



**ICD-10 Coordination and Maintenance Committee Meeting
March 19-20, 2014
Diagnosis Agenda**

Welcome and announcements
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Co-Chair, ICD-10 Coordination and Maintenance Committee

Diagnosis Topics:

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ICD-10 TIMELINE

A timeline of important dates in the ICD-10 process is described below:

- March 19-20, 2014 ICD-10 Coordination and Maintenance Committee meeting.
- April 1, 2014 There were no requests for ICD-9-CM codes to capture new diagnoses or new technology for implementation on April 1, 2014. Therefore, there will be no new ICD-9-CM diagnosis or procedure codes implemented on April 1, 2014.
- April 17, 2014** **Deadline for receipt of public comments on proposed procedure code revisions discussed at the March 19, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2014.**
- April 2014 Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include the final ICD-10 diagnosis and procedure codes for the upcoming fiscal year. It will also include proposed revisions to the DRG system on which the public may comment. The proposed rule can be accessed at:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp>
- April 2014 Summary report of the Procedure part of the March 19, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-10-CM/PCS-C-and-M-Meeting-Materials.html>
- Summary report of the Diagnosis part of the March 20, 2014 ICD-10 Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows:
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
- June 2014 Final addendum posted on web pages as follows:
Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
Procedure addendum - <http://www.cms.gov/Medicare/Coding/ICD10/>
- June 20, 2014** **Deadline for receipt of public comments on proposed code revisions discussed at the March 19-20, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2015.**

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July 18, 2014

Those members of the public requesting that topics be discussed at the September 23–24, 2014 ICD-10 Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.

August 1, 2014

Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include all the final codes to be implemented on October 1, 2014.

This rule can be accessed at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp>

August 2014

Tentative agenda for the Procedure part of the September 23 – 24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage at -

<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html>

Tentative agenda for the Diagnosis part of the September 23 – 24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at - http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

Federal Register notice for the September 23 –24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.

August 15, 2014

On-line registration opens for the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meeting at:

<https://www.cms.gov/apps/events/default.asp>

September 12, 2014

Because of increased security requirements, those wishing to attend the September 23 - 24, 2014 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at:

<https://www.cms.gov/apps/events/default.asp>

Attendees must register online by September 12, 2014; failure to do so may result in lack of access to the meeting.

September 23 –24, 2014

ICD-10 Coordination and Maintenance Committee meeting

Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 12, 2014.**

You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building.

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- October 2014
- Summary report of the Procedure part of the September 23, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-10-CM/PCS-C-and-M-Meeting-Materials.html>
- Summary report of the Diagnosis part of the September 24, 2014 ICD-10 Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
- October 1, 2014
- ICD-10-CM/PCS codes go into effect along with ICD-10 MS-DRGs.
- October 24, 2014
- Deadline for receipt of public comments on proposed code revisions discussed at the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2015.**
- November 2014
- Any new ICD-10 codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2015 will be posted on the following website:
<http://www.cms.gov/Medicare/Coding/ICD10/>
ICD-10-CM codes would also be posted on the CDC webpage:
http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
- November 21, 2014
- Deadline for receipt of public comments on proposed code revisions discussed at the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2015.**

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Contact Information

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NCHS Classifications of Diseases web page:

<http://www.cdc.gov/nchs/icd.htm>

Please consult this web page for updated information.

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Partial Code Freeze for ICD-9-CM and ICD-10 Finalized

The ICD-9-CM Coordination and Maintenance Committee implemented a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10, which would end one year after the implementation of ICD-10. The implementation of ICD-10 was delayed from October 1, 2013 to October 1, 2014 by final rule CMS-0040-F, issued on August 24, 2012.

Links to this final rule may be found at:

http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html.)

There was considerable support for this partial freeze. The partial freeze will be implemented as follows:

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.

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- On October 1, 2012 and October 1, 2013 there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2014, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2015, regular updates to ICD-10 will begin.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on and after October 1, 2015 once the partial freeze has ended.

Continuing Education Credits

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS/NCHS ICD-10 Coordination and Maintenance (C&M) Committee Meeting.

Continuing Education Information for American Academy of Professional Coders (AAPC)

If you plan to attend or participate via telephone the ICD-10 Coordination and Maintenance (C&M) Committee Meeting, you should be aware that CMS /NCHS do not provide certificates of attendance for these calls. Instead, the AAPC will accept your printed topic packet as proof of participation. Please retain a your topic packet copy as the AAPC may request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information for American Health Information Management Association (AHIMA)

AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to NCHS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not NCHS.

Severity of coronary calcification

Cardiovascular Systems Inc. has submitted a proposal requesting an expansion of diagnosis code I25.84 (Coronary atherosclerosis due to calcified coronary lesion) in ICD-10-CM to provide greater specificity regarding the severity of coronary calcification.

Calcium is sometimes deposited in the coronary arteries and can be detected both by x-ray during coronary angiography and with intravascular ultrasound. Calcified lesions are more difficult to treat with angioplasty and stenting because the calcium deposits may block stents from reaching the desired location and may prevent the stent from fully expanding to the optimal size. Research has also shown that an increased amount of calcium deposits leads to a higher incidence of major adverse cardiac events, in particular the rate of non-Q wave myocardial infarction, when compared to non-calcified (e.g., lipid rich plaque) lesions.

With the advent of interventional coronary techniques, tracking incidence of and other data associated with severely calcified coronary lesions is more important than ever. Many interventional procedures, such as angioplasty and stent placement are not possible if the severely calcified coronary lesion cannot be crossed. In these cases, the transluminal procedure is discontinued. The patient may then have to be medically managed or a more invasive procedure, such as CABG may be required.

Cardiovascular Systems Inc. is requesting this expansion to better track statistics relevant to the surgical and medical management of the disease.

TABULAR MODIFICATIONS

I25.84 Coronary atherosclerosis due to calcified coronary lesion

Delete	Coronary atherosclerosis due to severely calcified coronary lesion
New code	I25.841 Coronary atherosclerosis due to coronary lesion, mild calcification
New code	I25.842 Coronary atherosclerosis due to coronary lesion, moderate calcification
New Code	I25.843 Coronary atherosclerosis due to coronary lesion, severe calcification
New Code	I25.849 Coronary atherosclerosis due to coronary lesion, unspecified
Add	Calcified coronary lesion NOS

Sesamoid Fractures

The American Podiatric Medical Association (APMA) has recommended that unique codes be created for sesamoid fracture. The sesamoid bones are a pair of small bones located on the bottom surface of the first metatarsal phalangeal joint within the tendons. Sesamoid fractures can be the result of a fall from a height, sports injury or overuse.

The APMA has proposed creating new codes to represent not only a sesamoid fracture, but any other fractures of bones in the foot that are not currently specifically listed in category S92 (Fracture of foot and toe, except ankle).

TABULAR MODIFICATIONS

New subcategory	S92	Fracture of foot and toe, except ankle
	S92.8	Other fracture of foot, except ankle
New sub-subcategory	S92.81	Other fracture of foot
Add		Sesamoid fracture of foot
New code	S92.811	Other fracture of right foot
New code	S92.812	Other fracture of left foot
New code	S92.819	Other fracture of unspecified foot

Familial Hypercholesterolemia

Familial Hypercholesterolemia (FH) is a common, autosomal dominant genetic disease. In the United States it is estimated to affect over 600,000 individuals, although it is thought that less than 1% of them have been identified. It is common in all racial and ethnic groups, although due to founder effects it is especially prevalent in some groups (such as French Canadians, Christian Lebanese and Ashkenazi Jewish populations). FH is one of the most common hereditary disorders, and can be caused by mutations in three known genes, which are all involved in LDL-C metabolism. Most cases involve the gene for the LDL receptor. In about 20% to 40% of cases, the gene involved may not be able to be identified at this time.

Individuals who inherit an FH-causing mutation from just one parent have heterozygous FH (HeFH). Those who inherit an FH-causing mutation from both parents have homozygous FH (HoFH), and they are more severely affected, although this is rarer. It can result from two mutations in one of the genes, or one mutation in each of two different genes.

FH leads to extremely elevated low-density lipoprotein cholesterol (LDL-C) levels, with levels in HeFH generally in untreated adults over 190 mg/dL, and in untreated children or adolescents, over 160 mg/dL. It can also cause findings of xanthomas, xanthelasmas, or corneal arcus. In HoFH, LDL-C levels are usually over 400 mg/dL. The diagnosis of HeFH can be confirmed by the presence of a pathogenic variant in one of the three genes in which mutations are known to account for 60%-80% of FH.

In FH the extremely elevated LDL-C levels start in utero. There is an increased the risk of coronary heart disease (CHD) due to FH, with the risk mostly a function of the LDL-C level, importantly for response to treatment. In untreated HeFH individuals this lifelong exposure to high LDL-C results in a 20 fold increased lifetime risk of CHD compared to the general population, while individuals with HoFH develop severe complications of CHD starting in childhood, including a significant risk of sudden death or the need for coronary bypass in the teen years.

It is important to identify and distinguish people with FH, since it is treatable. This enables follow up and encouraging dietary and lifestyle changes, as well as pharmacological treatment, in order to limit development of CHD. Those with HeFH generally respond to treatment with statin medications with reduced LDL-C, although more than one medication may be required. With guideline-based therapy, morbidity and mortality approaches that of the general population. For those with HoFH, early treatment is essential. Even potent statins may not be effective for HoFH, and LDL apheresis is usually required for treatment.

The Centers for Disease Control and Prevention recommends cascade screening for FH, among family members of those identified with FH, as a Tier 1 recommendation, indicating the base of evidence supporting implementation into practice.

Based on a joint proposal from the Familial Hypercholesterolemia Foundation and the National Lipid Association, it is proposed to create specific codes for heterozygous familial hypercholesterolemia and homozygous familial hypercholesterolemia, as well as family history of familial hypercholesterolemia.

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References

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<http://aje.oxfordjournals.org/content/160/5/407.long>

CDC, "Genetic Testing: Genomic Tests and Family History by Levels of Evidence." 2014.
<http://www.cdc.gov/genomics/gtesting/tier.htm>

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Youngblom E, Knowles JW. Familial Hypercholesterolemia. In: Pagon RA, Adam MP, Bird TD, et al., eds. Gene Reviews. Seattle (WA); 1993. <http://www.ncbi.nlm.nih.gov/books/NBK174884/>

TABULAR MODIFICATIONS

	E78	Disorders of lipoprotein metabolism and other lipidemias
Delete	E78.0	Pure hypercholesterolemia Familial hypercholesterolemia Fredrickson's hyperlipoproteinemia, type IIa Hyperbetalipoproteinemia Hyperlipidemia, Group A Low density lipoprotein type [LDL] hyperlipoproteinemia
New code	E78.00	Hypercholesterolemia, unspecified Fredrickson's hyperlipoproteinemia, type IIa Hyperbetalipoproteinemia Low-density-lipoprotein-type [LDL] hyperlipoproteinemia Pure hypercholesterolemia, unspecified
New subcategory	E78.01	Familial hypercholesterolemia
New code	E78.011	Heterozygous familial hypercholesterolemia
New code	E78.012	Homozygous familial hypercholesterolemia
New code	E78.019	Familial hypercholesterolemia, unspecified
	Z83	Family history of other specific disorders
	Z83.4	Family history of other endocrine, nutritional and metabolic diseases
New code	Z83.42	Family history of familial hypercholesterolemia

Bacteriuria

Bacteriuria is a condition where there are bacteria present in a microscopic examination of the urine. This situation occurs especially in infants and young children and may be presumptive evidence of, but not definitive evidence of, a urinary tract infection. Because the presence of a true urinary tract infection is one of significant concern in this age group, often leading to more detailed evaluations of the genitourinary system, the diagnosis may not be given until a culture of the urine is positive.

Currently ICD-10-CM points this condition to N39.0, urinary tract infection.

The American Academy of Pediatrics has recommended that, since bacteriuria is not considered equivalent to urinary tract infection in this age group, a unique code be created for bacteriuria, by expansion of the code R82.7, Abnormal findings on microbiological examination of urine.

TABULAR MODIFICATIONS

	R82	Other and unspecified abnormal findings in urine
Delete	R82.7	Abnormal findings on microbiological examination of urine Positive culture findings of urine
New code	R82.71	Positive culture findings of urine Excludes1: candidiasis of urinary tract (B37.4-) cystitis (N30.-) neonatal urinary tract infection (P39.3) urethritis (N34.-) urinary tract infection, site not specified (N39.0) Use additional code (B95-B97), to identify infectious agent
New code	R82.72	Bacteriuria
New code	R82.79	Other abnormal findings on microbiological examination of urine

INDEX MODIFICATIONS

Revise	Bacilluria R82.72-N39.0
Revise	Bacteriuria, bacteruria R82.72-N39.0
Revise	- asymptomatic R82.72-N39.0
	Findings...
Revise	- bacteriuria R82.72-N39.0
	- urine ...
Revise	- - bacteria R82.72-N39.0

Mast Cell Activation Syndromes

Mast cell activation is found in a number of allergic reactions, and also is caused by various other disorders. Systemic mastocytosis involves mast cell activation, in general associated with hyperproliferative (or accumulating) mast cells; it is classified as a neoplastic disorder. Mast cell activation syndrome (MCAS) in general involves hyperresponsive mast cells, as opposed to hyperproliferative mast cells, as are seen in mastocytosis. Symptoms associated with MCAS may include but are not limited to flushing, pruritus, urticaria, headache, gastrointestinal symptoms (including diarrhea, nausea, vomiting abdominal pain, bloating, gastroesophageal reflux), and hypotension. In order to diagnose MCAS, the health care provider must assess for a number of findings of systemic mast cell activation. Symptoms must involve two or more organ systems in parallel, be recurrent or permanent, cannot be explained by other known conditions, and must require therapeutic intervention. Also, mast cells must be documented to be directly involved in the symptoms.

Monoclonal mast cell activation syndrome is a distinct disease, which has been acknowledged and described by an international consensus of mast cell disorder specialists. This new disease is characterized by the presence of abnormal clonal mast cells by specific tests for mast cell activation. There are WHO diagnostic criteria specific for systemic mastocytosis, and in general, those with monoclonal MCAS meet one or two of these (minor ones), but findings do not support a diagnosis of systemic mastocytosis. Monoclonal MCAS is a type of primary MCAS.

Secondary mast cell activation syndrome is diagnosed when mast cell activation occurs as an indirect result of another disease or condition. Physician awareness of the presence of secondary MCAS will allow for more appropriate mast cell activation-targeted treatments, in addition to primary disease-related medications, to be provided. Allergic reaction or atopy is a cause of secondary MCAS, but other diseases can also cause it.

Idiopathic MCAS is assigned as a final diagnosis when findings of mast cell activation support this, and a thorough evaluation has excluded the possibility of another known underlying cause for this activation. Idiopathic MCAS is therefore nonclonal, with regard to current diagnostic capabilities related to mast cell analyses.

In some cases, mast cell activation, or a mast cell activation syndrome, may be documented without further detail. Thus, there is a need to be able to code MCAS, unspecified. The term mast cell activation disorder has also been used in the medical literature. This is an area with ongoing research and discovery, and it will be important to be able to handle coding for other MCAS.

The Committee on Mast Cell Disorders of the American Academy of Allergy, Asthma and Immunology (AAAAI) in conjunction with The Mastocytosis Society, Inc. (TMS), have proposed new codes for MCAS in ICD-10-CM. Because MCAS, in all of its forms, can cause tremendous suffering and disability due to symptomatology from daily mast cell mediator release and may not be as rare as previously thought, it is imperative that ICD-10-CM codes be established for this group of newly defined diseases. At present time most of the patients suffering from MCAS are categorized or coded as having anaphylaxis, which not does reflect the chronic nature of their symptoms and provides no insight into their treatment and long-term management needs.

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Akin C, Valent P, Metcalfe DD. Mast cell activation syndrome: proposed diagnostic criteria. *J Allergy Clin Immunol.* 2010 Dec;126(6):1099-104 e4.

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Picard M, Giavina-Bianchi P, Mezzano V, Castells M. Expanding spectrum of mast cell activation disorders: monoclonal and idiopathic mast cell activation syndromes. *Clin Ther.* 2013 May;35(5):548-62.

Valent P, Akin C, Arock M, Brockow K, Butterfield JH, Carter MC, et al. Definitions, criteria and global classification of mast cell disorders with special reference to mast cell activation syndromes: a consensus proposal. *Int Arch Allergy Immunol.* 2012;157(3):215-25.

Valent P, Horny HP, Triggiani M, Arock M. Clinical and laboratory parameters of mast cell activation as basis for the formulation of diagnostic criteria. *Int Arch Allergy Immunol.* 2011;156(2):119-27.

