

**ICD-9-CM Coordination and Maintenance Committee Meeting
Agenda**

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ICD-9-CM Timeframes

January 8, 2001	Deadline for receipt of comments on proposals presented at the May 2000 and November 2000 C&M meetings
March 17, 2001	Deadline for submission of proposals for the May 17-18, 2001 C&M meeting
May 17-18, 2001	ICD-9-CM C&M meeting
September 15, 2001	Deadline for submission of proposals for the November 1-2, 2001 C&M meeting
November 1-2, 2001	ICD-9-CM C&M meeting

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Topic: Urologic conditions-retrograde ejaculation, hematospermia, prostatic intraepithelial neoplasm

The American Urological Association has requested the following modifications:

Retrograde ejaculation is a condition where the nerves that control ejaculation have been damaged causing the bladder neck to remain open during ejaculation and sperm is released into the bladder instead of through the urethra. There are many etiologies for retrograde ejaculation including neurological or psychogenic conditions, diabetes, medications, side effects from surgical procedures; i.e., node dissection, TURP and bladder neck reconstruction. This is an extremely common phenomenon that can be treated with certain medications, or surgical correction. This condition causes no risk to the patient.

Because there is no other ICD-9-CM code that adequately describes this condition and it is currently not indexed to any code it has been requested that a new diagnosis code be created.

TABULAR MODIFICATION

608 Other disorders of male genital organs

New code 608.87 Retrograde ejaculation

Hematospermia is the presence of blood in the ejaculate. This is relatively common and may affect men of any age after puberty. The exact cause is often not clearly known because semen originates from multiple organs, (testicles, epididymis, vas deferens, seminal vesicles and prostate). Possible etiologies include infection, inflammation and less commonly, prostatic cancer. Most patients require no therapy, while others may be treated with hormones or antibiotics. Currently this condition is assigned to code 608.83, Vascular disorders (of male genital organs). However it is requested that this condition be given its own unique code.

TABULAR MODIFICATION

608 Other disorders of male genital organs

608.8 Other specified disorders of male genital organs

New code 608.82 Hematospermia

Prostatic intraepithelial neoplasm (PIN) is a frequent pathological finding from prostate needle biopsy. The cells appear dysplastic (abnormal in shape or size). This is not a benign condition

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which is a proliferation of normal cells. It is commonly a premalignant condition that must be monitored closely with repeat biopsy. High-grade prostatic intraepithelial neoplasia is the most likely precursor of invasive prostate cancer. Because this is not the same as a benign hyperplasia it would not be appropriate to classify it to the 600 category. Therefore, a new code has been requested.

There are three levels of PIN classified as PIN I, PIN II and PIN III. The proposed new code would be used for PIN I and PIN II while PIN III would be indexed to code 233.4, Carcinoma in-situ of prostate. This structure is in keeping with the codes for vulvar intraepithelial neoplasia (VIN) and cervical intraepithelial neoplasia (CIN).

TABULAR MODIFICATION

	602	Other disorders of prostate
New code	602.3	Dysplasia of prostate
Add		Prostatic intraepithelial neoplasm I (PIN I)
Add		Prostatic intraepithelial neoplasm II (PIN II)
Add		Excludes: Prostatic intraepithelial neoplasm III (233.4)

INDEX MODIFICATION

	Dysplasia	
Add	prostate	
Add	intraepithelial neoplasia I [PIN I]	602.3
Add	intraepithelial neoplasia II [PIN II]	602.3
Add	intraepithelial neoplasia III [PIN III]	233.4

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Topic: Constipation

There is a single ICD-9-CM code for constipation. Gastroenterologists, represented by the North Carolina Center for Functional GI and Mobility Disorders, now recognize two distinct subtypes of constipation, slow transit constipation, and outlet dysfunction constipation. The former results from a delay in transit of fecal material throughout the colon secondary to smooth muscle dysfunction. The latter results from difficulty evacuating the rectum secondary to failure to relax or paradoxical contraction of the striated pelvic floor muscles during attempts at defecation.

Treatment for the two subtypes is different. Biofeedback to teach relaxation of the pelvic floor muscles is used for the outlet dysfunction. Laxatives or surgery may be used for the slow transit type.

