77.50  Other enthesopathy of unspecified foot and ankle
M77.51  Other enthesopathy of right foot and ankle
M77.52  Other enthesopathy of left foot and ankle

N35  Urethral stricture

N35.8  Other urethral stricture

N35.81  Other urethral stricture, male

Revise  N35.814  Other anterior urethral stricture, male, anterior

N92  Excessive, frequent and irregular menstruation

N92.4  Excessive bleeding in the premenopausal period

Climacteric menorrhagia or metrorrhagia
Menopausal menorrhagia or metrorrhagia

Add  Perimenopausal bleeding
Add  Perimenopausal menorrhagia or metrorrhagia

O86  Other puerperal infections

O86.0  Infection of obstetric surgical wound

O86.02  Infection of obstetric surgical wound, deep incisional site obstetrical procedure

Revise  Sub-fascial abscess following an obstetrical procedure

P04  Newborn affected by noxious substances transmitted via placenta or breast milk
P04.4  Newborn affected by maternal use of drugs of addiction

P04.41  Newborn affected by maternal use of cocaine

Delete  'Crack baby'
Respiratory distress of newborn

Delete Excludes1: respiratory arrest of newborn (P28.81)
Delete respiratory failure of newborn NOS (P28.5)

P22.0 Respiratory distress syndrome of newborn
Add Excludes2: respiratory arrest of newborn (P28.81)
Add respiratory failure of newborn NOS (P28.5)

P22.8 Other respiratory distress of newborn
Add Excludes1: respiratory arrest of newborn (P28.81)
Add respiratory failure of newborn NOS (P28.5)

P22.9 Respiratory distress of newborn, unspecified
Add Excludes1: respiratory arrest of newborn (P28.81)
Add respiratory failure of newborn NOS (P28.5)

P74 Other transitory neonatal electrolyte and metabolic disturbances
P74.4 Other transitory electrolyte disturbances of newborn
P71.42 Disturbances of chlorine balance of newborn
P74.421 Hyperchloremia of newborn
Revise Excludes2: late metabolic acidosis of the newborn (P77.0 P74.0)

Q02 Microcephaly
Includes: hydromicrocephaly
micrencephalon
Revise Use additional Code first, if applicable, to identify congenital Zika virus disease
R82  Other and unspecified abnormal findings in urine
    R82.9  Other and unspecified abnormal findings in urine
    R82.99 Other abnormal findings in urine
    Revise       R82.993  Hyperuricosuria

T40  Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics [hallucinogens]
    T40.9  Poisoning by, adverse effect of and underdosing of other and unspecified psychodysleptics [hallucinogens]
    T40.90 Poisoning by, adverse effect of and underdosing of unspecified psychodysleptics [hallucinogens]
    Revise       T40.906  Underdosing of unspecified psychodysleptics [hallucinogens]
    T40.99 Poisoning by, adverse effect of and underdosing of other psychodysleptics [hallucinogens]
    Revise       T40.996  Underdosing of other psychodysleptics [hallucinogens]

T44  Poisoning by, adverse effect of and underdosing of drugs primarily affecting the autonomic nervous system
    T44.1  Poisoning by, adverse effect of and underdosing of other parasympathomimetics [cholinergics]
    T44.1X  Poisoning by, adverse effect of and underdosing of other parasympathomimetics [cholinergics]
    Revise       T44.1X6  Underdosing of other parasympathomimetics [cholinergics]
V43  Car occupant injured in collision with car, pick-up truck or van
   V43.1  Car passenger injured in collision with car, pick-up truck or van in nontraffic accident
Revised  V43.13 Car passenger injured in collision with pick-up truck in nontraffic accident

Z45  Encounter for adjustment and management of implanted device
   Z45.8  Encounter for adjustment and management of other implanted devices
      Z45.81 Encounter for adjustment or removal of breast implant
             Encounter for elective implant exchange (different material) (different size)
Revised  Encounter removal of tissue expander with or without synchronous insertion of permanent implant

Z68  Body mass index [BMI]
Revised  Note: BMI adult codes are for use for persons 20-24 years of age or older
Revised  BMI pediatric codes are for use for persons 2-19 years of age. These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)
   Z68.4  Body mass index (BMI) 40 or greater, adult
Revised  Z68.43 Body mass index (BMI) 50.0-59.9, adult
Abscess

