ICD-9-CM Coordination and Maintenance Committee Meeting

April 18-19, 2002

Diagnoses

Welcome and announcements
Donna Pickett, MPH, RHIA
Co-chair, ICD-9-CM C&M Committee

Neurologic conditions
Laura Powers, M.D.
American Academy of Neurology

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Memory loss ............................................................ pg.6
Encephalopathy ....................................................... pg.7
Myasthenia gravis in (acute) exacerbation ........................ pg.8
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Pediatric pre-birth visit for expectant mother .................................. pg.11
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ICD-9-CM TIMEFRAMES

January 8, 2002 Deadline for receipt of public comments on proposed code revisions discussed at the May 17-18, 2001 and November 1-2, 2001 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2002.

February 18, 2002 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the April 18-19, 2002 ICD-9-CM Coordination and Maintenance Committee meeting.

March 2002 Tentative agenda for the Procedure part of the April 18, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.hcfa.gov/medicare/icd9cm.htm

Tentative agenda for the Diagnosis part of the April 19, 2002 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 April 18-19, 2002 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published March 26, 2002.

April 18-19, 2002 ICD-9-CM Coordination and Maintenance Committee Meeting in the CMS auditorium. Diagnosis code revisions discussed are for potential implementation on October 1, 2003. Procedure code revisions discussed will be for October 1, 2002. Those procedure code proposals that cannot be resolved quickly will be considered for implementation on October 1, 2003.

April 2002 Summary report of the Procedure part of the April 18, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.hcfa.gov/medicare/icd9cm.htm

Summary report of the Diagnosis part of the April 19, 2002 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm
ICD-9-CM Coordination and Maintenance Committee Meeting

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April 30, 2002  Written comments due on procedure code proposals discussed at the April 18, 2002 meeting.

October 1, 2002  New and revised ICD-9-CM codes go into effect.

October 5, 2002  Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the December 5-6, 2002 ICD-9-CM Coordination and Maintenance Committee meeting.

November 2002  Tentative agenda for the Procedure part of the December 5, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.hcfa.gov/medicare/icd9cm.htm

Tentative agenda for the Diagnosis part of the November 6, 2002 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 5-6, 2002 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published.

Dec. 5-6, 2002  ICD-9-CM Coordination and Maintenance Committee Meeting. Code revisions discussed are for potential implementation on October 1, 2003. December 5 will be devoted to discussions of procedure codes. December 6 will be devoted to discussions of diagnosis codes.

December 2002  Summary report of the Procedure part of the December 5, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:  http://www.hcfa.gov/medicare/icd9cm.htm

Summary report of the Diagnosis part of the December 6, 2002 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 10, 2003  Deadline for receipt of public comments on proposed code revisions discussed at the April 18-19, 2002 and December 5-6, 2002 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2003.
ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

National Committee on Vital and Health Statistics
Subcommittee on Standards and Security
Hearings on HIPAA Code Set Issues

February 8-9, 2002 Status Report by Code Set Developers named as HIPAA standards

April 9-10, 2002 Possible replacement of ICD-9-CM, Volume 3 with ICD-10-PCS
Gaps in Code sets


For additional information about the scheduled hearings please visit the National Committee on Vital and Health Statistics website at: http://www.ncvhs.dhhs.gov
ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

Topic: Muscle weakness

Currently the term muscle weakness is indexed to 728.9, Unspecified disorder of muscle, ligament and fascia. This unspecified code does not allow the identification of muscle weakness. When conducting neurodiagnostic testing such as electromyography, nerve conduction studies and their derivatives there is no adequate code to explain the reason for the test or its findings, namely, muscle weakness.

It is being proposed that a unique code for muscle weakness be created.

TABULAR MODIFICATION

728  Disorders of muscle, ligament and fascia

728.8  Other disorders of muscle, ligament and fascia

New code  728.87 Muscle weakness

Add  Excludes: generalized weakness (780.79)
ICD-9-CM Coordination and Maintenance Committee Meeting

April 18-19, 2002

Diagnoses

Topic: Memory loss

The term memory loss is now just an inclusion term under “other generalized symptoms”. It has been requested that a unique code for memory loss be created.

