ICD-9-CM Coordination and Maintenance Committee Meeting
April 1, 2005

Diagnosis Agenda

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

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  President-American Academy of Sleep Medicine (AASM)
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ICD-9-CM TIMELINE

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

August 11, 2004 Hospital Inpatient Prospective Payment System final rule published in the Federal Register as mandated by Public Law 99-509. The rule can be accessed at: [http://www.cms.hhs.gov/providers/hipps/frnotices.asp](http://www.cms.hhs.gov/providers/hipps/frnotices.asp)

October 1, 2004 New ICD-9-CM codes are implemented.

October 7-8, 2004 ICD-9-CM Coordination and Maintenance Committee Meeting

October 2004 Summary report of the Procedure part of the October 7-8, 2004 ICD-9-CM Coordination and Maintenance Committee meeting posted on CMS homepage at - [http://www.cms.hhs.gov/paymentsystems/icd9](http://www.cms.hhs.gov/paymentsystems/icd9)


March 31 – April 1, 2005 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 March 25, 2005. You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.

April 15, 2005 Deadline for receipt of public comments on proposed code revisions discussed at the March 31 and April 1, 2005 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2005.
April 2005  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/providers/hipps/frnotices.asp

April 2005  Summary report of the Procedure part of the March 31, 2005 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
http://www.cms.hhs.gov/paymentsystems/icd9

Summary report of the Diagnosis part of the April 1, 2005 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:

June 2005  Final addendum posted on web pages as follows:

July 29, 2005  Those members of the public requesting that topics be discussed at the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.

August 1, 2005  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, 2005. This rule can be accessed at:
http://www.cms.hhs.gov/providers/hipps/frnotices.asp

August 2005  Tentative agenda for the Procedure part of the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at -
http://www.cms.hhs.gov/paymentsystems/icd9

Tentative agenda for the Diagnosis part of the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at -
Federal Register notice for the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee Meeting will be published. This will include the tentative agenda.

September 23, 2005  Because of increased security requirements, those wishing to attend the September 29 - 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at http://www.cms.hhs.gov/events. Attendees must register online by September 23, 2005; failure to do so may result in lack of access to the meeting.

September 29 – 30, 2005  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 23, 2005. You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building. Those who wish to have a new code considered for implementation on April 1, 2006 must make this request at the meeting and justify the need of the April 1 update to capture new technology.


October 15, 2005  Deadline for receipt of public comments on proposed code revisions discussed at the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2006 to capture new technology.

October 2005  Summary report of the Procedure part of the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/paymentsystems/icd9

Summary report of the Diagnosis part of the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm
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Early Nov., 2005  
Any new ICD-9-CM codes required to capture new technology that will be implemented on April 1, 2006 will be announced. Information on any new codes to be implemented on April 1, 2006 will be posted on the following websites:  

December 2, 2005  
Deadline for receipt of public comments on proposed code revisions discussed at the March 31 and April 1, 2005 and September 29-30, 2005 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2006.

April 1, 2006  
Any new ICD-9-CM codes required to capture new technology will be implemented. Information on any new codes implemented on April 1, 2006 previously posted in early November 2004 on the following websites:  
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David Berglund (301) 458-4095
E-mail zhc2@cdc.gov

Lizabeth Fisher (301) 458-4091
E-mail llw4@cdc.gov

NCHS Classifications of Diseases web page:

Please consult this web page for updated information.
Topic: Sleep disorders

In October 2004 new code proposals for insomnia, hypersomnia and sleep apnea were presented at the request of the American Academy of Sleep Medicine. The Academy has now requested that additional codes be proposed for the other sleep disorders that were not included in October, circadian rhythm sleep disorders, parasomnias, and the sleep-related movement disorders.

The Academy has requested that these codes be combined with the sleep codes that were presented at the October 2004 C&M meeting so that they can all become effective October 1, 2005. Both the proposal as it was presented in October, and the full proposal are presented here. The full proposal includes both the codes presented in October and the new codes that are to be considered, but a new category has been created to allow for all of the sleep codes to be included together under a single category.

Proposal as presented in October 2004

TABULAR MODIFICATIONS

291 Alcohol-induced mental disorders
291.8 Other specified alcohol-induced mental disorders

New code
291.82 Alcohol-induced sleep disorders
Alcohol-induced hypersomnia
Alcohol-induced insomnia

292 Drug-induced mental disorders
292.8 Other specified drug-induced mental disorders

New code
292.85 Drug-induced sleep disorders
Drug-induced hypersomnia
Drug-induced insomnia

307 Special symptoms or syndromes, not elsewhere classified
307.4 Specific disorders of sleep of nonorganic origin

Add
Excludes: organic hypersomnia (349.40-349.49)
organic insomnia (349.30-349.39)

307.41 Transient disorder of initiating or maintaining sleep

Add
Adjustment insomnia
307.42 Persistent disorder of initiating or maintaining sleep
Add Idiopathic insomnia
Add Paradoxical insomnia
Add Primary insomnia
Add Psychophysiological insomnia

307.44 Persistent disorder of initiating or maintaining wakefulness
Add Insufficient sleep syndrome
Add Primary hypersomnia

Add Excludes: sleep deprivation (V69.4)

349 Other and unspecified disorders of the nervous system

New sub-category 349.3 Organic disorders of initiating and maintaining sleep
[Organic insomnia]

Excludes: insomnia NOS (780.52)
insomnia not due to a substance or known physiological condition (307.41-307.42)
insomnia with sleep apnea NOS (780.51)

New code 349.30 Organic insomnia, unspecified

New code 349.31 Insomnia due to non-mental health condition classified elsewhere
Code first underlying condition

New code 349.32 Insomnia due to mental health condition
Code first mental health condition

Add Excludes: alcohol-induced insomnia (291.82)
drug-induced insomnia (292.85)

New code 349.39 Other organic insomnia
### New sub-category 349.4 Organic disorder of excessive somnolence [Organic hypersomnia]

Excludes: hypersomnia NOS (780.54)
- hypersomnia not due to a substance or known physiological condition (307.43-307.44)
- hypersomnia with sleep apnea NOS (780.53)

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<tr>
<td>349.40</td>
<td>Organic hypersomnia, unspecified</td>
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<tr>
<td>349.41</td>
<td>Idiopathic hypersomnia with long sleep time</td>
</tr>
<tr>
<td>349.42</td>
<td>Idiopathic hypersomnia without long sleep time</td>
</tr>
<tr>
<td>349.43</td>
<td>Recurrent hypersomnia</td>
</tr>
<tr>
<td></td>
<td>Klein-Levin syndrome</td>
</tr>
<tr>
<td></td>
<td>Menstrual related hypersomnia</td>
</tr>
<tr>
<td>349.44</td>
<td>Hypersomnia due to non-mental health condition classified elsewhere</td>
</tr>
</tbody>
</table>

Code first underlying condition

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<td>349.45</td>
<td>Hypersomnia due to mental health condition</td>
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</table>

Code first mental health condition

Add Excludes: alcohol-induced hypersomnia (291.82)
- drug-induced hypersomnia (292.85)

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<td>349.49</td>
<td>Other organic hypersomnia</td>
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</tbody>
</table>

### New sub-category 349.5 Organic sleep apnea

Excludes: Cheyne-Stokes breathing (786.04)
- hypersomnia with sleep apnea NOS (780.53)
- insomnia with sleep apnea NOS (780.51)
- sleep apnea in newborn (770.81-770.82)
- sleep apnea NOS (780.57)

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<td>Organic sleep apnea, unspecified</td>
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<td>349.51</td>
<td>Primary central sleep apnea</td>
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<tr>
<td>349.52</td>
<td>High-altitude periodic breathing</td>
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<tr>
<td>349.53</td>
<td>Obstructive sleep apnea (adult) (pediatric)</td>
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</table>
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<table>
<thead>
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<th>New code</th>
<th>Code</th>
<th>Description</th>
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</table>
| 349.54   |      | Idiopathic sleep-related non-obstructive alveolar hypoventilation  
|          |      | Sleep related hypoxia |
| 349.55   |      | Sleep-related hypoventilation/hypoxemia in conditions classifiable elsewhere  
|          |      | Code first underlying condition |
| 349.56   |      | Central sleep apnea in conditions classified elsewhere  
|          |      | Code first underlying condition |
| 349.59   |      | Other organic sleep apnea |

780 General symptoms

| 780.5 | Sleep disturbances |
| Add   | Excludes: organic hypersomnia (349.40-349.49)  
|       | organic insomnia (349.30-349.39)  
|       | organic sleep apnea (349.50-349.59) |

| Revise | 780.51 | Insomnia with sleep apnea, unspecified |
|        | 780.52 | Other Insomnia, unspecified |
| Delete  | Insomnia NOS |
| Revise | 780.53 | Hypersomnia with sleep apnea, unspecified |
| Revise | 780.54 | Other Hypersomnia, unspecified |
| Delete  | Hypersomnia NOS |
| Revise | 780.57 | Other and unspecified sleep apnea |

V69 Problems related to lifestyle

| New code | V69.5 | Behavioral insomnia of childhood |
Full proposal with new category and new subcategories
(Note: a code for restless leg syndrome has been removed from this proposal)

TABULAR MODIFICATIONS

291 Alcohol-induced mental disorders

291.8 Other specified alcohol-induced mental disorders

New code

291.82 Alcohol-induced sleep disorders
   Alcohol-induced circadian rhythm sleep disorders
   Alcohol-induced hypersonnia
   Alcohol-induced insomnia
   Alcohol-induced parasomnia

292 Drug-induced mental disorders

292.8 Other specified drug-induced mental disorders

New code

292.85 Drug-induced sleep disorders
   Drug-induced circadian rhythm sleep disorder
   Drug-induced hypersonnia
   Drug-induced insomnia
   Drug-induced parasomnia

307 Special symptoms or syndromes, not elsewhere classified

307.4 Specific disorders of sleep of nonorganic origin

Add

Excludes: organic hypersonnia (327.10-327.19)
   organic insomnia (327.00-327.09)

307.41 Transient disorder of initiating or maintaining sleep

Add
   Adjustment insomnia

307.42 Persistent disorder of initiating or maintaining sleep

Add
   Idiopathic insomnia
   Paradoxical insomnia
   Primary insomnia
   Psychophysiological insomnia
307.44 Persistent disorder of initiating or maintaining wakefulness
Add
   Insufficient sleep syndrome
   Primary hypersomnia
Add Excludes: sleep deprivation (V69.4)
Revise 307.45 Circadian rhythm sleep disorder of nonorganic origin
Delete Irregular sleep-wake rhythm, nonorganic origin
Delete Jet lag syndrome
Delete Rapid time-zone change
Delete Shifting sleep work schedule

