ICD-9-CM Coordination and Maintenance Committee Meeting
March 19-20, 2008
Diagnosis Agenda

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

Status of tPA for Stroke
Joseph P. Broderick, M.D.
Dawn Kleindorfer, M.D.
American Academy of Neurology

Other venous embolism and thrombosis
Patrick Romano, M.D.
Agency for Healthcare Research and Quality (AHRQ)
Battelle
University of California - Stanford team

Venous complications in pregnancy and the puerperium
Patrick Romano, M.D.
Agency for Healthcare Research and Quality (AHRQ)
Battelle
University of California - Stanford team

Methicillin-Resistant Staphylococcus aureus (MRSA)
Rachel Gorwitz, M.D., MPH
Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention

Fever and other physiologic disturbances of temperature regulation
Disruption of operation wound
Activity codes

Injuries and external cause codes for military operations
Lt. Col. Steven Bullock
United States Army

Exposure to harmful chemicals and other harmful substances
Incidental Dural Tear
John Shaw
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ICD-9-CM TIMELINE

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

April 1, 2008  There will be no new ICD-9-CM codes implemented on April 1, 2008 to capture new technology.

April 11, 2008  Deadline for receipt of public comments on proposed code revisions discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2008.

April 2008  Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include the final ICD-9-CM diagnosis and procedure codes for the upcoming fiscal year. It will also include proposed revisions to the DRG system on which the public may comment. The proposed rule can be accessed at:
http://www.cms.hhs.gov/AcuteInpatientPPS/IPPslist.asp

April 2008  Summary report of the Diagnosis part of the March 20, 2008 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:

April 2008  Summary report of the Procedure part of the March 19, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

June 2008  Final addendum for October 1, 2009 posted on web pages as follows:
Procedure addendum at – http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

June 20, 2008  Deadline for receipt of public comments on proposed diagnosis code revisions discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2009.
July 25, 2008  Those members of the public requesting that topics be discussed at the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.

August 1, 2008  Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include all the final codes to be implemented on October 1, 2008. This rule can be accessed at: http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp

August 2008  Tentative agenda for the Diagnosis part of the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at - http://www.cdc.gov/nchs/icd9.htm

Tentative agenda for the Procedure part of the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at - http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

Federal Register notice for the September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.


Because of increased security requirements, those wishing to attend the September 24 - 25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online by September 12, 2008; failure to do so may result in lack of access to the meeting.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 24 – 25, 2008</td>
<td>ICD-9-CM Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting must have registered for the meeting online by September 12, 2008. You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.</td>
</tr>
<tr>
<td>October 2008</td>
<td>Summary report of the Diagnosis part of the September 24–25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: <a href="http://www.cdc.gov/nchs/icd9.htm">http://www.cdc.gov/nchs/icd9.htm</a> Summary report of the Procedure part of the September 24–25, 2008 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <a href="http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes">http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes</a></td>
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<tr>
<td>October 10, 2008</td>
<td>Deadline for receipt of public comments on proposed code revisions discussed at the September 24-25, 2008 ICD-9-CM Coordination and Maintenance Committee meetings for implementation of April 1, 2009.</td>
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<tr>
<td>November 2008</td>
<td>Any new ICD-9-CM codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2009 will be posted on the following websites: <a href="http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes">http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes</a> <a href="http://www.cdc.gov/nchs/icd9.htm">http://www.cdc.gov/nchs/icd9.htm</a></td>
</tr>
<tr>
<td>December 5, 2008</td>
<td>Deadline for receipt of public comments on proposed code revisions discussed at the September 24-25, 2008 ICD-9-CM Coordination and Maintenance Committee meetings for implementation of October 1, 2009.</td>
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</table>
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NCHS Classifications of Diseases web page:

Please consult this web page for updated information.
**Topic: Status of tPA for Stroke**

The American Academy of Neurology (AAN) is requesting a unique code to indicate that a patient has received tissue plasminogen activator (tPA) for a stroke. TPA has to be started as soon as possible to maximize its benefits and is only approved by the Food and Drug Administration (FDA), for treatment of acute stroke patients, within three hours. However, rural or smaller suburban hospitals, or those hospitals which do not have the physician or system support to care and handle potential complications associated with lytic therapy for stroke, will transfer patients directly from the emergency department to a tertiary hospital for critical care after they have initiated the IV tPA. Monitoring of how frequently this occurs at present will be critical in assessing the allocation and organization of resources for acute stroke care within the U.S. health care system.

The AAN suggests that a unique history code be created to better track those patients who have received tPA especially within the past 24 hours prior to the hospital admission.

This code could also be used for those patients who receive tPA for myocardial infarction.

**NOTE: The requestor has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.**

**TABULAR MODIFICATIONS***

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V87</td>
<td>Other specified personal exposures and history presenting hazards to health</td>
</tr>
<tr>
<td>V87.4</td>
<td>Personal history of drug therapy</td>
</tr>
</tbody>
</table>

*New code      V87.43  Personal history of transplasminogen activator
                Personal history of tPA

*This category and subcategory are on the addenda for 10/1/2008.
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Topic: Other venous embolism and thrombosis

The Agency for Healthcare Research and Quality (AHRQ) is proposing changes be made to coding venous thrombosis and embolism.

On October 1, 1993, codes were implemented to describe phlebitis and thrombophlebitis of veins of the upper extremities (codes 451.82-451.84). However, no corresponding codes were created to distinguish venous embolism and thrombosis affecting the upper extremities. Additionally, the term thrombophlebitis is outdated terminology. The presence of phlebitis (inflammation of the vein) in association with thrombosis has no clinical or prognostic significance. Patients with venous thrombosis are now categorized as having superficial or deep venous thrombosis affecting a specified vein defined by name or location. There is a need to create codes to define venous thrombosis affecting the vessels in the thorax, neck and upper extremities. With the increasing use of PICC lines, central catheters, tunnel dialysis catheters and wired cardiac devices, deep vein thrombosis of the major veins in the thorax and upper extremities has become very common. Currently the terms “thrombosis, arm,” “thrombosis, upper extremity,” or “thrombosis, vein, upper extremity” are not represented in the diagnosis index or tabular. In addition, thromboses resulting from indwelling central venous catheters, which typically affect the axillary, subclavian, and/or brachiocephalic veins, are not specifically indexed.

On October 1, 2004 codes for venous embolism and thrombosis of deep vessels of lower extremity, were implemented (codes 453.40-453.42). These changes did not address the problem of superficial thromboses of lower extremities and there is a need to define thromboses affecting those sites. Currently many of these sites are indexed to one code, 453.8, Other venous embolism and thrombosis of other specified veins.

Additionally it would be beneficial to be able to identify patients with sub-acute or chronic deep vein thrombosis or chronic pulmonary embolism who are receiving anticoagulation treatment but are no longer in the initial episode of care. Patients with venous thromboembolic disease often require a subsequent hospital admission for treatment of a complication, such as extension of the initial thrombosis or anticoagulant related bleeding. In addition, when these patients are readmitted for treatment of an underlying surgical problem, their deep-vein thrombosis is frequently coded as an “active” thrombosis, presumably because they are still receiving ongoing anticoagulant treatment. The proposed coding changes model the modifications of acute myocardial infarction codes, which distinguish between “initial episode of care,” “subsequent episode of care,” and “episode of care unspecified.” The use of the terms “acute”, “sub-acute” and “chronic” are consistent with similar terms used in the 2002 modifications to the heart failure codes.

The tabular changes proposed by AHRQ are detailed on the next four pages. Related changes in the index would also be made.
TABULAR MODIFICATIONS

415  Acute pulmonary heart disease

Revised  415.1 Pulmonary embolism and infarction, acute (initial episode of care)

Revised  415.11 Iatrogenic pulmonary embolism and infarction, acute (initial episode of care)

Revised  415.19 Other pulmonary embolism and infarction, acute (initial episode of care)

New subcategory  415.2 Pulmonary embolism and infarction, subacute or chronic (subsequent episode of care)
   Pulmonary (artery) (vein):
      apoplexy
      embolism
      infarction (hemorrhagic)
      thrombosis

Use additional code, if applicable, for associated long-term (current) use of anticoagulants V58.61

Excludes: that complicating:
   abortion (634-638 with .6, 639.6)
   ectopic or molar pregnancy (639.6)
   pregnancy, childbirth, or the puerperium (673.0-673.8)

New code  415.21 Iatrogenic pulmonary embolism and infarction, subacute or chronic (subsequent episode of care)

New code  415.29 Other pulmonary embolism and infarction, subacute or chronic (subsequent episode of care)

New subcategory  415.3 Pulmonary embolism and infarction, episode of care unspecified
   Pulmonary (artery) (vein):
      apoplexy
      embolism
      infarction (hemorrhagic)
      thrombosis
Use additional code, if applicable, for associated long-term (current) use of anticoagulants V58.61

Excludes: that complicating:
- abortion (634-638 with .6, 639.6)
- ectopic or molar pregnancy (639.6)
- pregnancy, childbirth, or the puerperium (673.0-673.8)

New code 415.31 Iatrogenic pulmonary embolism and infarction, episode of care unspecified

New code 415.39 Other pulmonary embolism and infarction, episode of care unspecified

453 Other venous embolism and thrombosis

Revise 453.4 Venous embolism and thrombosis of deep vessels of lower extremity, acute (initial episode of care)

Revise 453.40 Venous embolism and thrombosis of unspecified deep vessels of lower extremity, acute (initial episode of care)

Revise 453.41 Venous embolism and thrombosis of deep vessels of proximal lower extremity, acute (initial episode of care)

Revise 453.42 Venous embolism and thrombosis of deep vessels of distal lower extremity, acute (initial episode of care)

New subcategory 453.5 Venous embolism and thrombosis of deep vessels of lower extremity, subacute or chronic (subsequent episode of care)

Use additional code, if applicable, for associated long-term (current) use of anticoagulants V58.61

New code 453.50 Venous embolism and thrombosis of unspecified deep vessels of lower extremity, subacute or chronic (subsequent episode of care)

New code 453.51 Venous embolism and thrombosis of deep vessels of proximal lower extremity, subacute or chronic (subsequent episode of care)
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New code 453.52 Venous embolism and thrombosis of deep vessels of distal lower extremity, subacute or chronic (subsequent episode of care)

New subcategory 453.6 Venous embolism and thrombosis of deep vessels of lower extremity, episode of care unspecified

Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V58.61)

New code 453.60 Venous embolism and thrombosis of unspecified deep vessels of lower extremity, episode of care unspecified

New code 453.61 Venous embolism and thrombosis of deep vessels of proximal lower extremity, episode of care unspecified

New code 453.62 Venous embolism and thrombosis of deep vessels of distal lower extremity, episode of care unspecified

New code 453.7 Venous embolism and thrombosis of superficial vessels of lower extremities
   Saphenous vein (greater) (lesser)

New subcategory 453.8 Of other specified veins

New code 453.81 Of superficial veins of upper extremities
   Antecubital vein
   Basilic vein
   Cephalic vein

New code 453.82 Of deep veins of upper extremities
   Brachial vein
   Radial vein
   Ulnar vein

New code 453.83 Of upper extremities, unspecified

New code 453.84 Of axillary veins

New code 453.85 Of subclavian veins

New code 453.86 Of internal jugular veins
New code 453.87 Of other thoracic veins
                         Brachiocephalic (innominate)
                         Superior vena cava

New code 453.89 Of other specified veins

996 Complications peculiar to certain specified procedures

996.7 Other complications of internal (biological) (synthetic)
          prosthetic device, implant, and graft

          Use additional code to identify complication, such as:

Add Venous embolism and thrombosis (453.2-453.9)

Alternate Option:

415 Acute pulmonary heart disease

Revise 415.1 **Acute** pulmonary embolism and infarction

Add Excludes: subacute or chronic pulmonary embolism and infarction
          (416.2)

Revise 415.11 Iatrogenic **acute** pulmonary embolism and
          infarction, initial episode of care

New code 415.13 Iatrogenic acute pulmonary embolism and
          infarction, subsequent episode of care

          Use additional code, if applicable, for associated long-term
          (current) use of anticoagulants (V58.61)

New code 415.14 Other acute pulmonary embolism and infarction,
          initial episode of care

Revise 415.19 Other acute pulmonary embolism and infarction,
          subsequent episode of care

          Use additional code, if applicable, for associated long-term
          (current) use of anticoagulants (V58.61)

416 Chronic pulmonary heart disease

New code 416.2 Subacute or chronic pulmonary embolism and infarction

          Use additional code, if applicable, for associated long-term
          (current) use of anticoagulants (V58.61)
**Topic: Venous complications in pregnancy and the puerperium**

The Agency for Healthcare Research and Quality (AHRQ) is proposing that changes be made for venous complications in pregnancy and the puerperium. Currently venous thrombosis during pregnancy and the puerperium involves selection from the following codes 671.3-671.4, Deep vein phlebothrombosis (antepartum, postpartum respectively) 671.8, Other venous complications, 671.9 Unspecified venous complication, 673.2, Obstetrical blood-clot embolism or 673.8, Other pulmonary embolism (plus appropriate fifth digit assignment).

There is a need to improve the specificity of ICD-9-CM codes used to define deep vein thrombosis and pulmonary embolism in pregnant and postpartum women. The most critical issue is the inclusion of both venous thrombosis and septic pelvic thrombophlebitis under one single subcategory/code, 671.4 (with either a 2 or a 4 selected as the 5th digit). Septic pelvic thrombophlebitis is an inflammatory condition that affects the adnexa in the pelvis. It is thought to be an infectious complication that follows delivery, especially after cesarean delivery. This condition does not commonly respond to heparin treatment. A new code for septic pelvic thrombophlebitis is needed separating it from postpartum deep vein thrombosis.

