

New ICD-9- CM Codes for 2010



ICD-9-CM Code Additions and Changes

The 2010 updates to the ICD-9-CM procedure code list went into effect on October 1, 2009. The NHSN Operative Procedures Category table has been updated to reflect these changes and is available by clicking on this link <http://www.cdc.gov/nhsn/PDFs/OperativeProcedures.pdf> and has been incorporated into the SSI chapter now available on the [NHSN Web site](#).

Likewise, the complete ICD-9-CM procedure list with companion NHSN operative procedure codes has also been updated and can be found at <http://www.cdc.gov/nhsn/PDFs/ICD-9-cmCODEScurrent.pdf>. These changes, shown below, are effective immediately.

ICD-9-CM code	New NHSN Operative Procedure Category	Notes
17.51 Implantation of re-chargeable cardiac contractility modulation [CCM], total system	PACE	New ICD-9-CM code
17.52 Implantation of re-chargeable cardiac contractility modulation [CCM], rechargeable pulse generator only	PACE	New ICD-9-CM code
46.87 Other insertion of colonic stent(s)	OTH	New ICD-9-CM code
39.53 Repair of arteriovenous fistula	ASVD	Previously OTH
84.51 Insertion of interbody spinal fusion device	OTH	Previously FUSN, however, this will always be a secondary procedure to FUSN

Updates: 2009-10 High Risk Inpatient Influenza Vaccination Module (HRIIV)

Seasonal and Non-seasonal Flu Vaccination

NHSN has updated the High Risk Inpatient Influenza Vaccination (HRIIV) Module to include vaccination for both seasonal and non-seasonal (e.g. H1N1) subtypes. Highlights of the HRIIV Module:

- [Method A](#), the summary method, allows for calculation of prevalence of admissions meeting high risk criteria for both subtypes of influenza vaccine and percent adherence to and declination of vaccination.

For each influenza vaccination subtype, a High Risk Inpatient Influenza Vaccination Monthly Monitoring Form A is completed each month the module is followed in your facility.

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New Blood Specimens Only Options for LabID Events

There will be a new option available in the MDRO/CDAD Module beginning with the first NHSN update release of 2010. Facilities will be able to specify in the Monthly Reporting Plan the option to monitor Overall Facility-Wide LabID Event reporting of Blood Specimens Only for any of the MDROs (MRSA, VRE, MDR-Klebsiella, and MDR-Acinetobacter, but not *C. difficile*). Currently the only option for LabID Event reporting is to enter all specimen sources as LabID Events for a specified MDRO. This new update allows for the monitoring of bloodstream infections only, and once released this option will be available on the Monthly Reporting Plan. Please note that this option will not take effect immediately at the start of

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Cont'd. HRIIV Module Updates

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- [Method B](#) allows for more complete overview of the facility efforts for influenza vaccination of inpatients. In addition to the metrics above, patient-level data for high risk inpatients not receiving vaccination are collected. This method allows identification of failures of adherence to guidelines.

For each high risk patient admitted during months monitored, a High Risk Inpatient Influenza Vaccination Method B Form Part 1 and/or Part 2 is completed for each influenza vaccination subtype offered to the patient.

For each influenza vaccination subtype, a High Risk Inpatient Influenza Vaccination Monthly Monitoring Form B is completed each month the module is followed in your facility.

The optional High Risk Inpatient Influenza Vaccination Standing Orders Form is available for use and contains the information needed to report using either Method A or B.

National focus continues related to efforts to vaccinate inpatients at high risk of influenza. The updated NHSN HRIIV Module offers a surveillance and documentation system to do this which can assist in identification of activities that promote improved vaccination rates.

"The optional High Risk Inpatient Influenza Vaccination Standing Orders Form is available for use and contains the information needed to report using either Method A or B."