New category 327 Organic sleep disorders
New sub-category 327.0 Organic disorders of initiating and maintaining sleep [Organic insomnia]
Excludes: insomnia NOS (780.52)
   insomnia not due to a substance or known physiological condition (307.41-307.42)
   insomnia with sleep apnea NOS (780.51)

New code 327.00 Organic insomnia, unspecified
New code 327.01 Insomnia due to medical condition classified elsewhere
Code first underlying condition
Excludes: insomnia due to mental disorder (327.02)

New code 327.02 Insomnia due to mental disorder
Code first mental disorder
Add Excludes: alcohol-induced insomnia (291.82)
   drug-induced insomnia (292.85)

New code 327.09 Other organic insomnia

New sub-category 327.1 Organic disorder of excessive somnolence [Organic hypersomnia]
Excludes: hypersomnia NOS (780.54)
   hypersomnia not due to a substance or known physiological condition (307.43-307.44)
   hypersomnia with sleep apnea NOS (780.53)
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<td>327.10</td>
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<tr>
<td>327.11</td>
<td>Idiopathic hypersomnia with long sleep time</td>
</tr>
<tr>
<td>327.12</td>
<td>Idiopathic hypersomnia without long sleep time</td>
</tr>
<tr>
<td>327.13</td>
<td>Recurrent hypersomnia</td>
</tr>
<tr>
<td></td>
<td>Klein-Levin syndrome</td>
</tr>
<tr>
<td></td>
<td>Menstrual related hypersomnia</td>
</tr>
<tr>
<td>327.14</td>
<td>Hypersomnia due to medical condition classified elsewhere</td>
</tr>
<tr>
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<td>Code first underlying condition</td>
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<td>Excludes: hypersomnia due to mental disorder (327.15)</td>
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<td>327.15</td>
<td>Hypersomnia due to mental disorder</td>
</tr>
<tr>
<td></td>
<td>Code first mental disorder</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: alcohol-induced hypersomnia (291.82)</td>
</tr>
<tr>
<td></td>
<td>drug-induced hypersomnia (292.85)</td>
</tr>
<tr>
<td>327.19</td>
<td>Other organic hypersomnia</td>
</tr>
</tbody>
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**New sub-category 327.2 Organic sleep apnea**

| Excludes: | Cheyne-Stokes breathing (786.04) |
|           | hypersomnia with sleep apnea NOS (780.53) |
|           | insomnia with sleep apnea NOS (780.51) |
|           | sleep apnea in newborn (770.81-770.82) |
|           | sleep apnea NOS (780.57) |

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<td>327.20</td>
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</tr>
<tr>
<td>327.21</td>
<td>Primary central sleep apnea</td>
</tr>
<tr>
<td>327.22</td>
<td>High altitude periodic breathing</td>
</tr>
<tr>
<td>327.23</td>
<td>Obstructive sleep apnea (adult) (pediatric)</td>
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<td>327.24</td>
<td>Idiopathic sleep related non-obstructive alveolar hypoventilation</td>
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<tr>
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<td>Sleep related hypoxia</td>
</tr>
<tr>
<td>327.25</td>
<td>Congenital central alveolar hypoventilation syndrome</td>
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<tr>
<td>327.27</td>
<td>Sleep related hypoventilation/hypoxemia in conditions classifiable elsewhere</td>
</tr>
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<td>Code first underlying condition</td>
</tr>
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<td>327.28</td>
<td>Central sleep apnea in conditions classified elsewhere</td>
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<td>327.29</td>
<td>Other organic sleep apnea</td>
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<td>327.3</td>
<td>Circadian rhythm sleep disorder</td>
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<td>Organic disorder of sleep-wake cycle</td>
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<td></td>
<td>Organic disorder of sleep-wake schedule</td>
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<td></td>
<td>Excludes: alcohol-induced circadian rhythm sleep disorder (291.82)</td>
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<tr>
<td></td>
<td></td>
<td>circadian rhythm sleep disorder of nonorganic origin (307.45)</td>
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<td></td>
<td></td>
<td>disruption of 24-hour sleep-wake cycle NOS (780.55)</td>
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<td></td>
<td>drug-induced circadian rhythm sleep disorder (292.85)</td>
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<td>New code 327.30  Circadian rhythm sleep disorder, unspecified</td>
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<td>New code 327.31  Circadian rhythm sleep disorder, delayed sleep phase type</td>
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<td>New code 327.32  Circadian rhythm sleep disorder, advanced sleep phase type</td>
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<td>New code 327.33  Circadian rhythm sleep disorder, irregular sleep-wake type</td>
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<td>New code 327.34  Circadian rhythm sleep disorder, free-running type</td>
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<td></td>
<td>New code 327.35  Circadian rhythm sleep disorder, jet lag type</td>
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<td>New code 327.36  Circadian rhythm sleep disorder, shift work type</td>
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<td>New code 327.37  Circadian rhythm sleep disorder in conditions classified elsewhere</td>
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<td>327.4</td>
<td>Organic parasomnia</td>
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<td>drug-induced parasomnia (292.85)</td>
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<td>New code 327.41  Confusional arousals</td>
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<td>New code 327.42  REM sleep behavior disorder</td>
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<td>New code 327.43  Recurrent isolated sleep paralysis</td>
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<td>New code 327.44  Parasomnia in conditions classified elsewhere</td>
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<tr>
<td></td>
<td>327.5</td>
<td>Organic sleep related movement disorders</td>
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Excludes: restless leg syndrome (333.99)  
sleep related movement disorder NOS (780.58)

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| 327.51   | Periodic limb movement disorder  
Periodic limb movement sleep disorder |
| 327.52   | Sleep related leg cramps |
| 327.53   | Sleep related bruxism |
| 327.59   | Other organic sleep related movement disorders |

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<td>Other extrapyramidal disease and abnormal movement disorders</td>
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Excludes: sleep related movement disorders (327.51-327.59)

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<td>Other congenital anomalies of nervous system</td>
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Excludes: congenital central alveolar hypoventilation syndrome (327.25)

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<td>Congenital anomalies of respiratory system</td>
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Excludes: congenital central alveolar hypoventilation syndrome (327.25)
780 General symptoms

780.5 Sleep disturbances

Add Excludes: circadian rhythm sleep disorders (327.30-327.39)
organic hypersomnia (327.10-327.19)
organic insomnia (327.00-327.09)
organic sleep apnea (327.20-327.29)
organic sleep related movement disorders (327.51-327.59)
parasomnias (327.40-327.49)

Revise 780.51 Insomnia with sleep apnea, unspecified
Revise 780.52 Other Insomnia, unspecified
Delete Insomnia NOS
Revise 780.53 Hypersomnia with sleep apnea, unspecified
Revise 780.54 Other Hypersomnia, unspecified
Delete Hypersomnia NOS
Revise 780.55 Disruptions of 24-hour sleep-wake cycle, unspecified
Delete Inversion of sleep rhythm
Delete Irregular sleep-wake rhythm NOS
Delete Non-24-hour sleep-wake rhythm
Revise 780.57 Other and unspecified sleep apnea
Revise 780.58 Sleep related movement disorder, unspecified
Delete Periodic limb movement disorder

V69 Problems related to lifestyle

New code V69.5 Behavioral insomnia of childhood
ICD-9-CM Coordination and Maintenance Committee Meeting
April 1, 2005

Topic: Epilepsy

The terminology used to describe the different types of epilepsy has changed over the years. The code titles in the ICD-9-CM are no longer current. It has been requested that certain code titles be changed to reflect new terminology. This is in keeping with changes made to certain of the mental health codes with last year’s update. These changes have been recommended and are supported by the Epilepsy Foundation, the National Association of Epilepsy Centers, the American Academy of Neurology, and the Child Neurology Society.

Additionally, an excludes note is being proposed at code 780.31, Febrile convulsion, to exclude febrile convulsions that lead to status epilepticus.

Though all of the proposed modifications dealing with epilepsy are addenda changes, they are being presented here as a topic due to the their potential impact on data. The index will be modified accordingly to correspond to these tabular modifications.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Revise</th>
<th>345</th>
<th>Epilepsy and recurrent seizures</th>
</tr>
</thead>
</table>
| Revise | 345.4 | Partial epilepsy, with impairment of consciousness
|        |       | Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures
| Add    | 345.5 | Partial epilepsy, without mention of impairment of consciousness Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures
| Add    | 345.8 | Other forms of epilepsy and recurrent seizures
| Revise | 345.9 | Epilepsy, unspecified
| Add    |       | Recurrent seizures NOS
| Add    |       | Seizure disorder NOS

<table>
<thead>
<tr>
<th>780</th>
<th>General symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>780.3</td>
<td>Convulsions</td>
</tr>
<tr>
<td>780.31</td>
<td>Febrile convulsions</td>
</tr>
</tbody>
</table>

| Add    | Excludes: status epilepticus due to febrile convulsions (345.3) |
Topic: Cracked tooth

Delta Dental has requested a code for cracked tooth. Human teeth flex during mastication or during parafunctional habits like bruxing. In multicusped teeth (molars and premolars), this flexure can force the cusps apart as forces provide a wedging action on the occlusal surfaces. Multicusped teeth may experience incomplete fractures through crack propagation through enamel into dentin without the loss of tooth structure. Dentin, a living material, is innervated directly and indirectly. Teeth become symptomatic as they flex and fluid within the propagating crack moves, causing discomfort to varying degrees. Further crack propagation may lead to devitalizing of the tooth. This condition is occurring with increasing frequency as humans extend their life span and retain their dentition.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Old Code(s)</th>
</tr>
</thead>
</table>
| 521.81| Cracked tooth                                    | Excludes: broken tooth due to trauma (873.63, 873.73)  
cracked tooth due to trauma (873.63, 873.73)  
fractured tooth due to trauma (873.63, 873.73) |

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>521.89</td>
<td>Other specific diseases of hard tissues of teeth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Irradiated enamel</td>
</tr>
<tr>
<td></td>
<td>Sensitive dentin</td>
</tr>
</tbody>
</table>
873  Other open wound of head

873.6  Internal structures of mouth, without mention of complication

Revise  873.63  Tooth (broken) (fractured) (due to trauma)

Add  Excludes:  broken tooth caused by normal wear and tear (521.81)
      cracked tooth caused by normal wear and tear (521.81)

873.7  Internal structures of mouth, complicated

Revise  873.73  Tooth (broken) (fractured) (due to trauma)

Add  Excludes:  broken tooth caused by normal wear and tear (521.81)
      cracked tooth caused by normal wear and tear (521.81)
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Topic: Dental code modifications

