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

Welcome and announcements
Donna Pickett, MPH, RHIA
Co-Chair, ICD-10 Coordination and Maintenance Committee

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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

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.
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.
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: 

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.**
Contact Information

Mailing address:
National Center for Health Statistics
ICD-9-CM Coordination and Maintenance Committee
3311 Toledo Road, Room 2402
Hyattsville, Maryland 20782
Fax: (301) 458-4022

Comments on the diagnosis proposals presented at the ICD Coordination and Maintenance Committee meeting should be sent to the following email address: nchsicd9CM@cdc.gov

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David Berglund  (301) 458-4095
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Shannon McConnell-Lamprey  (301) 458-4612
Traci Ramirez  (301) 458-4454

NCHS Classifications of Diseases web page:
http://www.cdc.gov/nchs/icd.htm
Please consult this web page for updated information.

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.
• 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.
Opioid Induced Constipation

Salix Pharmaceuticals is requesting a unique code for opioid induced constipation (OIC). Opioids and other medications affect all segments of the stomach and intestine (particularly the colon) altering nerve input to the GI tract which inhibits movement.

Constipation can result from a variety of causes. Such habits of lack of exercise, insufficient intake of water and dietary bulk, neurologic, metabolic, and endocrine disorders and side-effects of some drugs can contribute to the development of constipation.

Most cases of constipation are managed with diet therapy, stool softeners, bulk forming agents, laxatives, and enemas. Constipation from slowed or absent GI motility requires a long-term bowel program and possible colectomy for chronic constipation resistant to treatment.

This was previously discussed at the September 2012 ICD-9-CM Coordination and Maintenance Committee (C&M) meeting.

TABULAR MODIFICATIONS

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>K59</td>
<td>Other functional intestinal disorders</td>
</tr>
<tr>
<td>K59.0</td>
<td>Constipation</td>
</tr>
<tr>
<td>K59.03</td>
<td>Drug induced constipation</td>
</tr>
<tr>
<td></td>
<td>Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)</td>
</tr>
</tbody>
</table>
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**

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<th>Code</th>
<th>Description</th>
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</thead>
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<td>I25.84</td>
<td>Coronary atherosclerosis due to calcified coronary lesion</td>
</tr>
<tr>
<td>Delete</td>
<td>Coronary atherosclerosis due to severely calcified coronary lesion</td>
</tr>
<tr>
<td>New code</td>
<td>I25.841 Coronary atherosclerosis due to coronary lesion, mild calcification</td>
</tr>
<tr>
<td>New code</td>
<td>I25.842 Coronary atherosclerosis due to coronary lesion, moderate calcification</td>
</tr>
<tr>
<td>New Code</td>
<td>I25.843 Coronary atherosclerosis due to coronary lesion, severe calcification</td>
</tr>
<tr>
<td>New Code</td>
<td>I25.849 Coronary atherosclerosis due to coronary lesion, unspecified</td>
</tr>
<tr>
<td>Add</td>
<td>Calcified coronary lesion NOS</td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th>S92</th>
<th>Fracture of foot and toe, except ankle</th>
</tr>
</thead>
<tbody>
<tr>
<td>New subcategory</td>
<td>S92.8  Other fracture of foot, except ankle</td>
</tr>
<tr>
<td>New sub-subcategory</td>
<td>S92.81  Other fracture of foot</td>
</tr>
<tr>
<td>Add</td>
<td>Sesamoid fracture of foot</td>
</tr>
</tbody>
</table>

| 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.
References

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

http://www.cdc.gov/genomics/gtesting/tier.htm


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

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

Revise - 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.

References


**TABULAR MODIFICATIONS**

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<tr>
<td>D89.4</td>
<td>Mast cell activation syndrome and related disorders</td>
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<tr>
<td></td>
<td>Excludes 1: aggressive systemic mastocytosis (C96.2)</td>
</tr>
<tr>
<td></td>
<td>cutaneous mastocytosis (Q82.2)</td>
</tr>
<tr>
<td></td>
<td>indolent systemic mastocytosis (D47.0)</td>
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<tr>
<td></td>
<td>malignant mastocytoma (C96.2)</td>
</tr>
<tr>
<td></td>
<td>mast cell leukemia (C94.3-)</td>
</tr>
<tr>
<td></td>
<td>mastocytoma (D47.0)</td>
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<tr>
<td></td>
<td>systemic mastocytosis associated with a clonal hematologic non-mast cell lineage disease (SM-AHNMD) (D47.0)</td>
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<tr>
<td>D89.40</td>
<td>Mast cell activation, unspecified</td>
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<td>Mast cell activation disorder, unspecified</td>
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<td>Mast cell activation syndrome, NOS</td>
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<tr>
<td>D89.41</td>
<td>Monoclonal mast cell activation syndrome</td>
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<tr>
<td>D89.42</td>
<td>Idiopathic mast cell activation syndrome</td>
</tr>
<tr>
<td>D89.43</td>
<td>Secondary mast cell activation</td>
</tr>
<tr>
<td></td>
<td>Secondary mast cell activation syndrome</td>
</tr>
<tr>
<td></td>
<td>Code also underlying etiology</td>
</tr>
<tr>
<td>D89.49</td>
<td>Other mast cell activation disorder</td>
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<td></td>
<td>Other mast cell activation syndrome</td>
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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

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

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<thead>
<tr>
<th>New Category</th>
<th>I16</th>
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<tbody>
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<td>Code also any identified hypertensive disease (I10-I15)</td>
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<table>
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<table>
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<th>I16.2</th>
<th>Hypertensive emergency</th>
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<table>
<thead>
<tr>
<th>New code</th>
<th>I16.9</th>
<th>Hypertensive crisis, unspecified</th>
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</thead>
</table>
References


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.
References


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...
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.

References


TABULAR MODIFICATIONS

E85   Amyloidosis

E85.0  Non-neuropathic heredofamilial amyloidosis

Delete  Familial Mediterranean fever

L50   Urticaria

L50.2  Urticaria due to cold and heat

Add  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 Mediterranean fever

New code  M04.12  Hyperimmunoglobin 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
<table>
<thead>
<tr>
<th>New code</th>
<th>Code</th>
<th>Description</th>
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</thead>
</table>
|          | M04.23 | Neonatal onset multisystemic inflammatory disorder  
|          |       | Chronic infantile neurological, cutaneous and articular syndrome  
|          |       | CINCA  
|          |       | NOMID  
|          | M04.29 | Other cryopyrin-associated periodic syndrome  
|          | M04.3  | Pyogenic arthritis, pyoderma gangrenosum, and acne syndrome  
|          |       | PAPA syndrome  
|          | M04.8  | Other autoinflammatory syndromes  
|          |       | Blau syndrome  
|          |       | Deficiency of interleukin 1 receptor antagonist [DIRA]  
|          |       | Majeed syndrome  
|          |       | Periodic fever, aphthous stomatitis, pharyngitis, and adenopathy syndrome [PFAPA]  
|          | M04.9  | Autoinflammatory syndrome, unspecified  

Pulsatile Tinnitus

The American Academy of OtolaryngologycHead 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**

<table>
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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>H93</td>
<td>Other disorders of ear, not elsewhere classified</td>
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<tr>
<td>H93.A</td>
<td>Pulsatile Tinnitus</td>
</tr>
<tr>
<td>H93.A1</td>
<td>Pulsatile Tinnitus, right ear</td>
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<tr>
<td>H93.A2</td>
<td>Pulsatile Tinnitus, left ear</td>
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<tr>
<td>H93.A3</td>
<td>Pulsatile Tinnitus, bilateral</td>
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<tr>
<td>H93.A9</td>
<td>Pulsatile Tinnitus, unspecified ear</td>
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</tbody>
</table>
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
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
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**

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<th>Z00</th>
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<tr>
<td>Z00.1</td>
<td>Encounter for newborn, infant and child health examinations</td>
</tr>
<tr>
<td>Z00.12</td>
<td>Encounter for routine child health examination</td>
</tr>
</tbody>
</table>

Delete Encounter for development testing of infant or child 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

<table>
<thead>
<tr>
<th>Z01</th>
<th>Encounter for other special examination without complaint, suspected or reported diagnosis</th>
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<td>Encounter for examination of eyes and vision</td>
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</tbody>
</table>

Add Excludes1: any routine childhood examination (Z00.1-)

Add Encounter for examination of ears and hearing

Add Excludes1: any routine childhood examination (Z00.1-)

<table>
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<tr>
<th>Z13</th>
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<tr>
<td>Z13.4</td>
<td>Encounter for screening for certain developmental disorders in childhood</td>
</tr>
<tr>
<td></td>
<td>Encounter for screening for developmental handicaps in early childhood</td>
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</tbody>
</table>

Revise Excludes4-2: 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 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
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](http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm)

The following ICD-10-CM modifications are proposed:

### TABULAR MODIFICATIONS

<table>
<thead>
<tr>
<th>T83</th>
<th>Complications of genitourinary prosthetic devices, implants and grafts</th>
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<tbody>
<tr>
<td>Revise</td>
<td>T83.0 Mechanical complication of urinary catheter</td>
</tr>
<tr>
<td>Revise</td>
<td>T83.01 Breakdown (mechanical) of urinary catheter</td>
</tr>
<tr>
<td>New code</td>
<td>T83.011 Breakdown (mechanical) of indwelling urethral catheter</td>
</tr>
<tr>
<td>New code</td>
<td>T83.012 Breakdown (mechanical) of nephrostomy catheter</td>
</tr>
<tr>
<td>Revise</td>
<td>T83.018 Breakdown (mechanical) of other urinary catheter</td>
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<td>Add</td>
<td>Displacement (mechanical) of Hopkins catheter</td>
</tr>
<tr>
<td>Add</td>
<td>Displacement (mechanical) of ileostomy catheter</td>
</tr>
<tr>
<td>Add</td>
<td>Displacement (mechanical) of urostomy catheter</td>
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<tr>
<td>Revise</td>
<td>T83.02 Displacement of urinary catheter</td>
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<td>Revise</td>
<td>Malposition of urinary catheter</td>
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<td>New code</td>
<td>T83.022 Displacement of nephrostomy catheter</td>
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<td>T83.028 Displacement of other urinary catheter</td>
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<td>Displacement of Hopkins catheter</td>
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<td>Add</td>
<td>Displacement of ileostomy catheter</td>
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<td>Add</td>
<td>Displacement of urostomy catheter</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>Leakage of urinary catheter</td>
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<td>Leakage of indwelling urethral catheter</td>
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<tr>
<td>T83.032</td>
<td>Leakage of nephrostomy catheter</td>
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<td>Leakage of ileostomy catheter</td>
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<td>Leakage of urostomy catheter</td>
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<td>T83.09</td>
<td>Other mechanical complication of urinary catheter</td>
</tr>
<tr>
<td>Revise</td>
<td>Obstruction (mechanical) of urinary catheter</td>
</tr>
<tr>
<td>Revise</td>
<td>Perforation of urinary catheter</td>
</tr>
<tr>
<td>Revise</td>
<td>Protrusion of urinary catheter</td>
</tr>
<tr>
<td>T83.091</td>
<td>Other mechanical complication of indwelling urethral catheter</td>
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<tr>
<td>T83.092</td>
<td>Other mechanical complication of nephrostomy catheter</td>
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<td>Other mechanical complication of ileostomy catheter</td>
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</table>

T83.1 Mechanical complication of other urinary devices and implants

<table>
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<th>Code</th>
<th>Description</th>
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<tr>
<td>T83.11</td>
<td>Breakdown (mechanical) of other urinary devices and implants</td>
</tr>
<tr>
<td>T83.110</td>
<td>Breakdown (mechanical) of urinary electronic stimulator device</td>
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<tr>
<td>Add</td>
<td>Excludes2: Breakdown (mechanical) of electrode (lead) for sacral nerve neurostimulator (T85.111)</td>
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<tr>
<td>Add</td>
<td>Breakdown (mechanical) of implanted electronic sacral neurostimulator, pulse generator or receiver (T85.113)*</td>
</tr>
<tr>
<td>Revise</td>
<td>Breakdown (mechanical) of implanted urinary sphincter</td>
</tr>
<tr>
<td>Revise</td>
<td>Breakdown (mechanical) of indwelling ureteral stent</td>
</tr>
<tr>
<td>New code</td>
<td>Breakdown (mechanical) of other urinary ureters</td>
</tr>
<tr>
<td>Add</td>
<td>Breakdown (mechanical) of ileal conduit stent</td>
</tr>
<tr>
<td>Add</td>
<td>Breakdown (mechanical) of nephroureteral stent</td>
</tr>
</tbody>
</table>
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.
ICD-10 Coordination and Maintenance Committee Meeting
March 19-20, 2014

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, electrode (lead)

Revise T85.111 Breakdown (mechanical) of implanted electronic neurostimulator (electrode) of peripheral nerve, electrode (lead)

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, electrode (lead)

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, electrode (lead)

Revise T85.121 Displacement of implanted electronic neurostimulator (electrode) of peripheral nerve, electrode (lead)

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, electrode (lead)

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, electrode (lead)

Revise T85.191 Other mechanical complication of implanted electronic neurostimulator (electrode) of peripheral nerve, electrode (lead)

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, electrode (lead)

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
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 cranial or spinal 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 cranial or spinal 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 cranial or spinal infusion catheter
Add Leakage of epidural infusion catheter
Add Leakage of intrathecal infusion catheter infusion catheter
Add Leakage of subdural infusion catheter
Add Leakage of subarachnoid infusion catheter
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
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
T85.86 Thrombosis due to internal prosthetic devices, implants and grafts, not elsewhere classified

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>New code</td>
<td>T85.860 Thrombosis due to nervous system prosthetic devices, implants and grafts</td>
</tr>
<tr>
<td>New code</td>
<td>T85.868 Thrombosis due to other internal prosthetic devices, implants and grafts</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>Erosion or breakdown of subcutaneous device pocket</td>
</tr>
<tr>
<td>New code</td>
<td>T85.890 Other specified complication of nervous system prosthetic devices, implants and grafts</td>
</tr>
<tr>
<td>New code</td>
<td>T85.898 Other specified complication of other internal prosthetic devices, implants and grafts</td>
</tr>
</tbody>
</table>
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**