NHSN Drops CSEP Requirement for 2010

As of January 1, 2010, Clinical Sepsis (CSEP) will no longer be a specific event type in NHSN, and therefore will not be required under CLABSI reporting for the Device-Associated Module. The ability to enter information will remain in the system for several months allowing users to complete their 2009 CSEP events.

As a review, NHSN's CSEP event type was used only for neonates (≤ 30 days old) and infants (≤ 1 year old). It was reported by facilities monitoring central line-associated bloodstream infections in neonatal and pediatric units. Some of the challenges identified using this event type that contributed to this change, included a subjective, non-specific definition which was labor-intensive to collect.

Cont'd. Lab ID Events

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the new year. However, once it is released (estimate is late January/early February), an announcement will be sent, and at that time, data can be retro-entered back to January 1, 2010.

AUR Module Under Reconstruction



We are excited to announce that the AUR Module is undergoing transition to only capture pharmacy and microbiology data by electronic means. The content, including the antimicrobial use metric, will also be updated during this transition.

In January 2010, we plan to start this transition by discontinuing manual entry of AUR Module data. Thus, we request that facilities no longer submit these data collected for months in 2010.

It is anticipated that the launch of the AUR Module pharmacy option will occur in late 2010/early 2011, while the microbiology option is still under development. Updates in the timeline of launching the AUR Module will be provided in future E-News. We hope that you consider future participation in the AUR Module via electronic submission.

Note to Users—Did You Know...?

Outpatient Procedure

Recently, the Outpatient field on the SSI form/screen has been causing some confusion and has led to certain events not being conferred to groups when they should be. It is meant to refer to the procedure (i.e., was this procedure performed in an outpatient setting?), not to the SSI event (i.e., did this event occur in an outpatient?), even though the field is in the Event Details section of the form/screen. For clarification purposes, the word "procedure" will be added on the SSI form/screen so that the field will read: "Outpatient Procedure." Look for this change in early 2010.

Using NHSN for Out-of-Plan Surveillance

Please be careful when using NHSN for purposes other than reporting HAI data to CDC. For instance, if entering central line days into NHSN, in order to identify monthly totals for another project, but not entering central line-associated bloodstream infection (CLABSI) events, you must ensure that your Monthly Reporting Plan does not include CLABSI surveillance for that location in that month. Not doing so would result in CLABSI rates of zero being reported to NHSN and utilized in national aggregate compilation.

Importing Operative Procedures

The link for importing operative procedure or surgeon data in the Patient Safety Component has been moved. It is now its own link, "Import/Export" on the left navigation bar.

Tracking *C. difficile* in the NHSN MDRO/CDAD Module Out-of-Plan or by Using Custom Events

When facilities choose not to file a Monthly Reporting Plan that includes *C. difficile* under the MDRO/CDAD Module, but want to enter *C. difficile* events, these events are considered Out-of-Plan. Such events may be CDC-defined events (GI-GIT or GI-GE) that include *C. difficile* as one of the three reported pathogens (code=CD), or a custom event that is named such that entering pathogen data is not necessary (e.g., CDIFF-*C. difficile* Infection). To obtain output that includes these events, you will need to use the advanced analysis features of NHSN. You will need to follow these same steps whether running a Line Listing, Frequency Table, Bar/Pie Chart, or Rate Table for these data.

In NHSN, go to: Analysis – Output Options – Advanced – Event Level Data – CDC Defined Output – Line Listing All Events – Modify. If you have entered a pathogen for each of your events, go to “Specify Other Selection Criteria” and set pathogen1=CD or pathogen2=CD or pathogen3=CD (according to the screen shot below) and you will obtain a line list of all events with CD as the pathogen.

Specify Other Selection Criteria:

[Show Criteria](#) [Column +](#) [Row +](#) [Clear Criteria](#)

pathogen1	pathogen2	pathogen3		
= CD				
	= CD			
		= CD		



If you have not entered a pathogen for each of your events, because you are using a facility-defined custom event that doesn't include pathogens, go to “Specify Other Selection Criteria” and set customEventType equal to the name you have given the *C. difficile* event (e.g., CDIFF) (refer to screen shot below), and you will obtain a line list of all your *C. difficile* custom event entries, as long as your named customEventType is used only to report *C. difficile*.

