



ICD-10 Coordination and Maintenance Committee Meeting
September 11-12, 2018
Diagnosis Agenda
Part 2

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/ic d10cm.htm>

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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:

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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:
<https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html>

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

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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:

<https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html>

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

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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:
<https://www.cms.gov/apps/events/default.asp>

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:
<https://www.cms.gov/apps/events/default.asp>

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>

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>

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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.

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- 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=eefc517ca9f0ec858ea4b1877b90034b5>
 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.

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Contact Information

Mailing address:

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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

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Shannon McConnell-Lamprey	(301) 458-4612
Traci Ramirez	(301) 458-4454

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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

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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

I.O.M. (Institute of Medicine) (2015). Beyond Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome; Redefining an Illness. The National Academies Press. Washington, D.C.
<http://www.nationalacademies.org/hmd/Reports/2015/ME-CFS.aspx>

TABULAR MODIFICATIONS

	G93	Other disorders of brain
Revise	G93.3	Postviral <u>and related fatigue syndromes</u>
Delete		Benign myalgic encephalomyelitis
Delete		Excludes 1: chronic fatigue syndrome NOS (R53.82)
New code	G93.30	Systemic Exertion Intolerance Disease, unspecified SEID, NOS
New code	G93.31	Postviral fatigue syndrome
New code	G93.32	Myalgic encephalomyelitis
New code	G93.33	Chronic fatigue syndrome
Add		Chronic fatigue syndrome NOS
New code	G93.39	Other postviral and related fatigue syndromes
	R53	Malaise and fatigue
	R53.8	Other malaise and fatigue
	R53.82	Chronic fatigue, unspecified
Delete		Chronic fatigue syndrome NOS
Add		Excludes 1: chronic fatigue syndrome (G93.32)
Revise		postviral <u>and related</u> fatigue syndromes (G93.3_)

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 multi-disciplinary 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

¹ <http://www.npuap.org/national-pressure-ulcer-advisory-panel-npuap-announces-a-change-in-terminology-from-pressure-ulcer-to-pressure-injury-and-updates-the-stages-of-pressure-injury/> ; accessed July 7, 2016.

² Edsberg LE, Black JM, Goldberg M, McNichol L, Moore L, Sieggreen M. Revised National Pressure Ulcer Advisory Panel Pressure Injury Staging System: Revised Pressure Injury Staging System. *Journal of wound, ostomy, and continence nursing* : official publication of *The Wound, Ostomy and Continence Nurses Society / WOCN*. Nov/Dec 2016;43(6):585-597.

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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

L89 Pressure ulcer

L89.0 Pressure ulcer of elbow

L89.00 Pressure ulcer of unspecified elbow

New code L89.006 Pressure-induced deep tissue damage of unspecified elbow

L89.01 Pressure ulcer of right elbow

New code L89.016 Pressure-induced deep tissue damage of right elbow

L89.02 Pressure ulcer of left elbow

New code L89.026 Pressure-induced deep tissue damage of left elbow

L89.1 Pressure ulcer of back

L89.10 Pressure ulcer of unspecified part of back

New code L89.106 Pressure-induced deep tissue damage of unspecified part of back

L89.11 Pressure ulcer of right upper back

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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
	L89.2	Pressure ulcer of hip
	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
	L89.3	Pressure ulcer of buttock
	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

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New code L89.32 Pressure ulcer of left buttock
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

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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:

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TABULAR MODIFICATION

F17 Nicotine dependence

F17.2 Nicotine dependence

New subcategory	F17.23 Nicotine dependence, electronic nicotine delivery system
Add	E-cigarettes
Add	Electronic cigarettes
Add	Electronic Nicotine Delivery Systems [ENDS]
Add	Vapes, vaping
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

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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

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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)
Toxic effect of e-cigarettes

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

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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)

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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

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S02.19 Other fracture of base of skull

Delete ~~Fracture of orbital roof~~

S02.3 Fracture of orbital floor

Add Fracture of inferior orbital wall

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-)

S02.8 Fracture of other specified skull and facial bones

Delete ~~Fracture of orbit NOS~~

Delete ~~Excludes1: orbital roof (S02.1-)~~

Delete ~~Excludes1: orbital floor (S02.3-)~~

Add Excludes2: orbital floor (S02.3-)

Add orbital roof (S02.1-)

New

sub-subcategory S02.83 Fracture of medial orbital wall

Add Excludes2: orbital floor (S02.3-)

Add orbital roof (S02.1-)

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 Excludes2: orbital floor (S02.3-)

Add orbital roof (S02.1-)

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New code	S02.841	Fracture of lateral orbital wall, right side
New code	S02.842	Fracture of lateral orbital wall, left side
New code	S02.849	Fracture of lateral orbital wall, unspecified side
New code	S02.85	Fracture of orbit, unspecified
Add		Fracture of orbit NOS
Add		Fracture of orbit wall NOS

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
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- K63 Other diseases of intestine
 - K63.8 Other specified diseases of intestine

New code	K63.82	Angiodysplasia of jejunum and ileum without bleeding
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New code	K63.83	Angiodysplasia of jejunum and ileum with bleeding
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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
New subcategory	J34.0	Abscess, furuncle, and carbuncle of nose
Delete		Cellulitis of nose
Delete		Necrosis of nose
Delete		Ulceration of nose
New code	J34.01	Pressure ulcer of nasal mucosa
New code	J34.02	Abscess, furuncle, and carbuncle of nose
Add		Cellulitis of nose
Add		Necrosis of nose
Add		Ulceration of nose
	J39	Other diseases of upper respiratory tract
New subcategory	J39.2	Other diseases of pharynx
Delete		Cyst of pharynx

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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

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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~~

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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	Cheilodysplasia
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

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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

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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

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- 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

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- 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 Excludes12: melanoma in situ (D03.-)
- D23 Other benign neoplasms of skin
Revise Excludes12: 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:

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dementia with behavioral disturbance (F02.81)

dementia without behavioral disturbance (F02.80)

G63 Polyneuropathy in diseases classified elsewhere

Excludes1:polyneuropathy (in):

Revise rheumatoid arthritis (~~M05.33~~ M05.5-)

H47 Other disorders of optic [2nd] nerve and visual pathways

H47.6 Disorders of visual cortex

Code also underlying condition

Revise Excludes1: injury to visual cortex ~~S04.04~~ S04.04-

H65 Nonsuppurative otitis media

Revise Use additional code if applicable to identify:

Add 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

Revise Code ~~also~~ first the underlying cause, ~~if known and applicable~~, such
as: anemia (D50.0-D64.9)

chronic obstructive pulmonary disease (J44.-)

Delete ~~heart failure (I50.-)~~

paroxysmal tachycardia (I47.0-I47.9)

Delete ~~renal failure (N17.0-N19)~~

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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 Excludes 4: 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)

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- 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~~ 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 ~~syndrom~~ 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

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- 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'~~

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- P22 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

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- 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~~ 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]

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- 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
- Revise 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)
- Revise Encounter removal of tissue expander with or without synchronous insertion of permanent implant
- Z68 Body mass index [BMI]
- Revise Note: BMI adult codes are for use for persons 20 ~~24~~ years of age or older
- Revise BMI pediatric codes are for use for persons 2-19 ~~20~~-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
- Revise Z68.43 Body mass index (BMI) 50.0-59.9, adult

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- Abscess
- Revise - gingival - see ~~Peridontitis~~ Periodontitis, localized
 - Revise - gum – see ~~Peridontitis~~ Periodontitis, localized
 - Revise - parodontal – see ~~Peridontitis~~ Periodontitis, aggressive, localized
 - Revise - pericemental – see ~~Peridontitis~~ Periodontitis, aggressive, localized
 - Revise - pericoronal - see ~~Peridontitis~~ Periodontitis, aggressive, localized
 - Revise - peridental - see ~~Peridontitis~~ Periodontitis, aggressive, localized
 - Revise - periodontal (parietal) - see ~~Peridontitis~~ Periodontitis, aggressive, localized
 - tooth, teeth (root) K04.7
 - - with sinus (alveolar) K04.6
 - Revise - - supporting structures NEC - see ~~Peridontitis~~ Periodontitis, aggressive, localized
- Revise Acrocyanosis ~~I73.8~~ I73.89
- Admission (for) -see also Encounter (for)
- adjustment (of)
 - - artificial
 - - - implanted Z45.89
 - - - - cardiac Z45.09
 - Revise - - - - - defibrillator (with synchronous ~~cardiac~~ cardiac pacemaker) Z45.02
- Bronchiolitis (acute) (infective) (subacute) J21.9
- due to
 - Revise - - respiratory syncytial virus (RSV) J21.0
- Bronchitis (diffuse) (fibrinous) (hypostatic) (infective) (membranous) J40
- - due to
 - - - virus
 - Revise - - - - respiratory syncytial (RSV) J20.5
- Bleeding
- Add - perimenopausal N92.4
- Canceled procedure (surgical) Z53.9
- not done
 - - because of
 - - - patient's decision
 - Revise - - - - left against medical advice (AMA) ~~Z53.24~~ Z53.29

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- 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 ~~presenation~~ 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

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- 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
- 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

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	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 <u>E83.59</u>
	Infarct, infarction
Delete	cerebral I63.9—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 Periodontitis <u>Periodontitis</u> , aggressive, localized
Revise	- - localized - see Periodontitis <u>Periodontitis</u> , 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 (<u>RSV</u>), as cause of disease classified elsewhere B97.4 <u>see Infection, virus, respiratory syncytial (RSV)</u>
	- tooth, teeth K04.7
	- - periapical K04.7
	- - peridental, periodontal K05.20
Revise	- - - generalized - see Periodontitis <u>Periodontitis</u> , aggressive, localized
Revise	- - - localized - see Periodontitis <u>Periodontitis</u> , aggressive, localized
	- virus, viral NOS B34.9
	- - as cause of disease classified elsewhere B97.89
Revise	- - - respiratory syncytial (RSV) <u>B97.4</u> <u>see Infection, virus, respiratory syncytial (RSV)</u>
Revise	- - respiratory syncytial (<u>RSV</u>)
	- - - 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

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- 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
- Add - affected by
 - - cyanosis P28.2
- Delete Orthopoxvirus B08.09
 –~~specified NEC B08.09~~
- Osteoarthritis
- Add - primary M19.91
 - - multiple sites M89.49
- Paget's disease
- Add - bone M88.9
 - - specified NEC M88.88
 Revise - - vertebra ~~M88.88~~ M88.1
- Delete Paraurethral duct Q64.79
 –~~nonorganic origin F51.5~~

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- Pericementitis (chronic) (suppurative) – see also Periodontitis
- acute K05.20
Revise - - generalized - see ~~Pericementitis~~ Periodontitis, aggressive, localized
Revise - - localized - see ~~Pericementitis~~ 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
- - 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 ~~Pericementitis~~ Periodontitis, aggressive, localized
Revise - - localized - see ~~Pericementitis~~ Periodontitis, aggressive, localized

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- 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~~ cardiac pacemaker) Z45.02