



ICD-9-CM Coordination and Maintenance Committee Meeting  
April 1, 2005

Diagnosis Agenda

Welcome and Announcements

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## **ICD-9-CM TIMELINE**

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

- August 11, 2004      Hospital Inpatient Prospective Payment System final rule published in the Federal Register as mandated by Public Law 99-509. The rule can be accessed at:  
<http://www.cms.hhs.gov/providers/hipps/frnotices.asp>
- October 1, 2004      New ICD-9-CM codes are implemented.
- October 7-8, 2004    ICD-9-CM Coordination and Maintenance Committee Meeting
- October 2004          Summary report of the Procedure part of the October 7-8, 2004 ICD-9-CM Coordination and Maintenance Committee meeting posted on CMS homepage at -  
<http://www.cms.hhs.gov/paymentsystems/icd9>
- Summary report of the Diagnosis part of the October 7-8, 2004 ICD-9-CM Coordination and Maintenance Committee meeting report posted on NCHS homepage at -  
<http://www.cdc.gov/nchs/icd9.htm>
- March 31 – April 1 2005    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 March 25, 2005.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
- April 15, 2005        Deadline for receipt of public comments on proposed code revisions discussed at the March 31 and April 1, 2005 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2005.

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- April 2005                    Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include the final ICD-9-CM diagnosis and procedure codes for the upcoming fiscal year. It will also include proposed revisions to the DRG system on which the public may comment. The proposed rule can be accessed at:  
<http://www.cms.hhs.gov/providers/hipps/frnotices.asp>
- April 2005                    Summary report of the Procedure part of the March 31, 2005 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:  
<http://www.cms.hhs.gov/paymentsystems/icd9>
- Summary report of the Diagnosis part of the April 1, 2005 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:  
<http://www.cdc.gov/nchs/icd9.htm>
- June 2005                    Final addendum posted on web pages as follows:  
Diagnosis addendum at - <http://www.cdc.gov/nchs/icd9.htm>  
Procedure addendum at -  
<http://www.cms.hhs.gov/paymentsystems/icd9>
- July 29, 2005                Those members of the public requesting that topics be discussed at the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.
- August 1, 2005               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, 2005. This rule can be accessed at:  
<http://www.cms.hhs.gov/providers/hipps/frnotices.asp>
- August 2005                   Tentative agenda for the Procedure part of the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at -  
<http://www.cms.hhs.gov/paymentsystems/icd9>
- Tentative agenda for the Diagnosis part of the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at -  
<http://www.cdc.gov/nchs/icd9.htm>

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Federal Register notice for the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee Meeting will be published. This will include the tentative agenda.

- September 23, 2005 Because of increased security requirements, those wishing to attend the **September 29 - 30, 2005** ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at <http://www.cms.hhs.gov/events>  
**Attendees must register online by September 23, 2005; failure to do so may result in lack of access to the meeting.**
- September 29 – 30, 2005 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 23, 2005.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building. **Those who wish to have a new code considered for implementation on April 1, 2006 must make this request at the meeting and justify the need of the April 1 update to capture new technology.**
- October 1, 2005 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/icd9.htm>  
Procedure addendum at - <http://www.cms.hhs.gov/paymentsystems/icd9>
- October 15, 2005 Deadline for receipt of public comments on proposed code revisions discussed at the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2006 to capture new technology.
- October 2005 Summary report of the Procedure part of the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:  
<http://www.cms.hhs.gov/paymentsystems/icd9>  
  
Summary report of the Diagnosis part of the September 29 – 30, 2005 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:  
<http://www.cdc.gov/nchs/icd9.htm>

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- Early Nov., 2005      Any new ICD-9-CM codes required to capture new technology that will be implemented on April 1, 2006 will be announced. Information on any new codes to be implemented on April 1, 2006 will be posted on the following websites:  
Procedure at <http://www.cms.hhs.gov/paymentsystems/icd9>  
Diagnosis addendum at <http://www.cdc.gov/nchs/icd9.htm>  
Code titles at <http://www.cms.hhs.gov/medlearn/icd9code.asp>
- December 2, 2005      Deadline for receipt of public comments on proposed code revisions discussed at the March 31 and April 1, 2005 and September 29 -30, 2005 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2006.
- April 1, 2006          Any new ICD-9-CM codes required to capture new technology will be implemented. Information on any new codes implemented on April 1, 2006 previously posted in early November 2004 on the following websites:  
Procedures at <http://www.cms.hhs.gov/paymentsystems/icd9>  
Diagnoses at <http://www.cdc.gov/nchs/icd9.htm>  
Code titles at <http://www.cms.hhs.gov/medlearn/icd9code.asp>

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NCHS Classifications of Diseases web page:  
<http://www.cdc.gov/nchs/icd9.htm>

Please consult this web page for updated information.

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Topic: Sleep disorders

In October 2004 new code proposals for insomnia, hypersomnia and sleep apnea were presented at the request of the American Academy of Sleep Medicine. The Academy has now requested that additional codes be proposed for the other sleep disorders that were not included in October, circadian rhythm sleep disorders, parasomnias, and the sleep-related movement disorders.

The Academy has requested that these codes be combined with the sleep codes that were presented at the October 2004 C&M meeting so that they can all become effective October 1, 2005. Both the proposal as it was presented in October, and the full proposal are presented here. The full proposal includes both the codes presented in October and the new codes that are to be considered, but a new category has been created to allow for all of the sleep codes to be included together under a single category.

**Proposal as presented in October 2004**

TABULAR MODIFICATIONS

	291	Alcohol-induced mental disorders
	291.8	Other specified alcohol-induced mental disorders
New code	291.82	Alcohol-induced sleep disorders Alcohol-induced hypersomnia Alcohol-induced insomnia
	292	Drug-induced mental disorders
	292.8	Other specified drug-induced mental disorders
New code	292.85	Drug-induced sleep disorders Drug-induced hypersomnia Drug-induced insomnia
	307	Special symptoms or syndromes, not elsewhere classified
	307.4	Specific disorders of sleep of nonorganic origin
Add		Excludes: organic hypersomnia (349.40-349.49) organic insomnia (349.30-349.39)
	307.41	Transient disorder of initiating or maintaining sleep
Add		Adjustment insomnia



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	307.42	Persistent disorder of initiating or maintaining sleep
Add		Idiopathic insomnia
Add		Paradoxical insomnia
Add		Primary insomnia
Add		Psychophysiological insomnia
	307.44	Persistent disorder of initiating or maintaining wakefulness
Add		Insufficient sleep syndrome
		Primary hypersomnia
Add		Excludes: sleep deprivation (V69.4)
	349	Other and unspecified disorders of the nervous system
New sub-category	349.3	Organic disorders of initiating and maintaining sleep [Organic insomnia]
		Excludes: insomnia NOS (780.52)
		insomnia not due to a substance or known physiological condition (307.41-307.42)
		insomnia with sleep apnea NOS (780.51)
New code	349.30	Organic insomnia, unspecified
New code	349.31	Insomnia due to non-mental health condition classified elsewhere
		Code first underlying condition
New code	349.32	Insomnia due to mental health condition
		Code first mental health condition
Add		Excludes: alcohol-induced insomnia (291.82)
		drug-induced insomnia (292.85)
New code	349.39	Other organic insomnia

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New sub- category	349.4	Organic disorder of excessive somnolence [Organic hypersomnia]
	Excludes:	hypersomnia NOS (780.54) hypersomnia not due to a substance or known physiological condition (307.43-307.44) hypersomnia with sleep apnea NOS (780.53)
New code	349.40	Organic hypersomnia, unspecified
New code	349.41	Idiopathic hypersomnia with long sleep time
New code	349.42	Idiopathic hypersomnia without long sleep time
New code	349.43	Recurrent hypersomnia Klein-Levin syndrome Menstrual related hypersomnia
New code	349.44	Hypersomnia due to non-mental health condition classified elsewhere
		Code first underlying condition
New code	349.45	Hypersomnia due to mental health condition
		Code first mental health condition
Add	Excludes:	alcohol-induced hypersomnia (291.82) drug-induced hypersomnia (292.85)
New code	349.49	Other organic hypersomnia
New sub- category	349.5	Organic sleep apnea
	Excludes:	Cheyne-Stokes breathing (786.04) hypersomnia with sleep apnea NOS (780.53) insomnia with sleep apnea NOS (780.51) sleep apnea in newborn (770.81-770.82) sleep apnea NOS (780.57)
New code	349.50	Organic sleep apnea, unspecified
New code	349.51	Primary central sleep apnea
New code	349.52	High-altitude periodic breathing
New code	349.53	Obstructive sleep apnea (adult) (pediatric)

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New code	349.54	Idiopathic sleep-related non-obstructive alveolar hypoventilation Sleep related hypoxia
New code	349.55	Sleep-related hypoventilation/hypoxemia in conditions classifiable elsewhere Code first underlying condition
New code	349.56	Central sleep apnea in conditions classified elsewhere Code first underlying condition
New code	349.59	Other organic sleep apnea

780 General symptoms

780.5 Sleep disturbances

Add Excludes: organic hypersomnia (349.40-349.49)  
 organic insomnia (349.30-349.39)  
 organic sleep apnea (349.50-349.59)