In addition, a separate code that differentiates acute from subacute or chronic venous thrombosis or pulmonary embolism is needed. Patients with venous thromboembolic disease often require a subsequent hospital admission for treatment of a complication, such as extension of the initial thrombosis or anticoagulant related bleeding. In addition, when these patients are readmitted for treatment of an underlying surgical problem, their pulmonary embolus is frequently coded as an “active” thrombosis, presumably because they are still receiving ongoing anticoagulant treatment. The proposed coding changes model the modifications of acute myocardial infarction codes, which distinguish between “initial episode of care,” “subsequent episode of care,” and “episode of care unspecified.” The proposed tabular changes would:

1. Change the description of 671.3x and 671.4x to remove pelvic thrombophlebitis and to limit these codes to the acute (initial or unspecified) episode of care, using the existing fifth digits.
2. Add new codes 671.6x and 671.7x for subacute or chronic phlebothrombosis (subsequent episode of care), using the existing fifth digits.
3. Add new codes under existing category 670 to specifically identify the three most serious manifestations of major puerperal infection: postpartum endometritis, postpartum sepsis, and postpartum septic pelvic thrombophlebitis. The existing fifth digits would still be applied here.

The tabular changes proposed by AHRQ are detailed on the next two pages. Related changes in the index would also be made.
### TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>670</td>
<td>Major puerperal infection</td>
</tr>
<tr>
<td>Delete</td>
<td>[0,2,4]</td>
</tr>
<tr>
<td>Delete</td>
<td>Use 0 as fourth digit for category 670</td>
</tr>
<tr>
<td>Delete</td>
<td>Puerperal:</td>
</tr>
<tr>
<td>Delete</td>
<td>endometritis</td>
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<tr>
<td>Delete</td>
<td>fever (septic)</td>
</tr>
<tr>
<td>Delete</td>
<td>pelvic:</td>
</tr>
<tr>
<td>Delete</td>
<td>cellulitis</td>
</tr>
<tr>
<td>Delete</td>
<td>sepsis</td>
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<tr>
<td>Delete</td>
<td>peritonitis</td>
</tr>
<tr>
<td>Delete</td>
<td>pyemia</td>
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<tr>
<td>Delete</td>
<td>salpingitis</td>
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<tr>
<td>Delete</td>
<td>septicemia</td>
</tr>
<tr>
<td>New subcategory</td>
<td>670.0 Major puerperal infection, unspecified [0,2,4]</td>
</tr>
<tr>
<td>New subcategory</td>
<td>670.1 Puerperal endometritis [0,2,4]</td>
</tr>
<tr>
<td>New subcategory</td>
<td>670.2 Puerperal sepsis [0,2,4]</td>
</tr>
<tr>
<td>New subcategory</td>
<td>670.3 Puerperal septic thrombophlebitis [0,2,4]</td>
</tr>
<tr>
<td>New subcategory</td>
<td>670.8 Other major puerperal infection [0,2,4] Puerperal: pelvic cellulitis peritonitis pyemia salpingitis</td>
</tr>
</tbody>
</table>
671  Venous complications in pregnancy and the puerperium

Revise  671.3  Deep phlebothrombosis, antepartum, acute (initial or unspecified episode of care)

Revise  671.4  Deep phlebothrombosis, postpartum, acute (initial or unspecified episode of care)

New subcategory  671.6  Deep phlebothrombosis, antepartum, subacute or chronic [0,1,3] (subsequent episode of care)

Use additional code, if applicable, for associated long-term (current) use of anticoagulants V58.61

New subcategory  671.7  Deep phlebothrombosis, postpartum, subacute or chronic [0,2,4] (subsequent episode of care)

Use additional code, if applicable, for associated long-term (current) use of anticoagulants V58.61
Methicillin-resistant *Staphylococcus aureus* (MRSA) is a form of the bacterium *Staphylococcus aureus* (*S. aureus*) that is resistant to treatment with currently available antibiotics in the beta-lactam class, which have traditionally been a treatment of choice for *S. aureus* infections. MRSA accounts for the majority of *S. aureus* infections acquired in healthcare settings, and is associated with increased morbidity, mortality, and healthcare costs as compared to methicillin-susceptible *S. aureus* (MSSA) infections occurring in these settings. Since the late 1990s, MRSA has caused an increasing proportion of *S. aureus* infections occurring in otherwise healthy persons in the general community. Most community-associated MRSA infections are skin and soft tissue infections that are not life-threatening; however, severe and invasive infections also occur.

Based on data from a multi-state surveillance system that uses population-based laboratory data in conjunction with medical record review to identify persons with invasive MRSA infections, an estimated 94,360 persons in the United States had invasive MRSA infections in 2005, and about 18,650 of these persons died in the hospital. About 85% of these invasive MRSA infections were associated with healthcare, while 14% occurred in persons without obvious exposures to healthcare.

Active surveillance systems like the one described above are complemented by analysis of nationally representative surveys that track inpatient stays in acute care hospitals (National Hospital Discharge Survey, Nationwide Inpatient Sample) and ambulatory care visits (National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey). In these surveys, ICD-9-CM codes are used to identify diagnoses associated with hospitalizations and ambulatory care visits. These surveys can be used to estimate national burden and assess trends in conditions resulting in hospitalization or outpatient visits, including infections with *S. aureus*. For example, analysis of National Hospital Discharge Survey data estimated 291,542 hospital discharges with *S. aureus* infection-related diagnoses annually in 1999-2000. The proportion of these infections due to MRSA was estimated using data from a separate national laboratory-based surveillance system, resulting in an estimate of 125,969 hospitalizations with a diagnosis of MRSA infection each year. A more recent analysis of these data estimated that, between 1999 and 2005, the number of *S. aureus*-related hospitalizations increased 62%, from 294,570 to 477,927, and the estimated number of MRSA-related hospitalizations more than doubled, from 127,036 to 278,203. Analysis of the National Ambulatory Medical Care Surveys and National Hospital Ambulatory Medical Care Surveys from 1992-1994 and 2001-2003 estimated that there were 11.6 million annual ambulatory care visits for skin and soft tissue infections typical of *S. aureus* in 2001-2003, and rates of visits to hospital outpatient and emergency departments increased by 59% and 31%, respectively, during this time period.

While data indicate that MRSA is becoming more prevalent, the good news is that MRSA is preventable. Infection control guidelines produced by the Centers for Disease Control and Prevention (CDC) provide guidance for preventing and controlling MRSA transmission in healthcare settings.
Control and Prevention (CDC) and the Healthcare Infection Control and Prevention Advisory Committee (HICPAC) outline strategies to prevent transmission of multidrug-resistant organisms, including MRSA, in healthcare settings. In the community, strategies focusing on increased recognition and appropriate management of new infections, meticulous wound care, and enhanced hygiene have been effective at limiting transmission of MRSA.

The Department of Health and Human Services (DHHS) is requesting that ICD-9-CM codes be modified in order to better identify and track MRSA infection and colonization. The proposed modifications will complement and enhance CDC’s surveillance activities, and improve our ability to estimate national burden and trends in MRSA infection using diagnostic coding data.

**NOTE:** DHHS has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

## TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>038</td>
<td>Septicemia</td>
</tr>
<tr>
<td>038.1</td>
<td>Staphylococcal septicemia</td>
</tr>
<tr>
<td>Revise</td>
<td>038.11 Methicillin susceptible Staphylococcus aureus septicemia</td>
</tr>
<tr>
<td>Add</td>
<td>MSSA septicemia</td>
</tr>
<tr>
<td>Add</td>
<td>Staphylococcus aureus septicemia NOS</td>
</tr>
<tr>
<td>New code</td>
<td>038.12 Methicillin resistant Staphylococcus aureus septicemia</td>
</tr>
<tr>
<td>041</td>
<td>Bacterial infection in conditions classified elsewhere and of unspecified site</td>
</tr>
<tr>
<td>041.1</td>
<td>Staphylococcus</td>
</tr>
<tr>
<td>Revise</td>
<td>041.11 Methicillin susceptible Staphylococcus aureus</td>
</tr>
<tr>
<td>Add</td>
<td>MSSA</td>
</tr>
<tr>
<td>Add</td>
<td>Staphylococcus aureus NOS</td>
</tr>
<tr>
<td>New code</td>
<td>041.12 Methicillin resistant Staphylococcus aureus</td>
</tr>
</tbody>
</table>

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482  Other bacterial pneumonia

482.4  Pneumonia due to Staphylococcus

Revise 482.41  Pneumonia due to methicillin susceptible
Staphylococcus aureus
MSSA pneumonia
Pneumonia due to Staphylococcus aureus
NOS

New code 482.42  Pneumonia due to methicillin resistant
Staphylococcus aureus

V02  Carrier or suspected carrier of infectious diseases
Add  Colonization status

V02.5  Other specified bacterial diseases

New code V02.53  Methicillin susceptible Staphylococcal aureus
MSSA colonization

New code V02.54  Methicillin resistant Staphylococcal aureus
MRSA colonization

Delete V02.59  Other specified bacterial diseases
Staphylocccal

V09  Infection with drug-resistant microorganisms

Delete V09.0  Infection with microorganisms resistant to penicillins
Methicillin resistant staphylococcus aureus (MRSA)

New code V09.01  Methicillin resistant Staphylococcus aureus
MRSA

New code V09.09  Other infection with microorganisms resistant to
penicillins

V12  Personal history of certain other diseases

V12.0  Infectious and parasitic diseases

New code V12.04  Methicillin resistant Staphylococcus aureus
MRSA
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Topic: Fever and other physiologic disturbances of temperature regulation

A proposal to expand code 780.6, Fever, was presented at the September 2007 C&M meeting. That proposal included new codes for postprocedural fever, and fever presenting with conditions classified elsewhere. At the meeting the representative of the American Academy of Pediatrics (AAP) asked for a further expansion to the proposal to include codes for chills without fever and hypothermia. There was also a request for a code for post-vaccination fever.

Though there was consensus at the meeting, and in the comments received following the meeting, that these additional changes would be useful, the full revised proposal is being brought back for reconsideration due to the significance of the differences between the full proposal and what was presented originally.

NOTE: NCHS has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>780</td>
<td>General symptoms</td>
</tr>
<tr>
<td>Revise</td>
<td>780.6 Fever and other physiologic disturbances of temperature regulation</td>
</tr>
<tr>
<td>Delete</td>
<td>Chills with fever</td>
</tr>
<tr>
<td></td>
<td>Fever NOS</td>
</tr>
<tr>
<td></td>
<td>Fever of unknown origin (FUO)</td>
</tr>
<tr>
<td></td>
<td>Hyperpyrexia NOS</td>
</tr>
<tr>
<td></td>
<td>Pyrexia NOS</td>
</tr>
<tr>
<td></td>
<td>Pyrexia of unknown origin</td>
</tr>
<tr>
<td>Delete</td>
<td>Code first underlying condition when associated fever is present, such as with:</td>
</tr>
<tr>
<td></td>
<td>leukemia (codes from categories 204, 205, 206, 207, 208)</td>
</tr>
<tr>
<td></td>
<td>neutropenia (288.00-288.09)</td>
</tr>
<tr>
<td></td>
<td>sickle cell disease (282.60-282.69)</td>
</tr>
<tr>
<td>New code</td>
<td>780.60 Fever, unspecified</td>
</tr>
<tr>
<td></td>
<td>Chills with fever</td>
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<tr>
<td></td>
<td>Fever NOS</td>
</tr>
<tr>
<td></td>
<td>Fever of unknown origin (FUO)</td>
</tr>
<tr>
<td></td>
<td>Hyperpyrexia NOS</td>
</tr>
<tr>
<td></td>
<td>Pyrexia NOS</td>
</tr>
<tr>
<td></td>
<td>Pyrexia of unknown origin</td>
</tr>
<tr>
<td></td>
<td>Excludes: chills without fever (780.64)</td>
</tr>
</tbody>
</table>
New code 780.61  Fever presenting with conditions classified elsewhere

Code first underlying condition when associated fever is present, such as with:
- leukemia (codes from categories 204, 205, 206, 207, 208)
- neutropenia (288.00-288.09)
- sickle-cell disease (282.60-282.69)

New code 780.62  Postprocedural fever

Excludes: fever associated with confirmed infection – code to infection
postvaccination fever (780.63)

New code 780.63  Postvaccination fever
Postimmunization fever

New code 780.64  Chills (without fever)
Chills NOS

Excludes: chills associated with confirmed infection – code to infection
chills with fever (780.60)

New code 780.65  Hypothermia

Excludes: hypothermia:
- associated with confirmed infection – code to infection
- associated with low environmental temperature (991.6)
- due to anesthesia (995.89)
- of newborn (778.2, 778.3)
**Topic: Disruption of operation wound**

This topic was presented at the September 2007 C&M meeting. At that meeting there was lengthy discussion regarding which additional inclusion terms should be added to the existing codes. There was also discussion on whether the codes need to distinguish between surgical wounds and traumatic wounds.

Due to the discussions at the meeting and the comments received following the meeting, it was determined that the additional inclusion terms that were requested should be added to the proposal, and that an additional code for disruption of traumatic wounds should be created. Because the revised proposal differs substantially from the original proposal, it was decided that it should be brought back to allow for comments on its final design.

In the comments received on this subject, there were additional comments on the coding of the whole issue of wound care management. Possible revisions for wound care management are being considered for the September 2008 C&M meeting. This is being reviewed with the CMS wound care management group.

