ICD-9-CM Coordination and Maintenance Committee Meeting
March 5, 2013
Diagnosis Agenda

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

Diagnosis Topics:

Salter Harris Fractures and Other Physeal Fractures ................................................................. 8
David Freedman, D.P.M.
Representing the American Podiatric Medical Association (APMA)
Reactions to Gluten, and Gluten Sensitivity ..................................................................................... 14
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ICD-10-CM TABULAR ADDENDA .................................................................................................. 20
ICD-10-CM INDEX ADDENDA TO DISEASES AND INJURIES .................................................. 28
ICD-9-CM TIMELINE

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 5, 2013</td>
<td>ICD-9-CM Coordination and Maintenance Committee meeting.</td>
</tr>
<tr>
<td>April 1, 2013</td>
<td>There were no requests for ICD-9-CM codes to capture new technology for implementation on April 1, 2013. Therefore, there will be no new ICD-9-CM procedure codes implemented on April 1, 2013.</td>
</tr>
<tr>
<td>April 6, 2013</td>
<td>Deadline for receipt of public comments on proposed code revisions discussed at the March 5, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2013.</td>
</tr>
</tbody>
</table>
| April 2013   | 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.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp |
| April 2013   | Summary report of the Procedure part of the March 5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:  
  Summary report of the Diagnosis part of the March 5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows:  
  http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm |
| June 2013    | Final addendum posted on web pages as follows:                                                                                                     
  Diagnosis addendum -  
  http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm  
  Procedure addendum -  
  http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html |
July 12, 2013  Those members of the public requesting that topics be discussed at the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.

August 1, 2013  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, 2013. This rule can be accessed at: 
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp

August 2013  Tentative agenda for the Procedure part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage at - 
http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html

Tentative agenda for the Diagnosis part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at -
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

Federal Register notice for the September 18–19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.

August 16, 2013  On-line registration opens for the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting at:  
https://www.cms.gov/apps/events/default.asp

September 6, 2013  Because of increased security requirements, those wishing to attend the September 18 - 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at:  
https://www.cms.gov/apps/events/default.asp

Attendees must register online by September 6, 2013; failure to do so may result in lack of access to the meeting.

September 18 –19, 2013  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 6, 2013. You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.

October 2013

Summary report of the Procedure part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html

Summary report of the Diagnosis part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

October 1, 2013

New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows:
Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm

October 4, 2013

Deadline for receipt of public comments on proposed code revisions discussed at the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2014.

November 2013

Any new ICD-9-CM codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2013 will be posted on the following websites:
http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html
http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm

November 15, 2013

Deadline for receipt of public comments on any proposed ICD-10-CM code revisions discussed at the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2014.
Contact Information

Mailing address:

National Center for Health Statistics
ICD-9-CM Coordination and Maintenance Committee
3311 Toledo Road, Room 2402
Hyattsville, Maryland 20782
Fax: (301) 458-4022

Comments on the ICD-9-CM and ICD-10-CM proposals presented at the ICD-9-CM Coordination and Maintenance Committee meeting should be sent to the following email address: nchsicd9CM@cdc.gov

Donna Pickett       (301) 458-4434
David Berglund      (301) 458-4095
Cheryl Bullock      (301) 458-4297
Lizabeth Fisher     (301) 458-4091
Shannon McConnell-Lamptey    (301) 458-4612
Traci Ramirez       (301) 458-4454

NCHS Classifications of Diseases web page: http://www.cdc.gov/nchs/icd.htm
Please consult this web page for updated information.
Partial Code Freeze for ICD-9-CM and ICD-10 Finalized

The ICD-9-CM Coordination and Maintenance Committee implemented a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10 which would end one year after the implementation of ICD-10. The implementation of ICD-10 was delayed from October 1, 2013 to October 1, 2014 by final rule CMS-0040-F issued on August 24, 2012.

Links to this final rule may be found at: http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html.

There was considerable support for this partial freeze. The partial freeze will be implemented as follows:

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.
- On October 1, 2012 and October 1, 2013 there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2014, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2015, regular updates to ICD-10 will begin.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on and after October 1, 2015 once the partial freeze has ended.
Continuing Education Credits

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS/NCHS ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting.

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

If you plan to attend or participate via telephone the ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting, you should be aware that CMS /NCHS do not provide certificates of attendance for these calls. Instead, the AAPC will accept your printed topic packet as proof of participation. Please retain a your topic packet copy as the AAPC may request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

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

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

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

Fractures through the growth plate in growing young people are called physeal fractures. These are classified into Salter-Harris fracture types (named for the authors who first described them).

Salter-Harris fracture type I follows the growth plate, separating the epiphysis from the metaphysis in long bones. These are more common in younger childhood. Salter-Harris fracture type II goes through the growth plate and metaphysis (toward the longer shaft of the bone from the growth plate), but does not affect the epiphysis (the end of the bone). These happen more in children older than 10 years, and are the most common type. Healing is rapid and growth is not usually affected in Salter-Harris fracture types I and II.

Salter-Harris fracture type III goes through the growth plate and epiphysis, but does not involve the metaphysis. These usually happen after age 10, and when the growth plate is partially fused. These often cause chronic disability, affecting the articular surface of the bone. Surgery is often needed.

Salter-Harris fracture type IV goes across the growth plate and affects both the metaphysis and the epiphysis. These may happen at any age. These may affect growth, as well as involving the articular surface of the bone, and may cause chronic disability. Surgery may be needed.

Other physeal fractures are less common. A Salter-Harris fracture type V involves compression of the growth plate, which can destroy growth potential, and lead to unequal limb lengths or abnormal limb angles.

