ICD-9-CM Coordination and Maintenance Committee Meeting
December 5, 2003

AGENDA (Diagnosis portion)

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

Dental code expansion .......................................................... pg.4-8
  Tom McGarry, D.D.S.
  University of Illinois College of Dentistry
Focal hyperhidrosis .......................................................... pg.9-10
  Deenna Glaser, M.D.
  International Hyperhidrosis Society
West Nile virus with and without encephalitis ......................... pg.11
Awaiting heart transplant status ........................................ pg.12
Alpha-1-antitrypsin deficiency ........................................ pg.13
  Robert A. Sandhaus, M.D., PhD., FCCP
  Alpha-1 Foundation
Other metabolic disorders ................................................ pg.14-16
Autosomal deletion syndromes .......................................... pg.17
Sleep disorders .............................................................. pg.18
  R. Bart Sangal M.D.
  Conrad Iber, M.D.
  American Academy of Sleep Medicine
Nonspecific abnormal findings on neonatal screening ................ pg.19
Exposure to communicable diseases ................................... pg.20
Broken mechanical ventilator ........................................... pg.21
Chondritis of ear .......................................................... pg.22
Decubitus ulcers .......................................................... pg.23
Deep vein thrombosis ...................................................... pg.24-25
Endometrial hyperplasia with and without atypia ..................... pg.26
Genital prolapse .......................................................... pg.27-28
Bethesda system .......................................................... pg.29-31
Female genital mutilation ............................................... pg.32-33
Long-term use of aspirin/insulin ....................................... pg.34
Diabetes mellitus ......................................................... pg.35-36
Mental disorders addenda changes ..................................... pg.37-45
Addenda .............................................................. pg.46-54
ICD-9-CM TIME LINE

October 1, 2003  New and revised ICD-9-CM codes from the 2002 cycle went into effect.

October 3, 2003  Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the December 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting.

December 2003  Summary report of the Procedure part of the December 4, 2003 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 December 5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm

January 9, 2004  Deadline for receipt of public comments on proposed code revisions discussed at the April 3-4, 2003 and December 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2004.

Feb. 2, 2004  Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the April 1-2, 2004 ICD-9-CM Coordination and Maintenance Committee meeting.

April 1-2, 2004  ICD-9-CM Coordination and Maintenance Committee meeting in the CMS auditorium. Diagnosis and procedure code revisions discussed are for potential implementation on October 1, 2005.


October 1, 2004  New and revised ICD-9-CM codes from the 2003 cycle go into effect.

October 2, 2004  Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the December 2-3, 2004 ICD-9-CM Coordination and Maintenance Committee meeting.
November 2004  Tentative agenda for the Procedure part of the December 2, 2004 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/paymentsystems/icd9

Tentative agenda for the Diagnosis part of the December 3, 2004 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm

Federal Register Notice of December 2-3, 2004 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published.

December 2-3, 2004  ICD-9-CM Coordination and Maintenance Committee meeting in the CMS auditorium. Diagnosis and procedure code revisions discussed are for potential implementation on October 1, 2005.
Currently, there is no diagnostic code system available that provides a comprehensive basis adequate to meet oral health care diagnostic needs. As a result, diagnostic coding is not widely utilized in dentistry. The need for a comprehensive diagnostic code base has become critical with the advent of the digital age and electronic patient record. By using diagnostic codes, dentists would have the capacity to compare the outcomes of patients with a common diagnosis to determine what level of severity of the condition was associated with poor prognoses, identify which types of concurrent diagnoses were associated with slower healing, learn what types of services provide better outcomes, and document what types of services provide longer lasting outcomes. It will simultaneously provide access to more complete clinical documentation and support aggregation of data across study sites and investigators, thus enhancing the population research base and supporting outcomes research. The diagnostic codes will also standardize the process of reporting disease prevalence and incidence creating more reliable measures of societal patterns of disease.

The existing codes under the heading 'Diseases of oral cavity, salivary glands and jaws' (520-529) have not evolved enough since their inception in 1979 and do not reflect the nature of dental practice today, or our educational and research needs. There have been few changes to the dental codes over the past ten years. The most recent changes to these codes came into effect in 2001, and they were minor modifications. The University of Illinois College of Dentistry is proposing this comprehensive revision of the codes to make them more universally useful and reflective of dental practice. This will support the educational and research needs of dentistry.

The codes being proposed are part of normal diagnostic data collection that occurs for all patients. They meet with the existing standard of care in dentistry. They are within the scope and conventions of the existing classification. By adopting these codes into the public domain, dental educators and researchers will be able to contribute significantly to the body of knowledge in dentistry.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>520</td>
<td>Disorders of tooth development and eruption</td>
</tr>
<tr>
<td>520.6</td>
<td>Disturbances in tooth eruption</td>
</tr>
<tr>
<td></td>
<td>Delete Excludes: impacted or embedded teeth with abnormal position of such teeth or adjacent teeth (524.3)</td>
</tr>
<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></td>
<td>New code 521.06 Dental caries pit and fissure</td>
</tr>
<tr>
<td></td>
<td>New code 521.07 Dental caries of smooth surface</td>
</tr>
<tr>
<td></td>
<td>New code 521.08 Dental caries of root surface</td>
</tr>
</tbody>
</table>
Revise 521.1 Excessive attrition (approximal wear) (occlusal wear)
Delete
Delete
Approximal wear
Occlusal wear
New code 521.10 Excessive attrition, unspecified
New code 521.11 Excessive attrition, limited to enamel
New code 521.12 Excessive attrition, extending into dentine
New code 521.13 Excessive attrition, extending into pulp
New code 521.14 Excessive attrition, localized
New code 521.15 Excessive attrition, generalized

521.2 Abrasion
New code 521.20 Abrasion, unspecified
New code 521.21 Abrasion, limited to enamel
New code 521.22 Abrasion, extending into dentine
New code 521.23 Abrasion, extending into pulp
New code 521.24 Abrasion, localized
New code 521.25 Abrasion, generalized

521.3 Erosion
New code 521.30 Erosion, unspecified
New code 521.31 Erosion, limited to enamel
New code 521.32 Erosion, extending into dentine
New code 521.33 Erosion, extending into pulp
New code 521.34 Erosion, localized
New code 521.35 Erosion, generalized

521.4 Pathological resorption
Delete Internal granuloma of pulp
Delete Resorption of tooth or root (external) (internal)
New code 521.40 Pathological resorption, unspecified
New code 521.41 Pathological resorption, internal
New code 521.42 Pathological resorption, external
New code 521.49 Other pathological resorption
Internal granuloma of pulp
Revise 521.7 Intrinsic post eruptive color changes
Add Excludes: extrinsic color changes (523.6)

523 Gingival and periodontal diseases
523.2 Gingival recession
Revise Gingival recession (generalized) (localized) (postinfective) (postoperative)
New code 523.20 Gingival recession, unspecified
New code 523.21 Gingival recession, minimal
New code 523.22 Gingival recession, moderate
New code 523.23 Gingival recession, severe
New code 523.24 Gingival recession, localized
New code 523.25 Gingival recession, generalized
523.6 Accretions on teeth
Add Extrinsic discoloration of teeth
Add Excludes: intrinsic discoloration of teeth (521.7)

524 Dentofacial anomalies, including malocclusion
524.0 Major anomaly of jaw size
New code 524.07 Excessive tuberosity of jaw

524.2 Anomalies of dental arch relationship
Delete Crossbite (anterior) (posterior)

________________________
Disto-occlusion

________________________
Mesio-occlusion

________________________
Midline deviation

________________________
Open bite (anterior) (posterior)

________________________
Overtbite (excessive):

________________________
depth

________________________horizontally

________________________vertically

________________________Overjet

________________________Posterior lingual occlusion of mandibular teeth

________________________Soft tissue impingement
Add Excludes: soft tissue impingement (524.80, 524.81)

New code 524.20 Unspecified anomaly of dental arch relationship
New code 524.21 Angle’s class I
Neutro-occlusion
New code 524.22 Angle’s class II
Disto-occlusion Division I
Disto-occlusion Division II
New code 524.23 Angle’s class III
Mesio-occlusion
New code 524.24 Open anterior occlusal relationship
New code 524.25 Open posterior occlusal relationship
New code 524.26 Excessive horizontal overlap
New code 524.27 Reverse articulation
Anterior articulation
Posterior articulation
New code 524.28 Anomalies of interarch distance