**NOTE:** NCHS has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.
### TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>998</td>
<td>Other complications of procedures, not elsewhere classified</td>
</tr>
<tr>
<td></td>
<td><strong>Revise</strong> 998.3 Disruption of operation wound</td>
</tr>
<tr>
<td></td>
<td><strong>Add</strong> Disruption of any suture materials or method</td>
</tr>
<tr>
<td></td>
<td><strong>New code</strong> 998.30 Disruption of wound, unspecified</td>
</tr>
<tr>
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<td>Disruption of wound NOS</td>
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<tr>
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<td><strong>Revise</strong> 998.31 Disruption of internal operation (surgical) wound</td>
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<tr>
<td></td>
<td><strong>Add</strong> Disruption or dehiscence of closure of:</td>
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<tr>
<td></td>
<td>fascia, superficial or muscular</td>
</tr>
<tr>
<td></td>
<td>internal organ</td>
</tr>
<tr>
<td></td>
<td>muscle or muscle flap</td>
</tr>
<tr>
<td></td>
<td>ribs or rib cage</td>
</tr>
<tr>
<td></td>
<td>skull or craniotomy</td>
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<tr>
<td></td>
<td>sternum or sternotomy</td>
</tr>
<tr>
<td></td>
<td>tendon or ligament</td>
</tr>
<tr>
<td></td>
<td>Deep disruption or dehiscence of operation wound NOS</td>
</tr>
<tr>
<td></td>
<td><strong>Add</strong> Excludes: complications of internal anastomosis of:</td>
</tr>
<tr>
<td></td>
<td>gastrointestinal tract (997.4)</td>
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<tr>
<td></td>
<td>urinary tract (997.5)</td>
</tr>
<tr>
<td></td>
<td><strong>Revise</strong> 998.32 Disruption of external operation (surgical) wound</td>
</tr>
<tr>
<td></td>
<td><strong>Delete</strong> Disruption of operation wound NOS</td>
</tr>
<tr>
<td></td>
<td><strong>Add</strong> Disruption or dehiscence of closure of:</td>
</tr>
<tr>
<td></td>
<td>cornea</td>
</tr>
<tr>
<td></td>
<td>mucosa</td>
</tr>
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<td>skin</td>
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<td>subcutaneous tissue</td>
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<td></td>
<td>Full-thickness skin disruption or dehiscence</td>
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<td>Superficial disruption or dehiscence of operation wound</td>
</tr>
<tr>
<td></td>
<td><strong>New code</strong> 998.33 Disruption of traumatic injury wound repair</td>
</tr>
<tr>
<td></td>
<td>Disruption or dehiscence of closure of traumatic laceration (external) (internal)</td>
</tr>
</tbody>
</table>
Topic: Activity codes

Currently, there is no way to code the activity in which a person is engaged that results in a health condition or injury. Collection of this information is an essential process to enable epidemiologists and injury prevention specialists to work towards prevention strategies to reduce the negative health consequences associated with specific activities. As with all external cause codes, these proposed activity codes would be for use as secondary codes in conjunction with the appropriate diagnosis or injury code from the other chapters of the classification.

The guidelines that would accompany these new codes would require that a code from category, E000, Activity code status, be used with a code from categories E001-E030 to indicate the status of the activity.

These activity codes are presented as a companion proposal to the proposal presented at the September 2007 C&M meeting for expanding E927, Overexertion and strenuous movements.

NOTE: The Department of Defense has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

TABULAR MODIFICATIONS

Revise SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING (E000-E999)

This section is provided to permit the classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used in addition to a code from one of the main chapters of ICD-9-CM, indicating the nature of the condition. Certain other conditions which may be stated to be due to external causes are classified in Chapters 1 to 16 of ICD-9-CM. For these, the "E" code classification should be used as an additional code for more detailed analysis.

Delete Machinery accidents [other than those connected with transport] are classifiable to category E919, in which the fourth digit allows a broad classification of the type of machinery involved. If a more detailed classification of type of machinery is required, it is suggested that the "Classification of Industrial Accidents according to Agency," prepared by the International Labor Office, be used in addition; it is included in this publication.

Categories for "late effects" of accidents and other external causes are to be found at E929, E959, E969, E977, E989, and E999.
Add ACTIVITY (E000-E030)

Add Excludes: injuries due to falls (E880-E888)
transport accidents (any accident involving a device designed
primarily for, or being used at the time primarily for, conveying
persons or goods from one place to another. A transport accident
code should be used in place of an activity code when the activity
is for the purpose of transport) (E800-E848)

Add Note: A code from category E00 is required for each code from categories E001 to E030 to indicate the status of the activity.

New category E000 Activity code status

New code E000.0 Leisure related activity
Hobby not done for income
Off-duty activity of military personnel
Recreation or sport not for income or while a student
Excludes: activity done as a student (E000.1)
activity done for income (E000.2)

New code E000.1 Student activity
Activity performed while a student not for income
or pay
ROTC student
Excludes: student activity for income or pay (E000.2)
students in military academies (E000.3)

New code E000.2 Work-related activity
Activity done for income or pay
Excludes: military personnel work related activity (E000.3)

New code E000.3 Military activity
Excludes: off-duty activity of military personnel (E000.0)
ROTC students (E000.1)

New code E000.9 Unspecified activity code status

This section contains the following broad activity categories:
E001 Activities involving walking and running
E002 Activities involving other track and field events
E003 Activities involving calisthenics and fitness and physical training
E004 Activities involving water
E005 Activities involving watercraft
E006 Activities involving ice and snow
E007 Activities involving climbing, rappelling, and jumping off
E008 Activities involving weights and exercise machines
E009 Activities involving other individual sports
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E010 Activities involving other group sports
E011 Activities involving other specified sports
E012 Activities involving dancing and other systematic rhythmic bodily exercises
E013 Activities involving usage of electronic games and equipment
E014 Activities involving repetitive use of fingers, hands, wrists, elbows, and shoulders
E015 Activities involving personal hygiene and household maintenance
E016 Activities involving caregiving
E017 Activities involving cooking and grilling
E018 Activities involving property and land maintenance, building and construction
E019 Activities involving roller coasters and other types of external motion
E020 Activities involving playing musical instrument
E021 Activities involving animal care
E022 Activity involving engine or machine repair
E029 Other activity
E030 Unspecified activity

Note: Categories E001 to E030 are provided for use to indicate the activity of the person seeking healthcare for an injury or health condition, such as a heart attack while shoveling snow, which resulted from, or was contributed to, by the activity. These codes are appropriate for use for both acute injuries, such as those from chapter 17, and conditions that are due to the long-term, cumulative affects of an activity, such as those from chapter 13. These codes may be used in conjunction with a place of occurrence code.

New category
E001 Activities involving walking and running
Excludes: dog walking (E021.0)
walking or running on a treadmill (E008.2)

New code  E001.0 Walking or hiking
Walking or hiking on level or elevated terrain
Excludes: marching or drilling (military) (E001.1)
mountain climbing (E007.0)

New code  E001.1 Foot marching or drilling without load

New code  E001.2 Foot marching or drilling with load
Foot marching or drilling with backpack

New code  E001.3 Sprinting
Excludes: hurdling (E001.4)

New code  E001.4 Hurdles
High and intermediate hurdles

New code  E001.5 Distance running
Cross country running
Jogging
Trail running
New code E001.6 Non-linear running
  Backward running
  Running not in a straight line
  Zigzag running
New code E001.9 Other activity involving walking and running
New category E002 Activities involving other track and field events
  Excludes: activities involving walking and running (E001.0-E001.9)
New code E002.0 Pole vaulting
New code E002.1 Shot put
New code E002.2 Javelin
New code E002.9 Activity involving other track and field event
New code E003 Activities involving calisthenics and fitness and physical training
New code E003.0 Calisthenics and fitness drills
  Cooling down
  Jumping jacks
  Grass drills
  Guerilla drills
  Pull ups
  Push ups
  Sit ups
  Stretching
  Warming up
New code E003.1 Confidence course
  Obstacle course
New code E003.2 Combatives
  Hand to hand combat training and testing
  Excludes: martial arts (E011.3)
New code E003.3 Stair climbing
  Bleacher climbing
New code E003.9 Other activity involving fitness and physical training
New category E004 Activities involving water
  Excludes: activities involving ice (E006.0-E006.8)
  activities involving watercraft (E005.0-E005.8)
  boating and other watercraft transport accidents (E830-E838)
New code E004.0 Lap swimming
New code E004.1 Synchronized swimming
New code E004.2 Springboard and platform diving
New code E004.3 Water polo
New code E004.4 Water aerobics
New code E004.5 Underwater diving and snorkeling
  SCUBA diving
New code E004.6 Water survival training and testing
New code E004.9 Other activity involving water
New category E005 Activities involving watercraft
  Excludes: boating and other watercraft transport accidents (E830-E838)
water survival practice and training (E004.6)

New code  E005.0  Canoeing
New code  E005.1  Kayaking
New code  E005.2  Rafting

Rafting in calm and turbulent water

New code  E005.3  Water skiing and wake boarding
New code  E005.4  Rowing or crew
New code  E005.5  Parasailing
New code  E005.6  Jet skiing
New code  E005.9  Other activity involving watercraft

New  E006  Activities involving ice and snow
category

New code  E006.0  Ice skating

Figure skating (singles) (pairs)

Ice dancing

Excludes: ice hockey (E006.1)

New code  E006.1  Ice hockey
New code  E006.2  Snow skiing
New code  E006.3  Snow boarding
New code  E006.4  Sledding or tobogganing
New code  E006.5  Snow mobiling
New code  E006.6  Curling
New code  E006.9  Other activity involving ice and snow

New  E007  Activities involving climbing, rappelling, and jumping off
category  Excludes: hiking on level or elevated terrain (E001.0)

jumping in place (E003.7)

New code  E007.0  Mountain climbing
New code  E007.1  Rock climbing
New code  E007.2  Rappelling
New code  E007.3  Sky diving and BASE jumping

Excludes: sky diving associated with transport accident (E840.0-E842.9, E844.0-E844.9)

New code  E007.4  Bungee jumping
New code  E007.5  Hang gliding
New code  E007.9  Other activity involving climbing, rappelling, and jumping

New  E008  Activities involving weights and exercise machines
category  Excludes: stair climbing not on a machine (E003.3)

New code  E008.0  Free weights
Barbells
Dumbbells

New code  E008.1  Weight lifting using weight machine
New code  E008.2  Walking or running on a treadmill
Jogging on a treadmill

New code  E008.3  Stationary bike riding
Spinning
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New code E008.4 Stepper and elliptical machine
New code E008.9 Other activity involving weights and exercise machines
New category E009 Activities involving other individual sports
Excludes: use of individual sports equipment used for transport resulting in an injury – code to transport accident (E800-E848)
New code E009.0 Roller skating (inline) and skateboarding
New code E009.1 Horseback riding
New code E009.2 Golf
New code E009.3 Bowling
New code E009.4 Bike riding
Excludes: riding on stationary bike (spinning) (E008.3)
transport accident involving bike riding (E800-E829)
New code E009.5 Gymnastics
New code E009.9 Other individual sport activity
Excludes: activities involving calisthenics and fitness and physical training (E003.0-E003.9)
activities involving climbing, rappelling, and jumping (E007.0-E007.9)
activities involving ice and snow (E006.0-E006.9)
activities involving other track and field events (E002.0-E002.9)
activities involving walking and running (E001.0-E001.9)
activities involving water (E004.0-E004.9)
activities involving watercraft (E005.0-E005.9)
activities involving weights and exercise machines (E008.0-E008.9)
New category E010 Activities involving other group sports
New code E010.0 American flag football
American touch football
New code E010.1 American tackle football and rugby
New code E010.2 Baseball
Softball
New code E010.3 Lacrosse
New code E010.4 Soccer
New code E010.5 Basketball
New code E010.6 Volleyball (beach) (court)
New code E010.7 Field hockey
New code E010.9 Other group sport activity
Cricket
Dodge ball
Kick ball
New category E011 Activities involving other specified sports
Excludes: bungee jumping (E007.4)
mountain climbing (E007.0)
refereeing a sport activity (E024.0)
rock climbing (E007.1)
sky diving and base jumping (E007.3)
yoga (E012.3)

