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NCHS Classification of Diseases web page:
## ICD-9-CM Timeframes

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>March 17, 2001</td>
<td>Deadline for submission of proposals for the May 17-18, 2001 C&amp;M meeting</td>
</tr>
<tr>
<td>May 17-18, 2001</td>
<td>ICD-9-CM C&amp;M meeting</td>
</tr>
<tr>
<td>September 1, 2001</td>
<td>Deadline for submission of proposals for the November 1-2, 2001 C&amp;M meeting</td>
</tr>
<tr>
<td>November 1-2, 2001</td>
<td>ICD-9-CM C&amp;M meeting</td>
</tr>
<tr>
<td>January 10, 2002</td>
<td>Deadline for submission of comments on proposals from the May 2001 and November 2001 proposals</td>
</tr>
</tbody>
</table>
The American Academy of Neurology has submitted a proposal for new codes for Critical illness neuropathy. Critical illness neuropathy has two components, critical illness polyneuropathy (CIP) and critical illness myopathy (CIM). CIP has been increasingly recognized as a major cause of prolonged morbidity associated with sepsis and multiple organ failure. It is presumed secondary to the Systemic Inflammatory Response Syndrome (SIRS). Both have diagnostic criteria established by Intensive Care Medicine and Neurology specialists.

CIP is an acute axonal neuropathy, both sensory and motor, with changes that can be demonstrated with conventional electrophysiologic testing. Severe weakness is common, often causing difficulty in weaning from mechanical ventilation. It must be differentiated from spinal cord dysfunction, motor neuron disease, Guillain-Barre syndrome, and critical illness myopathy.

CIM is also a cause of difficulty in weaning from mechanical ventilation and prolonged recovery time after illness. It has often been described in patients who receive both neuromuscular blocking agents and corticosteroids in asthma and organ transplant patients.

It is being proposed that new codes be created for these conditions, and that an entry for the underlying SIRS be added to the alphabetic index. The entry is consistent with advice previously published in Coding Clinic for ICD-9-CM.
Topic: Critical illness neuropathy, continued:

TABULAR MODIFICATIONS

357  Inflammatory and toxic neuropathy

357.8  Other

    Chronic inflammatory demyelinating polyneuritis

    New code  357.81 Chronic inflammatory demyelinating polyneuritis

    New code  357.82 Critical illness polyneuropathy
              Add  Acute motor neuropathy

    New code  357.89 Other inflammatory and toxic neuropathy

359  Muscular dystrophies and other myopathies

359.8  Other myopathies

    New code  359.81 Critical illness myopathy
              Add  Acute necrotizing myopathy
              Add  Acute quadriplegic myopathy
              Add  Intensive care (ICU) myopathy
              Add  Myopathy of critical illness

    New code  359.89 Other myopathies

INDEX MODIFICATION

    Syndrome
    Add  Systemic inflammatory response (038.9)
Heart failure is a clinical syndrome or condition characterized by:

(1) signs and symptoms of intravascular and interstitial volume overload, including shortness of breath, rales, and edema, or

(2) manifestations of inadequate tissue perfusion, such as fatigue or poor exercise tolerance.

These signs and symptoms result when the heart is unable to generate a cardiac output sufficient to meet the body's demands. The term "heart failure" is not interchangeable with "congestive heart failure" because many patients with heart failure do not manifest pulmonary or systemic congestion.

Heart failure affects an estimated 2 million Americans. It is associated with mortality in approximately 10 percent of those patients after one year and 50 percent after five years. In addition, quality of life is greatly reduced for many heart failure patients, who often experience physical symptom and reduced functional status.

Heart failure may be considered in a couple of ways. One is to look at pump failure and symptoms, while another is to look at myocardial failure based on the cardiac output and ejection fraction. The pump failure may be due to myocardial failure or to other causes which may involve mechanical abnormalities (e.g. high output failure), or altered cardiac rhythm. The degree of myocardial failure is more predictive of mortality than the symptoms related to pump failure.

Another term which may be used to describe heart failure is acute. While it would be most important to have this designation for congestive heart failure, it is also applicable for the other types of heart failure.

Because the guidelines, developed in 1994 by the Agency for Healthcare Research and Quality in association with the American Heart Association/American College of Cardiology, define systolic and diastolic dysfunction a request from Kaiser Permanente of the Mid-Atlantic states was received to expand the current 428 category establishing new codes that would better track patients by the more specific distinctions of this disease.