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

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

<table>
<thead>
<tr>
<th>T83</th>
<th>Complications of genitourinary prosthetic devices, implants and grafts</th>
</tr>
</thead>
<tbody>
<tr>
<td>T83.7</td>
<td>Complications due to implanted mesh and other prosthetic material to surrounding organ or tissue</td>
</tr>
<tr>
<td>T83.71</td>
<td>Erosion of implanted mesh and other prosthetic materials to surrounding organ or tissue</td>
</tr>
</tbody>
</table>

**Revise**

<table>
<thead>
<tr>
<th>T83.711</th>
<th>Erosion of implanted vaginal mesh and other prosthetic materials to surrounding organ or tissue</th>
</tr>
</thead>
<tbody>
<tr>
<td>T83.712</td>
<td>Erosion of implanted vaginal mesh and other prosthetic materials into pelvic floor muscles</td>
</tr>
</tbody>
</table>

**Revise**

| T83.718 | Erosion of other implanted mesh and other prosthetic materials to surrounding organ or tissue |

**Add**

<table>
<thead>
<tr>
<th>T83.713</th>
<th>Erosion of implanted urethral bulking agent to surrounding organ or tissue</th>
</tr>
</thead>
<tbody>
<tr>
<td>T83.714</td>
<td>Erosion of implanted ureteral bulking agent to surrounding organ or tissue</td>
</tr>
</tbody>
</table>

**Add**

| T83.719 | Erosion of other prosthetic materials to surrounding organ or tissue |

---

Revise: To address erosion of implanted mesh and other prosthetic materials to surrounding organ or tissue. New codes: To add specific codes for erosion and exposure of different types of mesh and bulking agents.
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 into 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

C61 Malignant neoplasm of prostate
Add Use additional code to identify:
Add hormone sensitivity status (Z19.1-Z19.2)
Add 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>D49.2</td>
<td>Neoplasm of unspecified behavior of bone, soft tissue, and skin</td>
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<tr>
<td>Revise</td>
<td></td>
<td>Excludes1: neoplasm of unspecified behavior of skin of genital organs (D49.59)</td>
</tr>
<tr>
<td></td>
<td>D49.5</td>
<td>Neoplasm of unspecified behavior of other genitourinary organs</td>
</tr>
<tr>
<td>New subcategory</td>
<td>D49.51</td>
<td>Neoplasm of unspecified behavior of kidney</td>
</tr>
<tr>
<td>New code</td>
<td>D49.511</td>
<td>Neoplasm of unspecified behavior of right kidney</td>
</tr>
<tr>
<td>New code</td>
<td>D49.512</td>
<td>Neoplasm of unspecified behavior of left kidney</td>
</tr>
<tr>
<td>New code</td>
<td>D49.519</td>
<td>Neoplasm of unspecified behavior of unspecified kidney</td>
</tr>
<tr>
<td>New code</td>
<td>D49.59</td>
<td>Neoplasm unspecified behavior of other genitourinary organ</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>N13</th>
<th>Obstructive and reflux uropathy</th>
</tr>
</thead>
<tbody>
<tr>
<td>New code</td>
<td>N13.0</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N42</td>
<td>Other and unspecified disorders of prostate</td>
</tr>
<tr>
<td>N42.3</td>
<td>Dysplasia of prostate</td>
</tr>
<tr>
<td>Delete</td>
<td>Prostatic intraepithelial neoplasia I (PIN I)</td>
</tr>
<tr>
<td>Delete</td>
<td>Prostatic intraepithelial neoplasia II (PIN II)</td>
</tr>
<tr>
<td>Delete</td>
<td>Excludes1: prostatic intraepithelial neoplasia III (PIN III) (D07.5)</td>
</tr>
<tr>
<td>New code</td>
<td>N42.30</td>
</tr>
<tr>
<td>New code</td>
<td>N42.31</td>
</tr>
<tr>
<td></td>
<td>Prostatic intraepithelial neoplasia I (PIN I)</td>
</tr>
<tr>
<td></td>
<td>Prostatic intraepithelial neoplasia II (PIN II)</td>
</tr>
<tr>
<td></td>
<td>Excludes1: prostatic intraepithelial neoplasia III (PIN III) (D07.5)</td>
</tr>
<tr>
<td>New code</td>
<td>N42.32</td>
</tr>
<tr>
<td>New code</td>
<td>N42.39</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N50</td>
<td>Other and unspecified disorders of male genital organs</td>
</tr>
<tr>
<td>N50.8</td>
<td>Other specified disorders of male genital organs</td>
</tr>
<tr>
<td>N50.81</td>
<td>Testicular pain</td>
</tr>
<tr>
<td>N50.811</td>
<td>Right testicular pain</td>
</tr>
<tr>
<td>N50.812</td>
<td>Left testicular pain</td>
</tr>
<tr>
<td>N50.819</td>
<td>Testicular pain, unspecified</td>
</tr>
<tr>
<td>N50.82</td>
<td>Scrotal pain</td>
</tr>
<tr>
<td>N50.89</td>
<td>Other specified disorders of the male genital organs</td>
</tr>
</tbody>
</table>
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**

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

**INDEX MODIFICATIONS**

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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N99</td>
<td>Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified</td>
</tr>
<tr>
<td>N99.5</td>
<td>Complications of stoma of urinary tract</td>
</tr>
<tr>
<td>Revise</td>
<td>Excludes2: mechanical complication of urinary (indwelling) catheter (T83.0-)</td>
</tr>
<tr>
<td>Revise</td>
<td>N99.52</td>
</tr>
<tr>
<td>Revise</td>
<td>N99.520</td>
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<tr>
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<td>New code</td>
<td>N99.524</td>
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<tr>
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<td>N99.528</td>
</tr>
<tr>
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<td>N99.534</td>
</tr>
<tr>
<td>Revise</td>
<td>N99.538</td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th>R31</th>
<th>Hematuria</th>
</tr>
</thead>
<tbody>
<tr>
<td>R31.2</td>
<td>Other microscopic hematuria</td>
</tr>
<tr>
<td>New code</td>
<td>R31.21</td>
</tr>
<tr>
<td>New code</td>
<td>R31.29</td>
</tr>
</tbody>
</table>

**INDEX MODIFICATIONS**

Hematuria R31.9
Revise - microscopic NEC (with symptoms) R31.29
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 Excludes2: hypertrophy of kidney (N28.81)

New code R93.41 Abnormal radiologic findings on diagnostic imaging 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 pyelonephritis
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 Benign prostatic hyperplasia
Includes adenofibromatous hypertrophy of prostate
Delete benign prostatic hyperplasia
Add enlarged prostate
Revise N40.0 Benign prostatic hyperplasia without lower urinary tract symptoms
Revise N40.1 Benign prostatic hyperplasia 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 control using:
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 (Z79.8)
Add            long term (current) use of oral hypoglycemic drugs (Z79.8)

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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F01</td>
<td>Vascular dementia</td>
</tr>
<tr>
<td>Add</td>
<td>Major neurocognitive disorder due to vascular disease</td>
</tr>
<tr>
<td>F01.5</td>
<td>Vascular dementia</td>
</tr>
<tr>
<td>Add</td>
<td>Major neurocognitive disorder due to vascular disease, without behavioral disturbance</td>
</tr>
<tr>
<td>F01.50</td>
<td>Vascular dementia without behavioral disturbance</td>
</tr>
<tr>
<td>Add</td>
<td>Major neurocognitive disorder due to vascular disease, without behavioral disturbance</td>
</tr>
<tr>
<td>F01.51</td>
<td>Vascular dementia with behavioral disturbance</td>
</tr>
<tr>
<td>Add</td>
<td>Major neurocognitive disorder due to vascular disease, with behavioral disturbance</td>
</tr>
<tr>
<td>F02</td>
<td>Dementia in other diseases classified elsewhere</td>
</tr>
<tr>
<td>Add</td>
<td>Major neurocognitive disorder in other diseases classified elsewhere</td>
</tr>
<tr>
<td>Add</td>
<td>Code first the underlying physiological condition, such as:</td>
</tr>
<tr>
<td>Add</td>
<td>Huntington’s disease</td>
</tr>
<tr>
<td>Add</td>
<td>prion disease</td>
</tr>
<tr>
<td>Add</td>
<td>traumatic brain injury</td>
</tr>
</tbody>
</table>
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 amnestic disorder
Add       Alcohol use disorder, moderate, with alcohol-induced major neurocognitive disorder, amnestic-confabulatory type
Add       Alcohol use disorder, severe, with alcohol-induced major neurocognitive disorder, amnestic-confabulatory type
      F10.27 Alcohol dependence with alcohol induced persisting dementia
Add       Alcohol use disorder, moderate, with alcohol-induced major neurocognitive disorder, nonamnestic-confabulatory type
Add       Alcohol use disorder, severe, with alcohol-induced major neurocognitive disorder, nonamnestic-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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F10.94 Alcohol use, unspecified with alcohol induced mood disorder
  Add Alcohol induced bipolar or related disorder, without use disorder
  Add Alcohol induced depressive disorder, without use disorder

F10.95 Alcohol use, unspecified with alcohol-induced psychotic disorder
  F10.959 Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
  Add Alcohol-induced psychotic disorder without use disorder

F10.96 Alcohol use, unspecified with alcohol induced persisting amnestic disorder
  Add Alcohol-induced major neurocognitive disorder, amnestic-confabulatory type, without use disorder

F10.97 Alcohol use, unspecified with alcohol induced persisting dementia
  Add Alcohol-induced major neurocognitive disorder, nonamnestic-confabulatory type, without use disorder

F10.98 Alcohol use, unspecified with other alcohol induced disorders
  F10.980 Alcohol use, unspecified with alcohol-induced anxiety disorder
  Add Alcohol induced anxiety disorder, without use disorder
  Add Alcohol use, unspecified with alcohol-induced sexual dysfunction
  Add Alcohol induced sexual dysfunction, without use disorder
  Add Alcohol use, unspecified with alcohol-induced sleep disorder
  Add Alcohol induced sleep disorder, without use disorder
  Add Alcohol use, unspecified with other alcohol induced disorder
  Add Alcohol induced mild neurocognitive disorder, without use disorder

F11 Opioid related disorders
F11.1 Opioid abuse
  F11.10 Opioid abuse, uncomplicated
  Add Opioid use disorder, mild
  Add Opioid abuse with opioid induced mood disorder
  Add Opioid use disorder, mild, with opioid-induced depressive disorder

F11.2 Opioid dependence
  F11.20 Opioid dependence, uncomplicated
  Add Opioid use disorder, moderate
  Add Opioid use disorder, severe
  Add Opioid dependence with opioid induced mood disorder
  Add Opioid use disorder, moderate, with opioid induced depressive disorder

F11.9 Opioid use, unspecified
  F11.92 Opioid use, unspecified with intoxication
    F11.921 Other opioid use, unspecified with intoxication delirium
    Add Opioid-induced delirium
  Add Opioid use unspecified with opioid induced mood disorder
  Add Opioid induced depressive disorder, without use disorder
  F11.98 Opioid use, unspecified with other specified opioid-induced disorders
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F11.981 Opioid use, unspecified with opioid-induced sexual dysfunction
Add Opioid induced sexual dysfunction, without use disorder
F11.982 Opioid use, unspecified with opioid induced sleep disorder
Add Opioid induced sleep disorder, without use disorder
F11.988 Opioid use, unspecified with other opioid induced disorder
Add Opioid induced anxiety disorder, without use disorder

F12 Cannabis related disorders
F12.1 Cannabis abuse
F12.10 Cannabis abuse, uncomplicated
Add Cannabis use disorder, mild

Add Cannabis use disorder, mild, with cannabis-induced sleep disorder

Add Cannabis use disorder, moderate, with cannabis-induced sleep disorder

Add Cannabis use disorder, severe, with cannabis-induced sleep disorder

Add Cannabis withdrawal

F12.9 Cannabis use, unspecified
F12.95 Cannabis use, unspecified with psychotic disorder
Add Cannabis use, unspecified with psychotic disorder, unspecified
F12.959 Cannabis use, unspecified with psychotic disorder, without use disorder
F12.98 Cannabis use, unspecified with other cannabis-induced disorder
Add Cannabis use, unspecified with anxiety disorder
F12.980 Cannabis use, unspecified with anxiety disorder
Add Cannabis induced anxiety disorder, without use disorder
F12.988 Cannabis use, unspecified with other cannabis-induced disorder
Add Cannabis induced sleep disorder, without use disorder

F13 Sedative, hypnotic, or anxiolytic related disorders
F13.1 Sedative, hypnotic or anxiolytic-related abuse
Add Sedative, hypnotic, or anxiolytic use disorder, mild
F13.10 Sedative, hypnotic, or anxiolytic abuse, uncomplicated
Add Sedative, hypnotic, or anxiolytic abuse with sedative, hypnotic, or anxiolytic-induced mood disorder

67
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 withdrawal with perceptual disturbances
      F13.239  Sedative, hypnotic, or anxiolytic dependence with withdrawal, unspecified
Add  Sedative, hypnotic 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
F13.288 Sedative, hypnotic, or anxiolytic dependence with other sedative, hypnotic, or anxiolytic induced disorder

Add Sedative, hypnotic, or anxiolytic use disorder, moderate, with sedative, hypnotic, or anxiolytic induced mild neurocognitive disorder

Add 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 Sedative, hypnotic, or anxiolytic-induced delirium

F13.94 Sedative, hypnotic, or anxiolytic use, unspecified with sedative, hypnotic, or anxiolytic induced mood disorder

Add Sedative, hypnotic, or anxiolytic-induced bipolar or related disorder, without use disorder

Add 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 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 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 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 disorder

Add 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 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
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
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
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
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
F15.12 Other stimulant abuse with intoxication
   F15.122 Other stimulant abuse with intoxication with perceptual disturbances
   Add Amphetamine or other stimulant use disorder, mild, with amphetamine or other stimulant intoxication, with perceptual disturbances
   F15.129 Other stimulant abuse with intoxication unspecified
   Add Amphetamine or other stimulant use disorder, mild, with amphetamine or other stimulant intoxication, without perceptual disturbances