- **New code** E011.0  Boxing
- **New code** E011.1  Wrestling
- **New code** E011.2  Racket sports
  - Racketball
  - Squash
  - Tennis
- **New code** E011.3  Martial arts
- **New code** E011.4  Frisbee
  - Ultimate frisbee
- **New code** E011.9  Other specified sport activity
  - Handball
- **New code** E012  Activities involving dancing and other systematic rhythmic bodily exercises
  - Excludes: gymnastics (E009.5)
- **New code** E012.0  Ballet
- **New code** E012.1  Tap dancing
- **New code** E012.2  Ballroom dancing
- **New code** E012.3  Yoga
- **New code** E012.4  Pilates
  - Excludes: fall from steps (E880.9)
- **New code** E012.9  Other activities involving dancing and other systematic rhythmic bodily exercises
  - Aerobics NOS
- **New code** E013  Activities involving usage of electronic games and equipment
  - Excludes: playing electronic musical keyboard (E020.0)
- **New code** E013.0  Electronic game playing using hand held interactive device
- **New code** E013.1  Electronic game playing using keyboard or other stationary device
- **New code** E013.2  Cellular telephone usage
- **New code** E013.3  Headphone and ear bud usage
- **New code** E013.9  Other activities involving usage of electronic games and equipment
- **New code** E014  Activities involving repetitive use of fingers, hands, wrists, elbows, and shoulders
  - Excludes: activities involving playing musical instrument (E020.0-E020.9)
  - activity involving usage of electronic games and equipment (E013.0-E013.9)
  - sports activities (E001-E011)
- **New code** E014.0  Meat cutting
- **New code** E014.1  Other cutting, chopping and slicing
New code  E014.2  Knitting and crocheting
New code  E014.3  Sewing
New code  E014.4  Typing
  Computer keyboarding
  Excludes: playing of musical keyboard (E020.0)
New code  E014.9  Other activity involving primarily repetitive use of
  fingers, hands, wrists, elbows and shoulders
New code  E015  Activities involving personal hygiene and household maintenance
  Excludes: activities involving cooking and grilling (E017.0-E017.9)
  activities involving property and land maintenance,
  building and construction (E018.0-E018.9)
  caregiving activities (E016.0-E016.9)
  gardening (E018.3)
New code  E015.0  Bathing and showering
New code  E015.1  Laundry
New code  E015.2  Vacuuming
New code  E015.3  Ironing
New code  E015.8  Other personal hygiene activities
New code  E015.9  Other household maintenance
New code  E016  Activities involving caregiving
  Excludes: cutting, chopping, and slicing (E014.1)
  meat cutting (E014.0)
New code  E016.0  Caregiving involving bathing
New code  E016.1  Caregiving involving lifting
New code  E016.9  Other caregiving activity
New code  E017  Activities involving cooking and grilling
  Excludes: cutting, chopping, and slicing (E014.1)
  meat cutting (E014.0)
New code  E017.0  Grilling or smoking
New code  E017.1  Cooking on stovetop
New code  E017.2  Cooking using an oven
New code  E017.9  Other activity involving cooking and grilling
New code  E018  Activities involving property and land maintenance, building and
  construction
  Excludes: activities involving animal care (E021.0-E021.9)
New code  E018.0  Digging and shoveling
  Dirt digging
  Snow shoveling
New code  E018.1  Wood chopping
New code  E018.2  Tree cutting and trimming
New code  E018.3  Gardening
  Pruning, shearing, trimming shrubs, weeding
New code  E018.4  Construction of mobile, temporary, or fixed building
  Excludes: fall from building, ladder or scaffolding (E881.0-
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E018.6</td>
<td>Laying tile</td>
</tr>
<tr>
<td>E018.7</td>
<td>Furniture building and finishing</td>
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<tr>
<td>E018.9</td>
<td>Other activities involving property and land maintenance, building and construction</td>
</tr>
<tr>
<td>E019</td>
<td>Activities involving roller coasters and other types of external motion</td>
</tr>
<tr>
<td>E019.0</td>
<td>Rollercoaster riding</td>
</tr>
<tr>
<td>E019.1</td>
<td>Riding on other amusement park ride</td>
</tr>
<tr>
<td>E019.9</td>
<td>Other activity involving external motion</td>
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<tr>
<td>E020</td>
<td>Activities involving playing musical instrument</td>
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<td>Piano playing</td>
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<td>E020.1</td>
<td>Drum playing</td>
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<td>Playing other percussion instrument</td>
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<td>E020.3</td>
<td>Cello or bass playing</td>
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<td>Tuba playing</td>
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<td>Playing other string instrument</td>
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<td>Playing other wind or brass instrument</td>
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<td>E021</td>
<td>Activities involving animal care</td>
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<td>E021.0</td>
<td>Dog walking</td>
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<td>Dog grooming</td>
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<td>Cow milking</td>
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<td>Sheep shearing</td>
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<td>E021.4</td>
<td>Horse grooming</td>
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<td>E021.9</td>
<td>Other activity involving animal care</td>
</tr>
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<td>E022</td>
<td>Activity involving engine or machine repair</td>
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<tr>
<td>E029</td>
<td>Other activity</td>
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<td>E029.0</td>
<td>Refereeing a sports activity</td>
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<td>E029.1</td>
<td>Spectator at an event</td>
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<tr>
<td>E029.9</td>
<td>Other activity</td>
</tr>
<tr>
<td>E030</td>
<td>Unspecified activity</td>
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</tbody>
</table>

**Add** TRANSPORT ACCIDENTS (E800-E848)

Add Machinery accidents [other than those connected with transport] are classifiable to category E919, in which the fourth digit allows a broad classification of the type of machinery involved.
Topic: Injuries and external cause codes for military operations

To improve the ability of the Department of Defense (DoD) to identify the cause of injuries among the military population and assist with prevention of these injuries, the following external cause code expansions are being proposed. This proposal is a companion to the activity code proposal. Though these proposals are being requested by the DoD, their use would be applicable to all users of the classification.

A new fourth-digit subdivision is being proposed for water transport accidents, categories E830-E838, to identify military watercraft. This is in keeping with the structure of the air and space transport accidents categories which have a fourth-digit subdivision for military aircraft.

Codes under category E922, Accident caused by firearm and air gun missile, identify the types of firearms that cause an injury. There is currently no way to identify injuries caused by mechanical malfunctions of these firearms. A new code is being proposed for this concept.

The modifications to category E927, Overexertion and strenuous movements, were originally presented at the September 2007 C&M meeting. It is being represented here with new codes for other and unspecified based on the comments received. A “use additional code” note to identify the activity was also added. A code from category E927 would be used in conjunction with an activity code to fully identify the cause of an injury or condition.

Also being brought back for consideration are revised proposed codes for personal and family deployment.

A full expansion of codes under categories E990-E999, injuries resulting from operations of war, is being proposed to allow for more specific identification of these causes.

Finally, in an effort to improve collection of external cause data for health conditions other than injuries, it is being proposed that “use additional code” notes be added at the beginning of certain chapters and at certain codes to instruct coders that external cause codes should be used with diagnoses that result from an external cause.

NOTE: The Department of Defense has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.
TABULAR MODIFICATIONS

DISORDERS OF THE EYE AND ADNEXA (360-379)
Add Use additional external cause code, if applicable, to identify the cause of the eye condition

DISEASES OF THE EAR AND MASTOID PROCESS (380-389)
Add Use additional external cause code, if applicable, to identify the cause of the ear condition

13. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (710-739)
Add Use additional external cause code, if applicable, to identify the cause of the musculoskeletal condition

733 Other disorders of bone and cartilage
  733.9 Other and unspecified disorders of bone and cartilage
    733.93 Stress fracture of tibia or fibula
Add Use additional external cause code(s) to identify the cause of the stress fracture
    733.94 Stress fracture of the metatarsals
Add Use additional external cause code(s) to identify the cause of the stress fracture
    733.95 Stress fracture of other bone
     Stress reaction of other bone
Add Use additional external cause code(s) to identify the cause of the stress fracture
Add Excludes: stress fracture of:
     femoral neck (733.96)
     fibula (733.93)
metatarsals (733.94) 
pelvis (733.98) 
shaft of femur (733.97) 
tibia (733.93)

New code 733.96  Stress fracture of femoral neck
Stress reaction of femoral neck

Add Use additional external cause code(s) to identify the cause
of the stress fracture

New code 733.97  Stress fracture of shaft of femur
Stress reaction of shaft of femur

Add Use additional external cause code(s) to identify the cause
of the stress fracture

New code 733.98  Stress fracture of pelvis
Stress reaction of pelvis

Add Use additional external cause code(s) to identify the cause
of the stress fracture

994 Effects of other external causes

994.5 Exhaustion due to excessive exertion
Revise Exhaustion due to overexertion

V61 Other family circumstances

V61.0 Family disruption
Delete Divorce 
Estrangement

New code V61.01  Family disruption due to family member on
military deployment
Individual or family affected by other family
member being on deployment

New code V61.02  Family disruption due to return of family
member from military deployment
Individual or family affected by other family
member having returned from
deployment (current or past conflict)

New code V61.09  Other family disruption
Divorce 
Estrangement
V62 Other psychosocial circumstances
   V62.2 Other occupational circumstances or maladjustment

Delete
   Career choice problem
   Dissatisfaction with employment
   Occupational problem

New code
V62.21 Personal current military deployment status
   Individual (civilian or military) currently deployed in theatre or in support of military war, peacekeeping and humanitarian operations

New code
V62.22 Personal history of return from military deployment
   Individual (civilian or military) with past history of military war, peacekeeping and humanitarian deployment (current or past conflict)

New code
V62.29 Other occupational circumstances or maladjustment
   Career choice problem
   Dissatisfaction with employment
   Occupational problem

WATER TRANSPORT ACCIDENTS (E830-E838)

The following fourth-digit subdivisions are for use with categories E830-E838 to identify the injured person:

New fourth-digit .7 Occupant of military watercraft, any type subdivision
   E918 Caught accidentally in or between objects

Excludes: injury caused by:

Add mechanism or component of firearm and air gun (E928.7)

E919 Accidents caused by machinery

Excludes: injury caused by:

Add mechanism or component of firearm and air gun (E928.7)

E920 Accidents caused by cutting and piercing instruments or objects

Add Excludes: injury caused by mechanism or component of firearm and air gun (E928.7)
E922 Accident caused by firearm and air gun missile

Add Excludes: injury caused by mechanism or component of firearm and air gun (E928.7)

E923 Accident caused by explosive material

Add Excludes: injury caused by mechanism or component of firearm and air gun (E928.7)

Revise E927 Overexertion and strenuous and repetitive movements or loads

Delete Excessive physical exercise

Overexertion (from):
- lifting
- pulling
- pushing

Strenuous movements in:
- recreational activities
- other activities

Use additional code to identify activity (E000-E025)

New code E927.0 Overexertion from sudden strenuous movement

Sudden trauma from strenuous movement

New code E927.1 Overexertion from prolonged static position

Overexertion from maintaining prolonged positions, such as:
- Holding
- Sitting
- Standing

New code E927.2 Excessive physical exertion from prolonged activity

New code E927.3 Cumulative trauma from repetitive motion

Cumulative trauma from repetitive movements

New code E927.4 Cumulative trauma from repetitive impact

New code E927.8 Other overexertion and strenuous and repetitive movements or loads

New code E927.9 Unspecified overexertion and strenuous and repetitive movements or loads

E928 Other and unspecified environmental and accidental causes

New code E928.7 Mechanism or component of firearm and air gun

Injury due to:
- recoil
- explosion of gun parts
- Pierced, cut, crushed, or pinched by slide, trigger mechanism, scope, or other gun part
- Powder burn from firearm or air gun
ICD-9-CM Coordination and Maintenance Committee Meeting
March 19-20, 2008

Excludes: accident caused by firearm and air gun missile (E922.0-E922.9)

INJURY RESULTING FROM OPERATIONS OF WAR (E990-E999)

Revise Includes: injuries to military personnel and civilians caused by war and civil insurrections and occurring during the time of war and insurrection, and peacekeeping missions

E990 Injury due to war operations by fires and conflagrations
Add Incendiary bomb
New code E990.0 From gasoline bomb
New code E990.1 From flamethrower
New code E990.2 From incendiary bullet
New code E990.3 From fire caused indirectly from conventional weapon
Excludes: fire aboard military aircraft (E994.3)

E991 Injury due to war operations by bullets and fragments
Add Excludes: injury due to bullets and fragments due to war operations, but occurring after cessation of hostilities (E998.0)
injury due to explosion of artillery shells and mortars (E993.2)
injury due to explosion of improvised explosive device (IED) (E993.3-E993.5)
injury due to sea-based artillery shell (E992.3)
New code E991.4 Fragments from munitions
New code E991.5 Fragments from person-borne improvised explosive device (IED)
New code E991.6 Fragments from vehicle-borne improvised explosive device (IED)
New code E991.7 Fragments from other improvised explosive device (IED)
New code E991.8 Fragments from weapons

37
Fragments from:
  artillery
  autocannons
  automatic grenade launchers
  missile launchers
  mortars
  small arms

E991.9  Other and unspecified fragments

Delete

E992  Injury due to war operations by explosion of marine weapons
Delete
  Depth-charge
  Marine mines
  Mine-NOS, at sea or in harbor
  Sea-based artillery shell
  Torpedo
  Underwater blast

New code  E992.0  Torpedo
New code  E992.1  Depth charge
New code  E992.2  Marine mines
  Marine mines at sea or in harbor
New code  E992.3  Sea-based artillery shell
New code  E992.8  Other by other marine weapons
New code  E992.9  Unspecified marine weapon
  Underwater blast NOS

E993  Injury due to war operations by other explosion
Delete
  Accidental explosion of munitions being used in war
  Accidental explosion of own weapons
  Air-blast NOS
  Blast NOS
  Explosion NOS
  Explosion of:
    artillery shell
    breech-block
    cannon-block
    mortar-bomb
Injury by weapon burst

Add Injuries due to direct or indirect pressure or air blast of an explosion occurring during war operations

Add Excludes: injury due to fragments resulting from an explosion (E991.0-E991.9)
injury due to nuclear weapons (E996.0-E996.9)
injury due to detonation of unexploded ordnance but occurring after cessation of hostilities (E998.0-E998.9)

New code E993.0  Aerial bomb
New code E993.1  Guided missile
New code E993.2  Mortar
Artillery shell
New code E993.3  Person-borne improvised explosive device (IED)
New code E993.4  Vehicle-borne improvised explosive device (IED)
IED borne by land, air, or water transport vehicle
New code E993.5  Other improvised explosive device (IED)
Roadside IED
New code E993.6  Unintentional detonation of own munitions
Unintentional detonation of own ammunition (artillery) (mortars)
New code E993.7  Unintentional discharge of own munitions launch device
Unintentional explosion of own:
Auto cannons
Automatic grenade launchers
Missile launchers
Small arms
New code E993.8  Other specified explosion
Bomb
Grenade
Land mine
New code E993.9  Unspecified explosion
Air blast NOS
Blast NOS
Blast wave NOS
Blast wind NOS
Explosion NOS