Specify Other Selection Criteria:

[Show Criteria](#) [Column +](#) [Row +](#) [Clear Criteria](#)

customEventType				
= CDIFF				

You will notice that the generic “CUSPS” code will be displayed in the output rather than the actual code (e.g., CDIFF), so you may choose to export your output to a file so you can edit it.

MDRO/CDAD Module Tips

1) Please be aware that the LabID Event reporting is ONLY for collecting and tracking positive MRSA cultures that are taken for "clinical" purposes (i.e., for diagnosis and treatment), which means that NO Active Surveillance Culture/Testing (ASC/AST) results are to be included in this reporting of individual results. Do NOT enter surveillance nasal swabs or other surveillance cultures as reports of LabID Events. AST tracking should be recorded under Process & Outcome Measures. This is where aggregate totals from a location in a month should be recorded to follow admission and discharge/transfer AST adherence as well as AST prevalence and incidence. If using the MDRO/CDAD Module for LabID Event reporting and/or AST surveillance, please refer to pages 12-5 to 12-7 and 12-10 to 12-13 of the protocol for details: http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf. If Active Surveillance Testing results have been entered as LabID Events, these incorrect events need to be deleted immediately.

2) If a specimen collected in the ED is positive for an MDRO or CDAD, and the patient it is collected from is admitted to the facility on the SAME date into a location that is monitoring LabID Events for the identified MDRO or CDAD, then that specimen can be reported as the first specimen for the patient in that admitting inpatient location for the month. If the facility is also monitoring LabID Events for the same MDRO or CDAD in the ED, then the same specimen for the patient would also be reported a second time for the outpatient ED location. Because of existing business rules for edit checks in NHSN, the date of specimen collection must be the same date or later than the admission date.

3) Monitoring for *C. difficile* in the NHSN MDRO and CDAD Module should not be conducted in NICUs or Well Baby Nurseries. If conducting overall facility-wide LabID Event reporting this means that the user must remember to subtract patient-days and admission counts attributed to these locations before reporting monthly overall facility-wide denominators.

NHSN Application and Manual Updates

The most recent updates to the NHSN Application and Manual are described in the following table.

Location of Application Updates	Description of Update
<ul style="list-style-type: none"> • Surveys> Add 	For the Healthcare Personnel Safety Component Annual Facility Survey, NHSN will now allow entry of counts of up to 6 digits for “Outpatient Encounters” and up to 9 digits for “Hours worked by all employees.”
<ul style="list-style-type: none"> • Analysis> Advanced> Event level Data> CDC Defined Output 	<p>To facilitate exportation of the analysis data sets (Infections; Non-infections) a few additions have been made to the previously available options. In some facilities, the Line Listing –All Events was too big for export. These changes address that problem. Choices for analysis now include the following:</p> <p><u>Line Listing - All Infection Events:</u> Includes all CDC-HAI events (e.g., PNEU, BSI, UTI), as well as facility-defined custom events.</p> <p><u>Line Listing - All Dialysis and Non-Infection Events:</u> In addition to Dialysis Events, this line list includes LabID Events, CLIP, and high-risk inpatient influenza vaccinations (FLUVX).</p>
*Location of Manual Updates	Description of Update
<ul style="list-style-type: none"> • Chapter 2: Identifying Healthcare-associated Infections in NHSN 	A reference to Chapter 17 was corrected from “ Table 17” to “Chapter 17.”
<ul style="list-style-type: none"> • Chapter 6: Ventilator-associated Pneumonia Event 	Insertion of missing values for pulse oximetry into Table 2 for both sets of alternate criteria.
<ul style="list-style-type: none"> • Chapter 12: MDRO/CDAD Module Update 	In the Calculated CDI Prevalence Rates section and Table 2, the addition of a note under the formula for “Location Percent Admission Prevalence that is Community Onset” that the numerator does not include Admission Prevalent LabID Events that are Community Onset-Healthcare Facility-associated.
<ul style="list-style-type: none"> • Chapter 14: Tables of Instructions Table 5: Instructions for Completion of Urinary Tract Infection (UTI) Form 	Addition of the following in the Pathogens Identified field: For SUTI with secondary BSI and ABUTI, enter only the matching organism(s) identified in both urine and blood cultures.
<ul style="list-style-type: none"> • Chapter 15: Facility Location Additions: 	<ol style="list-style-type: none"> 1. A new CDC Location has been added for use in the Healthcare Personnel Safety Component: “Float.” This location should be set up and used for HCWs who do not work at least 75% of the time at a single location. For example: a radiology technician who performs portable x-rays throughout multiple patient care areas would be assigned a work location of Float. 2. “Antenatal Care Ward” has been added for use in all NHSN Components. This location is described as a “Hospital area for observation, evaluation, treatment, or surgery of high risk pregnancy patients.”
<ul style="list-style-type: none"> • Chapter 16: Key Terms 	The definition of Secondary Bloodstream Infection has been supplemented to clarify that documentation of HAI infection at another site must meet CDC criteria of infection.