TABULAR MODIFICATIONS

D89 Other disorders involving the immune mechanism, not elsewhere classified

New
subcategory

D89.4 Mast cell activation syndrome and related disorders

Excludes1: aggressive systemic mastocytosis (C96.2)
cutaneous mastocytosis (Q82.2)
indolent systemic mastocytosis (D47.0)
malignant mastocytoma (C96.2)
mast cell leukemia (C94.3-)
mastocytoma (D47.0)
systemic mastocytosis associated with a clonal hematologic non-mast cell lineage disease (SM-AHNMD) (D47.0)

New code

D89.40 Mast cell activation, unspecified
Mast cell activation disorder, unspecified
Mast cell activation syndrome, NOS

New code

D89.41 Monoclonal mast cell activation syndrome

New code

D89.42 Idiopathic mast cell activation syndrome

New code

D89.43 Secondary mast cell activation
Secondary mast cell activation syndrome
Code also underlying etiology

New code

D89.49 Other mast cell activation disorder
Other mast cell activation syndrome

Necrotizing Enterocolitis

Necrotizing enterocolitis is characterized by damage to the intestine which can be related to inflammation, infection, or ischemia. This leads to necrosis, which may involve just the intestinal lining, or the full thickness, and can cause perforation, and death. Due to its potential severity, necrotizing enterocolitis is considered a medical emergency.

While necrotizing enterocolitis is most commonly seen in premature infants, the condition can occur in term infants and infants outside of the newborn period, as well as occasionally in adults. Currently the only codes that identify this condition with specificity are for when it originates in newborns during the perinatal period (P77). There is also an index entry for this when it occurs due to *Clostridium difficile*, to the code A04.7, Enterocolitis due to *Clostridium difficile*. A request for specific codes for this condition was received from the American Academy of Pediatrics, in order to be able to identify and monitor this condition when it occurs outside the newborn period.

TABULAR MODIFICATIONS

	K55	Vascular disorders of intestine	
New Subcategory		K55.3 Necrotizing enterocolitis	
		Excludes1:necrotizing enterocolitis of newborn (P77.-)	
		Excludes2:necrotizing enterocolitis due to <i>Clostridium difficile</i> (A04.7)	
New code	K55.30	Necrotizing enterocolitis, unspecified	
		Necrotizing enterocolitis, NOS	
New code	K55.31	Stage 1 necrotizing enterocolitis	
		Necrotizing enterocolitis without pneumatosis, without perforation	
New code	K55.32	Stage 2 necrotizing enterocolitis	
		Necrotizing enterocolitis with pneumatosis, without perforation	
New code	K55.33	Stage 3 necrotizing enterocolitis	
		Necrotizing enterocolitis with perforation	
		Necrotizing enterocolitis with pneumatosis and perforation	

Hypertensive Crisis, Urgency and Emergency

A hypertensive crisis occurs when blood pressure rises fast enough and high enough that it has the potential to cause damage to organs. This can be hypertensive urgency or emergency. Hypertensive crisis is relatively common in patient visits to emergency rooms.

The American Heart Association defines hypertensive urgency as a systolic blood pressure greater than 180 or a diastolic pressure greater than 110, without associated progressive organ dysfunction. There may be associated severe headache, shortness of breath, nosebleeds, or severe anxiety. Immediate evaluation is needed to assess organ function, and determine appropriate treatment.

Hypertensive emergencies occur when blood pressure reaches levels that lead to impending or progressive organ damage. This usually involves blood pressure levels exceeding 180 systolic or 120 diastolic, but it can occur at even lower levels in patients whose blood pressure had not been previously high. Some potential consequences of uncontrolled blood pressure in this range include stroke, loss of consciousness, memory loss, acute myocardial infarction or angina, aortic dissection, damage to the eyes and kidneys, and pulmonary edema. During pregnancy, eclampsia may occur with hypertensive emergency.

While hypertension is much less common in children than adults, sudden increase to excessively high blood pressure can be of a critical nature and require swift and immediate attention, in children as well as in adults. Unfortunately the current codes for isolated hypertension or elevated blood pressure without history of hypertension are unable to capture this detail of information. This makes it difficult if not impossible to follow children with hypertensive crisis, and accurately measure the frequency of occurrence.

The National Heart, Lung, and Blood Institute defines hypertensive urgencies and emergencies in children as a systolic blood pressure greater than 99th percentile for age and sex, along with associated symptoms such as headache (urgency) or seizure (emergency). While approximately 1 in 3 adults have hypertension, the prevalence of hypertension in children is estimated to be upwards of 3% with higher values associated with certain chronic diseases.

A request for specific codes for clinically significant hypertension that requires immediate intervention, including hypertensive urgency and hypertensive emergency, was received from the American Academy of Pediatrics, in order to be able to identify and monitor these conditions.

TABULAR MODIFICATIONS

New Category	I16	Hypertensive crisis Code also any identified hypertensive disease (I10-I15)
New code	I16.0	Hypertensive urgency
New code	I16.2	Hypertensive emergency
New code	I16.9	Hypertensive crisis, unspecified

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References

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Abnormal level of advanced glycation end products in tissues

Advanced glycation end products (AGEs) are a heterogeneous family of yellow-brown and fluorescent proteins that have been modified by glycation, the non-enzymatic reaction between reducing sugars, and the free amino groups of proteins. Glycation of proteins is a two-stage process. In the first, reversible, stage, a reducing sugar reacts with a free amino group in protein (a terminal or a lysine ϵ -amino group), resulting in a ketone. In the second, irreversible, stage, this undergoes multiple dehydration, oxidation, and cyclization reactions to form a complex mixture of yellow-brown fluorescent products, the AGEs. Although most proteins in living systems turn over with sufficient rapidity to avoid significant accumulation of AGEs, some, such as lens crystallins, nerve myelin, and skin collagen, are long-lived, and AGEs accumulate in these proteins over a lifetime.

AGEs are involved in protein crosslinking. Such crosslinks decrease the solubility of proteins. The accumulation of protein crosslinks and AGEs is believed to contribute to the gradual decline in tissue and organ function that is observed with aging.

Because glycation is initiated by free reducing sugars, diabetes mellitus would be expected to accelerate the accumulation of AGEs. It is believed that the accumulation of AGEs in tissues is a key mechanism for the ocular, vascular, and other irreversible complications of diabetes.

Cellular responses to AGEs can be mediated by a receptor for AGEs (RAGE). The signaling involving RAGE and related pathways have been implicated in a wide spectrum of inflammatory-related pathologic conditions, including arteriosclerosis, Alzheimer's disease, arthritis, acute respiratory failure, and sepsis. AGEs may be compared with another biomarker for inflammation, elevated C-reactive protein (coded in ICD-10-CM to R79.82). AGEs upregulate C-reactive protein synthesis by stimulating production of interleukins 6 and 1, and C-reactive protein upregulates RAGE, so these have complex feedback effects related to inflammatory processes.

New diagnostic technology cleared by FDA enables non-invasive measurement of the accumulation of AGEs in the crystalline lens. It has been proposed by BioMedical Strategies to create a new ICD-10-CM code for an abnormal level of advanced glycation end products in tissues, which could have clinical utility for the diagnosis and management of diabetes. Abnormal elevation of AGEs in tissues is not necessarily an indication of elevated glucose, nor is elevation of AGEs easily predictable from a diagnosis of diabetes, or from hemoglobin A1c measurement. Given the potential for this measurement to relate indirectly to other conditions, including diabetes, it is proposed to create a code for it in the symptom chapter.

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TABULAR MODIFICATIONS

Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis (R83-R89)

R89 Abnormal findings in specimens from other organs, systems and tissues

R89.8 Other abnormal findings in specimens from other organs, systems and tissues

Delete ~~Abnormal chromosomal findings in specimens from other organs, systems and tissues~~

New code R89.81 Abnormal level of advanced glycation end products in tissues

New code R89.89 Other abnormal findings in specimens from other organs, systems and tissues
Abnormal chromosomal findings in specimens from other organs, systems and tissues

Cryopyrin-Associated Periodic Syndromes and Other Autoinflammatory Syndromes

The autoinflammatory syndromes are a group of relatively recently understood disorders, which involve problems with immune system regulation, with manifestations related to systemic inflammation. These disorders generally involve recurrent episodes of fever, rash, and serositis, with lymphadenopathy and musculoskeletal involvement.

One of the earliest recognized and most well characterized autoinflammatory syndromes is familial Mediterranean fever (FMF), with brief episodes of fever and serositis, usually with arthritis, and often with a rash on the legs. It sometimes may cause amyloidosis, and coding in the past has classified it to amyloidosis. Treatment with colchicine is usually effective. Diagnosis can be based on sequencing the gene responsible, MEFV, as well as clinical suspicion, and trial of colchicine.

Other periodic fever syndromes include hyperimmunoglobulin D syndrome (HIDS), caused by mevalonate kinase deficiency, and tumor necrosis factor receptor associated periodic syndrome (TRAPS). HIDS typically causes attacks lasting about 4 days (longer than FMF), with cervical lymphadenopathy, rash, headache, arthritis, and abdominal pain. Diagnosis of HIDS is best done by measurement of mevalonic acid in urine; elevation of IgD is not specific, and genetic mutations may not always be found. TRAPS attacks typically last about 7 days, thus even longer than HIDS, and involve myalgia along with abdominal pain and pleuritic chest pain. TRAPS may also cause rash and fasciitis, and when long standing, it may cause amyloidosis.

The cryopyrin-associated periodic syndromes (CAPS) include three genetically related syndromes: familial cold autoinflammatory syndrome (FCAS), Muckle-Wells syndrome (MWS), and neonatal onset multisystemic inflammatory disorder (NOMID, also called Chronic Infantile Neurological, Cutaneous and Articular syndrome, CINCA). These are each caused by mutations of the same gene, encoding the protein cryopyrin, so represent a continuum of phenotypes. FCAS is the mildest, involving recurrent fevers, urticarial rash, joint pain, and CNS inflammation, particularly triggered by cold exposure. FCAS may also be called familial cold urticaria, and differs from acquired cold urticaria. MWS involves more frequent and prolonged episodes, which may be triggered by stress or exercise among other stimuli, and may also include headaches from aseptic meningitis. NOMID is the most severe phenotype, often presenting shortly after birth, and involving chronic aseptic meningitis, potentially with papilledema. Cryopyrin is an important mediator of inflammation, via activating interleukin 1 (IL-1). Excessive activation of IL-1 can lead to an inflammatory response, which can be harmful. This is the key to the inflammation in CAPS, as well as certain other autoinflammatory disorders. CAPS can cause end organ damage due to chronic inflammation. Some of those with CAPS may develop hearing loss, or amyloidosis.

It has been found that pharmacologically blocking IL-1 activity in CAPS and certain other autoinflammatory syndromes can result in a rapid and sustained reduction in disease severity, including reversal of inflammation-mediated loss of sight, hearing and organ function.

Pyogenic arthritis, pyoderma gangrenosum, and acne (PAPA) syndrome also involves increased IL-1 production, via a different gene. It causes a non-infectious pyogenic arthritis, along with pyoderma gangrenosum, and acne.

Other autoinflammatory syndromes have been described, some relatively recently. Blau syndrome involves granulomatosis, arthritis, and uveitis, due to a different genetic mechanism that also involves elevated IL-1. Deficiency of interleukin 1 receptor antagonist (DIRA) causes a severe pustular rash and osteitis, with elevated

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IL-1. Majeed syndrome involves another distinct genetic cause, with chronic recurrent multifocal osteomyelitis, neutrophilic dermatosis, and dyserythropoietic anemia. Periodic fever, aphthous stomatitis, pharyngitis, and adenopathy syndrome (PFAPA) also involves changes in IL-1 production, although the underlying genetic causes have yet to be elucidated.

A request for new ICD-10-CM codes for CAPS, including FCAS, MWS, and NOMID, was received from Sobi, a biopharmaceutical company.

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TABULAR MODIFICATIONS

	E85	Amyloidosis
Delete	E85.0	Non-neuropathic heredofamilial amyloidosis Familial Mediterranean fever
	L50	Urticaria
Add	L50.2	Urticaria due to cold and heat Excludes2: Familial cold urticaria (M04.21)
New section		Autoinflammatory syndromes (M04)
New Category	M04	Autoinflammatory syndromes Excludes2: Crohn's disease (K50.-)
New Subcategory	M04.1	Periodic fever syndromes
New code	M04.10	Periodic fever syndrome, unspecified Periodic fever, NOS
New code	M04.11	Familial Mediteranean fever
New code	M04.12	Hyperimmunoglobulin D syndrome Mevalonate kinase deficiency
New code	M04.13	Tumor necrosis factor receptor associated periodic syndrome TRAPS
New code	M04.19	Other periodic fever syndrome
New Subcategory	M04.2	Cryopyrin-associated periodic syndromes
New code	M04.20	Cryopyrin-associated periodic syndrome, unspecified
New code	M04.21	Familial cold autoinflammatory syndrome Familial cold urticaria Excludes2: Acquired cold urticaria (L50.2)
New code	M04.22	Muckle-Wells syndrome

Pulsatile Tinnitus

The American Academy of Otolaryngology Head and Neck Surgery (AAO) is requesting the development of a new ICD-10-CM code for the condition of pulsatile tinnitus. Pulsatile tinnitus is described as a condition in which the patient hears a beating or pulsing sound in their ear(s) or head that is synchronous with their heartbeat. There are various clinical differences and symptoms than those experienced with non-pulsatile tinnitus. Given the clinical differences, AAO recommends that separate diagnostic codes would be useful to providers in making this distinction and documenting the medical necessity of diagnostic testing to determine pulsatile tinnitus. Further, given that one of the goals in implementing ICD-10-CM is the increase in specificity of reporting medical diagnoses, the development of a new diagnostic code would only further the goal of greater specificity.

Pulsatile tinnitus can be caused by neoplasms and vascular disorders. Paragangliomas, also known as glomus tumors, can cause tinnitus. While most of these tumors are in the abdomen, 3% of the non-adrenal paragangliomas are in the head and neck. Glomus tumors are rare, but they are the most common tumor of the middle ear. Patients with glomus tumors commonly present with pulsatile tinnitus (80%), while some present with hearing loss (60%). Tinnitus from these lesions is usually unilateral. Arteriovenous malformations (AVMs) and fistulae can cause tinnitus, and serious consequences, including intracerebral hemorrhage, may occur without treatment. While the significance of vascular loop compression of the eighth cranial nerve is debated, one systematic review showed that such loops were 80 times more common in patients with pulsatile tinnitus than those with non-pulsatile tinnitus.

Pulsatile tinnitus can be caused by less serious phenomena such as venous hums and carotid transmissions, many of which are unilateral. Venous hums are caused by turbulent blood flow through the jugular bulb, which is adjacent to the mastoid and middle ear. Pulsatile tinnitus can occur from transmission of sound from the carotid artery to the cochlea. This can be caused by stenosis of the carotid artery, and can also occur with transmitted sounds of heart murmurs.

TABULAR MODIFICATIONS

H93 Other disorders of ear, not elsewhere classified

New Subcategory H93.A Pulsatile Tinnitus

New codes	H93.A1	Pulsatile Tinnitus, right ear
	H93.A2	Pulsatile Tinnitus, left ear
	H93.A3	Pulsatile Tinnitus, bilateral
	H93.A9	Pulsatile Tinnitus, unspecified ear

In-Stent Restenosis of Coronary and Peripheral Stent

Stents have been used for well over two decades in coronary and peripheral vessels to treat occlusion and obstruction due to atherosclerosis. Unfortunately, stenosis sometimes recurs inside the stent at a later time. Approximately 30% of peripheral and bare metal coronary stents will restenose within a year of placement. This condition is variously called “restenosis of stent,” “in-stent stenosis” or “in-stent restenosis” (ISR).

The mechanism by which in-stent restenosis occurs is generally understood to involve the body's natural response to the insult of ballooning with stenting on the vessel. The body's intrinsic response is to deposit fibrin and platelets at the site of injury. This activates extracellular matrix as well as smooth muscle cells which proliferate and migrate to vessel wall within the stent, resulting in a condition termed neointimal hyperplasia. This is newly formed tissue which lines the vessel within the stent. It is also sometimes referred to as scarring within the stent. Neointimal hyperplasia remodels the inner vessel wall along the stent. Due to the cellular cascade, the area of in-stent stenosis has a different makeup than is seen in native areas of atherosclerotic plaque and vessel stenosis

Stenosis may also occur within the native vessel adjacent to ends of the stent. This type of "end stent stenosis" is generally due to progression of the patient's underlying disease. Alternately, "end stent stenosis" may also refer to “in-stent restenosis” within one or both ends of the stent itself.

The mechanism for in-stent restenosis is believed to be essentially the same in both coronary and peripheral vessels. Interestingly, in-stent restenosis develops less frequently in coronary vessels. This may be due to the more common use of drug-eluting stents in coronary vessels, while only one drug-eluting stent is FDA-approved for use in peripheral vessels. Other factors may include the different stresses on peripheral vessels, particularly in the legs. Still, although at different rates, both coronary and peripheral vessels are subject to in-stent restenosis.

Further, because of its prevalence and the continued need for re-intervention, in-stent restenosis has become a high priority in research. Considerable effort is underway to develop effective new therapies to treat, reduce and prevent in-stent restenosis.

In support of this effort and to recognize the distinct characteristics of in-stent lesions, unique codes are requested by Spectranetics, a leading manufacturer of technology for coronary and peripheral vascular interventions, to specifically identify and differentiate coronary and peripheral in-stent restenosis from other complications of cardiac and vascular devices.

TABULAR MODIFICATIONS

T82.8 Other specified complications of cardiac and vascular prosthetic devices, implants and grafts

T82.85 Stenosis of cardiac and vascular prosthetic devices, implants, and grafts

New code

T82.855 Stenosis of coronary artery stent

Restenosis of coronary artery stent

In-stent stenosis (restenosis) of coronary artery stent

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New code	T82.856	Stenosis of peripheral vascular stent Restenosis of peripheral stent In-stent stenosis (restenosis) of peripheral stent
Revise	T82.857	Stenosis of other cardiac prosthetic devices, implants and grafts
Revise	T82.858	Stenosis of other vascular prosthetic devices, implants and grafts

INDEX MODIFICATIONS

Complication(s) (from) (of)

- stent
- Add - - vascular
- Add - - - end stent stenosis — see Restenosis, stent
- Add - - - in stent stenosis — see Restenosis, stent

Obstruction

- artery
- Add - - stent — see Restenosis, stent
- vessel
- Add - - stent — see Restenosis, stent

Add **Restenosis**

- Add - stent
- Add - - vascular
- Add - - - end stent
- Add - - - - adjacent to stent —see Arteriosclerosis
- Add - - - - within the stent
- Add - - - - - coronary T82.855
- Add - - - - - peripheral T82.856
- Add - - - in stent
- Add - - - - coronary vessel T82.855
- Add - - - - peripheral vessel T82.856

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Stenosis

- artery
- Add - - stent
- Add - - - coronary T82.855
- Add - - - peripheral T82.856
- Add - stent
- Add - - vascular
- Add - - - end stent
- Add - - - - adjacent to stent —see Arteriosclerosis
- Add - - - - within the stent
- Add - - - - - coronary T82.855
- Add - - - - - peripheral T82.856
- Add - - - in stent
- Add - - - - coronary vessel T82.855
- Add - - - - peripheral vessel T82.856

Encounter for newborn, infant and child health examinations

In order to maintain continuity between ICD-9-CM code category V20.2 Routine infant or child health check and ICD-10-CM, the American Academy of Pediatrics (AAP) requests that the language at Z00.12- be revised to include language showing routine child health encounters include immunizations and other age-appropriate services that are part of the routine child health exam and do not require separate codes.

The AAP also recommends the addition of codes to define encounters where the developmental screening is the main or only reason for the encounter when it occurs outside of the routine infant or child exam.

TABULAR MODIFICATIONS

	Z00	Encounter for general examination without complaint, suspected or reported diagnosis
	Z00.1	Encounter for newborn, infant and child health examinations
	Z00.12	Encounter for routine child health examination
Delete		Encounter for development testing of infant or child
Add		Health check (routine) for child over 28 days old
Add		Immunizations appropriate for age
Add		Routine vision and hearing testing
Add		Routine developmental screening of infant or child
	Z01	Encounter for other special examination without complaint, suspected or reported diagnosis
	Z01.0	Encounter for examination of eyes and vision
Add		Excludes1: any routine childhood examination (Z00.1-)
	Z01.1	Encounter for examination of ears and hearing
Add		Excludes1: any routine childhood examination (Z00.1-)
	Z13	Encounter for screening for other diseases and disorders
	Z13.4	Encounter for screening for certain developmental disorders in childhood Encounter for screening for developmental handicaps in early childhood
Revise		Excludes+2: Encounter for routine child health examination (Z00.12-)
New Code	Z13.41	Encounter for developmental screening of infant
New Code	Z13.42	Encounter for developmental screening of child

Prediabetes

According to the American Diabetes Association (ADA), prediabetes is defined as having an impaired fasting glucose (IFG): fasting blood glucose of 100-125mg/dL, impaired glucose tolerance (IGT): blood glucose of 140-199mg/dL 2 hours after a 75g oral glucose tolerance test (OGTT), or an Hemoglobin A1c (A1c) value of 5.7-6.4%. Currently prediabetes does not have its own code, but falls under the code for other abnormal glucose. To uniquely identify patients with prediabetes, the Tulalip Clinical Pharmacy has proposed new codes to capture this diagnosis.

Tabular Modifications

R73 Elevated blood glucose level

R73.0 Abnormal glucose

New code R73.03 Prediabetes
Add Latent diabetes

Delete R73.09 Other abnormal glucose
Delete ~~Prediabetes~~
Delete ~~Latent diabetes~~

Index Modifications

Borderline
Revise - Diabetes mellitus ~~R73.09~~ R73.03

Diabetes
Revise - Latent (~~R73.09~~) R73.03

Revise Prediabetes, prediabetic ~~R73.09~~ R73.03

Complications of urinary catheters, devices and implants

The American Urological Association (AUA) is requesting new and revised codes to ICD-10-CM subcategories T83.0, Mechanical complication of urinary (indwelling) catheter and T83.1, Mechanical complication of other urinary devices and implants. The proposed changes are needed to better represent complications of certain urinary catheters and other devices that are not currently represented in ICD-10-CM.

Some of these changes were part of proposals presented at the March 2011 and/or September 2012 ICD-9-CM C&M Committee meetings (for ICD-10-CM changes). For reference or comparison to this latest proposal to those previously presented you may access previous meeting materials at:

http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

The following ICD-10-CM modifications are proposed:

TABULAR MODIFICATIONS

T83 Complications of genitourinary prosthetic devices, implants and grafts

Revise T83.0 Mechanical complication of urinary catheter

Revise T83.01 Breakdown (mechanical) of urinary catheter

New code T83.011 Breakdown (mechanical) of indwelling urethral catheter

New code T83.012 Breakdown (mechanical) of nephrostomy catheter

Revise T83.018 Breakdown (mechanical) of other urinary catheter

Add Breakdown (mechanical) of Hopkins catheter

Add Breakdown (mechanical) of ileostomy catheter

Add Breakdown (mechanical) urostomy catheter

Revise T83.02 Displacement of urinary catheter

Revise Malposition of urinary catheter

New code T83.021 Displacement of indwelling urethral catheter

New code T83.022 Displacement of nephrostomy catheter

Revise T83.028 Displacement of other urinary catheter

Add Displacement of Hopkins catheter

Add Displacement of ileostomy catheter

Add Displacement of urostomy catheter

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Revise	T83.03	Leakage of <u>urinary catheter</u>
New code	T83.031	Leakage of indwelling urethral catheter
New code	T83.032	Leakage of nephrostomy catheter
Revise	T83.038	Leakage of other <u>urinary catheter</u>
Add		Leakage of Hopkins catheter
Add		Leakage of ileostomy catheter
Add		Leakage of urostomy catheter
Revise	T83.09	Other mechanical complication of <u>urinary catheter</u>
Revise		Obstruction (mechanical) of <u>urinary catheter</u>
Revise		Perforation of <u>urinary catheter</u>
Revise		Protrusion of <u>urinary catheter</u>
New code	T83.091	Other mechanical complication of indwelling urethral catheter
New code	T83.092	Other mechanical complication of nephrostomy catheter
Revise	T83.098	Other mechanical complication of other <u>urinary catheter</u>
Add		Other mechanical complication of Hopkins catheter
Add		Other mechanical complication of ileostomy catheter
Add		Other mechanical complication of urostomy catheter
	T83.1	Mechanical complication of other urinary devices and implants
	T83.11	Breakdown (mechanical) of other urinary devices and implants
	T83.110	Breakdown (mechanical) of urinary electronic stimulator device
Add		Excludes2:Breakdown (mechanical) of electrode (lead) for sacral nerve neurostimulator (T85.111)
Add		Breakdown (mechanical) of implanted electronic sacral neurostimulator, pulse generator or receiver (T85.113)*
Revise	T83.111	Breakdown (mechanical) of <u>implanted urinary sphincter</u>
Revise	T83.112	Breakdown (mechanical) of <u>indwelling ureteral stent</u>
New code	T83.113	Breakdown (mechanical) of other urinary stents
Add		Breakdown (mechanical) of ileal conduit stent
Add		Breakdown (mechanical) of nephroureteral stent

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T83.12 Displacement of other urinary devices and implants

T83.120 Displacement of urinary electronic stimulator device

Add Excludes2: Displacement of electrode (lead) for sacral nerve neurostimulator (T85.121)
Add Displacement of implanted electronic sacral neurostimulator, pulse generator or receiver (T85.123)*

Revise T83.121 Displacement of implanted urinary sphincter

Revise T83.122 Displacement of indwelling ureteral stent

New code T83.123 Displacement of other urinary stents
Displacement of ileal conduit stent
Displacement of nephroureteral stent

T83.19 Other mechanical complication of other urinary devices and implants

T83.190 Other mechanical complication of urinary electronic stimulator device

Add Excludes2: Other mechanical complication of electrode (lead) for sacral nerve neurostimulator (T85.191)
Add Other mechanical complication of implanted electronic sacral neurostimulator, pulse generator or receiver (T85.193)*

Revise T83.191 Other mechanical complication of implanted urinary sphincter

Revise T83.192 Other mechanical complication of indwelling ureteral stent

New code T83.193 Other mechanical complication of other urinary stent
Other mechanical complication of ileal conduit stent
Other mechanical complication of nephroureteral stent

*These codes are proposed in separate proposal titled "Complications of Nervous System Devices"

Complications of Nervous System Devices

As currently constructed, many ICD-10-CM diagnosis codes for complications of nervous system devices are lacking in sufficient detail for data analysis, tracking, and other key classification measures.

There are currently four categories for device complications:

T82 - Complications of cardiac and vascular prosthetic devices, implants and grafts

T83 - Complications of genitourinary prosthetic devices, implants and grafts

T84 - Complications internal orthopedic prosthetic devices, implants and grafts

T85 - Complications of other internal prosthetic devices, implants and grafts

Along with cardiac and vascular, genitourinary, and internal orthopedic devices, complications of nervous system devices have specific codes in ICD-9-CM. However, for nervous system devices only, some of this detail is actually lost in ICD-10-CM and should be restored. Other existing ICD-10-CM codes for complications of nervous system devices would benefit from additional detail. Medtronic Inc., St. Jude Medical, Inc., and Boston Scientific Neuromodulation have submitted the following proposal to modify codes for complications with nervous system devices, as outlined below.

Mechanical Complications of Neurostimulators

ICD-10-CM provides a level of detail for mechanical complications specifically for neurostimulators. However, it would be useful to further differentiate between mechanical complications of electrodes (leads) and generators. This is because there are different clinical implications between, for example, a fractured lead and a prematurely depleted generator, or between a displaced lead and a flipped generator. There is already a precedent in ICD-10-CM to differentiate between electrodes (leads) and generators for mechanical complications of cardiac electronic devices (T82.1).

The existing complication codes can be revised to specify electrode (lead) only, and new codes can be added for the generator. ICD-10-CM has separate codes for leads of the brain, peripheral nerves and spinal cord, because the different locations have different clinical considerations. However, a single code is sufficient for the generator because most generators are placed subcutaneously.

TABULAR MODIFICATIONS

T85	Complications of other internal prosthetic devices, implants and grafts	
	T85.1 Mechanical complication of implanted electronic stimulator of nervous system	
	T85.11 Breakdown (mechanical) of implanted electronic stimulator of nervous system	
Revise	T85.110	Breakdown (mechanical) of implanted electronic neurostimulator (electrode) of brain, <u>electrode (lead)</u>
Revise	T85.111	Breakdown (mechanical) of implanted electronic neurostimulator (electrode) of peripheral nerve, <u>electrode (lead)</u>
Add		Breakdown of electrode (lead) for cranial nerve neurostimulators
Add		Breakdown of electrode (lead) for gastric neurostimulator
Add		Breakdown of electrode (lead) for sacral nerve neurostimulator
Add		Breakdown of electrode (lead) for vagal nerve neurostimulators
Revise	T85.112	Breakdown (mechanical) of implanted electronic neurostimulator (electrode) of spinal cord, <u>electrode (lead)</u>
New code	T85.113	Breakdown (mechanical) of implanted electronic neurostimulator, generator
Add		Breakdown (mechanical) of implanted electronic neurostimulator generator, brain, peripheral, gastric, spinal
Add		Breakdown (mechanical) of implanted electronic sacral neurostimulator, pulse generator or receiver
	T85.12 Displacement of implanted electronic stimulator of nervous system	
Revise	T85.120	Displacement of implanted electronic neurostimulator (electrode) of brain, <u>electrode (lead)</u>
Revise	T85.121	Displacement of implanted electronic neurostimulator (electrode) of peripheral nerve, <u>electrode (lead)</u>
Add		Displacement of electrode (lead) for cranial nerve neurostimulators
Add		Displacement of electrode (lead) for gastric neurostimulator
Add		Displacement of electrode (lead) for sacral nerve neurostimulator
Add		Displacement of electrode (lead) for vagal nerve neurostimulators

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Revise	T85.122	Displacement of implanted electronic neurostimulator (electrode) of spinal cord, <u>electrode (lead)</u>
New code	T85.123	Displacement of implanted electronic neurostimulator, generator
Add		Displacement of implanted electronic sacral neurostimulator generator, brain, peripheral, gastric, spinal
Add		Displacement of implanted electronic sacral neurostimulator, pulse generator or receiver
T85.19 Other mechanical complication of implanted electronic stimulator of nervous system		
Revise	T85.190	Other mechanical complication of implanted electronic neurostimulator (electrode) of brain, <u>electrode (lead)</u>
Revise	T85.191	Other mechanical complication of implanted electronic neurostimulator (electrode) of peripheral nerve, <u>electrode (lead)</u>
Add		Other mechanical complication of electrode (lead) for cranial nerve neurostimulators
Add		Other mechanical complication of electrode (lead) for gastric neurostimulator
Add		Other mechanical complication of electrode (lead) for sacral nerve neurostimulator
Add		Other mechanical complication of electrode (lead) for vagal nerve neurostimulators
Revise	T85.192	Other mechanical complication of implanted electronic neurostimulator (electrode) of spinal cord, <u>electrode (lead)</u>
New code	T85.193	Other mechanical complication of implanted electronic neurostimulator, generator
Add		Other mechanical complication of implanted electronic neurostimulator generator, brain, peripheral, gastric, spinal
Add		Other mechanical complication of implanted electronic sacral neurostimulator, pulse generator or receiver

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Mechanical Complications of Other Nervous System Devices

ICD-10-CM has no codes specifically defined for mechanical complications of any nervous system devices beyond ventricular shunts and neurostimulators. For example, no specific codes exist for mechanical complication of implanted intrathecal infusion pump. Also, while there are existing codes for mechanical complications of epidural and subdural infusion catheter, implanted intrathecal infusion catheters are subarachnoid. It should also be clarified that these codes can be applied to both cranial and spinal catheters in the epidural, subdural and subarachnoid spaces.

TABULAR MODIFICATIONS

T85	Complications of other internal prosthetic devices, implants and grafts	
	T85.6 Mechanical complication of other specified internal and external prosthetic devices, implants and grafts	
	T85.61 Breakdown (mechanical) of other specified internal prosthetic devices, implants and grafts	
Revise	T85.610	Breakdown (mechanical) of epidural and subdural <u>cranial or spinal</u> infusion catheter
Add		Breakdown (mechanical) of epidural infusion catheter
Add		Breakdown (mechanical) of intrathecal infusion catheter
Add		Breakdown (mechanical) of subarachnoid infusion catheter
Add		Breakdown (mechanical) of subdural infusion catheter
New code	T85.615	Breakdown (mechanical) of other nervous system device, implant or graft Breakdown (mechanical) of intrathecal infusion pump
	T85.62 Displacement of other specified internal prosthetic devices, implants and grafts	
Revise	T85.620	Displacement of epidural and subdural <u>cranial or spinal</u> infusion catheter
Add		Displacement of epidural infusion catheter
Add		Displacement of intrathecal infusion catheter
Add		Displacement of subarachnoid infusion catheter
Add		Displacement of subdural infusion catheter
New code	T85.625	Displacement of other nervous system device, implant or graft Displacement of intrathecal infusion pump
	T85.63 Leakage of other specified internal prosthetic devices, implants and grafts	
Revise	T85.630	Leakage of epidural and subdural <u>cranial or spinal</u> infusion catheter
Add		Leakage of epidural infusion catheter
Add		Leakage of intrathecal infusion catheter
Add		Leakage of subdural infusion catheter
Add		Leakage of subarachnoid infusion catheter

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New code	T85.635	Leakage of other nervous system device, implant or graft Leakage of intrathecal infusion pump
	T85.69	Other mechanical complication of other specified internal prosthetic devices, implants and grafts
Revise	T85.690	Other mechanical complication of epidural and subdural <u>cranial or spinal</u> infusion catheter
Add		Other mechanical complication of epidural infusion catheter Other mechanical complication of intrathecal infusion catheter Other mechanical complication of subarachnoid infusion catheter Other mechanical complication of subdural infusion catheter
New code	T85.695	Other mechanical complication of other nervous system device, implant or graft Other mechanical complication of intrathecal infusion pump

Infection and Inflammatory Reaction

Infections of the nervous system, particularly of the brain and spinal cord, can be very serious. However, ICD-10-CM currently has no specific code for infection and inflammatory reaction due to nervous system devices, either as a general subcategory or for specific nervous system devices. This detail is currently present in ICD-9-CM, at code 996.63, Infection and inflammatory reaction due to nervous system device, implant and graft. In the current draft of ICD-10-CM this is indexed to code T85.79, Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts. There is no specificity for nervous system devices in this code. It is proposed to create codes to restore this detail as well as further specify these devices similar to codes for mechanical complications for these found in subcategories T85.0, T85.1, and T85.6.