E994 Injury due to war operations by destruction of aircraft

Delete Airplane:
burned
exploded
shot down
Crushed by falling airplane
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>E994.0</td>
<td>Destruction of aircraft due to enemy fire or explosives</td>
</tr>
<tr>
<td></td>
<td>Air to air missile</td>
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<tr>
<td></td>
<td>Explosive device placed on aircraft</td>
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<td></td>
<td>Rocket propelled grenade (RPG)</td>
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<tr>
<td></td>
<td>Small arms fire</td>
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<td>Surface to air missile</td>
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<tr>
<td>E994.1</td>
<td>Unintentional destruction of aircraft due to own onboard explosives</td>
</tr>
<tr>
<td>E994.2</td>
<td>Destruction of aircraft due to collision with other aircraft</td>
</tr>
<tr>
<td>E994.3</td>
<td>Destruction of aircraft due to onboard fire</td>
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<tr>
<td>E994.8</td>
<td>Other destruction of aircraft</td>
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<tr>
<td>E994.9</td>
<td>Unspecified destruction of aircraft</td>
</tr>
<tr>
<td>E995</td>
<td>Injury due to war operations by other and unspecified forms of conventional warfare</td>
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<tr>
<td></td>
<td>Battle wounds</td>
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<td></td>
<td>Bayonet injury</td>
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<tr>
<td></td>
<td>Drowned in war operations</td>
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<tr>
<td>E995.0</td>
<td>Unarmed hand-to-hand combat</td>
</tr>
<tr>
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<td>Excludes: intentional restriction of airway (E995.3)</td>
</tr>
<tr>
<td>E995.1</td>
<td>Struck by blunt object</td>
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<tr>
<td></td>
<td>Baton (nightstick)</td>
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<td></td>
<td>Stave</td>
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<tr>
<td>E995.2</td>
<td>Piercing object</td>
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<tr>
<td></td>
<td>Knife</td>
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<td>Bayonet</td>
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<tr>
<td></td>
<td>Sword</td>
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<td>E995.3</td>
<td>Intentional restriction of air and airway</td>
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<td></td>
<td>Intentional submersion</td>
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<td>Strangulation</td>
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<td>Suffocation</td>
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<tr>
<td>E995.4</td>
<td>Unintentional drowning due to inability to surface or obtain air</td>
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<td></td>
<td>Submersion</td>
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<tr>
<td>E995.8</td>
<td>Other forms of conventional warfare</td>
</tr>
<tr>
<td>E995.9</td>
<td>Unspecified form of conventional warfare</td>
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<tr>
<td>E996</td>
<td>Injury due to war operations by nuclear weapons</td>
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<tr>
<td></td>
<td>Blast effects</td>
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<tr>
<td></td>
<td>Exposure to ionizing radiation from nuclear weapons</td>
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<td></td>
<td>Fireball effects</td>
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<tr>
<td></td>
<td>Heat</td>
</tr>
</tbody>
</table>
Other direct and secondary effects of nuclear weapons

Add

Dirty bomb NOS

Excludes: late effects of injury due to nuclear weapons (E999.1, E999.0)

New code E996.0 Direct blast effect of nuclear weapon
Injury to bodily organs due to blast pressure

New code E996.1 Indirect blast effect of nuclear weapon
Injury due to being thrown by blast
Injury due to being struck or crushed by blast debris

New code E996.2 Thermal radiation effect of nuclear weapon
Burns due to thermal radiation
Flash burns
Fireball effects
Heat effects

New code E996.3 Nuclear radiation effects
Acute radiation exposure
Beta burns
Fallout exposure
Radiation sickness
Secondary effects of nuclear weapons

New code E996.8 Other effects of nuclear weapons

New code E996.9 Unspecified effect of nuclear weapon

E997 Injury due to war operations by other forms of unconventional warfare

New code E997.3 Weapon of mass destruction (WMD), unspecified

E998 Injury due to war operations but occurring after cessation of hostilities

New code E998.0 Explosion of mines

New code E998.1 Explosion of bombs

New code E998.8 Injury due to other war operations but occurring after cessation of hostilities

New code E998.9 Injury due to unspecified war operations but occurring after cessation of hostilities
**Topic: Exposure to harmful chemicals and other harmful substances**

In today’s environment there is an unfortunate ever increasing risk of exposure to chemicals and toxins. Frequently, persons will seek medical care due to exposure or contact with substances as diverse as liquid chlorine bleach (non-toxic) to chlorine gas (potentially toxic). These patients may be without any symptoms due to the exposure but may have other injuries from the same event. In this group of patients it would be inappropriate to use a code from the section Toxic Effects of Substances Chiefly Nonmedicinal As To Source (980-989).

In order to better track encounters for these conditions, the American Academy of Pediatrics proposed certain revisions. These are shown below, together with revisions of proposed changes from the March and September 2007 C&M meetings.

**NOTE:** NCHS has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

### TABULAR MODIFICATION*

<table>
<thead>
<tr>
<th>New Category</th>
<th>V87</th>
<th>Other specified personal exposures and history presenting hazards to health</th>
</tr>
</thead>
<tbody>
<tr>
<td>New subcategory</td>
<td>V87.0</td>
<td>Contact with and (suspected) exposure to hazardous metals</td>
</tr>
<tr>
<td>Excludes: toxic effect of metals (984.0-985.9)</td>
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<td></td>
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<tr>
<td>New code</td>
<td>V87.01</td>
<td>Arsenic</td>
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<tr>
<td>New code</td>
<td>V87.09</td>
<td>Other hazardous metals</td>
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<tr>
<td>Chromium compounds</td>
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<td>Nickel dust</td>
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<tr>
<td>New subcategory</td>
<td>V87.1</td>
<td>Contact with and (suspected) exposure to hazardous aromatic compounds</td>
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<tr>
<td>Excludes: toxic effects of aromatic compounds (982.0, 983.0)</td>
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<td></td>
</tr>
<tr>
<td>New code</td>
<td>V87.11</td>
<td>Aromatic amines</td>
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<tr>
<td>New code</td>
<td>V87.12</td>
<td>Benzene</td>
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<tr>
<td>New code</td>
<td>V87.19</td>
<td>Other hazardous aromatic compounds</td>
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<tr>
<td>Aromatic dyes NOS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polycyclic aromatic hydrocarbons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
New code V87.2 Contact with and (suspected) exposure to other potentially hazardous chemicals
   Dyes NOS

Excludes: contact with and (suspected) exposure to:
   asbestos (V15.84)
   lead (V15.86)
   toxic effect of chemicals (980-989)

New subcategory V87.3 Contact with and (suspected) exposure to other potentially hazardous substances

Excludes: contact with and (suspected) exposure to potentially hazardous body fluids (V15.85)
   toxic effect of substances (980-989)

New code V87.31 Exposure to mold

New code V87.39 Contact with and (suspected) exposure to other potentially hazardous substances

*This category and subcategory are on the addenda for 10/1/2008.
Topic: Incidental Dural Tear

Incidental durotomy is an unintended tear of the dura mater during spine surgery or other invasive extradural procedures such as epidural injections, resulting in some (frequently slight) cerebrospinal fluid leakage. Surgeons will routinely document interchangeably “incidental durotomy” or “dural tear” for these cases. The dural laceration and resulting leakage of spinal fluid has associated risks, with the potential for persistent cerebrospinal fluid leak, headache, urine retention, meningitis, infection, neural compression, and the late development of a pseudomeningocele.

Dural tears are undesirable but relatively commonplace in spine surgery, particularly revision spine surgery due to a greater risk of adhesions to the dura itself and greater deformity requiring repair. Other surgical factors predictably increasing the risk of incidental durotomy or dural tear include location of the surgery (thoracic or lumbar vs. cervical, procedure inside the spinal column or not), type of surgery (fusion vs. simple disk removal or decompression), and number of spine levels involved (multiple levels vs. single level.) Patient factors predictably increasing the risk include diagnosis (curvature of the spine, spondylolisthesis, spinal stenosis, and disk herniation) and co-morbid conditions associated with a thinning dura (smoking, diabetes, epidural steroid injections, and cancer treatment.)

The majority of dural tears are observed and repaired intra-operatively with suturing, fat grafts, and/or fibrin glue. Follow-up care in the hospital typically includes 24 hours of bed rest, close monitoring, and use of steroids or drugs. This routine treatment is effective and there are few long term sequelae reported.

Incidental dural tears are currently indexed to and reported in code 998.2, Accidental puncture or laceration during procedure, along with accidental punctures and lacerations of blood vessels, nerves, bladder, urethra, liver, kidney, and other organs. A refinement of the ICD-9-CM coding is needed to distinguish incidental durotomy or dural tear from other accidental punctures or lacerations. It is also suggested that this will help to address a current significant difference in reporting between different hospitals, which appears to be due in part to conflicting ICD-9-CM coding conventions.

Incidental dural tears are routinely expected and unavoidably inherent in certain spine procedures. Many surgeons do not consider incidental durotomies a complication and will not document that they are. The coder will not code the condition to 998.2 if the physician has not documented it as a complication. On the other hand, many surgeons and hospitals do code dural tears.

A specific code for dural tear should be created to uniquely differentiate these cases and enhance the consistency of code use. In addition, a “code also” note for common risk factors contributing to the dural tear incidence would provide further coding guidance to document clinical context.
A new code for dural tear has been requested by NextWave, with a preference for this new code to be in the body systems section (Option 2 shown below).

**NOTE:** The requestor has asked that this code request be considered for expedited implementation on 10/1/2008. Comments on this topic are due by 4/11/2008.

**TABULAR MODIFICATIONS**

**Option 1 – New 5th Digits at 998.2**

998 Other complications of procedures, NEC

998.2 Accidental puncture or laceration during a procedure

**Revise**

Accidental perforation by catheter or other instrument during a procedure on:

**Delete**

- blood vessel
- nerve
- organ

**New code**

998.20 Accidental puncture or laceration during a procedure, unspecified site

**New code**

998.21 Accidental puncture or laceration of dura during a procedure

Dural tear (inadvertent) (incidental)

Excludes: postprocedural pseudomeningocele (997.01)

Use additional code for associated conditions, such as:

- curvature of spine (737.0-737.9)
- diabetes mellitus (250.00-250.93)
- exostosis, spine (osteophytes of spine) (721.8)
- history of tobacco use (V15.82)
- intervertebral disc disorders (722.0-722.93)
- long-term use of steroids (V58.65)
- meningeal adhesions (349.2)
- obesity (278.00-278.01)
- post laminectomy syndrome (722.83)
- spinal stenosis (723.0, 724.00-724.09)
- spondylosis (721.0-721.91)
- spondylolisthesis (756.12)
- tobacco use disorder (305.1)
New code  998.29  Accidental puncture or laceration during a procedure, other specified site
          Blood vessel
          Nerve
          Organ

Option 2 – Code incidental durotomy or dural tear to body system

349  Other and unspecified disorders of the nervous system

New code  349.3  Dural tear
          Accidental puncture or laceration of dura during a procedure
          Dural tear (inadvertent) (incidental)

Use additional code for associated conditions, such as:
          curvature of spine (737.0-737.9)
          diabetes mellitus (250.00-250.93)
          exostosis, spine (osteophytes of spine) (721.8)
          history of tobacco use (V15.82)
          intervertebral disc disorders (722.0-722.93)
          long-term use of steroids (V58.65)
          meningeal adhesions (349.2)
          obesity (278.00-278.01)
          post laminectomy syndrome (722.83)
          spinal stenosis (723.0, 724.00-724.09)
          spondylolysis (721.0-721.91)
          spondylolisthesis (756.12)
          tobacco use disorder (305.1)

998  Other complications of procedures, NEC

998.2  Accidental puncture or laceration during a procedure

Excludes:  …

 specified complications classified elsewhere, such as:

Add  dural tear (349.3)
**Topic: Hepatic coma and hepatic encephalopathy**

Hepatic encephalopathy involves altered consciousness and behavior related to insufficient liver function. Asterixis is present. Ammonia is generally elevated, but does not correlate with symptoms. Hepatic encephalopathy has a range of severity, from altered consciousness, sleep disruptions, and forgetfulness in stage 1; confusion, bizarre behaviors, and disorientation in stage 2; and lethargy and profound disorientation in stage 3; to coma in stage 4.

These have been grouped together in the ICD-9-CM at code 572.2, Hepatic coma. In order to differentiate less severe hepatic encephalopathy from cases with hepatic coma, it is proposed to expand 572.2 to create a code for hepatic encephalopathy and a code for hepatic coma. The proposal was based on issues arising from questions raised from the Editorial Advisory Board for *Coding Clinic for ICD-9-CM*.

**TABULAR MODIFICATIONS**

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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>572</td>
<td>Liver abscess and sequelae of chronic liver disease</td>
</tr>
<tr>
<td>Revise</td>
<td>572.2 Hepatic coma and encephalopathy</td>
</tr>
<tr>
<td>Delete</td>
<td>Hepatic encephalopathy</td>
</tr>
<tr>
<td></td>
<td>Hepatocerebral intoxication</td>
</tr>
<tr>
<td></td>
<td>Portal-systemic encephalopathy</td>
</tr>
<tr>
<td>New code</td>
<td>572.21 Hepatic encephalopathy</td>
</tr>
<tr>
<td></td>
<td>Hepatocerebral intoxication</td>
</tr>
<tr>
<td></td>
<td>Portal-systemic encephalopathy</td>
</tr>
<tr>
<td>New code</td>
<td>572.22 Hepatic coma</td>
</tr>
</tbody>
</table>
Topic: Premature birth status

Premature birth can lead to a number of problems later in life. It would be of value to be able to track the status of those born prematurely, with the degree of prematurity as shown by the weeks of gestation completed. This differs from low birth weight status. The American Academy of Pediatrics has proposed the addition of codes to show prematurity status.

