ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Agenda

Introductions and announcements
Donna Pickett, M.P.H., R.H.I.A.
Co-Chair, ICD-9-CM Coordination and Maintenance Committee

Discussion on use of V codes for procedures

Heart failure .......................................................... pg.7-9

Severe sepsis .......................................................... pg.10-12
  Peter Morris, M.D.
  Wake Forest University

Vascular disease ....................................................... pg.13-19
  Jeffrey Kaufman, M.D.
  Vascular Services of Western New England, P.C.

Facial droop following cerebrovascular accident ......................... pg.20

Ectopic pregnancy with uterine pregnancy ................................ pg.21-22

Pulmonary manifestations of Cystic Fibrosis ................................. pg.23
  Suzanne R. Pattee, J.D.
  Cystic Fibrosis Foundation

Symptomatic menopause ............................................. pg.24-25

Paintball gun injury .................................................. pg.26
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Aftercare codes ........................................................ pg.27-30
Roz Laakso, RHIA
Aileen Gergley, RHIA
Long-term care section
American Health Information Management Association

Toxic Shock syndrome ...................................................... pg.31

West Nile Virus ........................................................... pg.32

Abnormal findings on cervical Pap smear ......................... pg.33-34

Exposure to and observation for suspected contact with Anthrax ................ pg.35-36

Addenda .............................................................. pg.37-40
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

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NCHS Classification of Diseases web page:
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

TIME FRAMES

ICD-9-CM

September 1, 2001  Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the November 1-2, 2001 ICD-9-CM Coordination and Maintenance Committee meeting.

October 1, 2001  New and revised ICD-9-CM codes go into effect.

October 5, 2001  Federal Register Notice of meeting published.

October 2001  Tentative agenda for the Procedure part of the November 1, 2001 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 2, 2001 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the NCHS homepage as follows:

Nov.1-2, 2001  ICD-9-CM Coordination and Maintenance Committee Meeting. Code revisions discussed are for potential implementation on October 1, 2002. November 1 will be devoted to discussions of procedure codes. November 2, 2002 will be devoted to discussions of diagnosis codes.

December 2001  Summary report of the Procedure part of the November 1, 2001 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 November 2, 2001 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS? homepage as follows:
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

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:

Federal Register Notice of April 18-19, 2002 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published.

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:
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

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: 

Federal Register Notice of April 18-19, 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: 
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Topic: Heart failure

Revising the heart failure codes was presented at the May 2001 C&M meeting. At that meeting representatives from Kaiser Permanente, who submitted the proposal, discussed with the attendees the current state of knowledge on the symptoms and treatment of heart failure. They stated that the codes in the ICD-9-CM do not properly describe the various types of heart failure that are now recognized. In particular, there is a need to be able to identify and differentiate between systolic and diastolic heart failure. Also, the term congestive heart failure is a less descriptive term that is used for all forms of heart failure that have accompanying congestion.

The initial proposal presented in May was not well received by either the members of the audience or the Kaiser representatives. The audience members expressed concerns about the number of new codes being proposed and the probable lack of information in the medical record to allow for the selection of the correct code. The Kaiser representatives also expressed concern that the proposal presented in May was too complicated.

A revision to the codes is now being proposed after further consultation with the Kaiser representatives. In place of revising existing codes new codes are being proposed. Though this new proposal is a significant departure from current coding it is felt that these changes are needed to properly classify currently understood types of heart failure.

It was suggested at the meeting that codes for acute on chronic also be created. That change has been added to the modification.
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

TABULAR MODIFICATIONS

402 Hypertensive heart disease

Add Use additional code to specify type of heart failure (428.0, 428.20-428.23, 428.30-428.33, 428.40-428.43)

402.0 Malignant

Revise 402.00 Without congestive heart failure
Revise 402.01 With congestive heart failure

402.1 Benign

Revise 402.10 Without congestive heart failure
Revise 402.11 With congestive heart failure

402.9 Unspecified

Revise 402.90 Without congestive heart failure
Revise 402.91 With congestive heart failure

404 Hypertensive heart and renal disease

Add Use additional code to specify type of heart failure (428.0, 428.20-428.23, 428.30-428.33, 428.40-428.43)

The following fifth-digit subclassification is for use with category 404:

Revise 0 without mention of congestive heart failure or renal failure
Revise 1 with congestive heart failure
Revise 3 with congestive heart failure and renal failure

8
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

428 Heart failure

Revise 428.0 Congestive heart failure, unspecified

Add Excludes: fluid overload NOS (276.6)
Add combined systolic and diastolic heart failure (428.40-428.43)
Add diastolic heart failure (428.30-428.33)
Add systolic heart failure (428.20-428.23)

