



**ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015
Diagnosis Agenda**

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

Diagnosis Topics:

Contents

Postprocedural Hemorrhage and/or Hematoma	9
Patrick S. Romano, MD, MPH Clinical Lead for Analytic Enhancement of the AHRQ (Agency for Healthcare Research and Quality) Quality Indicators Professor of Medicine and Pediatrics, UC Davis	
Swan-Ganz Catheters and Blood Stream Infection	18
Patrick S. Romano, MD, MPH	
Congenital malformations of aorta	20
Patrick S. Romano, MD, MPH	
Interruption of Aortic Arch	23
Patrick S. Romano, MD, MPH	
Low Birth Weight with 2,500 grams	25
Patrick S. Romano, MD, MPH	
Exocrine Pancreatic Insufficiency	26
Observation and evaluation of newborns for suspected conditions ruled	29
Postprocedural Spinal Deformities	32
Childhood Asymmetric Labium Majus Enlargement (CALME)	34
Longitudinal Vaginal Septum	35
Pre-Pubertal Vaginal Bleeding	36
Acute Pancreatitis	37
Garth H. Utter, MD MSc Patient Assessment and Outcome of the American Association for the Surgery of Trauma	
Contact with knife, sword or dagger	39
Dengue Fever	40
Excessive and redundant skin and subcutaneous tissue	41
Arterial Tortuosity Syndrome	42

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

ICD-10 TIMELINE

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

- March 18 – 19, 2015 ICD-10 Coordination and Maintenance Committee meeting.
- April 1, 2015 There were no requests for ICD-9-CM codes to capture new diagnoses or new technology for implementation on April 1, 2015. Therefore, there will be no new ICD-9-CM diagnosis or procedure codes implemented on April 1, 2015.
- April 17, 2015** **Deadline for receipt of public comments on proposed code revisions discussed at the March 18–19, 2015 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2015.**
- April 2015 Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include references to the complete and finalized FY 2016 ICD-10-CM diagnosis and ICD-10-PCS procedure codes. It will also include proposed revisions to the MS-DRG system based on ICD-10-CM/PCS codes 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 2015 Webcast of the March 18-19, 2015 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:
<https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html>
- Summary report of the Diagnosis part of the March 19, 2015 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 2015 Final addendum posted on web pages as follows:
Diagnosis addendum - <http://www.cdc.gov/nchs/icd/icd10cm.htm>
Procedure addendum - <http://cms.hhs.gov/Medicare/Coding/ICD10/index.html>

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

- June 19, 2015** **Deadline for receipt of public comments on proposed code revisions discussed at the March 18-19, 2015 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2016.**
- July 17, 2015** **Deadline for requestors: Those members of the public requesting that topics be discussed at the September 22–23, 2015 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses.**
- August 1, 2015 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 links to all the final codes to be implemented on October 1, 2015.
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 2015 Tentative agenda for the Procedure part of the September 22–23, 2015 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 22 –23, 2015 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 22–23, 2015 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
- August 14, 2015** **On-line registration opens for the September 22-23, 2015 ICD-10 Coordination and Maintenance Committee meeting at:**
<https://www.cms.gov/apps/events/default.asp>
- September 11, 2015 Because of increased security requirements, those wishing to attend the September 22-23, 2015 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 11, 2015; failure to do so may result in lack of access to the meeting.**

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

September 22 –23,
2015

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 11, 2015.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building.

October 2015

Summary report of the Procedure part of the September 22–23, 2015 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:
<https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html>

Summary report of the Diagnosis part of the September 22–23, 2015 ICD-10-CM/PCS 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, 2015

ICD-10-CM/PCS codes go into effect along with ICD-10 MS-DRGs

October 1, 2015

New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum posted on web pages as follows:
Diagnosis addendum - <http://www.cdc.gov/nchs/icd/icd10cm.htm>
Procedure addendum-
<http://www.cms.gov/Medicare/Coding/ICD10/>

October 23, 2015

Deadline for receipt of public comments on proposed code revisions discussed at the September 22-23, 2015 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2015.

November 2015

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, 2016 will be posted on the following websites:
<http://www.cdc.gov/nchs/icd/icd10cm.htm>
<http://www.cms.gov/Medicare/Coding/ICD10/>

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

November 13, 2015

Deadline for receipt of public comments on proposed code revisions discussed at the September 22-23, 2015 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2016.

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

Contact Information

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NCHS Classifications of Diseases web page:

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

Please consult this web page for updated information.

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

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. The partial freeze is scheduled to end one year after the implementation of ICD-10. There was considerable support for this partial freeze. On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services issued a final rule on August 4, 2014 that changed the compliance date for ICD-10 from October 1, 2014 to October 1, 2015. The final rule also requires HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015. Links to the final rule are provided at http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html.

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, October 1, 2013, and October 1, 2014 there were 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, 2015, 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, 2016 (one year after implementation of ICD-10), 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, 2016 once the partial freeze has ended.

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

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.

Postprocedural Hemorrhage and/or Hematoma

Clinical differences between postprocedural hemorrhage and hematoma necessitate different types of care. Therefore, it is proposed by the Agency for Healthcare Research and Quality (AHRQ) to create separate codes to identify these conditions. Specifically, the diagnosis of postprocedural hemorrhage indicates ongoing bleeding that usually requires urgent intervention to prevent hypotension and other life-threatening consequences. The diagnosis of postprocedural hematoma indicates that the bleeding has stopped, with formation of clot, such that observation alone may be appropriate. Urgent surgical intervention is less often necessary for postprocedural hematoma. Postprocedural hemorrhage is usually associated with some component of hematoma, as the extravasated blood clots, but postprocedural hematoma need not be associated with ongoing hemorrhage.

The ICD-10-CM index entries for “Complication, postprocedural, hemorrhage” and “Complication, intraoperative, hemorrhage” show hematoma as a nonessential modifier (in parentheses). The convention of the ICD-10-CM states that the nonessential modifier may be present or absent in the statement of a disease. Furthermore, the nonessential modifiers apply to the subentries below the main term, unless these are mutually exclusive. The condition hematoma should be considered a separate condition from hemorrhage, which warrants another code.

The current ICD-10-CM code set adds clinical specificity with regard to the organ system affected by postprocedural hemorrhage or hematoma, but it loses the clinical specificity in ICD-9-CM with regard to hemorrhage versus hematoma.

This AHRQ proposal is to expand certain ICD-10-CM diagnosis codes for postprocedural hemorrhage and hematoma into paired alternatives for hemorrhage or hematoma. This proposal does not apply to intraoperative hemorrhage and hematoma, because the distinction between hemorrhage and hematoma is not clinically relevant in the intraoperative setting.