TABULAR MODIFICATIONS

	T85	Complications of other internal prosthetic devices, implants and grafts
	T85.7	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts
New subcategory	T85.73	Infection and inflammatory reaction due to nervous system devices, implants and graft
New code	T85.730	Infection and inflammatory reaction due to ventricular intracranial (communicating) shunt
New code	T85.731	Infection and inflammatory reaction due to implanted electronic neurostimulator of brain, electrode (lead)

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New code	T85.732	Infection and inflammatory reaction due to implanted electronic neurostimulator of peripheral nerve, electrode (lead)
New code	T85.733	Infection and inflammatory reaction due to implanted electronic neurostimulator of spinal cord, electrode (lead)
New code	T85.734	Infection and inflammatory reaction due to implanted electronic neurostimulator, generator Generator pocket infection
New code	T85.735	Infection and inflammatory reaction due to cranial or spinal infusion catheter Infection and inflammatory reaction due to epidural catheter Infection and inflammatory reaction due to intrathecal infusion catheter Infection and inflammatory reaction due to subarachnoid catheter Infection and inflammatory reaction due to subdural catheter
New code	T85.738	Infection and inflammatory reaction due to other nervous system device, implant or graft Infection and inflammatory reaction due to intrathecal infusion pump

Other Specified Complications

As with infections and inflammatory reactions, ICD-10-CM currently has no means of identifying other specified complications for nervous system devices. This is detail that has been lost from ICD-9-CM.

This detail is currently present in ICD-9-CM, at code 996.75, Other complications of nervous system device, (biological) (synthetic) implant and graft. In the current draft of ICD-10-CM these complications are indexed to codes in subcategory T85.8, Other specified complications of internal prosthetic devices, implants and grafts, not elsewhere classified. There is no specificity for nervous system devices in these codes. It is proposed to create codes to restore this detail.

Further, this proposal clarifies which code should be used to classify erosion and breakdown of subcutaneous device pocket. This is a known complication of neurostimulators and intrathecal pumps.

TABULAR MODIFICATIONS

T85 Complications of other internal prosthetic devices, implants and grafts

T85.8 Other specified complications of other internal prosthetic devices, implants and grafts, not elsewhere classified

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T85.81 Embolism due to internal prosthetic devices, implants and grafts, not elsewhere classified

New code T85.810 Embolism due to nervous system prosthetic devices, implants and grafts

New code T85.818 Embolism due to other internal prosthetic devices, implants and grafts

T85.82 Fibrosis due to internal prosthetic devices, implants and grafts, not elsewhere classified

New code T85.820 Fibrosis due to nervous system prosthetic devices, implants and grafts

New code T85.828 Fibrosis due to other internal prosthetic devices, implants and grafts

T85.83 Hemorrhage due to internal prosthetic devices, implants and grafts, not elsewhere classified

New code T85.830 Hemorrhage due to nervous system prosthetic devices, implants and grafts

New code T85.838 Hemorrhage due to other internal prosthetic devices, implants and grafts

T85.84 Pain due to internal prosthetic devices, implants and grafts, not elsewhere classified

New code T85.840 Pain due to nervous system prosthetic devices, implants and grafts

New code T85.848 Pain due to other internal prosthetic devices, implants and grafts

T85.85 Stenosis due to internal prosthetic devices, implants and grafts, not elsewhere classified

New code T85.850 Stenosis due to nervous system prosthetic devices, implants and grafts

New code T85.858 Stenosis due to other internal prosthetic devices, implants and grafts

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T85.86 Thrombosis due to internal prosthetic devices, implants and grafts, not elsewhere classified

New code T85.860 Thrombosis due to nervous system prosthetic devices, implants and grafts

New code T85.868 Thrombosis due to other internal prosthetic devices, implants and grafts

T85.89 Other specified complication of internal prosthetic devices, implants and grafts, not elsewhere classified

Add Erosion or breakdown of subcutaneous device pocket

New code T85.890 Other specified complication of nervous system prosthetic devices, implants and grafts

New code T85.898 Other specified complication of other internal prosthetic devices, implants and grafts

Mechanical complication of graft of urinary organ

Similar to the codes for exposure and erosion of implanted mesh, in T83.7-, urinary grafts, such as such as a pubovaginal sling using rectus fascia or fascia lata, can erode to surrounding tissues or expose into an organ. This can cause pain, inflammation and infection. These complications are not uniquely captured in any other ICD-10-CM codes. The American Urological Association (AUA) is proposing the following tabular modifications for new codes to identify erosion and exposure of grafts used in the urinary system.

TABULAR MODIFICATIONS

T83 Complications of genitourinary prosthetic devices, implants and grafts

T83.2 Mechanical complication of graft of urinary organ

New code T83.24 Erosion of graft of urinary organ

New code T83.25 Exposure of graft of urinary organ

Mechanical complication of devices, prosthetics, implants and grafts of genital tract

The American Urological Association (AUA) is requesting revisions and the addition of new codes to subcategory T83.4, Mechanical complication of devices, prosthetics, implants and grafts of genital tract. The new codes will allow coding complications of a testicular prosthesis implant. The revisions proposed change the order of wording for implanted prosthesis as well as add inclusion terms for the parts of the penile prosthesis; cylinders, pumps and reservoir. This will provide additional clarification on the use of these codes.

TABULAR MODIFICATIONS

T83	Complications of genitourinary prosthetic devices, implants and grafts
T83.4	Mechanical complication of devices, prosthetics, implants and grafts of genital tract
T83.41	Breakdown (mechanical) of other prosthetic devices, implants and grafts of genital tract
Revise	T83.410 Breakdown (mechanical) of <u>implanted</u> penile (implanted) prosthesis
Add	Breakdown (mechanical) of penile prosthesis cylinder
Add	Breakdown (mechanical) of penile prosthesis pump
Add	Breakdown (mechanical) of penile prosthesis reservoir
New code	T83.411 Breakdown (mechanical) of implanted testicular prosthesis
	T83.42 Displacement of other prosthetic devices, implants and grafts of genital tract
Revise	T83.420 Displacement of <u>implanted</u> penile (implanted) prosthesis
Add	Displacement of penile prosthesis cylinder
Add	Displacement of penile prosthesis pump
Add	Displacement of penile prosthesis reservoir
New code	T83.421 Displacement of implanted testicular prosthesis
Revise	T83.49 Other mechanical complication of other prosthetics devices, implants and grafts of genital tract
Revise	T83.490 Other mechanical complication of <u>implanted</u> penile (implanted) prosthesis
Add	Other mechanical complication of penile prosthesis cylinder
Add	Other mechanical complication of penile prosthesis pump
Add	Other mechanical complication of penile prosthesis reservoir
New code	T83.491 Other mechanical complication of implanted testicular prosthesis

Infection and inflammatory reaction due to device, prosthetic, implant and graft in urinary system

The American Urological Association (AUA) is requesting revisions and new codes in subcategories T83.5, Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system and T83.6, Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract. These are being proposed to maintain consistency of changes proposed in the other subcategories of T83. There is a need for more unique codes for different types of catheters, stents and other urinary devices. In addition, changes are proposed for new codes to better capture infection and inflammation due to prosthetic devices, implants and grafts both in the urinary system and the genital tract.

TABULAR MODIFICATIONS

T83	Complications of genitourinary prosthetic devices, implants and grafts
	T83.5 Infection and inflammatory reaction due to device, prosthetic, implant and graft in urinary system
Revise	T83.51 Infection and inflammatory reaction due to indwelling urinary catheter
Add	Excludes2: complications of stoma or urinary tract (N99.5-)
New code	T83.510 Infection and inflammatory reaction due to cystostomy catheter
New code	T83.511 Infection and inflammatory reaction due to indwelling urethral catheter
New code	T83.512 Infection and inflammatory reaction due to nephrostomy catheter
New code	T83.517 Infection and inflammatory reaction due to other urinary catheter Infection and inflammatory reaction due to Hopkins catheter Infection and inflammatory reaction due to ileostomy catheter Infection and inflammatory reaction due to urostomy catheter
New code	T83.518 Infection and inflammatory reaction due to other urinary stent Infection and inflammatory reaction due to nephroureteral stent Infection and inflammatory reaction due to ileal conduit
	T83.59 Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system
New code	T83.590 Infection and inflammatory reaction due to implanted urinary neurostimulation device
Add	Excludes2: Infection and inflammatory reaction due to electrode lead of sacral nerve neurostimulator (T85.732)*
Add	Infection and inflammatory reaction due to pulse generator or receiver of sacral nerve neurostimulator (T85.734)*

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New code	T83.591 Infection and inflammatory reaction due to implanted urinary sphincter
New code	T83.592 Infection and inflammatory reaction due to indwelling ureteral stent
New code	T83.593 Infection and inflammatory reaction due to other urinary stents
Add	Infection and inflammatory reaction due to nephroureteral stent
Add	Infection and inflammatory reaction due to ileal conduit stents
New code	T83.599 Infection and inflammatory reaction due to other prosthetic device, implant and graft in urinary system

*New codes proposed in separate proposal: "Complications of Nervous System Devices"

T83.6 Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract

New code	T83.61 Infection and inflammatory reaction due to implanted penile prosthesis Infection and inflammatory reaction due to penile prosthesis cylinder Infection and inflammatory reaction due to penile prosthesis pump Infection and inflammatory reaction due to penile prosthesis reservoir
New code	T83.62 Infection and inflammatory reaction due to implanted testicular prosthesis
New code	T83.69 Infection and inflammatory reaction due to other prosthetic device, implant and graft in genital tract

Complications due to implanted mesh and other prosthetic material to surrounding organ or tissue

The American Urological Association (AUA) is proposing revisions and the additions of new diagnosis codes to ICD-10-CM subcategory T83.7, Complications due to implanted mesh and other prosthetic materials. Modifications to this subcategory were added at the request of the American College of Obstetrics and Gynecology (ACOG), in FY 2012, to capture complications of vaginal mesh. Those changes addressed complications involving erosion and exposure of vaginal mesh and all other types of mesh were combined into a single “other specified” code. The AUA is proposing codes for erosion and exposure specific to the use of urethral mesh and urethral/ureteral bulking agents. They propose the following tabular modifications.

TABULAR MODIFICATIONS

T83	Complications of genitourinary prosthetic devices, implants and grafts
	T83.7 Complications due to implanted mesh and other prosthetic material to surrounding organ or tissue
	T83.71 Erosion of implanted mesh and other prosthetic materials to surrounding organ or tissue
Revise	T83.711 Erosion of implanted vaginal mesh and other prosthetic materials to surrounding organ or tissue
Revise	Erosion of implanted vaginal mesh and other prosthetic materials into pelvic floor muscles
New code	T83.712 Erosion of implanted urethral mesh to surrounding organ or tissue
Add	Erosion of implanted female urethral sling
Add	Erosion of implanted male urethral sling
Add	Erosion of implanted urethral mesh into pelvic floor muscles
New code	T83.713 Erosion of implanted urethral bulking agent to surrounding organ or tissue
New code	T83.714 Erosion of implanted ureteral bulking agent to surrounding organ or tissue
Revise	T83.718 Erosion of other implanted mesh and other prosthetic materials to surrounding organ or tissue
New code	T83.719 Erosion of other prosthetic materials to surrounding organ or tissue

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	T83.72	Exposure of implanted mesh and other prosthetic materials into surrounding organ or tissue
Add		Extrusion of implanted mesh
Revise	T83.721	Exposure of implanted vaginal mesh and other prosthetic materials into vagina
Revise		Exposure of implanted vaginal mesh and other prosthetic materials through vaginal wall
New code	T83.722	Exposure of implanted urethral mesh into urethra
Add		Exposure of implanted female urethral sling
Add		Exposure of implanted male urethral sling
Add		Exposure of implanted urethral mesh through urethral wall
New code	T83.723	Exposure of implanted urethral bulking agent into urethra
New code	T83.724	Exposure of implanted ureteral bulking agent into ureter
Revise	T83.728	Exposure of other implanted mesh and other prosthetic materials <u>into</u> surrounding organ or tissue
New code	T83.729	Exposure of other prosthetic materials into organ or tissue
New code	T83.79	Other specified complications due to other prosthetic materials

Malignant neoplasm of prostate

The American Urological Association (AUA) is requesting changes to better track patients with malignant neoplasm of the prostate.

The management of prostate cancer is currently such that when a patient presents with a sign or symptom, such as an elevated PSA (R97.2) or nodular prostate (N40.2/N40.3), it might prompt a prostate biopsy to see if the elevated PSA or the nodular prostate is due to prostate cancer or not. If is prostate cancer then code C61, Malignant neoplasm of prostate is assigned. Steps are taken to see if the neoplasm is locally confined or metastatic (adding codes from categories C77 or C78 if it is metastatic). If the prostate neoplasm is presumed to be confined to the prostate, a definitive therapy is undertaken such as surgery or radiation. If it is felt to be cured, the PSA level should then be "undetectable" and the patient then becomes a history patient and code Z85.46, Personal history of malignant neoplasm of prostate is applied. The patient's PSA levels are followed to assure that the cancer is cured. The first indication that the cancer was not cured may be a rising PSA. This might prompt further investigation such as CT scans, bone scans, further biopsies, etc.

If the PSA is rising or the cancer is found to have spread, often doctors will attempt to suppress the PSA and slow down the cancer by starting LHRH therapy (hormone therapy) or removing the testicles or similar. If the PSA drops down (and maybe goes back to zero) it is because the cancer is still "hormone sensitive" (i.e. responds to the hormone suppression by slowing down). There is currently no ICD-10-CM code to identify a patient who has recurrent or metastatic prostate cancer and the neoplasm is still "hormone sensitive". The AUA indicates that this is important because when the PSA starts rising again despite maximal hormone blockage, the neoplasm has mutated into a "castrate resistant" form (castrate being equal to maximally hormone suppressed, such as if one was castrated). At this point, other therapies may be indicated (i.e. chemotherapy, immunotherapy, etc.) and it is important to know when patients are at this step.

The AUA is proposing the following tabular changes to better track these phases of prostate cancer that are not currently represented well or at all in ICD-10-CM. It is important to have a code to be able to track patients with rising PSA following therapeutic treatments for prostate cancer as well as codes to identify whether or not the neoplasm is hormone sensitive to use in conjunction with a code from C61, which would indicate whether or not the neoplasm is metastatic or not.

These changes are in agreement with approvals made at the May 2013 AUA Coding and Reimbursement Committee (CRC). The proposed codes contain the specific and accepted terminology for prostate cancer used uniformly across all disciplines.

TABULAR MODIFICATIONS

Add	C61	Malignant neoplasm of prostate
Add		Use additional code to identify:
Add		hormone sensitivity status (Z19.1-Z19.2)
		rising PSA following treatment for malignant neoplasm of prostate (R97.21)
	R97	Abnormal tumor markers
		R97.2 Elevated prostate specific antigen [PSA]
New code	R97.20	Elevated prostate specific antigen [PSA]
New code	R97.21	Rising PSA following treatment for malignant neoplasm of prostate
New category	Z19	Hormone sensitivity malignancy status
		Code first malignant neoplasm - see Table of Neoplasms, by site, malignant
New code	Z19.1	Hormone sensitive malignancy status
New code	Z19.2	Hormone resistant malignancy status
		Castrate resistant prostate malignancy status

Neoplasm of unspecified behavior kidney

In ICD-10-CM there are two codes for neoplasm of unspecified behavior of the genitourinary tract, D49.4, Neoplasm of unspecified behavior of bladder and D49.5, Neoplasm of unspecified behavior of other genitourinary organs. The American Urological Association (AUA) is requesting the following change to the tabular at category D49, Neoplasms of unspecified behavior to allow unique codes specific to neoplasm of unspecified behavior of the kidney.

TABULAR MODIFICATIONS

	D49	Neoplasms of unspecified behavior
Revise	D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin Excludes1: neoplasm of unspecified behavior of skin of genital organs (<u>D49.59</u>)
	D49.5	Neoplasm of unspecified behavior of other genitourinary organs
New subcategory	D49.51	Neoplasm of unspecified behavior of kidney
New code	D49.511	Neoplasm of unspecified behavior of right kidney
New code	D49.512	Neoplasm of unspecified behavior of left kidney
New code	D49.519	Neoplasm of unspecified behavior of unspecified kidney
New code	D49.59	Neoplasm unspecified behavior of other genitourinary organ

Acquired ureteropelvic junction (UPJ) obstruction

There is no unique ICD-10-CM code for acquired occlusion of ureteropelvic junction when hydronephrosis is present. This is commonly seen in adults as a result of infection, scarring, or a crossing vessel. Ureteropelvic junction occlusion is currently indexed to code N13.5, Crossing vessel and stricture of ureter without hydronephrosis. However, if this occurs with hydronephrosis there is no good way to code this. The current version of ICD-10 (WHO) does have a unique code for hydronephrosis with ureteropelvic junction obstruction (N13.0) which was deactivated during early development of ICD-10-CM.

The American Urological Association (AUA) would like to propose adding (reactivating) the code N13.0 to category N13, Obstructive and reflux uropathy. This will restore a unique code for this acquired condition. Currently ICD-10-CM does have a unique code for congenital occlusion of ureteropelvic junction (Q62.11).

TABULAR MODIFICATIONS

	N13	Obstructive and reflux uropathy
New code	N13.0	Hydronephrosis with ureteropelvic junction obstruction Hydronephrosis due to acquired occlusion of ureteropelvic junction

Atypical small acinar proliferation

In urologic pathology, atypical small acinar proliferation (or "ASAP") is a focus of atypical glands in needle biopsy that is quantitatively and/or qualitatively insufficient for definitive diagnosis or exclusion of prostate cancer. ASAP is generally not considered pre-malignant, but requires a follow-up biopsy. This finding is commonly found on biopsy and is of clinical significance. In ICD-10-CM, there currently is no code for atypical small acinar proliferation.

The American Urological Association (AUA) is requesting a unique code for atypical small acinar proliferation by expanding code N42.3, Dysplasia of prostate. Modifying this and revising the index would allow more accurate tracking of this condition for both urologists and pathologists.

TABULAR MODIFICATIONS

	N42	Other and unspecified disorders of prostate
	N42.3	Dysplasia of prostate
Delete		Prostatic intraepithelial neoplasia I (PIN I)
Delete		Prostatic intraepithelial neoplasia II (PIN II)
Delete		Excludes1: — prostatic intraepithelial neoplasia III (PIN III) (D07.5)
New code	N42.30	Other dysplasia of prostate
New code	N42.31	Prostatic intraepithelial neoplasia PIN Prostatic intraepithelial neoplasia I (PIN I) Prostatic intraepithelial neoplasia II (PIN II) Excludes1: prostatic intraepithelial neoplasia III (PIN III) (D07.5)
New code	N42.32	Atypical small acinar proliferation of prostate
New code	N42.39	Unspecified dysplasia of prostate

Testicular pain/Scrotal pain

Urologists frequently evaluate men for testicular pain before a definitive diagnosis has been established. Sometimes this pain is due to an inflammatory process, epididymitis, torsion or tumor. But in some cases no diagnosis other than the pain symptom is known. The American Urological Association (AUA) has received a number of queries asking for a unique code for the symptom of testicular pain and also scrotal pain. These two conditions are currently indexed, in ICD-10 (WHO) and ICD-10-CM, to code N50.8, Other specified disorders of male genital organs. The AUA is proposing the following tabular modifications to allow better tracking of testicular and scrotal pain.

TABULAR MODIFICATIONS

N50 Other and unspecified disorders of male genital organs

N50.8 Other specified disorders of male genital organs

New subcategory	N50.81	Testicular pain
New code	N50.811	Right testicular pain
New code	N50.812	Left testicular pain
New code	N50.819	Testicular pain, unspecified
New code	N50.82	Scrotal pain
New code	N50.89	Other specified disorders of the male genital organs

Erectile Dysfunction (ED) due to radiation therapy and ablative therapies

Currently, ICD-10-CM subcategory N52.3, Post-surgical erectile dysfunction has codes for erectile dysfunction (ED) following certain surgical procedures. Other less invasive procedures such as external beam radiation therapy, brachytherapy, and ablative therapies of the prostate (such as cryotherapy, heat therapies, high-intensity focused ultrasound) can also cause erectile dysfunction and are not represented in any codes at N52.3. The American Urological Association (AUA) is requesting that additional codes be added to subcategory N52.3 to allow better tracking of ED caused by these other procedures. They propose the following tabular modifications to introduce these new codes.

TABULAR MODIFICATIONS

	N52	Male erectile dysfunction
Revise	N52.3	<u>Postprocedural</u> erectile dysfunction
New code	N52.35	Erectile dysfunction following radiation therapy
New code	N52.36	Erectile dysfunction following interstitial seed therapy
New code	N52.37	Erectile dysfunction following prostate ablative therapy Erectile dysfunction following cryotherapy Erectile dysfunction following other prostate ablative therapies Erectile dysfunction following ultrasound ablative therapies

INDEX MODIFICATIONS

	Dysfunction
Add	- erectile – see Dysfunction, sexual, male, erectile

Postprocedural urethral stricture

The American Urological Association (AUA) is requesting a new code for postprocedural fossa navicularis urethral stricture. This was previously proposed at the September 2012 ICD-9-CM Coordination and Maintenance Committee (C&M) meeting. This revised proposal is based on comments that were received following that meeting. The proposed revisions more accurately reflect the anatomy and do not resequence or otherwise redefine existing ICD-10-CM codes.

TABULAR MODIFICATIONS

N99 Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified

N99.1 Postprocedural urethral stricture

N99.11 Postprocedural urethral stricture, male

Revise N99.113 Postprocedural anterior bulbous urethral stricture

New code N99.115 Postprocedural fossa navicularis urethral stricture

Complications of stoma of urinary tract

The American Urological Association (AUA) is proposing revisions to subcategory N99.5, Complications of urinary stoma. There is a need to distinguish complications associated with an incontinent stoma (one that drains continuously to an external appliance that is periodically emptied) vs. a continent stoma (one where the urine accumulates in an internal pouch that is periodically emptied by inserting a catheter).

TABULAR MODIFICATIONS

	N99	Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified
	N99.5	Complications of stoma of urinary tract
Revise		Excludes2: mechanical complication of urinary (indwelling) catheter (T83.0-)
Revise	N99.52	Complication of other <u>incontinent</u> stoma of urinary tract
Revise	N99.520	Hemorrhage of <u>incontinent</u> stoma of urinary tract
Revise	N99.521	Infection of <u>incontinent</u> stoma of urinary tract
Revise	N99.522	Malfunction of <u>incontinent</u> stoma of urinary tract
New code	N99.523	Herniation of incontinent stoma of urinary tract
New code	N99.524	Stenosis of incontinent stoma of urinary tract
Revise	N99.528	Other complication of <u>incontinent</u> stoma of urinary tract
Revise	N99.53	Complication of <u>continent</u> stoma of urinary tract
Revise	N99.530	Hemorrhage of <u>continent</u> stoma of urinary tract
Revise	N99.531	Infection of <u>continent</u> stoma of urinary tract
Revise	N99.532	Malfunction of <u>continent</u> stoma of urinary tract
New code	N99.533	Herniation of continent stoma of urinary tract
New code	N99.534	Stenosis of continent stoma of urinary tract
Revise	N99.538	Other complication of <u>continent</u> stoma of urinary tract

Asymptomatic microscopic hematuria

Hematuria is defined as the presence of red blood cells in the urine. When visible to the patient, it is termed gross hematuria. Microscopic hematuria is that detected by the dipstick method or microscopic examination of the urinary sediment. Asymptomatic microhematuria (AMH) is defined as three or greater red blood cells (RBC) per high powered field (HPF) on a properly collected urinary specimen in the absence of an obvious benign cause.

In current urologic practice, asymptomatic microscopic hematuria is a common condition for urologic referral and urologic evaluation. There are many causes of AMH including urinary tract infection, urethral calculus, benign prostatic hyperplasia and bladder tumor. The American Urological Association (AUA) has published guidelines on the evaluation and workup of patients referred for asymptomatic microscopic hematuria. There is no unique code in ICD-10-CM for this condition. The AUA is proposing the following tabular changes for a new code for asymptomatic microscopic hematuria.

TABULAR MODIFICATIONS

	R31	Hematuria
	R31.2	Other microscopic hematuria
New code	R31.21	Asymptomatic microscopic hematuria AMH
New code	R31.29	Other microscopic hematuria

INDEX MODIFICATIONS

	Hematuria R31.9
Revise	- microscopic NEC <u>(with symptoms)</u> <u>R31.29</u>
Add	- - asymptomatic R31.21

Chronic bladder pain

There is no unique code for chronic bladder pain. The American Urological Association (AUA) is requesting a unique code for this condition and recommends the following tabular changes.

TABULAR MODIFICATIONS

R39 Other and unspecified symptoms and signs involving the genitourinary system

R39.8 Other symptoms and signs involving the genitourinary system

New code R39.82 Chronic bladder pain

Abnormal radiologic finding kidney

There is currently no ICD-10-CM code for an abnormal radiologic finding of the kidney. Code R93.4, Abnormal findings on diagnostic imaging of urinary organs includes filling defects found in the bladder, kidney or ureter. It would be useful to have a unique code to describe other types of findings of these organs, but especially abnormal findings found in diagnostic imaging of the kidney. The American Urological Association (AUA) recommends expanding existing code R93.4 for this purpose.

TABULAR MODIFICATIONS

	R93	Abnormal findings on diagnostic imaging of other body structures
New subcategory	R93.4	Abnormal findings on diagnostic imaging of urinary organs
Delete		Filling defect of bladder found on diagnostic imaging
Delete		Filling defect of kidney found on diagnostic imaging
Delete		Filling defect of ureter found on diagnostic imaging
Revise		<u>Excludes2:</u> hypertrophy of kidney (N28.81)
New code	R93.41	Abnormal radiologic findings on diagnostic imaging of of renal pelvis, ureter, or bladder
		Filling defect of bladder found on diagnostic imaging
		Filling defect of renal pelvis found on diagnostic imaging
		Filling defect of ureter found on diagnostic imaging
New subcategory	R93.42	Abnormal radiologic findings on diagnostic imaging of kidney
New code	R93.421	Abnormal radiologic findings on diagnostic imaging of right kidney
New code	R93.422	Abnormal radiologic findings on diagnostic imaging of left kidney
New code	R93.429	Abnormal radiologic findings on diagnostic imaging of unspecified kidney
New code	R93.49	Abnormal radiologic findings on diagnostic imaging of other urinary organs

Urology related addenda items

Acute tubulo-interstitial nephritis

ICD-10-CM code N10 is currently titled “Acute tubulo-interstitial nephritis”. In the United States, this is referred to as "acute pyelonephritis". The term "acute tubulo-interstitial nephritis" is not used and is confusing to providers here. Although acute pyelonephritis is indexed to and included at code N10 the American Urological Association recommends revising the title to this code to reflect its meaning in the U.S.

TABULAR MODIFICATIONS

Revise	N10	Acute <u>pyelonephritis</u>
Delete		Acute pyelonephritis
Add		Acute tubulo-interstitial nephritis

Benign Prostatic Hyperplasia

The American Urological Association (AUA) recommends revising the title of category N40, Enlarged Prostate and its related codes. Though there are some who may still use this terminology, in the United States, this condition is more commonly known as “benign prostatic hyperplasia” or BPH. This is currently listed as an inclusion term at N40. The AUA feels that this title revision will better ensure accuracy and ease of coding this condition.

TABULAR MODIFICATIONS

Revise	N40	<u>Benign prostatic hyperplasia</u> Includes: adenofibromatous hypertrophy of prostate
Delete		benign prostatic hyperplasia
Add		enlarged prostate
Revise	N40.0	<u>Benign prostatic hyperplasia</u> without lower urinary tract symptoms
Revise	N40.1	<u>Benign prostatic hyperplasia</u> with lower urinary tract symptoms

Diabetes mellitus controlled using oral medication

ICD-10-CM does not have a unique code to identify diabetes mellitus controlled using oral medications. Subcategory O24.4 Gestational diabetes mellitus, has unique codes to indicate gestational diabetes mellitus controlled by diet, insulin or unspecified means. There is a unique code for use of insulin to control diabetes, code Z79.4, Long term (current) use of insulin. Since oral medication is a common method of treatment for controlling diabetes mellitus it has been suggested that unique codes be created for this in the classification. This will allow better tracking of diabetes mellitus controlled in this way.

NCHS recommends the following changes to the tabular for the addition of these unique codes.

TABULAR MODIFICATIONS

E08 Diabetes mellitus due to underlying condition

Revise	Use additional code to identify <u>control using</u> :
Add	insulin (Z79.4)
Add	oral antidiabetic drugs (Z79.84)
Add	oral hypoglycemic drugs (Z79.84)

[Note: These coding notes would be revised/added to the other diabetes mellitus categories]

O24 Diabetes mellitus in pregnancy, childbirth, and the puerperium

O24.4 Gestational diabetes mellitus

O24.41 Gestational diabetes mellitus in pregnancy

New code	O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
		Gestational diabetes mellitus in pregnancy, controlled by oral antidiabetic drugs

O24.42 Gestational diabetes mellitus in childbirth

New code	O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
		Gestational diabetes mellitus in childbirth, controlled by oral antidiabetic drugs

O24.43 Gestational diabetes mellitus in the puerperium

New code	O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
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Gestational diabetes mellitus in puerperium, controlled by
oral antidiabetic drugs

Z79 Long term (current) drug therapy

Z79.4 Long term (current) use of insulin

Add Excludes2: long term (current) use of oral antidiabetic drugs (Z79.84)
Add long term (current) use of oral hypoglycemic drugs (Z79.84)

Z79.8 Other long term (current) drug therapy

New code Z79.84 Long term (current) use of oral hypoglycemic drugs
Long term (current) use of oral antidiabetic drugs

Add Excludes2: long term (current) use of insulin (Z79.4)

Chapter 5 Addenda

The American Psychiatric Association (APA) proposes the following addenda changes to the ICD-10-CM Tabular and Index, specifically to Chapter 5, Mental, Behavioral and Neurodevelopmental disorders (F01-F99). The APA indicates that these revisions are necessary because DSM-5 contains several new diagnoses, as well as new disorder titles, that do not map well to any existing ICD-10-CM codes. Because of this, they are proposing numerous new index entries and tabular inclusion terms to ensure that coders can correctly identify the codes to use. The APA proposes that these changes will also ensure that new DSM-5 disorder titles correspond to a valid ICD-10-CM code.

Many of the changes in the proposed addenda relate to the reconceptualization of the substance use disorders from having separate disorder names and codes for substance abuse and dependence. However, extensive scientific evidence was assembled to show that, rather than existing as two separate disorders, these conditions exist on a spectrum that the APA has now conceptualized as ranging from mild to moderate to severe. In order to make the closest approximations with existing ICD-10-CM codes, it is noted that codes for mild substance use disorders correspond to the abuse codes and codes for moderate and severe substance use disorders correspond to dependence codes. The APA may recommend changes in the structure and names of ICD-10-CM substance related disorders, in the future, however at the present time they are only recommending the addition of the new terminology as inclusion terms.