Revise	780.51	Insomnia with sleep apnea, <u>unspecified</u>
Revise	780.52	<del>Other</del> <u>Insomnia, unspecified</u>
Delete		<del>Insomnia NOS</del>
Revise	780.53	Hypersomnia with sleep apnea, <u>unspecified</u>
Revise	780.54	<del>Other</del> <u>Hypersomnia, unspecified</u>
Delete		<del>Hypersomnia NOS</del>
Revise	780.57	<del>Other and u</del> <u>Unspecified sleep apnea</u>

V69 Problems related to lifestyle

New code V69.5 Behavioral insomnia of childhood

**Full proposal with new category and new subcategories**  
*(Note: a code for restless leg syndrome has been removed from this proposal)*

TABULAR MODIFICATIONS

	291	Alcohol-induced mental disorders
	291.8	Other specified alcohol-induced mental disorders
New code	291.82	Alcohol-induced sleep disorders Alcohol-induced circadian rhythm sleep disorders Alcohol-induced hypersomnia Alcohol-induced insomnia Alcohol-induced parasomnia
	292	Drug-induced mental disorders
	292.8	Other specified drug-induced mental disorders
New code	292.85	Drug-induced sleep disorders Drug-induced circadian rhythm sleep disorder Drug-induced hypersomnia Drug-induced insomnia Drug-induced parasomnia
	307	Special symptoms or syndromes, not elsewhere classified
	307.4	Specific disorders of sleep of nonorganic origin
Add		Excludes: organic hypersomnia (327.10-327.19) organic insomnia (327.00-327.09)
Add	307.41	Transient disorder of initiating or maintaining sleep Adjustment insomnia
Add	307.42	Persistent disorder of initiating or maintaining sleep Idiopathic insomnia Paradoxical insomnia Primary insomnia Psychophysiological insomnia

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	307.44	Persistent disorder of initiating or maintaining wakefulness
Add		Insufficient sleep syndrome
		Primary hypersomnia
Add		Excludes: sleep deprivation (V69.4)
Revise	307.45	Circadian rhythm sleep disorder <u>of nonorganic origin</u>
Delete		<del>Irregular sleep-wake rhythm, nonorganic origin</del>
Delete		<del>Jet lag syndrome</del>
Delete		<del>Rapid time-zone change</del>
Delete		<del>Shifting sleep-work schedule</del>
New category	327	Organic sleep disorders
New sub-category	327.0	Organic disorders of initiating and maintaining sleep [Organic insomnia]
		Excludes: insomnia NOS (780.52) insomnia not due to a substance or known physiological condition (307.41-307.42) insomnia with sleep apnea NOS (780.51)
New code	327.00	Organic insomnia, unspecified
New code	327.01	Insomnia due to medical condition classified elsewhere
		Code first underlying condition
		Excludes: insomnia due to mental disorder (327.02)
New code	327.02	Insomnia due to mental disorder
		Code first mental disorder
Add		Excludes: alcohol-induced insomnia (291.82) drug-induced insomnia (292.85)
New code	327.09	Other organic insomnia
New sub-category	327.1	Organic disorder of excessive somnolence [Organic hypersomnia]
		Excludes: hypersomnia NOS (780.54) hypersomnia not due to a substance or known physiological condition (307.43-307.44) hypersomnia with sleep apnea NOS (780.53)

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New code	327.10	Organic hypersomnia, unspecified
New code	327.11	Idiopathic hypersomnia with long sleep time
New code	327.12	Idiopathic hypersomnia without long sleep time
New code	327.13	Recurrent hypersomnia Klein-Levin syndrome Menstrual related hypersomnia
New code	327.14	Hypersomnia due to medical condition classified elsewhere Code first underlying condition
New code	327.15	Hypersomnia due to mental disorder Code first mental disorder
Add		Excludes: alcohol-induced hypersomnia (291.82) drug-induced hypersomnia (292.85)
New code	327.19	Other organic hypersomnia
New sub-category	327.2	Organic sleep apnea Excludes: Cheyne-Stokes breathing (786.04) hypersomnia with sleep apnea NOS (780.53) insomnia with sleep apnea NOS (780.51) sleep apnea in newborn (770.81-770.82) sleep apnea NOS (780.57)
New code	327.20	Organic sleep apnea, unspecified
New code	327.21	Primary central sleep apnea
New code	327.22	High altitude periodic breathing
New code	327.23	Obstructive sleep apnea (adult) (pediatric)
New code	327.24	Idiopathic sleep related non-obstructive alveolar hypoventilation Sleep related hypoxia
New code	327.25	Congenital central alveolar hypoventilation syndrome
New code	327.27	Sleep related hypoventilation/hypoxemia in conditions classifiable elsewhere Code first underlying condition
New code	327.28	Central sleep apnea in conditions classified elsewhere Code first underlying condition
New code	327.29	Other organic sleep apnea

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New sub-category	327.3	Circadian rhythm sleep disorder Organic disorder of sleep-wake cycle Organic disorder of sleep-wake schedule
	Excludes:	alcohol-induced circadian rhythm sleep disorder (291.82) circadian rhythm sleep disorder of nonorganic origin (307.45) disruption of 24-hour sleep-wake cycle NOS (780.55) drug-induced circadian rhythm sleep disorder (292.85)
New code	327.30	Circadian rhythm sleep disorder, unspecified
New code	327.31	Circadian rhythm sleep disorder, delayed sleep phase type
New code	327.32	Circadian rhythm sleep disorder, advanced sleep phase type
New code	327.33	Circadian rhythm sleep disorder, irregular sleep-wake type
New code	327.34	Circadian rhythm sleep disorder, free-running type
New code	327.35	Circadian rhythm sleep disorder, jet lag type
New code	327.36	Circadian rhythm sleep disorder, shift work type
New code	327.37	Circadian rhythm sleep disorder in conditions classified elsewhere
		Code first underlying condition
New code	327.39	Other circadian rhythm sleep disorder
New sub-category	327.4	Organic parasomnia
	Excludes:	alcohol-induced parasomnia (291.82) drug-induced parasomnia (292.85) parasomnia not due to a known physiological conditions (307.47)
New code	327.40	Organic parasomnia, unspecified
New code	327.41	Confusional arousals
New code	327.42	REM sleep behavior disorder
New code	327.43	Recurrent isolated sleep paralysis
New code	327.44	Parasomnia in conditions classified elsewhere
		Code first underlying condition
New code	327.49	Other organic parasomnia





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780 General symptoms

780.5 Sleep disturbances

Add Excludes: circadian rhythm sleep disorders (327.30-327.39)  
 organic hypersomnia (327.10-327.19)  
 organic insomnia (327.00-327.09)  
 organic sleep apnea (327.20-327.29)  
 organic sleep related movement disorders (327.51-327.59)  
 parasomnias (327.40-327.49)

Revise 780.51 Insomnia with sleep apnea, unspecified  
 Revise 780.52 ~~Other~~ Insomnia, unspecified  
 Delete ~~Insomnia NOS~~  
 Revise 780.53 Hypersomnia with sleep apnea, unspecified  
 Revise 780.54 ~~Other~~ Hypersomnia, unspecified  
 Delete ~~Hypersomnia NOS~~  
 Revise 780.55 Disruptions of 24-hour sleep-wake cycle, unspecified  
 Delete ~~Inversion of sleep rhythm~~  
 Delete ~~Irregular sleep-wake rhythm NOS~~  
 Delete ~~Non-24-hour sleep-wake rhythm~~  
 Revise 780.57 ~~Other and u~~ Unspecified sleep apnea  
 Revise 780.58 Sleep related movement disorder, unspecified  
 Delete ~~Periodic limb movement disorder~~

V69 Problems related to lifestyle

New code V69.5 Behavioral insomnia of childhood

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Topic: Epilepsy

The terminology used to describe the different types of epilepsy has changed over the years. The code titles in the ICD-9-CM are no longer current. It has been requested that certain code titles be changed to reflect new terminology. This is in keeping with changes made to certain of the mental health codes with last year's update. These changes have been recommended and are supported by the Epilepsy Foundation, the National Association of Epilepsy Centers, the American Academy of Neurology, and the Child Neurology Society.

Additionally, an excludes note is being proposed at code 780.31, Febrile convulsion, to exclude febrile convulsions that lead to status epilepticus.

Though all of the proposed modifications dealing with epilepsy are addenda changes, they are being presented here as a topic due to their potential impact on data. The index will be modified accordingly to correspond to these tabular modifications.

TABULAR MODIFICATIONS

Revise	345	Epilepsy <u>and recurrent seizures</u>
Revise	345.4	<del>Partial epilepsy, with impairment of consciousness</del> <u>Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures</u> Epilepsy: partial:
Add		<u>with impairment of consciousness</u>
Add	345.5	<del>Partial epilepsy, without mention of impairment of consciousness</del> <u>Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures</u> Epilepsy: partial NOS:
Add		<u>without impairment of consciousness</u>
Revise	345.8	Other forms of epilepsy <u>and recurrent seizures</u>
	345.9	Epilepsy, unspecified
Add		<u>Recurrent seizures NOS</u>
Add		<u>Seizure disorder NOS</u>
	780	General symptoms
	780.3	Convulsions
	780.31	Febrile convulsions
Add		Excludes: status epilepticus due to febrile convulsions (345.3)

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Topic: Cracked tooth

Delta Dental has requested a code for cracked tooth. Human teeth flex during mastication or during parafunctional habits like bruxing. In multicusped teeth (molars and premolars), this flexure can force the cusps apart as forces provide a wedging action on the occlusal surfaces. Multicusped teeth may experience incomplete fractures through crack propagation through enamel into dentin without the loss of tooth structure. Dentin, a living material, is innervated directly and indirectly. Teeth become symptomatic as they flex and fluid within the propagating crack moves, causing discomfort to varying degrees. Further crack propagation may lead to devitalizing of the tooth. This condition is occurring with increasing frequency as humans extend their life span and retain their dentition.