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

TABULAR MODIFICATIONS

	D78	Intraoperative and postprocedural complications of spleen
Revise	D78.2	Postprocedural hemorrhage and hematoma of the spleen following a procedure
Revise	D78.21	Postprocedural hemorrhage and hematoma of the spleen following a procedure on the spleen
Revise	D78.22	Postprocedural hemorrhage and hematoma of the spleen following other procedure
New subcategory	D78.3	Postprocedural hematoma of the spleen following a procedure
New code	D78.31	Postprocedural hematoma of the spleen following a procedure on the spleen
New code	D78.32	Postprocedural hematoma of the spleen following other procedure
	E89	Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified
	E89.8	Other postprocedural endocrine and metabolic complications and disorders
Revise	E89.81	Postprocedural hemorrhage and hematoma of an endocrine system organ or structure following a procedure
Revise	E89.810	Postprocedural hemorrhage and hematoma of an endocrine system organ or structure following an endocrine system procedure
Revise	E89.811	Postprocedural hemorrhage and hematoma of an endocrine system organ or structure following other procedure

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

New subcategory	E89.82	Postprocedural hematoma of an endocrine system organ or structure
New code	E89.820	Postprocedural hematoma of an endocrine system organ or structure following an endocrine system procedure
New code	E89.821	Postprocedural hematoma of an endocrine system organ or structure following other procedure
G97	Intraoperative and postprocedural complications and disorders of nervous system, not elsewhere classified	
Revise	G97.5	Postprocedural hemorrhage and hematoma of a nervous system organ or structure following a procedure
Revise	G97.51	Postprocedural hemorrhage and hematoma of a nervous system organ or structure following a nervous system procedure
Revise	G97.52	Postprocedural hemorrhage and hematoma of a nervous system organ or structure following other procedure
New subcategory	G97.6	Postprocedural hematoma of a nervous system organ or structure following a procedure
New code	G97.61	Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure
New code	G97.62	Postprocedural hematoma of a nervous system organ or structure following other procedure
H59	Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified	
	H59.3	Postprocedural hemorrhage and hematoma of eye and adnexa following a procedure
Revise	H59.31	Postprocedural hemorrhage and hematoma of eye and adnexa following an ophthalmic procedure
Revise	H59.311	Postprocedural hemorrhage and hematoma of right eye and adnexa following an ophthalmic procedure
Revise	H59.312	Postprocedural hemorrhage and hematoma of left eye and adnexa following an ophthalmic procedure
Revise	H59.313	Postprocedural hemorrhage and hematoma of eye and adnexa following an ophthalmic procedure, bilateral

ICD-10 Coordination and Maintenance Committee Meeting
 March 18-19, 2015

Revise	H59.319	Postprocedural hemorrhage and hematoma of unspecified eye and adnexa following an ophthalmic procedure
Revise	H59.32	Postprocedural hemorrhage and hematoma of eye and adnexa following other procedure
Revise	H59.321	Postprocedural hemorrhage and hematoma of right eye and adnexa following other procedure
Revise	H59.322	Postprocedural hemorrhage and hematoma of left eye and adnexa following other procedure
Revise	H59.323	Postprocedural hemorrhage and hematoma of eye and adnexa following other procedure, bilateral
Revise	H59.329	Postprocedural hemorrhage and hematoma of unspecified eye and adnexa following other procedure
New subcategory	H59.33	Postprocedural hematoma of eye and adnexa following an ophthalmic procedure
New code	H59.331	Postprocedural hematoma of right eye and adnexa following an ophthalmic procedure
New code	H59.332	Postprocedural hematoma of left eye and adnexa following an ophthalmic procedure
New code	H59.333	Postprocedural hematoma of eye and adnexa following an ophthalmic procedure, bilateral
New code	H59.339	Postprocedural hematoma of unspecified eye and adnexa following an ophthalmic procedure
New subcategory	H59.34	Postprocedural hematoma of eye and adnexa following other procedure
New code	H59.341	Postprocedural hematoma of right eye and adnexa following other procedure
New code	H59.342	Postprocedural hematoma of left eye and adnexa following other procedure
New code	H59.343	Postprocedural hematoma of eye and adnexa following other procedure, bilateral

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

New code	H59.349	Postprocedural hematoma of unspecified eye and adnexa following other procedure
H95	Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified	
Revise	H95.4	Postprocedural hemorrhage and hematoma of ear and mastoid process following a procedure
Revise	H95.41	Postprocedural hemorrhage and hematoma of ear and mastoid process following a procedure on the ear and mastoid process
Revise	H95.42	Postprocedural hemorrhage and hematoma of ear and mastoid process following other procedure
New subcategory	H95.5	Postprocedural hematoma of ear and mastoid process following a procedure
New code	H95.51	Postprocedural hematoma of ear and mastoid process following a procedure on the ear and mastoid process
New code	H95.52	Postprocedural hematoma of ear and mastoid process following other procedure
I97	Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified	
	I97.6	Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following a procedure
Revise	I97.61	Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following a circulatory system procedure
Revise	I97.610	Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following a cardiac catheterization
Revise	I97.611	Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following cardiac bypass
Revise	I97.618	Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following other circulatory system procedure
	I97.62	Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following other procedure

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

New	I97.620	Postprocedural hemorrhage of a circulatory system organ or structure following other procedure
New	I97.621	Postprocedural hematoma of a circulatory system organ or structure following other procedure
New subcategory	I97.63	Postprocedural hematoma of a circulatory system organ or structure following a circulatory system procedure
New	I97.630	Postprocedural hematoma of a circulatory system organ or structure following a cardiac catheterization
New	I97.631	Postprocedural hematoma of a circulatory system organ or structure following cardiac bypass
New	I97.638	Postprocedural hematoma of a circulatory system organ or structure following other circulatory system procedure
J95		Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
	J95.8	Other intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
Revise	J95.83	Postprocedural hemorrhage and hematoma of a respiratory system organ or structure following a procedure
Revise	J95.830	Postprocedural hemorrhage and hematoma of a respiratory system organ or structure following a respiratory system procedure
Revise	J95.831	Postprocedural hemorrhage and hematoma of a respiratory system organ or structure following other procedure
New subcategory	J95.86	Postprocedural hematoma of a respiratory system organ or structure following a procedure
New code	J95.860	Postprocedural hematoma of a respiratory system organ or structure following a respiratory system procedure
New code	J95.861	Postprocedural hematoma of a respiratory system organ or structure following other procedure
K91		Intraoperative and postprocedural complications and disorders of digestive system, not elsewhere classified

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

K91.8 Other intraoperative and postprocedural complications and disorders of digestive system