Specific ICD-10-CM codes exist for a number of physeal fracture types involving the long bones of the limbs. However, these types of fractures may also affect the growth plates of various bones in the foot, including the calcaneus, the metatarsals, and the phalanges. The American Podiatric Medical Association (APMA) has recommended that additional codes be created to specifically represent these types of fractures. These are proposed to be implemented on October 1, 2015.

**TABULAR MODIFICATIONS**

S92  Fracture of foot and toe, except ankle

S92.0  Fracture of calcaneus

Add  Excludes2:  Physeal fracture of calcaneus (S99.0-)

S92.3  Fracture of metatarsal bone(s)

Add  Excludes2:  Physeal fracture of metatarsal (S99.1-)
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S92.4 Fracture of great toe

Add  Excludes2:  Physeal fracture of phalanx of toe (S99.2-)

S92.5 Fracture of lesser toe(s)

Add  Excludes2:  Physeal fracture of phalanx of toe (S99.2-)

S99 Other and unspecified injuries of ankle and foot

Delete  The appropriate 7th character is to be added to each code from category S99:

A initial encounter
D subsequent encounter
S sequela

New subcategory S99.0 Physeal fracture of calcaneus

The appropriate 7th character is to be added to each code from subcategories S99.0:

A initial encounter for closed fracture
B initial encounter for open fracture
D subsequent encounter for fracture with routine healing
G subsequent encounter for fracture with delayed healing
K subsequent encounter for fracture with nonunion
P subsequent encounter for fracture with malunion
S sequela

New subcategory S99.00 Unspecified physeal fracture of calcaneus

New code S99.001 Unspecified physeal fracture of right calcaneus

New code S99.002 Unspecified physeal fracture of left calcaneus

New code S99.009 Unspecified physeal fracture of unspecified calcaneus

New subcategory S99.01 Salter-Harris Type I physeal fracture of calcaneus

New code S99.011 Salter-Harris Type I physeal fracture of right calcaneus

New code S99.012 Salter-Harris Type I physeal fracture of left calcaneus

New code S99.019 Salter-Harris Type I physeal fracture of unspecified calcaneus

New subcategory S99.02 Salter-Harris Type II physeal fracture of calcaneus

New code S99.021 Salter-Harris Type II physeal fracture of right calcaneus

New code S99.022 Salter-Harris Type II physeal fracture of left calcaneus
New code
S99.029 Salter-Harris Type II physeal fracture of unspecified calcaneus

New subcategory
S99.03 Salter-Harris Type III physeal fracture of calcaneus
New code
S99.031 Salter-Harris Type III physeal fracture of right calcaneus
New code
S99.032 Salter-Harris Type III physeal fracture of left calcaneus
New code
S99.039 Salter-Harris Type III physeal fracture of unspecified calcaneus

New subcategory
S99.04 Salter-Harris Type IV physeal fracture of calcaneus
New code
S99.041 Salter-Harris Type IV physeal fracture of right calcaneus
New code
S99.042 Salter-Harris Type IV physeal fracture of left calcaneus
New code
S99.049 Salter-Harris Type IV physeal fracture of unspecified calcaneus

New subcategory
S99.09 Other physeal fracture of calcaneus
New code
S99.091 Other physeal fracture of right calcaneus
New code
S99.092 Other physeal fracture of left calcaneus
New code
S99.099 Other physeal fracture of unspecified calcaneus

New subcategory
S99.1 Physeal fracture of metatarsal
The appropriate 7th character is to be added to each code from subcategories S99.1
A initial encounter for closed fracture
B initial encounter for open fracture
D subsequent encounter for fracture with routine healing
G subsequent encounter for fracture with delayed healing
K subsequent encounter for fracture with nonunion
P subsequent encounter for fracture with malunion
S sequela

New subcategory
S99.10 Unspecified physeal fracture of metatarsal
New code
S99.101 Unspecified physeal fracture of right metatarsal
New code
S99.102 Unspecified physeal fracture of left metatarsal
New code
S99.109 Unspecified physeal fracture of unspecified metatarsal

New subcategory
S99.11 Salter-Harris Type I physeal fracture of metatarsal
New code
S99.111 Salter-Harris Type I physeal fracture of right metatarsal
New code   S99.112  Salter-Harris Type I physeal fracture of left metatarsal
New code   S99.119  Salter-Harris Type I physeal fracture of unspecified metatarsal

New subcategory   S99.12  Salter-Harris Type II physeal fracture of metatarsal
New code   S99.121  Salter-Harris Type II physeal fracture of right metatarsal
New code   S99.122  Salter-Harris Type II physeal fracture of left metatarsal
New code   S99.129  Salter-Harris Type II physeal fracture of unspecified metatarsal

New subcategory   S99.13  Salter-Harris Type III physeal fracture of metatarsal
New code   S99.131  Salter-Harris Type III physeal fracture of right metatarsal
New code   S99.132  Salter-Harris Type III physeal fracture of left metatarsal
New code   S99.139  Salter-Harris Type III physeal fracture of unspecified metatarsal

New subcategory   S99.14  Salter-Harris Type IV physeal fracture of metatarsal
New code   S99.141  Salter-Harris Type IV physeal fracture of right metatarsal
New code   S99.142  Salter-Harris Type IV physeal fracture of left metatarsal
New code   S99.149  Salter-Harris Type IV physeal fracture of unspecified metatarsal

New subcategory   S99.19  Other physeal fracture of metatarsal
New code   S99.191  Other physeal fracture of right metatarsal
New code   S99.192  Other physeal fracture of left metatarsal
New code   S99.199  Other physeal fracture of unspecified metatarsal