TABULAR MODIFICATIONS

	521	Diseases of hard tissue of teeth
	521.8	Other specific diseases of hard tissues of teeth
Delete		<del>Irradiated enamel</del>
Delete		<del>Sensitive dentin</del>
New code	521.81	Cracked tooth Cracked or broken tooth caused by normal wear and tear
		Excludes: broken tooth due to trauma (873.63, 873.73) cracked tooth due to trauma (873.63, 873.73) fractured tooth due to trauma (873.63, 873.73)
New code	521.89	Other specific diseases of hard tissues of teeth Irradiated enamel Sensitive dentin

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873 Other open wound of head

873.6 Internal structures of mouth, without mention of  
complication

Revise 873.63 Tooth (broken) (fractured) (due to trauma)

Add Excludes: broken tooth caused by normal wear and tear  
(521.81)  
cracked tooth caused by normal wear and tear  
(521.81)

873.7 Internal structures of mouth, complicated

Revise 873.73 Tooth (broken) (fractured) (due to trauma)

Add Excludes: broken tooth caused by normal wear and tear  
(521.81)  
cracked tooth caused by normal wear and tear  
(521.81)

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Topic: Dental code modifications

The American Dental Association (ADA) has requested a number of modifications to the dental codes to bring the codes up to current terminology and to make the codes more compatible with electronic health record systems. In addition to the proposal as shown here, another option would be to simply index the inclusion terms.

TABULAR MODIFICATIONS

	521	Diseases of hard tissue of teeth
	521.0	Dental caries
Add	521.06	Dental caries pit and fissure Primary dental caries, pit and fissure origin
Add	521.07	Dental caries of smooth surface Primary dental caries, smooth surface origin
Add	521.08	Dental caries of root surface Primary dental caries, smooth surface origin
	524	Dentofacial anomalies, including malocclusion
	524.0	Major anomalies of jaw size
Add	524.07	Excessive tuberosity of jaw Entire maxillary tuberosity
Add	524.2	Anomalies of dental arch relationship Anomaly of dental arch
Revise	524.21	<u>Malocclusion</u> , Angle's class I
Revise	524.22	<u>Malocclusion</u> , Angle's class II
Revise	524.23	<u>Malocclusion</u> , Angle's class III
Add	524.24	Open anterior occlusal relationship Anterior open bite

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Add	524.25	Open posterior occlusal relationship Posterior open bite
Add	524.26	Excessive horizontal overlap Excessive horizontal overjet
Add	524.27	Reverse articulation Crossbite
Add	524.29	Other anomalies of dental arch relationship Other anomalies of dental arch
	524.3	Anomalies of tooth position of fully erupted teeth
Add	524.33	Horizontal displacement of teeth Tipped teeth
Add	524.34	Vertical displacement of teeth Extruded tooth
Revise	524.35	Rotation of tooth/teeth
Add	524.36	Insufficient interocclusal distance of teeth (ridge) Lack of adequate intermaxillary vertical dimension
Add	524.37	Excessive interocclusal distance of teeth Excessive intermaxillary vertical dimension
	524.5	Dentofacial functional abnormalities
Add	524.54	Insufficient anterior guidance Insufficient anterior occlusal guidance
Add	524.55	Centric occlusion maximum intercuspation discrepancy Centric occlusion of teeth
Add	524.56	Non-working side interference Balancing side interference

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528.7 Other disturbances of oral epithelium, including tongue

- |     |        |   |
|-----|--------|---|
| Add | 528.71 | Minimal keratinized residual ridge mucosa<br>Minimal keratinization of alveolar ridge<br>mucosa     |
| Add | 528.72 | Excessive keratinized residual ridge mucosa<br>Excessive keratinization of alveolar ridge<br>mucosa |
| Add | 528.79 | Other disturbances of oral epithelium, including<br>tongue<br>Other oral epithelium disturbances    |

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Topic: Compartment syndrome

A compartment syndrome or compartmental syndrome involves increased pressure in an enclosed tissue space, leading to decreased blood flow, and potentially to tissue necrosis. It most often occurs within part of an extremity, although it is also described in the abdomen, and other sites. There are multiple compartments in both the upper and lower extremity which can be affected by compartment syndrome.

Compartment syndrome may be classified based on its cause, traumatic or nontraumatic. Causes of compartment syndrome can be broadly grouped, such as due to external compression or soft tissue swelling (such as from edema or hematoma). Some specific causes include, burn, frostbite, snakebite, postsurgical edema or bleeding, hemophilia, and anticoagulant therapy. Compartments are bounded in part by fascia. Pressure can be measured directly, and if markedly elevated indicates a need for an emergency fasciotomy.

Exertional compartment syndrome is a specific type of nontraumatic compartment syndrome. It occurs in individuals who exercise a lot, and is particularly described in the legs of runners. However, it can also occur in the forearm. Fasciotomy may be indicated. Also, while this condition is more often chronic, it is possible to have an acute on chronic presentation that may need emergency treatment.

Compartment syndrome is currently indexed to 958.8, Other early complications of trauma. Nontraumatic compartment syndrome is indexed to 729.9, Other and unspecified disorders of soft tissue. At this time, more specific codes for these conditions are being proposed.

TABULAR MODIFICATIONS

	729	Other disorders of soft tissues
New sub-category	729.7	Nontraumatic compartment syndrome
		Excludes: traumatic compartment syndrome (958.91-958.99)
New code	729.71	Nontraumatic compartment syndrome of (upper) arm
New code	729.72	Nontraumatic compartment syndrome of forearm
New code	729.73	Nontraumatic compartment syndrome of abdomen



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New code	729.74	Nontraumatic compartment syndrome of hip and thigh Nontraumatic compartment syndrome of buttock
New code	729.75	Nontraumatic compartment syndrome of (lower) leg
New code	729.79	Nontraumatic compartment syndrome of other sites

958 Certain early complications of trauma

New sub-category 958.9 Traumatic compartment syndrome  
 Excludes: nontraumatic compartment syndrome (729.71-729.79)

New code	958.91	Traumatic compartment syndrome of (upper) arm
New code	958.92	Traumatic compartment syndrome of forearm
New code	958.93	Traumatic compartment syndrome of abdomen
New code	958.94	Traumatic compartment syndrome of hip and thigh Traumatic compartment syndrome of buttock
New code	958.95	Traumatic compartment syndrome of (lower) leg
New code	958.99	Traumatic compartment syndrome of other site Compartment syndrome NOS

INDEX MODIFICATIONS

Revise	Syndrome
Add	compartment(al) (anterior) (deep) (posterior) ( <del>tibial</del> ) <u>958.99</u> exertional – see nontraumatic

Topic: Hematology issues

The myeloproliferative disorders and myelodysplastic syndrome are now recognized as hematologic malignancies; however, for data consistency reasons, in ICD-9-CM these will be maintained with the neoplasms of uncertain behavior. Understanding of these disorders has grown in recent years. Some specific myeloproliferative disorders include polycythemia vera, chronic myelogenous leukemia (CML), essential thrombocythemia, and myelofibrosis with myeloid metaplasia. While it would not be feasible to reclassify all of these in ICD-9-CM, it would be useful to provide specific codes for each of them, to enable improved tracking. There are already specific codes for polycythemia vera and CML.

Essential thrombocythemia is also known as essential thrombocytosis, idiopathic thrombocythemia, and primary thrombocytosis. It involves markedly elevated platelet count and abnormal platelet aggregation. Additional findings may include hypercellular bone marrow, acrocyanosis, and splenomegaly. Either bleeding or abnormal clotting events may occur. Essential thrombocythemia can have certain specific genetic causes, which can be a mutation of the thrombopoietin gene, or a polymorphism in the myeloproliferative leukemia virus oncogene (MPL).

Myelofibrosis with myeloid metaplasia may also be called agnogenic myeloid metaplasia, primary myelofibrosis, idiopathic myelofibrosis, or myelosclerosis with myeloid metaplasia. This chronic and progressive disease involves bone marrow being replaced by fibrous tissue. A progressive anemia results, even though other organs such as the spleen start to make blood. Splenomegaly may also occur.

Myelodysplastic syndrome refers to a group of acquired bone marrow disorders, which involves dysplastic, hypercellular bone marrow, and peripheral cytopenia. It commonly precedes acute myelogenous leukemia, and may also be called preleukemia. Myelodysplastic syndrome may be classified based on examination of peripheral smear and bone marrow, as refractory anemia with or without dysplasia, refractory anemia with ringed sideroblasts with or without dysplasia, and as refractory anemia with excess blasts. Chronic myelomonocytic leukemia (CMML) has been considered to be related to myelodysplastic syndrome, but it has both myelodysplastic and myeloproliferative characteristics.

The aplastic anemias include a diverse group of bone marrow disorders, most of which involve not just anemia but pancytopenia. The hematopoietic marrow cells are generally replaced by fat in aplastic anemia, in comparison to disordered hematopoiesis in myelodysplasias, and fibrosis in myelofibrosis.