The American Dental Association (ADA) has requested a number of modifications to the dental codes to bring the codes up to current terminology and to make the codes more compatible with electronic health record systems. In addition to the proposal as shown here, another option would be to simply index the inclusion terms.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>521</td>
<td>Diseases of hard tissue of teeth</td>
</tr>
<tr>
<td>521.0</td>
<td>Dental caries</td>
</tr>
<tr>
<td>521.06</td>
<td>Dental caries pit and fissure</td>
</tr>
<tr>
<td>Add</td>
<td>Primary dental caries, pit and fissure origin</td>
</tr>
<tr>
<td>521.07</td>
<td>Dental caries of smooth surface</td>
</tr>
<tr>
<td>Add</td>
<td>Primary dental caries, smooth surface origin</td>
</tr>
<tr>
<td>521.08</td>
<td>Dental caries of root surface</td>
</tr>
<tr>
<td>Add</td>
<td>Primary dental caries, smooth surface origin</td>
</tr>
<tr>
<td>524</td>
<td>Dentofacial anomalies, including malocclusion</td>
</tr>
<tr>
<td>524.0</td>
<td>Major anomalies of jaw size</td>
</tr>
<tr>
<td>524.07</td>
<td>Excessive tuberosity of jaw</td>
</tr>
<tr>
<td>Add</td>
<td>Entire maxillary tuberosity</td>
</tr>
<tr>
<td>524.2</td>
<td>Anomalies of dental arch relationship</td>
</tr>
<tr>
<td>Add</td>
<td>Anomaly of dental arch</td>
</tr>
<tr>
<td>Revise</td>
<td>524.21 Malocclusion, Angle’s class I</td>
</tr>
<tr>
<td>Revise</td>
<td>524.22 Malocclusion, Angle’s class II</td>
</tr>
<tr>
<td>Revise</td>
<td>524.23 Malocclusion, Angle’s class III</td>
</tr>
<tr>
<td>Add</td>
<td>524.24 Open anterior occlusal relationship</td>
</tr>
<tr>
<td></td>
<td>Anterior open bite</td>
</tr>
</tbody>
</table>
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524.25  Open posterior occlusal relationship
        Posterior open bite
Add

524.26  Excessive horizontal overlap
        Excessive horizontal overjet
Add

524.27  Reverse articulation
        Crossbite
Add

524.29  Other anomalies of dental arch relationship
        Other anomalies of dental arch
Add

524.3  Anomalies of tooth position of fully erupted teeth

524.33  Horizontal displacement of teeth
        Tipped teeth
Add

524.34  Vertical displacement of teeth
        Extruded tooth
Add

524.35  Rotation of tooth/teeth
Revise

524.36  Insufficient interocclusal distance of teeth
        (ridge)
        Lack of adequate intermaxillary vertical
dimension
Add

524.37  Excessive interocclusal distance of teeth
        Excessive intermaxillary vertical dimension
Add

524.5  Dentofacial functional abnormalities

524.54  Insufficient anterior guidance
        Insufficient anterior occlusal guidance
Add

524.55  Centric occlusion maximum intercuspatation
discrepancy
        Centric occlusion of teeth
Add

524.56  Non-working side interference
        Balancing side interference
Add
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528.7 Other disturbances of oral epithelium, including tongue

528.71 Minimal keratinized residual ridge mucosa
Add Minimal keratinization of alveolar ridge mucosa

528.72 Excessive keratinized residual ridge mucosa
Add Excessive keratinization of alveolar ridge mucosa

528.79 Other disturbances of oral epithelium, including tongue
Add Other oral epithelium disturbances
Topic: Compartment syndrome

A compartment syndrome or compartmental syndrome involves increased pressure in an enclosed tissue space, leading to decreased blood flow, and potentially to tissue necrosis. It most often occurs within part of an extremity, although it is also described in the abdomen, and other sites. There are multiple compartments in both the upper and lower extremity which can be affected by compartment syndrome.

Compartment syndrome may be classified based on its cause, traumatic or nontraumatic. Causes of compartment syndrome can be broadly grouped, such as due to external compression or soft tissue swelling (such as from edema or hematoma). Some specific causes include, burn, frostbite, snakebite, postsurgical edema or bleeding, hemophilia, and anticoagulant therapy. Compartments are bounded in part by fascia. Pressure can be measured directly, and if markedly elevated indicates a need for an emergency fasciotomy.

Exertional compartment syndrome is a specific type of nontraumatic compartment syndrome. It occurs in individuals who exercise a lot, and is particularly described in the legs of runners. However, it can also occur in the forearm. Fasciotomy may be indicated. Also, while this condition is more often chronic, it is possible to have an acute on chronic presentation that may need emergency treatment.

Compartment syndrome is currently indexed to 958.8, Other early complications of trauma. Nontraumatic compartment syndrome is indexed to 729.9, Other and unspecified disorders of soft tissue. At this time, more specific codes for these conditions are being proposed.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>729.7</td>
<td>Nontraumatic compartment syndrome</td>
</tr>
<tr>
<td>729.71</td>
<td>Nontraumatic compartment syndrome of (upper) arm</td>
</tr>
<tr>
<td>729.72</td>
<td>Nontraumatic compartment syndrome of forearm</td>
</tr>
<tr>
<td>729.73</td>
<td>Nontraumatic compartment syndrome of abdomen</td>
</tr>
</tbody>
</table>
New code  729.74  Nontraumatic compartment syndrome of hip and thigh
             Nontraumatic compartment syndrome of buttock

New code  729.75  Nontraumatic compartment syndrome of (lower) leg

New code  729.79  Nontraumatic compartment syndrome of other sites

958  Certain early complications of trauma

New sub-category  958.9  Traumatic compartment syndrome

Excludes: nontraumatic compartment syndrome (729.71-729.79)

New code  958.91  Traumatic compartment syndrome of (upper) arm

New code  958.92  Traumatic compartment syndrome of forearm

New code  958.93  Traumatic compartment syndrome of abdomen

New code  958.94  Traumatic compartment syndrome of hip and thigh
             Traumatic compartment syndrome of buttock

New code  958.95  Traumatic compartment syndrome of (lower) leg

New code  958.99  Traumatic compartment syndrome of other site
             Compartment syndrome NOS

INDEX MODIFICATIONS

Syndrome
Revise  compartment(al) (anterior) (deep) (posterior) (tibial) 958.99
Add exertional – see nontraumatic
Topic: Hematology issues

The myeloproliferative disorders and myelodysplastic syndrome are now recognized as hematologic malignancies; however, for data consistency reasons, in ICD-9-CM these will be maintained with the neoplasms of uncertain behavior. Understanding of these disorders has grown in recent years. Some specific myeloproliferative disorders include polycythemia vera, chronic myelogenous leukemia (CML), essential thrombocythemia, and myelofibrosis with myeloid metaplasia. While it would not be feasible to reclassify all of these in ICD-9-CM, it would be useful to provide specific codes for each of them, to enable improved tracking. There are already specific codes for polycythemia vera and CML.

Essential thrombocythemia is also known as essential thrombocytosis, idiopathic thrombocythemia, and primary thrombocytosis. It involves markedly elevated platelet count and abnormal platelet aggregation. Additional findings may include hypercellular bone marrow, acrocyanosis, and splenomegaly. Either bleeding or abnormal clotting events may occur. Essential thrombocythemia can have certain specific genetic causes, which can be a mutation of the thrombopoietin gene, or a polymorphism in the myeloproliferative leukemia virus oncogene (MPL).

Myelofibrosis with myeloid metaplasia may also be called agnogenic myeloid metaplasia, primary myelofibrosis, idiopathic myelofibrosis, or myelosclerosis with myeloid metaplasia. This chronic and progressive disease involves bone marrow being replaced by fibrous tissue. A progressive anemia results, even though other organs such as the spleen start to make blood. Splenomegaly may also occur.

Myelodysplastic syndrome refers to a group of acquired bone marrow disorders, which involves dysplastic, hypercellular bone marrow, and peripheral cytopenia. It commonly precedes acute myelogenous leukemia, and may also be called preleukemia. Myelodysplastic syndrome may be classified based on examination of peripheral smear and bone marrow, as refractory anemia with or without dysplasia, refractory anemia with ringed sideroblasts with or without dysplasia, and as refractory anemia with excess blasts. Chronic myelomonocytic leukemia (CMML) has been considered to be related to myelodysplastic syndrome, but it has both myelodysplastic and myeloproliferative characteristics.

The aplastic anemias include a diverse group of bone marrow disorders, most of which involve not just anemia but pancytopenia. The hematopoietic marrow cells are generally replaced by fat in aplastic anemia, in comparison to disordered hematopoiesis in myelodysplasias, and fibrosis in myelofibrosis.

It will be useful to differentiate constitutional red blood cell aplasia, or Blackfan-Diamond syndrome, from other constitutional aplastic anemias, such as Fanconi’s anemia. This can be accomplished by expanding the current code 284.0, Constitutional
aplastic anemia, to create new code for constitutional red blood cell aplasia, and for other constitutional aplastic anemias.

Pancytopenia is a decrease in all of the cellular elements in the blood, including red cells, white cells, and platelets. It has a number of potential causes, besides aplastic anemia.

Elevated white blood cell count and decreased white blood cell count are findings which may be described in the medical record, and potentially lead to further evaluation.