New subcategory   S99.2  Physeal fracture of phalanx of toe
The appropriate 7th character is to be added to each code from subcategories S99.2
A  initial encounter for closed fracture
B  initial encounter for open fracture
D  subsequent encounter for fracture with routine healing
G  subsequent encounter for fracture with delayed healing
K  subsequent encounter for fracture with nonunion
P  subsequent encounter for fracture with malunion
S  sequela
New subcategory: S99.20  Unspecified physeal fracture of phalanx of toe
- S99.201  Unspecified physeal fracture of phalanx of right toe
- S99.202  Unspecified physeal fracture of phalanx of left toe
- S99.209  Unspecified physeal fracture of phalanx of unspecified toe

New subcategory: S99.21  Salter-Harris Type I physeal fracture of phalanx of toe
- S99.211  Salter-Harris Type I physeal fracture of phalanx of right toe
- S99.212  Salter-Harris Type I physeal fracture of phalanx of left toe
- S99.219  Salter-Harris Type I physeal fracture of phalanx of unspecified toe

New subcategory: S99.22  Salter-Harris Type II physeal fracture of phalanx of toe
- S99.221  Salter-Harris Type II physeal fracture of phalanx of right toe
- S99.222  Salter-Harris Type II physeal fracture of phalanx of left toe
- S99.229  Salter-Harris Type II physeal fracture of phalanx of unspecified toe

New subcategory: S99.23  Salter-Harris Type III physeal fracture of phalanx of toe
- S99.231  Salter-Harris Type III physeal fracture of phalanx of right toe
- S99.232  Salter-Harris Type III physeal fracture of phalanx of left toe
- S99.239  Salter-Harris Type III physeal fracture of phalanx of unspecified toe

New subcategory: S99.24  Salter-Harris Type IV physeal fracture of phalanx of toe
- S99.241  Salter-Harris Type IV physeal fracture of phalanx of right toe
- S99.242  Salter-Harris Type IV physeal fracture of phalanx of left toe
- S99.249  Salter-Harris Type IV physeal fracture of phalanx of unspecified toe

New subcategory: S99.29  Other physeal fracture of phalanx of toe
- S99.291  Other physeal fracture of phalanx of right toe
- S99.292  Other physeal fracture of phalanx of left toe
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New code

S99.299 Other physeal fracture of phalanx of unspecified toe

S99.8 Other specified injuries of ankle and foot
Add The appropriate 7th character is to be added to each code from category S99.8
Add A initial encounter
Add D subsequent encounter
Add S sequela

S99.9 Unspecified injury of ankle and foot
Add The appropriate 7th character is to be added to each code from category S99.9
Add A initial encounter
Add D subsequent encounter
Add S sequela
Reactions to Gluten, and Gluten Sensitivity

Gluten is a protein complex found in wheat and other grains, that has long been recognized to cause reactions in some people. Celiac disease is the best known type of reaction to gluten exposure. It is an autoimmune disease, with findings that can range from intestinal symptoms of diarrhea and weight loss to systemic problems of anemia, osteoporosis, and neurological problems, or in some cases may be clinically silent but detected on screening tests.

Relatively recently, other types of reactions to gluten have been recognized. Other autoimmune reactions to gluten include gluten ataxia and dermatitis herpetiformis, both of which may occur together with celiac disease and associated autoimmune findings, or may occur without celiac disease. Gluten ataxia is a cerebellar ataxia, which may occur by itself or with other symptoms such as myoclonus, palatal tremor, or opsoclonus myoclonus. The gait is always affected, and most also have a limb ataxia. MRI will usually show cerebellar atrophy in gluten ataxia. In dermatitis herpetiformis, a rash with small blisters is found, which affects the elbows and upper forearm over 90% of the time. It may also affect the knees, face, scalp, neck, shoulders, trunk, buttocks, and sacrum.

Wheat allergy is another type of gluten reaction, which may affect the skin, gastrointestinal tract, or respiratory system. The term gluten sensitivity was previously used essentially as a synonym for celiac disease. However, gluten sensitivity has more recently come to refer to a gluten reaction that may have symptoms similar to celiac disease, but where autoimmune criteria for celiac disease are negative, and usual allergic tests are also negative. There may also be other non-gastrointestinal symptoms, including behavioral changes, bone or joint pain, muscle cramps, leg numbness, weight loss and chronic fatigue.

A request was received, from Dr. Bose Ravenel, for codes to differentiate gluten sensitivity from celiac disease.

It is proposed that certain changes of notes and indexing take effect before October 1, 2014. Other changes involving creation of new codes are proposed to take effect on October 1, 2015.

References:

TABULAR MODIFICATIONS

These changes are proposed to be effective before October 1, 2014.

G32 Other degenerative disorders of nervous system in diseases classified elsewhere

G32.8 Other specified degenerative disorders of nervous system in diseases classified elsewhere

G32.81 Cerebellar ataxia in diseases classified elsewhere

Code first underlying disease, such as:
Add celiac disease (with gluten ataxia) (K90.0)
Add non-celiac gluten ataxia (M35.9)

K90 Intestinal malabsorption

K90.0 Celiac disease

Add Use additional code for associated disorders including:
Add dermatitis herpetiformis (L13.0)
Add gluten ataxia (G32.81)

INDEX MODIFICATIONS

Allergy, allergic …
Add - wheat – see Allergy, food

Ataxia, ataxy, ataxic R27.0

Add - gluten M35.9 [G32.81]
Add - - with celiac disease K90.0 [G32.81]

Intolerance
Revise - gluten K90.0 K90.4

Sensitive, sensitivity …
Add - gluten K90.4
These changes are proposed to be effective October 1, 2015.

K90 Intestinal malabsorption

K90.0 Celiac disease

Revise K90.4 Other malabsorption due to intolerance, not elsewhere classified
Delete Malabsorption due to intolerance to carbohydrate
Delete Malabsorption due to intolerance to fat
Delete Malabsorption due to intolerance to protein
Delete Malabsorption due to intolerance to starch

New code K90.41 Non-celiac gluten sensitivity
Gluten sensitivity NOS
Non-celiac gluten sensitive enteropathy

New code K90.49 Malabsorption due to intolerance, not elsewhere classified
Malabsorption due to intolerance to carbohydrate
Malabsorption due to intolerance to fat
Malabsorption due to intolerance to protein
Malabsorption due to intolerance to starch
Injuries Involving the Spinal Cord in the Lumbar and Sacral Regions

The spinal cord ends in the conus medullaris, which most often is located in the upper lumbar region, around L1 to L2. The nerve roots for the lower lumbar and sacral nerves make up the cauda equina, and travel through the spinal canal below the conus medullaris.

Injuries and disorders involving the lower spinal cord may be identified based on the neurological level affected, involving characteristic localized sensory and motor findings, such as the L5 neurological level affecting neurological function at and below where the L5 nerve roots leave the spinal cord. Reference to the sacral spinal cord implies the neurological level, not the bony level. Certain changes are proposed to the codes for injury of the lower spinal cord, to clarify this.

A recommendation to make changes to these codes (among others) was previously received from orthopedist Andelle Teng, MD, MS. The changes proposed here have involved input from multiple sources, including the American Academy of Neurology.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S34</td>
<td>Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level</td>
</tr>
<tr>
<td>Add</td>
<td>Note: Injuries to the spinal cord (S34.0 and S34.1) refer to the cord level and not bone level injury, and can affect nerve roots at and below the level given.</td>
</tr>
<tr>
<td>S34.1</td>
<td>Other and unspecified injury of lumbar and sacral spinal cord</td>
</tr>
<tr>
<td>S34.10</td>
<td>Unspecified injury to lumbar spinal cord</td>
</tr>
<tr>
<td>S34.101</td>
<td>Unspecified injury to L1 level of lumbar spinal cord</td>
</tr>
<tr>
<td>Add</td>
<td>Unspecified injury to lumbar spinal cord</td>
</tr>
<tr>
<td>S34.102</td>
<td>Level 1</td>
</tr>
<tr>
<td>S34.103</td>
<td>Unspecified injury to L2 level of lumbar spinal cord</td>
</tr>
<tr>
<td>Add</td>
<td>Unspecified injury to lumbar spinal cord</td>
</tr>
<tr>
<td>S34.104</td>
<td>Level 2</td>
</tr>
<tr>
<td>S34.105</td>
<td>Unspecified injury to L3 level of lumbar spinal cord</td>
</tr>
<tr>
<td>Add</td>
<td>Unspecified injury to lumbar spinal cord</td>
</tr>
<tr>
<td>S34.106</td>
<td>Level 3</td>
</tr>
<tr>
<td>S34.107</td>
<td>Unspecified injury to L4 level of lumbar spinal cord</td>
</tr>
</tbody>
</table>
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Add Unspecified injury to lumbar spinal cord level 4
S34.105 Unspecified injury to L5 level of lumbar spinal cord

Add Unspecified injury to lumbar spinal cord level 5
S34.11 Complete lesion of lumbar spinal cord
S34.111 Complete lesion of L1 level of lumbar spinal cord

Add Complete lesion of lumbar spinal cord level 1
S34.112 Complete lesion of L2 level of lumbar spinal cord

Add Complete lesion of lumbar spinal cord level 2
S34.113 Complete lesion of L3 level of lumbar spinal cord

Add Complete lesion of lumbar spinal cord level 3
S34.114 Complete lesion of L4 level of lumbar spinal cord

Add Complete lesion of lumbar spinal cord level 4
S34.115 Complete lesion of L5 level of lumbar spinal cord

Add Complete lesion of lumbar spinal cord level 5
S34.12 Incomplete lesion of lumbar spinal cord
S34.121 Incomplete lesion of L1 level of lumbar spinal cord

Add Incomplete lesion of lumbar spinal cord level 1
S34.122 Incomplete lesion of L2 level of lumbar spinal cord

Add Incomplete lesion of lumbar spinal cord level 2
S34.123 Incomplete lesion of L3 level of lumbar spinal cord

Add Incomplete lesion of lumbar spinal cord level 3
S34.124 Incomplete lesion of L4 level of lumbar spinal cord

Add Incomplete lesion of lumbar spinal cord level 4
S34.125 Incomplete lesion of L5 level of lumbar spinal cord

Add

Incomplete lesion of lumbar spinal cord
level 5
Chapter 1- Certain infectious and parasitic diseases (A00-B99)

Excludes1: certain localized infections - see body system-related chapters
Delete infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (O98.-)
Delete influenza and other acute respiratory infections (J00-J22)
Excludes2: carrier or suspected carrier of infectious disease (Z22.-)
Add infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (O98.-)
Add influenza and other acute respiratory infections (J00-J22)

A75 Typhus fever
Revise Excludes1: rickettsiosis due to Ehrlichia sennetsu (A79.81)

D48 Neoplasm of uncertain behavior of other ….
D48.5 Neoplasm
Revise Excludes1: neoplasm of uncertain behavior of skin of genital organs (D39.8, D40.8)