New sub-category 428.2 Systolic heart failure

New code 428.20 Unspecified
New code 428.21 Acute
New code 428.22 Chronic
New code 428.23 Acute on chronic

New sub-category 428.3 Diastolic heart failure

New code 428.30 Unspecified
New code 428.31 Acute
New code 428.32 Chronic
New code 428.33 Acute on chronic

New sub-category 428.4 Combined systolic and diastolic heart failure

New code 428.40 Unspecified
New code 428.41 Acute
New code 428.42 Chronic
New code 428.43 Acute on chronic
Topic: Severe sepsis

The medical community recognizes the Systemic Inflammatory Response Syndrome (SIRS) as a major complication of infection and trauma. There is a continuum of illness, from initial insult, either infection or trauma, to SIRS. SIRS is a clinical response to an insult that includes systemic inflammation, elevated or reduced temperature, rapid heart rate and respiration and elevated white blood cell count. SIRS due to infection accompanied by organ failure has been labeled Severe Sepsis by the American College of Chest Physicians/Society of Critical Care Medicine (ACCP/SCCM).

Though the term sepsis generally denotes an infectious process, based on information from ACCP/SCCM, infection does not always accompany SIRS. Nor is the term septicemia, defined as the presence or persistence of pathogenic microorganisms or their toxins in the blood causing illness, synonymous with severe sepsis.

The confusion over terminology as well as the lack of a specific code for SIRS prevents the proper classification of severe sepsis and prevents the collection of accurate data on its incidence, treatment, and outcome. The advances in critical care medicine, the increased use of more potent and broader spectrum antibiotics, immunosuppressive agents and new technologies will have a direct impact on the incidence of severe sepsis. It is anticipated that a significant increase in cases of severe sepsis will occur over the next decade necessitating the ability to more specifically track the condition.

Currently, septicemia NOS, sepsis NOS and SIRS are coded to 038.9. It is being proposed that a new subcategory for SIRS be created with unique code for SIRS without organ failure and SIRS with organ failure. Severe sepsis would be considered synonymous with SIRS due to infection with organ failure. This new subcategory is being proposed in the 900 series of codes to separate it from the septicemia codes. Including severe sepsis in the infectious disease chapter would lead to confusion and also preclude the use of the code in cases where no infection is present.

The ACCP/SCCM suggests the removal of the term septicemia from the classification. It is unrealistic to believe that physicians will discontinue using the terms septicemia and sepsis and using them interchangeably. Therefore, only the term severe sepsis would be indexed to the new code for SIRS due to infection with organ failure.
It is anticipated that SIRS will not, in most cases, be the principal diagnosis, but rather, a condition that develops as an acutely ill patient becomes sicker. Therefore, the underlying condition, the infection or trauma, would be sequenced first, followed by the SIRS. Should a patient be admitted with the diagnosis of SIRS or severe sepsis then it would be appropriate to code the SIRS or severe sepsis first followed by the underlying condition.
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

TABULAR MODIFICATIONS

995   Certain adverse effects not elsewhere classified

New sub-category

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>995.9</td>
<td>Systemic inflammatory response syndrome</td>
</tr>
</tbody>
</table>

New code

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>995.90</td>
<td>Systemic inflammatory response syndrome, unspecified</td>
</tr>
<tr>
<td>995.91</td>
<td>Systemic inflammatory response syndrome due to infectious process without organ failure</td>
</tr>
<tr>
<td>995.92</td>
<td>Systemic inflammatory response syndrome due to non-infectious process without organ failure</td>
</tr>
<tr>
<td>995.93</td>
<td>Systemic inflammatory response syndrome due to infectious process with organ failure</td>
</tr>
</tbody>
</table>

Add

Severe sepsis

Use additional code to specify organ failure, such as:

- Encephalopathy (348.3)
- Hepatic failure (570)
- Kidney failure (584.5-584.9)
- Respiratory failure, acute (518.81)

New code

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>995.94</td>
<td>Systemic inflammatory response syndrome due to non-infectious process with organ failure</td>
</tr>
</tbody>
</table>

Add

Use additional code to specify organ failure, such as:

- Encephalopathy (348.3)
- Hepatic failure, acute (570)
- Kidney failure, acute (584.5-584.9)
- Respiratory failure, acute (518.81)
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Topic: Vascular disease
   Atheroembolism
   Venous disease
   Arterial dissection

Jeffrey Kaufman, M.D., F.A.C.S., in practice at Vascular Services of Western New England, P.C., and author on the diagnosis and treatment of peripheral vascular disease, has submitted a proposal for three new concepts to be added to the ICD-9-CM. Each concept is discussed separately below.