**TABULAR MODIFICATIONS**
*(Note: the proposal for category 288 has been modified to reflect comments made at the C&M meeting)*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>238</td>
<td>Neoplasm of uncertain behavior of other and unspecified sites and tissues</td>
</tr>
<tr>
<td>238.7</td>
<td>Other lymphatic and hematopoietic tissues</td>
</tr>
<tr>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td></td>
<td>Disease:</td>
</tr>
<tr>
<td></td>
<td>lymphoproliferative (chronic) NOS</td>
</tr>
<tr>
<td></td>
<td>myeloproliferative (chronic) NOS</td>
</tr>
<tr>
<td></td>
<td>Idiopathic thrombocytethemia</td>
</tr>
<tr>
<td></td>
<td>Megakaryocytic myelosclerosis</td>
</tr>
<tr>
<td></td>
<td>Myelodysplastic syndrome</td>
</tr>
<tr>
<td></td>
<td>Myelosclerosis with myeloid metaplasia</td>
</tr>
<tr>
<td></td>
<td>Panmyelosis (acute)</td>
</tr>
<tr>
<td></td>
<td>Refractory anemia</td>
</tr>
<tr>
<td></td>
<td>New code 238.71 Essential thrombocytethemia</td>
</tr>
<tr>
<td></td>
<td>Essential thrombocytosis</td>
</tr>
<tr>
<td></td>
<td>Idiopathic thrombocytethemia</td>
</tr>
<tr>
<td></td>
<td>Primary thrombocytosis</td>
</tr>
<tr>
<td></td>
<td>New code 238.72 Myelodysplastic syndrome</td>
</tr>
<tr>
<td></td>
<td>Refractory anemia</td>
</tr>
<tr>
<td></td>
<td>Excludes: acute myelogenous leukemia (205.0)</td>
</tr>
<tr>
<td></td>
<td>chronic myelomonocytic leukemia (205.1)</td>
</tr>
<tr>
<td></td>
<td>New code 238.73 Myelofibrosis with myeloid metaplasia</td>
</tr>
<tr>
<td></td>
<td>Agnogenic myeloid metaplasia</td>
</tr>
<tr>
<td></td>
<td>Idiopathic myelofibrosis (chronic)</td>
</tr>
<tr>
<td></td>
<td>Myelosclerosis with myeloid metaplasia</td>
</tr>
<tr>
<td></td>
<td>Primary myelofibrosis</td>
</tr>
</tbody>
</table>
New code 238.79 Other lymphatic and hematopoietic tissues
Lymphoproliferative disease (chronic) NOS
Megakaryocytic myelosclerosis
Myeloproliferative disease (chronic) NOS
Panmyelosis (acute)

284 Aplastic anemia and other bone marrow failure syndromes

284.0 Constitutional aplastic anemia

New code 284.01 Constitutional red blood cell aplasia
Aplasia, (pure) red cell:
congenital
of infants
primary
Blackfan-Diamond syndrome
Familial hypoplastic anemia

New code 284.09 Other constitutional aplastic anemia
Fanconi's anemia
Pancytopenia with malformation

New code 284.1 Pancytopenia

Excludes: pancytopenia (due to):
aplastic anemia (284.9)
constitutional red blood cell aplasia (284.01)
drug induced (284.8)
hairy cell leukemia (202.4)
human immunodeficiency virus disease (042)
myelodysplastic syndrome (238.72)
myeloproliferative disease (238.79)
other constitutional aplastic anemia (284.02)
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288 Diseases of white blood cells

Revise

Delete

288.0 Agranulocytosis Neutropenia
   Infantile genetic agranulocytosis
   Kostmann's syndrome
   Neutropenia:
      NOS
eosinophilic
drug-induced
immune
periodic
toxic

Neutropenic splenomegaly
Use additional E code to identify drug or other cause

Add

Decreased Absolute Neutrophile Count (ANC)

New code

288.01 Congenital neutropenia
   Infantile genetic agranulocytosis
   Kostmann's syndrome

New code

288.02 Cyclic neutropenia
   Cyclic hematopoiesis
   Periodic neutropenia

New code

288.03 Drug induced neutropenia

Use additional E code to identify drug

New code

288.09 Other neutropenia
   Agranulocytosis
   Neutropenia:
      NOS
      immune
toxic
   Neutropenic splenomegaly

New code

288.4 Decreased white blood cell count

Excludes: neutropenia (288.01-288.09)

New code

288.40 Leukocytopenia, unspecified
   Decreased leukocytes, unspecified
   Decreased white blood cell count
   Leukopenia
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New code 288.41 Lymphocytopenia
          Decreased lymphocytes

New code 288.49 Other decreased leukocytes
          Monocytopenia
          Other decreased white blood cell count
          Plasmacytopenia

New code 288.5 Elevated white blood cell count
          Excludes: eosinophilia (288.3)

New code 288.50 Leukocytosis, unspecified
          Elevated leukocytes, unspecified
          Elevated white blood cell count
          Leukemoid reaction, unspecified

New code 288.51 Lymphocytosis (symptomatic)
          Elevated lymphocytes
          Lymphocytic leukemoid reaction

New code 288.59 Other elevated leukocytes
          Leukemoid reaction
          monocytic
          myelocytic
          Monocytosis (symptomatic)
          Other elevated white blood cell count
          Plasmacytosis
Topic: Psoas muscle abscess

Psoas muscle abscess classically presents with fever, flank pain, and limited movement of the hip. In the early twentieth century, it was most commonly due to tuberculosis, as a complication of Pott’s disease (tuberculosis of the spine). However, tuberculosis is a relatively rare cause of psoas muscle abscess in the U.S. today, with the exception of immunocompromised patients. Psoas muscle abscess is now more commonly associated with such things as severe kidney infections. There is the potential for an abscess to be visible externally in the flank area, and also for the infection to dissect down the psoas muscle and present as an abscess on the anterior thigh. A number of organisms can cause psoas muscle abscess, with staphylococcus being one noted to be common in one small study.

<table>
<thead>
<tr>
<th>TABULAR MODIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>567 Peritonitis and retroperitoneal infections</td>
</tr>
<tr>
<td>567.3 Retroperitoneal infections</td>
</tr>
<tr>
<td>New code</td>
</tr>
<tr>
<td>Revise</td>
</tr>
</tbody>
</table>
Topic: Aspiration syndrome, part 2

A neonate may have aspiration of various substances prior to labor and delivery, during delivery, or following delivery. Based on input from the American Academy of Pediatrics (AAP), and James Gay, M.D., of Vanderbilt University, further code changes related to neonatal aspiration are being proposed, following changes that are being made involving meconium aspiration and meconium staining which were proposed in October 2004.

**TABULAR MODIFICATIONS for October 2005 implementation**

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

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

New code  763.84  Meconium passage during delivery

Excludes:  meconium aspiration (770.11, 770.12)
           meconium staining (779.84)

770  Other respiratory conditions of fetus and newborn

Revise  770.1  Meconium Fetal and newborn aspiration syndrome
         Aspiration of contents of birth canal NOS
         Meconium aspiration below vocal cords
         Pneumonitis:
           fetal aspiration
           meconium

Delete  Aspiration of contents of birth canal NOS

Excludes:  meconium passage during delivery (763.84)
           meconium staining (779.84)

New code  770.10  Fetal and newborn aspiration, unspecified

New code  770.11  Meconium aspiration without respiratory symptoms
                   Meconium aspiration NOS
New code 770.12 Meconium aspiration with respiratory symptoms
Meconium aspiration pneumonia
Meconium aspiration pneumonitis
Meconium aspiration syndrome NOS

Use additional code to identify any secondary pulmonary hypertension (416.8), if applicable

New code 770.17 Other fetal and newborn aspiration without respiratory symptoms

New code 770.18 Other fetal and newborn aspiration with respiratory symptoms
Other aspiration pneumonia
Other aspiration pneumonitis

Use additional code to identify any secondary pulmonary hypertension (416.8), if applicable

779 Other and ill-defined conditions originating in the perinatal period

779.8 Other specified conditions originating in the perinatal period

New code 779.84 Meconium staining

Excludes: meconium aspiration (770.11, 770.12) meconium passage during delivery (763.84)
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TABULAR MODIFICATIONS proposed for October 2006
(Note: the numbering for the codes for Aspiration of postnatal stomach contents have been changed since the C&M meeting based on comments received at the meeting.)

770 Other respiratory conditions of fetus and newborn

770.1 Fetal and newborn aspiration

Add Excludes: aspiration of postnatal stomach contents (770.85, 770.86)

New code 770.13 Aspiration of clear amniotic fluid without respiratory symptoms
Aspiration of clear amniotic fluid NOS

New code 770.14 Aspiration of clear amniotic fluid with respiratory symptoms
Aspiration of clear amniotic fluid with pneumonia
Aspiration of clear amniotic fluid with pneumonitis

Use additional code to identify any secondary pulmonary hypertension (416.8), if applicable

New code 770.15 Aspiration of blood without respiratory symptoms
Aspiration of blood NOS

New code 770.16 Aspiration of blood with respiratory symptoms
Aspiration of blood with pneumonia
Aspiration of blood with pneumonitis

Use additional code to identify any secondary pulmonary hypertension (416.8), if applicable
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770.8 Other respiratory problems after birth

New code 770.85 Aspiration of postnatal stomach contents without respiratory symptoms
Aspiration of postnatal stomach contents NOS

New code 770.86 Aspiration of postnatal stomach contents with respiratory symptoms
Aspiration of postnatal stomach contents with pneumonia
Aspiration of postnatal stomach contents with pneumonitis

Use additional code to identify any secondary pulmonary hypertension (416.8), if applicable
Topic: Torsion dystonia and athetoid cerebral palsy

Athetoid cerebral palsy involves hypotonia, with poor head control and potential feeding difficulties. Athetoid movements often are noted at about one year of age. Speech is often slurred. Intellect is usually preserved.

There are a number of different recognized genetic causes of torsion dystonia, which are classified to code 333.6. It is recommended that “Idiopathic” be removed from the title of code 333.6, and that it be retitled “Genetic torsion dystonia.”

Dystonia may also occur due to drugs. A specific new code is being proposed for this. A different disorder is a tardive dyskinesia, or an orofacial dyskinesia due to drugs. A specific new code for this is also being proposed.

**TABULAR MODIFICATIONS**

*Note: This proposal has been modified to reflect comments made at the C&M meeting*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>333.6</td>
<td>Idiopathic/Generic torsion dystonia</td>
</tr>
<tr>
<td></td>
<td>Dystonia:</td>
</tr>
<tr>
<td></td>
<td>deformans progressiva</td>
</tr>
<tr>
<td></td>
<td>musculorum deformans</td>
</tr>
<tr>
<td></td>
<td>(Schwalbe-) Ziehen-Oppenheim disease</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>333.7</td>
<td>Symptomatic/Acquired torsion dystonia</td>
</tr>
<tr>
<td></td>
<td>Athetoid cerebral palsy [Vogt's disease]</td>
</tr>
<tr>
<td></td>
<td>Double athetosis (syndrome)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use additional E code to identify drug, if drug-induced</td>
</tr>
<tr>
<td>333.71</td>
<td>Athetoid cerebral palsy</td>
</tr>
<tr>
<td></td>
<td>Double athetosis (syndrome)</td>
</tr>
<tr>
<td></td>
<td>Vogt's disease</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excludes: infantile cerebral palsy (343.0-343.9)</td>
</tr>
</tbody>
</table>


New Code 333.72 Acute dystonia due to drugs
    Acute dystonic reaction due to drugs

Use additional E code to identify drug

Excludes: blepharospasm due to drugs (333.85)
orofacial dyskinesia due to drugs (333.85)
subacute dyskinesia due to drugs (333.85)
tardive dyskinesia (333.85)

New Code 333.79 Other symptomatic torsion dystonia

333.8 Fragments of torsion dystonia

333.81 Blepharospasm

Add Excludes: blepharospasm due to drugs (333.85)

333.82 Orofacial dyskinesia

Add Excludes: orofacial dyskinesia due to drugs (333.85)

New Code 333.85 Subacute dyskinesia due to drugs
    Blepharospasm due to drugs
    Orofacial dyskinesia due to drugs
    Tardive dyskinesia

Use additional E code to identify drug

Excludes: acute dystonia due to drugs (333.72)
    acute dystonic reaction due to drugs (333.72)

343 Infantile cerebral palsy

Add Excludes: athetoid cerebral palsy (333.71)
Topic: Myelitis

Myelitis is an inflammation of the spinal cord. It can have a number of possible presentations and possible underlying causes. Transverse myelitis involves a paraparesis or paraplegia, due to the spinal cord dysfunction. Some of the potential causes of myelitis include infectious, post-infectious, post-vaccination, and toxic mechanisms.