F15.14 Other stimulant abuse with other stimulant-induced mood disorder
   Add 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

F15.18 Other stimulant abuse with other stimulant-induced disorder
   F15.188 Other stimulant abuse with other stimulant induced disorder
   Add Amphetamine or other stimulant use disorder, mild, with amphetamine or other stimulant induced obsessive-compulsive or related disorder

F15.2 Other stimulant dependence
   F15.20 Other stimulant dependence, uncomplicated
   Add 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
   F15.222 Other stimulant dependence with intoxication with perceptual disturbance
   Add 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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F15.229 Other stimulant dependence with intoxication, unspecified
Add 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

F15.23 Other stimulant dependence with withdrawal
Add Amphetamine or other stimulant withdrawal

F15.24 Other stimulant dependence with stimulant induced mood disorder
Add 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

F15.28 Other stimulant dependence with other stimulant-induced disorder
Add Amphetamine or other stimulant use disorder, moderate, with amphetamine or other stimulant induced obsessive compulsive disorder
Add Amphetamine or other stimulant use disorder, severe, with amphetamine or other stimulant induced obsessive compulsive disorder

F15.9 Other stimulant use, unspecified
Add Amphetamine or other stimulant use disorder, unspecified with intoxication delirium
Add Amphetamine or other stimulant-induced delirium
Add Amphetamine or other stimulant use disorder, unspecified with intoxication, unspecified
Add Caffeine intoxication
Add Caffeine withdrawal

F15.93 Other stimulant use, unspecified with withdrawal
Add Amphetamine or other stimulant-induced bipolar or related disorder, without use disorder
Add Amphetamine or other stimulant-induced depressive disorder, without use disorder

F15.95 Other stimulant use, unspecified with stimulant-induced psychotic disorder
Add Cocaine induced psychotic disorder, without use disorder

F15.98 Other stimulant use, unspecified with other stimulant-induced disorder
Add Other stimulant use, unspecified with other stimulant-induced anxiety disorder
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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F16.14 Hallucinogen abuse with hallucinogen-induced mood disorder
Add 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
F16.94 Hallucinogen use, unspecified, with hallucinogen induced mood disorder
Add 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
F18.14 Inh Lal abuse with inh induced mood disorder
Add Inh Lal use disorder, mild, with inh induced depressive disorder
F18.17 Inh Lal abuse with inh induced dementia
Add Inh Lal use disorder, mild, with inh induced major neurocognitive disorder
F18.18 Inh Lal abuse with other inh-induced disorders
F18.188 Inh Lal abuse with other inh induced disorder
Add Inh Lal use disorder, mild, with inh induced mild neurocognitive disorder
F18.2 Inh Lal dependence
F18.20 Inh Lal dependence, uncomplicated
Add Inh Lal use disorder, moderate
Add Inh Lal use disorder, severe
F18.24 Inh Lal dependence with inh induced mood disorder
Add Inh Lal use disorder, moderate, with inh induced depressive disorder
Add Inh Lal use disorder, severe, with inh induced depressive disorder
F18.27 Inh Lal dependence with inh induced dementia
Add Inh Lal use disorder, moderate, with inh induced major neurocognitive disorder
Add Inh Lal use disorder, severe, with inh induced major neurocognitive disorder
F18.28 Inh Lal dependence with other inh-induced disorders
F18.288 Inh Lal dependence with other inh induced disorder
Add Inh Lal use disorder, moderate, with inh induced mild neurocognitive disorder
Add Inh Lal use disorder, severe, with inh induced mild neurocognitive disorder
F18.9 Inh Lal use, unspecified
F18.94 Inh Lal use, unspecified with inh induced mood disorder
Add Inh Lal induced depressive disorder
F18.97 Inh Lal use, unspecified with inh induced persisting dementia
Add Inh Lal-induced major neurocognitive disorder
F18.98 Inh Lal use, unspecified with other inh-induced disorders
F18.988 Inh Lal use, unspecified with other inh induced disorder
Add Inh Lal-induced mild neurocognitive disorder

F19 Other psychoactive substance related disorders
F19.1 Other psychoactive substance abuse
F19.10 Other psychoactive substance abuse, uncomplicated
Add Other (or unknown) substance use disorder, mild
F19.14 Other psychoactive substance abuse with psychoactive substance induced mood disorder
Add 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
F19.17 Other psychoactive substance abuse with psychoactive substance induced persisting dementia
Add 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
F19.188 Other psychoactive substance abuse with other psychoactive substance induced disorder
Add 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
F19.20 Other psychoactive substance dependence, uncomplicated
Add Other (or unknown) substance use disorder, moderate
Add Other (or unknown) substance use disorder, severe

F19.24 Other psychoactive substance dependence with psychoactive substance induced mood disorder
Add 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