Atheroembolism

Atheroembolism is synonymous with cholesterol embolism, and due to its manifestations in the toes, it has been called the “blue toe syndrome.” Atheroembolism occurs when plaques in the aorta disrupt, showering debris into the circulation, where it lodges in small terminal arterial branches. The primary manifestations are splotchy purplish areas of discoloration of skin in the extremities, often the toes and along the outer aspects of the feet. These may be terribly painful and may lead to patchy gangrene. The paradox of atheroembolism is the occurrence of gangrene in the presence of palpable distal pulses, which is virtually pathognomonic for this disease in western societies.

Though most common in the vessels of the extremities, atheroemboli have been found in virtually all tissue, and it has been documented most significantly as a cause of renal failure. When truly disseminated, it has a very high associated mortality, predominantly from renal failure, but also from progressive failure to thrive.

Initially, atheroembolism was a curiosity, noted by pathologists as a not uncommon finding on tissue specimens. With the use of high-quality angiograms, which documented the location and potential ulceration of large-artery plaques the role of plaque disruption was appreciated. A link was established between plaque degeneration and peripheral ischemia. Surgical treatment consists of surgical bypass or endarterectomy. Medical treatment requires the use of antiplatelet agents. Antithrombolytic agents are contraindicated due to concern that they may further disrupt plaque.

Atheroembolism is a distinct entity. Thrombosis and embolism involves true clots and are generally considered to be macroscopic phenomenon, at least at the outset. Atheroemboli are degenerative material from plaque.

Dr. Kaufman feels that unique codes need to be created for atheroembolism separate from atherosclerosis or thrombosis and embolism.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>440</td>
<td>Atherosclerosis</td>
</tr>
<tr>
<td></td>
<td>Add Excludes: atheroembolism (445)</td>
</tr>
<tr>
<td>444</td>
<td>Arterial embolism and thrombosis</td>
</tr>
<tr>
<td></td>
<td>Add Excludes: atheroembolism (445)</td>
</tr>
<tr>
<td>445</td>
<td>Atheroembolism</td>
</tr>
<tr>
<td></td>
<td>Atherothrombotic microembolism</td>
</tr>
<tr>
<td></td>
<td>Cholesterol embolism</td>
</tr>
<tr>
<td>445.0</td>
<td>Of extremities</td>
</tr>
<tr>
<td>445.01</td>
<td>Upper extremity</td>
</tr>
<tr>
<td>445.02</td>
<td>Lower extremity</td>
</tr>
<tr>
<td>445.8</td>
<td>Of other sites</td>
</tr>
<tr>
<td>445.81</td>
<td>Kidney</td>
</tr>
<tr>
<td></td>
<td>Use additional code for any associated kidney failure (584, 585)</td>
</tr>
<tr>
<td>445.89</td>
<td>Other site</td>
</tr>
</tbody>
</table>
Venous disease

The current codes in the ICD-9-CM for venous disease allow only for the coding of varicose veins and postphlebetic syndrome. There are no specific codes for venous disease due to chronic venous hypertension not associated with deep vein thrombosis.

For varicose veins, codes exist only for ulceration and inflammation, not for the other symptoms associated with this condition. No breakdown for the symptoms associated with postphlebetic syndrome exist.

It is being proposed that a new varicose vein code be created and that the postphlebetic syndrome code be expanded to allow for the coding of the symptoms of this condition. It is also being proposed that a new subcategory and code be created for chronic venous hypertension not associated with deep vein thrombosis.

### TABULAR MODIFICATIONS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>454</td>
<td>Varicose veins of the lower extremities</td>
</tr>
<tr>
<td>New code</td>
<td>With other complications</td>
</tr>
<tr>
<td>Add</td>
<td>Edema</td>
</tr>
<tr>
<td>Add</td>
<td>Pain</td>
</tr>
<tr>
<td>Add</td>
<td>Swelling</td>
</tr>
<tr>
<td>Revise</td>
<td>Without mention of ulcer or inflammation Uncomplicated varicose veins</td>
</tr>
<tr>
<td>Add</td>
<td>Asymptomatic varicose veins</td>
</tr>
<tr>
<td>Add</td>
<td>Varicose veins NOS</td>
</tr>
</tbody>
</table>
459 Other disorders of circulatory system

459.1 Postphlebetic syndrome
Add Chronic venous hypertension due to deep vein thrombosis

Add Excludes: chronic venous hypertension without deep vein thrombosis (459.30-459.39)

New code 459.10 Postphlebetic syndrome without complications
Add Asymptomatic postphlebetic syndrome
Add Postphlebetic syndrome NOS

New code 459.11 Postphlebetic syndrome with ulcer

New code 459.12 Postphlebetic syndrome with inflammation

New code 459.13 Postphlebetic syndrome with ulcer and inflammation

New code 459.19 Postphlebetic syndrome with other complication

New sub-category 459.3 Chronic venous hypertension (idiopathic)
Stasis edema

Add Excludes: chronic venous hypertension due to deep vein thrombosis (459.10-459.19) varicose veins (454.0-454.9)