It is being proposed that code 564.0, constipation, be expanded to create codes for the different types of constipation.

TABULAR MODIFICATION

	564	Functional digestive disorders, not elsewhere classified
		564.0 Constipation
Add		Excludes: psychogenic constipation (306.4)
New code		564.00 Constipation, unspecified
New code		564.01 Slow transit constipation
New code		564.02 Outlet dysfunction constipation
New code		564.03 Neurogenic constipation
New code		564.04 Drug-induced constipation
Add		Use additional code to identify drug
New code		564.09 Other constipation

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Topic: Reportable/Notifiable conditions V codes

A number of conditions, tuberculosis, gonorrhea, hantavirus pulmonary syndrome and acute pesticide poisoning, to give some examples, are reportable conditions at the state level. That is, when they are diagnosed by a health professional, they must be reported to the public health authorities in the state due to their serious potential public health impact. Other conditions, though not mandated by state law to be reported, such as influenza and bacterial meningitis, also have significant public health impact and may be voluntarily reported. Parallel to the required state reporting system, the National Center for Infectious Diseases, one of the Centers for Disease Control and Prevention (CDC), maintains the Nationally Notifiable Diseases System that collects data from the states on certain of the reportable conditions.

For ongoing surveillance and control activities by both the states and the CDC, case definitions have been established for these conditions . These case definitions require the certainty of the condition, is it a confirmed case or a suspected or probable case, to be reported. Currently, in the ICD-9-CM no structure exists for identifying the certainty of a diagnosis.

It is being proposed that a new series of V codes be created that will be used in conjunction with reportable/notifiable conditions that will identify the certainty of a diagnosis. These code will be used only by public health practitioners for reporting and monitoring reportable/notifiable conditions, not by hospital or physician office based coders. They will be used as secondary codes following the reportable/notifiable condition. The rule for coding of suspected or probable conditions as if they are confirmed is not affected by these new V codes.

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TABULAR MODIFICATION

New category	V83	Notifiable/reportable condition confirmation status	
New sub-category	V83.0	Confirmed condition	
New code	V83.01	Laboratory confirmed condition	
New code	V83.02	Clinically-confirmed condition	
New code	V83.03	Epidemiologically-linked condition	
New sub-category	V83.1	Unconfirmed condition	
New code	V83.11	Probable condition	
New code	V83.12	Suspected condition	

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Topic: Developmental hip dislocation

Hip disorders can occur either congenitally or as children develop. Included in the developmental disorders are abnormal angulations and rotations which may lead to hip dislocation. Some of these developmental disorders can improve with modifications to sleeping positions or they may resolve without treatment as development continues. Others may require specific treatment such as hip pinning.

There currently is no code that describes developmental hip dislocation. The only codes which currently exist are those for congenital hip dysplasia (754.30-754.35) as well as 755.63 for other congenital deformity of hip joint.

It has been proposed that a new code be established for developmental hip disorder. This could be done by creating a new code in the category of 718, Other derangement of joint. This subcategory could have all fifth digits of 0-9 apply so it could be used for developmental disorders of other joints as well.

TABULAR MODIFICATION

	718	Other derangement of joint
New subcategory	718.7	Developmental dislocation of joint [0-9]

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Topic: Hemophilia A carrier status

The American College of Obstetricians and Gynecologists has requested that a new code be established to identify whether a woman is a hemophilia A carrier. Currently there is no code to identify this.

More than 15,000 people in the US have hemophilia (either hemophilia A or hemophilia B). A person with hemophilia has a missing or low supply of one of the factors needed for normal blood clotting.

Hemophilia is an X-linked genetic condition. The gene is carried by females on one of their X chromosomes and may be passed to their male offspring. Female carriers of hemophilia have one X chromosome with a working (normal) gene and one X chromosome with a non-working (defective) gene. There is therefore a 50% chance that each of her male children will be passed the hemophilia gene and have hemophilia. There also is a 50% chance the female carrier will pass the hemophilia gene on to her female offspring, meaning that there is a 50% chance each of her daughters will also be carriers.