Categories 402 and 404 have codes specific to congestive heart failure so it is also proposed to add use additional code notes to those categories which would instruct the use of the specific 428.0 code to describe which kind of congestive heart failure the patient has.
Topic: Heart failure, continued:

TABULAR MODIFICATION

402  Hypertensive heart disease

Add Use additional code to specify type of congestive heart failure (428.00-428.09)

404  Hypertensive heart and renal disease

Add Use additional code to specify type of congestive heart failure (428.00-428.09)

428  Heart failure

428.0  Congestive heart failure

New code 428.00 Unspecified congestive heart failure
New code 428.01 Diastolic congestive heart failure
New code 428.02 Systolic congestive heart failure
New code 428.03 Combined systolic and diastolic congestive heart failure
New code 428.04 Acute congestive heart failure, not specified as diastolic or systolic
New code 428.05 Acute diastolic congestive heart failure
New code 428.06 Acute systolic congestive heart failure
New code 428.07 Acute combined systolic and diastolic congestive heart failure
New code 428.08 Other acute congestive heart failure
Add Acute congestive heart failure due to causes other than myocardial failure
Acute high output heart failure with congestive heart failure

New code 428.09 Other congestive heart failure
Add Congestive heart failure due to causes other than myocardial failure
High output heart failure with congestive heart failure
## Heart failure, continued:

### 428.1 Left heart failure

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>428.10</td>
<td>Unspecified left heart failure</td>
</tr>
<tr>
<td>428.11</td>
<td>Diastolic left heart failure</td>
</tr>
<tr>
<td>428.12</td>
<td>Systolic left heart failure</td>
</tr>
<tr>
<td>428.13</td>
<td>Combined systolic and diastolic left heart failure</td>
</tr>
<tr>
<td>428.14</td>
<td>Other left heart failure</td>
</tr>
<tr>
<td>Add</td>
<td>Left heart failure due to causes other than myocardial failure</td>
</tr>
<tr>
<td></td>
<td>High output heart failure with left heart failure</td>
</tr>
</tbody>
</table>

### 428.8 Other heart failure

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>428.81</td>
<td>Other diastolic heart failure</td>
</tr>
<tr>
<td>428.82</td>
<td>Other systolic heart failure</td>
</tr>
<tr>
<td>428.83</td>
<td>Other combined systolic and diastolic heart failure</td>
</tr>
<tr>
<td>428.84</td>
<td>Other heart failure</td>
</tr>
<tr>
<td>Add</td>
<td>Heart failure due to causes other than myocardial failure</td>
</tr>
<tr>
<td></td>
<td>High output heart failure</td>
</tr>
<tr>
<td></td>
<td>Compensated heart failure</td>
</tr>
</tbody>
</table>
Topic: Gene carrier status

October 1, 2001 a new V code category, V83, Gene carrier status, will become effective. It is being proposed that a new carrier status codes be added to V83, Cystic fibrosis gene carrier.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>V83</th>
<th>Gene carrier status</th>
</tr>
</thead>
<tbody>
<tr>
<td>New code</td>
<td>V83.1 Cystic fibrosis gene carrier</td>
</tr>
</tbody>
</table>
As heart transplant patients live longer there is the possibility that the transplanted coronary arteries will develop atherosclerosis. The current codes for coronary atherosclerosis include disease of native artery and of bypass graft. Though the transplanted arteries are native to the heart itself, they are not native to the patient, nor are they a type of graft in the standard sense. It is presumed that development of atherosclerosis is a natural process, not a complication of the transplant. It is being proposed that a new code be created for coronary atherosclerosis of a transplanted coronary artery.

An alternative proposal is to simply index transplanted vessels to the native vessel code and use the V42.1, Heart transplant status, as a secondary code.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>414</td>
<td>Other forms of chronic ischemic heart disease</td>
</tr>
<tr>
<td>414.0</td>
<td>Coronary atherosclerosis</td>
</tr>
<tr>
<td>New code</td>
<td>414.06 Of transplanted heart coronary artery</td>
</tr>
</tbody>
</table>
Topic: Ocular torticollis

The term torticollis refers to an abnormal head posture, regardless of the cause. Torticollis has several different possible causes including visual conditions like strabismus (misalignment of the eyes), or visual field defects, or nystagmus (rapid jerking movement of the eye). When head tilting is caused by vision problems it is called ocular torticollis.

There are two ocular reasons for abnormal head posture. A person with ocular torticollis is either trying to improve his vision (as in nystagmus), or he is attempting to maintain binocular vision and central fusion and prevent double vision (as in strabismus). Ocular torticollis can also be a sign of brain tumor or other problems of a serious nature.