New code 459.30 Chronic venous hypertension without complications
Add Asymptomatic chronic venous hypertension
Add Chronic venous hypertension NOS

New code 459.31 Chronic venous hypertension with ulcer

New code 459.32 Chronic venous hypertension with inflammation

New code 459.33 Chronic venous hypertension with ulcer and inflammation

New code 459.39 Chronic venous hypertension with other complication
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

707  Chronic ulcer of skin

707.1 Ulcer of lower limbs, except decubitus

   Code first any associated underlying condition:
   
   Add  Chronic venous hypertension with ulcer (459.31)
   Add  Chronic venous hypertension with ulcer and inflammation (459.33)
   Add  Postphlebetic syndrome with ulcer (459.11)
   Add  Postphlebetic syndrome with ulcer and inflammation (459.13)
Arterial dissection

An arterial dissection is defined by blood coursing within the layers of the arterial wall. A dissection is not an aneurysm. True aneurysms involve dilatation of all three arterial wall layers. The term dissecting aneurysm is a misnomer. Arterial dissections are a common complication of interventional procedures. The ICD-9-CM provides a code only for arterial dissection of the aorta. Though the aorta is the most common site for dissections, they may occur in other arteries.

It is being proposed that codes for arterial dissections, other than aortic, be created.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>414</td>
<td>Other forms of chronic ischemic heart disease</td>
</tr>
<tr>
<td>Revise</td>
<td>414.1  Aneurysm and dissection of heart</td>
</tr>
<tr>
<td>New code</td>
<td>414.12 Dissection of coronary artery</td>
</tr>
<tr>
<td>441</td>
<td>Aortic aneurysm and dissection</td>
</tr>
<tr>
<td>441.0</td>
<td>Dissection of aorta</td>
</tr>
<tr>
<td>Delete</td>
<td>Dissecting aneurysm of aorta (ruptured)</td>
</tr>
</tbody>
</table>
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

443  Other peripheral vascular disease

<table>
<thead>
<tr>
<th>New sub-category</th>
<th>443.2  Other arterial dissection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>Excludes: dissection of aorta (441.00-441.03)</td>
</tr>
<tr>
<td></td>
<td>dissection of coronary arteries (414.12)</td>
</tr>
</tbody>
</table>

New code  443.21 Dissection of carotid artery

New code  443.22 Dissection of iliac artery

New code  443.23 Dissection of renal artery

New code  443.24 Dissection of vertebral artery

New code  443.29 Dissection of other artery
Topic: Facial droop following cerebrovascular accident

Facial droop is a common residual after a cerebrovascular accident. There is no specific late effect code for this in category 438, Late effects of cerebrovascular disease. A new code is now being proposed.

Laura Powers, M.D., representing the American Academy of Neurology, an attendee at the meeting, requested that the proposed code title be facial weakness, not facial droop. She also requested, should a new code be added to the 438 category, that additional late effects of CVA be included. The changes she requested have been added to the proposal.

TABULAR MODIFICATION

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>438</td>
<td>Late effects of cerebrovascular disease</td>
</tr>
<tr>
<td>New code</td>
<td>438.6 Alterations of sensations</td>
</tr>
<tr>
<td>Add</td>
<td>Use additional code to identify the altered sensation</td>
</tr>
<tr>
<td>New code</td>
<td>438.7 Disturbances of vision</td>
</tr>
<tr>
<td>Add</td>
<td>Use additional code to identify the visual disturbance</td>
</tr>
<tr>
<td>438.8</td>
<td>Other late effects of cerebrovascular disease</td>
</tr>
</tbody>
</table>
| New code | 438.83 Facial weakness  
Add | Facial droop |
| New code | 438.84 Ataxia |
| New code | 438.85 Vertigo |
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Topic: Ectopic pregnancy with uterine pregnancy

The increased use of assisted reproductive technologies has lead to an increase in multiple gestation pregnancies with ectopic pregnancies co-existing with intrauterine pregnancies. There is no way to code a multiple gestation pregnancy that has an ectopic and intrauterine pregnancy. Such a combination was requested by the American College of Obstetricians and Gynecologists.

Two options are being presented. Codes can be added at 633.8, Other ectopic pregnancy, or, the current ectopic pregnancy codes can be expanded.