F19.27 Other psychoactive substance dependence with psychoactive substance induced persisting dementia
Add 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
F19.288 Other psychoactive substance dependence with other psychoactive substance induced disorder
Add 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
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
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
F91.9  Conduct disorder, unspecified
Add Conduct disorder, NOS
Add Disruptive disorder, NOS

F95  Tic disorder
F95.0  Transient tic disorder
Add 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, amnestic-confabulatory type F10.96
Add - major neurocognitive disorder, nonamnestic-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

Add 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

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

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

Add 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
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, amnestic-confabulatory type F10.26
Add  - - - - major neurocognitive disorder, nonamnestic-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, amnestic
- - 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
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
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
- 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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- 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
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 - - - - -with 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
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
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

Tic (disorder)
Add - provisional F95.0

Withdrawal
Add -alcohol
Add -with perceptual disturbances F10.232
Add -without perceptual disturbances F10.239
Add - caffeine F15.93
Add - cannabis F12.288
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ICD-10-CM TABULAR OF DISEASES - PROPOSED ADDENDA  
All proposed effective October 1, 2015

C78 Secondary malignant neoplasm of respiratory and digestive organs  
Delete  Excludes1:  lymph node metastases (C77.0)  
Add  Excludes2:  lymph node metastases (C77.0)

C79 Secondary malignant neoplasm of other and unspecified sites  
Delete  Excludes1:  lymph node metastases (C77.0)  
Add  Excludes2:  lymph node metastases (C77.0)

D16 Benign neoplasm of bone and articular cartilage  
D16.4 Benign neoplasm of bones of skull and face  
Revise  Excludes2:  benign neoplasm of lower jaw bone (D16.5)

E35 Disorder of endocrine glands in diseases classified elsewhere  
Revise  Excludes1:  Echinococcus granulosus infection of thyroid gland (B67.31)

E86 Volume depletion  
Add  Use additional code(s) for any associated disorders of electrolyte and acid-base balance (E87.-)

F10 Alcohol related disorders  
F10.2 Alcohol dependence  
Revise  Excludes2:  alcohol dependence with withdrawal (F10.23-)

F10.22 Alcohol dependence with intoxication  
Revise  Excludes2:  Alcohol dependence with intoxication (F10.22-)

F10.23 Alcohol dependence with withdrawal  
Revise  Excludes2:  Alcohol dependence with intoxication (F10.22-)

I60 Nontraumatic subarachnoid hemorrhage  
Revise  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]

I96 Gangrene, not elsewhere classified  
Revise  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
O33  Maternal care for disproportion
Add  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
Add          is for single gestations and multiple gestations where the fetus is unspecified.  7th
Add          characters 1 through 9 are for cases of multiple gestations to identify the fetus for
Add          which the code applies. The appropriate code from category O30, Multiple
Add          gestation, must also be assigned when assigning code O33.7 with a 7th character
Add          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
Add  P05.0  Newborn light for gestational age
Add          Weight below but length above 10th percentile for gestational age
Add  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)
Revise  gastrointestinal hemorrhage (K92.0-K92.2)
Revise  intestinal obstruction (K56.-)
Revise  newborn gastrointestinal hemorrhage (P54.0-P54.3)
Revise  newborn intestinal obstruction (P76.-)
Revise  pylorospasm (K31.3)
Revise  signs and symptoms involving the urinary system (R30-R39)
Revise  symptoms referable to female genital organs (N94.-)
Revise  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
Revise  elsewhere classified
Revise  Postprocedural gram-negative shock during or resulting from a procedure, not
Revise  elsewhere classified
ICD-10-CM INDEX OF DISEASES - PROPOSED ADDENDA
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Revise 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

Dependence (on) (syndrome)
Revise - 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
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)
- granulosus
Revise  - - thyroid B67.31 \[E35\]
- thyroid
Revise  - - granulosus 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
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
Meningoencephalitis
   Revise  - pneumococcal G00.1 G04.2

Nonunion
   Add  - joint, following fusion or arthrodesis M96.0

Obesity E66.9
   Revise  - with alveolar hypoventilation E66.2

Perforation
   - appendix K35.2
   Add  - - with localized peritonitis K35.3
        - cecum K35.2
   Add  - - with localized peritonitis K35.3

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved)
   Revise  - nitrogen dioxide J68.9 J68.0

Psychosis
   Revise  - manic-depressive – see Disorder, mood see Disorder, bipolar

Rupture
   - appendix (with peritonitis) K35.2
   Add  - - with localized peritonitis K35.3

State (of)
   - organic
   - transient organic psychotic NEC F06.8
   Revise  - - hallucinatory type F06.30 F06.0

Sunburn L55.9
   Add  - due to
   Add  - - tanning bed (acute) L56.8
   Add  - - chronic L57.8
   Add  - - ultraviolet radiation (acute) L56.8
   Add  - - chronic L57.8

Syndrome…
   Add  - 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
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, car pickup truck occupant