A number of other disorders can also cause a secondary demyelinating acute transverse myelitis, including tumor, trauma, herniated intervertebral disk, hemorrhage, dissecting aortic aneurysm arteritis, and systemic lupus erythematosus. There is also an idiopathic transverse myelitis, which is demyelinating in pathology.

This proposal is supported by the American Academy of Neurology.

TABULAR MODIFICATIONS
(Note: The proposal for subcategory 341.2 has been modified to reflect comments at the C&M meeting)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>052</td>
<td>Chickenpox</td>
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<tr>
<td>New Code 052.2</td>
<td>Postvaricella myelitis</td>
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<td>Postchickenpox myelitis</td>
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<tr>
<td>053</td>
<td>Herpes zoster</td>
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<tr>
<td></td>
<td>053.1 With other nervous system complications</td>
</tr>
<tr>
<td>New Code 053.14</td>
<td>Herpes zoster myelitis</td>
</tr>
<tr>
<td>054</td>
<td>Herpes simplex</td>
</tr>
<tr>
<td></td>
<td>054.7 With other specified complications</td>
</tr>
<tr>
<td>New Code 054.74</td>
<td>Herpes simplex myelitis</td>
</tr>
</tbody>
</table>
323  Encephalitis, myelitis, and encephalomyelitis

Revise  Includes: myelitis (acute):

Add  Excludes: acute transverse myelitis NOS (341.20)
      acute transverse myelitis in conditions classified elsewhere
      (341.21)
      idiopathic transverse myelitis (341.22)

Revise  323.0  Encephalitis, myelitis, and encephalomyelitis in viral
diseases classified elsewhere

Delete  Excludes: encephalitis (in):
      arthropod-borne viral (062.0-064)
      herpes simplex (054.3)
      mumps (072.2)
      poliomyelitis (045.0-045.9)
      rubella (056.01)
      slow virus infections of central nervous
      system (046.0-046.9)
      other viral diseases of central nervous
      system (049.8-049.9)
      viral NOS (049.9)

New code  323.01  Encephalitis and encephalomyelitis in viral
diseases classified elsewhere

Excludes: encephalitis (in):
      arthropod-borne viral (062.0-064)
      herpes simplex (054.3)
      mumps (072.2)
      poliomyelitis (045.0-045.9)
      rubella (056.01)
      slow virus infections of central nervous
      system (046.0-046.9)
      other viral diseases of central nervous
      system (049.8-049.9)
      viral NOS (049.9)
<table>
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<th>Description</th>
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<tr>
<td>323.02</td>
<td>Myelitis in viral diseases classified elsewhere</td>
</tr>
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<td></td>
<td>Excludes: myelitis (in):</td>
</tr>
<tr>
<td></td>
<td>- herpes simplex (054.74)</td>
</tr>
<tr>
<td></td>
<td>- herpes zoster (053.14)</td>
</tr>
<tr>
<td></td>
<td>- poliomyelitis (045.0-045.9)</td>
</tr>
<tr>
<td></td>
<td>- rubella (056.01)</td>
</tr>
<tr>
<td></td>
<td>- other viral diseases of central nervous system (049.8-049.9)</td>
</tr>
<tr>
<td>323.1</td>
<td>Encephalitis, myelitis, and encephalomyelitis in rickettsial diseases</td>
</tr>
<tr>
<td></td>
<td>classified elsewhere</td>
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<tr>
<td>323.2</td>
<td>Encephalitis, myelitis, and encephalomyelitis in protozoal diseases</td>
</tr>
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<td>323.4</td>
<td>Other encephalitis, myelitis, and encephalomyelitis due to infection</td>
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<td></td>
<td>Excludes: encephalitis (in):</td>
</tr>
<tr>
<td></td>
<td>- meningococcal (036.1)</td>
</tr>
<tr>
<td></td>
<td>- syphilis:</td>
</tr>
<tr>
<td></td>
<td>- NOS (094.81)</td>
</tr>
<tr>
<td></td>
<td>- congenital (090.41)</td>
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<tr>
<td></td>
<td>- toxoplasmosis (130.0)</td>
</tr>
<tr>
<td></td>
<td>- tuberculosis (013.6)</td>
</tr>
<tr>
<td></td>
<td>- meningoencephalitis due to free-living ameba [Naegleria] (136.2)</td>
</tr>
<tr>
<td>323.41</td>
<td>Other encephalitis and encephalomyelitis due to infection</td>
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<td></td>
<td>- meningococcal (036.1)</td>
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<td>- syphilis:</td>
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<td></td>
<td>- NOS (094.81)</td>
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<td></td>
<td>- congenital (090.41)</td>
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<td></td>
<td>- toxoplasmosis (130.0)</td>
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<tr>
<td></td>
<td>- tuberculosis (013.6)</td>
</tr>
<tr>
<td></td>
<td>- meningoencephalitis due to free-living ameba [Naegleria] (136.2)</td>
</tr>
</tbody>
</table>
New code 323.42 Other myelitis due to infection classified elsewhere

Excludes: myelitis (in):
syphilis (094.89)
tuberculosis (013.6)

Revise 323.5 Encephalitis, myelitis, and encephalomyelitis following immunization procedures

Delete Encephalitis postimmunization or postvaccinal
Encephalomyelitis postimmunization or postvaccinal

New Code 323.51 Encephalitis and encephalomyelitis following immunization procedures
Encephalitis postimmunization or postvaccinal
Encephalomyelitis postimmunization or postvaccinal

New Code 323.52 Myelitis following immunization procedures
Myelitis postimmunization or postvaccinal

Revise 323.6 Postinfectious encephalitis, myelitis, and encephalomyelitis

Delete Excludes: encephalitis:
postchickenpox (052.0)
postmeasles (055.0)

New code 323.61 Acute disseminated encephalomyelitis
Acute necrotizing hemorrhagic encephalopathy

New code 323.62 Other postinfectious encephalitis and encephalomyelitis

Excludes: encephalitis:
postchickenpox (052.0)
postmeasles (055.0)

New code 323.63 Postinfectious myelitis
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>323.7</td>
<td>Toxic encephalitis, myelitis, and encephalomyelitis</td>
</tr>
<tr>
<td>Revise</td>
<td>Code first underlying cause, such as poisoning due to:</td>
</tr>
<tr>
<td></td>
<td>carbon tetrachloride (982.1)</td>
</tr>
<tr>
<td></td>
<td>hydroxyquinoline derivatives (961.3)</td>
</tr>
<tr>
<td></td>
<td>lead (984.0-984.9)</td>
</tr>
<tr>
<td></td>
<td>mercury (985.0)</td>
</tr>
<tr>
<td></td>
<td>thallium (985.8)</td>
</tr>
<tr>
<td>New code</td>
<td>323.71 Toxic encephalitis and encephalomyelitis</td>
</tr>
<tr>
<td>New code</td>
<td>323.72 Toxic myelitis</td>
</tr>
<tr>
<td>Revise</td>
<td>323.8 Other causes of encephalitis, myelitis, and encephalomyelitis</td>
</tr>
<tr>
<td>New code</td>
<td>323.81 Other causes of encephalitis and encephalomyelitis</td>
</tr>
<tr>
<td>New code</td>
<td>323.82 Other causes of myelitis Transverse myelitis NOS</td>
</tr>
<tr>
<td>Revise</td>
<td>323.9 Unspecified causes of encephalitis, myelitis, and encephalomyelitis</td>
</tr>
</tbody>
</table>
341 Other demyelinating diseases of central nervous system

New subcategory 341.2 Acute (transverse) myelitis

Excludes: Acute (transverse) myelitis (in) (due to):
- following immunization procedures (323.52)
- infection classified elsewhere (323.42)
- postinfectious (323.63)
- protozoal diseases classified elsewhere (323.2)
- rickettsial diseases classified elsewhere (323.1)
- toxic (323.72)
- viral diseases classified elsewhere (323.02)
- Transverse myelitis NOS (323.82)

New code 341.20 Acute (transverse) myelitis NOS

New code 341.21 Acute (transverse) myelitis in conditions classified elsewhere

Code first underlying condition

New code 341.22 Idiopathic transverse myelitis
Topic: Postnasal drip

Postnasal drip is the symptom of fluid or mucous dripping down the back of the throat. It can be due to a number of possible causes. Some of the more common of these include sinusitis and allergic rhinitis. When the underlying cause is known, the code for that should be assigned. However, during the process of evaluation, the cause for postnasal drip may not be known for certain. Thus, it would be useful to have a symptom code for postnasal drip.