TABULAR MODIFICATIONS

Option 1:

<table>
<thead>
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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>633</td>
<td>Ectopic pregnancy</td>
</tr>
<tr>
<td>633.8</td>
<td>Other ectopic pregnancy</td>
</tr>
<tr>
<td></td>
<td><strong>Delete</strong></td>
</tr>
<tr>
<td></td>
<td>Pregnancy:</td>
</tr>
<tr>
<td></td>
<td>cervical</td>
</tr>
<tr>
<td></td>
<td>combined</td>
</tr>
<tr>
<td></td>
<td>cornual</td>
</tr>
<tr>
<td></td>
<td>intraligamentous</td>
</tr>
<tr>
<td></td>
<td>mesometriac</td>
</tr>
<tr>
<td></td>
<td>mural</td>
</tr>
</tbody>
</table>

New code 633.81 Abdominal pregnancy with intrauterine pregnancy

New code 633.82 Tubal pregnancy with intrauterine pregnancy

New code 633.83 Ovarian pregnancy with intrauterine pregnancy

New code 633.84 Other ectopic pregnancy with intrauterine pregnancy

New code 633.89 Other ectopic pregnancy
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Option 2:

633 Ectopic pregnancy

633.0 Abdominal pregnancy

New code 633.00 Abdominal pregnancy without intrauterine pregnancy
New code 633.01 Abdominal pregnancy with intrauterine pregnancy

633.1 Tubal pregnancy

New code 633.10 Tubal pregnancy without intrauterine pregnancy
New code 633.11 Tubal pregnancy with intrauterine pregnancy

633.2 Ovarian pregnancy

New code 633.20 Ovarian pregnancy without intrauterine pregnancy
New code 633.21 Ovarian pregnancy with intrauterine pregnancy

633.8 Other ectopic pregnancy

New code 633.80 Other ectopic pregnancy without intrauterine pregnancy
New code 633.81 Other ectopic pregnancy with intrauterine pregnancy

633.9 Unspecified ectopic pregnancy

New code 633.90 Unspecified ectopic pregnancy without intrauterine pregnancy
New code 633.91 Unspecified ectopic pregnancy with intrauterine pregnancy
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Topic: Pulmonary manifestations of Cystic Fibrosis

Cystic fibrosis is an inherited disease of the exocrine glands, primarily affecting the GI and respiratory systems, and usually characterized by COPD, exocrine pancreatic insufficiency, and abnormally high sweat electrolytes. Meconium ileus due to obstruction of the ileum by viscid meconium is the earliest sign. Evidence suggests that the lungs are histologically normal at birth. Pulmonary damage is probably initiated by diffuse obstruction in the small airways by abnormally thick mucus secretions.

The course, largely determined by the degree of pulmonary involvement, varies greatly. Deterioration is inevitable, leading to debilitation and death, usually from a combination of respiratory failure and cor pulmonale. The prognosis has improved over the last five years due to more aggressive treatment before the onset of irreversible pulmonary changes. Median survival is 31 years.

The current codes for Cystic fibrosis only include with and without meconium ileus. Since pulmonary manifestations may or may not be present and it is the pulmonary manifestations that are the determinant of the course of the disease, it has been requested that an additional code be created for Cystic fibrosis with pulmonary manifestations. Additional codes are also being proposed for complications of the disease.

TABULAR MODIFICATIONS

277 Other and unspecified disorders of metabolism

277.0 Cystic fibrosis

Add

277.00 Without mention of meconium ileus

Cystic fibrosis NOS

277.01 With meconium ileus

New code 277.02 With pulmonary manifestations

New code 277.03 With complications of pancreatic enzyme replacement therapy

New code 277.09 With other manifestations
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Topic: Symptomatic menopause

There is overlap between code 256.2, Postablative ovarian failure, and code, 627.4, States associated with artificial menopause. The note under 627.4 indicates that it is for menopausal symptoms due to artificial menopause but there is no instruction whether a 256 code should be used with the 627.4 or not.

It is being proposed that an instructional note be added indicating that 256.2 should be used in conjunction with 627.4 for artificially induced menopause. It is also being proposed that the code titles for 627.2, 627.4, and V49.81 be revised to distinguish the symptomatic 627 codes from the asymptomatic V code.

Additionally, the use additional code note under 256.3, Other ovarian failure, needs correction. These codes are for naturally occurring ovarian failure, and, therefore, correspond to 627.2, Menopausal or female climacteric states, not 627.4.

TABULAR MODIFICATIONS

256  Ovarian dysfunction

256.2  Postablative ovarian failure

Add  Use additional code for states associated with artificial menopause (627.4)

Delete  Excludes:  artificial menopause NOS (627.4)

256.3  Other ovarian failure

Revise  Use additional code for states associated with artificial natural menopause (627.2)

627  Menopausal and postmenopausal disorders

Revise  627.2  Symptomatic menopausal or female climacteric states

Add  Excludes:  asymptomatic postmenopausal status (age-related) (natural) (V49.81)

Revise  627.4  Symptomatic states associated with artificial menopause

24
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

V49 Other conditions influencing health status

V49.8 Other specified conditions influencing health status

Revise V49.81 Asymptomatic postmenopausal status (age-related)
(natural)
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Topic: Paintball gun injury

New external cause codes for paintball guns have been requested. Though these guns and their discharged paintballs are used for recreational purposes serious injuries have resulted when a paintball has hit a person at close range. As there is no additional room for this concept in the assault codes, paintball gun injuries will have to be indexed to E968.8, Assault by other specified means.

TABULAR MODIFICATIONS

E922 Accident caused by firearm, and air gun missile

New code E922.5 Paintball gun

E955 Suicide and self-inflicted injury by firearms, air guns and explosives

New code E955.7 Paintball gun

E985 Injury by firearms, air guns, and explosives, undetermined whether accidentally or purposely inflicted

New code E985.7 Paintball gun
Topic: Aftercare codes

This topic was originally presented at the May 2001 C&M meeting. It was presented by a representative of the Long-term care (LTC) section of the American Health Information Management Association. Two different versions of the proposal were discussed at the May meeting. The one submitted by the LTC section was more detailed than the one included in the topic packets distributed at the meeting that had been put together by staff of the C&M Committee. After discussion at the May meeting the consensus was that a compromise between the two proposals would be best.

Following is a revised version combining concepts of both versions presented at the May meeting. It is being re-presented for further consideration.
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

TABULAR MODIFICATIONS

V54  Other orthopedic aftercare

| New sub- | V54.1  | Aftercare for continuing treatment of healing traumatic fracture
| category |       | Use additional code for any associated:
|          |       |    malunion of fracture (733.81)
|          |       |    nonunion of fracture (733.82)
| New code | V54.10 | Aftercare for continuing treatment of healing traumatic fracture of arm, unspecified
| New code | V54.11 | Aftercare for continuing treatment of healing traumatic fracture of upper arm
| New code | V54.12 | Aftercare for continuing treatment of healing traumatic fracture of lower arm
| New code | V54.13 | Aftercare for continuing treatment of healing traumatic fracture of hip
| New code | V54.14 | Aftercare for continuing treatment of healing traumatic fracture of leg, unspecified
| New code | V54.15 | Aftercare for continuing treatment of healing traumatic fracture of upper leg

Add

Excludes: aftercare for continuing treatment of healing traumatic fracture of hip (V54.13)

| New code | V54.16 | Aftercare for continuing treatment of healing traumatic fracture of lower leg
| New code | V54.17 | Aftercare for continuing treatment of healing traumatic fracture of vertebrae
| New code | V54.19 | Aftercare for continuing treatment of healing traumatic fracture of other bone
| New sub- | V54.2  | Aftercare for continuing treatment of healing pathologic fracture
| category |       | Use additional code for any associated:
malunion of fracture (733.81)
nonunion of fracture (733.82)

<table>
<thead>
<tr>
<th>New code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V54.20</td>
<td>Aftercare for continuing treatment of healing pathologic fracture of arm, unspecified</td>
</tr>
<tr>
<td>V54.21</td>
<td>Aftercare for continuing treatment of healing pathologic fracture of upper arm</td>
</tr>
<tr>
<td>V54.22</td>
<td>Aftercare for continuing treatment of healing pathologic fracture of lower arm</td>
</tr>
<tr>
<td>V54.23</td>
<td>Aftercare for continuing treatment of healing pathologic fracture of hip</td>
</tr>
<tr>
<td>V54.24</td>
<td>Aftercare for continuing treatment of healing pathologic fracture of leg, unspecified</td>
</tr>
<tr>
<td>V54.25</td>
<td>Aftercare for continuing treatment of healing pathologic fracture of upper leg</td>
</tr>
<tr>
<td>V54.26</td>
<td>Aftercare for continuing treatment of healing pathologic fracture of lower leg</td>
</tr>
<tr>
<td>V54.27</td>
<td>Aftercare for continuing treatment of healing pathologic fracture of vertebrae</td>
</tr>
<tr>
<td>V54.28</td>
<td>Aftercare for continuing treatment of healing pathologic fracture of other bone</td>
</tr>
</tbody>
</table>

Add
Excludes: aftercare for continuing treatment of healing pathologic fracture of hip (V54.23)
V54.8 Other orthopedic aftercare
Delete Change, checking, or removal of:
- Kirschner wire
- plaster cast
- splint, external
- other external fixation or traction device

New code V54.81 Aftercare following joint replacement
Add Use additional code to identify joint replacement site (V43.60-V43.69)

New code V54.89 Other orthopedic aftercare

V58 Encounter for other and unspecified procedures and aftercare

V58.4 Other aftercare following surgery

New code V58.42 Aftercare following thoracic surgery
New code V58.43 Aftercare following abdominal surgery
New code V58.44 Aftercare following other surgery
Add Excludes: aftercare following joint replacement (V54.81)
aftercare for continuing treatment of healing fracture (V54.10-V54.19, V54.20-V54.29)
Topic: Toxic Shock Syndrome

