ICD-9-CM Coordination and Maintenance Committee Meeting
September 14, 2011
Diagnosis Agenda

Welcome and announcements
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  Co-Chair, ICD-9-CM Coordination and Maintenance Committee

Diagnosis Topics:

ICD-9-CM TIMELINE

A timeline of important dates in the ICD-9-CM process is described below:

September 14, 2011	ICD-9-CM Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 9, 2011.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
October 2011	Summary report of the Procedure part of the September 14, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes Summary report of the Diagnosis part of the September 14, 2011 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd.htm
October 1, 2011	New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd.htm Procedure addendum at - http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
October 7, 2011	**Deadline for receipt of public comments on proposed code revisions discussed at the September 14, 2011 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2012.**
November 2011	Any new ICD-9-CM 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, 2012 will be posted on the following websites: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes http://www.cdc.gov/nchs/icd.htm
November 18, 2011	**Deadline for receipt of public comments on proposed code revisions discussed at the September 14, 2011 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2012.**

January 6, 2012	**Deadline for requestors: Those members of the public requesting that topics be discussed at the March 5 – March 6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses by this date.**
February 2012	Draft agenda for the Procedure part of the March 5, 2012 ICD-9-CM Coordination and Maintenance Committee meeting posted on CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
	Draft agenda for the Diagnosis part of the March 6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd.htm
	Federal Register notice of March 5 – March 6, 2012 ICD-9-CM Coordination and Maintenance Committee Meeting will be published.
February 3, 2012	**On-line registration opens for the March 5– 6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting at: http://www.cms.hhs.gov/apps/events**
February 27, 2012	Because of increased security requirements, **those wishing to attend the March 5 – March 6, 2012** ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at: http://www.cms.hhs.gov/apps/events
	Attendees must register online by February 27, 2012; failure to do so may result in lack of access to the meeting.
March 5 – March 6 2012	ICD-9-CM Coordination and Maintenance Committee meeting.
April 1, 2012	Any new ICD-9-CM codes required to capture new technology will be implemented. Information on any new codes implemented on April 1, 2012 previously posted in early November 2011 will be on the following websites: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes http://www.cdc.gov/nchs/icd.htm http://www.cms.hhs.gov/MLNGenInfo

April 6, 2012   **Deadline for receipt of public comments on proposed code revisions discussed at the March 5-6, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2012.**

April 2012   Notice of Proposed Rulemaking to be published in the <u>Federal Register</u> as mandated by Public Law 99-509. This notice will include the final ICD-9-CM diagnosis and procedure codes for the upcoming fiscal year. Any code proposals discussed at the March meeting and finalized in time for October 1 implementation will be included in the final rule.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.hhs.gov/AcuteInpatientPPS/IPPS/list.asp

April 2012   Summary report of the Procedure part of the March 5, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

Summary report of the Diagnosis part of the March 6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd.htm

June 2012   Final addendum posted on web pages as follows:
Diagnosis addendum at - http://www.cdc.gov/nchs/icd.htm
Procedure addendum at –
http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

July 19, 2012   **Those members of the public requesting that topics be discussed at the September 19 – 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.**

August 1, 2012   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, 2012.
This rule can be accessed at:
http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp

August 2012   Tentative agenda for the Procedure part of the September 19 – 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at - http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

Tentative agenda for the Diagnosis part of the September 19 – 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at - http://www.cdc.gov/nchs/icd.htm

Federal Register notice for the September 19 –20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.

August 17, 2012	**On-line registration opens for the September 19-20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting at: http://www.cms.hhs.gov/apps/events**
September 10, 2012	Because of increased security requirements, those wishing to attend the September 19 - 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at: http://www.cms.hhs.gov/apps/events
	Attendees must register online by September 10, 2012; failure to do so may result in lack of access to the meeting.
September 19 –20, 2012	ICD-9-CM Coordination and Maintenance Committee meeting.
	Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 10, 2012.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
October 2012	Summary report of the Procedure part of the September 19 – 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
	Summary report of the Diagnosis part of the September 19– 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd9.htm

October 1, 2012	New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd.htm Procedure addendum at - http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
October 5, 2012	**Deadline for receipt of public comments on proposed code revisions discussed at the September 19-20, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2013.**
November 2012	Any new ICD-9-CM 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, 2013 will be posted on the following websites: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes http://www.cdc.gov/nchs/icd9.htm
November 16, 2012	**Deadline for receipt of public comments on proposed code revisions discussed at the September 19-20, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2013.**

Contact Information

Mailing address:

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ICD-9-CM Coordination and Maintenance Committee
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Comments on the ICD-9-CM and ICD-10-CM proposals presented at the ICD-9-CM Coordination and Maintenance Committee meeting should be sent to the following email address: nchsicd9CM@cdc.gov

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Lizabeth Fisher   (301) 458-4091

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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 will implement 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 on October 1, 2013. 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 will be made on October 1, 2011.