- | | | |
|-----------------|---------|---|
| Revise | K91.84 | Postprocedural hemorrhage and hematoma of a digestive system organ or structure following a procedure |
| Revise | K91.840 | Postprocedural hemorrhage and hematoma of a digestive system organ or structure following a digestive system procedure |
| Revise | K91.841 | Postprocedural hemorrhage and hematoma of a digestive system organ or structure following other procedure |
| New subcategory | K91.87 | Postprocedural hematoma of a digestive system organ or structure following a procedure |
| New code | K91.870 | Postprocedural hematoma of a digestive system organ or structure following a digestive system procedure |
| New code | K91.871 | Postprocedural hematoma of a digestive system organ or structure following other procedure |

L76 Intraoperative and postprocedural complications of skin and subcutaneous tissue

- | | | |
|-----------------|--------|--|
| Revise | L76.2 | Postprocedural hemorrhage and hematoma of skin and subcutaneous tissue following a procedure |
| Revise | L76.21 | Postprocedural hemorrhage and hematoma of skin and subcutaneous tissue following a dermatologic procedure |
| Revise | L76.22 | Postprocedural hemorrhage and hematoma of skin and subcutaneous tissue following other procedure |
| New subcategory | L76.3 | Postprocedural hematoma of skin and subcutaneous tissue following a procedure |
| New code | L76.31 | Postprocedural hematoma of skin and subcutaneous tissue following a dermatologic procedure |
| New code | L76.32 | Postprocedural hematoma of skin and subcutaneous tissue following other procedure |

M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

M96.8 Other intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified

Revise	M96.83	Postprocedural hemorrhage and hematoma of a musculoskeletal structure following a procedure
Revise	M96.830	Postprocedural hemorrhage and hematoma of a musculoskeletal structure following a musculoskeletal system procedure
Revise	M96.831	Postprocedural hemorrhage and hematoma of a musculoskeletal structure following other procedure
New subcategory	M96.84	Postprocedural hematoma of a musculoskeletal structure following a procedure
New code	M96.840	Postprocedural hematoma of a musculoskeletal structure following a musculoskeletal system procedure
New code	M96.841	Postprocedural hematoma of a musculoskeletal structure following other procedure
N99 Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified		
N99.8 Other intraoperative postprocedural complications and disorders of genitourinary system		
Revise	N99.82	Postprocedural hemorrhage and hematoma of a genitourinary system organ or structure following a procedure
Revise	N99.820	Postprocedural hemorrhage and hematoma of a genitourinary system organ or structure following a genitourinary system procedure
Revise	N99.821	Postprocedural hemorrhage and hematoma of a genitourinary system organ or structure following other procedure
New subcategory	N99.83	Postprocedural hematoma of a genitourinary system organ or structure following a procedure
New code	N99.830	Postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

New code

N99.831 Postprocedural hematoma of a genitourinary system organ
or structure following other procedure

Swan-Ganz Catheters and Blood Stream Infection

Swan-Ganz catheters pass through a central vein, through the right side of the heart, and into the pulmonary artery. Infections of Swan-Ganz catheters are similar to those involving central venous catheters. It is proposed by the Agency for Healthcare Research and Quality (AHRQ) to add inclusion terms to clarify that T80.21- codes are more appropriate than code T82.7XXA for infections related to Swan Ganz pulmonary artery catheters. Associated index entries will also be created. This proposal will direct coders to use ICD-10-CM diagnosis codes T80.21- for infections due to Swan Ganz pulmonary artery catheter insertion.

Swan Ganz catheters are inserted through an introducer sheath into a central vein, most commonly the internal jugular or subclavian vein. From there, the tip of the catheter is threaded, often with fluoroscopic guidance, through the right atrium and right ventricle into the pulmonary artery. Swan Ganz catheters usually have several additional lumens that serve the functions of a central venous catheter, delivering fluid or inotropic medications or monitoring pressures in the right atrium.

There has been some confusion as to the correct diagnosis code for bloodstream infections associated with a Swan Ganz catheter. The uncertainty arises in part because the references to pulmonary artery wedge monitoring may suggest that the catheter used for this purpose is an arterial line, and this may lead coders to an index entry such as below.

Infection ... / - due to or resulting from / - - device, implant or graft ... / - - - vascular NEC T82.7

The ICD-10-CM diagnosis subcategory T82.7 is titled, "Infection and inflammatory reaction due to other cardiac and vascular devices, implants, and grafts." These codes are not specific for blood stream infection, and fail to recognize that the Swan Ganz catheter is primarily a central venous catheter, not an arterial line or other device. The diagnosis index (ICD-9-CM Volume 2) does not index bloodstream infection due to Swan Ganz or pulmonary artery catheter.

The Swan Ganz catheter is inserted through a central vein, and most of the course of the catheter is through that central vein, then through the right side of the heart. The location of the tip of the catheter is not a key factor in the risk or consequences of infection.

The pulmonary artery actually carries venous (desaturated) blood at relatively low pressure (in the absence of pulmonary hypertension). This differs from a typical arterial line, in a systemic artery.

The pathogenesis of Swan Ganz catheter infections is generally related to bacterial entry at the venous insertion site, and these bacteria track along the cordis or introducer (which is entirely in the vein), never reaching the catheter tip.

Prevention approaches to avoid bloodstream infections from Swan Ganz catheters are the same prevention approaches that are used to prevent central line-associated bloodstream infection (CLABSI) (T80.211). Similarly, the concept of T80.212, Local infection due to central venous catheter, is identical for Swan Ganz catheters and central venous catheters, as are the approaches to prevent other infections or unspecified infections (T80.218 and T80.219). Therefore, AHRQ has recommended addition of inclusion terms for the codes at subcategory T80.21, to clarify the pulmonary artery catheters are to be included there.

TABULAR MODIFICATIONS

- T80 Complications following infusion, transfusion and therapeutic injection
T80.2 Infections following infusion, transfusion and therapeutic injection

T80.21 Infection due to central venous catheter

- | | | |
|-----|---------|--|
| Add | T80.211 | Bloodstream infection due to central venous catheter
Bloodstream infection due to pulmonary artery catheter |
| Add | T80.212 | Local infection due to central venous catheter
Local infection due to pulmonary artery catheter |
| Add | T80.213 | Other infection due to central venous catheter
Other infection due to pulmonary artery catheter |
| Add | T80.219 | Unspecified infection due to central venous catheter
Unspecified infection due to pulmonary artery catheter |

INDEX MODIFICATIONS

- Infection ...
- due to or resulting from
Add - - pulmonary artery catheter – see central venous catheter
Add - - Swan Ganz catheter – see central venous catheter

Congenital malformations of aorta

The aorta is divided into segments according to its anatomic course. It starts from the left ventricle as the ascending aorta, which travels superiorly from the aortic valve and then makes a hairpin turn known as the aortic arch. Congenital aortic atresia and hypoplasia are usually associated with hypoplastic left heart, and involve the aortic valvular orifice and the ascending aorta. Other aortic malformations include congenital aneurysm, dilatation, persistence of the right aortic arch, persistence of the fetal double aortic arch, and anomalies of the origin of the left or right subclavian artery.

