

ICD-9-CM Coordination and Maintenance Committee Meeting

Volumes 1 & 2, Diagnoses

November 12, 1999

AGENDA

Introductions

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Irritable bowel syndrome

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Dementia with behavioral disturbances

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Acute transverse myelitis

Plica syndrome

Postmenopausal status

Post sterilization reversal encounters
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New York Health Information Management Association (NYHIMA)

Perpetrator E codes

Conjunctivochalasis

Late pregnancy

Acute exacerbation of chronic obstructive asthma and bronchiectasis

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Topic: Irritable bowel syndrome

Irritable bowel syndrome (IBS) is a functional bowel disorder that affects as many as 20% of the adults in the United States. The Multinational Working Teams to Develop Diagnostic Criteria for Functional Gastrointestinal Disorders (ROME Committees) have requested that the existing ICD-9-CM code 564.1, Irritable colon, be retitled and the inclusion terms modified to more accurately classify this condition based on current knowledge. Conditions currently indexed and included under 564.1 that are no longer considered synonymous with IBS would be reindexed to other codes within category 564.

TABULAR MODIFICATION

Revise	564.1	Irritable bowel syndrome colon
Delete		Colitis:
		adaptive
		membranous
		mucous
		Enterospasm
		Irritable bowel syndrome
Add		Irritable colon
Add		Spastic colon

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Topic: Dementia with behavioral disturbances

The treatment and long-term care of patients with dementia is affected by the behavioral aspect of the dementia. Those patients who are aggressive, combative, or wander off, pose a greater treatment dilemma. Several years ago the American Psychiatric Association (APA) requested an expansion at code 294.1, Dementia in conditions classified elsewhere, to distinguish with and without behavioral disturbance. At the time the proposal was not approved due to the impending implementation of the ICD-10-CM. Now that the implementation date of the ICD-10-CM is uncertain, the APA has requested that this proposal be reconsidered. This concept has been incorporated into parallel codes in the ICD-10-CM.

TABULAR MODIFICATION

294 Other organic psychotic conditions (chronic)

294.1 Dementia in conditions classified elsewhere

New code 294.10 Dementia in conditions classified elsewhere without behavioral disturbance
Dementia in conditions classified elsewhere NOS

New code 294.11 Dementia in conditions classified elsewhere with behavioral disturbance
Aggressive behavior
Combative behavior
Violent behavior
Wandering off

Add Excludes: dementia:
with
Add delusions (293.81)
Add hallucinations (293.82)

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Topic: Acute transverse myelitis

Transverse myelitis is a demyelinating (loss of the fatty tissue around the nerves) disorder of the spinal cord. It may occur alone or in combination with demyelination in other parts of the nervous system. Onset of the disorder is sudden. Symptoms may include low back pain, spinal cord dysfunction, muscle spasm, a general feeling of discomfort, headache, loss of appetite, and numbness and tingling in the legs. Transverse myelitis may be caused by viral infections, spinal cord injury, immune reactions, or insufficient blood flow through the blood vessels in the spinal cord. It may also occur as a complication of such disorders as optic neuromyelitis, multiple sclerosis, and measles, or as a complication of chickenpox vaccination.

There is no specific treatment for transverse myelitis. Treatment is symptomatic. Generally, prognosis for complete recovery is not good. Recovery usually begins between 2 and 12 weeks after onset and may continue for up to two years. Some individuals are left with only minor or no deficits, while others may have significant motor, sensory, and sphincter (bowel) deficits. Some individuals show no recovery at all.

Transverse myelitis is now an inclusion term under category 323, Encephalitis, myelitis, and encephalomyelitis in ICD-9-CM. In the ICD-10 it has a unique code in a category that equates to category 341, Other demyelinating diseases of the central nervous system, in ICD-9-CM. Due to the severity of the condition and in keeping with its classification in ICD-10 it is being proposed that a new code within category 341 be created for transverse myelitis.

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TABULAR MODIFICATION

323 Encephalitis, myelitis, and encephalomyelitis

Includes: myelitis (acute):

Delete ~~transverse~~

Add Excludes: transverse myelitis (acute) (341.2)

341 Other demyelinating diseases of central nervous system

New code 341.2 Acute transverse myelitis in demyelinating disease of central nervous system

Acute transverse myelitis NOS

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Topic: Plica syndrome

Plica syndrome occurs when plicae (bands of remnant synovial tissue) are irritated by overuse or injury. Synovial plicae are remnants of tissue pouches found in the early stages of fetal development. As the fetus develops these pouches normally combine to form one large synovial cavity. If this process is incomplete, plicae remain as four folds of bands of synovial tissue within the knee. Injury, chronic use, or inflammatory conditions are associated with development of this syndrome.

People with plica syndrome are likely to experience pain and swelling, a clicking sensation, and locking and weakness of the knee. Because the symptoms are similar to symptoms of some other knee problems, plica syndrome is often misdiagnosed. Diagnosis usually depends on the exclusion of other conditions that cause similar syndromes.

The goal of treatment is to reduce inflammation of the synovium and thickening of the plica. The doctor usually prescribes medicine such as ibuprofen to reduce inflammation. The patient is also advised to reduce activity, apply ice and compression wraps (elastic bandage) to the knee, and do strengthening exercises. If this treatment program fails to relieve symptoms within 3 months, arthroscopic or open surgery to remove the plicae may be required. A cortisone injection into the plicae folds may also help relieve the symptoms.

A new code for plica syndrome is being proposed.

TABULAR MODIFICATION

727	Other disorders of synovium, tendon, and bursa
727.8	Other disorders of synovium, tendon, and bursa
New code	727.83 Plica syndrome Plica knee

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Topic: Postmenopausal status

Currently there is no code to describe postmenopausal status for patients who present for testing related to this. Category 627, Menopausal and postmenopausal disorders contains codes for symptomatic conditions, syndromes or disorders relating to menopause or postmenopausal conditions (ex. postmenopausal bleeding, climacteric symptoms, artificial menopause, etc). The code V07.4, Postmenopausal hormone replacement therapy is available, however, this does not address evaluations or services provided for reasons unrelated to postmenopausal hormone replacement therapy. The New York Health Information Management Association (NYHIMA) has submitted a proposal to create such a status code.

One example of these services are patients having a bone density test performed to evaluate the postmenopausal woman for osteoporosis. Among the risk factors of osteoporosis are women who are estrogen deficient or have low estrogen levels. Postmenopausal women normally have these lower estrogen levels and when they present for radiologic bone density studies, to check for osteoporosis, there is no code to describe this encounter. It would be erroneous to assign a code from the category 256, Ovarian dysfunction, since the ovaries are functioning normally. It has been proposed to create a code for postmenopausal status to be used to describe these types of encounters.

Additionally, it is proposed to create an excludes note at the code 256.3, Other ovarian failure, and at category 627, Menopausal and postmenopausal disorders, to exclude postmenopausal status and direct coders to the proposed new code.

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TABULAR MODIFICATION

256 Ovarian dysfunction

256.3 Other ovarian failure

Add Excludes: asymptomatic postmenopausal status (V49.81)

627 Menopausal and postmenopausal disorders

Add Excludes: asymptomatic postmenopausal status (V49.81)

Revise V49 ~~Problems with limbs and other problems~~ Other Conditions Influencing Health Status

Revise V49.8 Other specified ~~problems~~ conditions influencing health status

New code V49.81 Postmenopausal status (artificial) (natural)

New code V49.89 Other specified conditions influencing health status

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Topic: Post sterilization reversal encounters

With the expanding field of genetic and infertility services, an increasing number of patients are attempting reversal of sterility procedures (tuboplasty and vasoplasty). Following these reversal procedures additional diagnostic services are necessary to evaluate patency. Code V26.0, Tuboplasty or vasoplasty after previous sterilization, describes the encounter for the reversal of the sterilization. The New York Health Information Management Association (NYHIMA) has requested a code for post-sterilization reversal visits. It is being proposed to expand code V26.2 to identify these aftercare encounters.

TABULAR MODIFICATION

	V25	Encounter for contraceptive management
		V25.8 Other specified contraceptive management Postvasectomy sperm count
Add		Excludes: sperm count following sterilization reversal (V26.22) sperm count for fertility testing (V26.21)
	V26	Procreative Management
		V26.2 Investigation and testing
Delete		Fallopian insufflation
Delete		Sperm counts
New code		V26.21 Fertility testing Fallopian insufflation Sperm count for fertility testing
Add		Excludes: Genetic counseling and testing (V26.3)
New code		V26.22 Aftercare following sterilization reversal
New code		V26.29 Other investigation and testing

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- Revise V26.3 Genetic counseling and testing
- Add Excludes: Fertility testing (V26.21)
- V58 Encounters for other and unspecified procedures and aftercare
- V58.49 Other specified aftercare following surgery
- Add Excludes: aftercare following sterilization reversal (V26.22)

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Topic: Perpetrator E codes

Recently, a child abuse scenario was submitted to the Central Office asking which E code to use to identify the perpetrator of child abuse when the perpetrator is the mother's boyfriend. Currently, the only E code would be E967.1, By other specified person. It was requested that a boyfriend be given a unique perpetrator code. As there are no available numbers this concept is being added as an inclusion term to existing codes for father and mother.

It has also been proposed that the title of the E967 category reflected the relationship of the perpetrator to the abused victim. Additionally, inclusion terms for codes E967.0 and E967.2 are proposed to include the partner of the child's parent or guardian. An inclusion term for code E967.3 is also proposed which better explains the relationship between the perpetrator and the victim.

TABULAR MODIFICATION

Revise	E967	Child and adult battering and other maltreatment <u>Perpetrator of child and adult abuse</u>
Add		Note: selection of the correct perpetrator code is based on the relationship between the perpetrator and the victim
Add	E967.0	By father or stepfather Male partner of child's parent or guardian
Add	E967.2	By mother or stepmother Female partner of child's parent or guardian
Revise	E967.3	By spouse or partner <u>Abuse of spouse or partner by ex-spouse or ex-partner</u>

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Topic: Conjunctivochalasis

Conjunctivochalasis is an isolated bilateral condition in which redundant conjunctival tissue overlies the lower eyelid margin or covers the lower punctum. It causes tearing by mechanically disrupting the normal flow of tears. Conjunctivochalasis is not uncommon and is typically located between the globe and the lower eyelid. Unlike boggy conjunctiva seen in an allergic reaction, the extent of this redundant tissue is small, well-localized, and unresponsive to antihistamine drops. Conjunctivochalasis can be recognized by a thorough ocular examination and is managed by simple excision of the redundant tissue.

It is being proposed to add 5th digits to the code 372.8, Other disorders of conjunctiva, to create a new code for conjunctivochalasis.

TABULAR MODIFICATION

372 Disorders of conjunctiva

372.8 Other disorders of conjunctiva

New code 372.81 Conjunctivochalasis

New code 372.89 Other disorders of conjunctiva

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Topic: Late pregnancy

The American College of Obstetricians and Gynecologists (ACOG) has requested a code for women who are between 40 and 42 weeks gestation. A pregnancy is not considered post-dates until after 42 completed weeks, yet there is no way to classify women who are past 40 weeks but not yet 42 weeks. Women in this group are considered potentially high-risk for pregnancy complications.

Code 645, Prolonged pregnancy, does not have 4th digits but does have the common 5th digits of the OB codes. It is being proposed that the title for 645 be revised to Late pregnancy to indicate that women who are past 40 weeks until past 42 weeks are included here and that new codes be created for post term and prolonged pregnancy.