It will be useful to differentiate constitutional red blood cell aplasia, or Blackfan-Diamond syndrome, from other constitutional aplastic anemias, such as Fanconi's anemia. This can be accomplished by expanding the current code 284.0, Constitutional

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aplastic anemia, to create new code for constitutional red blood cell aplasia, and for other constitutional aplastic anemias.

Pancytopenia is a decrease in all of the cellular elements in the blood, including red cells, white cells, and platelets. It has a number of potential causes, besides aplastic anemia.

Elevated white blood cell count and decreased white blood cell count are findings which may be described in the medical record, and potentially lead to further evaluation.

TABULAR MODIFICATIONS

*(Note: the proposal for category 288 has been modified to reflect comments made at the C&M meeting)*

	238	Neoplasm of uncertain behavior of other and unspecified sites and tissues
	238.7	Other lymphatic and hematopoietic tissues
Delete		<del>Disease:</del> <del>lymphoproliferative (chronic) NOS</del> <del>myeloproliferative (chronic) NOS</del> <del>Idiopathic thrombocythemia</del> <del>Megakaryocytic myeloid metaplasia</del> <del>Myelodysplastic syndrome</del> <del>Myeloid metaplasia with myeloid metaplasia</del> <del>Panmyelosis (acute)</del> <del>Refractory anemia</del>
New code	238.71	Essential thrombocythemia Essential thrombocytosis Idiopathic thrombocythemia Primary thrombocytosis
New code	238.72	Myelodysplastic syndrome Refractory anemia
		Excludes: acute myelogenous leukemia (205.0) chronic myelomonocytic leukemia (205.1)
New code	238.73	Myelofibrosis with myeloid metaplasia Agnogenic myeloid metaplasia Idiopathic myelofibrosis (chronic) Myeloid metaplasia with myeloid metaplasia Primary myelofibrosis



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	288	Diseases of white blood cells
Revise Delete	288.0	<del>Agranulocytosis</del> <u>Neutropenia</u> <del>Infantile genetic agranulocytosis</del> <del>Kostmann's syndrome</del> Neutropenia: NOS cyclic drug induced immune periodic toxic Neutropenic splenomegaly <del>Use additional E code to identify drug or other cause</del>
Add		Decreased Absolute Neutrophil Count (ANC)
New code	288.01	Congenital neutropenia Infantile genetic agranulocytosis Kostmann's syndrome
New code	288.02	Cyclic neutropenia Cyclic hematopoiesis Periodic neutropenia
New code	288.03	Drug induced neutropenia  Use additional E code to identify drug
New code	288.09	Other neutropenia Agranulocytosis Neutropenia: NOS immune toxic Neutropenic splenomegaly
New code	288.4	Decreased white blood cell count  Excludes: neutropenia (288.01-288.09)
New code	288.40	Leukocytopenia, unspecified Decreased leukocytes, unspecified Decreased white blood cell count Leukopenia

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New code	288.41	Lymphocytopenia Decreased lymphocytes
New code	288.49	Other decreased leukocytes Monocytopenia Other decreased white blood cell count Plasmacytopenia
New code	288.5	Elevated white blood cell count  Excludes: eosinophilia (288.3)
New code	288.50	Leukocytosis, unspecified Elevated leukocytes, unspecified Elevated white blood cell count Leukemoid reaction, unspecified
New code	288.51	Lymphocytosis (symptomatic) Elevated lymphocytes Lymphocytic leukemoid reaction
New code	288.59	Other elevated leukocytes Leukemoid reaction monocytic myelocytic Monocytosis (symptomatic) Other elevated white blood cell count Plasmacytosis

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Topic: Psoas muscle abscess

Psoas muscle abscess classically presents with fever, flank pain, and limited movement of the hip. In the early twentieth century, it was most commonly due to tuberculosis, as a complication of Pott's disease (tuberculosis of the spine). However, tuberculosis is a relatively rare cause of psoas muscle abscess in the U.S. today, with the exception of immunocompromised patients. Psoas muscle abscess is now more commonly associated with such things as severe kidney infections. There is the potential for an abscess to be visible externally in the flank area, and also for the infection to dissect down the psoas muscle and present as an abscess on the anterior thigh. A number of organisms can cause psoas muscle abscess, with staphylococcus being one noted to be common in one small study.

TABULAR MODIFICATIONS

567 Peritonitis and retroperitoneal infections

567.3 Retroperitoneal infections

New code                      567.31      Psoas muscle abscess

Revise                         567.33      Other retroperitoneal abscess

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Topic: Aspiration syndrome, part 2

A neonate may have aspiration of various substances prior to labor and delivery, during delivery, or following delivery. Based on input from the American Academy of Pediatrics (AAP), and James Gay, M.D., of Vanderbilt University, further code changes related to neonatal aspiration are being proposed, following changes that are being made involving meconium aspiration and meconium staining which were proposed in October 2004.

TABULAR MODIFICATIONS for October 2005 implementation

	763	Fetus or newborn affected by other complications of labor and delivery
	763.8	Other specified complications of labor and delivery affecting fetus or newborn
New code	763.84	Meconium passage during delivery
		Excludes: meconium aspiration (770.11, 770.12) meconium staining (779.84)
	770	Other respiratory conditions of fetus and newborn
Revise Delete	770.1	<del>Meconium Fetal and newborn aspiration syndrome</del> <del>Aspiration of contents of birth canal NOS</del> <del>Meconium aspiration below vocal cords</del> <del>Pneumonitis:</del> <del>fetal aspiration</del> <del>meconium</del>
		Excludes: meconium passage during delivery (763.84) meconium staining (779.84)
New code	770.10	Fetal and newborn aspiration, unspecified
New code	770.11	Meconium aspiration without respiratory symptoms Meconium aspiration NOS





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TABULAR MODIFICATIONS proposed for October 2006  
*(Note: the numbering for the codes for Aspiration of postnatal stomach contents have been changed since the C&M meeting based on comments received at the meeting.)*

	770	Other respiratory conditions of fetus and newborn
	770.1	Fetal and newborn aspiration
Add		Excludes: aspiration of postnatal stomach contents (770.85, 770.86)
New code	770.13	Aspiration of clear amniotic fluid without respiratory symptoms Aspiration of clear amniotic fluid NOS
New code	770.14	Aspiration of clear amniotic fluid with respiratory symptoms Aspiration of clear amniotic fluid with pneumonia Aspiration of clear amniotic fluid with pneumonitis
		Use additional code to identify any secondary pulmonary hypertension (416.8), if applicable
New code	770.15	Aspiration of blood without respiratory symptoms Aspiration of blood NOS
New code	770.16	Aspiration of blood with respiratory symptoms Aspiration of blood with pneumonia Aspiration of blood with pneumonitis
		Use additional code to identify any secondary pulmonary hypertension (416.8), if applicable

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770.8 Other respiratory problems after birth

New code	770.85	Aspiration of postnatal stomach contents without respiratory symptoms Aspiration of postnatal stomach contents NOS
New code	770.86	Aspiration of postnatal stomach contents with respiratory symptoms Aspiration of postnatal stomach contents with pneumonia Aspiration of postnatal stomach contents with pneumonitis

Use additional code to identify any secondary pulmonary  
hypertension (416.8), if applicable

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Topic: Torsion dystonia and athetoid cerebral palsy

Athetoid cerebral palsy involves hypotonia, with poor head control and potential feeding difficulties. Athetoid movements often are noted at about one year of age. Speech is often slurred. Intellect is usually preserved.

There are a number of different recognized genetic causes of torsion dystonia, which are classified to code 333.6. It is recommended that “Idiopathic” be removed from the title of code 333.6, and that it be retitled “Genetic torsion dystonia.”

Dystonia may also occur due to drugs. A specific new code is being proposed for this. A different disorder is a tardive dyskinesia, or an orofacial dyskinesia due to drugs. A specific new code for this is also being proposed.

TABULAR MODIFICATIONS

*(Note: This proposal has been modified to reflect comments made at the C&M meeting)*

	333	Other extrapyramidal disease and abnormal movement disorders
Revise	333.6	<del>Idiopathic</del> -Genetic torsion dystonia Dystonia: deformans progressiva musculorum deformans (Schwalbe-) Ziehen-Oppenheim disease
Revise Delete	333.7	<del>Symptomatic</del> -Acquired torsion dystonia <del>Athetoid cerebral palsy [Vogt's disease]</del> <del>Double athetosis (syndrome)</del>  Use additional E code to identify drug, if drug induced
New Code	333.71	Athetoid cerebral palsy Double athetosis (syndrome) Vogt's disease  Excludes: infantile cerebral palsy (343.0-343.9)



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Topic: Myelitis

Myelitis is an inflammation of the spinal cord. It can have a number of possible presentations and possible underlying causes. Transverse myelitis involves a paraparesis or paraplegia, due to the spinal cord dysfunction. Some of the potential causes of myelitis include infectious, post-infectious, post-vaccination, and toxic mechanisms.

A number of other disorders can also cause a secondary demyelinating acute transverse myelitis, including tumor, trauma, herniated intervertebral disk, hemorrhage, dissecting aortic aneurysm arteritis, and systemic lupus erythematosus. There is also an idiopathic transverse myelitis, which is demyelinating in pathology.

This proposal is supported by the American Academy of Neurology.

TABULAR MODIFICATIONS

*(Note: The proposal for subcategory 341.2 has been modified to reflect comments at the C&M meeting)*

	052	Chickenpox
New Code	052.2	Postvaricella myelitis Postchickenpox myelitis
	053	Herpes zoster
	053.1	With other nervous system complications
New Code	053.14	Herpes zoster myelitis
	054	Herpes simplex
	054.7	With other specified complications
New Code	054.74	Herpes simplex myelitis

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	323	Encephalitis, myelitis, and encephalomyelitis
Revise		Includes: myelitis ( <del>acute</del> ):
Add		Excludes: acute transverse myelitis NOS (341.20) acute transverse myelitis in conditions classified elsewhere (341.21) idiopathic transverse myelitis (341.22)
Revise	323.0	<u>Encephalitis, myelitis, and encephalomyelitis</u> in viral diseases classified elsewhere
Delete		<del>Excludes: encephalitis (in): arthropod-borne viral (062.0-064) herpes simplex (054.3) mumps (072.2) poliomyelitis (045.0-045.9) rubella (056.01) slow virus infections of central nervous system (046.0-046.9) other viral diseases of central nervous system (049.8-049.9) viral NOS (049.9)</del>
New code	323.01	Encephalitis and encephalomyelitis in viral diseases classified elsewhere
		Excludes: encephalitis (in): arthropod-borne viral (062.0-064) herpes simplex (054.3) mumps (072.2) poliomyelitis (045.0-045.9) rubella (056.01) slow virus infections of central nervous system (046.0-046.9) other viral diseases of central nervous system (049.8-049.9) viral NOS (049.9)

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New code	323.02	Myelitis in viral diseases classified elsewhere
		Excludes: myelitis (in): herpes simplex (054.74) herpes zoster (053.14) poliomyelitis (045.0-045.9) rubella (056.01) other viral diseases of central nervous system (049.8-049.9)
Revise	323.1	<u>Encephalitis, myelitis, and encephalomyelitis</u> in rickettsial diseases classified elsewhere
Revise	323.2	<u>Encephalitis, myelitis, and encephalomyelitis</u> in protozoal diseases classified elsewhere
Revise	323.4	<u>Other encephalitis, myelitis, and encephalomyelitis</u> due to infection classified elsewhere
Delete		<del>Excludes: encephalitis (in): meningococcal (036.1) syphilis: NOS (094.81) congenital (090.41) toxoplasmosis (130.0) tuberculosis (013.6) meningoencephalitis due to free living ameba [Naegleria] (136.2)</del>
New code	323.41	Other encephalitis and encephalomyelitis due to infection classified elsewhere
		Excludes: encephalitis (in): meningococcal (036.1) syphilis: NOS (094.81) congenital (090.41) toxoplasmosis (130.0) tuberculosis (013.6) meningoencephalitis due to free-living ameba [Naegleria] (136.2)



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New code	323.42	Other myelitis due to infection classified elsewhere
		Excludes: myelitis (in): syphilis (094.89) tuberculosis (013.6)
Revise	323.5	<u>Encephalitis, myelitis, and encephalomyelitis</u> following immunization procedures
Delete		<del>Encephalitis postimmunization or postvaccinal</del> <del>Encephalomyelitis postimmunization or postvaccinal</del>
New Code	323.51	Encephalitis and encephalomyelitis following immunization procedures Encephalitis postimmunization or postvaccinal Encephalomyelitis postimmunization or postvaccinal
New Code	323.52	Myelitis following immunization procedures Myelitis postimmunization or postvaccinal
Revise	323.6	Postinfectious encephalitis, <u>myelitis, and encephalomyelitis</u>
Delete		<del>Excludes: encephalitis:</del> <del>                  postchickenpox (052.0)</del> <del>                  postmeasles (055.0)</del>
New code	323.61	Acute disseminated encephalomyelitis Acute necrotizing hemorrhagic encephalopathy
New code	323.62	Other postinfectious encephalitis and encephalomyelitis
		Excludes: encephalitis: postchickenpox (052.0) postmeasles (055.0)
New code	323.63	Postinfectious myelitis

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Revise	323.7	<u>Toxic encephalitis, myelitis, and encephalomyelitis</u>
Revise		Code first underlying cause, <u>such as poisoning due to:</u> carbon tetrachloride (982.1) hydroxyquinoline derivatives (961.3) lead (984.0-984.9) mercury (985.0) thallium (985.8)
New code	323.71	Toxic encephalitis and encephalomyelitis
New code	323.72	Toxic myelitis
Revise	323.8	<u>Other causes of encephalitis, myelitis, and encephalomyelitis</u>
New code	323.81	Other causes of encephalitis and encephalomyelitis
New code	323.82	Other causes of myelitis Transverse myelitis NOS
Revise	323.9	<u>Unspecified causes of encephalitis, myelitis, and encephalomyelitis</u>

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	341	Other demyelinating diseases of central nervous system
New sub-category	341.2	Acute (transverse) myelitis
		Excludes: Acute (transverse) myelitis (in) (due to): following immunization procedures (323.52) infection classified elsewhere (323.42) postinfectious (323.63) protozoal diseases classified elsewhere (323.2) ricketsial diseases classified elsewhere (323.1) toxic (323.72) viral diseases classified elsewhere (323.02) Transverse myelitis NOS (323.82)
New code	341.20	Acute (transverse) myelitis NOS
New code	341.21	Acute (transverse) myelitis in conditions classified elsewhere
		Code first underlying condition
New code	341.22	Idiopathic transverse myelitis

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Topic: Postnasal drip

Postnasal drip is the symptom of fluid or mucous dripping down the back of the throat. It can be due to a number of possible causes. Some of the more common of these include sinusitis and allergic rhinitis. When the underlying cause is known, the code for that should be assigned. However, during the process of evaluation, the cause for postnasal drip may not be known for certain. Thus, it would be useful to have a symptom code for postnasal drip.

TABULAR MODIFICATIONS

784 Symptoms involving head and neck

784.9 Other symptoms involving head and neck

New code 784.91 Postnasal drip

New code 784.99 Other symptoms involving head and neck

INDEX MODIFICATIONS

Revise Drip, postnasal (chronic) —see ~~Sinusitis~~ Sinusitis 784.91

Add due to:

Add allergic rhinitis – see Rhinitis, allergic

Add common cold 460

Add gastroesophageal reflux – see Reflux, gastroesophageal

Add nasopharyngitis – see Nasopharyngitis

Add other known condition – code to condition

Add sinusitis – see sinusitis

Revise Postnasal drip – see ~~Sinusitis~~ Sinusitis Drip, postnasal

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Topic: Nonasthmatic bronchospasm

The American Academy of Pediatrics has requested a unique code for bronchospasm. There are times when a child presents with bronchospasm, but has not been diagnosed with asthma, and does not meet the accepted criteria for bronchitis. Currently, bronchospasm is indexed to code, 519.1 Other diseases of trachea and bronchus, not elsewhere classified. Many other conditions are indexed to this code including abscess of bronchus, atrophy of trachea, bronchostenosis and calcification of bronchus. Having a unique code for bronchospasm would allow the chronicity or recurrence of the condition to be better tracked. This would aid in better diagnosing the child's underlying problem.

TABULAR MODIFICATIONS

	519	Other diseases of respiratory system
	519.1	Other diseases of trachea and bronchus, not elsewhere classified
Delete		<del>Calcification of bronchus or trachea</del> <del>Stenosis of bronchus or trachea</del> <del>Ulcer of bronchus or trachea</del>
New code	519.11	Acute bronchospasm
		Excludes: acute bronchitis with bronchospasm (466.0) asthma (493.00 - 493.92) exercise induced bronchospasm (493.81)
New code	519.19	Other diseases of trachea and bronchus Calcification of bronchus or trachea Stenosis of bronchus or trachea Ulcer of bronchus or trachea

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Topic: Body Mass Index (BMI), pediatric

On October 1, 2005 new ICD-9-CM diagnosis codes will become effective for body mass index (BMI) for adults. The American Academy of Pediatrics (AAP) has requested that new codes also be established for pediatric BMI that use the value ranges for children as currently represented in the CDC growth charts. The age group represented in the current (2000) CDC growth charts is 2-20 years old. Pediatric growth charts, developed in 1977 by the National Center for Health Statistics (NCHS), are used by pediatricians, nurses, and parents to track the growth of infants, children, and adolescents in the United States. In 1994 and again in 1997 separate expert committees recommended that BMI be used routinely to screen for overweight children and adolescents.

In recent years there has been increased concern about the prevalence of obesity occurring in childhood. Though BMI has been a common approach to determine if adults are overweight or obese in recent years increased attention has focused on using it for pediatric patients. BMI is calculated from weight and height measurements and then used to compare a child's weight relative to stature with other children of the same age and gender. The percentile lines on the growth chart indicate the rank of the child's measurement. For example, when the child's BMI-for-Age is plotted on the 95<sup>th</sup> percentile line it means that 5 of 100 children (5%) of the same age and gender in the reference population have a higher BMI-for-Age than that child. A table showing the percentile cut off values is used to help determine children at risk for being overweight indicating a nutrition-related health concern. BMI can be used to characterize underweight as well as overweight status.

TABULAR MODIFICATIONS

	278	Overweight, obesity and other hyperalimentation
	278.0	Overweight and obesity
Revise		Use additional code to identify Body Mass Index (BMI), if known ( <u>V85.21-V85.25, V85.30-V85.39, V85.4, V85.53, V85.54</u> )
	783	Symptoms concerning nutrition, metabolism, and development
	783.2	Abnormal weight loss and underweight
Revise		Use additional code to identify Body Mass Index (BMI), if known ( <u>V85.0, V85.51</u> )

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	V65	Other person seeking consultation
	V65.3	Dietary surveillance and counseling
Add		Use additional code to identify Body Mass Index (BMI), if known (V85.0-V85.54)
Revise	V85	Body Mass Index ( <u>BMI</u> ) Kilograms per meters squared
New subcategory	V85.5	Body Mass Index, pediatric
Add		Note: BMI pediatric codes are for use for persons age 2-20 years old. These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)
New code	V85.51	Body Mass Index, pediatric, less than or equal to 5 <sup>th</sup> percentile
New code	V85.52	Body Mass Index, pediatric, greater than 5 <sup>th</sup> but less than or equal to 85 <sup>th</sup> percentile
New code	V85.53	Body Mass Index, pediatric, greater than 85 <sup>th</sup> but less than or equal to 95 <sup>th</sup> percentile
New code	V85.54	Body Mass Index, pediatric, greater than 95 <sup>th</sup> percentile

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Topic: Transfusion related acute lung injury (TRALI)

Transfusion related acute lung injury (TRALI) is a serious pulmonary syndrome seen in a small percentage of patients who have received blood products. The diagnostic features of TRALI can include, acute respiratory distress, acute bilateral pulmonary edema (noncardiogenic), severe hypoxemia, hypotension (rarely hypertension), and fever. The onset of is usually within 1-6 hours following a transfusion with the clinical spectrum ranging from mild to severe. The mortality rate is between 6 and 10 percent.

Treatment of TRALI requires interruption of the transfusion and in some cases ventilation with hemodynamic support. The vast majority of cases resolve within 96 hours with ventilatory support. Resolution is generally complete and few if any residual damages are observed in patients.

According to the Center for Biologics Evaluation and Research (CBER) TRALI is the third leading cause of transfusion related death. The majority of deaths were associated with fresh frozen plasma transfusions with fewer being caused by packed red blood cell transfusions and platelet transfusions. In most cases, follow-up donor antibody screens showed donors who were positive for anti-HLA or anti-granulocyte antibodies.

Currently there is no ICD-9-CM diagnosis code for TRALI, nor is it indexed. We are recommending that a unique code be created for TRALI.

TABULAR MODIFICIATIONS

	518	Other diseases of lung
New code	518.7	Transfusion related lung injury (TRALI)
	997	Complications affecting specified body systems, not elsewhere classified
	997.3	Respiratory complications
Add		Excludes: transfusion related lung injury (TRALI) (518.7)
	999	Complications of medical care, not elsewhere classified
	999.8	Other transfusion reaction
Add		Excludes: transfusion related lung injury (TRALI) (518.7)



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Topic: Genetic testing

On October 1, 2005 new ICD-9-CM diagnosis codes will be implemented for genetic testing associated with procreative management. Comments received related to these new codes recommended that parallel codes also be created for genetic screening not associated with procreative management. NCHS is, therefore, recommending creating codes that will apply to a person undergoing genetic tests unrelated to procreative management.

TABULAR MODIFICATION

	V26	Procreative management
		V26.3 Genetic counseling and testing
Add		Excludes: nonprocreative genetic screening (V82.71, V82.79)
	V82	Special screening for other conditions
New sub- category		V82.7 Genetic screening
Add		Excludes: genetic testing for procreative management (V26.31, V26.32)
New code	V82.71	Screening for genetic disease carrier status
New code	V82.79	Other genetic screening

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Topic: Inconclusive imaging tests due to excess body fat

According to radiologists, with the prevalence of obesity there is an increase in occurrence of inconclusive imaging test results due to excess body fat. Excess body fat reduces the ability to diagnose and treat patients using the imaging technologies that have become the cornerstone of modern medicine: X-rays, CT scans, ultrasound and magnetic resonance imaging. It can be difficult or impossible to tell whether a patient has a kidney obstruction, to distinguish a benign fibroid tumor from ovarian cancer, or to see whether a fetal heart is developing properly.

NCHS is proposing to create a unique V code to be able to track this, as it may have an impact on appropriate treatment when condition cannot be properly diagnosed.

TABULAR MODIFICATIONS

	V72	Special investigations and examinations
	V72.5	Radiological examination, not elsewhere classified
Delete		<del>Routine chest x-ray</del>
New code	V72.50	Radiological examination Routine chest x-ray
New code	V72.51	Image test inconclusive due to excess body fat
		Use additional code to identify Body Mass Index (BMI), if known (V85.21-V85.25, V85.30-V85.39, V85.4, V85.53, V85.54)

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Topic: Encounter for hearing examination following failed hearing screening

Children are routinely screened for proper hearing function. Those who fail the initial screening may have additional audiology testing performed before a diagnosis of a hearing problem is made. There is no diagnosis code to describe the reason for the visit for the additional testing. To be able to better track the person who is referred for the secondary testing it has been proposed to create a unique code.

The American Speech-Language-Hearing Association supports this proposal.

TABULAR MODIFICATIONS

	V72	Special investigations and examinations
	V72.1	Examination of ears and hearing
New code	V72.11	Encounter for hearing examination following failed hearing screening
New code	V72.19	Other examination of ears and hearing

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Topic: Central pain syndrome, postoperative pain

The ICD-9-CM does not have specific codes for encounters for pain management, or for specific types of pain, such as central pain syndrome or postoperative pain. Pain management is a growing subspecialty. It is being proposed that new codes be created to allow for the improved classification of pain.

Central pain syndrome can be caused by damage to the central nervous system. This can be traumatic or brain-related (such as stroke, multiple sclerosis, tumors, epilepsy or Parkinson's disease). The character and extent of the pain differs widely depending partly on the variety of causes. These patients are treated with pain medications and sometimes antidepressants or anticonvulsants.

Recently the Editorial Advisory Board for the "AHA Coding Clinic for ICD-9-CM" received a question about how to code post-thoracotomy pain. Postoperative pain is currently indexed to "see Pain, by site". However, coding only the site of the pain does not give any additional information that it is postoperative. In the past, published coding advice has instructed coders to code the underlying cause of the pain (such as diabetic neuropathy), or the site of the pain, and to not code any postoperative complication code, such as 998.89, Other specified complications.

Currently there are codes for pain found both in the body system chapters and Chapter 16, Signs and symptoms. Several options are proposed, below, to classify central pain syndrome and postoperative pain. Any variation on the options presented may also be considered.

TABULAR MODIFICATIONS

Option 1:

	780	General symptoms
	780.9	Other general symptoms
	780.99	Other general symptoms
Delete		<del>Generalized pain</del>
New category	338	Pain
		Excludes: localized pain- code to site psychogenic pain (307.80)
		Use additional code for any associated pain disorder (307.89)

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New code 338.1 Generalized pain  
 New code 338.2 Central pain syndrome  
 New code 338.3 Postoperative pain  
                   Postthoracotomy pain  
 New code 338.8 Other pain

Option 2:

780 General symptoms  
           780.9 Other general symptoms  
 New code 780.96 Generalized pain  
 New code 780.97 Central pain syndrome  
           780.99 Other general symptoms  
 Delete ~~Generalized pain~~  
 997 Complications affecting specified body systems, not elsewhere  
       classified  
 New sub- 997.8 Pain  
 category  
 New code 997.81 Postoperative pain  
                   Post-thoracotomy pain

Option 3:

349 Other and unspecified disorders of the nervous system  
           349.8 Other specified disorders of nervous system  
 New code 349.83 Central pain syndrome  
 998 Other complications of procedures, not elsewhere classified  
           998.8 Other specified complications of procedures, not elsewhere  
                   classified  
 New code 998.84 Postoperative pain  
                   Post-thoracotomy pain

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Topic: Sensorineural hearing loss

Otolaryngologists perform audiometric studies on patients to evaluate hearing loss. When an asymmetric hearing loss, a bilateral hearing loss, but worse in one ear, or unilateral sensorineural hearing loss is noted the patient is referred for further testing, including MRI. Findings of asymmetric sensorineural hearing loss, or unilateral sensorineural hearing loss, may indicate a retrocochlear lesion, such as an acoustic neuroma or meningioma.

Ann F. Bell, M.D., an otolaryngologist, has requested an expansion of the sensorineural hearing loss codes at subcategory 389.1, to better differentiate the existing codes and to create code for asymmetric and unilateral sensorineural hearing loss.

The American Speech-Language-Hearing Association supports this proposal.

TABULAR MODIFICATIONS

	389	Hearing loss	
	389.1	Sensorineural hearing loss	
Revise	389.11	Sensory hearing loss, <u>bilateral</u>	
Revise	389.12	Neural hearing loss, <u>bilateral</u>	
Revise	389.14	Central hearing loss, <u>bilateral</u>	
New code	389.15	Sensorineural hearing loss, unilateral	
New code	389.16	Sensorineural hearing loss, asymmetrical	
Revise	389.18	Sensorineural hearing loss of combined types, <u>bilateral</u>	

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Topic: Encounter for pregnancy test, pregnancy confirmed

In keeping with the modification to subcategory V72.4, Pregnancy examination or test, creating codes for with unconfirmed results and negative results, The American College of Obstetrics and Gynecology (ACOG) has requested an additional code for with positive result. This modification would allow for a more accurate description of such encounters. The excludes note at V72.4 requires the use of a code from subcategory V22, Normal pregnancy, for a positive test result. ACOG staff comment that now instant results can be obtained, and that the test is usually administered by a nurse or other non-physician provider. There is no actual supervision of the pregnancy at the encounter for the testing so the use of a V22 code is incorrect.

ACOG has requested that this new code be included with the October 1, 2005 addenda to allow for the use of the code as quickly as possible.

TABULAR MODIFICATIONS

	V72	Special investigations and examinations
	V72.4	Pregnancy examination or test
Delete		<del>Excludes: pregnancy examination with immediate confirmation (V22.0-V22.1)</del>
New code	V72.42	Pregnancy examination or test, positive result

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Topic: Other conditions or status of mother complicating pregnancy

There are a number of common conditions that complicate pregnancy for which there are no specific obstetric codes. Though many of these can be identified using a secondary code, having a unique code in the OB chapter would be beneficial. In addition, there are certain conditions that cannot be classified accurately with the current coding structure.

The American College of Obstetrics and Gynecology (ACOG) has requested that a new category be created in chapter 11 to allow for the classification of the many conditions that affect pregnancy that cannot now be coding specifically, or for which a code within chapter 11 would be of value. This new category would include codes for smoking, obesity, bariatric surgery status, coagulation defects, epilepsy, spotting, and uterine size date discrepancy complicating pregnancy.

TABULAR MODIFICATIONS

	305	Nondependent abuse of drugs
	305.1	Tobacco use disorder
Add		Excludes: smoking complicating pregnancy (649.0)
	641	Antepartum hemorrhage, abruptio placentae, and placenta previa
	641.3	Antepartum hemorrhage associated with coagulation defects
Add		Excludes: coagulation defects not associated with antepartum hemorrhage (649.3)
	646	Other complications of pregnancy, not elsewhere classified
	646.1	Edema or excessive weight gain in pregnancy, without mention of hypertension
Add		Excludes: pre-existing obesity complicating pregnancy (649.1)
Delete	646.8	Other specified complications of pregnancy <del>Uterine size date discrepancy</del>



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	648	Other current conditions in the mother classified elsewhere, but complicating pregnancy, childbirth, or the puerperium
Revise	648.4	Mental disorders Conditions classifiable to 290-303, <u>305.0, 305.2-305.9</u>
New Category	649 [0-4]	Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium
New code	649.0	Smoking
New code	649.1	Obesity Use additional code to identify morbid (severe) obesity (278.01) Excludes: excessive weight gain in pregnancy (646.1)
New code	649.2	Bariatric surgery status Gastric banding status Gastric bypass status for obesity Obesity surgery status
New code	649.3	Coagulation defects Conditions classifiable to 286 Use additional code to identify the specific coagulation defect (286.0-286.9) Excludes: coagulation defects causing antepartum hemorrhage (641.3)
New code	649.4	Epilepsy Conditions classifiable to 345 Use additional code to identify the specific type of epilepsy (345.00-345.91) Excludes: eclampsia (642.6) seizure not associated with pre-existing epilepsy (780.3)
	649.5	Spotting Excludes: antepartum hemorrhage (641.0-641.9) hemorrhage in early pregnancy (640.0-640.9)
New code	649.6	Uterine size date discrepancy

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Topic: Bariatric surgery status

When putting together the topic for other complications and status complicating pregnancy, and a code was added for bariatric surgery status complicating pregnancy, it was noted that no similar code exists for non-OB patients. As various forms of obesity surgery are coming into use, and these procedures are becoming more common, a unique code to identify patients who have undergone one of these procedures is important due to the potential impact that having had such a procedure might have on future health care. It is being proposed that a new code be created for bariatric surgery status.

TABULAR MODIFICATION

	V45	Other postprocedural states
		V45.3 Intestinal bypass or anastomosis status
Add		Excludes: bariatric surgery status (V45.86) gastric bypass status (V45.86) obesity surgery status (V45.86)
		V45.8 Other postprocedural status
New code	V45.86	Bariatric surgery status Gastric banding status Gastric bypass status for obesity Obesity surgery status
		Excludes: bariatric surgery status complicating pregnancy, childbirth or the puerperium (649.2) intestinal bypass or anastomosis status (V45.3)

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Topic: Elevated tumor associated antigens [TAA]

Understanding of the mechanism involved in the induction of immunity and the recognition of antigens by effector cells has improved dramatically over the past decade. Testing for elevations in tumor associated antigens [TAA], antigens that are relatively restricted to tumor cells, and tumor specific antigens [TSA], antigens unique to tumor cells, in the diagnosis of and the follow-up care for many cancers has become common practice. A unique code for elevated prostate specific antigen [PSA], was created when this test became routine in the diagnosing of prostate cancer. Many additional TAA and TSA tests have now become routine.

The American College of Obstetricians and Gynecologists (ACOG) has requested a new code for abnormal tumor markers for the genitourinary system. When putting together the proposal for that request, it became apparent that codes for abnormal tumor markers for all sites are needed. It is being proposed that a new subcategory, 795.8, Elevated tumor-associated antigens, be created with codes allowing for the identification of the many TAA and TSA tests now being performed. Because PSA already has a unique code, 790.93, and there is not sufficient room within subcategory 790.9 to include the other codes needed, 790.93 will need to be excluded from the new subcategory.

TABULAR MODIFICATIONS

	790	Nonspecific findings on examination of blood
	790.9	Other nonspecific findings on examination of blood
Revise	790.93	Elevated prostate specific antigen [ <u>PSA</u> ]
	795	Other and unspecified abnormal cytological, histological, immunological and DNA test findings
	795.7	Other nonspecific immunological findings
Add		Excludes: abnormal tumor markers (795.81-795.89) elevated prostate specific antigen (790.93) elevated tumor associated antigens (795.81-795.89)
New sub-category	795.8	Elevated tumor associated antigens [TAA] Abnormal tumor markers Elevated tumor specific antigens [TSA] Excludes: elevated prostate specific antigen [PSA] (790.93)
New code	795.81	Elevated carcinoembryonic antigen [CEA]
New code	795.82	Elevated CA 125
New code	795.89	Other elevated tumor associated antigens

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Topic: Antepartum testing on father

Often the male partner of a woman who is planning to conceive or is already pregnant will need to be evaluated for possible conditions that may affect a fetus. The ICD-9-CM does not provide a code that specifies the encounter is for the male partner. The American College of Obstetrics and Gynecology (ACOG) has requested such a code, with the understanding that the code would be for use only on the record of the patient, the male being tested, not on the female's record.

TABULAR MODIFICATIONS

V26 Procreative management

V26.3 Genetic counseling and testing

Revise V26.31 Testing for genetic disease carrier status of female

Revise V26.32 Other genetic testing of female

New code V26.34 Testing for genetic disease carrier status of male

New code V26.35 Other genetic testing of male

Revise V28 Encounter for antenatal screening of mother

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Topic: Macrophage Activation Syndrome

There are several disorders that have in common excessive and abnormal activation of macrophages, which are mature forms of the monocytes of the blood and bone marrow. These overzealous macrophages destroy blood cells (eat up or phagocytize red cells, other white cells and platelets) and cause liver damage, bleeding problems and have a high mortality rate.

The most common of these disorders (though fortunately not common at all) are:

Macrophage activation syndrome- which occurs mostly in patients with rheumatoid arthritis who are on immunosuppressive therapy.

Hemophagocytic syndrome- also called infection- or viral-associated hemophagocytic syndrome, in which an infection triggers the disorder. The virus that causes infectious mononucleosis is the best known of these.

Familial hemophagocytic lymphohistiocytosis- which is an inherited type.

Macrophages have been called histiocytes in the past so these are really histiocytic or histiocytosis syndromes, though they are very distinct from the ones currently specified in ICD-9-CM.

It is being proposed that a new code for macrophage disorders be created. Due to the rare nature of each of these disorders, it is being proposed that all forms of the disorder be included under the single new code.

TABULAR MODIFICATIONS

	288	Diseases of white blood cells
New code	288.4	Hemophagocytic syndromes Familial hemophagocytic lymphohistiocytosis Familial hemophagocytic reticulosis Hemophagocytic syndrome, infection-associated Histiocytic syndromes Macrophage activation syndrome

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Topic: Unspecified adverse effect of drug, medicinal and biological substance

The use of code 995.2, Unspecified adverse effect of drug, medicinal and biological, substance, should be used in very rare circumstances, when no information is provided regarding the adverse effect. It should never be used in the inpatient setting. However, there are a number of terms indexed to it that are, in fact, specific adverse effects. All nonspecific terms for allergies to drugs are indexed to 995.2.

In an effort to improve the coding of adverse effects of drugs and drug allergies, and to reduce the use of code 995.2, it is being proposed that code 995.2 be modified. Two options are being proposed. The first option expands 995.2, removes all drug allergies from 995.2, and adds them to 995.3, Allergy, unspecified which is also modified. The second option keeps drug allergies within 995.2 but provides codes to distinguish between allergic reactions and other adverse effects of drugs.

In determining which option to select, it will also be necessary to decide whether unspecified reactions to injections should remain within category 999, Complications of medical care, not elsewhere classified, or be moved to 995.2.

Following the two tabular modification proposals are the index entries that would be affected by this modification. It is provided to allow for a review of all of the entries that now direct coders to 995.2.

**Option 1:**

TABULAR MODIFICATIONS

	995	Certain adverse effects not elsewhere classified
	995.2	Unspecified adverse effect of drug, medicinal and biological, substance
Delete		<del>Allergic reaction due to correct medicinal substance properly administered</del>
Delete		<del>Hypersensitivity due to correct medicinal substance properly administered</del>
Delete		<del>Idiosyncrasy due to correct medicinal substance properly administered</del>
Delete		Drug: <del>hypersensitivity NOS</del>
Add		Excludes: drug allergy NOS (995.32)
Add		drug hypersensitivity NOS (995.32)
New code	995.21	Unspecified adverse effect of anesthesia
New code	995.22	Unspecified adverse effect of insulin

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New code	995.29	Unspecified adverse effect of other drug, medicinal and biological substances
Revise	995.3	<del>Allergy, unspecified</del> <u>Allergic reaction, not elsewhere classified</u>
New code	995.30	Allergy , unspecified
New code	995.31	Arthus' phenomenon
New code	995.32	Other drug allergy Drug allergy NOS Drug hypersensitivity NOS
New code	995.39	Other allergic reaction, not elsewhere classified
Delete	Excludes:	<del>allergic reaction NOS to correct medicinal substance properly administered (995.2)</del>

**Option 2:**

	995	Certain adverse effects not elsewhere classified
Revise	995.2	<u>Other and unspecified</u> adverse effect of drug, medicinal and biological substance
Delete		<del>Allergic reaction due to correct medicinal substance properly administered</del>
Delete		<del>Hypersensitivity due to correct medicinal substance properly administered</del>
Delete		<del>Idiosyncrasy due to correct medicinal substance properly administered</del>
Delete		Drug: <del>hypersensitivity NOS</del>
New code	995.20	Unspecified adverse effect of unspecified drug, medicinal and biological substance Note: This code is not for use in the inpatient setting
New code	995.21	Arthus' phenomenon
New code	995.22	Unspecified adverse effect of anesthesia
New code	995.23	Unspecified adverse effect of insulin

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New code	995.27	Other drug allergy Drug allergy NOS Drug hypersensitivity NOS
New code	995.29	Unspecified adverse effect of other drug, medicinal and biological substance

AFFECTED INDEX ENTRIES

Allergy  
  drug 995.2

Anesthesia  
  complication or reaction NEC 995.2  
  due to  
    correct substance properly administered 995.2

Arthus' phenomenon 995.2  
  due to  
    correct substance properly administered 995.2

Complications  
  anesthesia ... 995.2  
  injection  
    drug reaction 995.2

Drug  
  adverse effect NEC, correct substance properly administered 995.2

Effects, adverse NEC  
  biological, correct substance properly administered ...995.2  
  drug and medicinals NEC 995.2  
    correct substance properly administered 995.2  
  medicinal substance, correct, properly administered 995.2

Hypersensitive...  
  drug (see also Allergy, drug) 995.2

Intolerance  
  drug  
    correct substance properly administered 995.2

Intoxication  
  drug 292.2  
    correct substance properly administered (see also Allergy, drug)  
    995.2

Reaction  
  drug NEC...995.2  
    correct substance properly administered 995.2  
  insulin 995.2



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Topic: Immunotherapy

Immunotherapy, also called immune therapy and biologic therapy is treatment that stimulates the body's immune defense system to fight infection and disease. It is not classified as chemotherapy. Unlike traditional cytotoxic chemotherapies that attack cancer cells themselves, immunotherapy is designed to enhance the body's defenses by mimicking the way natural substances activate the immune system. These can stimulate the growth and activity of cancer-killing cells, for example high-dose interleukin 2 (IL-2) used in the treatment of malignant melanoma and renal cell carcinoma.

There is no existing ICD-9-CM code that uniquely captures an encounter specifically for immunotherapy. V58.1, Chemotherapy, is not suitable for patients admitted for immunotherapies, such as IL-2, or other immunotherapies. The lack of a specific code presents a problem for clinical and health services researchers who need to track encounters for and outcomes in patients receiving immunotherapies.

It is being proposed that code V58.1, Chemotherapy, be expanded to include immunotherapy and that the new codes be designated as specific for encounters for treatment of neoplastic conditions.

TABULAR MODIFICATIONS

	V58	Encounter for other and unspecified procedures and aftercare
Revise	V58.1	<u>Encounter for chemotherapy and immunotherapy for neoplastic conditions</u>
Add		Excludes: chemotherapy and immunotherapy for non-neoplastic conditions- code to condition
New code	V58.11	Encounter for antineoplastic chemotherapy
New code	V58.12	Encounter for immunotherapy for neoplastic condition

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ADDENDA

TABULAR

	136	Other and unspecified infectious and parasitic diseases
	136.3	Pneumocystosis
Add		Pneumonia due to <i>Pneumocystis jiroveci</i>
	202	Other malignant neoplasms of lymphoid and histiocytic tissue
	202.0	Nodular lymphoma
Delete		<del>Reticulosarcoma, follicular or nodular</del>
	309	Adjustment reaction
	309.8	Other specified adjustment reactions
	309.81	Posttraumatic stress disorder
Add		Post-Traumatic Stress Disorder (PTSD)
	440	Atherosclerosis
	440.2	Of native arteries of the extremities
	440.24	Atherosclerosis of the extremities with gangrene
Add		Use additional code for any associated ulceration (707.10-707.9)
	629	Other disorders of female genital organs
	629.2	Female genital mutilation status
	629.20	Female genital mutilation status, unspecified
Add		Female genital mutilation status, type 4

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784 Symptoms involving head and neck

784.3 Aphasia

Add Excludes: aphasia due to late effects of cerebrovascular disease  
(438.11)

790 Nonspecific findings on examination of blood

790.2 Abnormal glucose

Add 790.29 Other abnormal glucose  
Hyperglycemia NOS

790.6 Other abnormal blood chemistry  
Abnormal blood level of:  
lead

Add

Add Excludes: lead poisoning (984.0-984.9)

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ADDENDA

INDEX

	Abnormal
	blood-level
Add	lead 790.6
	Black
Add	heel 924.20
Add	palm 923.20
Revise	Dactylitis <del>686.9</del>
Revise	sickle-cell <u>282.62</u>
Add	Hb-C 282.64
Add	Hb-SS 282.62
Add	specified NEC 282.69
	Dermatosis
Add	linear IgA 694.8
	Dieulafoy lesion (hemorrhagic)
	of
Add	esophagus 530.82
	Disease
Revise	microvascular <del>413.9</del> – <u>code to condition</u>
	Dislocation
Revise	vertebra ( <u>traumatic</u> ) ...
Add	non-traumatic – see Displacement, intervertebral disc
	Disorder
Add	Post-Traumatic Stress (PTSD) 309.81
	social...313.22
Delete	<del>specified NEC 780.59</del>
	Displacement
	intervertebral disc...
Revise	due to <del>major</del> trauma – see Dislocation, vertebra
Revise	Dyssomnia    NEC <u>307.47</u>

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Dystonia  
Add oromandibular 333.82  
Add due to drug 333.85

Elevation  
liver function test 790.6  
Add alkaline phosphatase 790.5  
Add aminotransferase 790.4  
Add bilirubin 782.4  
Add hepatic enzyme NEC 790.5  
Add lactate dehydrogenase 790.4

Encephalopathy  
Add hypoxic-ischemic (perinatal) 768.5

Feeding  
problem  
Revise infancy or early childhood 783.3

Flexion  
Revise deformity, joint... 736.9

Granuloma  
Add tracheostomy 519.09

Hepatitis  
Add autoimmune 571.49

Hydrocephalus  
Add normal pressure (primary) (secondary) 331.3  
Revise otitic 348.2

Injury  
Add post-cardiac surgery (syndrome) 429.4

Lead  
Add elevated, in blood 790.6  
Add positive blood test 790.6

Necrosis  
Add perineum 624.8  
Add vulva 624.8

Revise Parasomnia 307.47

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Add           Pneumocystis jiroveci pneumonia 136.3

                  Pneumonia  
                  due to

Add           Pneumocystic jiroveci 136.3

Revise        Pneumocystis (carinii) (jiroveci) 136.3

Add           PTSD (Post-traumatic stress disorder) 309.81

Add           Screening  
                  hearing V72.19

Add           Status (post)  
                  female genital mutilation 629.20

Add           type 4 629.20

                  Syndrome

Delete        ~~disc—see Displacement, intervertebral disc~~

Delete        ~~discogenic—see Displacement, intervertebral disc~~

Add           Dressler's (post-myocardial infarction) 411.0

Add           post-cardiotomy 429.4

Add           post-cardiac injury

Add           post-cardiotomy 429.4

Add           post-myocardial infarction 411.0

Add           Tache noir 923.20

Add           Talon noir 924.20

Add           hand 923.20

Add           heel 924.20

Add           toe 924.3

Add           Tracheostomy  
                  granuloma 519.09

Revise        Ulcer ~~707.9~~