The conditions listed under ICD-10-CM code Q25.4, Other congenital malformations of aorta, are very heterogeneous. In ICD-9-CM, some of these conditions have a more specific code.

This proposal, submitted by the Agency for Healthcare Research and Quality (AHRQ), is requesting to add new clinical detail by expanding Q25.4 Congenital malformations of great arteries. These new codes would capture each of the specific conditions listed and would facilitate studies on the epidemiology and outcomes of congenital aortic malformations. There was some concern among pediatric cardiologists about the use of outdated terminology, such as "aortic sinus" instead of "aortic root" and "convolutions" of the aorta instead of "tortuosity" (or tortuous), therefore revised terminology is also reflected in this proposal.

TABULAR MODIFICATIONS

Q25 Congenital malformations of great arteries

Q25.4 Other congenital malformations of aorta

Delete	Absence of aorta
Delete	Aneurysm of sinus of Valsalva (ruptured)
Delete	Aplasia of aorta
Delete	Congenital aneurysm of aorta
Delete	Congenital malformations of aorta
Delete	Congenital dilatation of aorta
Delete	Double aortic arch [vascular ring of aorta]
Delete	Hypoplasia of aorta
Delete	Persistent convolutions of aortic arch
Delete	Persistent right aortic arch
New code	Q25.41 Absence and aplasia of aorta
New code	Q25.42 Hypoplasia of aorta
New code	Q25.43 Congenital aneurysm of aorta Congenital aneurysm of aortic root Congenital aneurysm of aortic sinus

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

New code	Q25.44	Congenital dilation of aorta
New code	Q25.45	Double aortic arch Vascular ring of aorta
New code	Q25.46	Tortuous aortic arch Persistent convolutions of aortic arch
New code	Q25.47	Right aortic arch Persistent right aortic arch
New code	Q25.48	Anomalous origin of subclavian artery
New code	Q25.49	Other congenital malformations of aorta

INDEX MODIFICATIONS

Revise	Absence -aorta (congenital) Q25.4 Q25.41
Add	Aneurysm (peripheral) Q27.8 -aorta (root) Q25.43
Add	Anomaly, anomalous -artery --subclavian Q25.8 ---origin Q25.48
Revise	Anomaly, anomalous -organ --artery ---subclavian Q25.8 Q25.48
Revise	Aplasia -aorta (congenital) Q25.4 Q25.41
Add	Dilatation -aorta (focal) (general) – see Ectasia, aorta --congenital Q25.44
Revise	Double -aortic arch Q25.4 Q25.45

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

Revise	Hypoplasia, hypoplastic -aorta, aortic Q25.4 Q25.42
	Malformation
	-aorta Q25.9
Add	--absence and aplasia Q25.41
Add	--aneurysm, congenital Q25.43
Add	--dilatation, congenital Q25.44
Add	--hypoplasia Q25.42
Revise	--specified type NEC Q25.4- Q25.49
Add	Right aortic arch Q25.47
	Ring
Revise	-aorta (vascular) Q25.4 Q25.45
	Tortuous
New	-aortic arch Q25.46

Interruption of Aortic Arch

Coarctation of the aorta is a discrete narrowing of the aorta which typically involves a thoracic location distal to the left subclavian artery, but proximal to the patent ductus arteriosus. The most extreme form of coarctation is an interrupted aortic arch, which may also be called atresia of the aortic arch.

Complete interruption usually occurs between the left carotid and left subclavian arteries, but can occur distal to the left subclavian artery or between the innominate artery and left carotid artery, and is usually associated with a large, non-restrictive ventricular septal defect. Surgical correction is required for both the arch obstruction and the ventricular septal defect.

It is proposed by the Agency for Healthcare Research and Quality (AHRQ) to create a specific ICD-10-CM code for interruption of aortic arch and to address the clinical conditions of the aorta (stenosis and atresia). Submitters of the proposal stated that pediatric cardiologists and cardiovascular surgeons believe that coarctation of the aorta and interruption of the aortic arch merit specific ICD-10-CM codes for the purpose of epidemiologic research, risk stratification, and outcome measurement.

TABULAR MODIFICATIONS

	Q25	Congenital malformations of great arteries
	Q25.1	Coarctation of aorta
Add		Coarctation of aorta (preductal) (postductal)
		Stenosis of Aorta
	Q25.2	Atresia of Aorta
New code	Q25.21	Interruption of Aortic Arch
		Atresia of aortic arch
New code	Q25.29	Other atresia of aorta
		Atresia of aorta

INDEX MODIFICATIONS

	Atresia
Revise	-aorta (arch) (ring) Q25.2 Q25.29
	-aortic (orifice) (valve) Q23.0
Revise	--arch Q25.2 Q25.21
	Interruption
Add	-aortic arch Q25.21

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

Malformation

-aorta Q25.9
Revise --atresia ~~Q25.2~~ Q25.29
Add ---aortic arch Q25.21
Revise --stenosis (supravalvular) ~~Q25.3~~ Q25.1
Add ---supravalvular Q25.3

Stenosis

Revise -aorta (ascending) (supraventricular) (congenital) ~~Q25.3~~ Q25.1
Add --supravalvular Q25.3

Low Birth Weight with 2,500 grams

Low birth weight is defined as a birth weight of a liveborn infant of less than 2500 grams, regardless of gestational age. Small for gestational age (SGA) or light-for-dates newborns are those who are smaller in size than normal for the gestational age, most commonly defined as weight below the 10th (or 5th) percentile for the gestational age. Although this cutoff is approximately 2500 grams for a full-term infant, it may be higher than that, depending on the underlying birth weight distribution that is applied. Although the great majority of preterm births (liveborn infant less than 37 weeks of gestation) are associated with low birth weight, at least 10% of newborns in their 37th week of gestation exceed 2500 grams.

There are currently no ICD-10-CM codes for conditions originating in the perinatal period associated with birth weight over 2500 grams. The conditions included in the P05 category - Disorders of newborn related to slow fetal growth and fetal malnutrition series are at least occasionally associated with birth weight of 2500 grams or over. This omission from ICD-10-CM limits the ability to identify all infants with fetal growth and malnutrition, fetal growth retardation, and preterm birth, which may lead to misclassification of some affected infants as “normal newborns.”