There is no unique code for ocular torticollis in the ICD-9-CM. It is being proposed that a new code be created for this condition.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>723</td>
<td>Other disorders of cervical region</td>
</tr>
<tr>
<td>723.5</td>
<td>Torticollis, unspecified</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: ocular torticollis (781.93)</td>
</tr>
<tr>
<td>781</td>
<td>Symptoms involving nervous and musculoskeletal systems</td>
</tr>
<tr>
<td>781.9</td>
<td>Other symptoms involving nervous and musculoskeletal systems</td>
</tr>
<tr>
<td>New code</td>
<td>781.93 Ocular torticollis</td>
</tr>
</tbody>
</table>
Topic: Supplemental oxygen dependency

A request has been submitted for a code for supplemental oxygen. These patients are generally severely disabled or have non-reversible pulmonary disease.

It is being proposed that this code be included under V46, Other dependence on machines.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>V46</th>
<th>Other dependence on machines</th>
</tr>
</thead>
<tbody>
<tr>
<td>New code</td>
<td>V46.2 Supplemental oxygen</td>
</tr>
<tr>
<td>Add</td>
<td>Long-term oxygen therapy</td>
</tr>
</tbody>
</table>
Topic: Personal history of pre-term labor

The American College of Obstetricians and Gynecologists (ACOG) has requested a new code for personal history of pre-term labor. This history predisposes a woman to complications of future pregnancies.

Two new codes are being proposed, one for a pregnant woman, to indicate a high-risk pregnancy, and one for a non-pregnant woman, for use as a status code.

TABULAR MODIFICATIONS

V13  Personal history of other diseases
    V13.2  Other genital system and obstetric disorders

New code  V13.21  Personal history of pre-term labor
New code  V13.29  Other genital system and obstetric disorders

V23  Supervision of high-risk pregnancy
    V23.4  Pregnancy with other poor obstetric history

New code  V23.41  Pregnancy with history of pre-term labor
New code  V23.49  Pregnancy with other poor obstetric history
# Topic: Fussy infant and excessive crying of infant

Infants are often brought to the pediatrician office for excessive crying or fussiness. Many times no specific problem can be determined. Unique codes for these infants are being requested by the American Academy of Pediatrics to be used as a reason for visit code when no other medical problem can be determined.

## TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>780</td>
<td>General symptoms</td>
</tr>
<tr>
<td>780.9</td>
<td>Other general symptoms</td>
</tr>
<tr>
<td></td>
<td>Delete:</td>
</tr>
<tr>
<td></td>
<td>Amnesia (retrograde)</td>
</tr>
<tr>
<td></td>
<td>Chill(s) NOS</td>
</tr>
<tr>
<td></td>
<td>Generalized pain</td>
</tr>
<tr>
<td></td>
<td>Hypothermia, not associated with low environmental temperature</td>
</tr>
<tr>
<td>New code</td>
<td>780.91 Fussy infant (baby)</td>
</tr>
<tr>
<td>New code</td>
<td>780.92 Excessive crying of infant (baby)</td>
</tr>
<tr>
<td>New code</td>
<td>780.99 Other general symptoms</td>
</tr>
<tr>
<td></td>
<td>Amnesia (retrograde)</td>
</tr>
<tr>
<td></td>
<td>Chill(s) NOS</td>
</tr>
<tr>
<td></td>
<td>Generalized pain</td>
</tr>
<tr>
<td></td>
<td>Hypothermia, not associated with low environmental temperature</td>
</tr>
</tbody>
</table>
Topic: Aqueous misdirection

The American Academy of Ophthalmology has requested a new code for aqueous misdirection. Aqueous misdirection, formerly known as malignant glaucoma, is a particular form of glaucoma that cannot be categorized appropriately as angle-closure or open-angle glaucoma, nor can it really be classified using any code from the 365 category. It is sufficiently clinically important to warrant a unique code. This is a universally understood syndrome in which aqueous rather than flowing into the anterior chamber, flows into the vitreous. This condition is extremely hard to medically treat, and almost invariably requires surgical intervention.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>365</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>365.8</td>
<td>Other specified forms of glaucoma</td>
</tr>
<tr>
<td>New code</td>
<td>365.83 Aqueous misdirection</td>
</tr>
<tr>
<td></td>
<td>Malignant glaucoma</td>
</tr>
</tbody>
</table>
Topic: Disruption of operation wound

The American Hospital Association has requested an expansion to code 998.3, Disruption of operation wound. The code does not distinguish between internal and external wounds. It is being proposed that the code be expanded to allow for the different wounds.

TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>998</td>
<td>Other complications of procedures, not elsewhere classified</td>
</tr>
<tr>
<td>998.3</td>
<td>Disruption of operation wound</td>
</tr>
<tr>
<td>New code</td>
<td>998.31 Disruption of internal operation wound</td>
</tr>
<tr>
<td>New code</td>
<td>998.32 Disruption of external operation wound</td>
</tr>
<tr>
<td></td>
<td>Disruption of operation wound NOS</td>
</tr>
</tbody>
</table>
Dieulafoy lesion, a cause of massive gastrointestinal hemorrhage, is an abnormally large and tortuous submucosal artery which protrudes through a small mucosal defect surrounded by essentially normal mucosa. The hemorrhage results from pressure from the large “caliber-persistent” vessel which erodes the overlying mucosa destroying the exposed vascular wall. It is not common but when it occurs the hemorrhage is massive often requiring multiple transfusions, endoscopy or surgery before it is located and confirmed. Its cause is unknown. It usually occurs in the stomach but has also been reported in other parts of the gastrointestinal tract. It is difficult to diagnose and many times is confirmed using endoscopy and/or angiography. Sometimes it may not be recognized until it is actively bleeding. Previously the only method of treatment was surgery and the mortality rate was about 80%. Advances in other methods of treatment have made it possible to both diagnose and treat this nonsurgically. These other methods include endoscopic treatment by sclerotherapy, electrocoagulation as well as hemoclip and band ligation of the protruding/bleeding vessel. The survival rate has improved using these nonsurgical treatment methods.

Currently the only entry, in the ICD-9-CM disease index, is Dieulafoy ulcer which directs you to ulcer of stomach.

It is proposed to create the following new codes for this:

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>537</td>
<td>Other disorders of stomach and duodenum</td>
</tr>
<tr>
<td>537.8</td>
<td>Other specified disorders of stomach and duodenum</td>
</tr>
<tr>
<td>New code</td>
<td>537.84 Dieulafoy lesion (hemorrhagic) of stomach and duodenum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>569</td>
<td>Other disorders of intestine</td>
</tr>
<tr>
<td>569.8</td>
<td>Other specified disorders of intestine</td>
</tr>
<tr>
<td>New code</td>
<td>569.86 Dieulafoy lesion (hemorrhagic) of intestine</td>
</tr>
</tbody>
</table>
A new external cause code has been requested for this new device that is responsible for many injuries. In an article appearing in the December 15, 2000 Morbidity and Mortality Weekly Review it was reported that injuries associated with unpowered scooters have increased dramatically since May 2000.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>New code</th>
<th>Fall from (nonmotorized) scooter</th>
</tr>
</thead>
<tbody>
<tr>
<td>E885.0</td>
<td></td>
</tr>
</tbody>
</table>
The National Association of Children’s Hospitals and Related Institutions (NACHRI), has submitted proposals for the creation of new codes and the expansion of several existing codes in the ICD-9-CM that include a broad range of perinatal conditions that range in severity. Each proposal will be discussed separately.

Persistent fetal circulation is now only an inclusion term under code 747.89, Other specified anomalies of circulatory system. This is a distinct and very serious condition. It is one of the more frequent causes of death in newborns. Persistent fetal circulation is the condition, when, during the first days following delivery a stressed newborn reverts to fetal type circulation. This occurs when the newborn’s pulmonary arterioles constrict and the ductus arteriosus dilates, resulting in right-to-left shunting through the now patent ductus arteriosus and the reopened foramen ovale. Common causes include asphyxia, meconium aspiration syndrome, acidosis, sepsis and developmental immaturity. As a consequence, the newborn becomes hypoxic. The goal of treatment is to reverse the conditions that produced the pulmonary vasoconstriction.

A unique code for persistent fetal circulation is being proposed.

TABULAR MODIFICATION

747 Other congenital anomalies of circulatory system

747.8 Other specified anomalies of circulatory system

New code 747.83 Persistent fetal circulation
Add Persistent pulmonary hypertension
Subcategory 770.8, Other respiratory problems after birth is one of the highest volume codes recorded for newborns. It contains many different newborn respiratory conditions that vary in terms of type and severity. The most serious condition, respiratory failure of newborn, needs to be separated out. Additionally, many infants suffer from more than one of the conditions included under 770.8. These children have a much more complicated case, yet there is no current way to show these multiple conditions. Additionally, all inclusion terms that relate to lack of oxygen at birth will be removed. They are properly indexed to codes within 768, Intrauterine hypoxia and birth asphyxia.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>770.8</td>
<td>Other respiratory problems after birth</td>
</tr>
<tr>
<td></td>
<td>Apneic spells NOS originating in the perinatal period</td>
</tr>
<tr>
<td></td>
<td>Cyanotic attacks NOS originating in the perinatal period</td>
</tr>
<tr>
<td></td>
<td>Fetal acidosis affecting newborn</td>
</tr>
<tr>
<td></td>
<td>Fetal anoxia affecting newborn</td>
</tr>
<tr>
<td></td>
<td>Fetal asphyxia affecting newborn</td>
</tr>
<tr>
<td></td>
<td>Fetal hypercapnia affecting newborn</td>
</tr>
<tr>
<td></td>
<td>Fetal hypoxia affecting newborn</td>
</tr>
<tr>
<td></td>
<td>Respiratory depression of newborn</td>
</tr>
<tr>
<td></td>
<td>Respiratory distress NOS originating in the perinatal period</td>
</tr>
<tr>
<td></td>
<td>Respiratory failure NOS originating in the perinatal period</td>
</tr>
</tbody>
</table>

New code 770.81 Primary apnea of newborn
- Apneic spells of newborn NOS
- Essential apnea of newborn
- Sleep apnea of newborn

New code 770.82 Other apnea of newborn
- Obstructive apnea of newborn

New code 770.83 Cyanotic attacks of newborn

New code 770.84 Respiratory failure of newborn

Add Excludes: respiratory distress syndrome (769)

New code 770.89 Other respiratory problems after birth
Code 771.8, Other infections specific to the perinatal period, is one of the highest volume codes recorded for newborns. It includes a broad list of infections ranging from a urinary tract infection to septicemia. Septicemia in a newborn is one of the most serious newborn illnesses and is a cause of death for many neonates. It occurs most often in low birth weight babies, those with decreased respiratory function at birth and those with high-risk maternal factors.

To separate sepsis from the other infections under 771.8 it is being proposed that 771.8 be expanded to provide unique codes for the infections included under it. A unique code for bacteremia in newborn is also being proposed. Though adult bacteremia is considered a nonspecific symptom, it is a more serious condition in a newborn, especially a premature newborn.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>771</td>
<td>Infections specific to the perinatal period</td>
</tr>
<tr>
<td>771.8</td>
<td>Other infections specific to the perinatal period</td>
</tr>
<tr>
<td>771.81</td>
<td>Septicemia [sepsis] of newborn</td>
</tr>
<tr>
<td>771.82</td>
<td>Newborn urinary tract infection</td>
</tr>
<tr>
<td>771.83</td>
<td>Bacteremia of newborn</td>
</tr>
<tr>
<td>771.89</td>
<td>Other infections specific to the perinatal period</td>
</tr>
</tbody>
</table>

Add | Use additional code to identify organism (041)

New code | 771.81 Septicemia [sepsis] of newborn
New code | 771.82 Newborn urinary tract infection
New code | 771.83 Bacteremia of newborn
New code | 771.89 Other infections specific to the perinatal period

Intra-amniotic infection of fetus NOS
Clostridial
Escherichia coli (E. coli)
Intrauterine sepsis of fetus
Neonatal urinary tract infection
Septicemia [sepsis] of newborn

Add Excludes: bacteremia of newborn (771.83)
Bradycardia and tachycardia in newborns independent of the stress of labor and delivery or other intrauterine complications cannot be uniquely coded in the ICD-9-CM. Though these arrhythmias are always a symptom of a specific condition, it is not always immediately known what the underlying condition is. A new code for perinatal cardiac arrhythmia is being proposed. Both tachycardia and bradycardia will be included in the new code.

**TABULAR MODIFICATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>779</td>
<td>Other and ill-defined conditions originating in the perinatal period</td>
</tr>
<tr>
<td>779.8</td>
<td>Other specified conditions originating in the perinatal period</td>
</tr>
<tr>
<td>779.81</td>
<td>Neonatal cardiac dysrhythmia</td>
</tr>
<tr>
<td>Add</td>
<td>Neonatal bradycardia</td>
</tr>
<tr>
<td>Add</td>
<td>Neonatal tachycardia</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: abnormality in fetal heart rate or rhythm complicating labor and delivery (763.81-763.83)</td>
</tr>
<tr>
<td>Add</td>
<td>Bradycardia due to birth asphyxia (768.5-768.9)</td>
</tr>
<tr>
<td>New code</td>
<td>779.89 Other specified conditions originating in the perinatal period</td>
</tr>
</tbody>
</table>
The existing fifth-digit subclassification for 764, Slow growth and fetal malnutrition, and 765, Disorders relating to short gestation and unspecified low birthweight, provides only weights, not weeks of gestation. For the prematurity codes the weeks of gestation is also valuable information. It is being proposed that the current fifth-digit subclassification be limited for use to category 764 and the existing codes 765.0, Extreme prematurity, and 765.1, Other preterm infants. The inclusion terms for these codes will be modified to specify only weight. A new code for weeks of gestation is being proposed that will distinguish the weeks from the birthweight. An additional new code is also being proposed for nonviability due to extreme immaturity. It would be used as a secondary code with another code from 765.

**TABULAR MODIFICATION**

**Revise** The following fifth-digit subclassification is for use with category 764 and codes 765.0 and 765.1 to denote birthweight

**Revise** 765 Disorders relating to short gestation and unspecified low birthweight

- **765.0 Extreme immaturity**
  
  Note: Usually implies a birthweight of less than 1000 grams and/or a gestation of less than 28 completed weeks

**Add** Use additional code for weeks of gestation (765.20-765.29)

- **765.1 Other preterm infants**
  
  Note: Usually implies a birthweight of 1000-2499 grams and/or a gestation of 28-37 completed weeks

**Add** Use additional code for weeks of gestation (765.20-765.29)

**New sub-category** 765.2 Weeks of gestation

- **New code** 765.20 Unspecified weeks of gestation
- **New code** 765.21 Less than 24 completed weeks of gestation
- **New code** 765.22 24 completed weeks of gestation
- **New code** 765.23 25-26 completed weeks of gestation
- **New code** 765.24 27-28 completed weeks of gestation
- **New code** 765.25 29-30 completed weeks of gestation
- **New code** 765.26 31-32 completed weeks of gestation
- **New code** 765.27 33-34 completed weeks of gestation
- **New code** 765.28 35-36 completed weeks of gestation
- **New code** 765.29 37 or more completed weeks of gestation

**New code** 765.3 Nonviability of newborn due to extreme immaturity
The American Academy of Pediatrics (AAP) has requested specific codes for torus fractures of the radius, tibia and fibula. These buckle fractures are very common in children who soft bones allow for this type of fracture. The AAP wishes to track these types of fractures.

**TABULAR MODIFICATIONS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>813</td>
<td>Fracture of radius and ulna</td>
</tr>
<tr>
<td>813.4</td>
<td>Lower end, closed</td>
</tr>
<tr>
<td>New code</td>
<td>813.45 Torus fracture of radius</td>
</tr>
<tr>
<td>823</td>
<td>Fracture of tibia and fibula</td>
</tr>
<tr>
<td>New code</td>
<td>823.4 Torus fracture</td>
</tr>
</tbody>
</table>
Topic: Aftercare codes

The Long-Term Care Section of the American Health Information Management Association (AHIMA), has requested an expansion to certain of the V code that are used for patients in nursing homes. Official coding guidelines require that V codes be used for aftercare after initial treatment for an acute condition, such as a fracture. The reasoning for this rule is that, for statistical purposes, an acute condition should be counted once only, at the time of initial treatment. However, the aftercare V codes provide very little information so are problematic for accurate and detailed data collection for nursing home patients and for payment for long-term stays based on the Long-Term Care Prospective Payment System.

In the LTC section proposal expansion of the V54 aftercare category as well as the V66 Convalescence category is requested. In the original V code article, published 4th quarter 1996 in Coding Clinic, the definition of aftercare is provided but no definition is provided for convalescence. To prevent any overlap between the two categories, definitions and rules for their use need to be determined. The V code article will be updated to provide instruction as to the distinction between aftercare and convalescence once these definitions are decided.

Two options are presented for consideration, an expansion of the V54 category and an expansion of V66.4 and V66.5 codes. In order to prevent overlap a selection of a single option is best. Additional considerations are the overlap between the fitting and adjustment orthopedic code, the V54 Orthopedic aftercare category and the V57 rehabilitation category. The official coding guidelines for both inpatient care and long-term care will need to be updated to handle any new V code expansions.