TABULAR MODIFICATION

310 Specified nonpsychotic mental disorders due to organic brain damage

310.1 Organic personality syndrome

Add Excludes: memory loss of unknown cause (780.93)

780 General symptoms

780.9 Other general symptoms

New code 780.93 Memory loss
Add Amnesia (retrograde)
Add Memory loss NOS

Add Excludes: mild memory disturbance due to organic brain damage (310.1)
Add transient global amnesia (437.7)

780.99 Other general symptoms

Delete Amnesia (retrograde)
Encephalopathy is a general term for generalized cerebral dysfunction. The symptoms include confusion, sleepiness, disturbance in level of alertness, memory loss, and non-specific changes in behavior, such as irritability. Encephalopathy is not synonymous with delirium. Encephalopathy may be due to a number of causes, including the systemic inflammatory response syndrome, certain drugs, and other medical conditions. There are a number of types of encephalopathy, most of which are currently indexed to code 348.3, Encephalopathy, unspecified. Unique codes for these specific types of encephalopathy are being proposed.

**TABULAR MODIFICATION**

348 Other conditions of brain

- Revise 348.3 Encephalopathy, unspecified

- New code 348.30 Encephalopathy, unspecified

- New code 348.31 Metabolic encephalopathy

- New code 348.32 Septic encephalopathy

- New code 348.39 Other encephalopathy

- Add Excludes: hepatic encephalopathy (572.2)

- Add toxic encephalopathy (349.82)
ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

Topic: Myasthenia gravis in (acute) exacerbation

Myasthenia gravis is a chronic disease characterized by episodic muscle weakness caused by loss or dysfunction of acetylcholine receptors. An autoimmune attack destroys or impairs the function of the receptors at the postsynaptic neuromuscular junction, interfering with neuromuscular transmission.

Patients with myasthenia gravis in exacerbation enter the hospital with double vision owing to weakness of the extraocular muscles, difficulty swallowing, and most serious of all, difficulty breathing that can be life-threatening. The breathing disorder at times requires immediate intubation and artificial ventilation. The accepted therapy for myasthenia gravis in exacerbation is plasmapheresis on alternating days, at times with high-dose intravenous steroid administration at 5 day intervals. The number of plasmapheresis treatments required to bring patients out of crisis varies, but usually at least 5 treatments are required. These patients are usually kept in intensive care.

The current code for myasthenia gravis does not distinguish between patients in exacerbation and those not. New codes are being suggested for this.

Tabular Modification

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>358</td>
<td>Myoneural disorders</td>
</tr>
<tr>
<td>358.0</td>
<td>Myasthenia gravis</td>
</tr>
<tr>
<td>358.00</td>
<td>Myasthenia gravis not in (acute) exacerbation</td>
</tr>
<tr>
<td></td>
<td>Myasthenia gravis NOS</td>
</tr>
<tr>
<td>358.01</td>
<td>Myasthenia gravis in (acute) exacerbation</td>
</tr>
</tbody>
</table>
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Diagnoses

Topic: Long-term antiplatelet/antithrombotic, anti-inflammatory use

The long-term use of antiplatelet/antithrombotics for the prevention of thrombotic events such as heart attack and stroke is common. These agents prevent thrombus formation by inhibiting the aggregation of platelets. There is a code for long-term use of anticoagulant, V58.61, but anticoagulants are different from antiplatelet/antithrombotic agents. Anticoagulants affect the clotting factors in the bloodstream, instead of platelet aggregation.

Long-term use of anti-inflammatories for the reduction of arthritis pain is also common. Therefore, new codes for long-term use of antithrombtics/antiplatelets and anti-inflammatories are being proposed for the long-term drug use subcategory.

TABULAR MODIFICATION

V58 Encounter for other and unspecified procedures and aftercare

V58.6 Long-term (current) drug use

New code V58.63 Long-term (current) use of antiplatelet/antithrombotic

New code V58.64 Long-term (current) use of anti-inflammatories
Diagnoses

Topic: History of Extracorporeal Membrane Oxygenation (ECMO)

ECMO is a procedure performed on very critically ill adults and children with respiratory failure. It is a type of bypass performed artery-to-vein or vein-to-vein. It removes carbon dioxide and oxygenates the blood. This is a high-risk procedure that can affect a patient’s long-term health. The American Academy of Pediatrics is requesting a history code be created for patients who have had ECMO in the past.

TABULAR MODIFICATIONS

V15 Other personal history presenting hazards to health

V15.8 Other specified personal history presenting hazards to health

New code V15.87 History of Extracorporeal Membrane Oxygenation (ECMO)
ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

Topic: Pediatric pre-birth visit for expectant mother

Some expectant mothers visit a pediatrician prior to the birth of their baby to receive advice on child care or to evaluate the pediatric office. There is no adequate reason for visit code to explain these visits. The American Academy of Pediatrics is requesting such a code.

V65 Other persons seeking consultation without complaint or sickness

V65.1 Person consulting on behalf of another person

New code V65.11 Pediatric pre-birth visit for expectant mother

New code V65.19 Other person consulting on behalf of another person
ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

Topic: Delayed separation of umbilical cord

Normally, a newborn’s umbilical cord separates from the umbilicus within two weeks of birth. When the cord remains attached for longer then it is referred to as a “delayed umbilical cord separation.” Umbilical cords that take longer than one month to separate may indicate a neutrophil chemotactic defect or infection. The American Academy of Pediatrics is requesting a new code for this condition.

TABULAR MODIFICATION

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

779.8 Other specified conditions originating in the perinatal period

New code 779.83 Delayed separation of umbilical cord
ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

Topic: Vaccination for RSV

A vaccination is now available for RSV (Respiratory Syncytial Virus). A new code is being proposed for this new vaccine as well as a new code for other vaccines. There is no code for “other” vaccine in the V04 subcategory.

TABULAR MODIFICATION

V04 Need for prophylactic vaccination and inoculation against certain viral diseases

Revise V04.8 Influenza Other viral diseases

New code V04.81 Influenza

New code V04.82 Respiratory syncytial virus (RSV)

New code V04.89 Other viral diseases
ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

Topic: Bleeding esophageal ulcer

In keeping with the other ulcer codes it is being proposed that the esophageal ulcer code be expanded to distinguish between bleeding and non-bleeding ulcer.

TABULAR MODIFICATION

530 Diseases of esophagus

530.2 Ulcer of esophagus

New code 530.20 Ulcer of esophagus without bleeding
Ulcer of esophagus NOS

New code 530.21 Ulcer of esophagus with bleeding

Add Excludes: bleeding esophageal varices (456.0, 456.20)
Diagnoses

Topic: Encounter for lengthening of growth rod

For some patients with extreme scoliosis curvatures surgical correction may involve correcting the curve and fusing the bones in the curve together. The bones are held in place with one or two metal rods held down with hooks and screws until the bone heals together. Periodically these rods must be lengthened to allow for growth.

Currently there is no code which describes an admission for the purpose of lengthening the growth rod. It is proposed to add the following to the classification.

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>V54</th>
<th>Other orthopedic aftercare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise</td>
<td>V54.0</td>
</tr>
<tr>
<td>Delete</td>
<td>Removal of:</td>
</tr>
<tr>
<td></td>
<td>pins</td>
</tr>
<tr>
<td></td>
<td>plates</td>
</tr>
<tr>
<td></td>
<td>rods</td>
</tr>
<tr>
<td></td>
<td>screws</td>
</tr>
<tr>
<td>New code</td>
<td>V54.01</td>
</tr>
<tr>
<td>New code</td>
<td>V54.02</td>
</tr>
<tr>
<td>New code</td>
<td>V54.09</td>
</tr>
</tbody>
</table>
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Diagnoses

Topic: Decreased libido

Decreased libido (decreased sexual desire) is a complaint distinct from impotence or other sexual dysfunction. The cause may be due to many factors, including fatigue, stress, certain drugs, or other organic problems. None of the codes in the mental health or genitourinary chapter correctly identify it. It is being proposed that a symptom code be created.

TABULAR MODIFICATION

302 Sexual deviations and disorders

302.7 Psychosexual dysfunction

302.71 With inhibited sexual desire

Add Excludes: decreased sexual desire NOS (799.81)

799 Other ill-defined and unknown causes of morbidity and mortality

799.8 Other ill-defined conditions

New code 799.81 Decreased libido

Decreased sexual desire

Add Excludes: psychosexual dysfunction with inhibited sexual desire (302.71)

New code 799.89 Other ill-defined conditions
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Diagnoses

Topic: Facial weakness

A new code for facial weakness following a cerebrovascular accident (CVA) becomes effective October 1, 2002. After the presentation of this proposal it was noted that no code exists for this condition when it is not a late effect of a CVA. A symptom code is being proposed for facial weakness.

TABULAR MODIFICATION

781 Symptoms involving nervous and musculoskeletal systems

781.9 Other symptoms involving nervous and musculoskeletal systems

New code 781.94 Facial weakness

Facial droop

Add Excludes: facial weakness due to late effect of cerebrovascular accident (438.83)
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Diagnoses

Topic: Asthma

The American Academy of Pediatrics (AAP) requests that the ICD-9-CM asthma codes be modified so that they better reflect the current understanding of the pathophysiology of the disease. Though the current terminology of intrinsic and extrinsic is a component of the ICD-9, those terms have been shown to not accurately reflect the differences in presentation of this disease. The structure of the proposal is based on the new classification of asthma published by the Heart, Lung, and Blood Institute of the National Institutes of Health. The definitions of the types of asthma can be found at the NIH website, www.nih.gov. The classification has been recognized by the AAP.

### TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<td>493</td>
<td>Asthma</td>
</tr>
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<td></td>
<td><strong>Revis</strong> The following fifth-digit subclassification is for use with code 493.0:</td>
</tr>
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<td>unspecified</td>
</tr>
<tr>
<td>1</td>
<td>with status asthmaticus</td>
</tr>
<tr>
<td>2</td>
<td>with (acute) exacerbation</td>
</tr>
<tr>
<td><strong>Add</strong></td>
<td>3 mild intermittent</td>
</tr>
<tr>
<td><strong>Add</strong></td>
<td>4 mild persistent</td>
</tr>
<tr>
<td><strong>Add</strong></td>
<td>5 moderate persistent</td>
</tr>
<tr>
<td><strong>Add</strong></td>
<td>6 severe persistent</td>
</tr>
<tr>
<td>493.0</td>
<td>Extrinsic asthma</td>
</tr>
<tr>
<td><strong>Add</strong></td>
<td>The following fifth-digit subclassification is for use with codes 493.1-493.2, and 493.9</td>
</tr>
<tr>
<td>0</td>
<td>unspecified</td>
</tr>
<tr>
<td>1</td>
<td>with status asthmaticus</td>
</tr>
<tr>
<td>2</td>
<td>with (acute) exacerbation</td>
</tr>
</tbody>
</table>

**New subcategory** 493.8 Other forms of asthma

<table>
<thead>
<tr>
<th>New code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>493.81</td>
<td>Exercise induced bronchospasm</td>
</tr>
<tr>
<td>493.82</td>
<td>Cough variant asthma</td>
</tr>
</tbody>
</table>
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Diagnoses

Topic: Sickle cell disease

The American Academy of Pediatrics has requested modifications to the sickle cell anemia codes to make them more accurate and to enable the coding of the crisis complications of the disease. The title of the subcategory 282.6, Sickle-cell anemia, is misleading since not all patients with the disease have severe anemia. It is other components of the disease, such as the acute chest syndrome and the splenic sequestration that can actually be more problematic than the anemia. The titles of 282.61 and 282.62, Hb-S disease with and without crisis are also confusing. Hb-S, Hemoglobin S, just describes the abnormal hemoglobin itself. The disease most commonly known as sickle cell disease is more accurately abbreviated Hb-SS, signifying that there are 2 abnormal “S” genes, one from each parent.

It is being proposed that the titles of the sub-category and codes for sickle cell anemia be modified and that new codes for the crisis component of the disease be created.
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Diagnoses

TABULAR MODIFICATION

282 Hereditary hemolytic anemias

282.4 Thalassemias

Delete

Cooley’s anemia

Hereditary leptocytosis

Mediterranean anemia (with other hemoglobinopathy)

Microdrepanocytosis

Sickle-cell thalassemia

Thalassemia (alpha) (beta) (intermedia) (major) (minima) (minor)

(mixed) (trait) (with other hemoglobinopathy)

Thalassemia Hb-S disease

Revise

Excludes: sickle-cell anemia disease (282.60-282.69)

New code 282.41 Sickle-cell thalassemia without crisis

Thalassemia Hb-S disease without crisis

New code 282.42 Sickle-cell thalassemia with crisis

Add Sickle-cell thalassemia with vasoocclusive pain

Thalassemia Hb-S disease with crisis

Add Use additional code for types of crisis, such as:

Add Acute chest syndrome (517.3)

Add Splenic sequestration (289.52)

New code 282.49 Other thalassemia

Cooley’s anemia

Hereditary leptocytosis

Mediterranean anemia (with other hemoglobinopathy)

Microdrepanocytosis

Thalassemia (alpha) (beta) (intermedia) (major) (minima)

(minor) (mixed) (trait) (with other hemoglobinopathy)

Thalassemia NOS
Diagnoses

Revise 282.6 Sickle-cell anemia disease
Add Sickle-cell anemia

Revise Excludes: sickle-cell thalassemia (282.41-282.42)

Revise 282.60 Sickle-cell anemia, disease, unspecified
Add Sickle-cell anemia NOS

Revise 282.61 Hb-S Hb-SS disease without mention of crisis

Revise 282.62 Hb-S Hb-SS disease with mention of crisis
Add Hb-SS disease with vasoocclusive pain

Add Use additional code for types of crisis, such as:
Add Acute chest syndrome (517.3)
Add Splenic sequestration (289.52)

Revise 282.63 Sickle-cell/Hb-C disease without crisis
Revise Hb-S/Hb-C disease without crisis

New code 282.64 Sickle-cell/Hb-C disease with crisis
Add Hb-S/Hb-C disease with crisis
Add Sickle-cell/Hb-C disease with vasoocclusive pain

Add Use additional code for types of crisis, such as:
Add Acute chest syndrome (517.3)
Add Splenic sequestration (289.52)
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Diagnoses

New code 282.68 Other sickle-cell disease without crisis
Hb-S/Hb-D disease without crisis
Hb-S/Hb-E disease without crisis
Sickle-cell/Hb-D disease without crisis
Sickle-cell/Hb-E disease without crisis

Revise 282.69 Other sickle-cell disease with crisis
Revise Hb-S/Hb-D disease with crisis
Revise Hb-S/Hb-E disease with crisis
Revise Sickle-cell/Hb-D disease with crisis
Revise Sickle-cell/Hb-E disease with crisis
Revise Other sickle-cell disease with vasoocclusive pain

Add Use additional code for types of crisis, such as:
Add Acute chest syndrome (517.3)
Add Splenic sequestration (289.52)

289 Other diseases of blood and blood-forming organs

289.5 Other diseases of spleen

New code 289.52 Splenic sequestration

Add Code first sickle-cell disease in crisis (282.42, 282.62, 282.64, 282.69)

517 Lung involvement in conditions classified elsewhere

New code 517.3 Sickle-cell acute chest syndrome

Add Code first sickle-cell disease in crisis (282.42, 282.62, 282.64, 282.69)
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Diagnoses

Topic: Encounter for insulin pump training and titration/Insulin pump status

Insulin pumps are increasingly being used for diabetic patients to replace daily injections of insulin. There are a number of steps required to prepare the patient in the use of the pump, including adjusting the insulin dosage and maintenance of the pump. There are no ICD-9-CM codes for these encounters, nor is there a code for insulin pump status. The following codes are being proposed.

**TABULAR MODIFICATION**

996 Complications peculiar to certain specified procedures

996.5 Mechanical complication of other specified prosthetic device, implant, and graft

New code 996.57 Due to insulin pump

V45 Other postsurgical states

V45.8 Other postsurgical states

New code V45.85 Insulin pump status

V53 Fitting and adjustment of other device

V53.9 Other and unspecified device

New code V53.90 Unspecified device

New code V53.91 Fitting and adjustment of insulin pump

Insulin pump titration

New code V53.99 Other device

Revise V65 Other persons seeking consultation without complaint or sickness

V65.4 Other counseling, not elsewhere classified

New code V65.46 Encounter for insulin pump training

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ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

Topic: Late effects of SIRS

New codes for Systemic Inflammatory Response Syndrome (SIRS) and Severe Sepsis will become effective October 1, 2002. Additional codes for the long-term consequences of SIRS, such as critical illness myopathy, were also approved. However, there is no late effect code for SIRS. Such a code is being proposed at this time.

TABULAR MODIFICATION

995  Certain adverse effects not elsewhere classified

995.9  Systemic inflammatory response syndrome (SIRS)

New code  995.95 Late effect of systemic inflammatory response syndrome (SIRS)
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Diagnoses

Topic: Atherosclerosis of bypass graft of transplanted heart

A new code for atherosclerosis of a transplanted heart will become effective October 1, 2002. At the time that this new code was proposed it was expected that a transplanted heart would have only native arteries. It is, however, a practice that hearts that have undergone bypass are being used as transplant organs. For this reason a modification to the code title of the code to become effective October 1, 2002 as well as an additional code are being proposed for atherosclerosis of transplanted heart. The new code title would not take effect until October 1, 2003. Until then, the code becoming effective October 1, 2002 will be correct for all transplanted hearts, with either native or non-native vessels.

TABULAR MODIFICATION

414 Other forms of chronic ischemic heart disease

414.0 Coronary atherosclerosis

Revise 414.06 Of native coronary artery of transplanted heart

New code 414.07 Of bypass graft (artery) (vein) of transplanted heart
Diagnoses

Topic: Hyperplasia of prostate with urinary obstruction

Hyperplasia of the prostate causes a number of symptoms, the primary being urinary obstruction. It is often the symptom that brings a patient to see a physician. Admission to the hospital is for relieving the obstruction. Coding guidelines state that a symptom code should not be used when a symptom is integral to a condition. Alternatively, a symptom code may be used with a confirmed condition when the symptom is not always present with the condition or presents a problem in its own right.

Coding of hyperplasia of the prostate has been a problem due to the fact that urinary obstruction is a routine symptom of the condition. There has been continuing discussion on the need to code both the condition and the symptom. The symptom usually is coded and then the discussion becomes which condition should be sequenced first, the underlying condition or the symptom.

It can be logically argued either way, that the underlying condition or the symptom should be coded first. To resolve the debate over the coding of this condition, it is being proposed that combination codes be created that include both the prostate condition and the accompanying urinary obstruction.
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Diagnoses

TABULAR MODIFICATION

600  Hyperplasia of prostate

600.0  Hypertrophy (benign) of prostate

New code  600.00 Hypertrophy (benign) of prostate without urinary obstruction
          Hypertrophy (benign) of prostate NOS

New code  600.01 Hypertrophy (benign) of prostate with urinary obstruction
          Hypertrophy (benign) of prostate with urinary retention

600.1  Nodular prostate

600.10 Nodular prostate without urinary obstruction

600.11 Nodular prostate with urinary obstruction
    Nodular prostate with urinary retention

600.2  Benign localized hyperplasia of prostate

New code  600.20 Benign localized hyperplasia of prostate without urinary obstruction
          Benign localized hyperplasia of prostate NOS