- On October 1, 2012, 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, 2013, 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, 2014, 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, 2014 once the partial freeze has ended.

Codes discussed at the September 15 – 16, 2010 and March 9 – 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be considered for implementation on October 1, 2011, the last regular updates for ICD-9-CM and ICD-10. Code requests discussed at the September 14 – 15, 2011 and additional meetings during the freeze will be evaluated for either the limited updates to capture new technologies and diseases during the freeze period or for implementation to ICD-10 on October 1, 2014. The public will be actively involved in discussing the merits of any such requests during the period of the partial freeze.

<u>Continuing Education Credits</u>

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-9-CM 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-9-CM 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, <u>not NCHS</u>.

Chronic Fatigue Syndrome

According to the Coalition 4 ME/CFS, US researchers have estimated that myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) strikes 1 to 4 million Americans. It is a devastating illness that is characterized by profound fatigue that is not improved by rest and is worsened by physical or mental activity, along with multi-system symptoms including pain, cognitive impairment, headaches, unrefreshing sleep and tender lymph nodes.

In ICD-9-CM, the code for Chronic Fatigue Syndrome (CFS) (780.71, Chronic Fatigue Syndrome) became effective October 1, 1998. The proposal to create a unique code was presented at the December 1997 ICD-9-CM Coordination and Maintenance meeting and was based on a number of requests that stated that a unique code was needed because it was impossible to collect meaningful data about the frequency of diagnosis as well as the utilization of medical services. Placement of CFS within Chapter 16 in ICD-9-CM at that time reflected that an underlying cause had not yet been determined.

The cause or causes of CFS remain unknown, despite a vigorous search. While a single cause for CFS may yet be identified, another possibility is that CFS represents a common endpoint of disease resulting from multiple causes. Conditions that have been proposed to trigger the development of CFS include infections, traumatic conditions, immune dysfunction, stress, and toxins.

Currently there are several case definitions in use, some separating CFS from myalgic encephalomyelitis (ME), and others merging the two conditions together. The most widely used are the 1994 case definition, the Canadian and the Oxford definitions. A new definition of ME has been recently published to emphasize recent research and clinical experience that strongly point to widespread inflammation and multisystemic neuropathology. While there is no consensus on case definition, there is consensus that this is a serious syndrome and complex syndrome, and it is likely that there are multiple subgroups. Changes in immune, CNS and autonomic nervous system can be identified, but no tests have sufficient sensitivity and specificity to serve as a diagnostic test for CFS.

ICD-10 was approved by the International Conference for the Tenth Revision of the International Classification of Diseases in 1989 and adopted by the 43rd World Health Assembly in 1990. In ICD-10 WHO created code G93.3, Postviral fatigue syndrome and indexed chronic fatigue syndrome to this code. In ICD-10-CM chronic fatigue syndrome NOS (that is not specified as being due to a past viral infection) was added to ICD-10-CM in Chapter 18 at R53.82, Chronic fatigue, unspecified. ICD-10-CM retained code G93.3 to allow the differentiation of cases of fatigue syndrome where the physician has determined the cause as being due to a past viral infection from cases where the physician has not established a post viral link. It should be noted that including chronic fatigue syndrome NOS at code G93.3 would make it difficult to disaggregate cases that are now distinguishable through the use of two separate codes.

The Coalition 4 ME/CFS has submitted a proposal asking that chronic fatigue syndrome be deleted as an inclusion term under code R53.82 and that the term be added as an inclusion term under code G93.3.

The Coalition 4 ME/CFS is also requesting that their proposal be considered for October 1, 2012 so that the change occurs prior to the October 1, 2013 implementation date of ICD-10-CM even though the condition is not a new disease.

ICD-10-CM TABULAR PROPOSED CHANGES

Option 1 (proposed by Coalition 4 ME/CFS):

	G93	Other disorders of brain

| | | G93.3 | Postviral fatigue syndrome |
| Add | | | Chronic fatigue syndrome |

| Delete | | | ~~Excludes1:~~ ~~chronic fatigue syndrome NOS (R53.82)~~ |

	R53	Malaise and fatigue

| | | R53.8 | Other malaise and fatigue |

| | | | R53.82 Chronic fatigue, unspecified |
| Delete | | | ~~Chronic fatigue syndrome NOS~~ |

| Add | | | Excludes 1: chronic fatigue syndrome (G93.3) |

Option 2 (proposed by NCHS):

	G93	Other disorders of brain

Revise		G93.3	Postviral <u>and other chronic fatigue syndromes</u>
Delete			~~Benign myalgic encephalomyelitis~~
Delete			~~Excludes 1: chronic fatigue syndrome NOS (R53.82)~~

| New code | | | G93.31 | Postviral fatigue syndrome |
| | | | | Benign myalgic encephalomyelitis |

| New code | | | G93.32 | Chronic fatigue syndrome |
| | | | | Chronic fatigue syndrome NOS |

| | | | | Excludes2: chronic fatigue, unspecified (R53.82) |

	R53	Malaise and fatigue

| | | R53.8 | Other malaise and fatigue |

| | | | R53.82 | Chronic fatigue, unspecified |
| Delete | | | | ~~Chronic fatigue syndrome NOS~~ |

| Add | | | | Excludes2: chronic fatigue syndrome (G93.32) |
| Revise | | | | postviral fatigue syndrome (<u>G93.31</u>) |

Gingival Recession

Gingival recession involves the gums receding back, potentially exposing the roots of the teeth. Understanding the different stages and conditions of gingival recession is necessary for predictable successful therapy. Earlier classifications of denuded root surfaces were proposed, but did not allow the clinician to predict the outcome of therapy. They also did not allow accurate assessment of various treatment modalities. Periodontists throughout the world now use the classification proposed by Miller[1,2]:

Class I – Marginal tissue recession does not extend to the mucogingival junction. There is no loss of bone or soft tissue in the interdental area. This type of recession can be narrow or wide.
Class II – Marginal tissue recession extends to or beyond the mucogingival junction. There is no loss of bone or soft tissue in the interdental area. This type of recession can be subclassified into wide and narrow.
Class III – Marginal tissue recession extends to or beyond the mucogingival junction. There is bone and soft tissue loss interdentally or malpositioning of the tooth.
Class IV – Marginal tissue recession extends to or beyond the mucogingival junction. There is severe bone and soft tissue loss interdentally or severe tooth malposition.

Gingival Recession currently is classified in ICD-9-CM as shown below.

523.20 Gingival recession, unspecified
523.21 Gingival recession, minimal
523.22 Gingival recession, moderate
523.23 Gingival recession, severe
523.24 Gingival recession, localized
523.25 Gingival recession, generalized

Currently, ICD-10-CM utilizes only one code for all types, K06.0, Gingival recession.

The American Academy of Periodontology is proposing that the gingival recession classification used in ICD-9-CM be replaced by the Miller Classification System for ICD-10-CM. Reconstructive surgical procedures for correction of these conditions are performed millions of times each year in dental offices, often for children. Adoption of these codes would allow for more granular epidemiologic and outcomes studies and provide more homogeneous populations for evidence-based reviews, as well as enabling improved tracking for clinical and other purposes. The American Academy of Periodontology is requesting that these proposed modifications be adopted to be available for use on October 1, 2013 when ICD-10-CM is implemented.

References:
1. Miller, PD, Jr. *Int J Periodontics Restorative Dent* 1985, 5, 9-13
2. *Carranza's Clinical Periodontology: Expert Opinion*, 11th Edition 2011, 598

TABULAR MODIFICATIONS

K06   Other disorders of gingiva and edentulous alveolar ridge

K06.0   Gingival recession
Gingival recession (generalized) (localized) (postinfective)
(postprocedural)

New Code		K06.00	Gingival recession, unspecified
New Code		K06.01	Gingival recession, Miller Class I
New Code		K06.02	Gingival recession, Miller Class II
New Code		K06.03	Gingival recession, Miller Class III
New Code		K06.04	Gingival recession, Miller Class IV

Aggressive Periodontitis

Aggressive periodontitis currently is categorized as either localized, generalized, or unspecified depending upon the extent of the disease process. The 1999 International Workshop for a Classification of Periodontal Diseases and Conditions[1] further characterized the diseases on the basis of their severity. As a general rule, extent is the number of teeth involved; if <30% are involved, it is considered to be localized, while if >30% are involved it is considered to be generalized. Further granularity is provided when disease severity is described on the basis of clinical attachment loss (CAL), either for the entire dentition or for individual teeth. Generally, *Slight* = 1-2 mm CAL, *Moderate* = 2-4 mm CAL, and *Severe* = >5mm CAL.

Currently codes K05.20, K05.21, and K05.22 are used for unspecified, localized, and generalized aggressive periodontitis, respectively. The American Academy of Periodontology supports adoption of additional codes for aggressive periodontitis to increase granularity by providing a more accurate description of disease progression. These will be of importance in determining outcomes of care and research on treatment of the disease and providing valid data for evidence-based studies. Surgical procedures for treatment of these diseases are performed several million times a year in dental offices. Additional severity details for these codes would enable improved tracking for research, clinical, and other purposes. The American Academy of Periodontology is requesting that these proposed modifications be adopted to be available for use on October 1, 2013 when ICD-10-CM is implemented.

Reference:
1. *Ann Periodontol* 1999; 4

TABULAR MODIFICATIONS

K05   Gingivitis and periodontal diseases

K05.2   Aggressive periodontitis

K05.21   Aggressive periodontitis, localized

New Code   K05.211   Aggressive periodontitis, localized, slight

New Code   K05.212   Aggressive periodontitis, localized, moderate

New Code   K05.213   Aggressive periodontitis, localized, severe

New Code   K05.219   Aggressive periodontitis, localized, unspecified
                                                                      severity

K05.22   Aggressive periodontitis, generalized

New Code   K05.221 Aggressive periodontitis, generalized, slight

New Code   K05.222 Aggressive periodontitis, generalized, moderate

New Code   K05.223 Aggressive periodontitis, generalized, severe

New Code   K05.229 Aggressive periodontitis, generalized, unspecified
                                                                      severity

Chronic Periodontitis

Chronic periodontitis currently is categorized as either localized or generalized depending upon the extent of the disease process. The 1999 International Workshop for a Classification of Periodontal Diseases and Conditions further characterized the disease on the basis of its severity. As a general guide, extent is the number of teeth involved. If less than 30% are affected, it is considered to be localized, while if greater than 30% are involved it is considered to be generalized. Further granularity is provided when disease severity is described on the basis of clinical attachment loss (CAL), either for the entire dentition or for individual teeth. Generally, Slight = 1-2 mm CAL, Moderate = 2-4 mm CAL, and Severe = > 5 mm CAL.

Currently ICD-10-CM codes K05.30, K05.31, and K05.32 are used for unspecified, localized, and generalized chronic periodontitis, respectively. The American Academy of Periodontology supports adoption of additional codes for chronic periodontitis to increase granularity by providing a more accurate description of disease progression. These will be of importance in determining outcomes of care and research on treatment of the disease and providing valid data for evidence-based studies. Surgical procedures associated with these diagnoses are performed in dental offices. The American Academy of Periodontology is requesting that the following tabular modifications be adopted so that they are available for use on October 1, 2013 when ICD-10-CM is implemented.

TABULAR MODIFICATIONS

K05   Gingivitis and periodontal diseases

    K05.3   Chronic periodontitis

        K05.31   Chronic periodontitis, localized

New code   K05.311 Chronic periodontitis, localized, slight

New code   K05.312 Chronic periodontitis, localized, moderate

New code   K05.313 Chronic periodontitis, localized, severe

New code   K05.319 Chronic periodontitis, localized, unspecified severity

        K05.32   Chronic periodontitis, generalized

New code   K05.321 Chronic periodontitis, generalized, slight

New code   K05.322 Chronic periodontitis, generalized, moderate

New code   K05.323 Chronic periodontitis, generalized, severe

New code   K05.329 Chronic periodontitis, generalized, unspecified severity

Pain in joints of hand

Instruction in ICD-10, for Chapter 13, provides for an optional subclassification expansion to the site level. Some or all of the subclassification may be used as appropriate to the disease being classified. In the initial work to expand codes in Chapter 13, using this subclassification, NCHS did not include unique codes, at subcategory M25.5, Pain in joint, for joints of the hand. After further review, NCHS recommends activating fifth character "4" to create codes for pain in joints of the hand. Therefore, the following tabular modifications are proposed and recommended to be adopted so that they are available for use on October 1, 2013 when ICD-10-CM is implemented.

TABULAR MODIFICATIONS

M25   Other joint disorder, not elsewhere classified

M25.5   Pain in joint

Excludes2:   pain in hand (M79.64-)

New
sub-subcategory   M25.54   Pain in joints of hand

New code   M25.541 Pain in joints of right hand

New code   M25.542 Pain in joints of left hand

New code   M25.549 Pain in joints of unspecified hand
                                                 Pain in joints of hand NOS

ICD-10-CM Tabular Proposed Addenda
(Effective October 1, 2013)

Revise   M25.57 Pain in <u>joints of</u> ankle <u>and foot</u>

Revise   M25.571   Pain in <u>joints of</u> right ankle <u>and foot</u>

Revise   M25.572   Pain in <u>joints of</u> left ankle <u>and foot</u>

Revise   M25.579   Pain in <u>joints of</u> unspecified ankle <u>and foot</u>

ICD-10-CM Index Proposed Addenda
(Effective October 1, 2013)

        Sinus

Revise   - tarsi syndrome ~~– see Syndrome, tarsal tunnel~~ <u>M25.57</u>

        Syndrome

Revise   - sinus tarsi ~~– see Syndrome, tarsal tunnel~~ <u>M25.57</u>