What is also being presented for the V66 category is a revision to the code titles. Category V66 is titled Convalescence and palliative care. Only codes V66.7, Encounter for palliative care, is for use for palliative care. The other V66 codes are only for convalescence. Due to the abbreviated code titles for the codes at V66 it misleads the user that all of the codes include both convalescence and palliative care. Codes V66.0-V66.6 will be revised to show their full titles.

An alternative to expansion of the V codes is a change in official coding guidelines that permits the use of the acute condition after the use of an aftercare V code. With the V code sequenced first it would provide the information that this is a healing condition, not the acute initial treatment encounter.
Topic: Aftercare codes, continued:

**TABULAR MODIFICATIONS**

Option 1:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V54</td>
<td>Other orthopedic aftercare</td>
</tr>
<tr>
<td>New sub-category</td>
<td>V54.1 Aftercare for continuing treatment of healing fracture</td>
</tr>
<tr>
<td></td>
<td>Use additional code for any associated:</td>
</tr>
<tr>
<td></td>
<td>malunion of fracture (733.81)</td>
</tr>
<tr>
<td></td>
<td>non-union of fracture (733.82)</td>
</tr>
<tr>
<td>New code</td>
<td>V54.11 Aftercare for continuing treatment of healing fracture of upper extremity</td>
</tr>
<tr>
<td>New code</td>
<td>V54.12 Aftercare for continuing treatment of healing fracture of lower extremity</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: aftercare for continuing treatment of healing fracture of hip (V54.13)</td>
</tr>
<tr>
<td>New code</td>
<td>V54.13 Aftercare for continuing treatment of healing fracture of hip</td>
</tr>
<tr>
<td>New code</td>
<td>V54.14 Aftercare for continuing treatment of healing fracture of vertebrae</td>
</tr>
<tr>
<td>New code</td>
<td>V54.19 Aftercare for continuing treatment of healing fracture of other bone</td>
</tr>
</tbody>
</table>

Delete Change, checking, or removal of:  
- Kirschner wire  
- Plaster cast  
- Splint, external  
- Other external fixation or traction device

Add Use additional code to identify joint replacement site (V43.60-V43.69)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V54.81</td>
<td>Aftercare following joint replacement</td>
</tr>
<tr>
<td>V54.89</td>
<td>Other orthopedic aftercare</td>
</tr>
</tbody>
</table>
Option 2:  

V66  Convalescence and palliative care

Revise  

V66.0  Convalescence following surgery

Revise  

V66.1  Convalescence following radiotherapy

Revise  

V66.2  Convalescence following chemotherapy

Revise  

V66.3  Convalescence following psychotherapy and other treatment for mental disorder

Revise  

V66.4  Convalescence following treatment of fracture

New code  

V66.40  Convalescence following treatment of unspecified fracture

New code  

V66.41  Convalescence following treatment of fracture of upper extremity

New code  

V66.42  Convalescence following treatment of fracture of lower extremity

Add  

Excludes: convalescence following treatment of fracture of hip (V66.43)

New code  

V66.43  Convalescence following treatment of fracture of hip

New code  

V66.44  Convalescence following treatment of fracture of vertebrae

New code  

V66.49  Convalescence following treatment of fracture of other bone

Revise  

V66.5  Convalescence following other treatment

New code  

V66.51  Convalescence following joint replacement  
Use additional code to identify the joint replaced (V43.60-V43.69)

New code  

V66.59  Convalescence following other treatment

Revise  

V66.6  Convalescence following combined treatment
Topic: Excludes notes

Due to the multiple definitions assigned to excludes notes and the confusion they cause, it is being proposed that the excludes notes be redefined as either a type 1 or type 2 excludes. Type 1 will be those notes that are never to be used together on the same record. Type 2 notes are those that may, if appropriate, be used together on the same record.

TABULAR MODIFICATIONS

Example 1:

042 Human immunodeficiency virus [HIV] disease

Revise Excludes1: asymptomatic HIV infection status (V08)
                    exposure to HIV virus (V01.7)
                    nonspecific serologic evidence of HIV (795.71)

Example 2:

831 Dislocation of shoulder

Revise Excludes2: sternoclavicular joint (839.61, 839.71)
                    sternum (839.61, 839.71)

Example 3:

403 Hypertensive renal disease

        Includes: any condition classifiable to 585, 586, or 587 with any
        condition classifiable to 401

        Revise Excludes1: renal disease stated as not due to hypertension
        Revise Excludes2: acute renal failure (584.5-584.9)
ADDENDA

TABULAR

368 Visual disturbances

368.6 Night blindness

Delete Hemeralopia

491 Chronic bronchitis

491.2 Obstructive chronic bronchitis

Bronchitis:

Delete asthmatic, chronic

493 Asthma

493.2 Chronic obstructive asthma

Add Chronic asthmatic bronchitis

Delete Excludes: chronic asthmatic bronchitis (491.2)

646 Other complications of pregnancy, not elsewhere classified

646.6 Infections of genitourinary tract in pregnancy

Revise Conditions classifiable to (614.0-614.5, 614.7-614.9, 615)

674 Other and unspecified complications of the puerperium, not elsewhere classified

674.1 Disruption of cesarean wound

Add Excludes: uterine rupture before onset of labor (665.0)

Add uterine rupture during labor (665.1)
730 Osteomyelitis, periostitis, and other infections involving bone

730.1 Chronic osteomyelitis

Delete Necrosis (acute) of bone

733 Other disorders of bone and cartilage

733.4 Aseptic necrosis of bone

Delete Excludes: necrosis of bone NOS (730.1)

783 Symptoms concerning nutrition, metabolism, and development

783.4 Lack of expected normal physiological development in childhood

Revise Excludes: pituitary dwarfism (253.3)

959 Injury, other and unspecified

959.0 Head, face and neck

959.01 Head injury, unspecified

Add Excludes: head injury NOS with loss of consciousness (850.1-850.5)

V58 Encounter for other and unspecified procedures and aftercare

V58.8 Other specified procedures and aftercare

V58.83 Encounter for therapeutic drug monitoring

Add Use additional code for any associated long-term (current) drug use (V58.61-V58.69)
Addenda

INDEX

Abscess
Revise cecum 569.5
Add with appendicitis 540.1

Blindness
Revise day 368.10
Revise acquired 368.10
Revise congenital 368.10
Revise hereditary 368.10
Revise specified type NEC 368.10

Dehydration
Add with
Add hypernatremia 276.0
Add hyponatremia 276.1

Disorder
Add premenstrual dysphoric 625.4

Enlargement...
Revise Prostate (simple) (soft) 600.0

Revise Hemeralopia 368.10
Delete meaning day blindness 368.10
Delete vitamin A deficiency 264.5

Hemophilia
Add acquired 286.5

Hyperplasia
Revise prostate 600.9

Infection
Add Gardnerella vaginalis 041.89
Injury
  head NEC 959.01
  with
Add  loss of consciousness (850.5)

Laceration
  uterus
Revise  obstetrical trauma NEC 665.8

Neoplasm
  ear
  unspecified
Revise  inner 239.8
Revise  middle 239.8

Revise  Osteonecrosis (see also Osteomyelitis) 733.40
Add  meaning osteomyelitis 730.1

Pregnancy
  complicated (by)
Add  cholelithiasis 646.8
Add  gallbladder disease 646.8

Ulcer...
  status...
Add  without varicose veins 459.81

Syndrome
Add  acute chest 282.62
Add  acute coronary 411.1
Add  Velo-cardio-facial 759.89
Add  with chromosomal deletion 758.5
Table of Drugs and Chemicals

<table>
<thead>
<tr>
<th>Drug</th>
<th>Code 1</th>
<th>Code 2</th>
<th>Code 3</th>
<th>Code 4</th>
<th>Code 5</th>
<th>Code 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuterol</td>
<td>975.7</td>
<td>E858.6</td>
<td>E945.7</td>
<td>E950.4</td>
<td>E962.0</td>
<td>E980.4</td>
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<tr>
<td>Cocaine</td>
<td>970.8</td>
<td>E854.3</td>
<td>E940.8</td>
<td>E950.4</td>
<td>E962.0</td>
<td>E980.4</td>
</tr>
<tr>
<td>topical anesthetic</td>
<td>968.5</td>
<td>E855.2</td>
<td>E938.5</td>
<td>E950.4</td>
<td>E962.0</td>
<td>E980.4</td>
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<tr>
<td>Crack</td>
<td>970.8</td>
<td>E854.3</td>
<td>E940.8</td>
<td>E950.4</td>
<td>E962.0</td>
<td>E980.4</td>
</tr>
<tr>
<td>Ipratropium</td>
<td>975.1</td>
<td>E858.6</td>
<td>E945.1</td>
<td>E950.4</td>
<td>E962.0</td>
<td>E980.4</td>
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<tr>
<td>Levalbuterol</td>
<td>975.7</td>
<td>E858.6</td>
<td>E945.7</td>
<td>E950.4</td>
<td>E962.0</td>
<td>E980.4</td>
</tr>
</tbody>
</table>