Inadequate interarch distance
Excessive interarch distance
New code 524.29 Other anomalies of dental arch relationship
Revise
524.3 Anomalies of tooth position of fully erupted teeth
Add
Excludes: impacted or embedded teeth with abnormal position of such teeth or adjacent teeth (520.6)
Delete
Crowding of tooth, teeth
________________________
Diastema of tooth, teeth
________________________
Displacement of tooth, teeth
________________________
Rotation of tooth, teeth
________________________
Spacing, abnormal, of tooth, teeth
________________________
Transposition of tooth, teeth
________________________
Impacted or embedded teeth with abnormal position of such teeth or adjacent teeth
New code 524.30 Unspecified anomaly of tooth position
   Diastema of teeth NOS
   Displacement of teeth NOS
   Transposition of teeth NOS
New code 524.31 Crowding of teeth
New code 524.32 Excessive spacing of teeth
New code 524.33 Horizontal displacement of teeth
   Tipping of teeth
New code 524.34 Vertical displacement of teeth
   Infraeruption of teeth
   Supraeruption of teeth
New code 524.35 Rotation of teeth
New code 524.36 Insufficient interocclusal distance of teeth (ridge)
New code 524.37 Excessive interocclusal distance of teeth
   Loss of occlusal vertical dimension
New code 524.39 Other anomalies of tooth position
Delete
   Abnormal jaw closure
   Malocclusion due to:
     abnormal swallowing
     mouth breathing
     tongue, lip, or finger habits
New code 524.50 Dentofacial functional abnormality, unspecified
New code 524.51 Abnormal jaw closure
   Dyskinesia
New code 524.52 Limited mandibular range of motion
New code 524.53 Deviation in opening and closing of the mandible
New code 524.54 Insufficient anterior guidance
New code 524.55 Centric occlusion maximum intercuspation discrepancy
New code 524.56 Non-working side interference
New code 524.57 Lack of posterior occlusal support
<table>
<thead>
<tr>
<th>New code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>524.59</td>
<td>Other dentofacial functional abnormalities</td>
</tr>
<tr>
<td></td>
<td>Abnormal swallowing</td>
</tr>
<tr>
<td></td>
<td>Mouth breathing</td>
</tr>
<tr>
<td></td>
<td>Tongue, lip, or finger habits</td>
</tr>
<tr>
<td></td>
<td>Sleep postures</td>
</tr>
<tr>
<td>524.6</td>
<td>Temporomandibular joint disorders</td>
</tr>
<tr>
<td>524.64</td>
<td>Temporomandibular joint sounds on opening and/or closing the jaw</td>
</tr>
<tr>
<td>524.7</td>
<td>Dental alveolar anomalies</td>
</tr>
<tr>
<td>524.75</td>
<td>Vertical displacement of alveolus and teeth</td>
</tr>
<tr>
<td></td>
<td>Extrusion of alveolus and teeth</td>
</tr>
<tr>
<td>524.76</td>
<td>Occlusal plane deviation</td>
</tr>
<tr>
<td>524.8</td>
<td>Other specified dentofacial anomalies</td>
</tr>
<tr>
<td>524.81</td>
<td>Anterior soft tissue impingement</td>
</tr>
<tr>
<td>524.82</td>
<td>Posterior soft tissue impingement</td>
</tr>
<tr>
<td>524.89</td>
<td>Other specified dentofacial anomalies</td>
</tr>
<tr>
<td>525</td>
<td>Other diseases and conditions of the teeth and supporting structures</td>
</tr>
<tr>
<td>525.2</td>
<td>Atrophy of edentulous alveolar ridge</td>
</tr>
<tr>
<td>525.20</td>
<td>Unspecified atrophy of edentulous alveolar ridge</td>
</tr>
<tr>
<td></td>
<td>Atrophy of the mandible NOS</td>
</tr>
<tr>
<td></td>
<td>Atrophy of the maxilla NOS</td>
</tr>
<tr>
<td>525.21</td>
<td>Minimal atrophy of the mandible</td>
</tr>
<tr>
<td>525.22</td>
<td>Moderate atrophy of the mandible</td>
</tr>
<tr>
<td>525.23</td>
<td>Severe atrophy of the mandible</td>
</tr>
<tr>
<td>525.24</td>
<td>Minimal atrophy of the maxilla</td>
</tr>
<tr>
<td>525.25</td>
<td>Moderate atrophy of the maxilla</td>
</tr>
<tr>
<td>525.26</td>
<td>Severe atrophy of the maxilla</td>
</tr>
<tr>
<td>528</td>
<td>Diseases of the oral soft tissues, excluding lesions specific for gingiva and tongue</td>
</tr>
<tr>
<td>528.7</td>
<td>Other disturbances of oral epithelium, including tongue</td>
</tr>
<tr>
<td></td>
<td>Erythroplakia of mouth or tongue</td>
</tr>
<tr>
<td></td>
<td>Focal epithelial hyperplasia of mouth or tongue</td>
</tr>
<tr>
<td></td>
<td>Leukoedema of mouth or tongue</td>
</tr>
<tr>
<td></td>
<td>Leukokeratosis nicotina palati</td>
</tr>
<tr>
<td>528.71</td>
<td>Minimal keratinized residual ridge mucosa</td>
</tr>
<tr>
<td>528.72</td>
<td>Excessive keratinized residual ridge mucosa</td>
</tr>
<tr>
<td>528.79</td>
<td>Other disturbances of oral epithelium, including tongue</td>
</tr>
<tr>
<td></td>
<td>Erythroplakia of mouth or tongue</td>
</tr>
<tr>
<td></td>
<td>Focal epithelial hyperplasia of mouth or tongue</td>
</tr>
<tr>
<td></td>
<td>Leukoedema of mouth or tongue</td>
</tr>
<tr>
<td></td>
<td>Leukokeratosis nicotina palati</td>
</tr>
</tbody>
</table>
**Topic: Focal hyperhidrosis**

Hyperhidrosis refers to a specific group of clinical disorders involving excessive sweating. It may be focal, regional or generalized depending upon the locations affected. Hyperhidrosis may be primary, occurring in the absence of an underlying condition, or it may be secondary, associated with another condition or as a result of treatment. Primary hyperhidrosis is generally focal, involving one or more specific locations in the body, such as the axilla, palms, soles, or face. Secondary hyperhidrosis is usually generalized, occurring, for example, as a symptom associated with endocrino-metabolic, cardiovascular or oncologic conditions. Secondary hyperhidrosis may be focal when occurring as a result of a local condition or its treatment, such as a tumor or radiation therapy.

Primary hyperhidrosis is not a rare disorder, affecting approximately 3% of the U.S. adult population. Symptoms manifest differently, depending upon the area affected, including soiled or damaged clothing, shoes or paperwork, or unappealing cold, wet handshakes. Excessive sweating of the underarms, hands or feet can be a substantial emotional burden and embarrassment and can interfere with daily activities.

The diagnosis of primary focal hyperhidrosis can be made only after excluding secondary causes of excessive sweating. Therapeutic options for treatment vary and range from non-surgical, topical treatment to intradermal botox injections, axillary liposuction and excision of the axillary sweat glands. Topical treatment is attempted first with surgical treatment being used as a last resort.

Though patients with primary focal hyperhidrosis are most frequently seen by dermatologists and neurologists, primary care physicians and pediatrics should also be instructed in the clinical presentation and treatment, as well as the coding of this condition.

Currently, the single code for hyperhidrosis is in the signs and symptoms chapter. The International Hyperhidrosis Society has requested a modification to the ICD-9-CM to allow for the coding of focal hyperhidrosis in the dermatology chapter of the classification with the current code excluded from any newly created codes.
TABULAR MODIFICATIONS

705  Disorders of sweat glands

New sub-category  705.2  Focal hyperhidrosis
Add  Excludes: generalized (secondary) hyperhidrosis (780.8)

New code  705.21 Primary focal hyperhidrosis
Hyperhidrosis of:
  axilla
  face
  palms
  soles

New code  705.22 Secondary focal hyperhidrosis
  Frey’s syndrome

780  General symptoms

Revise  780.8  Generalized hyperhidrosis
Add  Secondary hyperhidrosis

Add  Excludes: focal hyperhidrosis (750.21-750.22)
Add  Frey’s syndrome (705.22)
**Topic: West Nile virus with and without encephalitis**

Encephalitis is the most serious complication associated with the West Nile virus. Though many patients who contract this virus are asymptomatic, those patients who do develop encephalitis are acutely ill and require hospitalization. In order to differentiate between patients with West Nile, it is being proposed that the code be expanded to provide codes for with and without encephalitis.

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>066</td>
<td>Other arthropod-borne viral diseases</td>
</tr>
<tr>
<td>066.4</td>
<td>West Nile Fever</td>
</tr>
</tbody>
</table>

**Delete**

- West Nile encephalitis
- West Nile encephalomyelitis

**New code**

- 066.40 West Nile Fever without encephalitis
- West Nile Fever NOS

- 066.41 West Nile Fever with encephalitis
  - West Nile encephalitis
  - West Nile encephalomyelitis
Topic: Awaiting heart transplant status

Many patients with heart disease are on the waiting list for a heart transplant. Some of these patients may be hospitalized due to the severity of their condition. It is being proposed that a new status code be created to distinguish patients who are hospitalized while awaiting a new heart from patients being seen for direct treatment of their heart disease. This status code could also be used on any patient medical record to indicate that the patient is on the heart transplant waiting list.