**TABULAR MODIFICATIONS**

- **784 Symptoms involving head and neck**
  - **784.9 Other symptoms involving head and neck**
    - New code: 784.91 Postnasal drip
    - New code: 784.99 Other symptoms involving head and neck

**INDEX MODIFICATIONS**

- Revise: Drip, postnasal (chronic) — see Sinusitis 784.91
- Add due to:
  - Add: allergic rhinitis — see Rhinitis, allergic
  - Add: common cold 460
  - Add: gastroesophageal reflux — see Reflux, gastroesophageal
  - Add: nasopharyngitis — see Nasopharyngitis
  - Add: other known condition — code to condition
  - Add: sinusitis — see sinusitis

- Revise: Postnasal drip — see Sinusitis Drip, postnasal
Topic: Nonasthmatic bronchospasm

The American Academy of Pediatrics has requested a unique code for bronchospasm. There are times when a child presents with bronchospasm, but has not been diagnosed with asthma, and does not meet the accepted criteria for bronchitis. Currently, bronchospasm is indexed to code, 519.1 Other diseases of trachea and bronchus, not elsewhere classified. Many other conditions are indexed to this code including abscess of bronchus, atrophy of trachea, bronchostenosis and calcification of bronchus. Having a unique code for bronchospasm would allow the chronicity or recurrence of the condition to be better tracked. This would aid in better diagnosing the child’s underlying problem.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>519</td>
<td>Other diseases of respiratory system</td>
</tr>
<tr>
<td>519.1</td>
<td>Other diseases of trachea and bronchus, not elsewhere classified</td>
</tr>
<tr>
<td>Delete</td>
<td>Calcification of bronchus or trachea</td>
</tr>
<tr>
<td>Delete</td>
<td>Stenosis of bronchus or trachea</td>
</tr>
<tr>
<td>Delete</td>
<td>Ulcer of bronchus or trachea</td>
</tr>
<tr>
<td>New code</td>
<td>519.11</td>
</tr>
<tr>
<td></td>
<td>Excludes:</td>
</tr>
<tr>
<td></td>
<td>acute bronchitis with bronchospasm (466.0)</td>
</tr>
<tr>
<td></td>
<td>asthma (493.00 - 493.92)</td>
</tr>
<tr>
<td></td>
<td>exercise induced bronchospasm (493.81)</td>
</tr>
<tr>
<td>New code</td>
<td>519.19</td>
</tr>
<tr>
<td></td>
<td>Calcification of bronchus or trachea</td>
</tr>
<tr>
<td></td>
<td>Stenosis of bronchus or trachea</td>
</tr>
<tr>
<td></td>
<td>Ulcer of bronchus or trachea</td>
</tr>
</tbody>
</table>
ICD-9-CM Coordination and Maintenance Committee Meeting
April 1, 2005

Topic: Body Mass Index (BMI), pediatric

On October 1, 2005 new ICD-9-CM diagnosis codes will become effective for body mass index (BMI) for adults. The American Academy of Pediatrics (AAP) has requested that new codes also be established for pediatric BMI that use the value ranges for children as currently represented in the CDC growth charts. The age group represented in the current (2000) CDC growth charts is 2-20 years old. Pediatric growth charts, developed in 1977 by the National Center for Health Statistics (NCHS), are used by pediatricians, nurses, and parents to track the growth of infants, children, and adolescents in the United States. In 1994 and again in 1997 separate expert committees recommended that BMI be used routinely to screen for overweight children and adolescents.

In recent years there has been increased concern about the prevalence of obesity occurring in childhood. Though BMI has been a common approach to determine if adults are overweight or obese in recent years increased attention has focused on using it for pediatric patients. BMI is calculated from weight and height measurements and then used to compare a child’s weight relative to stature with other children of the same age and gender. The percentile lines on the growth chart indicate the rank of the child’s measurement. For example, when the child’s BMI-for-Age is plotted on the 95th percentile line it means that 5 of 100 children (5%) of the same age and gender in the reference population have a higher BMI-for-Age than that child. A table showing the percentile cut off values is used to help determine children at risk for being overweight indicating a nutrition-related health concern. BMI can be used to characterize underweight as well as overweight status.

TABULAR MODIFICATIONS

278 Overweight, obesity and other hyperalimentation

278.0 Overweight and obesity

Revise Use additional code to identify Body Mass Index (BMI), if known (V85.21-V85.25, V85.30-V85.39, V85.4, V85.53, V85.54)

783 Symptoms concerning nutrition, metabolism, and development

783.2 Abnormal weight loss and underweight

Revise Use additional code to identify Body Mass Index (BMI), if known (V85.0, V85.51)
ICD-9-CM Coordination and Maintenance Committee Meeting
April 1, 2005

V65  Other person seeking consultation
V65.3  Dietary surveillance and counseling

Add  Use additional code to identify Body Mass Index (BMI), if known
     (V85.0-V85.54)

Revise  V85  Body Mass Index (BMI)
        Kilograms per meters squared

New subcategory  V85.5  Body Mass Index, pediatric

Add  Note: BMI pediatric codes are for use for persons age 2-20 years old. These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)

New code  V85.51  Body Mass Index, pediatric, less than or equal to 5th percentile
New code  V85.52  Body Mass Index, pediatric, greater than 5th but less than or equal to 85th percentile
New code  V85.53  Body Mass Index, pediatric, greater than 85th but less than or equal to 95th percentile
New code  V85.54  Body Mass Index, pediatric, greater than 95th percentile
Topic: Transfusion related acute lung injury (TRALI)

Transfusion related acute lung injury (TRALI) is a serious pulmonary syndrome seen in a small percentage of patients who have received blood products. The diagnostic features of TRALI can include, acute respiratory distress, acute bilateral pulmonary edema (noncardiogenic), severe hypoxemia, hypotension (rarely hypertension), and fever. The onset of is usually within 1-6 hours following a transfusion with the clinical spectrum ranging from mild to severe. The mortality rate is between 6 and 10 percent.

Treatment of TRALI requires interruption of the transfusion and in some cases ventilation with hemodynamic support. The vast majority of cases resolve within 96 hours with ventilatory support. Resolution is generally complete and few if any residual damages are observed in patients.

According to the Center for Biologics Evaluation and Research (CBER) TRALI is the third leading cause of transfusion related death. The majority of deaths were associated with fresh frozen plasma transfusions with fewer being caused by packed red blood cell transfusions and platelet transfusions. In most cases, follow-up donor antibody screens showed donors who were positive for anti-HLA or anti-granulocyte antibodies.

Currently there is no ICD-9-CM diagnosis code for TRALI, nor is it indexed. We are recommending that a unique code be created for TRALI.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>518</td>
<td>Other diseases of lung</td>
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<tr>
<td>New code</td>
<td>Transfusion related lung injury (TRALI)</td>
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<tr>
<td>997</td>
<td>Complications affecting specified body systems, not elsewhere classified</td>
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<td>997.3</td>
<td>Respiratory complications</td>
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<td>Add</td>
<td>Excludes: transfusion related lung injury (TRALI) (518.7)</td>
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<tr>
<td>999</td>
<td>Complications of medical care, not elsewhere classified</td>
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<tr>
<td>999.8</td>
<td>Other transfusion reaction</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: transfusion related lung injury (TRALI) (518.7)</td>
</tr>
</tbody>
</table>
ICD-9-CM Coordination and Maintenance Committee Meeting  
April 1, 2005

Topic: Genetic testing

On October 1, 2005 new ICD-9-CM diagnosis codes will be implemented for genetic testing associated with procreative management. Comments received related to these new codes recommended that parallel codes also be created for genetic screening not associated with procreative management. NCHS is, therefore, recommending creating codes that will apply to a person undergoing genetic tests unrelated to procreative management.

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>V26</td>
<td>Procreative management</td>
</tr>
<tr>
<td>V26.3</td>
<td>Genetic counseling and testing</td>
</tr>
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<td>Add</td>
<td>Excludes: nonprocreative genetic screening</td>
</tr>
<tr>
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<td>(V82.71, V82.79)</td>
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<tr>
<td>V82</td>
<td>Special screening for other conditions</td>
</tr>
<tr>
<td>New sub-category</td>
<td>Genetic screening</td>
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<tr>
<td>Add</td>
<td>Excludes: genetic testing for procreative management</td>
</tr>
<tr>
<td></td>
<td>(V26.31, V26.32)</td>
</tr>
<tr>
<td>New code</td>
<td>Screening for genetic disease carrier status</td>
</tr>
<tr>
<td>New code</td>
<td>Other genetic screening</td>
</tr>
</tbody>
</table>
Topic: Inconclusive imaging tests due to excess body fat

According to radiologists, with the prevalence of obesity there is an increase in occurrence of inconclusive imaging test results due to excess body fat. Excess body fat reduces the ability to diagnose and treat patients using the imaging technologies that have become the cornerstone of modern medicine: X-rays, CT scans, ultrasound and magnetic resonance imaging. It can be difficult or impossible to tell whether a patient has a kidney obstruction, to distinguish a benign fibroid tumor from ovarian cancer, or to see whether a fetal heart is developing properly.

NCHS is proposing to create a unique V code to be able to track this, as it may have an impact on appropriate treatment when condition cannot be properly diagnosed.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
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<tr>
<td>V72</td>
<td>Special investigations and examinations</td>
<td></td>
</tr>
<tr>
<td>V72.5</td>
<td>Radiological examination, not elsewhere classified</td>
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<tr>
<td></td>
<td>Delete</td>
<td>Routine chest x-ray</td>
</tr>
<tr>
<td>New code</td>
<td>V72.50 Radiological examination</td>
<td>Routine chest x-ray</td>
</tr>
<tr>
<td>New code</td>
<td>V72.51 Image test inconclusive due to excess body fat</td>
<td>Use additional code to identify Body Mass Index (BMI), if known (V85.21-V85.25, V85.30-V85.39, V85.4, V85.53, V85.54)</td>
</tr>
</tbody>
</table>
Topic: Encounter for hearing examination following failed hearing screening

Children are routinely screened for proper hearing function. Those who fail the initial screening may have additional audiology testing performed before a diagnosis of a hearing problem is made. There is no diagnosis code to describe the reason for the visit for the additional testing. To be able to better track the person who is referred for the secondary testing it has been proposed to create a unique code.

The American Speech-Language-Hearing Association supports this proposal.

TABULAR MODIFICATIONS

V72 Special investigations and examinations
  V72.1 Examination of ears and hearing
  New code V72.11 Encounter for hearing examination following failed hearing screening
  New code V72.19 Other examination of ears and hearing
ICD-9-CM Coordination and Maintenance Committee Meeting
April 1, 2005

Topic: Central pain syndrome, postoperative pain

The ICD-9-CM does not have specific codes for encounters for pain management, or for specific types of pain, such as central pain syndrome or postoperative pain. Pain management is a growing subspecialty. It is being proposed that new codes be created to allow for the improved classification of pain.

Central pain syndrome can be caused by damage to the central nervous system. This can be traumatic or brain-related (such as stroke, multiple sclerosis, tumors, epilepsy or Parkinson’s disease). The character and extent of the pain differs widely depending partly on the variety of causes. These patients are treated with pain medications and sometimes antidepressants or anticonvulsants.

Recently the Editorial Advisory Board for the “AHA Coding Clinic for ICD-9-CM” received a question about how to code post-thoracotomy pain. Postoperative pain is currently indexed to “see Pain, by site”. However, coding only the site of the pain does not give any additional information that it is postoperative. In the past, published coding advice has instructed coders to code the underlying cause of the pain (such as diabetic neuropathy), or the site of the pain, and to not code any postoperative complication code, such as 998.89, Other specified complications.

Currently there are codes for pain found both in the body system chapters and Chapter 16, Signs and symptoms. Several options are proposed, below, to classify central pain syndrome and postoperative pain. Any variation on the options presented may also be considered.