Since males have only one X chromosome any male who inherits the defective X chromosome has hemophilia. Because males get the X chromosome from their mother and Y chromosome from their father, males born to a father with hemophilia and a mother who is not a carrier will not have the disease. All daughters born to men with hemophilia will inherit their father's hemophilia gene and thus will be carriers.

Some female carriers are asymptomatic and have no health problems or symptoms related to carrying the hemophilia gene. Other female carriers have low factor levels that are associated with bleeding problems such as excessive menstrual bleeding, bruising, nosebleeds, and bleeding after surgery, dental work, or childbirth. Stress, exercise, medicines, and changing hormone levels during menstruation and during and after pregnancy all may affect the bleeding patterns of these symptomatic carriers.

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It is being proposed that two new codes be created for hemophilia A carrier status, symptomatic and asymptomatic hemophilia A carrier status.

TABULAR MODIFICATION

V49 Other conditions influencing health status

V49.8 Other specified conditions influencing health status

New code V49.83 Asymptomatic hemophilia A carrier

New code V49.84 Symptomatic hemophilia A carrier

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Topic: Acute esophagitis

Code 530.10 is titled Esophagitis, unspecified. The term acute is a non-essential modifier for code 530.10 in the index. As it is inappropriate to use an unspecified code for a specified condition it is being proposed that a new code for acute esophagitis be created and the term acute be deleted from the index under the term esophagitis.

TABULAR MODIFICATION

	530	Esophagitis
New code	530.12	Acute esophagitis

INDEX MODIFICATION

Revise	Esophagitis-(acute)...530.10
Add	acute 530.12
Add	ulcerative 530.19

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Topic: Clinical trial participant

Some insurance carriers, including Medicare, will reimburse providers for the cost of routine patient care associated with participation in clinical trials. However, there is no code to indicate that a patient is a participant in a trial. The medical record for these patients simply list the diagnosis and treatment.

There is an existing code in the ICD-9-CM, V70.7, Examination for normal comparison or control in clinical research. It is possible to retitle this code allowing it for use for both controls and participants. As it is often not known if a patient is a control or participant simply retitling the code to allow its use for both might be the best option. It would be the rule that this code would be secondary to the diagnosis being treated.

TABULAR MODIFICATION

V70 General medical examination

Revise

V70.7 Examination of participant in clinical trial

Add

Examination of participant or control in clinical research

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Topic: Dental caries

At the request of the Association of State and Territorial Dental Directors (ASTDD), the Council of State and Territorial Epidemiologists approved the inclusion of oral health indicators into the National Public Health Surveillance System (NPHSS). The ASTDD are managing the collection of these oral health indicators and had named this sub-component of the NPHSS, the National Oral Health Surveillance System (NOHSS); this system will collect oral health data for national, state, and local purposes. No existing disease classification system meets the needs of the NOHSS and thus no coding system has been designated for data collection of oral health conditions.

The ASTDD is requesting expansion of dental caries codes in the ICD-9-CM to meet the needs of the NOHSS.

TABULAR MODIFICATION

521	Diseases of hard tissues of teeth
521.0	Dental caries
New code	521.00 Dental caries, unspecified
New code	521.01 Dental caries limited to enamel
Add	Initial caries
Add	White spot lesion
New code	521.02 Dental caries extending into dentine
New code	521.03 Dental caries extending into cementum
New code	521.04 Arrested dental caries
New code	521.05 Odontoclasia
Add	Infantile melanodontia
Add	Melanodontoclasia
Add	Excludes: internal and external resorption of teeth (521.4)
New code	521.09 Other dental caries
525	Other diseases and conditions of the teeth and supporting structures

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	525.1	Loss of teeth due to accident, extraction, or local periodontal disease
Delete		Acquired absence of teeth
New code	525.10	Acquired absence of teeth, unspecified Tooth extraction status, NOS
New code	525.11	Loss of teeth due to accident
New code	525.12	Loss of teeth due to local periodontal disease
New code	525.19	Other loss of teeth
	V45	Other postsurgical states
	V45.8	Other postsurgical states
New code	V45.84	Dental restoration status
Add		Dental crowns status
Add		Dental fillings status
	V49	Other conditions influencing health status
	V49.8	Other specified conditions influencing health status
New code	V49.82	Dental sealant status

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Topics: Acute coronary obstruction

There has been continuing discussion on the proper use of code 411.81, Coronary occlusion without myocardial infarction. Category 411 is titled other acute and subacute forms of ischemic heart disease, therefore, all conditions under 411 are acute or subacute conditions. Chronic forms of ischemic heart disease should not be coded with a code from 411. It has been requested that the code title of 411.81 be changed to include the word acute so that there is no confusion that code 411.81 should be used for cases of chronic ischemic heart disease.