D49 Neoplasms of unspecified behavior
D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin
Revise Excludes1: neoplasm of unspecified behavior of bone marrow (D49.89)

E86 Volume depletion
Revise Excludes1: postprocedural hypovolemic shock (T81.19)

G08 Intracranial and intraspinal phlebitis and thrombophlebitis
Delete Excludes1: intracranial phlebitis and thrombophlebitis complicating nonpyogenic intraspinal phlebitis and thrombophlebitis (G95.1)
Add Excludes2: intracranial phlebitis and thrombophlebitis complicating nonpyogenic intraspinal phlebitis and thrombophlebitis (G95.1)

G99 Other disorders of nervous system in diseases classified elsewhere
G99.0 Autonomic neuropathy in diseases classified elsewhere
Revise Excludes1: diabetic autonomic neuropathy (E09-E14 with .43)
H22 Disorders of iris and ciliary body in diseases classified elsewhere
   Code first underlying disease, such as:
   gout (M1A.-, M10.-)
   leprosy (A30.9)
   parasitic disease (B89)

H28 Cataract in diseases classified elsewhere
   Revise
   Excludes1: cataract in diabetes mellitus (E08.36, E09.36, E10.36, E11.36, E13.36)

H53 Visual disturbances
   H53.4 Visual field defects
   H53.46 Homonymous bilateral field defects
   Revise
   Homonymous hemianopia
   Add
   Homonymous hemianopsia
   Revise
   Quadrant anopia
   Add
   Quadrant anopsia

H61 Other disorders of external ear
   H61.1 Noninfective disorders of pinna
      Excludes2: cauliflower ear (M95.1)
      Revise
      gouty tophi of ear (M1A.-, M10.-)

H66 Suppurative and unspecified otitis media
   Delete
   Use additional code for any associated perforated tympanic membrane (H72.-)
   Add
   H66.1 Chronic tubotympanic suppurative otitis media
      Use additional code for any associated perforated tympanic membrane (H72.-)
   Add
   H66.2 Chronic atticoantral suppurative otitis media
      Use additional code for any associated perforated tympanic membrane (H72.-)
   Add
   H66.3 Other chronic suppurative otitis media
      Use additional code for any associated perforated tympanic membrane (H72.-)
   Add
   H66.4 Suppurative otitis media, unspecified
      Use additional code for any associated perforated tympanic membrane (H72.-)
   Add
   H66.9 Otitis media, unspecified
      Use additional code for any associated perforated tympanic membrane (H72.-)
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I42  Cardiomyopathy  
Revise  Code first pre-existing cardiomyopathy complicating pregnancy and puerperium (O99.4)

I82  Other venous embolism and thrombosis  
I82.4  Acute embolism and thrombosis of deep veins of lower extremity  
I82.40  Acute embolism and thrombosis of unspecified deep veins of lower extremity  
Revise  Excludes1: acute embolism and thrombosis of unspecified deep veins of distal lower extremity (I82.4Z-)  
Revise  acute embolism and thrombosis of unspecified deep veins of proximal lower extremity (I82.4Y-)

I82.5  Chronic embolism and thrombosis of deep veins of lower extremity  
I82.50  Chronic embolism and thrombosis of unspecified deep veins of lower extremity  
Revise  Excludes1: chronic embolism and thrombosis of unspecified deep veins of distal lower extremity (I82.5Z-)  
Revise  chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity (I82.5Y-)

J10  Influenza due to other identified influenza virus  
Delete  Use additional code to identify the virus (B97.-)

J20  Acute bronchitis  
Add  Excludes1: bronchitis NOS (J40)  
Add  tracheobronchitis NOS (J40)  
Delete  bronchitis NOS (J40)  
Delete  tracheobronchitis NOS (J40)

J40  Bronchitis, not specified as acute or chronic  
Add  Excludes1: acute bronchitis (J20.-)

J84  Other interstitial pulmonary diseases  
J84.8  Other specified interstitial pulmonary diseases  
J84.89  Other specified interstitial pulmonary diseases  
Revise  Excludes1: idiopathic non-specific interstitial pneumonitis (J84.113)
J95  Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
   J95.7  Accidental puncture and laceration of a respiratory system organ or structure during a procedure
Revise  Excludes2: postprocedural pneumothorax (J95.811)

K63  Other diseases of intestine
   K63.0  Abscess of intestine
Revise  Excludes1: abscess of intestine with ulcerative colitis (K51.014, K51.114, K51.214, K51.314, K51.414, K51.514, K51.814, K51.914)
   K63.2  Fistula of intestine
Revise  Excludes1: fistula of intestine with ulcerative colitis (K51.013, K51.113, K51.213, K51.313, K51.413, K51.513, K51.813, K51.913)

K72  Hepatic failure, not elsewhere classified
   Excludes1: alcoholic hepatic failure (K70.4)
Delete  hepatic failure complicating abortion or ectopic or molar pregnancy (O00-O07, O08.8)
Delete  hepatic failure complicating pregnancy, childbirth and the puerperium (O26.6-)
Add  Excludes2: hepatic failure complicating abortion or ectopic or molar pregnancy (O00-O07, O08.8)
Add  hepatic failure complicating pregnancy, childbirth and the puerperium (O26.6-)

L03  Cellulitis and acute lymphangitis
   L03.1  Cellulitis and acute lymphangitis of other parts of limb
   L03.12  Acute lymphangitis of other parts of limb
Revise  Excludes2: acute lymphangitis of toes (L03.04-)
M01 Direct infections of joint in infectious and parasitic diseases classified elsewhere

Delete
Excludes1: arthritis, arthropathy (in):

Revise
Excludes1: arthropathy in Lyme disease (A69.23)