Therefore, it is proposed by the Agency for Healthcare Research and Quality (AHRQ) to create new codes for infants with birth weights of 2,500 grams or greater. The American Academy of Pediatrics (AAP) has reviewed and supports this proposal.

TABULAR MODIFICATIONS

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

P05.0 Newborn Light for gestational age

New Code	P05.09 Newborn light for gestational age, other Newborn light for gestational age, 2500 grams and over
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P05.1 Newborn small for gestational age

New Code	P05.19 Newborn small for gestational age, other Newborn small for gestational age, 2500 grams and over
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Exocrine Pancreatic Insufficiency

Enzymes produced by the pancreas are necessary for the normal digestive processes to function. Exocrine pancreatic insufficiency involves problems with production of the pancreatic enzymes needed for digestion, and subsequent problems absorbing nutrients, with related signs and symptoms. AbbVie, Inc. is requesting creation of specific ICD-10-CM codes for identifying exocrine pancreatic insufficiency, with support from the American Pancreatic Association (APA) and The National Pancreas Foundation (NPF).

Digestion and absorption of nutrients requires a complex interaction among motor and secretory functions of the gastrointestinal tract. Digestion of macronutrients is a requirement for absorption. Enzymatic hydrolysis is a critical component of this progression. Pancreatic enzymes, in particular lipase, amylase, trypsin and chymotrypsin, play a crucial role in digestion, especially in dietary fat digestion.

Normal fat absorption requires coordination of nutrient delivery with pancreatic and biliary secretions for hydrolysis and solubilization of ingested fats. Aberrations in exocrine pancreatic function result in fat maldigestion, detrimental malabsorption, significant morbidity and nutrient deficiencies.

Inadequate pancreatic enzyme activity may be due to insufficient enzyme production, insufficient enzyme activation or early enzyme degradation. Common signs and symptoms of exocrine pancreatic insufficiency may include: steatorrhea, abdominal pain, bloating, chronic diarrhea, weight loss, abdominal cramping, and foul smelling voluminous stools. The most severe manifestation of exocrine pancreatic insufficiency is overt steatorrhea. Steatorrhea occurs when lipase secretion is below 10% of normal. Untreated steatorrhea can lead to malnutrition, nutrient deficiencies and their associated morbidities, and a negative impact on patient quality of life.

Exocrine pancreatic insufficiency is present in a number of different patient populations, with the two most common being chronic pancreatitis and cystic fibrosis. The prevalence of chronic pancreatitis is 36.9 - 41.8 per 100,000 persons in the United States and has a number of identifiable etiologies. Approximately 50% of patients with chronic pancreatitis will develop exocrine pancreatic insufficiency after 12 years of onset of the disease. Cystic fibrosis is an autosomal recessive disease resulting from mutations in the cystic fibrosis transmembrane regulator (CFTR) protein, affecting approximately 30,000 people in the United States. Close to 90% of patients with cystic fibrosis have exocrine pancreatic insufficiency. Exocrine pancreatic insufficiency is also recognized in post-pancreatectomy patients and has been described in a number of other conditions, such as pancreatic cancer. Distinct pathophysiologic mechanisms result in exocrine pancreatic insufficiency in the various patient populations. However, the end result, specifically fat maldigestion, is common to all.

Currently, the term pancreatic insufficiency is indexed in ICD-10-CM to K86.8, Other specified diseases of pancreas. Many other disorders are also grouped together at code K86.8. Based on input from AbbVie, it is proposed to expand this code as a subcategory, and create a specific code for exocrine pancreatic insufficiency. The more general term "pancreatic steatorrhea" is the title of code K90.3; no changes are proposed for it at this time. The term "idiopathic steatorrhea" is included at code K90.0, Celiac disease; AbbVie also has requested that this inclusion term be deleted.

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

A number of different disorders can cause exocrine pancreatic insufficiency. It is proposed to add use additional code notes for conditions that may be related to exocrine pancreatic insufficiency, to enable appropriate use of the proposed new code.

Creation of these codes is important not only for population studies and research, but due to the differing etiology and treatment of each associated condition. More specific codes would promote accurate disease identification and allow for specific interventions related to exocrine pancreatic insufficiency in each disease state.

References

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- Dominguez-Munoz J. Pancreatic exocrine insufficiency: Diagnosis and treatment. *J Gastroenterol Hepatol*. 2011;26 Suppl 2:12-16.
- Lu Y and Carey S. Translating Evidenced-Based Practice Guidelines In To a Summary of Recommendations for the Nutrition Management of Upper Gastrointestinal Cancers. *Nutr Clin Pract*. 2014;29:518-525.

TABULAR MODIFICATIONS

Add	C25	Malignant neoplasm of pancreas Use additional code, if applicable, for exocrine pancreatic insufficiency (K86.81)
	C78	Secondary malignant neoplasm of respiratory and digestive organs
	C78.8	Secondary malignant neoplasm of other and unspecified digestive organs
Add	C78.89	Secondary malignant neoplasm of other digestive organs Use additional code, if applicable, for exocrine pancreatic insufficiency (K86.81)
Add	E84	Cystic fibrosis Use additional code, if applicable, for exocrine pancreatic insufficiency (K86.81)
	K86	Other diseases of pancreas
Add	K86.0	Alcohol-induced chronic pancreatitis Use additional code, if applicable, for exocrine pancreatic insufficiency (K86.81)

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

Add	K86.1 Other chronic pancreatitis Use additional code, if applicable, for exocrine pancreatic insufficiency (K86.81)
Delete	K86.8 Other specified diseases of pancreas Aseptic pancreatic necrosis Atrophy of pancreas Calculus of pancreas Cirrhosis of pancreas Fibrosis of pancreas Pancreatic fat necrosis Pancreatic infantilism Pancreatic necrosis NOS
New code	K86.81 Exocrine pancreatic insufficiency
New code	K86.89 Other specified diseases of pancreas Aseptic pancreatic necrosis Atrophy of pancreas Calculus of pancreas Cirrhosis of pancreas Fibrosis of pancreas Pancreatic fat necrosis Pancreatic infantilism Pancreatic necrosis NOS
	K90 Intestinal malabsorption
Add	K90.0 Celiac disease Celiac disease with steatorrhea Gluten-sensitive enteropathy
Delete	Idiopathic steatorrhea Nontropical sprue
Add	Use additional code, if applicable, for exocrine pancreatic insufficiency (K86.81)
	Z90 Acquired absence of organs, not elsewhere classified
	Z90.4 Acquired absence of other specified parts of digestive tract
Add	Z90.41 Acquired absence of pancreas Use additional code, if applicable, for exocrine pancreatic insufficiency (K86.81)

Observation and evaluation of newborns for suspected conditions ruled

The American Academy of Pediatrics (AAP) has developed modifications of its initial proposal presented at the September 2013 C&M meeting. These modifications are based on submitted comments and working with various stakeholders.

Currently ICD-10-CM does not have any way to uniquely capture suspected conditions ruled out as the reason for the encounter. The Academy originally submitted a proposal for unique set of codes be added to ICD-10-CM to more clearly capture this information for epidemiological and health resource utilization for tracking of newborns who present to the healthcare system with significant parental concerns but who are found not to have a clinical condition.

AAP determined that the P00-P04 code series was not robust enough to capture this information and did not show that the condition was not present (“ruled out”). The American Academy of Pediatrics is again requesting that a unique set of codes be added to ICD-10-CM to more clearly capture this information; hence the proposed development of the new category Z05, Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out.

TABULAR MODIFICATIONS

Newborns affected by maternal factors and by complications of pregnancy, labor, and delivery (P00-P04)

Revise Note: These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth). Codes from these categories are also for use for newborns who are suspected of having an abnormal condition resulting from exposure from the mother or the birth process. ~~but without signs or symptoms, and, which after examination and observation, is found not to exist. These codes may be used even if treatment is begun for a suspected condition that is ruled out.~~

Add P00 Newborn (suspected to be) affected by maternal conditions that may be unrelated to present pregnancy

Excludes 2: Encounter for observation of newborn for suspected diseases and conditions ruled out (Z05.-)

Add P01 Newborn (suspected to be) affected by maternal complications of pregnancy
Excludes 2: Encounter for observation of newborn for suspected diseases and conditions ruled out (Z05.-)

Add P02 Newborn (suspected to be) affected by complications of placenta, cord and membranes
Excludes 2: Encounter for observation of newborn for suspected diseases and conditions ruled out (Z05.-)

Add P03 Newborn (suspected to be) affected by other complications of labor and delivery
Excludes 2: Encounter for observation of newborn for suspected diseases and conditions ruled out (Z05.-)

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

P04 Newborn (suspected to be) affected by noxious substances transmitted via placenta or breast milk
Add Excludes 2: Encounter for observation of newborn for suspected diseases and conditions ruled out (Z05.-)

New category Z05 Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out

This category is to be used for newborns, within the neonatal period (the first 28 days of life), who are suspected of having an abnormal condition but without signs or symptoms, and which, after examination and observation, is ruled out.

Excludes 2: newborn observation for suspected condition, related to exposure from the mother or birth process (P00-P04)

New Code Z05.0 Observation and evaluation of newborn for suspected cardiac condition ruled out

New code Z05.1 Observation and evaluation of newborn for suspected infectious condition ruled out

New code Z05.2 Observation and evaluation of newborn for suspected neurological condition ruled out

New code Z05.3 Observation and evaluation of newborn for suspected respiratory condition ruled out

New subcategory Z05.4 Observation and evaluation of newborn for suspected genetic, metabolic or immunologic condition ruled out

New Code Z05.41 Observation and evaluation of newborn for suspected genetic condition ruled out

New Code Z05.42 Observation and evaluation of newborn for suspected metabolic condition ruled out

New Code Z05.43 Observation and evaluation of newborn for suspected immunologic condition ruled out

New Code Z05.5 Observation and evaluation of newborn for suspected gastrointestinal condition ruled out

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

New Code	Z05.6 Observation and evaluation of newborn for suspected genitourinary condition ruled out
New subcategory	Z05.7 Observation and evaluation of newborn for suspected skin, subcutaneous, musculoskeletal and connective tissue condition ruled out
New Code	Z05.71 Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
New Code	Z05.72 Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
New Code	Z05.73 Observation and evaluation of newborn for suspected connective tissue condition ruled out
New code	Z05.8 Observation and evaluation of newborn for other specified suspected condition ruled out
New code	Z05.9 Observation and evaluation of newborn for unspecified suspected condition ruled out

Postprocedural Spinal Deformities

Postprocedural kyphosis, lordosis, and scoliosis may occur in various situations, including following radiation or following laminectomy. It has been recommended that additional codes be created for these conditions that do not have existing specific codes in ICD-10-CM.

These proposed changes are based on input from Dr. Robert Haralson, and the American Academy of Orthopaedic Surgeons (AAOS) coding committee, and with modifications for consistency with WHO ICD structure and conventions.

TABULAR MODIFICATIONS

	M96	Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified
	M96.8	Other intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified
New sub-subcategory	M96.84	Other postprocedural spinal deformities
New code	M96.841	Other postprocedural kyphosis Other postsurgical kyphosis Excludes2: Postradiation kyphosis (M96.2) Postlaminectomy kyphosis (M96.3)
New code	M96.842	Other postprocedural lordosis Postradiation lordosis Excludes2: Postsurgical lordosis (M96.4)
New code	M96.843	Other postprocedural scoliosis Postsurgical scoliosis Excludes2: Postradiation scoliosis (M96.5)
New code	M96.848	Other postprocedural spinal deformity Postsurgical spinal deformity not elsewhere classified Postprocedural listhesis

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

INDEX MODIFICATIONS

Complication(s)...

- musculoskeletal system ...

- - post radiation M96.89

Revise

- - - kyphosis ~~M96.3~~ M96.2

Childhood Asymmetric Labium Majus Enlargement (CALME)

The American Congress of Obstetricians and Gynecologists (ACOG) with support from the American Academy of Pediatrics (AAP) are proposing the creation of a new code for childhood asymmetric labium majus enlargement (CALME).

CALME is a condition in which a girl's outer vaginal lips (outer labia) become swollen or enlarged on one side by excess tissue growth. This mass of extra tissue causes one side of the labia to be larger than the other, leading to an asymmetrical appearance.

The occurrence of CALME is usually at an age roughly coincident with the time of breast budding. The capacity for spontaneous regression, the histologic architecture and composition of elements native to the vulva, the expression of hormone receptors, and association with a normal karyotype suggest that it is an asymmetric physiologic enlargement in response to hormonal surges of pre- and early puberty.

The use of skin neoplasm codes would not be appropriate as this is a condition of the labia and hormonally related to estrogen and progesterone and should be included within the vulvar diagnosis section.

Development of a specific code for CALME is requested, by ACOG, as this is a known clinical diagnosis and the currently available vulvar codes are inadequate for capturing this condition.

TABULAR MODIFICATIONS

N90 Other noninflammatory disorders of vulva and perineum

N90.6 Hypertrophy of vulva

New code N90.61 Childhood asymmetric labium majus enlargement
(CALME)

Longitudinal Vaginal Septum

The American Congress of Obstetricians and Gynecologists (ACOG) is requesting expansion of the codes for longitudinal vaginal septum to differentiate a nonobstructing vaginal septum from an obstructing vaginal septum and to add laterality to these codes.

The true incidence of congenital anomalies of the female reproductive tract, otherwise known as Müllerian anomalies, is not known and is reported as 0.5-3.5% in the literature. This incidence is suspected to be higher (~7-25%) among all reproductive age women. When lateral fusion defects occur during organogenesis of the reproductive tract, complete duplication of the reproductive tract may occur, leading to uterus didelphys with a longitudinal vaginal septum that creates two vaginas. However, another presentation includes an oblique orientation of the longitudinal vaginal septum that leads to obstruction of one of the vaginas, while the other vagina is patent. An obstructing longitudinal vaginal septum occurs with a well known condition known as OHVIRA (Obstructed Hemivagina with Ipsilateral Renal Anomaly). The obstructing longitudinal vaginal septum may be right- or left-sided, but occurs with greater frequency on the right side (65%). It is important to distinguish this anomaly from a nonobstructing longitudinal vaginal septum, which can be seen with other congenital anomalies of the female reproductive tract such as a uterine septum. Furthermore, an obstructing longitudinal septum can contain a microperforation. The management of an obstructing septum is very different, involving resection of the oblique septum in order to relieve obstruction on the affected side, join the vaginas and expose the cervix on the affected side. Because this condition frequently occurs with renal anomalies (up to 40% of the time), screening for concurrent urinary tract anomalies is indicated.

The current ICD-10-CM code for longitudinal vaginal septum is not specific enough to properly distinguish between these three conditions (nonobstructing vs. obstructing vs. microperforate) and defining the side of the anomaly, when indicated. Therefore, expansion of this code is requested by ACOG.

TABULAR MODIFICATIONS

Q52 Other congenital malformations of female genitalia

Q52.1 Doubling of vagina

Q52.12 Longitudinal vaginal septum

New code	Q52.120 Longitudinal vaginal septum, nonobstructing
New code	Q52.121 Longitudinal vaginal septum, obstructing, right side
New code	Q52.122 Longitudinal vaginal septum, obstructing, left side
New code	Q52.123 Longitudinal vaginal septum, microperforate, right side
New code	Q52.124 Longitudinal vaginal septum, microperforate, left side
New code	Q52.129 Longitudinal vaginal septum, unspecified

Pre-Pubertal Vaginal Bleeding

The American Congress of Obstetricians and Gynecologists (ACOG) with support from the American Academy of Pediatrics (AAP) are requesting a code expansion to differentiate pre-pubertal vaginal bleeding from other types of abnormal vaginal bleeding.

Pre-pubertal vaginal bleeding is frequently encountered in pediatric gynecology and should always be worked up. Causes of such bleeding can be a foreign object, trauma, urethral prolapse, vulvar dermatologic conditions, cervical or vaginal tumors, fluctuations in endogenous hormones or exogenous intake of hormones, or precocious puberty. Several of these conditions have their own diagnostic code but may not be identified as the cause of bleeding until a thorough work-up and several visits have occurred. In addition, these conditions differ greatly from current ICD-9-CM and ICD-10-CM diagnostic codes for vaginal bleeding, all of which refer to a disorder of menstruation. Thus it is important to identify pre-pubertal bleeding as a separate condition. Development of a specific code for prepubertal vaginal bleeding is requested by ACOG, as this condition in a child entails a very different differential diagnosis and work-up compared to that in an adult.

TABULAR MODIFICATIONS

N93 Other abnormal uterine and vaginal bleeding

N93.0 Postcoital and contact bleeding

New code N93.1 Pre-pubertal vaginal bleeding

Acute Pancreatitis

Pancreatitis usually appears as a sudden (acute) attack of pain in the upper abdomen. In most cases, the disease goes away within a week after treatment begins. After inflammation goes away, the pancreas usually returns to normal. In some cases, pancreatic tissue is permanently damaged or even dies (necrosis). These complications increase the risk of infection and organ failure. Physicians who care for patients with acute pancreatitis frequently categorize the severity of this condition by differentiating whether the pancreas is partially or entirely necrotic versus not at all necrotic.

Tissues affected by necrotizing pancreatitis can potentially develop secondary infection and might require debridement. Necrotizing pancreatitis comprises 10-20% of all cases of acute pancreatitis and is associated with 10-25% mortality. Among cases involving necrosis, physicians further distinguish infected necrosis from uninfected necrosis. Infection of the necrotic region of the pancreas occurs secondarily and increases the risk of death substantially.

The Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma is requesting the following tabular changes to capture the distinction in the severity of acute pancreatitis.

TABULAR MODIFICATIONS

K85	Acute pancreatitis	
Delete	Includes:	abscess of pancreas
Delete		acute necrosis of pancreas
Delete		gangrene of (gangrenous) pancreas
Delete		hemorrhagic pancreatitis
Delete		infective necrosis of pancreas
Delete		suppurative pancreatitis
New Category	K85.0	Idiopathic acute pancreatitis
New code	K85.00	Idiopathic acute pancreatitis without necrosis or infection
New code	K85.01	Idiopathic acute pancreatitis with uninfected necrosis
New code	K85.02	Idiopathic acute pancreatitis with infected necrosis
New Category	K85.1	Biliary acute pancreatitis
New code	K85.10	Biliary acute pancreatitis without necrosis or infection
New code	K85.11	Biliary acute pancreatitis with uninfected necrosis
New code	K85.12	Biliary acute pancreatitis with infected necrosis
New Category	K85.2	Alcohol induced acute pancreatitis
New code	K85.20	Alcohol induced acute pancreatitis without necrosis or infection
New code	K85.21	Alcohol induced acute pancreatitis with uninfected necrosis
New code	K85.22	Alcohol induced acute pancreatitis with infected necrosis

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

New Category	K85.3	Drug induced acute pancreatitis
New code	K85.30	Drug induced acute pancreatitis without necrosis or infection
New code	K85.31	Drug induced acute pancreatitis with uninfected necrosis
New code	K85.32	Drug induced acute pancreatitis with infected necrosis
New Category	K85.8	Other acute pancreatitis
New code	K85.80	Other acute pancreatitis without necrosis or infection
New code	K85.81	Other acute pancreatitis with uninfected necrosis
New code	K85.82	Other acute pancreatitis with infected necrosis
New Category	K85.9	Acute pancreatitis, unspecified
New code	K85.90	Acute pancreatitis without necrosis or infection, unspecified
New code	K85.91	Acute pancreatitis with uninfected necrosis, unspecified
New code	K85.92	Acute pancreatitis with infected necrosis, unspecified
	K86	Other diseases of pancreas
	K86.8	Other specified diseases of pancreas
Revise		Aseptic pancreatic necrosis, <u>unrelated to acute pancreatitis</u>
Revise		Pancreatic fat necrosis, <u>unrelated to acute pancreatitis</u>
Revise		Pancreatic necrosis NOS, <u>unrelated to acute pancreatitis</u>

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

Contact with knife, sword or dagger

In 2013 the World Health Organization (WHO) Update Reference Committee (URC) approved changes to ICD-10 category W25 (Contact with sharp glass), category W26 (Contact with knife, sword or dagger) and category W45 (Foreign body or object entering through skin). These changes will take effect in ICD-10 January 2016.

To address the changes made in ICD-10 the following ICD-10-CM tabular changes are proposed.

TABULAR MODIFICATIONS

Exposure to inanimate mechanical forces (W20-W49)

W25 Contact with sharp glass

Add Excludes2: glass embedded in skin (W45)

Revise W26 Contact with ~~Knife, sword or dagger~~ other sharp objects

Add Excludes2: sharp object(s) embedded in skin (W45)

New code W26.8 Contact with other sharp object(s), not elsewhere classified
Edge of stiff paper
Tin can lid

New code W26.9 Contact with unspecified sharp object(s)

W45 Foreign body or object entering through skin

Add Includes: foreign body or object embedded in skin: nail

Revise Excludes2: contact with ~~knife, sword, or dagger~~ other sharp object(s) (W26.-)

Delete ~~W45.1 Paper entering through skin~~
~~Paper cut~~

Delete ~~W45.2 Lid of can entering through skin~~

ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

Dengue Fever

In 2013 the World Health Organization (WHO) Update Reference Committee (URC) approved changes for dengue codes based on the different stages. These changes will take effect in ICD-10 January 2016.

Dengue is a viral disease transmitted by the bite of a mosquito infected with dengue virus. Clinical warning signs are: abdominal pain or tenderness, mucosal bleeding, lethargy and/or restlessness, rapid decrease in platelet count, increase in hematocrit. Other signs can include: persistent vomiting, visible fluid accumulation, liver enlargement more than 2cm. Severe dengue is a potentially deadly complication due to plasma leaking leading to shock (dengue shock syndrome – DSS), fluid accumulation, respiratory distress, severe bleeding, or organ impairment.

To be consistent with the new WHO case definition/classification of dengue, the following ICD-10-CM tabular changes are proposed.

TABULAR MODIFICATIONS

Revise	Arthropod-borne viral fevers and viral hemorrhagic fevers (A90 <u>A92</u> -A99)
Delete	A90 — Dengue fever [classical dengue]
Delete	Excludes1: dengue hemorrhagic fever (A91)
Delete	A91 — Dengue hemorrhagic fever
New category	A97 Dengue
New code	A97.0 Dengue without warning signs Dengue hemorrhagic fever Grades 1 and 2 Dengue hemorrhagic fever without warning signs
New code	A97.1 Dengue with warning signs Dengue hemorrhagic fever with warning signs
New code	A97.2 Severe dengue Severe dengue fever Severe dengue hemorrhagic fever
New code	A97.9 Dengue, unspecified Dengue fever (DF) NOS

Excessive and redundant skin and subcutaneous tissue

In 2013 the World Health Organization (WHO) Update Reference Committee (URC) approved changes to ICD-10 category L98, Other disorders of skin and subcutaneous tissue, not elsewhere classified. These changes will take effect in ICD-10 January 2016.

This problem is most commonly present among women after pregnancy and childbirth and among younger and middle aged men and women after massive weight loss. Excess skin is also a common condition after gastric bypass surgery. Excess skin and subcutaneous tissue can cause various medical problems, often with complaints about back pain, and irritant dermatitis (skin inflammation).

To address changes made in ICD-10 the following ICD-10-CM tabular changes are proposed.

TABULAR MODIFICATIONS

L98 Other disorders of skin and subcutaneous tissue, not elsewhere classified

New code

L98.7 Excessive and redundant skin and subcutaneous tissue

Loose or sagging skin, NOS

Loose or sagging skin, following weight loss (bariatric surgery) (dietary)

Excludes2: excess or redundant skin of eyelid, acquired (H02.3-)

excess or redundant skin of eyelid, congenital (Q10.3)

skin changes due to chronic exposure to nonionizing radiation (L57.-)

Arterial Tortuosity Syndrome

Arterial tortuosity syndrome (ATS) is a rare genetic connective tissue disorder. ATS shares several features with other connective tissue disorders, including soft, stretchy skin, hypermobile joints, arachnodactyly, pectus deformities, and contractures (Calleaert et al., 2008). The defining feature of ATS is elongation and tortuosity of both mid and large sized pulmonary and systemic arteries (Calleaert et al., 2008; Castori et al., 2012; Kalfa et al., 2012). As a result of these arterial changes, stenosis and aneurysm are common. In fact, 60% of patients with ATS have pulmonary artery stenosis (Al-Khaldi, A., Alharbi, A., Tamimi, O., & Mohammed, Y., 2009).

ATS is associated with other cardiovascular features including aberrant origin of aortic branches, arterial and pulmonary valve stenosis, and vasomotor instability (Castori et al., 2012). Stroke has been reported in individuals from infancy onwards (Allen et al., 2009). Individuals with ATS also share common craniofacial dysmorphisms including an elongated face, downslanting palpebral fissures, blepharophimosis, beaked nose, a long philtrum, and a high arched palate (Mocerri et al., 2013).

Currently, there is not an ICD-10-CM code for ATS. Due to the numerous symptoms and cause of death, individuals with ATS are given various codes relating to cardiac abnormalities, strokes, congenital anomalies, connective tissue issues, etc. Because of the lack of a unique diagnosis code, it has been impossible to determine frequency of this disorder and to identify people who could participate in research to help determine the natural history of this disorder, eventually leading to the creation of surveillance, management, and treatment guidelines.

The A Twist of Fate-ATS organization is requesting an ATS specific ICD-10-CM code. The organization is requesting the addition of ATS to ICD-10-CM as to not delay the usefulness of an ATS specific code.

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ICD-10 Coordination and Maintenance Committee Meeting
March 18-19, 2015

TABULAR MODIFICATIONS

Q87 Other specified congenital malformation syndromes affecting multiple systems

Q87.8 Other specified congenital malformation syndromes, not elsewhere classified

New code Q87.82 Arterial tortuosity syndrome