Also, the coding of the terms occlusion and obstruction in reference to ischemic heart disease is not consistent. Code 411.81 states occlusion. The term obstruction in the index for ischemic heart disease directs the coder to atherosclerosis. The excludes note at 411.81 excludes occlusion due to atherosclerosis indicating that occlusion and obstruction should be used synonymously. It is being proposed that the term obstruction be added both as an inclusion term and as part of the excludes note so that the diagnostic statements of acute coronary occlusion and acute coronary obstruction without myocardial infarction are given the same codes.

TABULAR MODIFICATION

411	Other acute and subacute forms of ischemic heart disease
	411.8 Other
Revise	411.81 <u>Acute</u> coronary occlusion without myocardial infarction
Add	Acute coronary (artery): obstruction without or not resulting in myocardial infarction
Add	Excludes: obstruction without infarction due to atherosclerosis (414.00-414.05)

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Topics: Vascular complications

Under category 997, Complications affecting specified body system, not elsewhere classified, with certain exceptions, vascular complications are coded to the body system in which they belong. Currently, a post-operative mesenteric artery embolism is coded to a digestive system complication and a post-operative renal artery occlusion is coded to a urinary complication. Sub-category 997.2, Peripheral vascular complications, is limited to peripheral vessels so other vascular complications cannot be coded with that code.

It is being proposed that a new code under 997 be created to provide a specified code for vascular complications of other vessels.

TABULAR MODIFICATION

	997	Complications affecting specified body system, not elsewhere classified
	997.2	Peripheral vascular complications
		Phlebitis or thrombophlebitis during or resulting from a procedure
		Excludes: complications affecting internal blood vessels, such as:
Revise		mesenteric artery (<u>997.7</u>)
Revise		renal artery (<u>997.7</u>)
New code	997.7	Vascular complications of other vessels

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Addenda

Tabular

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 558 Other and unspecified noninfectious gastroenteritis and colitis

Delete 558.9 Other and unspecified noninfectious gastroenteritis and colitis
~~Diarrhea, dietetic or noninfectious~~

575 Other disorders of gallbladder

575.8 Other specified disorders of gallbladder

Add Excludes: Hartmann's pouch of intestine (V44.3)

645 Late pregnancy

645.1 Post term pregnancy

Revise Pregnancy over 40 weeks 0 days to 42 weeks 0 days

645.2 Prolonged pregnancy

Revise Pregnancy which has advanced beyond 42 weeks 0 days of gestations

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706 Diseases of sebaceous glands

706.3 Seborrhea

Revise

Excludes: seborrheic; keratosis (702)

Add

dermatitis (690.10)

Add

keratosis (702)

Revise

V72.3 Gynecological examination with or without Papanicolaou cervical smear

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Addenda
Index

Bronchitis
Revise asthmatic (acute) (see also-Asthma) 493.90
Add with
Add acute exacerbation 493.92
Add status asthmaticus 493.91

History...
Add malignant neoplasm (of)
 renal pelvis V10.59

Add Hyporesponsive episode 780.09

Pouch
Add Hartmann's ..575.8
Add of intestine V44.3
 attention to V55.3

Screening
Add malignant neoplasm of...
 colorectal (V76.51)

Status (post)
Add aspirator V46.0
Add respirator V46.1
Add ventilator V46.1

Sugar
Revise blood
 high 790.2

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Table of Drug and Chemicals

Alosetron	973.8	E858.4	E943.8	E950.4	E962.0	E980.4
Lotronex	973.8	E858.4	E943.8	E950.4	E962.0	E980.4
Mifepristone	962.9	E858.0	E932.9	E950.4	E962.0	E980.4
RU486	962.9	E858.0	E932.9	E950.4	E962.0	E980.4