Toxic shock syndrome is a severe illness caused by a bacterial infection, characterized by high fever of sudden onset, vomiting, diarrhea, and myalgia, followed by hypotension and, in severe cases, shock. A sunburn-like rash with peeling of the skin, especially the palms and soles, occurs during the acute phase. It was originally observed almost exclusively in menstruating women using high-absorbancy tampons, with the infective agent being Staphylococcus aureus, but a nearly identical syndrome has subsequently been seen in males and females of different ages infected with Group A Streptococcus. It is estimated that one person a day in the U.S. develops toxic shock syndrome as a result of a routine strep infection. The mortality rate is 85%.

Currently, toxic shock syndrome is only an inclusion term. Due to the severity of the syndrome, a unique code for Toxic Shock syndrome is being proposed.

TABULAR MODIFICATIONS

040 Other bacterial diseases

040.8 Other specified bacterial diseases

New code 040.82 Toxic shock syndrome

Use additional code to identify the organism
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Topic: West Nile Virus

In recent years cases of human West Nile virus have increased. In otherwise healthy patients West Nile virus may be mistaken for the flu and no medical care may be sought. In patients seeking treatment for West Nile virus, usually the elderly or those with weakened immune systems, the infection is often severe and potentially life-threatening. Encephalitis is a common complication.

Currently, West Nile virus is included in a code with a variety of other mosquito-borne fevers. It is being proposed that a new, unique code be created for West Nile virus.

TABULAR MODIFICATIONS

062 Mosquito-borne viral encephalitis
    062.8 Other specified mosquito-borne viral encephalitis

Add Excludes: West Nile virus (066.4)

066 Other arthropod-borne viral diseases
    066.3 Other mosquito-borne fever
        Fever (viral):
        West Nile

Delete

New code 066.4 West Nile fever
        West Nile virus
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Topic: Abnormal findings on cervical Pap smear

The classifying of abnormal cervical Pap smears has become more sophisticated. There is currently a single ICD-9-CM code for abnormal findings on cervical Pap smear. It is being proposed that an expansion of the code be done to identify the different types of abnormal findings based on the Bethesda system of the National Cancer Institute. Also, the Bethesda system uses terminology for types of cervical dysplasia that is not included in the classification. It is being proposed that the terms be added.

The Bethesda system differs slightly from the CIN system. Under the Bethesda system both CIN II and High grade squamous intraepithelial dysplasia (HGSIL) equate to in-situ cancer of the cervix. As carcinoma in- situ can only be confirmed by biopsy, not by cytology, and the Bethesda system classify cytology findings, the classification will include CIN II and HGSIL under cervical dysplasia.

TABULAR MODIFICATIONS

622 Noninflammatory disorders of cervix

622.1 Dysplasia of cervix (uteri)

Add Cervical intraepithelial neoplasia I (CIN I)
Add Cervical intraepithelial neoplasia II (CIN II)
Add High grade squamous intraepithelial dysplasia (HGSIL)
Add Low grade squamous intraepithelial dysplasia (LGSIL)
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

795 Nonspecific abnormal histologic and immunologic findings

795.0 Nonspecific abnormal Papanicolaou smear of cervix

Delete Dyskaryotic cervical smear

Add Excludes: Carcinoma in-situ of cervix (233.1)
CIN I (622.1)
CIN II (622.1)
CIN III (233.1)
Dysplasia of cervix (uteri) (622.1)
High grade squamous intraepithelial dysplasia (HGSIL) (622.1)
Low grade squamous intraepithelial dysplasia (LGSIL) (622.1)

New code 795.00 Nonspecific abnormal Papanicolaou smear of cervix, unspecified

New code 795.01 Atypical squamous cell changes of undetermined significance favor benign
ASCUS favor benign
AGCUS favor benign
Atypical glandular cell changes of undetermined significance favor benign

New code 795.02 Atypical squamous cell changes of undetermined significance favor dysplasia
ASCUS favor dysplasia
AGCUS favor dysplasia
Atypical glandular cell changes of undetermined significance favor dysplasia

New code 795.09 Other nonspecific abnormal Papanicolaou smear of cervix
Benign cellular changes
Unsatisfactory smear
Topic: “Exposure to/contact with” and “Observation and evaluation for suspected contact” with Anthrax

Due to the recent deaths and illness caused by anthrax distribution in the mail it is being proposed that specific codes for exposure to anthrax and observation for suspected contact with anthrax be created. Codes for patients who have contracted anthrax already exist in the classification.