The following addenda are proposed for implementation on October 1, 2015:

PROPOSED TABULAR MODIFICATIONS

Add	F01	Vascular dementia Major neurocognitive disorder due to vascular disease
Add	F01.5	Vascular dementia
	F01.50	Vascular dementia without behavioral disturbance Major neurocognitive disorder due to vascular disease, without behavioral disturbance
Add	F01.51	Vascular dementia with behavioral disturbance Major neurocognitive disorder due to vascular disease, with behavioral disturbance
Add	F02	Dementia in other diseases classified elsewhere Major neurocognitive disorder in other diseases classified elsewhere Code first the underlying physiological condition, such as:
Add		Huntington's disease
Add		prion disease
Add		traumatic brain injury

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- F06 Other mental disorders due to known physiological condition
F06.1 Catatonia disorder due to known physiological condition
Add Catatonia associated with another mental disorder
Add Catatonia NOS
- F10 Alcohol-related disorders
F10.1 Alcohol abuse
F10.10 Alcohol abuse, uncomplicated
Add Alcohol use disorder, mild
F10.14 Alcohol abuse with alcohol induced mood disorder
Add Alcohol use disorder, mild, with alcohol-induced bipolar or related disorder
Add Alcohol use disorder, mild, with alcohol-induced depressive disorder
F10.2 Alcohol dependence
F10.20 Alcohol dependence, uncomplicated
Add Alcohol use disorder, moderate
Add Alcohol use disorder, severe
F10.24 Alcohol dependence with alcohol induced mood disorder
Add Alcohol use disorder, moderate, with alcohol-induced depressive disorder
Add Alcohol use disorder, moderate, with alcohol-induced bipolar or related disorder
Add Alcohol use disorder, severe, with alcohol-induced depressive disorder
Add Alcohol use disorder, severe, with alcohol-induced bipolar or related disorder
F10.26 Alcohol dependence with alcohol induced persisting amnesic disorder
Add Alcohol use disorder, moderate, with alcohol-induced major neurocognitive disorder, amnesic-confabulatory type
Add Alcohol use disorder, severe, with alcohol-induced major neurocognitive disorder, amnesic-confabulatory type
F10.27 Alcohol dependence with alcohol induced persisting dementia
Add Alcohol use disorder, moderate, with alcohol-induced major neurocognitive disorder, nonamnesic-confabulatory type
Add Alcohol use disorder, severe, with alcohol-induced major neurocognitive disorder, nonamnesic-confabulatory type
F10.28 Alcohol dependence with other alcohol-induced disorders
F10.288 Alcohol dependence with other alcohol induced disorder
Add Alcohol use disorder, moderate, with alcohol-induced mild neurocognitive disorder
Add Alcohol use disorder, severe, with alcohol-induced mild neurocognitive disorder
F10.9 Alcohol use, unspecified

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- Add F10.94 Alcohol use, unspecified with alcohol induced mood disorder
Add Alcohol induced bipolar or related disorder, without use disorder
Alcohol induced depressive disorder, without use disorder
- Add F10.95 Alcohol use, unspecified with alcohol-induced psychotic disorder
F10.959 Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
Alcohol-induced psychotic disorder without use disorder
- Add F10.96 Alcohol use, unspecified with alcohol induced persisting amnestic disorder
Alcohol-induced major neurocognitive disorder, amnestic-confabulatory type, without use disorder
- Add F10.97 Alcohol use, unspecified with alcohol induced persisting dementia
Alcohol-induced major neurocognitive disorder, nonamnestic-confabulatory type, without use disorder
- Add F10.98 Alcohol use, unspecified with other alcohol induced disorders
F10.980 Alcohol use, unspecified with alcohol-induced anxiety disorder
Alcohol induced anxiety disorder, without use disorder
F10.981 Alcohol use, unspecified with alcohol-induced sexual dysfunction
Alcohol induced sexual dysfunction, without use disorder
F10.982 Alcohol use, unspecified with alcohol-induced sleep disorder
Alcohol induced sleep disorder, without use disorder
- Add F10.988 Alcohol use, unspecified with other alcohol induced disorder
Alcohol induced mild neurocognitive disorder, without use disorder
- F11 Opioid related disorders
- Add F11.1 Opioid abuse
F11.10 Opioid abuse, uncomplicated
Opioid use disorder, mild
- Add F11.14 Opioid abuse with opioid induced mood disorder
Opioid use disorder, mild, with opioid-induced depressive disorder
- Add F11.2 Opioid dependence
F11.20 Opioid dependence, uncomplicated
Opioid use disorder, moderate
Opioid use disorder, severe
- Add F11.24 Opioid dependence with opioid induced mood disorder
Opioid use disorder, moderate, with opioid induced depressive disorder
- Add F11.9 Opioid use, unspecified
F11.92 Opioid use, unspecified with intoxication
F11.921 Other opioid use, unspecified with intoxication delirium
Opioid-induced delirium
- Add F11.94 Opioid use unspecified with opioid induced mood disorder
Opioid induced depressive disorder, without use disorder
- Add F11.98 Opioid use, unspecified with other specified opioid-induced disorders

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- Add Sedative, hypnotic, or anxiolytic use disorder, mild, with sedative, hypnotic, or anxiolytic induced bipolar or related disorder
- Add Sedative, hypnotic, or anxiolytic use disorder, mild, with sedative, hypnotic, or anxiolytic induced depressive disorder
- F13.2 Sedative, hypnotic or anxiolytic-related dependence
- F13.23 Sedative, hypnotic or anxiolytic dependence with withdrawal
- Add Sedative, hypnotic, or anxiolytic use disorder, moderate
- Add Sedative, hypnotic, or anxiolytic use disorder, severe
- F13.232 Sedative, hypnotic, or anxiolytic dependence with withdrawal with perceptual disturbance
- Add Sedative, hypnotic, or anxiolytic withdrawal with perceptual disturbances
- F13.239 Sedative, hypnotic, or anxiolytic dependence with withdrawal, unspecified
- Add Sedative, hypnotic, or anxiolytic withdrawal without perceptual disturbances
- F13.24 Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic, or anxiolytic-induced mood disorder
- Add Sedative, hypnotic, or anxiolytic use disorder, moderate, with sedative, hypnotic, or anxiolytic induced bipolar or related disorder
- Add Sedative, hypnotic, or anxiolytic use disorder, moderate, with sedative, hypnotic, or anxiolytic induced depressive disorder
- Add Sedative, hypnotic, or anxiolytic use disorder, severe, with sedative, hypnotic, or anxiolytic-induced bipolar or related disorder
- Add Sedative, hypnotic, or anxiolytic use disorder, severe, with sedative, hypnotic, or anxiolytic induced depressive disorder
- F13.27 Sedative, hypnotic, or anxiolytic dependence with sedative, hypnotic, or anxiolytic induced persisting dementia
- Add Sedative, hypnotic, or anxiolytic use disorder, moderate, with sedative, hypnotic, or anxiolytic induced major neurocognitive disorder
- Add Sedative, hypnotic, or anxiolytic use disorder, severe, with sedative, hypnotic, or anxiolytic-induced major neurocognitive disorder

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- Add F13.288 Sedative, hypnotic, or anxiolytic dependence with other sedative, hypnotic, or anxiolytic induced disorder
Sedative, hypnotic, or anxiolytic use disorder, moderate, with sedative, hypnotic, or anxiolytic induced mild neurocognitive disorder
- Add F13.288 Sedative, hypnotic, or anxiolytic use disorder, severe, with sedative, hypnotic, or anxiolytic induced mild neurocognitive disorder
- F13.9 Sedative, hypnotic or anxiolytic-related use, unspecified
- F13.92 Sedative, hypnotic or anxiolytic use, unspecified with intoxication
- F13.921 Other sedative, hypnotic, or anxiolytic use, unspecified with intoxication delirium
- Add F13.921 Sedative, hypnotic, or anxiolytic-induced delirium
- F13.94 Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic, or anxiolytic induced mood disorder
- Add F13.94 Sedative, hypnotic, or anxiolytic-induced bipolar or related disorder, without use disorder
- Add F13.94 Sedative, hypnotic, or anxiolytic-induced depressive disorder, without use disorder
- F13.95 Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic, or anxiolytic induced psychotic disorder
- F13.959 Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic, or anxiolytic induced psychotic disorder, unspecified
- Add F13.959 Sedative, hypnotic, or anxiolytic induced psychotic disorder, without use disorder
- F13.97 Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic, or anxiolytic induced persisting dementia
- Add F13.97 Sedative, hypnotic, or anxiolytic induced major neurocognitive disorder, without use disorder
- F13.98 Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic induced disorders
- F13.980 Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic, or anxiolytic induced anxiety disorder
- Add F13.980 Sedative, hypnotic, or anxiolytic induced anxiety disorder, without use disorder
- F13.981 Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic, or anxiolytic induced sexual dysfunction
- Add F13.981 Sedative, hypnotic, or anxiolytic induced sexual dysfunction disorder, without use disorder
- F13.982 Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic, or anxiolytic induced sleep disorder
- Add F13.982 Sedative, hypnotic, or anxiolytic induced sleep disorder, without use disorder
- F13.988 Sedative, hypnotic, or anxiolytic use, unspecified with unspecified sedative, hypnotic, or anxiolytic induced disorder

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- Add Sedative, hypnotic, or anxiolytic induced mild neurocognitive disorder
- F14 Cocaine related disorders
 - F14.1 Cocaine abuse
 - F14.10 Cocaine abuse, uncomplicated
 - Add Cocaine use disorder, mild
 - F14.14 Cocaine abuse with cocaine-induced mood disorder
 - Add Cocaine use disorder, mild, with cocaine-induced bipolar or related disorder
 - Add Cocaine use disorder, mild, with cocaine-induced depressive disorder
 - F14.18 Cocaine abuse with other cocaine-induced disorder
 - F14.188 Cocaine abuse with other cocaine-induced disorder
 - Add Cocaine use disorder, mild, with cocaine-induced obsessive compulsive or related disorder
 - F14.2 Cocaine dependence
 - F14.20 Cocaine dependence, uncomplicated
 - Add Cocaine use disorder, moderate
 - Add Cocaine use disorder, severe
 - F14.24 Cocaine dependence with cocaine-induced mood disorder
 - Add Cocaine use disorder, moderate, with cocaine-induced bipolar or related disorder
 - Add Cocaine use disorder, moderate, with cocaine-induced depressive disorder
 - Add Cocaine use disorder, severe, with cocaine-induced bipolar or related disorder
 - Add Cocaine use disorder, severe, with cocaine-induced depressive disorder

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- F14.28 Cocaine dependence with other cocaine-induced disorder
 - F14.288 Cocaine dependence with other cocaine-induced disorder
 - Add Cocaine use disorder, moderate, with cocaine-induced obsessive compulsive or related disorder
 - Add Cocaine use disorder, severe, with cocaine-induced obsessive compulsive or related disorder
 - F14.9 Cocaine use, unspecified
 - F14.94 Cocaine use, unspecified with cocaine-induced mood disorder
 - Add Cocaine induced bipolar or related disorder, without use disorder
 - Add Cocaine induced depressive disorder, without use disorder
 - F14.95 Cocaine use, unspecified with cocaine-induced psychotic disorder
 - F14.959 Cocaine use, unspecified with cocaine-induced psychotic disorder,unspecified
 - Add Cocaine induced psychotic disorder, without use disorder
 - F14.98 Cocaine use, unspecified with other specified cocaine-induced disorder
 - F14.980 Cocaine use, unspecified with cocaine-induced anxiety disorder
 - Add Cocaine induced anxiety disorder, without use disorder
 - F14.981 Cocaine use, unspecified with cocaine-induced sexual dysfunction
 - Add Cocaine induced sexual dysfunction, without use disorder
 - F14.982 Cocaine use, unspecified with cocaine induced sleep disorder
 - Add Cocaine induced sleep disorder, without use disorder
 - F14.988 Cocaine use, unspecified with other cocaine-induced disorder
 - Add Cocaine induced obsessive compulsive or related disorder
- F15 Other stimulant related disorders
 - F15.1 Other stimulant abuse
 - F15.10 Other stimulant abuse, uncomplicated
 - Add Amphetamine type substance use disorder, mild
 - Add Other or unspecified stimulant use disorder, mild

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	F15.12	Other stimulant abuse with intoxication
Add	F15.122	Other stimulant abuse with intoxication with perceptual disturbances Amphetamine or other stimulant use disorder, mild, with amphetamine or other stimulant intoxication, with perceptual disturbances
Add	F15.129	Other stimulant abuse with intoxication unspecified Amphetamine or other stimulant use disorder, mild, with amphetamine or other stimulant intoxication, without perceptual disturbances
Add	F15.14	Other stimulant abuse with other stimulant-induced mood disorder Amphetamine or other stimulant use disorder, mild, with amphetamine or other stimulant induced bipolar or related disorder
Add		Amphetamine or other stimulant use disorder, mild, with amphetamine or other stimulant induced depressive disorder
Add	F15.18	Other stimulant abuse with other stimulant-induced disorder
Add	F15.188	Other stimulant abuse with other stimulant induced disorder Amphetamine or other stimulant use disorder, mild, with amphetamine or other stimulant induced obsessive-compulsive or related disorder
	F15.2	Other stimulant dependence
Add	F15.20	Other stimulant dependence, uncomplicated Amphetamine type substance use disorder, moderate
Add		Amphetamine type substance use disorder, severe
Add		Other or unspecified stimulant use disorder, moderate
Add		Other or unspecified stimulant use disorder, severe
Add	F15.222	Other stimulant dependence with intoxication with perceptual disturbance Amphetamine or other stimulant use disorder, moderate, with amphetamine or other stimulant intoxication, with perceptual disturbances
Add		Amphetamine or other stimulant use disorder, severe, with amphetamine or other stimulant intoxication, with perceptual disturbances

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- Add F15.229 Other stimulant dependence with intoxication, unspecified
Amphetamine or other stimulant use disorder, moderate, with
amphetamine or other stimulant intoxication, without
perceptual disturbances
- Add Amphetamine or other stimulant use disorder, severe, with
amphetamine or other stimulant intoxication, without
perceptual disturbances
- Add F15.23 Other stimulant dependence with withdrawal
Amphetamine or other stimulant withdrawal
- Add F15.24 Other stimulant dependence with stimulant induced mood disorder
Amphetamine or other stimulant use disorder, moderate, with amphetamine or
other stimulant-induced bipolar or related disorder
- Add Amphetamine or other stimulant use disorder, moderate, with amphetamine or
other stimulant induced depressive disorder
- Add Amphetamine or other stimulant use disorder, severe, with amphetamine or
other stimulant-induced bipolar or related disorder
- Add Amphetamine or other stimulant use disorder, severe, with amphetamine or
other stimulant-induced depressive disorder
- Add F15.28 Other stimulant dependence with other stimulant-induced disorder
- Add F15.288 Other stimulant dependence with other stimulant induced disorder
Amphetamine or other stimulant use disorder, moderate, with
amphetamine or other stimulant induced obsessive compulsive or
related disorder
- Add Amphetamine or other stimulant use disorder, severe, with
amphetamine or other stimulant induced obsessive compulsive or
related disorder
- F15.9 Other stimulant use, unspecified
- Add F15.92 Other stimulant use, unspecified with intoxication
- Add F15.921 Other stimulant use, unspecified with intoxication delirium
Amphetamine or other stimulant-induced delirium
- Add F15.929 Other stimulant use, unspecified with intoxication, unspecified
Caffeine intoxication
- Add F15.93 Other stimulant use, unspecified with withdrawal
Caffeine withdrawal
- Add F15.94 Other stimulant use, unspecified with other stimulant induced mood disorder
Amphetamine or other stimulant-induced bipolar or related disorder,
without use disorder
- Add Amphetamine or other stimulant-induced depressive disorder, without use
disorder
- Add F15.95 Other stimulant use, unspecified with stimulant-induced psychotic disorder
- Add F15.959 Other stimulant use, unspecified with stimulant-induced psychotic
disorder, unspecified
Cocaine induced psychotic disorder, without use disorder
- Add F15.98 Other stimulant use, unspecified with other stimulant-induced disorder
- Add F15.980 Other stimulant use, unspecified with other stimulant-induced
anxiety disorder

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Add		Amphetamine or other stimulant-induced anxiety disorder, without use disorder
Add		Caffeine induced anxiety disorder, without use disorder
	F15.981	Other stimulant use, unspecified with other stimulant-induced sexual dysfunction
Add		Amphetamine or other stimulant-induced sexual dysfunction, without use disorder
	F15.982	Other stimulant use, unspecified with stimulant-induced sleep disorder
Add		Amphetamine or other stimulant-induced sleep disorder, without use disorder
Add		Caffeine induced sleep disorder, without use disorder
	F15.988	Other stimulant use, unspecified with other stimulant-induced disorder
Add		Amphetamine or other stimulant-induced obsessive compulsive or related disorder, without use disorder
	F16	Hallucinogen related disorders
	F16.1	Hallucinogen abuse
	F16.10	Hallucinogen abuse, uncomplicated
Add		Other hallucinogen use disorder, mild
Add		Phencyclidine use disorder, mild

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- Add F16.14 Hallucinogen abuse with hallucinogen-induced mood disorder
 - Other hallucinogen use disorder, mild, with other hallucinogen induced bipolar or related disorder
- Add Other hallucinogen use disorder, mild, with other hallucinogen induced depressive disorder
- Add Phencyclidine use disorder, mild, with phencyclidine induced bipolar or related disorder
- Add Phencyclidine use disorder, mild, with phencyclidine induced depressive disorder
- F16.2 Hallucinogen dependence
 - F16.20 Hallucinogen dependence, uncomplicated
 - Add Other hallucinogen use disorder, moderate
 - Add Other hallucinogen use disorder, severe
 - Add Phencyclidine use disorder, moderate
 - Add Phencyclidine use disorder, severe
 - F16.24 Hallucinogen dependence with hallucinogen induced mood disorder
 - Add Other hallucinogen use disorder, moderate, with other hallucinogen induced bipolar or related disorder
 - Add Other hallucinogen use disorder, moderate, with other hallucinogen induced depressive disorder
 - Add Other hallucinogen use disorder, severe, with other hallucinogen-induced bipolar or related disorder
 - Add Other hallucinogen use disorder, severe, with other hallucinogen-induced depressive disorder
 - Add Phencyclidine use disorder, moderate, with phencyclidine induced bipolar or related disorder
 - Add Phencyclidine use disorder, moderate, with phencyclidine induced depressive disorder
 - Add Phencyclidine use disorder, severe, with phencyclidine induced bipolar or related disorder
 - Add Phencyclidine use disorder, severe, with phencyclidine-induced depressive disorder
- F16.9 Hallucinogen use, unspecified
 - F16.92 Hallucinogen use, unspecified with intoxication
 - F16.921 Hallucinogen use, unspecified with intoxication with delirium
 - Add Other hallucinogen intoxication delirium

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- Add F16.94 Hallucinogen use, unspecified, with hallucinogen induced mood disorder
Other hallucinogen induced bipolar or related disorder, without use disorder
- Add Other hallucinogen induced depressive disorder, without use disorder
- Add Phencyclidine induced bipolar or related disorder, without use disorder
- Add Phencyclidine induced depressive disorder, without use disorder
- F16.95 Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder
 - F16.959 Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
 - Add Other hallucinogen induced psychotic disorder, without use disorder
 - Add Phencyclidine induced psychotic disorder, without use disorder
- F16.98 Hallucinogen use, unspecified with other specified hallucinogen-induced disorder
 - F16.980 Hallucinogen use, unspecified with hallucinogen induced anxiety disorder
 - Add Other hallucinogen-induced anxiety disorder, without use disorder
 - Add Phencyclidine induced anxiety disorder, without use disorder
- F17 Nicotine dependence
 - F17.2 Nicotine dependence
 - F17.20 Nicotine dependence, unspecified
 - F17.200 Nicotine dependence, unspecified, uncomplicated
 - Add Tobacco use disorder, mild
 - Add Tobacco use disorder, moderate
 - Add Tobacco use disorder, severe
 - F17.203 Nicotine dependence, unspecified, with withdrawal
 - Add Tobacco withdrawal
- F18 Inhalant related disorders
 - F18.1 Inhalant abuse
 - F18.10 Inhalant abuse, uncomplicated
 - Add Inhalant use disorder, mild

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- Add F18.14 Inhalant abuse with inhalant induced mood disorder
Inhalant use disorder, mild, with inhalant induced depressive disorder
- Add F18.17 Inhalant abuse with inhalant induced dementia
Inhalant use disorder, mild, with inhalant induced major neurocognitive disorder
- Add F18.18 Inhalant abuse with other inhalant-induced disorders
F18.188 Inhalant abuse with other inhalant induced disorder
Inhalant use disorder, mild, with inhalant induced mild neurocognitive disorder
- F18.2 Inhalant dependence
 - Add F18.20 Inhalant dependence, uncomplicated
Inhalant use disorder, moderate
 - Add Inhalant use disorder, severe
 - Add F18.24 Inhalant dependence with inhalant induced mood disorder
Inhalant use disorder, moderate, with inhalant induced depressive disorder
 - Add Inhalant use disorder, severe, with inhalant-induced depressive disorder
 - Add F18.27 Inhalant dependence with inhalant induced dementia
Inhalant use disorder, moderate, with inhalant induced major neurocognitive disorder
 - Add Inhalant use disorder, severe, with inhalant induced major neurocognitive disorder
 - Add F18.28 Inhalant dependence with other inhalant-induced disorders
 - Add F18.288 Inhalant dependence with other inhalant induced disorder
Inhalant use disorder, moderate, with inhalant-induced mild neurocognitive disorder
 - Add Inhalant use disorder, severe, with inhalant-induced mild neurocognitive disorder
- F18.9 Inhalant use, unspecified
 - Add F18.94 Inhalant use, unspecified with inhalant induced mood disorder
Inhalant induced depressive disorder
 - Add F18.97 Inhalant use, unspecified with inhalant induced persisting dementia
Inhalant-induced major neurocognitive disorder
 - Add F18.98 Inhalant use, unspecified with other inhalant-induced disorders
 - Add F18.988 Inhalant use, unspecified with other inhalant induced disorder
Inhalant-induced mild neurocognitive disorder
- F19 Other psychoactive substance related disorders
 - F19.1 Other psychoactive substance abuse
 - Add F19.10 Other psychoactive substance abuse, uncomplicated
Other (or unknown) substance use disorder, mild
 - Add F19.14 Other psychoactive substance abuse with psychoactive substance induced mood disorder
Other (or unknown) substance use disorder, mild, with other (or unknown) substance-induced depressive disorder
 - Add Other (or unknown) substance use disorder, mild, with other (or unknown) substance-induced bipolar or related disorder

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- Add F19.17 Other psychoactive substance abuse with psychoactive substance induced persisting dementia
Other (or unknown) substance use disorder, mild, with other (or unknown) substance-induced major neurocognitive disorder
- F19.18 Other psychoactive substance abuse with other psychoactive substance-induced disorders
- Add F19.188 Other psychoactive substance abuse with other psychoactive substance induced disorder
Other (or unknown) substance use disorder, mild, with other (or unknown) substance induced obsessive-compulsive or related disorder
- Add Other (or unknown) substance use disorder, mild, with other (or unknown) substance induced mild neurocognitive disorder
- F19.2 Other psychoactive substance dependence
- Add F19.20 Other psychoactive substance dependence, uncomplicated
Other (or unknown) substance use disorder, moderate
- Add Other (or unknown) substance use disorder, severe
- Add F19.24 Other psychoactive substance dependence with psychoactive substance induced mood disorder
Other (or unknown) substance use disorder, moderate, with other (or unknown) substance induced depressive disorder
- Add Other (or unknown) substance use disorder, moderate, with other (or unknown) substance induced bipolar or related disorder
- Add Other (or unknown) substance use disorder, severe, with other (or unknown) substance induced depressive disorder
- Add Other (or unknown) substance use disorder, severe, with other (or unknown) substance induced bipolar or related disorder
- Add F19.27 Other psychoactive substance dependence with psychoactive substance induced persisting dementia
Other (or unknown) substance use disorder, moderate, with other (or unknown) substance induced major neurocognitive disorder
- Add Other (or unknown) substance use disorder, severe, with other (or unknown) substance induced major neurocognitive disorder
- F19.28 Other psychoactive substance dependence with other psychoactive substance-induced disorders
- Add F19.288 Other psychoactive substance dependence with other psychoactive substance induced disorder
Other (or unknown) substance use disorder, moderate, with other (or unknown) substance induced obsessive compulsive or related disorder
- Add Other (or unknown) substance use disorder, severe, with other (or unknown) substance induced obsessive-compulsive or related disorder

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- Add Other (or unknown) substance use disorder, moderate, with other (or unknown) substance induced mild neurocognitive disorder
- Add Other (or unknown) substance use disorder, severe, with other (or unknown) substance induced mild neurocognitive disorder
- F19.9 Other psychoactive substance use, unspecified
- F19.92 Other psychoactive substance use, unspecified with intoxication
- F19.921 Other psychoactive substance use, unspecified with intoxication with delirium
- Add Other (or unknown) substance-induced delirium
- F19.94 Other psychoactive substance use, unspecified with psychoactive substance induced mood disorder
- Add Other (or unknown) substance-induced bipolar or related disorder, without use disorder
- Add Other (or unknown) substance-induced depressive disorder, without use disorder
- F19.95 Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder
- F19.959 Other psychoactive substance use, unspecified with psychoactive substance induced psychotic disorder, unspecified
- Add Other or unknown substance-induced psychotic disorder, without use disorder
- F19.97 Other psychoactive substance use, unspecified with psychoactive substance induced persisting dementia
- Add Other (or unknown) substance-induced major neurocognitive disorder, without use disorder
- F19.98 Other psychoactive substance use, unspecified with other psychoactive substance-induced disorders
- F19.980 Other psychoactive substance use, unspecified with psychoactive substance induced anxiety disorder
- Add Other (or unknown) substance-induced anxiety disorder, without use disorder
- F19.981 Other psychoactive substance use, unspecified with psychoactive substance induced sexual dysfunction
- Add Other (or unknown) substance-induced sexual dysfunction, without use disorder
- F19.982 Other psychoactive substance use, unspecified with psychoactive substance induced sleep disorder
- Add Other (or unknown) substance-induced sleep disorder, without use disorder
- F19.988 Other psychoactive substance use, unspecified with other psychoactive substance induced disorder
- Add Other (or unknown) substance-induced mild neurocognitive disorder, without use disorder

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- Add Other (or unknown) substance-induced obsessive-compulsive or related disorder, without use disorder
- F32 Major depressive disorder, single episode
F32.8 Other depressive episodes
Add Other specified depressive disorder
- F34 Persistent mood [affective] disorders
F34.1 Dysthymic disorder
Add Persistent depressive disorder
- F43 Reaction to severe stress, and adjustment disorders
F43.8 Other reactions to severe stress
Add Other specified trauma and stressor-related disorder
F43.9 Reaction to severe stress, unspecified
Add Trauma and stressor-related disorder, NOS
- F44 Dissociative and conversion disorders
Add Conversion disorder (functional neurological symptom disorder)
F44.1 Dissociative fugue
Add Dissociative amnesia with dissociative fugue
- F52 Sexual dysfunction not due to a substance or known physiological condition
F52.3 Orgasmic disorder
F52.32 Male orgasmic disorder
Add Delayed ejaculation
F52.6 Dyspareunia not due to a substance or known physiological condition
Add Genito-pelvic pain or penetration disorder
- F80 Specific developmental disorders of speech and language
F80.0 Phonological disorder
Add Speech sound disorder
F80.8 Other developmental disorders of speech and language
F80.89 Other developmental disorders of speech and language
Add Social (pragmatic) communication disorder
- F88 Other disorders of psychological development
Add Other specified neurodevelopmental disorder
- F89 Unspecified disorder of psychological development
Add Neurodevelopmental disorder, NOS
- F91 Conduct disorders
F91.8 Other conduct disorders
Add Other specified conduct disorder
Add Other specified disruptive disorder

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Add	F91.9	Conduct disorder, unspecified
Add		Conduct disorder, NOS
		Disruptive disorder, NOS
	F95	Tic disorder
Add	F95.0	Transient tic disorder
		Provisional tic disorder

PROPOSED INDEX MODIFICATIONS

Alcohol, alcoholic, alcohol-induced
Add - anxiety disorder F10.980
Add - bipolar and related disorder F10.94
Add - depressive disorder F10.94
Add - major neurocognitive disorder, amnesic-confabulatory type F10.96
Add -major neurocognitive disorder, nonamnesic-confabulatory type F10.97
Add -mild neurocognitive disorder F10.988
Add -psychotic disorder F10.959
Add -sexual dysfunction F10.981
Add -sleep Disorder F10.982

Amphetamine (or other stimulant)-induced
Add -anxiety disorder F15.980
Add -bipolar and related disorder F15.94
Add -depressive disorder F15.94
Add -obsessive-compulsive and related disorder F15.988
Add -psychotic disorder F15.959
Add -sexual dysfunction F15.981
Add -stimulant withdrawal F15.23

Caffeine-induced
Add -anxiety disorder F15.980
Add -sleep disorder F15.982

Cannabis induced
Add -anxiety disorder F12.988
Add -psychotic disorder F12.959
Add -sleep disorder F12.988

Cocaine-induced
Add -anxiety disorder F14.980
Add -bipolar and related disorder F14.94
Add -depressive disorder F14.94
Add -obsessive-compulsive and related disorder F14.988
Add - psychotic disorder F14.959
Add -sexual dysfunction F14.981

Revise Cocainism - see ~~dependence, drug, cocaine,~~ disorder, cocaine use

Delirium, delirious...
-due to
Add - -other (or unknown) substance F19.921

Disorder (of) - see also Disease

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Add - alcohol use
Add -- mild F10.10
Add --- with
Add ---- alcohol-induced
Add ----- anxiety disorder F10.180
Add ----- bipolar and related disorder F10.14
Add ----- depressive disorder F10.14
Add ----- psychotic disorder F10.159
Add ----- sexual dysfunction F10.181
Add ----- sleep disorder F10.182
Add ---- alcohol intoxication F10.129
Add ----- delirium F10.121
Add -- moderate or severe F10.20
Add --- with
Add ---- alcohol-induced
Add ----- anxiety disorder F10.280
Add ----- bipolar and related disorder F10.24
Add ----- depressive disorder F10.24
Add ----- major neurocognitive disorder, amnesic-confabulatory type F10.26
Add ----- major neurocognitive disorder, nonamnesic-confabulatory type F10.27
Add ----- mild neurocognitive disorder F10.288
Add ----- psychotic disorder F10.259
Add ----- sexual dysfunction F10.281
Add ----- sleep disorder F10.282
Add ---- alcohol intoxication F10.229
Add ----- delirium F10.221

-- amnesic, amnesic
--- anterograde R41.1
--- auditory R48.8
--- dissociative F44.0
Add ---- with dissociative fugue F44.1

Add - amphetamine-type substance use
Add -- mild F15.10
Add -- moderate F15.20
Add -- severe F15.20

Add - amphetamine (or other stimulant) use
Add -- mild
Add --- with
Add ---- amphetamine (or other stimulant)-induced
Add ----- anxiety disorder F15.180
Add ----- bipolar and related disorder F15.14
Add ----- depressive disorder F15.14
Add ----- obsessive-compulsive and related disorder F15.188
Add ----- psychotic disorder F15.159

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Add ----- sexual dysfunction F15.181
Add ----- amphetamine, cocaine, or other stimulant intoxication
Add ----- with perceptual disturbances F15.122
Add ----- without perceptual disturbances F15.129
Add ----- intoxication delirium F15.121

Add -- moderate or severe
Add --- with
Add ----- amphetamine (or other stimulant)-induced
Add ----- psychotic disorder F15.259
Add ----- anxiety disorder F15.280
Add ----- obsessive-compulsive and related disorder F15.288
Add ----- sexual dysfunction F15.281
Add ----- bipolar and related disorder F15.24
Add ----- depressive disorder F15.24
Add ----- amphetamine, cocaine, or other stimulant intoxication
Add ----- with perceptual disturbances F15.222
Add ----- without perceptual disturbances F15.229
Add ----- intoxication delirium F15.221

Add - caffeine use
Add -- mild
Add --- with
Add ----- caffeine-induced
Add ----- anxiety disorder F15.180
Add ----- sleep disorder F15.182
Add -- moderate or severe
Add --- with
Add ----- caffeine-induced
Add ----- anxiety disorder F15.280
Add ----- sleep disorder F15.282

Revise cannabis use (~~due to drug abuse see abuse, drug, cannabis, due to drug dependence see dependent~~)

Add -- mild F12.10
Add --- with
Add ----- cannabis-induced
Add ----- anxiety disorder F12.188
Add ----- psychotic disorder F12.159
Add ----- sleep disorder F12.188
Add ----- cannabis intoxication delirium F12.121
Add ----- with perceptual disturbances F12.122
Add ----- without perceptual disturbances F12.129
Add -- moderate or severe F12.20
Add --- with
Add ----- cannabis-induced
Add ----- anxiety disorder F12.288

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- Add - - - - psychotic disorder F12.259
- Add - - - - sleep disorder F12.288
- Add - - - - cannabis intoxication
- Add - - - - with perceptual disturbances F12.222
- Add - - - - without perceptual disturbances F12.229
- Add - - - - delirium F12.221

- Add - catatonia F06.1

- Add - cocaine use
- Add - - mild F14.10
- Add - - -with
- Add - - - - amphetamine, cocaine, or other stimulant intoxication
- Add - - - -with perceptual disturbances F14.122
- Add - - - -without perceptual disturbances F14.129
- Add - - - -cocaine-induced
- Add - - - -anxiety disorder F14.180
- Add - - - -bipolar and related disorder F14.14
- Add - - - -depressive disorder F14.14
- Add - - - -obsessive-compulsive and related disorder F14.188
- Add - - - -psychotic disorder F14.159
- Add - - - -sexual dysfunction F14.181
- Add - - - -cocaine intoxication delirium F14.121
- Add - - moderate or severe F14.20
- Add - - - with
- Add - - - - amphetamine, cocaine, or other stimulant intoxication
- Add - - - - with perceptual disturbances F14.222
- Add - - - - without perceptual disturbances F14.229
- Add - - - - cocaine-induced
- Add - - - - anxiety disorder F14.280
- Add - - - - bipolar and related disorder F14.24
- Add - - - - depressive disorder F14.24
- Add - - - - obsessive-compulsive and related disorder F14.288
- Add - - - - psychotic disorder F14.259
- Add - - - - sexual dysfunction F14.281
- Add - - - -cocaine intoxication delirium F14.221

- Revise - ~~conversion—see disorder, dissociative~~ (functional neurological symptom disorder)
- Add - - with
- Add - - - abnormal movement F44.4
- Add - - - anesthesia or sensory loss F44.6
- Add - - - attacks or seizures F44.5
- Add - - - mixed symptoms F44.7
- Add - - - special sensory symptoms F44.6
- Add - - - speech symptoms F44.4
- Add - - - swallowing symptoms F44.4
- Add - - - weakness or paralysis F44.4

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- Add - depressive F32.9
- Add - - persistent F34.1
- Add - - specified NEC F32.8

- Add - conduct disorder F91.9
- Add - - specified NEC F91.8
- Add - disruptive F91.9
- Add - - specified NEC F91.8

- Add - genito-pelvic pain penetration F52.6

- Add - hallucinogen use
- Add - -mild F16.10
- Add - - -with other hallucinogen intoxication F16.129
- Add - -moderate F16.20
- Add - - -with other hallucinogen intoxication F16.229
- Add - -severe F16.20

- Add - inhalant use
- Add - -mild F18.10
- Add - - -with
- Add - - - - inhalant-induced
- Add - - - - -anxiety disorder F18.180
- Add - - - - -mild neurocognitive disorder F18.188
- Add - - - - -inhalant-induced psychotic disorder F18.159
- Add - - - - -depressive disorder F18.14
- Add - - - - -major neurocognitive disorder F18.17
- Add - - - -inhalant intoxication F18.129
- Add - - - -inhalant intoxication delirium F18.121
- Add - -moderate or severe F18.20
- Add - - -with
- Add - - - -inhalant-induced
- Add - - - - -anxiety disorder F18.280
- Add - - - - -depressive disorder F18.24
- Add - - - - -major neurocognitive disorder F18.27
- Add - - - - -mild neurocognitive disorder F18.288
- Add - - - - -psychotic disorder F18.259
- Add - - - -inhalant intoxication F18.229
- Add - - - -inhalant intoxication delirium F18.221

- Add - major neurocognitive – see Dementia, in (due to)
- Add - mild neurocognitive G31.84

- Add - neurodevelopmental F89
- Add - - specified NEC F88

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Add - opioid use
Add - -mild F11.10
Add - - -with
Add - - - -opioid-induced
Add - - - - -anxiety disorder F11.188
Add - - - - -depressive disorder F11.14
Add - - - - -sexual dysfunction F11.181
Add - - - -opioid intoxication delirium F11.121
Add - - - -opioid intoxication with perceptual disturbances F11.122
Add - - - -opioid intoxication without perceptual disturbances F11.129
Add - - moderate or severe F11.20
Add - - - with
Add - - - - opioid-induced
Add - - - - - anxiety disorder F11.288
Add - - - - - anxiety disorder F11.988
Add - - - - - depressive disorder F11.24
Add - - - - - depressive disorder F11.94
Add - - - - - sexual dysfunction F11.281
Add - - - - - sexual dysfunction F11.981
Add - - - -opioid intoxication delirium F11.221
Add - - - -opioid intoxication without perceptual disturbances F11.229
Add - - - -opioid intoxication with perceptual disturbances F11.222

Add - other hallucinogen use
Add - - mild
Add - - - with
Add - - - - other hallucinogen intoxication delirium F16.121
Add - - - - other hallucinogen-induced
Add - - - - - anxiety disorder F16.180
Add - - - - - bipolar and related disorder F16.14
Add - - - - - depressive disorder F16.14
Add - - - - - psychotic disorder F16.159
Add - - moderate or severe
Add - - -with
Add - - - - other hallucinogen-induced
Add - - - - psychotic disorder F16.259
Add - - - - - anxiety disorder F16.280
Add - - - - - bipolar and related disorder F16.24
Add - - - - - depressive disorder F16.24
Add - - - - hallucinogen intoxication delirium F16.221

Add - other (or unknown) substance use
Add - -mild F19.10
Add - - -with other (or unknown)
Add - - - -substance-induced
Add - - - - - major neurocognitive disorder F19.17
Add - - - - - anxiety disorder F19.180

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Add - - - - -depressive disorder F19.14
Add - - - - -mild neurocognitive disorder F19.188
Add - - - - -obsessive-compulsive and related disorder F19.188
Add - - - - -substance intoxication F19.129
Add - - - - -substance intoxication delirium F19.121
Add - - - - -bipolar and related disorder F19.14
Add - - - - -sexual dysfunction F19.181
Add - - - - -moderate or severe F19.20
Add - - - - -with other (or unknown)
Add - - - - -substance-induced
Add - - - - -anxiety disorder F19.280
Add - - - - -bipolar and related disorder F19.24
Add - - - - -depressive disorder F19.24
Add - - - - -obsessive-compulsive and related disorder F19.288
Add - - - - -sexual dysfunction F19.281
Add - - - - -substance intoxication F19.229

Add - other or unspecified stimulant
Add - -mild F15.10
Add - -moderate or severe F15.20

Add -phencyclidine use
Add - -mild F16.10
Add - - - with
Add - - - -phencyclidine-induced
Add - - - - -anxiety disorder F16.180
Add - - - - -bipolar and related disorder F16.14
Add - - - - -depressive disorder F16.14
Add - - - - -psychotic disorder F16.159
Add - - - -phencyclidine intoxication F16.129
Add - - - -phencyclidine intoxication delirium F16.121
Add - -moderate or severe F16.20
Add - - -with
Add - - - -phencyclidine-induced
Add - - - - -psychotic disorder F16.259
Add - - - - -anxiety disorder F16.280
Add - - - - -bipolar and related disorder F16.24
Add - - - - -depressive disorder F16.24
Add - - - - phencyclidine intoxication F16.229
Add - - - -phencyclidine intoxication delirium F16.221

Add - sedative, hypnotic, or anxiolytic use
Add - -mild F13.10
Add - - -with
Add - - - -sedative, hypnotic, or anxiolytic-induced
Add - - - - -anxiety disorder F13.180
Add - - - - -bipolar and related disorder F13.14

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Add - - - - -depressive disorder F13.14
Add - - - - -psychotic disorder F13.159
Add - - - - -sexual dysfunction F13.181
Add - - - - sedative, hypnotic, or anxiolytic intoxication F13.129
Add - - - - sedative, hypnotic, or anxiolytic intoxication delirium F13.121
Add - - moderate or severe F13.20
Add - - -with
Add - - - -sedative, hypnotic, or anxiolytic-induced
Add - - - - -psychotic disorder F13.259
Add - - - - -anxiety disorder F13.280
Add - - - - -mild neurocognitive disorder F13.288
Add - - - - -sexual dysfunction F13.281
Add - - - - - bipolar and related disorder F13.24
Add - - - - -depressive disorder F13.24
Add - - - - -major neurocognitive disorder F13.27
Add - - - -sedative, hypnotic, or anxiolytic intoxication F13.229
Add - - - -sedative, hypnotic, or anxiolytic intoxication delirium F13.221

Add - somatic symptom F45.1
Add - speech-sound F80.0

Add -tobacco use
Add - -mild Z72.0
Add - -moderate F17.200
Add - - severe F17.200

Add - trauma and stressor-related F43.9
Add - - other specified F43.8

Ejaculation
Add - delayed F52.32

Add Inhalant-induced
Add - anxiety disorder F18.980
Add - depressive disorder F18.94
Add - major neurocognitive disorder F18.97
Add - mild neurocognitive disorder F18.988
Add - psychotic disorder F18.959

Intoxication
Revise - caffeine F15.929

Add Other hallucinogen-induced
Add -anxiety disorder F16.980
Add -bipolar and related disorder F16.94
Add -depressive disorder F16.94
Add -psychotic disorder F16.959

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Add Other (or unknown) substance-induced
Add -anxiety disorder F19.980
Add -bipolar and related disorder F19.94
Add -depressive disorder F19.94
Add -major neurocognitive disorder F19.97
Add -mild neurocognitive disorder F19.988
Add -obsessive-compulsive and related disorder F19.988
Add -psychotic disorder F19.959

Add Phencyclidine-induced
Add -anxiety disorder F16.980
Add -bipolar and related disorder F16.94
Add -depressive disorder F16.94
Add -psychotic disorder F16.959

Add Sedative, hypnotic, or anxiolytic-induced
Add -anxiety disorder F13.980
Add -bipolar and related disorder F13.94
Add -depressive disorder F13.94
Add -major neurocognitive disorder F13.97
Add -mild neurocognitive disorder F13.988
Add -psychotic disorder F13.959
Add -sexual dysfunction F13.981

Add Tic (disorder)
- provisional F95.0

Add Withdrawal
Add -alcohol
Add - -with perceptual disturbances F10.232
Add - -without perceptual disturbances F10.239
Add - caffeine F15.93
Add - cannabis F12.288

ICD-10-CM TABULAR OF DISEASES - PROPOSED ADDENDA
All proposed effective October 1, 2015

- Delete C78 Secondary malignant neoplasm of respiratory and digestive organs
Add Excludes1: lymph node metastases (C77.0)
Excludes2: lymph node metastases (C77.0)
- Delete C79 Secondary malignant neoplasm of other and unspecified sites
Add Excludes1: lymph node metastases (C77.0)
Excludes2: lymph node metastases (C77.0)
- Revise D16 Benign neoplasm of bone and articular cartilage
D16.4 Benign neoplasm of bones of skull and face
Excludes2: benign neoplasm of lower jaw bone (D16.5)
- Revise E35 Disorder of endocrine glands in diseases classified elsewhere
Excludes1: Echinococcus granulosus infection of thyroid gland (B67.31)
- Add E86 Volume depletion
Use additional code(s) for any associated disorders of electrolyte and acid-base balance (E87.-)
- Revise F10 Alcohol related disorders
F10.2 Alcohol dependence
F10.22 Alcohol dependence with intoxication
Excludes2: alcohol dependence with withdrawal (F10.23-)
- Revise F10.23 Alcohol dependence with withdrawal
Excludes2: Alcohol dependence with intoxication (F10.22-)
- Revise I60 Nontraumatic subarachnoid hemorrhage
Excludes2: sequelae of subarachnoid hemorrhage (I69.0-)
[NCHS note – The above proposed revision is proposed to be done at similar Excludes1 notes at the other categories for section I60-I69]
- Revise I96 Gangrene, not elsewhere classified
Excludes1: gangrene in diabetes mellitus (E08-E13 with .52)

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- I97 Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified
- I97.8 Other intraoperative and postprocedural complications and disorders of the circulatory system, not elsewhere classified
- I97.82 Postprocedural cerebrovascular infarction
- Revise I97.820 Postprocedural cerebrovascular infarction following cardiac surgery
- Revise I97.821 Postprocedural cerebrovascular infarction following other surgery
- J44 Other chronic obstructive pulmonary disease
- Delete Excludes1: ~~lung diseases due to external agents (J60-J70)~~
- Add Excludes2: lung diseases due to external agents (J60-J70)
- J84.89 Other specified interstitial pulmonary diseases
- Delete ~~Organizing pneumonia due to known underlying cause~~
- K52.81 Eosinophilic gastritis or gastroenteritis
- Eosinophilic enteritis
- Delete Excludes1: eosinophilic esophagitis (K20.0)
- Add Excludes2: eosinophilic esophagitis (K20.0)
- K72 Hepatic failure, not elsewhere classified
- Delete Excludes1: ~~viral hepatitis with hepatic coma (B15-B19)~~
- Add Excludes2: viral hepatitis with hepatic coma (B15-B19)
- K76 Other diseases of liver
- K76.7 Hepatorenal syndrome
- Revise Excludes1: postprocedural hepatorenal syndrome (K91.83)
- M1A Chronic gout
- Revise Excludes1: ~~acute gout (M10.-)~~
- Revise gout NOS (M10.9)
- Add Excludes2: acute gout (M10.-)
- M10 Gout
- Delete Gout NOS
- Delete Excludes1: ~~acute gout (M10.-)~~
- Add Excludes2: acute gout (M10.-)
- M48 Other spondylopathies
- M48.5 Collapsed vertebra, not elsewhere classified
- Add Compression fracture of vertebra NOS

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O33 Maternal care for disproportion

O33.7 Maternal care for disproportion due to other fetal deformities

Add One of the following 7th characters is to be assigned to code O33.7. 7th character 0 is for single gestations and multiple gestations where the fetus is unspecified. 7th characters 1 through 9 are for cases of multiple gestations to identify the fetus for which the code applies. The appropriate code from category O30, Multiple gestation, must also be assigned when assigning code O33.7 with a 7th character of 1 through 9.

Add 0 not applicable or unspecified
Add 1 fetus 1
Add 2 fetus 2
Add 3 fetus 3
Add 4 fetus 4
Add 5 fetus 5
Add 9 other fetus

P05 Disorders of newborn related to slow fetal growth and fetal malnutrition

P05.0 Newborn light for gestational age

Add Weight below but length above 10th percentile for gestational age

P05.1 Newborn small for gestational age

Add Weight and length below 10th percentile for gestational age

Symptoms and signs involving the digestive system and abdomen (R10-R19)

Revise Excludes2: congenital or infantile pylorospasm (Q40.0)
gastrointestinal hemorrhage (K92.0-K92.2)
intestinal obstruction (K56.-)
newborn gastrointestinal hemorrhage (P54.0-P54.3)
newborn intestinal obstruction (P76.-)
pylorospasm (K31.3)
signs and symptoms involving the urinary system (R30-R39)
symptoms referable to female genital organs (N94.-)
symptoms referable to male genital organs male (N48-N50)

R78 Findings of drugs and other substances, not normally found in blood

R78.8 Finding of other specified substances, not normally found in blood

R78.81 Bacteremia

Revise Excludes1: sepsis-code to specified infection (~~A00-B99~~)

T81 Complications of procedures, not elsewhere classified

T81.1 Postprocedural shock

T81.12 Postprocedural septic shock

Revise Postprocedural endotoxic shock ~~during or~~ resulting from a procedure, not elsewhere classified

Revise Postprocedural gram-negative shock ~~during or~~ resulting from a procedure, not elsewhere classified

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All proposed effective October 1, 2015

- Revise Anhydration, ~~anhydremia~~ E86.0
Delete ~~—with~~
Delete ~~—hypernatremia E87.0~~
Delete ~~—hyponatremia E87.1~~
- Anhydremia E86.0
Delete ~~—with~~
Delete ~~—hypernatremia E87.0~~
Delete ~~—hyponatremia E87.1~~
- Ataxia, ataxy, ataxic
 -cerebellar (hereditary)
 - - in
Revise - - - neoplastic disease (see also Neoplasm) D49.9, ~~[G13.1]~~ [G32.81]
- Cachexia R64
 - dehydration E86.0
Delete ~~—with~~
Delete ~~—hypernatremia E87.0~~
Delete ~~—hyponatremia E87.1~~
- Compression
Revise - fracture ~~—see Fracture~~
 - - nontraumatic NOS - see Collapse, vertebra
 - - pathological - see Fracture, pathological
 - - traumatic - see Fracture, traumatic
- Revise Dependence (on) (syndrome)
 - PCP (phencyclidine) ~~(see also Abuse, drug, hallucinogen) F16.20~~ (or related substance) – see
 Dependence, drug, hallucinogen
- Revise - phencyclidine (PCP) ~~(and related substances) (see also Abuse, drug, hallucinogen) F16.20~~ (or
 related substance) – see Dependence, drug, hallucinogen
- Dehydration E86.0
Delete ~~—hypertonic E87.0~~
Delete ~~—hypotonic E87.1~~
- Dermatitis
 -contact
 - - irritant L24.9
 - - - due to
Revise - - - - cement ~~L25.3~~ L24.5

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Disturbance(s) – see also Disease

- perceptual due to
- Revise - - phencyclidine intoxication (acute) ~~F19.922~~ F16.122
- Delete - - ~~in~~
- Delete - - - ~~abuse~~ F19.122
- Delete - - - ~~dependence~~ F19.222

Echinococcus (infection)

- granulosis
- Revise - - thyroid B67.31 ~~{E35}~~
- thyroid
- Revise - - granulosis B67.31 ~~{E35}~~

Fluid

- loss (acute) E86.9
- Delete — ~~with~~
- Delete — ~~hypernatremia~~ E87.0
- Delete — ~~hyponatremia~~ E87.1

Fracture, pathological ...

- Add - compression (not due to trauma) - see Collapse, vertebra

Fracture, traumatic...

- Delete ~~compression, not due to trauma~~ - see ~~Collapse, vertebra~~

Hemorrhage, hemorrhagic

- Revise -subgaleal ~~P12.1~~ P12.2

Intoxication

- Revise -phencyclidine (without dependence) – see ~~Abuse, drug, psychoactive NEC, with intoxication~~
see Abuse, drug, hallucinogen, with intoxication
- Revise - - dependence – see ~~Dependence, drug, psychoactive NEC, with intoxication~~ see Dependence, drug, hallucinogen, with intoxication

- Revise Laennec's cirrhosis ~~K74.69~~ K70.30

- Delete ~~–alcoholic~~ K70.30
- Revise _ with ascites K70.31
- Add - nonalcoholic K74.69

Loss (of)

- fluid (acute) E86.9
- Delete — ~~with~~
- Delete — ~~hypernatremia~~ E87.0
- Delete — ~~hyponatremia~~ E87.1

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- Revise Meningoencephalitis
-pneumococcal ~~G00.1~~ G04.2
- Add Nonunion
- joint, following fusion or arthrodesis M96.0
- Revise Obesity E66.9
- with alveolar hypoventilation E66.2
- Add Perforation
-appendix K35.2
- - with localized peritonitis K35.3
- cecum K35.2
- Add - - with localized peritonitis K35.3
- Revise Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved)
-nitrogen dioxide ~~J68.9~~ J68.0
- Revise Psychosis
-manic-depressive – ~~see Disorder, mood~~ see Disorder, bipolar
- Add Rupture
-appendix (with peritonitis) K35.2
- - with localized peritonitis K35.3
- Revise State (of)
- organic
- transient organic psychotic NEC F06.8
- - hallucinatory type ~~F06.30~~ F06.0
- Add Sunburn L55.9
- due to
- Add - - tanning bed (acute) L56.8
- Add - - - chronic L57.8
- Add - - ultraviolet radiation (acute) L56.8
- Add - - - chronic L57.8
- Add Syndrome...
- arteriovenous steal T82.898-
Add - dialysis associated steal T82.898-
Add - ischemic steal T82.898-
Add - steal
Add - - arteriovenous T82.898-
Add - - ischemic T82.898-
Add - - subclavian G45.8

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c Syndrome
Delete -manic-depressive – see Disorder, bipolar, ~~affective~~

External Cause Index

Accident (to) X58
- transport (involving injury to) V99
- - occupant (of)
Revise - - - SUV -- see Accident, transport, ~~ear~~ pickup truck occupant