TABULAR MODIFICATIONS

Option 1:

780 General symptoms

780.9 Other general symptoms

Delete

780.99 Other general symptoms

New category

338 Pain

Excludes: localized pain- code to site psychogenic pain (307.80)

Use additional code for any associated pain disorder (307.89)
New code 338.1 Generalized pain
New code 338.2 Central pain syndrome
New code 338.3 Postoperative pain
Postthoracotomy pain
New code 338.8 Other pain

Option 2:

780 General symptoms
780.9 Other general symptoms
New code 780.96 Generalized pain
New code 780.97 Central pain syndrome
Delete 780.99 Other general symptoms

997 Complications affecting specified body systems, not elsewhere
classified
New sub-category 997.8 Pain
New code 997.81 Postoperative pain
Post-thoracotomy pain

Option 3:

349 Other and unspecified disorders of the nervous system
349.8 Other specified disorders of nervous system
New code 349.83 Central pain syndrome
998 Other complications of procedures, not elsewhere classified
998.8 Other specified complications of procedures, not elsewhere
classified
New code 998.84 Postoperative pain
Post-thoracotomy pain
Topic: Sensorineural hearing loss

Otolaryngologists perform audiometric studies on patients to evaluate hearing loss. When an asymmetric hearing loss, a bilateral hearing loss, but worse in one ear, or unilateral sensorineural hearing loss is noted the patient is referred for further testing, including MRI. Findings of asymmetric sensorineural hearing loss, or unilateral sensorineural hearing loss, may indicate a retrocochlear lesion, such as an acoustic neuroma or meningioma.

Ann F. Bell, M.D., an otolaryngologist, has requested an expansion of the sensorineural hearing loss codes at subcategory 389.1, to better differentiate the existing codes and to create code for asymmetric and unilateral sensorineural hearing loss.

The American Speech-Language-Hearing Association supports this proposal.

TABULAR MODIFICATIONS

389 Hearing loss

389.1 Sensorineural hearing loss

Revise 389.11 Sensory hearing loss, bilateral
Revise 389.12 Neural hearing loss, bilateral
Revise 389.14 Central hearing loss, bilateral
New code 389.15 Sensorineural hearing loss, unilateral
New code 389.16 Sensorineural hearing loss, asymmetrical
Revise 389.18 Sensorineural hearing loss of combined types, bilateral
Topic: Encounter for pregnancy test, pregnancy confirmed

In keeping with the modification to subcategory V72.4, Pregnancy examination or test, creating codes for with unconfirmed results and negative results, The American College of Obstetrics and Gynecology (ACOG) has requested an additional code for with positive result. This modification would allow for a more accurate description of such encounters. The excludes note at V72.4 requires the use of a code from subcategory V22, Normal pregnancy, for a positive test result. ACOG staff comment that now instant results can be obtained, and that the test is usually administered by a nurse or other non-physician provider. There is no actual supervision of the pregnancy at the encounter for the testing so the use of a V22 code is incorrect.

ACOG has requested that this new code be included with the October 1, 2005 addenda to allow for the use of the code as quickly as possible.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>V72</th>
<th>Special investigations and examinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>V72.4</td>
<td>Pregnancy examination or test</td>
</tr>
</tbody>
</table>

Delete

Excludes: pregnancy examination with immediate confirmation

(V22.0-V22.1)

New code

V72.42 Pregnancy examination or test, positive result
ICD-9-CM Coordination and Maintenance Committee Meeting  
April 1, 2005

Topic: Other conditions or status of mother complicating pregnancy

There are a number of common conditions that complicate pregnancy for which there are no specific obstetric codes. Though many of these can be identified using a secondary code, having a unique code in the OB chapter would be beneficial. In addition, there are certain conditions that cannot be classified accurately with the current coding structure.

The American College of Obstetrics and Gynecology (ACOG) has requested that a new category be created in chapter 11 to allow for the classification of the many conditions that affect pregnancy that cannot now be coding specifically, or for which a code within chapter 11 would be of value. This new category would include codes for smoking, obesity, bariatric surgery status, coagulation defects, epilepsy, spotting, and uterine size date discrepancy complicating pregnancy.

### TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>305</td>
<td>Nondependent abuse of drugs</td>
</tr>
<tr>
<td>305.1</td>
<td>Tobacco use disorder</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: smoking complicating pregnancy (649.0)</td>
</tr>
<tr>
<td>641</td>
<td>Antepartum hemorrhage, abruptio placentae, and placenta previa</td>
</tr>
<tr>
<td>641.3</td>
<td>Antepartum hemorrhage associated with coagulation defects</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: coagulation defects not associated with antepartum hemorrhage (649.3)</td>
</tr>
<tr>
<td>646</td>
<td>Other complications of pregnancy, not elsewhere classified</td>
</tr>
<tr>
<td>646.1</td>
<td>Edema or excessive weight gain in pregnancy, without mention of hypertension</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: pre-existing obesity complicating pregnancy (649.1)</td>
</tr>
<tr>
<td>Delete</td>
<td>Uterine size date discrepancy</td>
</tr>
</tbody>
</table>
648 Other current conditions in the mother classified elsewhere, but complicating pregnancy, childbirth, or the puerperium

648.4 Mental disorders

Revise Conditions classifiable to 290-303, 305.0, 305.2-305.9

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

Category [0-4]

New code 649.0 Smoking

New code 649.1 Obesity
Use additional code to identify morbid (severe) obesity (278.01)
Excludes: excessive weight gain in pregnancy (646.1)

New code 649.2 Bariatric surgery status
Gastric banding status
Gastric bypass status for obesity
Obesity surgery status

New code 649.3 Coagulation defects
Conditions classifiable to 286
Use additional code to identify the specific coagulation defect (286.0-286.9)
Excludes: coagulation defects causing antepartum hemorrhage (641.3)

New code 649.4 Epilepsy
Conditions classifiable to 345
Use additional code to identify the specific type of epilepsy (345.00-345.91)
Excludes: eclampsia (642.6)
seizure not associated with pre-existing epilepsy (780.3)

649.5 Spotting
Excludes: antepartum hemorrhage (641.0-641.9)
hemorrhage in early pregnancy (640.0-640.9)

New code 649.6 Uterine size date discrepancy
Topic: Bariatric surgery status

When putting together the topic for other complications and status complicating pregnancy, and a code was added for bariatric surgery status complicating pregnancy, it was noted that no similar code exists for non-OB patients. As various forms of obesity surgery are coming into use, and these procedures are becoming more common, a unique code to identify patients who have undergone one of these procedures is important due to the potential impact that having had such a procedure might have on future health care. It is being proposed that a new code be created for bariatric surgery status.

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>V45</td>
<td>Other postprocedural states</td>
</tr>
<tr>
<td>V45.3</td>
<td>Intestinal bypass or anastomosis status</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: bariatric surgery status (V45.86)</td>
</tr>
<tr>
<td></td>
<td>gastric bypass status (V45.86)</td>
</tr>
<tr>
<td></td>
<td>obesity surgery status (V45.86)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V45.8</td>
<td>Other postprocedural status</td>
</tr>
<tr>
<td>New code</td>
<td></td>
</tr>
<tr>
<td>V45.86</td>
<td>Bariatric surgery status</td>
</tr>
<tr>
<td></td>
<td>Gastric banding status</td>
</tr>
<tr>
<td></td>
<td>Gastric bypass status for obesity</td>
</tr>
<tr>
<td></td>
<td>Obesity surgery status</td>
</tr>
<tr>
<td></td>
<td>Excludes: bariatric surgery status complicating pregnancy, childbirth or the puerperium (649.2)</td>
</tr>
<tr>
<td></td>
<td>intestinal bypass or anastomosis status (V45.3)</td>
</tr>
</tbody>
</table>
Topic: Elevated tumor associated antigens [TAA]

Understanding of the mechanism involved in the induction of immunity and the recognition of antigens by effector cells has improved dramatically over the past decade. Testing for elevations in tumor associated antigens [TAA], antigens that are relatively restricted to tumor cells, and tumor specific antigens [TSA], antigens unique to tumor cells, in the diagnosis of and the follow-up care for many cancers has become common practice. A unique code for elevated prostate specific antigen [PSA], was created when this test became routine in the diagnosing of prostate cancer. Many additional TAA and TSA tests have now become routine.

The American College of Obstetricians and Gynecologists (ACOG) has requested a new code for abnormal tumor markers for the genitourinary system. When putting together the proposal for that request, it became apparent that codes for abnormal tumor markers for all sites are needed. It is being proposed that a new subcategory, 795.8, Elevated tumor-associated antigens, be created with codes allowing for the identification of the many TAA and TSA tests now being performed. Because PSA already has a unique code, 790.93, and there is not sufficient room within subcategory 790.9 to include the other codes needed, 790.93 will need to be excluded from the new subcategory.

TABULAR MODIFICATIONS

790  Nonspecific findings on examination of blood
    790.9  Other nonspecific findings on examination of blood

Revise  790.93  Elevated prostate specific antigen [PSA]

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

Add  Excludes: abnormal tumor markers (795.81-795.89)
    elevated prostate specific antigen (790.93)
    elevated tumor associated antigens (795.81-795.89)

New sub-category  795.8  Elevated tumor associated antigens [TAA]
    Abnormal tumor markers
    Elevated tumor specific antigens [TSA]
    Excludes: elevated prostate specific antigen [PSA] (790.93)

New code  795.81  Elevated carcinoembryonic antigen [CEA]
New code  795.82  Elevated CA 125
New code  795.89  Other elevated tumor associated antigens
Topic: Antepartum testing on father

Often the male partner of a woman who is planning to conceive or is already pregnant will need to be evaluated for possible conditions that may affect a fetus. The ICD-9-CM does not provide a code that specifies the encounter is for the male partner. The American College of Obstetrics and Gynecology (ACOG) has requested such a code, with the understanding that the code would be for use only on the record of the patient, the male being tested, not on the female’s record.

TABULAR MODIFICATIONS

V26 Procreative management

V26.3 Genetic counseling and testing

Revise V26.31 Testing for genetic disease carrier status of female

Revise V26.32 Other genetic testing of female

New code V26.34 Testing for genetic disease carrier status of male

New code V26.35 Other genetic testing of male

Revise V28 Encounter for antenatal screening of mother
Topic: Macrophage Activation Syndrome

There are several disorders that have in common excessive and abnormal activation of macrophages, which are mature forms of the monocytes of the blood and bone marrow. These overzealous macrophages destroy blood cells (eat up or phagocytize red cells, other white cells and platelets) and cause liver damage, bleeding problems and have a high mortality rate.

The most common of these disorders (though fortunately not common at all) are:

- Macrophage activation syndrome- which occurs mostly in patients with rheumatoid arthritis who are on immunosuppressive therapy.
- Hemophagocytic syndrome- also called infection- or viral-associated hemophagocytic syndrome, in which an infection triggers the disorder. The virus that causes infectious mononucleosis is the best known of these.
- Familial hemophagocytic lymphohistiocytosis- which is an inherited type.