Patients who have actually been exposed to or who have come in contact with anthrax spores would be coded to V01.81, Contact with or exposure to anthrax. Persons who have concern that they may have been exposed and who seek evaluation but who are found not to have been exposed would be coded to V71.82, Observation and evaluation for suspected exposure to anthrax. Such an encounter meets the definition of observation. Asymptomatic patients who test positive by nasal swab should be coded to 795.31.

Until these new codes become effective codes V01.8, V71.89, and 795.3 should be used.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>795</td>
<td>Nonspecific abnormal histological and immunological findings</td>
</tr>
<tr>
<td>795.3</td>
<td>Nonspecific positive culture findings</td>
</tr>
<tr>
<td></td>
<td><strong>New code</strong> 795.31 Nonspecific positive findings for anthrax</td>
</tr>
<tr>
<td></td>
<td><strong>Add</strong> Positive findings by nasal swab</td>
</tr>
<tr>
<td></td>
<td><strong>New code</strong> 795.39 Other nonspecific positive culture findings</td>
</tr>
<tr>
<td>V01</td>
<td>Contact with or exposure to communicable diseases</td>
</tr>
<tr>
<td>V01.8</td>
<td>Other communicable diseases</td>
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<tr>
<td></td>
<td><strong>New code</strong> V01.81 Anthrax</td>
</tr>
<tr>
<td></td>
<td><strong>New code</strong> V01.89 Other communicable diseases</td>
</tr>
</tbody>
</table>
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

V71 Observation and evaluation for suspected conditions not found

<table>
<thead>
<tr>
<th>Revise</th>
<th>V71.8 Observation and evaluation for other specified suspected conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>New code</td>
<td>V71.82 Observation and evaluation for suspected exposure to anthrax</td>
</tr>
<tr>
<td>New code</td>
<td>V71.83 Observation and evaluation for suspected exposure to other biological agent</td>
</tr>
</tbody>
</table>
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

ADDENDA

TABULAR

CEREBROVASCULAR DISEASE (430-438)

Add  Excludes:  iatrogenic cerebrovascular infarction or hemorrhage (997.02)

436  Acute, but ill-defined, cerebrovascular disease

Add  Excludes:  postoperative cerebrovascular accident (997.02)

521  Diseases of hard tissues of teeth

521.0  Dental caries

Delete  Caries (of):

______________________ arrested
______________________ cementum
______________________ dentin (acute) (chronic)
______________________ enamel (acute) (chronic) (incipient)
______________________ Infantile melanodontia
______________________ Odontoclasia
______________________ White spot lesions of teeth

602  Other disorders of prostate

602.3  Dysplasia of prostate

Revise  Prostatic intraepithelial neoplasia I (PIN I)
Revise  Prostatic intraepithelial neoplasia II (PIN II)
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

FRACTURES (800-829)

The descriptions “closed” and “open” used in the fourth-digit subdivisions include the following terms:

- closed (with or without delayed healing): 

  707 Chronic ulcer of skin
  
    707.1 Ulcer of lower limbs, except decubitus

Revise If applicable, code first any associated underlying condition

718 Other derangement of joint

  718.7 Developmental dislocation of joint

Delete Excludes: congenital dislocation of hip (754.30-754.35)
traumatic dislocation of hip (835.00-835.13)

Add congenital dislocation of joint (754.0-755.8)
traumatic dislocation of joint (830-839)

Revise SUPPLEMENTARY CLASSIFICATION OF FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (V01-V83)

Revise PERSONS WITHOUT REPORTED DIAGNOSIS ENCOUNTERED DURING EXAMINATION AND INVESTIGATION OF INDIVIDUALS AND POPULATIONS (V70-V83)
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

ADDENDA

INDEX

Accident
  cerebrovascular
Add  postoperative 997.02

Dermatosis
Add  Linear IgA  694.8

Fracture
  “Closed” includes the following descriptions of fractures, with or without delayed healing, unless they are specified as open or compound
Delete  march

Fracture
  Revise  march (closed) 733.95
Delete  open 825.30
Add  fibula 733.94
Add  metatarsals 733.94
Add  tibia 733.94

Headache...
  spinal...
Add  complicating labor and delivery 668.8
Add  postpartum 668.8

Insufficiency
  Revise  kidney (see also Disease, renal) (acute) (chronic) 593.9
Revise  renal (acute) (chronic) 593.9

March
  Revise  foot (closed) 733.94
Delete  open 825.30
ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Metatarsus...

Revise abductus varus valgus (congenital) 754.60
Revise adductus valgus varus (congenital) 754.53

Missing...

tooth...
due to

Add specified NEC 525.19

TABLE OF DRUGS AND CHEMICALS

Revise Flunitrazepam E980.3
Revise Rohypnol E980.3
Revise Synagis 979.6
vaccine

Revise Respiratory syncytial virus 979.6