ICD-9-CM Coordination and Maintenance Committee Meeting

Volumes 1 & 2, Diagnoses

November 12, 1999

AGENDA

Introductions
   Donna Pickett, M.P.H., R.R.A.
   Co-chair, ICD-9-CM Coordination and Maintenance Committee
   National Center for Health Statistics

Irritable bowel syndrome
   G. F. Longstreth, M.D.
   Multinational Working Team to Develop Criteria for Functional Gastrointestinal Disorders
   (ROME Committees)
   Kaiser Permanente, San Diego, CA

Dementia with behavioral disturbances
   Michael First, M.D.
   American Psychiatric Association (APA)

Acute transverse myelitis

Plica syndrome

Postmenopausal status
Post sterilization reversal encounters
   Cynthia A. Lowe, A.R.T, CPC, CCS-P
   New York Health Information Management Association (NYHIMA)

Perpetrator E codes

Conjunctivochalasis

Late pregnancy

Acute exacerbation of chronic obstructive asthma and bronchiectasis

Addenda
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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

<table>
<thead>
<tr>
<th>Revise</th>
<th>564.1</th>
<th>Irritable bowel syndrome</th>
<th>colon</th>
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<tbody>
<tr>
<td>Delete</td>
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<td>Colitis:</td>
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<tr>
<td></td>
<td></td>
<td>_________________________</td>
<td>adaptive</td>
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<tr>
<td></td>
<td></td>
<td>_________________________</td>
<td>membranous</td>
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<tr>
<td></td>
<td></td>
<td>_________________________</td>
<td>mucous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_________________________</td>
<td>Enterospasm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_________________________</td>
<td>Irritable bowel syndrome</td>
</tr>
<tr>
<td>Add</td>
<td></td>
<td>Irritable colon</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td></td>
<td>Spastic colon</td>
<td></td>
</tr>
</tbody>
</table>
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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**

<table>
<thead>
<tr>
<th>294</th>
<th>Other organic psychotic conditions (chronic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>294.1</td>
<td>Dementia in conditions classified elsewhere</td>
</tr>
</tbody>
</table>

**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
Comitative behavior
Violent behavior
Wandering off

Excludes: dementia:

Add with delusions (293.81)
Add hallucinations (293.82)
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.
Encephalitis, myelitis, and encephalomyelitis

Includes:  myelitis (acute):
          transverse

Add  Excludes:  transverse myelitis (acute) (341.2)

Other demyelinating diseases of central nervous system

New code  Acute transverse myelitis in demyelinating disease of central nervous system
          Acute transverse myelitis NOS
Topc: 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 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)
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  
|        |      | Perpetrator of child and adult abuse  
| 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  
|        | Abuse of spouse or partner by ex-spouse or ex-partner  

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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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>372</td>
<td>Disorders of conjunctiva</td>
</tr>
<tr>
<td>372.8</td>
<td>Other disorders of conjunctiva</td>
</tr>
</tbody>
</table>

| 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 Late 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 |
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**

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<td>493</td>
<td>Asthma</td>
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<td>The following fifth-digit subclassification is for use with category 493:</td>
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<tr>
<td>Add</td>
<td>2 with acute exacerbation</td>
</tr>
<tr>
<td>494</td>
<td>Bronchiectasis</td>
</tr>
<tr>
<td>New code</td>
<td>494.0 Bronchiectasis without acute exacerbation</td>
</tr>
<tr>
<td>New code</td>
<td>494.1 Bronchiectasis with acute exacerbation</td>
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<td>Acute bronchitis with bronchiectasis</td>
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</table>
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ADDENDA

TABULAR

596 Other functional disorders of bladder

596.5 Other functional disorders of bladder

596.51 Hypertonicity of bladder

Add

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

663.5 Vasa previa

Delete

Velamentous insertion of umbilical cord

663.8 Other umbilical cord complications

Add

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
ADDENDA

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)
Add 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