Macrophages have been called histiocytes in the past so these are really histiocytic or histiocytosis syndromes, though they are very distinct from the ones currently specified in ICD-9-CM.

It is being proposed that a new code for macrophage disorders be created. Due to the rare nature of each of these disorders, it is being proposed that all forms of the disorder be included under the single new code.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>288.4</td>
<td>Hemophagocytic syndromes</td>
</tr>
<tr>
<td></td>
<td>Familial hemophagocytic lymphohistiocytosis</td>
</tr>
<tr>
<td></td>
<td>Familial hemophagocytic reticulosis</td>
</tr>
<tr>
<td></td>
<td>Hemophagocytic syndrome, infection-associated</td>
</tr>
<tr>
<td></td>
<td>Histiocytic syndromes</td>
</tr>
<tr>
<td></td>
<td>Macrophage activation syndrome</td>
</tr>
</tbody>
</table>

288 Diseases of white blood cells
Topic: Unspecified adverse effect of drug, medicinal and biological substance

The use of code 995.2, Unspecified adverse effect of drug, medicinal and biological, substance, should be used in very rare circumstances, when no information is provided regarding the adverse effect. It should never be used in the inpatient setting. However, there are a number of terms indexed to it that are, in fact, specific adverse effects. All nonspecific terms for allergies to drugs are indexed to 995.2.

In an effort to improve the coding of adverse effects of drugs and drug allergies, and to reduce the use of code 995.2, it is being proposed that code 995.2 be modified. Two options are being proposed. The first option expands 995.2, removes all drug allergies from 995.2, and adds them to 995.3, Allergy, unspecified which is also modified. The second option keeps drug allergies within 995.2 but provides codes to distinguish between allergic reactions and other adverse effects of drugs.

In determining which option to select, it will also be necessary to decide whether unspecified reactions to injections should remain within category 999, Complications of medical care, not elsewhere classified, or be moved to 995.2.

Following the two tabular modification proposals are the index entries that would be affected by this modification. It is provided to allow for a review of all of the entries that now direct coders to 995.2.

Option 1:

TABULAR MODIFICATIONS

995 Certain adverse effects not elsewhere classified

995.2 Unspecified adverse effect of drug, medicinal and biological, substance

Delete Allergic reaction due to correct medicinal substance properly administered

Delete Hypersensitivity due to correct medicinal substance properly administered

Delete Idiosyncrasy due to correct medicinal substance properly administered

Drug:

hypersensitivity NOS

Delete

Add Excludes: drug allergy NOS (995.32)

Add drug hypersensitivity NOS (995.32)

New code 995.21 Unspecified adverse effect of anesthesia

New code 995.22 Unspecified adverse effect of insulin
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>995.29</td>
<td>Unspecified adverse effect of other drug, medicinal and biological substances</td>
</tr>
<tr>
<td>995.3</td>
<td>Allergy, unspecified. Allergic reaction, not elsewhere classified.</td>
</tr>
<tr>
<td>995.30</td>
<td>Allergy, unspecified.</td>
</tr>
<tr>
<td>995.31</td>
<td>Arthus’ phenomenon</td>
</tr>
<tr>
<td>995.32</td>
<td>Other drug allergy. Drug allergy NOS. Drug hypersensitivity NOS.</td>
</tr>
<tr>
<td>995.39</td>
<td>Other allergic reaction, not elsewhere classified.</td>
</tr>
<tr>
<td></td>
<td>Excludes: allergic reaction NOS to correct medicinal substance properly administered (995.2)</td>
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</tbody>
</table>

**Option 2:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>995.20</td>
<td>Unspecified adverse effect of unspecified drug, medicinal and biological substance</td>
</tr>
<tr>
<td></td>
<td>Note: This code is not for use in the inpatient setting</td>
</tr>
<tr>
<td>995.21</td>
<td>Arthus’ phenomenon</td>
</tr>
<tr>
<td>995.22</td>
<td>Unspecified adverse effect of anesthesia</td>
</tr>
<tr>
<td>995.23</td>
<td>Unspecified adverse effect of insulin</td>
</tr>
</tbody>
</table>
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New code 995.27 Other drug allergy
           Drug allergy NOS
           Drug hypersensitivity NOS

New code 995.29 Unspecified adverse effect of other drug, medicinal and biological substance

AFFECTED INDEX ENTRIES

Allergy
drug 995.2

Anesthesia
  complication or reaction NEC 995.2
due to
correct substance properly administered 995.2
Arthus’ phenomenon 995.2
due to
correct substance properly administered 995.2

Complications
  anesthesia ... 995.2
  injection
drug reaction 995.2

Drug
  adverse effect NEC, correct substance properly administered 995.2

Effects, adverse NEC
  biological, correct substance properly administered ...995.2
  drug and medicinals NEC 995.2
    correct substance properly administered 995.2
  medicinal substance, correct, properly administered 995.2

Hypersensitive...
drug (see also Allergy, drug) 995.2

Intolerance
drug
correct substance properly administered 995.2

Intoxication
drug 292.2
  correct substance properly administered (see also Allergy, drug) 995.2

Reaction
drug NEC...995.2
  correct substance properly administered 995.2
  insulin 995.2
Topic: Immunotherapy

Immunotherapy, also called immune therapy and biologic therapy is treatment that stimulates the body’s immune defense system to fight infection and disease. It is not classified as chemotherapy. Unlike traditional cytotoxic chemotherapies that attack cancer cells themselves, immunotherapy is designed to enhance the body’s defenses by mimicking the way natural substances activate the immune system. These can stimulate the growth and activity of cancer-killing cells, for example high-dose interleukin 2 (IL-2) used in the treatment of malignant melanoma and renal cell carcinoma.

There is no existing ICD-9-CM code that uniquely captures an encounter specifically for immunotherapy. V58.1, Chemotherapy, is not suitable for patients admitted for immunotherapies, such as IL-2, or other immunotherapies. The lack of a specific code presents a problem for clinical and health services researchers who need to track encounters for and outcomes in patients receiving immunotherapies.

It is being proposed that code V58.1, Chemotherapy, be expanded to include immunotherapy and that the new codes be designated as specific for encounters for treatment of neoplastic conditions.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V58</td>
<td>Encounter for other and unspecified procedures and aftercare</td>
</tr>
<tr>
<td>Revise</td>
<td>V58.1 Encounter for chemotherapy and immunotherapy for neoplastic conditions</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: chemotherapy and immunotherapy for non-neoplastic conditions- code to condition</td>
</tr>
<tr>
<td>New code</td>
<td>V58.11 Encounter for antineoplastic chemotherapy</td>
</tr>
<tr>
<td>New code</td>
<td>V58.12 Encounter for immunotherapy for neoplastic condition</td>
</tr>
</tbody>
</table>
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ADDENDA

TABULAR

136 Other and unspecified infectious and parasitic diseases

136.3 Pneumocystosis

Add Pneumonia due to Pneumocystis jiroveci

202 Other malignant neoplasms of lymphoid and histiocytic tissue

202.0 Nodular lymphoma

Delete Reticulosarcoma, follicular or nodular

309 Adjustment reaction

309.8 Other specified adjustment reactions

309.81 Posttraumatic stress disorder

Add Post-Traumatic Stress Disorder (PTSD)

440 Atherosclerosis

440.2 Of native arteries of the extremities

440.24 Atherosclerosis of the extremities with gangrene

Add Use additional code for any associated ulceration (707.10-707.9)

629 Other disorders of female genital organs

629.2 Female genital mutilation status

629.20 Female genital mutilation status, unspecified

Add Female genital mutilation status, type 4
784  Symptoms involving head and neck
784.3  Aphasia
Add  Excludes:  aphasia due to late effects of cerebrovascular disease
(438.11)

790  Nonspecific findings on examination of blood
790.2  Abnormal glucose
790.29  Other abnormal glucose
Add  Hyperglycemia NOS
790.6  Other abnormal blood chemistry
Add  Abnormal blood level of:
Add  lead
Add  Excludes:  lead poisoning (984.0-984.9)
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ADDENDA

INDEX

Abnormal
  blood-level
Add     lead 790.6

Black
Add     heel 924.20
Add     palm 923.20

Revise Dactylitis 686.9
Revise sickle-cell 282.62
Add     Hb-C 282.64
Add     Hb-SS 282.62
Add     specified NEC 282.69

Dermatosis
Add     linear IgA 694.8

Dieulafoy lesion (hemorrhagic)
of
Add     esophagus 530.82

Disease
Revise microvascular 413.9 – code to condition

Dislocation
Revise vertebra (traumatic) ...
Add     non-traumatic – see Displacement, intervertebral disc

Disorder
Add     Post-Traumatic Stress (PTSD) 309.81
social...313.22
Delete    specified NEC 780.59

Displacement
  intervertebral disc...
Revise     due to major trauma – see Dislocation, vertebra

Revise Dyssomnia NEC 307.47
Dystonia
Add oromandibular 333.82
Add due to drug 333.85

Elevation
liver function test 790.6
Add alkaline phosphatase 790.5
Add aminotransferase 790.4
Add bilirubin 782.4
Add hepatic enzyme NEC 790.5
Add lactate dehydrogenase 790.4

Encephalopathy
Add hypoxic-ischemic (perinatal) 768.5

Feeding
Revise infancy or early childhood 783.3

Flexion
Revise deformity, joint... 736.9

Granuloma
Add tracheostomy 519.09

Hepatitis
Add autoimmune 571.49

Hydrocephalus
Add normal pressure (primary) (secondary) 331.3
Revise otitic 348.2

Injury
Add post-cardiac surgery (syndrome) 429.4

Lead
Add elevated, in blood 790.6
Add positive blood test 790.6

Necrosis
Add perineum 624.8
Add vulva 624.8

Revise Parasomnia 307.47
Add Pneumocystis jiroveci pneumonia 136.3

Pneumonia
due to
Add Pneumocystis jiroveci 136.3
Revise Pneumocystis (carinii) (jiroveci) 136.3
Add PTSD (Post-traumatic stress disorder) 309.81

Screening
Add hearing V72.19

Status (post)
female genital mutilation 629.20
Add type 4 629.20

Delete disc—see Displacement, intervertebral disc
Delete discogenic—see Displacement, intervertebral disc
Dressler’s (post-myocardial infarction) 411.0
Add post-cardiotomy 429.4
Add post-cardiac injury
Add post-cardiotomy 429.4
Add post-myocardial infarction 411.0

Add Tache noir 923.20
Add Talon noir 924.20
Add hand 923.20
Add heel 924.20
Add toe 924.3

Tracheostomy
Add granuloma 519.09

Revise Ulcer 707.9