Add
gonococcal arthritis (A54.42)
meningococcal arthritis (A39.83)
postmeningococcal arthritis (A39.84)
mumps arthritis (B26.85)
postinfective arthropathy (M02.-)
reactive arthritis (M02.3)
rubella arthritis (B06.82)
sarcoidosis arthritis (D86.86)
typhoid fever arthritis (A01.04)
tuberculosis arthritis (A18.02)
tuberculosis arthritis of spine (A18.01)

M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified

M96.8 Other intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified

M96.81 Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating a procedure

Revise
Excludes1: intraoperative hemorrhage and hematoma of a musculoskeletal structure due to accidental puncture and laceration during a procedure (M96.82-)

N02 Recurrent and persistent hematuria

Delete
Excludes1: acute prostatitis with hematuria (N41.01)
chronic prostatitis with hematuria (N41.11)

N18 Chronic kidney disease (CKD)

N18.9 Chronic kidney disease, unspecified

Delete
Renal disease NOS
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N74 Female pelvic inflammatory disorders in diseases classified elsewhere
Revise Excludes1: chlamydial cervicitis (A56.02)
Delete chlamydial (A56.02)
Revise gonococcal cervicitis (A54.03)
Revise herpesviral [herpes simplex] cervicitis (A60.03)
Revise syphilitic cervicitis (A52.76)
Revise trichomonal cervicitis (A59.09)
Revise tuberculous cervicitis (A18.16)
Revise chlamydial pelvic inflammatory disease (A56.11)
Delete chlamydial (A56.11)
Revise gonococcal pelvic inflammatory disease (A54.24)
Revise herpesviral [herpes simplex] pelvic inflammatory disease (A60.09)
Revise syphilitic pelvic inflammatory disease (A52.76)
Revise tuberculous pelvic inflammatory disease (A18.17)

O88 Obstetric embolism
Revise Excludes1: embolism complicating failed attempted abortion (O07.2, O07.7)

O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperum
O99.0 Anemia complicating pregnancy, childbirth and the puerperum
O99.03 Anemia complicating the puerperium
Revise Excludes1: postpartum anemia not pre-existing prior to delivery (O90.81)

P28 Other respiratory conditions originating in the perinatal period
P28.8 Other specified respiratory conditions of newborn
P28.89 Other specified respiratory conditions of newborn
Revise Excludes1: early congenital syphilitic rhinitis (A50.05)

P92 Feeding problems of newborn
P92.0 Vomiting of newborn
P92.01 Bilious vomiting of newborn
Revise Excludes1: bilious vomiting in child over 28 days old (R11.14)

R31 Hematuria
Delete Excludes1: acute prostatitis with hematuria (N41.01)

S38 Crushing injury and traumatic amputation of abdomen, lower back, pelvis and external genitals
S38.1 Crushing injury of abdomen, lower back, and pelvis
Revise Excludes2: crushing injury of external genital organs (S38.0-)
S54 Injury of nerves at forearm level
  S54.8 Injury of other nerves at forearm level
  Revise S54.8x Unspecified injury of other nerves at forearm level

T20 Burn and corrosion of head, face, and neck
  T20.5 Corrosion of first degree of head, face, and neck
  Revise T20.56 Corrosion of first degree of forehead and cheek

T86 Complications of transplanted organs and tissue
  T86.8 Complications of other transplanted organs and tissues
    T86.82 Complications of skin graft (allograft) (autograft)
  Revise Excludes2: complication of artificial skin graft (T85.693)

W16 Fall, jump or diving into water
  Revise Excludes2: striking or hitting diving board (W21.4)

W55 Contact with other mammals
  Revise Excludes1: contact with marine mammals (W56.-)

W60 Contact with nonvenomous plant thorns and spines and sharp leaves
  Revise Excludes1: Contact with venomous plants (T63.7-)

W94 Exposure to high and low air pressure and changes in air pressure
  W94.3 Exposure to rapid changes in air pressure during descent
  Revise W94.31 Exposure to sudden change in air pressure in aircraft during ascent or descent

V92 Drowning and submersion due to accident on board watercraft, without accident to watercraft
  V92.0 Drowning and submersion due to fall off watercraft

  Revise V92.08 Drowning and submersion due to fall off other unpowered watercraft
    Excludes1: drowning and submersion due to rider of nonpowered watercraft being hit by other watercraft (V94-)
    Revise other injury due to rider of nonpowered watercraft being hit by other watercraft (V94-)
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Y92 Place of occurrence of the external cause
  Y92.0 Non-institutional (private) residence as the place of occurrence of the external cause
  Y92.00 Unspecified non-institutional (private) residence as the place of occurrence of the external cause
  Revise Y92.002 Bathroom of unspecified non-institutional (private) residence
  single-family (private) house as the place of occurrence of the external cause

Y92.4 Street, highway and other paved roadways as the place of occurrence of the external cause
  Revise Excludes1: private driveway of residence (Y92.014, Y92.024, Y92.043, Y92.093,
  Y92.113, Y92.123, Y92.154, Y92.194)
Abnormal, abnormality, abnormalities - see also Anomaly
- specimen
  - female genital organs (secretions) (smears) R87.9
  - - cytology R87.69
  - - - cervix R87.619
Revise - - - - specified NEC R87.618

Agenesis
Delete - oesophagus Q39.8

Allergy, allergic (reaction) (to) T78.40
- - due to
Revise - - - Cryptostroma corticale J67.6

Anemia…
Revise - refractory D46.4

Anomaly…
Revise leukocytes, genetic D72.0

Arsenical pigmentation L81.8
Revise - from drug or medicament - see Table of Drugs and Chemicals

Revise Brickmakers’ anemia B76.9 [D63.8]

Carcinoma (malignant) – see also Neoplasm, by site, malignant
Revise - epidermoid - see also Neoplasm, skin malignant

Collapse R55
Revise - postoperative (cardiovascular) T81.10

Coma…
Revise - Glasgow, scale score - see Glasgow coma scale
Revise - specified NEC, without documented Glasgow coma scale score, or with partial Glasgow coma scale score reported R40.244
Complications) (from) (of)
- fixation device, internal (orthopedic) T84.9
  Revise - - specified type NEC T84.89
  Revise - - joint prosthesis, internal T84.9
- postprocedural - see also Complications, surgical procedure
  - - hemorrhage (hematoma) (of)
  - - nervous system
  Revise - - - following a nervous system procedure G97.51
  Revise - - - following other procedure G97.52
  - - respiratory system
  Revise - - - following procedure on respiratory system organ or structure J95.830
  Revise - - - following other procedure J95.831

Concussion…
  Revise - - conus medullaris S34.02

Contusion (skin surface intact) T14.8
  Revise - - mesosalpinx S37.892
  Delete — bilateral S37.522
  Delete — unilateral S37.521

Cracked nipple N64.0
  - - associated with
  Add - - puerperium O92.12

Deformity Q89.9
  - - epididymis (congenital) Q55.4
  Revise - - acquired N50.8

Dermatitis (eczematous) L30.9
  - contact (occupational) L25.9
  - - due to
  Add - - - cement L25.3
  - - due to
  Revise - - alcohol (irritant) (skin contact) (substances in category T51.00-T51.93) L24.2
  Revise - - cement (contact) L25.3
  Revise - - chemicals(s) NEC L25.3
  - - irritant L24.9
  - - - due to
  Add - - - - cement L24.5
  Revise - - plastic L25.3
  Revise - - solvents (contact) (irritant) (substances in categories T52.00-T53.93) L24.2
Disease
- infectious, infective B99.9
- congenital P37.9
- specified NEC P37.8

Revise
- viral P35.9

Add
- specified type NEC P35.8

Disorder (of)…
- cannabis use

Revise
- due to drug dependence - see Dependence, drug, cannabis

Epididymitis (acute) (nonvenereal) (recurrent) (residual) N45.1

Revise
- filarial (see also Infestation, filarial) B74.9 [N51]

Gangrene, gangrenous…
- appendix K35.80

Revise
Glasgow coma scale

Gout, gouty (acute) (attack) (flare) (see also Gout, chronic) M10.9

Revise
- tophi - see Gout, chronic

Gout, chronic (see also Gout, gouty) M1A.9

Revise
- tophi M1A.9

Hematoma (traumatic) (skin surface intact) - see also Contusion
- mesosalpinx (nontraumatic) N83.7

Revise
- traumatic S37.898

Delete
- bilateral S37.522

Delete
- unilateral S37.521

- uterine ligament (broad) (nontraumatic) N83.7

Revise
- traumatic S37.892

Hemorrhage, hemorrhagic (concealed) R58
- intracranial (nontraumatic) I62.9
- intracerebral (nontraumatic) (in) I61.9
- postprocedural

Revise
- following a nervous system procedure G97.51

Revise
- following other procedure G97.52

Add
- subgaleal P12.1

Histoplasmosis B39.9

Revise
- with pneumonia NEC B39.2 [H17]
Hypertension, hypertensive...
- complicating
  - puerperium O10.93
Add  - - - pregnancy-induced O13.9

Infarct, infarction
  - pancreas K86.8

Infection, infected, infective (opportunistic) B99.9
  - kidney (cortex) (hematogenous) N15.9
Revise  - - following ectopic gestation O08.83

Injury...
  - bile duct S36.13
  - blast (air) (hydraulic) (immersion) (underwater) NEC T14.8
Revise  - - bladder - see Injury, bladder, blast injury
  - blood vessel NEC T14.8
Revise  - - abdomen S35.9-
Revise  - - - specified vessel NEC S35.8X-
Delete  ______ site NEC see subcategory S35.8X-
Delete  ______ type NEC S35.99
Revise  - - deep plantar - see Injury, blood vessel, plantar artery
  - - mesenteric (inferior) (superior)
Revise  - - - vein - see Injury, mesenteric vein``
Revise  - - specified NEC T14.8
Revise  - eustachian tube S09.30-
  - kidney S37.00-
Add  - - acute (nontraumatic) N17.9
  - labyrinth, ear S09.30-
  - middle ear S09.30-
  - pelvic organ S37.92
Revise  - - prostate S37.822
Revise  - peritoneum S36.81
Add  - - laceration S36.893
  - superficial NEC T14.8
  - - thumb S60.93-
  - - insect bite - see Bite, by site, superficial, insect
Delete  ______ specified type NEC S60.392
Delete  ______ specified type NEC S60.391
Revise  - - - specified type NEC S60.39-
Delete  Leuc(o) — see Leuk(o)
Delete  Medical services provided for — see Health, services provided because (of)

Microdrampanocytosis D57.40
Delete  — with sickle cell crisis D57.41
Add  - with crisis (vasoocclusive pain) D57.419
Add  - - with
Add  - - - acute chest syndrome D57.411
Add  - - - splenic sequestration D57.412

Myocardiopathy…
- in (due to)
Revise  - - myotonia atrophica G71.11 [I43]
Delete  Oedema, oedematous — see Edema
Delete  Oesophag(o) — see Esophag(o)

Orchitis (gangrenous) (nonspecific) (septic) (suppurative) N45.2
Revise  - filarial (see also Infestation, filarial) B74.9 [N51]

Pain(s)…
Revise  - pleura, pleural, pleuritic R07.81

Perforation……
Revise  - vagina — see also Puncture, vagina O71.4
Add  - - obstetrical trauma O71.4
Add  - - other trauma - see Puncture, vagina

Revise  Pleuralgia R07.81

Pregnancy…
- complicated by…
- - failed induction of labor O61.9
Delete  - - failed or difficult intubation for anesthesia O29.6-
Add  - - failed or difficult intubation for anesthesia O29.6-
- - ectopic (ruptured) O00.9
Revise  - - complicated (by) O08.9
Revise  - - afibrinogenemia O08.1
Revise  - - cardiac arrest O08.81
Revise  - - chemical damage of pelvic organ(s) O08.6
Revise  - - circulatory collapse O08.3
Revise  - - defibrination syndrome O08.1
Revise  - - electrolyte imbalance O08.5
Revise  - - embolism (amniotic fluid) (blood clot) (pulmonary) (septic) O08.2
Revise  - - endometritis O08.0
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Revise - - - genital tract and pelvic infection O08.0
Revise - - - hemorrhage (delayed) (excessive) O08.1
           - - - infection
Revise - - - genital tract or pelvic O08.0
Add - - - kidney O08.83
Revise - - - urinary tract O08.83
Revise - - - intravascular coagulation O08.1
Revise - - - laceration of pelvic organ(s) O08.6
Revise - - - metabolic disorder O08.5
Revise - - - oliguria O08.4
Revise - - - oophoritis O08.0
Revise - - - parametritis O08.0
Revise - - - pelvic peritonitis O08.0
Revise - - - perforation of pelvic organ(s) O08.6
Revise - - - renal failure or shutdown O08.4
Revise - - - salpingitis or salpingo-oophoritis O08.0
Revise - - - sepsis O08.82
Revise - - - shock O08.83
Revise - - - septic O08.82
Revise - - - specified condition NEC O08.89
Revise - - - tubular necrosis (renal) O08.4
Revise - - - uremia O08.4
Revise - - - urinary infection O08.83
Revise - - - venous complication NEC O08.7
Revise - - - embolism O08.2
           - molar NEC O02.0
Revise - - complicated (by) O08.9
Revise - - afibrinogenemia O08.1
Revise - - cardiac arrest O08.81
Revise - - chemical damage of pelvic organ(s) O08.6
Revise - - circulatory collapse O08.3
Revise - - defibrination syndrome O08.1
Revise - - electrolyte imbalance O08.5
Revise - - embolism (amniotic fluid) (blood clot) (pulmonary) (septic) O08.2
Revise - - endometritis O08.0
Revise - - genital tract and pelvic infection O08.0
Revise - - hemorrhage (delayed) (excessive) O08.1
           - - - infection
Revise - - - genital tract or pelvic O08.0
Add - - - kidney O08.83
Revise - - - urinary tract O08.83
Revise - - - intravascular coagulation O08.1
Revise - - - laceration of pelvic organ(s) O08.6
Revise - - - metabolic disorder O08.5
Revise - - - oliguria O08.4
Revise - - - oophoritis O08.0
Revise - - - parametritis O08.0
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Revise - - - pelvic peritonitis O08.0
Revise - - - perforation of pelvic organ(s) O08.6
Revise - - - renal failure or shutdown O08.4
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Revise - - - - embolism O08.2

Pseudotumor
Revise - orbit H05.11

Puerperal, puerperium (complicated by, complications)
- disorder O90.9
Revise - - lactation O92.70
Revise - endotracheitis O86.11
Revise - perimetritis O86.12
Revise - pyometra O86.12

Rupture, ruptured
- splenic vein R58
Revise - - traumatic - see Injury, blood vessel, splenic vein

Splenitis (interstitial) (malignant) (nonspecific) D73.89
Revise - malarial (see also Malaria) B54 [D77]

Symptoms NEC R68.89
Revise - skin and integument NEC R23.9
Revise - subcutaneous tissue NEC R23.9

Revise Threshers’ lung

Revise Tophi -see Gout, chronic

Urethritis (anterior) (posterior) N34.2
Revise - puerperal O86.22
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Effective October 1, 2014

Cut, cutting (any part of body) (accidental) -- see also Contact, with, by object or machine
  Revise - during medical or surgical treatment as misadventure - see Index to Diseases and Injuries, Complications

Revise Foreign body-entering through skin W45.8
Add - aspiration - see Index to Diseases and Injuries, Foreign body, respiratory tract
Add - entering through skin W45.8
Revise - - can lid W45.2
Revise - - nail W45.0
Revise - - paper W45.1
Revise - - specified NEC W45.8
Revise - - splinter W45.8

Hemorrhage
Revise - delayed following medical or surgical treatment without mention of misadventure - see Index to Diseases and Injuries, Complication(s)
Revise - during medical or surgical treatment as misadventure - see Index to Diseases and Injuries, Complication(s)

Misadventure(s) to patient(s) during surgical or medical care Y69
Revise - hemorrhage - see Index to Diseases and Injuries, Complication(s)
Revise - perforation - see Index to Diseases and Injuries, Complication(s)
Revise - puncture - see Index to Diseases and Injuries, Complication(s)

Revise Perforation during medical or surgical treatment as misadventure - see Index to Diseases and Injuries, Complication(s)

Puncture, puncturing -- see also Contact, with, by type of object or machine
Revise - during medical or surgical treatment as misadventure - see Index to Diseases and Injuries, Complication(s)
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