New code  600.21 Benign localized hyperplasia of prostate with urinary obstruction
          Benign localized hyperplasia of prostate with urinary retention
ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

600.9  Hyperplasia of prostate, unspecified

   New code 600.90 Hyperplasia of prostate, unspecified, without urinary obstruction
             Hyperplasia of prostate NOS

   New code 600.91 Hyperplasia of prostate, unspecified, with urinary obstruction
             Hyperplasia of prostate, unspecified, with urinary retention
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Diagnoses

Addenda

TABULAR

202 Other malignant neoplasms of lymphoid and histiocytic tissue

202.9 Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue

Add follicular dendritic cell sarcoma
Add interdigitating dendritic cell sarcoma
Add Langerhans cell sarcoma

491 Chronic bronchitis

491.2 Obstructive chronic bronchitis

Revise 491.20 Without mention of acute exacerbation

Revise 491.21 With (acute) exacerbation
Add Decompensated COPD
Add Decompensated COPD with exacerbation

493 Asthma

The following fifth-digit subclassification is for use with category 493:

Revise 0 without mention of status asthmaticus or acute exacerbation or unspecified

Revise 2 with (acute) exacerbation

558 Other and unspecified noninfectious gastroenteritis and colitis

558.3 Allergic gastroenteritis and colitis

Add Use additional code to identify type of food allergy (V15.01-V15.05)
Diagnoses

719 Other and unspecified disorders of joint

Revise The following fifth-digit subclassification is for use with codes 719.0-719.6, 719.8-719.9; valid digits are in [brackets] under each code. See above category 710 for definitions.

719.7 Difficulty in walking

Delete [0, 5-9]

CRUSHING INJURY (925-929)

Delete Excludes: concussion (850.0-850.9)

fractures (800-829)

internal organs (860.0-869.1)

that incidental to:

internal injury (860.0-869.1)

intracranial injury (850.0-854.1)

Add Use additional code to identify any associated injuries, such as:

fractures (800-829)

internal injuries (860.0-869.1)

intracranial injury (850.0-854.1)

926 Crushing injury of trunk

Delete Excludes: crush injury of internal organs (860.0-869.1)

926.1 Other specified sites

926.19 Other

Delete Excludes: crushing of chest (860.0-862.9)

929 Crushing injury of multiple and unspecified sites

Delete Excludes: multiple internal injury NOS (869.0-869.1)
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997 Complications affecting specified body systems, not elsewhere classified

997.4 Digestive system complications

Add Excludes: vomiting following gastrointestinal surgery (564.3)

V06 Need for prophylactic vaccination and inoculation against combinations of diseases

Revise V06.1 Diphtheria-tetanus-pertussis, combined [DTP] [DTaP]

Revise V06.5 Tetanus-diphtheria [Td] [DT]

Revise V43 Organ or tissue assisted by or replaced by other means

V43.2 Heart

Add Fully implantable artificial heart

Add Heart assist device

V61 Other family circumstances

V61.4 Health problems within family

V61.49 Other

Revise Care of sick or handicapped person infant, child or adult in family or household

Presence of sick or handicapped person infant, child or adult in family or household
Diagnoses

Addenda

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Anemia
Add postpartum 648.2

Angina
Add accelerated 411.1

Complication
Add esophagostomy 997.4
infection and inflammation
due to
Add artificial heart 996.61
Add heart assist device 996.61
Add insulin pump 996.69
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Add artificial heart 996.09

Disease
Add microvascular 413.9

Disorder
Add premenstrual dysphoric (PMDD) 625.4

Revise Molding, head (during birth)- omit code

Add PMDD (premenstrual dysphoric disorder) 625.4

Postpartum...
Add anemia 648.2

Sarcoma...
Add follicular dendritic cell (M9758/3) 202.9
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Add interdigitating dendritic cell (M9757/3) 202.9
Add Langerhans cell (M9756/3) 202.9

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Add hair tourniquet - see also- Injury, superficial, by site
Add finger 915.8
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Add infected 911.9
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Add infected 917.9

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Diagnoses

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