Revise
- gingival - see Periodontitis, localized
- gum – see Periodontitis, localized
- parodontal – see Periodontitis, aggressive, localized
- pericemental – see Periodontitis, aggressive, localized
- peridental - see Periodontitis, aggressive, localized
- periodontal (parietal) - see Periodontitis, aggressive, localized
- tooth, teeth (root) K04.7
- with sinus (alveolar) K04.6
- supporting structures NEC - see Periodontitis, aggressive, localized

Revise
- Acrocyanosis I73.8 I73.89

Admission (for) -see also Encounter (for)
- adjustment (of)
  - artificial
  - implanted Z45.89
  - cardiac Z45.09
- - defibrillator (with synchronous cardiac pacemaker) Z45.02

Bronchiolitis (acute) (infective) (subacute) J21.9
- due to
- respiratory syncytial virus (RSV) J21.0

Bronchitis (diffuse) (fibrinous) (hypostatic) (infective) (membranous) J40
- due to
- virus
- respiratory syncytial (RSV) J20.5

Bleeding

Add
- perimenopausal N92.4

Canceled procedure (surgical) Z53.9
- not done
- because of
- patient’s decision
- left against medical advice (AMA) Z53.21 Z53.29
Complication
- genitourinary
  - device or implant T83.9
Revise  - - mesh - see Complications, prosthetic device or implant, mesh
Revise  - - - vaginal mesh - see Complications, prosthetic device or implant, mesh
- joint prosthesis, internal T84.9
  - mechanical
Add  - - - periprosthetic T84.059

Concussion
Revise  - without loss of consciousness S06.0X0

Cyst (colloid) (mucous) (simple) (retention)
- choroid plexus G93.0
Add  - - congenital Q04.6

Disease
- lung J98.4
Revise  - - obstructive (chronic) J44.9 J43.9

Delivery
- complicated
  - by
  - - obstructed labor
  - - - due to
Revise  - - - - - brow presentation O64.3

Disease
- arterial I77.9
  - occlusive - see Occlusion, by site
Add  - - peripheral I73.9
  - artery I77.9
  - - cerebral I67.9
  - - coronary I25.10
Revise  - - - with angina pectoris - see Arteriosclerosis, coronary (artery);
Add  - - peripheral I73.9

Disorder (of) -see also Disease
- tobacco use
Revise  - - mild Z72.0 F17.200
ICD-10 Coordination and Maintenance Committee Meeting
September 11-12, 2018
Part 2

Enteropathy K63.9
Revise
- food protein-induced enterocolitis (FPIES) K52.22

Enthesopathy (peripheral) M77.9
Revise
- ankle and tarsus M77.9 M77.50
- - specified type NEC - see Enthesopathy, foot, specified type NEC
- lower limb (excluding foot) M76.9
Add
- - ankle and tarsus M77.50
Revise
- - - specified type NEC - see Enthesopathy, foot, specified type NEC
Revise
- - shoulder (remove the 2nd dash)

Erosion
Revise
- implanted mesh - see Complications, prosthetic devise or implant, mesh

Exposure
- implanted
Revise
- - mesh - see Complications, prosthetic devise or implant, mesh

Failure
- respiration, respiratory J96.90
- - with
- - - hypercapnia J96.92
Revise
- - - hypercarbia J96.02 J96.92

Fistula
Add
- colovesical N32.1

Revise
FPIES (food protein-induced enteropathy enterocolitis syndrome) K52.21

Fracture
- femur, femoral S72.9-
Revise
- - transcervical - see Fracture, femur, upper end, neck midcervical
Add
- fragility – see Fracture, pathological, due to osteoporosis

Hemangioma
Revise
- capillary D18.00 I78.1
History
- personal (of) - see also History, family (of)
  - abuse
Add  
  - - adult Z91.419
  - - childhood Z62.819
Delete  
  ------adult Z91.419

Revise  
  Hypercalciuria, idiopathic E83.52 E83.59

Infarct, infarction
Delete  
  - cerebral 163.9 - see also Occlusion, artery cerebral or precerebral, with infarction
Add  
  - cerebral (acute) (chronic) I63.9- see also Occlusion, artery cerebral or precerebral, with infarction

Infection
- peridental, periodontal K05.20
Revise  
  - - generalized - see Peridontitis Periodontitis, aggressive, localized
Revise  
  - - localized - see Peridontitis Periodontitis, aggressive, localized

  - respiratory (tract) NEC J98.8
  - - upper (acute) NOS J06.9
  - - - viral NOS J06.0
Add  
  - - - - due to respiratory syncytial virus (RSV) J06.9 (B97.4)
Revise  
  - - syncytial virus (RSV), as cause of disease classified elsewhere B97.4 - see Infection, virus, respiratory syncytial (RSV)

  - tooth, teeth K04.7
  - - periapical K04.7
  - - periodontal, periodontal K05.20
Revise  
  - - generalized - see Peridontitis Periodontitis, aggressive, localized
Revise  
  - - localized - see Peridontitis Periodontitis, aggressive, localized

  - virus, viral NOS B34.9
  - - as cause of disease classified elsewhere B97.89
Revise  
  - - respiratory syncytial (RSV) B97.4- see Infection, virus, respiratory syncytial (RSV)
Revise  
  - - respiratory syncytial (RSV)
  - - - as cause of disease classified elsewhere B97.4
Add  
  - - bronchiolitis J21.0
Add  
  - - bronchitis J20.5
  - - bronchopneumonia J12.1
Delete  
  ------common cold syndrome J00
Delete  
  ------nasopharyngitis (acute) J00
Add - - - otitis media H65.- (B97.4)
Add - - - pneumonia J12.1
Add - - - upper respiratory infection J06.9 (B97.4)

Injury
Add - pressure
Add - - injury – see Ulcer, pressure, by site

Ketosis NEC E88.89
Revise - diabetic -see Diabetes, by type, with with ketoacidosis

Revise Lichtheim's disease or syndrome – see Degeneration, combined D51.0

Revise Linitis (gastric) plastic C16.9

Malformation
- arteriovenous, aneurysmatic (congenital) Q27.30
  - - peripheral Q27.30
Revise - - - digestive system Q27.33 see angiodysplasia congenital Q27.33

Newborn (infant) (liveborn) (singleton) Z38.2
- affected by
Add - - cyanosis P28.2

Orthopoxvirus B08.09
Delete - specified NEC B08.09

Osteoarthritis
- primary M19.91
Add - - multiple sites M89.49

Paget's disease
- bone M88.9
Add - - specified NEC M88.88
Revise - - vertebra M88.88 M88.1

Paraurethral duct Q64.79
Delete nonorganic origin F51.5
Pericementitis (chronic) (suppurative) – see also Periodontitis
- acute K05.20
Revise - - generalized - see Periodontitis, aggressive, localized
Revise - - localized - see Periodontitis, aggressive, localized

Personality (disorder) F60.9
Revise - self-defeating F60.7 F60.89

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved)
- in (due to)
Revise - - respiratory syncytial virus (RSV) J12.1
Revise - respiratory syncytial virus (RSV) J12.1
- viral, virus (broncho) (interstitial) (lobar) J12.9
Revise - - respiratory syncytial (RSV) J12.1

Polyarthritis
Revise - migratory - see Fever, rheumatic M13.8-

Polyp
- colon K63.5
Revise - - adenomatous D12.6
Revise - - ascending D12.2
Revise - - cecum D12.0
Revise - - descending D12.4
Add - - hyperplastic, (any site) K63.5

Pressure
Add - injury – see Ulcer, pressure, by site

Respiratory -see also condition
Revise - syncytial virus (RSV), as cause of disease classified elsewhere (see also Virus, Viral, respiratory syncytial (RSV)) B97.4-

Suppuration, suppurative (see also condition)
- gum K05.20
Revise - - generalized - see Periodontitis, aggressive, localized
Revise - - localized - see Periodontitis, aggressive, localized
Syndrome -see also Disease

Revise - premenstrual dysphoric F32.89 F32.81

Test

Delete - blood pressure Z01.30
Delete abnormal reading - see Blood, pressure
- blood-alcohol Z04.8
- positive - see Findings, abnormal, in blood
- blood-drug Z04.8
- positive - see Findings, abnormal, in blood

Add - blood pressure Z01.30
Add - abnormal reading - see Blood, pressure

Tumor

Add - carcinoid D3A.00

Varix

-with

Revise -- bleeding I83.899 I83.89-
Revise -- ruptured I83.899 I83.89-

Virus, viral - see also condition
- as cause of disease classified elsewhere B97.89

Add - respiratory syncytial virus (RSV) - see Virus, infection, respiratory syncytial (RSV)
- infection - see Infection, virus
Add - respiratory syncytial (RSV)
Add - as cause of disease classified elsewhere B97.4
Add - bronchiolitis J21.0
Add - bronchitis J20.5
Add - bronchopneumonia J12.1
Add - otitis media H65.- (B97.4)
Add - pneumonia J12.1
Add - upper respiratory infection J06.9 (B97.4)

Worn out - see Exhaustion
- cardiac

Revise - defibrillator (with synchronous cardiac pacemaker) Z45.02