TABULAR MODIFICATION

V49 Other conditions influencing health status
V49.8 Other specified conditions influencing health status

New code V49.83 Awaiting heart transplant status
**Topic: Alpha-1-antitrypsin deficiency**

Alpha-1-antitrypsin (AAT) is an acute-phase reactive protein, produced mostly by the liver, designed to protect tissues. AAT deficiency is a genetic disorder characterized by the production of an abnormal AAT protein. When the abnormal AAT protein is produced it cannot be secreted by the liver. This causes the protein to accumulate within the liver and results in a marked reduction of circulating AAT levels. This results in chronic liver damage due to the accumulation of the protein in the liver and chronic lung damage due to the lack of protection to the lungs that the normal AAT protein is designed to provide. AAT deficiency is also believed to be responsible for certain cases of panniculitis, unexplained vasculitis and Wegener’s granulomatosis.

The generally cited prevalence of AAT deficiency in the U.S. is approximately 100,000 but this figure is probably an underestimate due to the additional numbers of persons with COPD and liver disease who are likely to have AAT deficiency.

There is no specific code for AAT deficiency in the ICD-9-CM. Currently it is indexed to code 277.6, Other deficiencies of circulating enzymes. This is an incorrect code assignment since AAT is not an enzyme. The Alpha-1 Foundation has submitted a proposal requesting that a new code be created for AAT deficiency.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>273</td>
<td>Disorders of plasma protein metabolism</td>
</tr>
<tr>
<td>New code</td>
<td>273.4  Alpha-1-antitrypsin deficiency</td>
</tr>
<tr>
<td></td>
<td>AAT deficiency</td>
</tr>
<tr>
<td>277</td>
<td>Other and unspecified disorders of metabolism</td>
</tr>
<tr>
<td>Delete</td>
<td>277.6   Other deficiencies of circulating enzymes</td>
</tr>
<tr>
<td></td>
<td>Alpha-1-antitrypsin deficiency</td>
</tr>
</tbody>
</table>
Clinical knowledge of metabolic conditions has increased substantially over the last decade. Codes in the ICD-9-CM have not been updated to provide unique codes for many of the more common metabolic conditions. The American College of Medical Genetics is proposing that new codes for disorders of fatty acid oxidation, peroxisomal disorders and disorders of mitochondrial metabolism be created. Each of these codes will include a number of specific disorders which are relatively rare. These are generally diagnosed in children, and their severity makes them complex to treat.

Disorders of fatty acid oxidation result in episodes of coma and hypoglycemia after prolonged periods without food. These episodes may be life threatening. Secondary carnitine deficiency may also be present. A number of specific enzyme deficiencies can result in a disorder of fatty acid oxidation. Certain specific disorders may cause chronic progressive muscle weakness, cardiomyopathy, rhabdomyalysis, or congenital anomalies.

Peroxisomal disorders involve problems with normal formation or functioning of the peroxisomes, subcellular membrane-bound organelles that contain various enzymes. The peroxisomes are involved in the metabolism of very long chain fatty acids. In disorders of peroxisome import, one or more proteins fail to be transported into the peroxisome. This prevents normal peroxisome function, affecting multiple enzymes. There can also be isolated single enzyme defects involving the peroxisomes.

Mitochondria are subcellular organelles involved in energy production and utilization. They have their own DNA and a double membrane. Mitochondrial metabolism disorders can result in a range of clinical disorders. Many of these involve neurological problems, such as encephalopathies or myopathies, for example with characteristic ragged red fibers found on muscle biopsy.
TABULAR MODIFICATIONS

277 Other and unspecified disorders of metabolism

277.8 Other specified disorders of metabolism

New code 277.85 Disorders of fatty acid oxidation
Carnitine palmitoyltransferase deficiencies (CPT1, CPT2)
Glutaric aciduria type II (type IIA, IIB, IIC)
Long chain/very long chain acyl CoA dehydrogenase deficiency (LCAD, VLCAD)
Long chain 3-hydroxyacyl CoA dehydrogenase deficiency (LCHAD)
Medium chain acyl CoA dehydrogenase deficiency (MCAD)
Short chain acyl CoA dehydrogenase deficiency (SCAD)

Add Excludes: primary carnitine deficiencies (277.81)

New code 277.86 Peroxisomal disorders
Adrenomyeloneuropathy
Infantile Refsum disease
Neonatal adrenoleukodystrophy
Rhizomelic chondrodysplasia punctata
X-linked adrenoleukodystrophy
Zellweger syndrome
New code 277.87 Disorders of mitochondrial metabolism
Kearns-Sayre syndrome
Mitochondrial Encephalopathy, Lactic Acidosis and Stroke-like episodes syndrome (MELAS)
Myoclonus with Epilepsy and with Ragged Red Fibers syndrome (MERRF)
Mitochondrial Neurogastrointestinal Encephalopathy (MNGIE)
Neuropathy, Ataxia and Retinitis Pigmentosa syndrome (NARP)

Add Excludes: disorders of pyruvate metabolism (271.8)
Add Leber’s disease (377.16)
Add Leigh’s encephalopathy (330.8)
Add Reye’s syndrome (331.81)
**Topic: Autosomal deletion syndromes**

The study of the human genome has allowed for the identification of many chromosomal disorders. Deletions of certain portions of a chromosome may result in very serious defects such as mental retardation and multiple congenital anomalies. The American College of Medical Genetics is proposing that the code for autosomal deletion syndromes, 758.3, be expanded to allow for unique codes for certain of the conditions included there.

The cri du chat syndrome is due to a deletion on the short arm of the fifth chromosome (5p-). Affected infants have a high pitched cry, like a kitten. Associated findings can include mental retardation, microcephaly, dysmorphic features, inguinal hernia, partial syndactyly, and congenital heart disease. Velocardiofacial syndrome is due to a microdeletion at q11.2 on the long arm of chromosome 22, and is one of the most common microdeletion syndromes. It affects multiple organ systems. Findings are variable, and can include cleft palate, cardiac defects (most commonly ventricular septal defect), mild mental retardation, characteristic dysmorphic facial features, and immune deficiency. A number of other syndromes have been described related to microdeletions, small chromosomal deletions not visible on microscopic examination.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>758</td>
<td>Chromosomal anomalies</td>
</tr>
<tr>
<td><strong>Add</strong></td>
<td>Use additional codes for conditions associated with the chromosomal anomalies</td>
</tr>
<tr>
<td>758.3</td>
<td>Autosomal deletion syndromes</td>
</tr>
<tr>
<td><strong>Delete</strong></td>
<td>Antimongolism syndrome</td>
</tr>
<tr>
<td><strong>Delete</strong></td>
<td>Cri-du-chat syndrome</td>
</tr>
<tr>
<td>New code</td>
<td>758.31 Cri-du-chat syndrome</td>
</tr>
<tr>
<td></td>
<td>Deletion 5p</td>
</tr>
<tr>
<td>New code</td>
<td>758.32 Velo-cardio-facial syndrome</td>
</tr>
<tr>
<td></td>
<td>Deletion 22q11.2</td>
</tr>
<tr>
<td>New code</td>
<td>758.33 Other microdeletions</td>
</tr>
<tr>
<td></td>
<td>Miller-Dieker syndrome</td>
</tr>
<tr>
<td></td>
<td>Smith-Magenis syndrome</td>
</tr>
<tr>
<td>New code</td>
<td>758.39 Other autosomal deletions</td>
</tr>
</tbody>
</table>
Topic: Sleep disorders

The American Academy of Sleep Medicine has requested certain tabular and index modifications to the ICD-9-CM to enable the classification of specific types of sleep disorders, including narcolepsy, cataplexy and sleep related movement disorders. Narcolepsy is chronic recurrent attacks of drowsiness and sleep during the daytime. Cataplexy is the sudden, brief loss of muscle control brought on by strong emotion or emotional response. About 70% of patients with narcolepsy also have cataplexy.

Sleep medicine is a fairly new sub-specialty. There is a great deal of new knowledge on the types and treatments for sleep disorders that cannot be classified in the ICD-9-CM. A much larger expansion to the various sleep related codes will be included in the ICD-10-CM.

TABULAR MODIFICATIONS

347 Cataplexy and narcolepsy

New subcategory 347.0 Narcolepsy

New code 347.00 without cataplexy
    Narcolepsy NOS
New code 347.01 with cataplexy

New subcategory 347.1 Narcolepsy in conditions classified elsewhere
Code first underlying condition

New code 347.10 without cataplexy
New code 347.11 with cataplexy

780 General symptoms

780.5 Sleep disturbances

New code 780.58 Sleep related movement disorder
    Restless leg syndrome

INDEX MODIFICATION

Disorder
Revise dissociative 300.15
Add nocturnal 307.47
Newborns are routinely screened for several metabolic conditions. Generally, an initial screening test is done, followed by a more precise test if the first test is positive. During the period between the initial test and the secondary test, it is not known whether the newborn actually has the condition being screened or has a false positive. The American College of Medical Genetics has requested that a new code be created to identify newborns in this interim period. This new code would allow physicians and states to better track babies that are awaiting screening test results.

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>796</td>
<td>Other nonspecific abnormal findings</td>
</tr>
<tr>
<td></td>
<td><strong>New code</strong> 796.6 Nonspecific abnormal findings on neonatal screening</td>
</tr>
<tr>
<td></td>
<td>Add Excludes: nonspecific serologic evidence of human immunodeficiency virus [HIV] (795.71)</td>
</tr>
</tbody>
</table>
**Topic: Exposure to communicable diseases**

Exposure to certain diseases can result in a high risk of morbidity and mortality, especially in children and patients with compromised immune systems. The American Academy of Pediatrics has requested that some additional exposure codes be added at V01.7, Exposure to other viral diseases and V01.8, Exposure to other communicable diseases.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V01.7</td>
<td>Other viral diseases</td>
</tr>
<tr>
<td></td>
<td>New code V01.71 Varicella</td>
</tr>
<tr>
<td></td>
<td>New code V01.79 Other viral diseases</td>
</tr>
<tr>
<td>V01.8</td>
<td>Other communicable diseases</td>
</tr>
<tr>
<td></td>
<td>New code V01.83 Escherichia coli (E. coli)</td>
</tr>
<tr>
<td></td>
<td>New code V01.84 Meningococcus</td>
</tr>
</tbody>
</table>
**Topic: Broken mechanical ventilator**

Patients who are dependent on ventilators may be admitted to a health care facility when their mechanical ventilator has equipment malfunctions or when there is a power outage causing the machine to fail. There is no specific health condition requiring attention except their dependence on the respirator. Currently the only code available for this is V46.1, Other dependence on machines. This is a status code. A new code is being proposed to be able to indicate encounters associated with patients admitted due to the mechanical failure of the ventilator.

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>V46</th>
<th>Other dependence on machines</th>
</tr>
</thead>
<tbody>
<tr>
<td>V46.1</td>
<td>Respirator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Code</th>
<th>V46.11 Dependence on respirator, status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>V46.12 Dependence on respirator, machine failure</td>
</tr>
<tr>
<td>Add</td>
<td>Power failure causing machine failure</td>
</tr>
</tbody>
</table>
Topic: Chondritis of ear

Auricular perichondritis is an infection of the skin and layer of tissue around the cartilage of the outer ear. Most frequently this occurs following trauma or infection. Recently ear piercing through the cartilage has become a more significant risk factor for this condition. While this is not a common infection if it progresses to involve the cartilage of the ear it is called chondritis. Chondritis is the most feared complication of injury or surgery of the pinna since it can lead to severe damage to the ear. The damage can cause part of the ear to die and need to be surgically removed. This may result in the need for plastic surgery to restore the ear to its normal shape.

Currently perichondritis of the pinna is coded to 380.00-380.02. There is no code for chondritis of the ear, nor is it indexed. There is room to add this to the classification as follows:

TABULAR MODIFICATION

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>380</td>
<td>Disorders of external ear</td>
</tr>
<tr>
<td>380.0</td>
<td>Perichondritis and chondritis of pinna</td>
</tr>
<tr>
<td>Add</td>
<td>Chondritis of auricle</td>
</tr>
<tr>
<td>New Code</td>
<td>380.03 Chondritis of pinna</td>
</tr>
</tbody>
</table>
Topic: Decubitus ulcers

Decubitus ulcers, also known as pressure sores and bedsores, occur most often in patients with diminished or absent sensation or who are debilitated, emaciated, paralyzed or long bedridden. Tissues over the elbows, sacrum, ischia, ankles, and heels are especially susceptible. Other sites may be involved depending on the patient’s positions. Pressure sores can also affect muscle and bone.

Currently there is one diagnosis code for decubitus ulcer, 707.0. This code is used regardless of the location of the decubitus. Many times patients have more than one decubitus located at different sites on the body. These ulcers may be different in severity and while one might be debrided the other(s) may not be as severe. A proposal is being made to establish codes for the more common body sites where decubitus ulcers may occur.

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>707</td>
<td>Chronic ulcer of skin</td>
</tr>
<tr>
<td>707.0</td>
<td>Decubitus ulcer</td>
</tr>
<tr>
<td>707.00</td>
<td>Unspecified site</td>
</tr>
<tr>
<td>707.01</td>
<td>Elbow</td>
</tr>
<tr>
<td>707.02</td>
<td>Upper back</td>
</tr>
<tr>
<td>Add</td>
<td>Shoulder blades</td>
</tr>
<tr>
<td>707.03</td>
<td>Lower back</td>
</tr>
<tr>
<td>Add</td>
<td>Sacrum</td>
</tr>
<tr>
<td>707.04</td>
<td>Hip</td>
</tr>
<tr>
<td>707.05</td>
<td>Buttock</td>
</tr>
<tr>
<td>707.06</td>
<td>Ankle</td>
</tr>
<tr>
<td>707.07</td>
<td>Heel</td>
</tr>
<tr>
<td>707.09</td>
<td>Other site</td>
</tr>
</tbody>
</table>
**Topic: Deep vein thrombosis of lower extremity (DVT)**

Venous thromboembolism (VTE) refers to occlusion within the venous system. It includes deep vein thrombosis (DVT), typically of the lower extremities, and embolism to the pulmonary vasculature. A unique code for DVT does not exist in the ICD-9-CM. At the April 3, 2003 ICD-9-CM Coordination and Maintenance meeting, it was proposed to create codes for DVT. Since that time NCHS has received proposals to expand this proposal to create more detailed codes for specific sites.

Additionally it has been suggested that these same site modifications be made to codes at subcategory 451.1, Phlebitis and thrombophlebitis of deep vessels of lower extremities. This proposal will be made at the April 2004 C&M meeting.

Proposed modification from April 3, 2003:

<table>
<thead>
<tr>
<th>TABULAR MODIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>453 Other venous embolism and thrombosis</td>
</tr>
<tr>
<td>New sub-category 453.4 Venous embolism and thrombosis of deep vessels of lower extremity</td>
</tr>
<tr>
<td>Deep vein thrombosis NOS</td>
</tr>
<tr>
<td>DVT NOS</td>
</tr>
<tr>
<td>New code 453.40 Venous embolism and thrombosis of unspecified deep vessels of lower extremity</td>
</tr>
<tr>
<td>New code 453.41 Venous embolism and thrombosis of deep vessels of proximal lower extremity</td>
</tr>
<tr>
<td>Upper leg NOS</td>
</tr>
<tr>
<td>Thigh</td>
</tr>
<tr>
<td>New code 453.42 Venous embolism and thrombosis of deep vessels of distal lower extremity</td>
</tr>
<tr>
<td>Calf</td>
</tr>
<tr>
<td>Lower leg NOS</td>
</tr>
</tbody>
</table>
New proposed modification:

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>New sub-category</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>453.4</td>
<td>453.40</td>
<td>Venous embolism and thrombosis of unspecified deep vessels of lower extremity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deep vein thrombosis NOS</td>
</tr>
<tr>
<td></td>
<td>453.41</td>
<td>Venous embolism and thrombosis of iliac vein</td>
</tr>
<tr>
<td></td>
<td>453.42</td>
<td>Venous embolism and thrombosis of femoral vein</td>
</tr>
<tr>
<td></td>
<td>453.43</td>
<td>Venous embolism and thrombosis of popliteal vein</td>
</tr>
<tr>
<td></td>
<td>453.44</td>
<td>Venous embolism and thrombosis of tibial (calf) vein</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Calf Lower leg NOS</td>
</tr>
</tbody>
</table>
Topic: Endometrial hyperplasia with and without atypia

Endometrial hyperplasia, an abnormal growth of normal cells of the endometrium, may cause dysfunctional uterine bleeding. Women with atypical adenomatous hyperplasia (seen on biopsy) are at risk of developing adenocarcinoma of the endometrium. The ICD-9-CM code for endometrial hyperplasia does not distinguish between with and without atypia. The American College of Obstetricians and Gynecologists has requested that the existing code be expanded to allow the identification of endometrial hyperplasia with atypia.

This topic was presented at the April 2003 C&M meeting. However, the proposal as presented at that meeting did not distinguish between with and without atypia properly. An alternate proposal is now being presented.

TABULAR MODIFICATION

621 Disorders of uterus, not elsewhere classified

Revise 621.3 Endometrial cystic hyperplasia

New code 621.30 Endometrial hyperplasia, unspecified
      Endometrial hyperplasia NOS

New code 621.31 Simple endometrial hyperplasia without atypia

New code 621.32 Complex endometrial hyperplasia without atypia

New code 621.33 Endometrial hyperplasia with atypia

Add Excludes: carcinoma in-situ of endometrium (233.2)
**Topic: Genital prolapse**

A single code currently exists in the ICD-9-CM for prolapse of the vaginal wall without uterine prolapse and for complete uterovaginal prolapse. Concepts for relaxation and weakening of the vaginal outlet or pelvis do not have unique codes. Physicians from the American College of Obstetrics and Gynecology (ACOG) have requested that these codes be expanded to provide additional detail on the types of prolapses and that unique code for pelvic muscle relaxation and atrophy be created.

Urinary incontinence is a common problem associated with genital prolapse. A new code for overflow incontinence is also be proposed.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>618</td>
<td>Genital prolapse</td>
</tr>
<tr>
<td>618.0</td>
<td>Prolapse of vaginal walls without mention of uterine prolapse</td>
</tr>
<tr>
<td>Delete</td>
<td>Cystocele</td>
</tr>
<tr>
<td>Delete</td>
<td>Cystourethrocele</td>
</tr>
<tr>
<td>Delete</td>
<td>Proctocele, female, without mention of uterine prolapse</td>
</tr>
<tr>
<td>Delete</td>
<td>Rectocele, without mention of uterine prolapse</td>
</tr>
<tr>
<td>Delete</td>
<td>Urethrocele, female, without mention of uterine prolapse</td>
</tr>
<tr>
<td>Delete</td>
<td>Vaginal prolapse, without mention of uterine prolapse</td>
</tr>
<tr>
<td>New code</td>
<td>618.00 Unspecified prolapse of vaginal walls</td>
</tr>
<tr>
<td>New code</td>
<td>Vaginal prolapse NOS</td>
</tr>
<tr>
<td>New code</td>
<td>618.01 Cystocele, midline</td>
</tr>
<tr>
<td>New code</td>
<td>Cystocele NOS</td>
</tr>
<tr>
<td>New code</td>
<td>618.02 Cystocele, lateral</td>
</tr>
<tr>
<td>New code</td>
<td>Paravaginal</td>
</tr>
<tr>
<td>New code</td>
<td>618.03 Urethrocele</td>
</tr>
<tr>
<td>New code</td>
<td>618.04 Rectocele</td>
</tr>
<tr>
<td>New code</td>
<td>Proctocele</td>
</tr>
<tr>
<td>New code</td>
<td>618.05 Perineocele</td>
</tr>
<tr>
<td>New code</td>
<td>618.09 Other prolapse of vaginal walls without mention of uterine prolapse</td>
</tr>
<tr>
<td>New code</td>
<td>Cystourethrocele</td>
</tr>
</tbody>
</table>
618.3 Uterovaginal prolapse, complete

New code 618.30 Uterovaginal prolapse, complete, without prolapse of vaginal apex

Uterovaginal prolapse, complete NOS

New code 618.31 Uterovaginal prolapse, complete, with prolapse of vaginal apex

618.8 Other specified genital prolapse

Delete

Delete

Delete

Delete

Delete

Delete

Incompetence or weakening of pelvic fundus

Relaxation of vaginal outlet or pelvis

New code 618.81 Incompetence or weakening of pubocervical tissue

New code 618.82 Incompetence or weakening of rectovaginal tissue

New code 618.83 Pelvic muscle wasting

Disuse atrophy of pelvic muscles and anal sphincter

New code 618.89 Other specified genital prolapse

728 Disorders of muscle, ligament, and fascia

728.2 Muscular wasting and disuse atrophy, not elsewhere classified

Add Excludes: pelvic muscle wasting and disuse atrophy (618.83)

788 Symptoms involving urinary system

788.3 Incontinence of urine

New code 788.38 Overflow incontinence
**Topic: Bethesda system**

A system for reporting the results of abnormal Pap tests, the Bethesda system, first published in 1989 and revised in 1991 has a new 2001 version. Over 90% of laboratories in the United States use the Bethesda system as well as labs in many other countries. It has been endorsed by more than 20 national and international societies.

The ICD-9-CM was updated on October 1, 2002 to reflect the changes made in the earlier version of the system. We are now proposing to revise the code titles and inclusion terms and add new codes to reflect the 2001 version. This is a revised proposal from the one presented at the April 2003 C&M meeting. It has been reviewed by physicians at the American College of Obstetrics and Gynecology for accuracy.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>233</td>
<td>Carcinoma in situ of breast and genitourinary system</td>
</tr>
<tr>
<td>233.1</td>
<td>Cervix uteri</td>
</tr>
<tr>
<td></td>
<td>Add High grade squamous intraepithelial dysplasia of cervix (HGSIL)</td>
</tr>
<tr>
<td></td>
<td>Add Severe dysplasia of cervix</td>
</tr>
<tr>
<td>622</td>
<td>Noninflammatory disorders of cervix</td>
</tr>
<tr>
<td>622.1</td>
<td>Dysplasia of cervix (uteri)</td>
</tr>
<tr>
<td></td>
<td>Delete High grade squamous intraepithelial dysplasia of cervix (HGSIL)</td>
</tr>
<tr>
<td></td>
<td>Delete Low grade squamous intraepithelial dysplasia (LGSIL)</td>
</tr>
<tr>
<td></td>
<td>Add High grade squamous intraepithelial lesion (HSIL)</td>
</tr>
<tr>
<td></td>
<td>Add Human papillomavirus (HPV) with mild dysplasia</td>
</tr>
<tr>
<td></td>
<td>Add Low grade squamous intraepithelial lesion (LSIL)</td>
</tr>
<tr>
<td></td>
<td>Add Mild dysplasia</td>
</tr>
<tr>
<td></td>
<td>Add Moderate dysplasia</td>
</tr>
<tr>
<td></td>
<td>Add Excludes: high grade squamous intraepithelial dysplasia of cervix (HGSIL) (233.1)</td>
</tr>
<tr>
<td></td>
<td>Add severe dysplasia (233.1)</td>
</tr>
</tbody>
</table>
795 Nonspecific abnormal histological and immunological findings

795.0 Nonspecific abnormal Papanicolaou smear of cervix

Delete Excludes: High grade squamous intraepithelial dysplasia (HGSIL) (622.1)
Delete Low grade squamous intraepithelial dysplasia (LGSIL) (622.1)
Add High grade squamous intraepithelial lesion (HSIL) (622.1)
Add Human papillomavirus (HPV) with mild dysplasia (622.1)
Add Low grade squamous intraepithelial lesion (LSIL) (622.1)
Add Moderate dysplasia (622.1)

Revise

795.00 Nonspecific abnormal Papanicolaou smear of cervix; unspecified Atypical glandular cells on papanicolaou smear of cervix
Add Abnormal pap smear NOS
Add Atypical endocervical cells NOS
Add Atypical endometrial cells NOS
Add Atypical glandular cells NOS

795.01 Atypical squamous cell changes of undetermined significance favor benign (ASCUS favor benign)
Add This classification is no longer valid. The code is being retained for statistical purposes.

795.02 Atypical squamous cell changes of undetermined significance favor dysplasia (ASCUS favor dysplasia)
Add This classification is no longer valid. The code is being retained for statistical purposes.

New code

795.03 Atypical squamous cells of undetermined significance (ASC-US)
New code 795.04 Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
   Atypical endocervical cells, favor neoplastic
   Atypical glandular cells, favor neoplastic

New code 795.05 Negative cellular changes

New code 795.06 Unsatisfactory smear
   Inadequate sample

795.09 Other nonspecific abnormal Papanicolaou smear of cervix
Delete Benign cellular changes
Delete Unsatisfactory smear
The topic of female circumcision was presented at the April 2003 C&M meeting. Comments were received requesting a more detailed set of new codes, specifically codes that identify the different types of procedures performed on females. Because the term designated by the World Health Organization for these procedures is female genital mutilation (FGM) the title of the proposal has been changed.

There are three basic types that fall under the heading of FGM. Type I: Clitoridectomy, a part or the whole clitoris has been amputated. Type II: Excision, both the clitoris and the labia minora have been amputated. Type III: Infibulation, the clitoris has been removed, some or all of the labia minora have been cut off and incisions made in the labia majora have healed as a “hood of skin” which covers the urethra and most of the vagina. A small opening made after healing allows for the flow of urine and menstrual blood.

Of all women who have undergone this procedure 85% have had either a type I or type II performed. In those countries where type III is practiced, the procedure is performed on 99% of all females. For physicians in the U.S. who serve a large immigrant population as many as two-thirds of their female patients have undergone some form of FGM.

Common early complications of all types of FGM are hemorrhage and severe pain. Long-term complications of FGM are associated more with infibulation. These include chronic pelvic infections due to interference with the drainage of urine and menstrual blood. For women who have undergone infibulation, deinfibulation surgery is necessary to permit the woman to have sexual intercourse, have a pelvic exam performed or to deliver a baby. For multiparous woman who have been deinfibulated to permit delivery of a baby and then reinfibulated after delivery there is a high incidence of maternal and fetal death with subsequent pregnancies.

Because of the potential serious complications associated with FGM, it is being proposed that new codes be created in the genitourinary system chapter. These new codes would be used for non-gravid patients and as secondary codes for gravid patients.
<table>
<thead>
<tr>
<th>New subcategory</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>629.2</td>
<td>629.20</td>
<td>Female genital mutilation status Type I status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clitorectomy status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female genital mutilation status NOS</td>
</tr>
<tr>
<td></td>
<td>629.20</td>
<td>Female genital mutilation status Type II status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clitorectomy with excision of labia minora status</td>
</tr>
<tr>
<td></td>
<td>629.20</td>
<td>Female genital mutilation status Type III status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infibulation status</td>
</tr>
</tbody>
</table>
Topic: Long-term use of aspirin and insulin

Aspirin is used on a long-term basis by many people for various reasons including, pain relief, blood-clot prevention, arthritis. The dose varies with the purpose. Certain of the current codes under subcategory V58.6, Long-term (current) drug use, all have properties that can be associated with aspirin. Because of this, it has been difficult to decide which code from V58.6 to assign to indicate a patient is on aspirin. To correct this, a new code for long-term (current) aspirin use is being proposed. The new code would be excluded from conflicting codes under V58.6. The new aspirin code would be assigned regardless of the condition for which the patient is taking it or the dose.

A new code for long-term use of insulin is also being proposed to indicate if a type II patient or a patient with gestational diabetes is using insulin to control blood sugar levels.

TABULAR MODIFICATION

V58.6 Long-term (current) drug use

V58.61 Long-term (current) use of anticoagulants
Add Excludes: long-term (current) use of aspirin (V58.66)

V58.63 Long-term (current) use of antiplatelets/antithrombotics
Add Excludes: long-term (current) use of aspirin (V58.66)

V58.64 Long-term (current) use of non-steroidal anti-inflammatories (NSAID)
Add Excludes: long-term (current) use of aspirin (V58.66)

New code V58.66 Long-term (current) use of aspirin

New code V58.67 Long-term (current) use of insulin
Topic: Diabetes mellitus

The terminology for describing diabetes mellitus has been revised. The two main types of diabetes mellitus are no longer properly termed insulin dependent and non-insulin dependent. The distinction now is on the functioning of the pancreatic beta cells. Type I diabetes mellitus refers to the absence of pancreatic beta cells. Type II diabetes mellitus refers to the lack of proper functioning of pancreatic beta cells. The use of insulin is not a determining factor in the type of diabetes a patient has. Type I patients must use insulin. Type II patients may or may not use insulin depending on the severity of their condition and other inter-related health issues. Pregnant patients who develop gestational diabetes may also require insulin to maintain proper blood sugar levels during pregnancy.

Changes to the code titles for the 5th digits for category 250, Diabetes mellitus, are being proposed to conform to the accepted terminology for diabetes mellitus. Though these are only addenda changes, it is being presented as an individual topic due to significant impact the changes may make on the coding of diabetes mellitus.

To accompany these title changes a new long-term (current) use of insulin code is also being proposed. The use of insulin by patients with type II diabetes mellitus and women with gestational diabetes will be able to be identified by the use of the new code.

TABULAR MODIFICATION

250 Diabetes mellitus

The following fifth-digit subclassification is for use with category 250:

Revise 0 type II [non-insulin dependent type] [NIDDM type] [adult-onset type] or unspecified type, not stated as uncontrolled
Fifth-digit 0 is for use for type II, adult-onset diabetic patients, even if the patient requires insulin

Add Use additional code, if applicable, for associated long-term (current) insulin use V58.67

Revise 1 type I [insulin dependent type] [IDDM] [juvenile type], not stated as uncontrolled

Revise 2 type II [non-insulin dependent type] [NIDDM type] [adult-onset type] or unspecified type, uncontrolled
Fifth-digit 2 is for use for type II, adult-onset diabetic patients, even if the patient requires insulin
Add Use additional code, if applicable, for associated long-term (current)
insulin use V58.67

Revise 3 type I [insulin dependent type] [IDDM] [juvenile type], uncontrolled

250.6 Diabetes with neurological manifestations
Use additional code to identify manifestation, as:
diabetic:
Add gastroparalysis 536.3
Add gastroparesis 536.3

INDEX MODIFICATION

Diabetes, diabetic...

Note: Use the following fifth-digit subclassification with category 250:

Revise 0 type II [non-insulin dependent type] [NIDDM type] [adult-onset type]
or unspecified type, not stated as uncontrolled

Revise 1 type I [insulin dependent type] [IDDM] [juvenile type], not stated as uncontrolled

Revise 2 type II [non-insulin dependent type] [NIDDM type] [adult-onset type]
or unspecified type, uncontrolled

Revise 3 type I [insulin dependent type] [IDDM] [juvenile type], uncontrolled
**Topic: Mental health addenda changes**

Clinicians, researchers, and administrators in the field of mental health services use the Diagnostic and Statistical Manual of Mental Disorders (DSM) for communicating and recording diagnostic information. Although the diagnostic codes used in the DSM classification system have been taken from the ICD-9-CM, the diagnostic terminology has evolved over several revisions of the DSM in order to keep pace with current clinical usage. In contrast, the diagnostic terminology used in the ICD-9-CM in large part has changed little since the original introduction of ICD-9 in the late 1970's. Over the past two decades, the American Psychiatric Association has worked closely with the National Center for Health Statistics in order to insure that the mental disorders section of ICD-9-CM continues to meet the coding needs of the mental health treatment community. However, most changes requested by the APA were made to insure a seamless cross-walking between the two systems, and consisted of requests for additional 5th digits and additions to the Alphabetical index to insure that coders can easily determine the ICD-9-CM diagnostic codes that correspond to the DSM diagnoses. Requests for changes in diagnostic terminology were kept to a minimum, partly because of the belief that the adoption of ICD-10-CM in the 1990's would result in near perfect compatibility between the two systems. (The diagnostic terms used in the current draft of Chapter 5 of ICD-10-CM are virtually identical to those in DSM-IV). However, renewed focus on the diagnostic terms (given that under HIPAA ICD-9-CM has been designated as the only acceptable diagnostic code set) justifies updating the diagnostic terminology in ICD-9-CM so that it reflects current clinical usage in the field of mental health. Thus, the following request for term changes replaces as much as possible the anachronistic ICD-9-CM diagnostic terminology of mental disorders with DSM-IV (and ICD-10-CM) terminology.

The American Psychiatric Association (APA) has also formally requested that the Glossary of mental disorder, one of the appendices of the ICD-9-CM be removed. It has not been maintained for many years and is no longer accurate. It will be removed from the official version of the ICD-9-CM effective with the October 1, 2004 update.

### TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Revise</th>
<th>290</th>
<th>Senile and presenile organic psychotic conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td></td>
<td>Dementias</td>
</tr>
<tr>
<td>Add</td>
<td></td>
<td>Excludes: dementia due to alcohol (291.0-291.2)</td>
</tr>
<tr>
<td>Add</td>
<td></td>
<td>dementia due to drugs (292.82)</td>
</tr>
<tr>
<td>Revise</td>
<td>290.4</td>
<td>Arteriosclerotic Vascular dementia</td>
</tr>
<tr>
<td>Revise</td>
<td>290.40</td>
<td>Arteriosclerotic Vascular dementia, uncomplicated</td>
</tr>
<tr>
<td>Revise</td>
<td>290.41</td>
<td>Arteriosclerotic Vascular dementia, with delirium</td>
</tr>
<tr>
<td>Revise</td>
<td>290.42</td>
<td>Arteriosclerotic Vascular dementia, with delusional features delusions</td>
</tr>
<tr>
<td>Revise</td>
<td>290.43</td>
<td>Arteriosclerotic Vascular dementia, with depressive features depressed mood</td>
</tr>
</tbody>
</table>
Revise  291  **Alcoholic psychoses** Alcohol-induced mental disorders
Revise  291.1  Alcohol-induced persisting amnestic syndrome disorder
Revise  291.2  Other alcoholic Alcohol-induced persisting dementia
Revise  291.3  Alcohol withdrawal hallucinosis-induced psychotic disorder with hallucinations
Revise  291.5  Alcoholic jealousy-induced psychotic disorder with delusions
Revise  291.8  Other specified alcoholic psychosis alcohol-induced mental disorders
Revise  291.89  Other
Add  Alcohol-induced anxiety disorder
Add  Alcohol-induced mood disorder
Add  Alcohol-induced sexual dysfunction
Add  Alcohol-induced sleep disorder
Revise  291.9  Unspecified alcoholic psychosis alcohol-induced mental disorders
Add  Alcohol-related disorder NOS
Revise  292  **Drug psychoses** Drug-induced mental disorders
Revise  292.0  Drug withdrawal syndrome
Revise  292.1  Paranoid and/or hallucinatory states induced by drugs Drug-induced psychotic disorders
Revise  292.11  Drug-induced organic delusional syndrome psychotic disorder with delusions
Revise  292.12  Drug-induced hallucinosis psychotic disorder with hallucinations
Revise  292.8  Other specified drug-induced mental disorders
Revise  292.82  Drug-induced persisting dementia
Revise  292.83  Drug-induced persisting amnestic syndrome disorder
Revise  292.84  Drug-induced organic affective syndrome mood disorder
Revise  292.89  Other
Add  Drug-induced anxiety disorder
Add  Drug-induced sexual dysfunction
Add  Drug-induced sleep disorder
Add  Drug intoxication
Add  292.9  Unspecified drug-induced mental disorder
Add  Drug-related disorder NOS
Revise 293 Transient organic psychotic conditions due to conditions classified elsewhere
Revise 293.0 Acute delirium Delirium due to conditions classified elsewhere
Revise 293.8 Other specified transient organic mental disorders due to conditions classified elsewhere
Revise 293.81 Organic delusional syndrome Psychotic disorder with delusions in conditions classified elsewhere
Revise 293.82 Organic hallucinosis syndrome Psychotic disorder with hallucinations in conditions classified elsewhere
Revise 293.83 Organic affective syndrome Mood disorder in conditions classified elsewhere
Revise 293.84 Organic anxiety syndrome Anxiety disorder in conditions classified elsewhere
Revise 293.89 Other Catatonic disorder in conditions classified elsewhere
Add 293.9 Unspecified transient organic mental disorders in conditions classified elsewhere
Revise 294 Other organic psychotic conditions (chronic) Persistent mental disorders due to conditions classified elsewhere
Revise 294.0 Amnestic syndrome disorder in conditions classified elsewhere
Add Code first underlying condition
294.1 Dementia in conditions classified elsewhere
Add Dementia of the Alzheimer’s type
Add Amnestic disorder NOS
Add Dementia NOS
Add 294.9 Unspecified organic brain syndrome (chronic) persistent mental disorders due to conditions classified elsewhere
Add Cognitive disorder NOS
Revise 295 Schizophrenic disorders
Revise 295.4 Acute schizophrenic episode Schizophreniform disorder
Delete Schizophreniform disorder
Revise 295.6 Residual type schizophrenia
Revise 295.7 Schizoaffective type Schizoaffective disorder
Add Unspecified schizophrenia
Add Schizophrenia, undifferentiated type
Revise 296 Affective psychoses Episodic mood disorders
Revise 296.0 Bipolar I disorder, single manic disorder, single episode
Revise 296.4 Bipolar affective I disorder, most recent episode manic
Revise 296.5 Bipolar affective I disorder, most recent episode depressed
Revise 296.6 Bipolar affective I disorder, most recent episode mixed
Revise 296.7 Bipolar affective I disorder, most recent episode unspecified
Revise 296.8 Manic-depressive psychosis, Other and unspecified bipolar disorders
Add 296.80 Manic-depressive psychosis, Bipolar disorder, unspecified
Add Bipolar disorder NOS
Add 296.89 Other
Add Bipolar II disorder
Revise 296.9 Other and unspecified affective psychosis episodic mood disorder
Revise 296.90 Unspecified affective psychosis episodic mood disorder
Add Mood disorder NOS
Revise 296.99 Other affective psychosis episodic mood disorder
Revise 297 Paranoid states [Delusional disorders]
Revise 297.1 Paranoia Delusional disorder
Revise 297.3 Shared paranoid psychotic disorder
Revise 298 Other nonorganic psychoses
Add Brief psychotic disorder
Add 298.9 Unspecified psychosis
Add Psychotic disorder NOS
Revise 298.8 Other and unspecified reactive psychosis
Revise 299 Psychoses with origin specific to childhood
Revise 299.0 Infantile autism Autistic disorder
Revise 299.1 Disintegrative psychosis Childhood disintegrative disorder
Revise 299.8 Other specified early childhood psychoses
Add Asperger’s disorder
Add Pervasive developmental disorder NOS
Add Rett’s disorder
300 Neurotic disorders
Anxiety, dissociative and somatoform disorders

300.0 Anxiety states

300.01 Panic disorder without agoraphobia
Excludes: panic disorder with agoraphobia (300.21)

300.1 Hysteria
Dissociative, conversion and factitious disorders

300.12 Psychogenic Dissociative amnesia

300.13 Psychogenic Dissociative fugue

300.14 Multiple personality
Dissociative identity disorder
Delete

300.16 Factitious illness disorder with predominantly
psychological signs and symptoms

300.19 Other and unspecified factitious illness

300.2 Phobic disorders

300.21 Agoraphobia with panic attacks disorder
Excludes: agoraphobia without panic disorder (300.22)

300.29 Other isolated and simple specific phobias

300.4 Neurotic depression
Dysthymic disorder
Delete

300.6 Depersonalization syndrome disorder
Delete

300.8 Other neurotic disorders
Somatoform disorders

300.9 Unspecified neurotic disorder
Unspecified nonpsychotic mental disorder
Delete

301 Personality disorders

301.2 Schizoid personality disorder

301.22 Schizotypal personality disorder

301.4 Obsessive-compulsive personality disorder

301.8 Other personality disorders

301.81 Narcissistic personality disorder

301.82 Avoidant personality disorder

301.83 Borderline personality disorder
Sexual deviations and gender identity disorders

Ego-dystonic homosexuality

Transvestism

Transvestic fetishism

Disorders of psychosexual identity

Gender identity disorder in children

Excludes: homosexuality (302.0)

Psychosexual dysfunction

Psychosexual dysfunction, unspecified

Sexual dysfunction NOS

With inhibited Hypoactive sexual desire disorder

With inhibited sexual excitement

Female sexual arousal disorder

Male erectile disorder

With inhibited female orgasmic disorder

With inhibited male orgasmic disorder

With Premature ejaculation

With functional Dyspareunia, psychogenic

Dyspareunia, psychogenic

With other specified psychosexual dysfunction

Sexual aversion disorder

Other specified psychosexual disorders

Gender identity disorder of adolescent or adult life in adolescents or adults

Excludes: gender identity disorder NOS (302.6)

gender identity disorder in children (302.6)

Frotteurism

Unspecified psychosexual disorder

Paraphilia NOS

Sexual disorder NOS

Drug dependence

Barbiturate and similarly acting Sedative, or hypnotic or anxiolytic dependence

Inhalant dependence

Phencyclidine dependence
305 Nondependent abuse of drugs
   305.1 Tobacco use disorder
      Add Tobacco dependence
   Revise 305.4 Barbiturate and similarly acting Sedative, or hypnotic or anxiolytic abuse
   305.9 Other, mixed, or unspecified drug abuse
      Add Caffeine intoxication
      Add Inhalant abuse
      Add Phencyclidine abuse

307 Special symptoms or syndromes, not elsewhere classified
   307.0 Stammering and Stuttering
   307.2 Tics
      307.20 Tic disorder, unspecified
      Add Tic disorder NOS
   Revise 307.21 Transient tic disorder of childhood
   Revise 307.22 Chronic motor or vocal tic disorder
   Revise 307.23 Gilles de la Tourette’s disorder
   Revise 307.3 Sterotyped repetitive movements Stereotypic movement disorder
   Revise 307.4 Specific disorders of sleep of nonorganic origin
      307.45 Phase-shift disruption of 24-hour sleep wake cycle
         Circadian rhythm sleep disorder
      307.46 Somnambulism or night terrors Sleepwalking disorder
      Add Night terror disorder
      Add Sleep terror disorder
      307.47 Other dysfunction of sleep stages or arousal from sleep
      Add Dyssomnia NOS
      Add Nightmare disorder
      Add Parasomnia NOS
   307.5 Other and unspecified disorders of eating
      307.50 Eating disorder, unspecified
      Add Eating disorder NOS
   Revise 307.51 Bulimia nervosa
   Revise 307.53 Psychogenic rumination disorder
      307.59 Other
      Add Feeding disorder of infancy or early childhood
   307.9 Other and unspecified special symptoms or syndromes, not elsewhere classified
      Add Communication disorder NOS

308 Acute reaction to stress
   308.3 Other acute reactions to stress
      Delete Brief or acute posttraumatic stress disorder
      Add Acute stress disorder
309  Adjustment reaction

Revise  

309.0  Brief depressive reaction  Adjustment disorder with depressed mood

309.2  With predominant disturbance of other emotions

Revise  

309.24  Adjustment reaction disorder with anxious mood anxiety

Revise  

309.28  Adjustment reaction disorder with mixed emotional features anxiety and depressed mood

Revise  

309.3  Adjustment disorder with predominant disturbance of conduct

Revise  

309.4  Adjustment disorder with mixed disturbance of emotions and conduct

309.8  Other specified adjustment reactions

Revise  

309.81  Prolonged posttraumatic stress disorder

Add  

Posttraumatic stress disorder NOS

Add  

Excludes: acute stress disorder (308.3)

Revise  

310  Specific nonpsychotic mental disorders due to organic brain damage

Revise  

310.1  Organic Personality change syndrome due to conditions classified elsewhere

312  Disturbance of conduct, not elsewhere classified

312.3  Disorders of impulse control, not elsewhere classified

312.39  Other

Add  

Trichotillomania

312.8  Other specified disturbances of conduct, not elsewhere classified

312.89  Other conduct disorder

Add  

Conduct disorder of unspecified onset

Add  

Disruptive behavior disorder NOS

313  Disturbance of emotions specific to childhood and adolescence

313.2  Sensitivity, shyness, and social withdrawal disorder

Revise  

313.23  Elective Selective mutism

313.8  Other or mixed emotional disturbances of childhood or adolescence

Revise  

313.81  Oppositional defiant disorder

Add  

Identity disorder

313.82  Identity disorder

Add  

Identity problem

313.89  Other

Add  

Reactive attachment disorder of infancy or early childhood

313.9  Unspecified emotional disturbance of childhood or adolescence

Add  

Mental disorder of infancy, childhood or adolescence NOS
315 Specific delays in development

315.1 Specific arithmetical Mathematics disorder

315.2 Other specific learning difficulties

Add Disorder of written expression

315.3 Developmental speech or language disorder

Revise 315.31 Developmental Expressive language disorder
Delete Expressive language disorder

Revise 315.32 Mixed receptive-expressive language disorder (mixed)
Delete Receptive expressive language disorder

315.39 Other

Add Phonological disorder

Revise 315.4 Developmental coordination disorder

315.9 Unspecified delay in development

Add Learning disorder NOS
ADDENDA

TABULAR

008    Intestinal infections due to other organisms

008.4 Other specified bacteria

008.46 Other anaerobes
    Anaerobic enteritis NOS
    Gram-negative anaerobes
    Bacteroides (fragilis)
Delete
    Gram-negative anaerobes
Add

041    Bacterial infection in conditions classified elsewhere and of unspecified site

Revise 041.82 Bacillus, Bacteroides fragilis

041.84 Other anaerobes
Delete
    Bacteroides (fragilis)

255    Disorders of adrenal glands

255.1 Hyperaldosteronism

255.10 Primary aldosteronism
Add
    Excludes: Conn’s syndrome (255.12)

255.11 Glucocorticoid-remediable aldosteronism
Add
    Excludes: Conn’s syndrome (255.12)

286    Coagulation defects

Revise 286.5 Hemorrhagic disorder due to intrinsic circulating anticoagulants
Add
    Secondary hemophilia
Delete
    Use additional E code to identify cause, if drug induced
402  Hypertensive heart disease

Revise  Includes: any condition classifiable to 428, 429.0-429.3, 429.8, 429.9 due to hypertension

491  Chronic bronchitis

491.2  Obstructive chronic bronchitis

491.21  With (acute) exacerbation

Delete  Acute and chronic obstructive bronchitis
Delete  Emphysema with both acute and chronic bronchitis

493  Asthma

The following fifth-digit subclassification is for use with codes 493.0...

1  with status asthmaticus
Add  acute exacerbation with status asthmaticus

2  with (acute) exacerbation
Add  acute exacerbation without status asthmaticus

536  Disorders of function of stomach

536.3  Gastroparesis
Add  Gastroparalysis

560  Intestinal obstruction without mention of hernia

560.8  Other specified intestinal obstruction

560.89  Other
Add  Acute pseudo-obstruction of intestine

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

648.6  Other cardiovascular disease

Add  Excludes: peripartum cardiomyopathy (674.5)
Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy

Revise

760.7 Noxious influences affecting fetus or newborn via placenta or breast milk

771 Infections specific to the perinatal period

771.8 Other infection specific to the perinatal period

Revise

Use additional code to identify organism (041.0-041.9)

785 Symptoms involving the cardiovascular system

785.52 Septic shock

Add endotoxic
Add gram-negative

Revise

Code first:
- systemic inflammatory response syndrome due to infectious process with organ dysfunction (995.92)
- systemic inflammatory response syndrome due to noninfectious process with organ dysfunction (995.94)

785.59 Other

Delete endotoxic
Delete gram-negative

POISONING BY DRUGS, MEDICINAL, AND BIOLOGICAL SUBSTANCES (960-979)
Excludes: adverse effect...

Revise adverse effect NOS (995.2) NEC (995.89)

995 Certain adverse effects not elsewhere classified

995.2 Unspecified adverse effect of drug, medicinal and biological substance

Add This code is not for use in the inpatient setting and only for limited use in the outpatient setting when no signs or symptoms of the drug are documented.
995.9 Systemic inflammatory response syndrome (SIRS)

Revise
Code first underlying condition systemic infection

995.92 Systemic inflammatory response syndrome due to infectious process with organ dysfunction

Use additional code to specify organ dysfunction, such as:
del_kidney_failure (584.5-584.9, 585, 586)

Delete

995.94 Systemic inflammatory response syndrome due to noninfectious process with organ dysfunction

Use additional code to specify organ dysfunction, such as:
del_kidney_failure (584.5-584.9, 585, 586)

V07 Need for isolation and other prophylactic measures

Revise V07.4 Postmenopausal hormone replacement therapy (postmenopausal)

V09 Infection with drug-resistant microorganisms

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

Add V09.8 Infection with microorganisms resistant to other specified drugs
Vancomycin (glycopeptide) intermediate staphylococcus aureus (VISA/GISA)
Vancomycin (glycopeptide) resistant enterococcus (VRE)
Vancomycin (glycopeptide) resistant staphylococcus aureus (VRSA/GRSA)

V58 Encounter for other and unspecified procedures and aftercare

V58.6 Long-term (current) drug use

Add Excludes: Hormone replacement therapy (postmenopausal) (V07.4)
ADDENDA

INDEX

Aciduria
Add glutaric
Add type I 270.7
Add type II 277.85
Add type III 277.86

Admission
for therapy
long-term (current) drug use NEC V58.69
Revise antiplatelet§ V58.63
Revise antithrombotic§ V58.63

Anemia
Revise childhood 285.9 282.9
Revise of childhood (see also Thalassemia) 282.49 282.9

Anomaly
Revise nipple 757.6

Bacteremia 790.7
Delete with sepsis – see Septicemia
Delete during labor 659.3
Delete pregnancy 647.8

Add Barrett’s esophagus 530.85

Benign prostate
Revise hyperplasia 600.20
Revise with urinary obstruction 600.21

Add BRBPR 569.3

Add Bright red blood per rectum (BRBPR) 569.3
Caries
Revise
dental...521.00

Add
CHARGE association 759.89

Complications
Add
bariatric surgery 997.4
due to
Revise
insulin pump 996.57
Revise
insulin pump 996.57
mechanical
Revise
artificial heart 996.09
Revise
insulin pump 996.57
Add
stomach banding 997.4
Add
stomach stapling 997.4

Cyst
Revise
prostate 600.30
Delete
with urinary retention 600.31

Add
Cytopenia 289.9

Deficiency...
Add
phosphoenolpyruvate carboxykinase 271.8
Add
pyruvate carboxylase 271.8
Add
pyruvate dehydrogenase 271.8

Delivery
cesarean (for)...  
previous
surgery (to)
Add
rectum 654.8
complicated (by)
previous
surgery
Add
rectum 654.8

Disease
Add
Kok 757.89
Add
Startle 759.89
Add
Dyslipidemia 272.4
Donor
Add sperm V59.8

Drug
Revise Adverse effect NEC, correct substance properly administered 995.2 995.89
This revision would apply to all similar entries

Encephalopathy
  toxic 349.82
Revise metabolic – see Delirium 348.31

Family, familial
Add Li-Fraumeni (syndrome) V84.01
Add retinoblastoma (syndrome) 190.5

Failure, failed
Add vasectomy 998.89
Add tubal ligation 998.89

Add Hyperekplexia 759.89
Add Hyperexplexia 759.89

Hypermaturity
Revise post-term infant 766.21

Infarct
  cerebral
Add thrombotic (see also Infarct, brain) 434.01
Add cortical 434.91
Infection...
  Clostridium...
Delete congenital-771.89
congenital...
Delete clostridial-771.89
Delete Escherichia coli 771.89
Delete Salmonella 771.89
Delete streptococcal 771.89
  Escherichia coli...
Delete congenital-771.89
Salmonella...
Delete congenital-771.89
Delete streptococcal...
Delete congenital-771.89

Injury
Revise tunica vaginalis 959.14

Large
Add stature 783.9

Add Metabolic syndrome 277.7

Revise Myasthenia, myasthenic 358.00 728.87

Necrosis...
fat...
Add abdominal wall 567.8

Nephropathy...
Add IgA 583.9

Pneumonitis
Add crack 506.0
due to
Add crack (cocaine) 506.0

Pseudo-obstruction
Revise intestine (chronic) (idiopathic) (intermittent secondary) (primary) 564.89
Add acute 560.89
Resistance...
Add insulin 277.7
Add MDRO NOS V09.91
Add multiple drug resistant organisms NOS V09.91
Revise Sepsis (generalized) (see also Septicemia) 995.91
      urinary 599.0
Revise meaning sepsis 038.9 995.91

Syndrome
Add CHARGE 759.89
Add Fukuhara 277.87
Add Good’s 279.06
Add Kabuki 759.89
Add Lemiere 451.89
Revise Li-Fraumeni V84.01
Add metabolic 277.7
Add retinoblastoma (familial) 190.5
Add Schnitzler 273.1
Add Stiff baby 759.89

Tumor
Add stromal
Add gastrointestinal 238.1
Add benign 215.8
Add malignant 171.5
Add uncertain behavior 238.1

Urosepsis 599.0
Revise meaning sepsis 038.9 995.91

Vaccination
prophylactic against...
Revise  Leishmaniasis leishmaniasis V05.2

NEOPLASM TABLE

Neoplasm
connective tissue...
Add gastrointestinal 171.8 198.89 - 215.8 239.8 239.8

54