TABULAR MODIFICATION

Revise	645	Prolonged <u>Late</u> pregnancy
Delete		Postterm pregnancy
Delete		Pregnancy which has advanced beyond 42 weeks of gestation
Delete		Use 0 as fourth-digit for category 645
New code	645.0	Post term pregnancy
	[0,1,3]	Pregnancy over 40 weeks to 42 weeks gestation
New code	645.1	Prolonged pregnancy
	[0,1,3]	Pregnancy which has advanced beyond 42 weeks of gestation

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Topic: Acute exacerbation of chronic obstructive asthma and bronchiectasis

Acute exacerbation of chronic obstructive lung diseases is a common problem. The ICD-9-CM has a code to specify acute exacerbation of chronic obstructive bronchitis but not for chronic obstructive asthma and bronchiectasis. These combination codes have been requested.

Due to the existence of 5th digits for the asthma codes, the only option to modify the classification to allow for acute exacerbation would be to create a new fifth digit. This digit would be applicable to all codes in the 493, Asthma, category.

In keeping with the inclusion terms for code 491.21, Chronic obstructive bronchitis with acute exacerbation, the combination of acute bronchitis with chronic obstructive asthma and bronchiectasis would be included with the acute exacerbation code.

TABULAR MODIFICATION

493 Asthma

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

Add 2 with acute exacerbation

494 Bronchiectasis

New code 494.0 Bronchiectasis without acute exacerbation

New code 494.1 Bronchiectasis with acute exacerbation
Acute bronchitis with bronchiectasis

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ADDENDA

TABULAR

- 596 Other functional disorders of bladder
- 596.5 Other functional disorders of bladder
- Add 596.51 Hypertonicity of bladder
Overactive bladder
- 656 Other fetal and placental problems affecting management of mother
- 656.3 Fetal distress
- Delete Excludes: fetal distress NOS (656.8)
- 663 Umbilical cord complications
- Delete 663.5 Vasa previa
~~Velamentous insertion of umbilical cord~~
- Add 663.8 Other umbilical cord complications
Velamentous insertion of umbilical cord
- 958 Certain early complications of trauma
- 958.3 Post-traumatic wound infection, not elsewhere classified
- Add Use additional code to identify infection

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INDEX

Aciduria...

- Add methylmalonic 270.3
- Add with glycinemia 270.7

Admission (encounter)

for

fitting (of)

- Add biliary drainage tube V58.82
- Add chest tube V58.82
- Add fistula (sinus tract) drainage tube V58.82
- Add pleural drainage tube V58.82
- Add vaccination, prophylactic (against)
pneumonia V03.82

Cataract

- Add nuclear 366.16

Dementia

due to or associated with condition(s) classified elsewhere

- Add Alzheimer's 331.0 [294.1]
- Add HIV 042 [294.1]
- Add Jakob-Creutzfeldt disease 046.1 [294.1]
- Add syphilis 094.1 [294.1]
- Add vascular 290.40

Disease

- Add Azorean (of the nervous system) 334.2
- Add Machado-Joseph 334.2

Disorder

- Add infant sialic acid storage 271.8

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Distress
fetal...
Revise affecting management of pregnancy or childbirth 656.3

History (personal) of
abuse
Add sexual V15.41

Insertion
Revise velamentous, umbilical cord 663.8

Occlusion
Add stent
Add coronary 996.72

Overactive
Add bladder 596.51

Add Patellofemoral syndrome 717.7

Add Slap lesion 840.8

Status (post)
chemotherapy V66.2
Add current V58.69

Syndrome
Add Brugada 746.89
Add Churg-Strauss 446.4
Add Patellofemoral 717.7

Urosepsis 599.0
Add meaning sepsis 038.9
Add meaning urinary tract infection 599.0