TABULAR MODIFICATIONS

V21 Constitutional states in development

New subcategory V21.4 Prematurity status

New code V21.40 Prematurity status, unspecified
New code V21.41 Less than 24 completed weeks of gestation
New code V21.42 24 weeks of gestation
New code V21.43 25-26 weeks of gestation
New code V21.44 27-28 weeks of gestation
New code V21.45 29-30 weeks of gestation
New code V21.46 31-32 weeks of gestation
New code V21.47 33-34 weeks of gestation
New code V21.48 35-36 weeks of gestation
New code V21.49 37 or more weeks of gestation
Topic: Acute chemical conjunctivitis

Chemical conjunctivitis (pink eye) may place a patient’s vision at significant risk, but not be as serious as an alkaline (940.2) or acid (940.3) eye burn. It can result when any irritating substance enters the eyes. Common irritants include household cleaners, sprays, smoke, smog, industrial pollutants, and chlorine in swimming pools. Currently, the ICD-9-CM index points chemical conjunctivitis to 372.01, Serous conjunctivitis (except viral). The American Academy of Pediatrics has proposed the addition of a new code for acute chemical conjunctivitis, due to concerns that the existing coding does not allow for adequate monitoring of this condition.

TABULAR MODIFICATIONS

372 Disorders of conjunctiva

372.0 Acute conjunctivitis

New code 372.06 Acute chemical conjunctivitis

Acute toxic conjunctivitis

Excludes: burn of eye and adnexa (940.0-940.9)
chemical corrosion injury of eye (940.2-940.3)
**Topic: Acute Heart Failure**

Heart failure can have a number of forms. It can cause symptoms related to backward pump failure or congestion, such as peripheral edema and pulmonary edema. It may also cause problems related to forward pump failure, with poor perfusion of tissues. Heart failure also can be left sided or right sided, involving primarily the left ventricle or the right ventricle. Left sided failure is more common, and is actually the most common cause of right sided failure.

In addition, heart failure may be acute or chronic, or acute on chronic. It also may be systolic or diastolic (or combined). Differentiating systolic and diastolic heart failure requires echocardiogram.

Existing codes cover many combinations. However, often heart failure may be described as acute congestive heart failure, or acute heart failure with pulmonary edema, without further identifying the type of failure. For such cases, it would be useful to be able to identify the acute nature of the heart failure.

The proposed code changes are based on a request by American Hospital Association for codes to be able to identify the acute or chronic nature of congestive heart failure. With acute congestive heart failure that involves the left ventricle, pulmonary edema may occur, and can be life-threatening. Heart failure with pulmonary edema has always been coded to 428.1, Left heart failure. Since most heart failure involves the left heart, it is also proposed to expand to be able to identify this more exactly. Changes are also proposed at code 398.9, for acute and chronic forms of rheumatic heart failure.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>398</td>
<td>Other rheumatic heart disease</td>
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<tr>
<td>398.9</td>
<td>Other and unspecified rheumatic heart diseases</td>
</tr>
<tr>
<td>398.91</td>
<td>Rheumatic heart failure (congestive)</td>
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<tr>
<td>Add</td>
<td>Excludes:</td>
</tr>
<tr>
<td></td>
<td>Acute on chronic rheumatic heart failure</td>
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<tr>
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<tr>
<td>428</td>
<td>Heart failure</td>
</tr>
<tr>
<td>428.0</td>
<td>Congestive heart failure, unspecified</td>
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<td>Congestive heart disease</td>
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<tr>
<td></td>
<td>Right heart failure (secondary to left heart failure)</td>
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<td>Congestive heart disease</td>
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<td>Right heart failure (secondary to left heart failure)</td>
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<td><strong>New code</strong></td>
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<tr>
<td>428.01</td>
<td>Acute congestive heart failure without mention of pulmonary edema</td>
</tr>
<tr>
<td></td>
<td>Acute congestive heart failure NOS</td>
</tr>
<tr>
<td></td>
<td>Acute congestive heart disease</td>
</tr>
<tr>
<td></td>
<td>Acute right heart failure (secondary to left heart failure)</td>
</tr>
<tr>
<td></td>
<td><strong>Excludes</strong>: acute congestive heart failure with pulmonary edema (428.14)</td>
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<td>Chronic congestive heart disease</td>
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<tr>
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<td>Chronic right heart failure (secondary to left heart failure)</td>
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<tr>
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<td><strong>New code</strong></td>
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<tr>
<td>428.03</td>
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<tr>
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<td>Acute on chronic right heart failure (secondary to left heart failure)</td>
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<td><strong>Excludes</strong>: acute on chronic congestive heart failure with pulmonary edema (428.15)</td>
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<td>Left heart failure</td>
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<tr>
<td></td>
<td>Acute edema of lung with heart disease NOS or heart failure</td>
</tr>
<tr>
<td></td>
<td>Acute pulmonary edema with heart disease NOS or heart failure</td>
</tr>
<tr>
<td></td>
<td>Cardiac asthma</td>
</tr>
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<td>Left ventricular failure</td>
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<td><strong>New code</strong></td>
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<td>428.10</td>
<td>Left heart failure, unspecified</td>
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<tr>
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<td>Left ventricular failure NOS</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>428.11</td>
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<tr>
<td>428.12</td>
<td>Chronic left heart failure without mention of pulmonary edema</td>
</tr>
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<td>428.13</td>
<td>Acute on chronic left heart failure without mention of pulmonary edema</td>
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<td>428.14</td>
<td>Acute left heart failure with pulmonary edema</td>
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<tr>
<td></td>
<td>Acute congestive heart failure with pulmonary edema</td>
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<tr>
<td></td>
<td>Acute edema of lung with heart disease</td>
</tr>
<tr>
<td></td>
<td>NOS or heart failure</td>
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<tr>
<td></td>
<td>Acute pulmonary edema with heart disease</td>
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<tr>
<td></td>
<td>NOS or heart failure</td>
</tr>
<tr>
<td></td>
<td>Cardiac asthma</td>
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<tr>
<td>428.15</td>
<td>Acute on chronic left heart failure with pulmonary edema</td>
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<td>Acute on chronic congestive heart failure with pulmonary edema</td>
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<td>428.9</td>
<td>Other and unspecified heart failure, unspecified</td>
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<td></td>
<td>Cardiac failure NOS</td>
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<tr>
<td></td>
<td>Heart failure NOS</td>
</tr>
<tr>
<td></td>
<td>Myocardial failure NOS</td>
</tr>
<tr>
<td></td>
<td>Weak heart</td>
</tr>
<tr>
<td>428.90</td>
<td>Heart failure, unspecified</td>
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<tr>
<td></td>
<td>Cardiac failure NOS</td>
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<tr>
<td></td>
<td>Heart failure NOS</td>
</tr>
<tr>
<td></td>
<td>Myocardial failure NOS</td>
</tr>
<tr>
<td></td>
<td>Weak heart</td>
</tr>
<tr>
<td>428.91</td>
<td>Acute heart failure, unspecified</td>
</tr>
<tr>
<td>428.92</td>
<td>Chronic heart failure, unspecified</td>
</tr>
<tr>
<td>428.93</td>
<td>Acute on chronic heart failure, unspecified</td>
</tr>
<tr>
<td>428.99</td>
<td>Other heart failure</td>
</tr>
</tbody>
</table>
**Topic: Family circumstances**

Unfortunately in today’s society, there are many circumstances that lead to disruption of the family. The specific circumstances can affect how the physician may have to deal with the patient and manage any ongoing medical problems. So that these circumstances can be more carefully monitored, the American Academy of Pediatrics (AAP) has proposed an expansion of the V61.0 category, family disruption.

AAP also raised concerns that problems between adopted children and parents, or foster children and parents should be able to be better monitored. To this end AAP proposed revising V61.2, Parent-child problems, and that a code for foster care status be created.

Additionally, the use of illegal drugs or drug abuse by a family member can have an adverse effect on other members of the household. In order to better track the specific circumstances, it is proposed to revise V61.4, Health problems within family.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>V61</th>
<th>Other family circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delete</td>
<td>V61.0 Family disruption</td>
</tr>
<tr>
<td></td>
<td>Delete Divorce</td>
</tr>
<tr>
<td></td>
<td>Estrangement</td>
</tr>
<tr>
<td>New code</td>
<td>V61.03 Family disruption due to divorce or legal separation</td>
</tr>
<tr>
<td>New code</td>
<td>V61.04 Family disruption due to parent-child estrangement</td>
</tr>
<tr>
<td>New code</td>
<td>V61.05 Family disruption due to child in welfare custody</td>
</tr>
<tr>
<td>New code</td>
<td>V61.06 Family disruption due to child in foster care or in care of non-parental family member</td>
</tr>
<tr>
<td>New code</td>
<td>V61.09 Family disruption, unspecified</td>
</tr>
</tbody>
</table>
V61.2 Parent-child problems

New code V61.23 Adopted child-parent problem
New code V61.24 Foster child-parent problem
Delete V61.29 Other Problem concerning adopted or foster child

V61.4 Health problems within family

New code V61.42 Substance abuse in family

Options for foster care status:
Option 1

V60 Housing, household, and economic circumstances

V60.8 Other specified housing or economic circumstances

New code V60.81 Foster care (status)
New code V60.89 Other specified housing or economic circumstances

Option 2

V62 Other psychosocial circumstances

V62.5 Legal circumstances
Delete
Imprisonment
Legal investigation
Litigation
Prosecution

New code V62.51 Foster care (status)
New code V62.59 Other legal circumstances
Imprisonment
Legal investigation
Litigation
Prosecution
**ICD-9-CM Coordination and Maintenance Committee Meeting**  
**March 19-20, 2008**

**Topic: Autoimmune lymphoproliferative syndrome**

Autoimmune lymphoproliferative syndrome (ALPS) is a rare disease that affects both children and adults. It has only recently been understood. It is caused by a genetic defect which results in lymphocytes not dying off as they should, resulting in an overabundance of lymphocytes in many tissues. Clinical features of the syndrome present in early childhood or even at birth and include chronic multifocal lymphadenopathy, splenomegaly, autoimmune hemolytic anemia and often other immune cytopenias. Though the majority of patients improve with steroid therapy, and generally, autoimmune complications lessen in severity as a patient gets older, they have a greater risk of developing lymphoma.

The Editorial Advisory Board for *Coding Clinic for ICD-9-CM* suggested creating a code for this condition.

**TABULAR MODIFICATIONS**

**MALIGNANT NEOPLASM OF LYMPHATIC AND HEMATOPOIETIC TISSUE**  
(200-208)

Add Excludes: autoimmune lymphoproliferative syndrome (279.41)

279 Disorders involving the immune mechanism

279.4 Autoimmune disease, not elsewhere classified
    Autoimmune disease NOS

New code 279.41 Autoimmune lymphoproliferative syndrome
          ALPS

New code 279.49 Autoimmune disease, not elsewhere classified
          Autoimmune disease NOS
Topic: Nursemaid’s Elbow

The American Association of Pediatricians (AAP) has requested a unique code for nursemaid’s elbow. This condition is a subluxation of the radial head commonly seen in children under the age of five. Currently the index of ICD-9-CM directs you to code this to dislocation of the elbow. It was suggested that a new code be created in category 832, Dislocation of elbow, to indicate subluxation.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>832</td>
<td>Dislocation of elbow</td>
</tr>
<tr>
<td>New subcategory</td>
<td>832.2 Subluxation of radial head</td>
</tr>
<tr>
<td>[0,9]</td>
<td>Nursemaid’s elbow</td>
</tr>
</tbody>
</table>
Topic: Awaiting joint prosthesis

Sometimes it is necessary to remove a joint prosthesis (such as for infection of that site) and have the patient readmitted at a later time, after the infection heals, before completing the joint replacement procedure. It has been requested that a unique code be created to indicate that a person is in the status of awaiting a joint prosthesis. Currently, when the patient is admitted for the new joint prosthesis, coders have been advised to assign codes for an acquired deformity of the site (such as 736.39, other acquired deformity of hip). However this code does not accurately describe the nature of the acquired deformity. A complication code (for the joint prosthesis) would not apply since the prosthesis is no longer in the patient.

The Editorial Advisory Board for Coding Clinic for ICD-9-CM suggested creating a code for this condition.

TABULAR MODIFICATIONS

| V54 | Other orthopedic aftercare |
| V54.8 | Other orthopedic aftercare |
| New code | V54.82 | Awaiting joint prosthesis |
**Topic: Gastroschisis**

Gastroschisis is a congenital ventral body wall defect, adjacent and usually to the right of the umbilical cord insertion that results from the failure of the developing abdominal wall to completely close. In turn this allows the extrusion of the fetal intestines from the defect. The exposed intestines are not covered by a membranous sac which results in a prolonged exposure to amniotic fluid. This results in a thick, swollen and inflamed intestine increasing the risk of heat and fluid loss and infection after birth. The incidence of this condition has been reported at 2-5 per 10,000 births with an increasing prevalence reported in many parts of the world (higher incidence in younger mothers). There are no associated syndromes with gastroschisis but may be associated with other gastrointestinal anomalies such as intestinal atresia, stenosis and malrotation.

Omphalocele, on the other hand, is a separately distinct ventral wall defect. In this case the intestines are usually covered by a membranous sac with the intestine only being exposed if the sac ruptures. The incidence is 1-2 per 10,000 births. Unlike gastroschisis, omphalocele is frequently associated with other structural and chromosomal anomalies. More than half will have abnormalities of other organs or body parts and a third chromosomal abnormality, most commonly trisomy. This condition is more common in infants of mother 35 and older.

Currently both of these conditions are indexed and included at code 756.79, Other congenital anomalies of the abdominal wall. This makes surveillance difficult to accurately separate these distinct defects. In order to improve better epidemiologic tracking of these two distinct entities the American Academy of Pediatrics (AAP) has requested that new unique codes be established for each condition.

**TABULAR MODIFICATIONS**

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<th>Code</th>
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<td>756</td>
<td>Other congenital musculoskeletal anomalies</td>
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<tr>
<td>756.7</td>
<td>Anomalies of abdominal wall</td>
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<td><strong>New code</strong></td>
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<td>756.72</td>
<td>Omphalocele</td>
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<td>Exomphalos</td>
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<td><strong>New code</strong></td>
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<td>756.73</td>
<td>Gastroschisis</td>
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<td><strong>Delete</strong></td>
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<tr>
<td>756.79</td>
<td>Other congenital anomalies of abdominal wall</td>
</tr>
<tr>
<td></td>
<td>Exomphalos</td>
</tr>
<tr>
<td></td>
<td>Gastroschisis</td>
</tr>
<tr>
<td></td>
<td>Omphalocele</td>
</tr>
</tbody>
</table>
Topic: Underimmunized or lapsed immunization status

Childhood immunization is a key element in the prevention of childhood illness. According to the 2006 National Immunization Survey, a significant number of children are “under immunized”. They may have received none or only some of the recommended immunization schedule. Some common reasons identified for this include, persons immigrating to the United States, foreign adoptees who may not have been fully immunized according to U.S. scheduled recommendations, families moving without re-establishing with a new provider to continue the recommended vaccination schedule, as well as, persons without health insurance coverage for immunizations.

Studies show that there is a poor “catch-up” rate for delinquent immunizations in older children. While there are ICD-9-CM codes in the V64.0 sub-category to indicate why an immunization was not carried out when offered, there is no current code to indicate the status of the person who is at risk due to being behind schedule on the recommended immunization schedule. These people place themselves and others at risk of contracting and spreading a given disease for which they are not immunized.

To help better track this at risk population the American Academy of Pediatrics (AAP) is requesting that a new unique status V code be established.

TABULAR MODIFICATIONS

V15 Other personal history presenting hazards to health
  V15.8 Other specified personal history presenting hazards to health

New code V15.83 Underimmunization status
  Delinquent immunization status
  Lapsed immunization schedule status

V64 Persons encountering health services for specific procedures, not carried out
  V64.0 Vaccination not carried out

Add Excludes: delinquent immunization status (V15.83)
  lapsed immunization schedule status (V15.83)
  underimmunization status (V15.83)
Topic: Encounter for serologic antibody testing

Documentation of patient vaccinations helps ensure that persons in need of a vaccine receive it and that adequately vaccinated patients are not over immunized. However, vaccination providers frequently encounter persons who do not have adequate documentation (for example, international adoptees). Pre-vaccination serologic testing may be indicated to determine immunity as an alternative to unnecessary vaccinations for certain antigens (e.g., measles, mumps, rubella, varicella, tetanus, diphtheria, hepatitis A, hepatitis B, and poliovirus). Additionally, pre-vaccination serologic testing for susceptibility may be considered to reduce the cost of vaccinating adult populations that may have an expected high prevalence of a given disease (for example, hepatitis B infection).

Post-vaccination testing for antibody response may be needed to help determine appropriate post exposure prophylaxis. For example post-vaccination testing may be indicated for health care workers who have received the hepatitis B vaccine but have blood or patient contact and are at ongoing risk for injuries with sharp instruments or needle sticks. Their medical management will depend on knowledge of their immune status. It may also be ordered to check whether or not adequate response has been achieved.

Currently there is no code specific for encounters for serologic antibody testing. NCHS received a request to create a unique code and are proposing the following:

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>V72</td>
<td>Special investigations and examinations</td>
</tr>
<tr>
<td>V72.6</td>
<td>Laboratory examination</td>
</tr>
<tr>
<td>V72.60</td>
<td>Lab examination, unspecified</td>
</tr>
<tr>
<td>V72.61</td>
<td>Antibody response examination</td>
</tr>
<tr>
<td></td>
<td>Immunity status testing</td>
</tr>
<tr>
<td>V72.69</td>
<td>Other laboratory examination</td>
</tr>
</tbody>
</table>
**Topic: Pre-procedural evaluations**

It is now routine practice for patients to receive blood and radiology tests prior to certain treatments and procedures. These visits are generally done in an out-patient setting days before the treatment or procedure is scheduled. Currently, the ICD-9-CM has codes for pre-procedural cardiovascular and respiratory evaluations, as well as a code for other pre-procedural examinations.

It has been requested that additional codes be created for certain types of pre-procedural exams, such as pre-chemotherapy ultrasounds. Because the V codes are reasons for encounter codes, not procedure codes, it would be inappropriate to create such codes. However, to advise coders that encounters for such exams should be assigned to code V72.83, Other specified preoperative examination, it is being proposed that an inclusion term for examination prior to chemotherapy be added.

Additionally, currently there is no way to identify encounters for laboratory tests as part of general physical exams, or for preparation for a procedure or treatment. It is being proposed that code V72.6, Laboratory examination, be expanded to provide codes for these different encounters.

An excludes note is also being proposed to exclude the pre-procedural codes from code V72.5 Radiological examination, not elsewhere classified. Expanding V72.5 similarly to what is being proposed for V72.6 could also be considered. It is also being proposed that the existing excludes notes under codes V72.5 and V72.6 be deleted as they are no longer applicable based on previous changes to the classification.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
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<td>General medical examination</td>
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<tr>
<td>V70.0</td>
<td>Routine general medical examination at a health care facility</td>
</tr>
<tr>
<td>Add</td>
<td>Use additional code, if applicable, for blood testing associated with routine general medical (V72.62)</td>
</tr>
<tr>
<td>V72</td>
<td>Special investigations and examinations</td>
</tr>
<tr>
<td>V72.5</td>
<td>Radiological examination, not elsewhere classified</td>
</tr>
<tr>
<td>Delete</td>
<td>Excludes: examination for suspected tuberculosis (V71.2)</td>
</tr>
<tr>
<td>Add</td>
<td>Radiologic examinations as part of pre-procedural testing (V72.81-V72.84)</td>
</tr>
</tbody>
</table>
V72.6  Laboratory examination
Add        Encounters for blood and urine testing

Delete     Excludes: that for suspected disorder (V71.0-V71.9)

New code  V72.62  Laboratory examination as part of a general medical examination
            Blood tests for general physical examination

New code  V72.63  Pre-procedural laboratory examination
            Blood tests prior to treatment or procedure

New code  V72.69  Other laboratory examination

New code  V72.8   Other specified examinations
Add        Excludes: pre-procedural laboratory examinations (V72.63)

V72.83  Other specified preoperative examination
Add        Examination prior to chemotherapy
Topic: Poisoning by antidepressants and psychostimulants

Currently, poisoning by antidepressants has a single code, 969.0. All classes of antidepressants are grouped together at this code. This limits the utility of hospital discharge data to identify the substance responsible for the overdose. The Poison Workgroup of the State and Territorial Injury Prevention Directors Association has requested that code 969.0 be expanded to provide a code for each of the 7 current classes of antidepressants.

This group has also requested similar expansions to the external cause codes for adverse effects and self-harm. The external cause codes cannot be expanded. NCHS would like to request comments on whether or not new external cause codes categories should be created for therapeutic use and self harm external cause codes.

Also, currently caffeine and amphetamines are grouped together under code 969.7, Poisoning by psychostimulants. It is being proposed that code 969.7 be expanded to allow for the separation of caffeine from the other psychostimulants.

TABULAR MODIFICATIONS

969   Poisoning by psychotropic agents

969.0  Antidepressants
Delete
Amitriptyline
Imipramine
Monoamine oxidase [MAO] inhibitors

New code 969.00  Antidepressant, unspecified
New code 969.01  Monoamine oxidase inhibitors
MAOI
New code 969.02  Selective serotonin and norepinephrine reuptake inhibitors
SSNRI antidepressants
New code 969.03  Selective serotonin reuptake inhibitors
SSRI antidepressants
New code 969.04  Tetracyclic antidepressants
New code 969.05  Tricyclic antidepressants
New code 969.09  Other antidepressants
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March 19-20, 2008

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delete</td>
<td>Psychostimulants</td>
</tr>
<tr>
<td></td>
<td>Amphetamine</td>
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<tr>
<td></td>
<td>Caffeine</td>
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<tr>
<td>New code</td>
<td>969.70 Psychostimulant, unspecified</td>
</tr>
<tr>
<td>New code</td>
<td>996.71 Caffeine</td>
</tr>
<tr>
<td>New code</td>
<td>969.72 Amphetamines</td>
</tr>
<tr>
<td>New code</td>
<td>969.73 Methamphetamines</td>
</tr>
<tr>
<td>New code</td>
<td>969.79 Other psychostimulants</td>
</tr>
</tbody>
</table>
Topic: Retinal and choroidal neoplasms of uncertain behavior

Not uncommonly, an eye examination will reveal a black or dark area or spot within the retina. Ophthalmologists must continue to evaluate these areas as they are suspicious of a retinal melanoma. Currently there is no unique code that allows for the identification of these suspicious areas on the retina. Bruce Hyman, M.D., an ophthalmologist from New York, has requested a new code for this condition to be able to follow these patients over time.

Assignment of codes from Chapter 2, Neoplasms, generally requires histologic confirmation. Though these dark areas are correctly referred to as neoplasms or “suspected melanoma”, a biopsy of the retina is difficult and poses a risk to the eye, and done only after such an area or spot grows, so there is generally no tissue sample to confirm the diagnosis.

To allow for the identification of this condition within the structure of the classification a new code in Chapter 2, under category 239, Neoplasms of unspecified nature, is being proposed. Histologic confirmation is not required for codes in this category. Inclusion terms are also being proposed to validate for ophthalmologists and coders that this is the correct code for this condition since users may not realize to look for the code in the Neoplasm table or in the index.

TABULAR MODIFICATION

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>239.81</td>
<td>Retina and choroid</td>
</tr>
<tr>
<td></td>
<td>Dark area on retina</td>
</tr>
<tr>
<td></td>
<td>Retinal freckle</td>
</tr>
<tr>
<td>239.89</td>
<td>Other specified sites</td>
</tr>
</tbody>
</table>
**Topic: Inclusion body myositis (IBM)**

The American Academy of Neurology (AAN) has requested a new code for inclusion body myositis (IBM). IBM is an inflammatory myopathy which is not due to some other identifiable disease.

**TABULAR MODIFICATIONS**

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>359</td>
<td>Muscular dystrophies and other myopathies</td>
</tr>
<tr>
<td>359.7</td>
<td>Inflammatory and immune myopathies, NEC</td>
</tr>
<tr>
<td>359.71</td>
<td>Inclusion body myositis IBM</td>
</tr>
<tr>
<td>359.79</td>
<td>Other inflammatory and immune myopathies, NEC</td>
</tr>
<tr>
<td></td>
<td>Inflammatory myopathy NOS</td>
</tr>
</tbody>
</table>

66
Topic: Mesial temporal sclerosis

Localization related epilepsy can be an acquired condition, and by far the largest numbers of focal seizures arise from the temporal lobes. These, in turn, are often found due to structural changes in the brain, including, but not limited to, tumors, vascular malformations, developmental cortical malformations, and scarring. There are structures in this region which are particularly prone to both traumatic injury and hypoxic injury, resulting in sclerosis. The most common of these is mesial temporal sclerosis (or hippocampal sclerosis). Both of these are frequent discharge diagnoses from epilepsy units, particularly because both are potentially amenable to surgical removal to reduce the frequency of or eliminate seizures.

Currently, the default for sclerosis of the brain is to code 341.9, Demyelinating disease of central nervous system, unspecified. Neither of these conditions is a demylenating disease. The American Academy of Neurology (AAN) has requested the addition of a new code to identify these forms of temporal sclerosis.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>345</td>
<td>Epilepsy and recurrent seizures</td>
</tr>
<tr>
<td><strong>Add</strong></td>
<td>Excludes:</td>
</tr>
<tr>
<td></td>
<td>hippocampal sclerosis (348.81)</td>
</tr>
<tr>
<td></td>
<td>mesial temporal sclerosis (348.81)</td>
</tr>
<tr>
<td></td>
<td>temporal sclerosis (348.81)</td>
</tr>
<tr>
<td>348</td>
<td>Other conditions of brain</td>
</tr>
<tr>
<td></td>
<td><strong>348.8</strong> Other conditions of brain</td>
</tr>
<tr>
<td></td>
<td>Cerebral:</td>
</tr>
<tr>
<td></td>
<td>calcification</td>
</tr>
<tr>
<td></td>
<td>fungus</td>
</tr>
<tr>
<td><strong>Delete</strong></td>
<td></td>
</tr>
<tr>
<td><strong>New code</strong></td>
<td></td>
</tr>
<tr>
<td>348.81</td>
<td>Temporal sclerosis</td>
</tr>
<tr>
<td></td>
<td>Hippocampal sclerosis</td>
</tr>
<tr>
<td></td>
<td>Mesial temporal sclerosis</td>
</tr>
<tr>
<td><strong>New code</strong></td>
<td></td>
</tr>
<tr>
<td>348.89</td>
<td>Other conditions of brain</td>
</tr>
<tr>
<td></td>
<td>Cerebral:</td>
</tr>
<tr>
<td></td>
<td>calcification</td>
</tr>
<tr>
<td></td>
<td>fungus</td>
</tr>
</tbody>
</table>
Topic: Exposure to algae

On October 1, 2007 a new external cause code E928.6, Environmental exposure to harmful algae and toxins, was implemented. This code is now available for use to identify the external cause of the symptoms and conditions associated with algae blooms.

A parallel V code is also necessary to identify the possible contact and exposure to an algae bloom for a person who may have been in the vicinity of the bloom and has not yet developed symptoms, or for a person who may have symptoms suspicious of being in the vicinity of an algae bloom, but a definitive cause has not been confirmed.

A new subcategory, V87.3, Contact with and (suspected) exposure to other potentially hazardous substances, will become effective on October 1, 2008. A new code under this subcategory is being proposed at this time for contact with and suspected exposure to an algae bloom.

TABULAR MODIFICATION*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V87</td>
<td>Other specified personal exposures and history presenting hazards to health</td>
</tr>
<tr>
<td>V87.3</td>
<td>Contact with and (suspected) exposure to other potentially hazardous substances</td>
</tr>
<tr>
<td></td>
<td>New code V87.32 Contact with and (suspected) exposure to algae bloom</td>
</tr>
</tbody>
</table>

*This category and subcategory are on the addenda for 10/1/2008.
Addenda

For October 1, 2008 addenda

**(TABULAR)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>172</td>
<td>Malignant melanoma of skin</td>
</tr>
<tr>
<td>Add</td>
<td>Includes: melanoma in situ</td>
</tr>
<tr>
<td>368</td>
<td>Visual disturbances</td>
</tr>
<tr>
<td>368.1</td>
<td>Subjective visual disturbances</td>
</tr>
<tr>
<td>368.16</td>
<td>Psychophysical visual disturbances</td>
</tr>
<tr>
<td>Add</td>
<td>Protopagnosia</td>
</tr>
<tr>
<td>Add</td>
<td>Visual: object agnosia</td>
</tr>
<tr>
<td>391</td>
<td>Rheumatic fever with heart involvement</td>
</tr>
<tr>
<td>Revise</td>
<td>Excludes: chronic heart diseases of rheumatic origin (393.0-398.9) unless rheumatic fever is also present or there is evidence of recrudescence or activity of the rheumatic process</td>
</tr>
<tr>
<td>403</td>
<td>Hypertensive chronic kidney disease</td>
</tr>
<tr>
<td>Revise</td>
<td>Includes: any condition classifiable to 585, 586, or 587 with any condition classifiable to 401</td>
</tr>
<tr>
<td>411</td>
<td>Other acute and subacute forms of ischemic heart disease</td>
</tr>
<tr>
<td>411.1</td>
<td>Intermediate coronary syndrome</td>
</tr>
<tr>
<td>Delete</td>
<td>Excludes: angina (pectoris) (413.9)</td>
</tr>
<tr>
<td>Add</td>
<td>Decubitus (413.0)</td>
</tr>
<tr>
<td>530</td>
<td>Diseases of esophagus</td>
</tr>
<tr>
<td>530.1</td>
<td>Esophagitis</td>
</tr>
<tr>
<td>Delete</td>
<td>Abscess of esophagus</td>
</tr>
<tr>
<td>Delete</td>
<td>Esophagitis: NOS</td>
</tr>
</tbody>
</table>
ICD-9-CM Coordination and Maintenance Committee Meeting
March 19-20, 2008

530.10  Esophagitis, unspecified
Add   Esophagitis NOS

530.19  Other esophagitis
Add   Abscess of esophagus

584  Acute renal failure

584.9  Acute renal failure, unspecified
Add   Acute kidney injury (nontraumatic)
Add   Excludes: traumatic kidney injury (866.00)

586  Renal failure, unspecified
Delete   Excludes: with any condition classifiable to 401 (403.0-403.9 with fifth-digit 1)

587  Renal sclerosis, unspecified
Delete   Excludes: nephrosclerosis (arteriolar) (arteriosclerotic) (403.00-403.92) with hypertension (403.00-403.92)

648  Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium
Revise   Excludes: those conditions in the mother known or suspected to have affected the fetus (655.0-655.9)

733  Other disorders of bone and cartilage
733.8  Malunion and nonunion of fracture
Revise   Nonunion of fracture Pseudoarthrosis (bone)

780  General symptoms
780.9  Other general symptoms
Delete   memory disturbance as part of a pattern of mental disorder
Add   memory disturbance as part of a pattern of mental disorder
850 Concussion

Revise 850.4 With prolonged loss of consciousness, without return to pre-existing conscious level

866 Injury to kidney

Add Excludes: acute kidney injury (nontraumatic) (584.9)

996 Complications peculiar to certain specified procedures

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

996.62 Due to vascular device, implant and graft

Excludes: infection due to:

Add portacath (port-a-cath) (999.31)

999 Complications of medical care, not elsewhere classified

999.0 Generalized vaccinia

Add Excludes: vaccinia not from vaccine (051.02)

999.3 Other infection

999.31 Infection due to central venous catheter

Revise Catheter-related bloodstream infection (CRBSI) NOS

Add Infection due to:

Portacath (Port-a-cath)

E919 Accidents caused by machinery

Excludes: injury caused by:

Revise transport vehicle accidents involving machinery (E800.0 -E848.9)
For October 1, 2008 addenda

INDEX

Agnosia (body image) (tactile) 784.69
   verbal 784.69
Delete
   visual 784.69
   developmental 315.8
   secondary to organic lesion 784.69
   visual 368.16
Delete
   developmental 315.31

Diabetes…
   with
Add
   hyperglycemia – code to Diabetes, by type, with 5th digit for not stated as uncontrolled
Add
   inadequately controlled – code to Diabetes, by type, with 5th digit for not stated as uncontrolled
Add
   out of control – code to Diabetes, by type, with 5th digit for uncontrolled
Add
   poorly controlled – code to Diabetes, by type, with 5th digit for not stated as uncontrolled
Add
   End of life
Add
   joint prosthesis (see also Complications, mechanical, devices NEC, prosthetic NEC, joint) 996.47

Melanoma (malignant) (M8720/3) 172.9
Add
   in situ - see Melanoma, by site
Add
   Methadone use 304.00

Papanicolaou smear
   other specified site…
Revise
   nonspecific abnormal finding 796.9
Revise
   vagina V76.47

Status (post)
Add
   breast correction V43.82
Add
   breast reconstruction V43.82

Use of
Add
   Methadone 304.00
Worn out …

Add joint prosthesis (see also Complications, mechanical, devices NEC, prosthetic NEC, joint) 996.47

For October 1, 2009 consideration:

**TABULAR**

008 Intestinal infections due to other organisms

008.6 Enteritis due to specified virus

Add 008.63 Norwalk virus

Add Norovirus

Revise 008.65 Calicivirus

041 Bacterial infection in conditions classified elsewhere and of unspecified site

Revise 041.3 Friedländer's bacillus Klebsiella pneumoniae

Delete Infection by Klebsiella pneumoniae

041.8 Other specified bacterial infections

Revise 041.86 Helicobacter pylori (H. pylori) [H. pylori]

202 Other malignant neoplasms of lymphoid and histiocytic tissue

202.1 Mycosis fungoides

Add Excludes: peripheral T-cell lymphoma (202.7)

286 Coagulation defects

Add Excludes: hemorrhage due to long term use of anticoagulant – code to condition

286.5 Hemorrhagic disorder due to intrinsic circulating anticoagulants

Add Excludes: hemorrhagic disorder due to extrinsic anticoagulants – see Table of Drugs and Chemicals
286.7 Acquired coagulation factor deficiency
Delete Use additional E-code to identify cause, if drug-induced

293 Transient mental disorders due to conditions classified elsewhere
Revise Code first, if applicable, the associated physical or neurological condition

310 Specific nonpsychotic mental disorders due to brain damage
310.1 Personality change due to conditions classified elsewhere
Delete Excludes: memory loss of unknown cause (780.93)

310.8 Other specified nonpsychotic mental disorders following organic brain damage
Add Excludes: memory loss of unknown cause (780.93)

333 Other extrapyramidal disease and abnormal movement disorders
333.2 Myoclonus
Add Familial essential myoclonus
Add Palatal myoclonus
Delete Progressive myoclonic epilepsy
Delete Unverricht-Lundborg disease

345 Epilepsy and recurrent seizures
345.1 Generalized convulsive epilepsy
Add Progressive myoclonic epilepsy
Add Unverricht-Lundborg disease

359 Muscular dystrophies and other myopathies
359.2 Myotonic disorders
Add 359.22 Myotonia congenita
Add Myotonia levior
Delete 359.29 Other specified myotonic disorder
Delete Myotonia levior
649  Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium

649.3  Coagulation defects complicating pregnancy, childbirth, or the puerperium

Revise  Use additional code to identify the specific coagulation defect (286.0-286.9, 287.0-287.9)

780  General symptoms

780.9  Other general symptoms

780.93  Memory loss

Revise  Excludes: mild memory disturbance due to organic brain damage (310.8)

790  Nonspecific findings on examination of blood

790.01  Precipitous drop in hematocrit

Add  Drop in hemoglobin

OPEN WOUNDS (870-897)

Note: The description "complicated" used in the fourth-digit subdivisions includes those with mention of delayed healing, delayed treatment, foreign body, or infection.

Add  Code first associated systemic infection, such as: wound botulism (040.42)

Revise  Use additional code to identify localized or superficial infection

996  Complications peculiar to certain specified procedures

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

Revise  996.43  Breakage (fracture) of prosthetic joint

Delete  Breakage (fracture) of prosthetic joint
996.47 Other mechanical complication of prosthetic joint implant
Prosthetic joint implant failure NOS
Add

999 Complications of medical care, not elsewhere classified

999.3 Other infection

999.31 Infection due to central venous catheter
Infection due to:
Portacath
Add

V15 Other personal history presenting hazards to health

V15.0 Allergy, other than to medicinal agents
Revise

V15.06 Allergy to insects and arachnids

DRUGS, MEDICINAL AND BIOLOGICAL SUBSTANCES CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE (E930-E949)
Revise Excludes: administration with suicidal or homicidal intent or intent to harm, or in circumstances classifiable to E980-E989 (E950.0-E950.5, E962.0, E980.0-E980.5)

INDEX

Abstinence symptoms or syndrome
Add

neonatal 779.5
Admission (encounter)
for
aftercare (see also Aftercare) V58.9
Revise chemotherapy (oral) (intravenous) V58.11 antineoplastic
Revise chemotherapy (oral) (intravenous) V58.11
Revise chemotherapy, (oral) (intravenous), antineoplastic V58.11

Aftercare
Revise chemotherapy (oral) (intravenous) session (adjunctive) (maintenance) V58.11

Revise Agranulocytosis (angina) (see also Neutropenia) 288.09
Add due to infection 288.04
Revise Anticoagulant, intrinsic, circulating, causing hemorrhagic disorder 286.5
Add Bradykinesia 781.0

Chemotherapy
Revise encounter (for) (oral) (intravenous) V58.11
Revise maintenance (oral) (intravenous) V58.11

Revise Circulating, intrinsic anticoagulants causing hemorrhagic disorder 286.5

Complications
mechanical
devices NEC
prosthetic NEC 996.59
Revise joint (see also Complications, prosthetic joint) 996.47

Elevated - see Elevation
Add findings on laboratory examination – see Findings, abnormal, without diagnosis (examination) (laboratory test)
Add GFR (glomerular filtration rate) – see Findings, abnormal, without diagnosis (examination) (laboratory test)

Add GFR (glomerular filtration rate) – see Findings, abnormal, without diagnosis (examination) (laboratory test)

Elevation
Add Encounter for - see also Admission for chemotherapy, (oral) (intravenous), antineoplastic V58.11

Enteritis…
due to
Revise calicivirus 008.65

Injury…
Add deep tissue – see Contusion
Add meaning pressure ulcer 707.25

Add Leukoariosis – see Leukoaraiosis
Add Leukoaraiosis (hypertensive) 437.1

Leukoencephalopathy (see also Encephalitis) 323.9
Add Binswanger’s 290.12
Myoclonus (familial essential) (multifocal) (simplex) 333.2
Revise pharyngeal 333.2

Neonatal - see also condition
Add abstinence syndrome 779.5

Neuropathy, neuropathic (see also Disorder, nerve) 355.9
Revise progressive hypertrophic interstitial 356.9
Add hypertrophic interstitial 356.9
Add inflammatory 357.89

Newborn (infant) (liveborn)
Add abstinence syndrome 779.5

Problem (with) V49.9
foster child V61.29
Delete specified NEC V41.8

Sclerosis, sclerotic
Revise brain (general) (lobular) 348.8

Seizure(s) 780.39
Add disorder (see also Epilepsy) 345.9

Revise Sex reassignment surgery status (see also Trans-sexualism) 302.50
Status (post)
Revise sex reassignment surgery (see also Trans-sexualism) 302.50

Syndrome - see also Disease
abstinence
Add neonatal 779.5