Questions & Answers

Q: The NHSN operative procedure category CARD includes ICD-9-CM code 37.25, cardiac biopsy. Should cardiac biopsies that are performed percutaneously be included in surveillance of SSIs in the NHSN operative procedure category of CARD?

A: Even though the ICD-9-CM code 37.25 includes both open and percutaneously performed cardiac biopsies, procedures performed percutaneously do not meet the definition of an NHSN operative procedure. Therefore such procedures should not be included in the denominators for CARD SSI rates, and any associated postoperative infections should not be included as SSIs in the numerator, either. Such an infection may be a healthcare-associated infection (HAI), but it cannot be an SSI. Cardiac biopsies performed through an open incision should continue to be included in the surveillance of CARD SSIs

Q: If a patient who is admitted to a facility and found to be positive for methicillin-resistant *Staphylococcus aureus* (MRSA) upon admission screening develops an infection with MRSA, is that infection a healthcare-associated infection?

A: A positive screening culture at admission does not mean that any subsequent infection with that organism is not a healthcare-associated infection (HAI). Many HAIs are due to organisms from endogenous patient sources. If the patient meets all of the CDC/NHSN criteria for a healthcare-associated infection (see http://www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef_current.pdf), and if that patient had no symptoms of infection present or incubating at the time of admission, then an HAI should be reported. A positive screening culture without evidence of infection represents colonization NOT incubation.

Q: What does the field "date of access" mean on the Dialysis Event (DE) form/screen?

A: This date is the date that the access device was placed. This is currently not specified anywhere in the DE module protocol, but will be addressed in the next version.

Q: How do I record an "Estimated Blood Loss" for a C-section when the amount exceeds 2000 ml?

A: Record 2000 ml when the "Estimated Blood Loss" is equal to or greater than 2000 ml.

Q: How should PICC (Peripherally Inserted Central Catheter) Nurses be recorded in the "Occupation of Reporter" field of a CLIP event?

A: PICC Nurses should be recorded as "IV Team." Please do not report PICC Nurses as "Other."

Q: How should non-observed or missing practice information be recorded in CLIP surveillance? For example, if the observer enters the room after the procedure has begun, how should hand washing be recorded, since it was not observed?

A: Efforts should be made to keep such occurrences to a minimum. Non-observed or missing practice information should be recorded as "No" on the CLIP Event Form.



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The National Healthcare Safety Network (NHSN) is a voluntary, secure, internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.

During 2008, enrollment in NHSN was opened to all types of healthcare facilities in the United States, including acute care hospitals, long term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities.