ICD-10 Coordination and Maintenance Committee Meeting
March 9-10, 2016
Diagnosis Agenda

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

Diagnosis Topics:

Contents

ICD-10 TIMELINE

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

March 9 – 10, 2016	ICD-10 Coordination and Maintenance Committee Meeting.
March, 2016	Webcast of the March 9-10, 2016 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html Summary report of the Diagnosis part of the March 10, 2016 ICD-10 Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
April 1, 2016	There were no requests for ICD-10 codes to capture new diseases or technology for implementation on April 1, 2016. Therefore, there will be no new ICD-10 codes implemented on April 1, 2016.
April 8, 2016	**Deadline for receipt of public comments on proposed new codes and revisions discussed at the March 9–10, 2016 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2016**.
April 2016	Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include references to the complete and finalized FY 2017 ICD-10-CM diagnosis and ICD-10-PCS procedure codes. It will also include proposed revisions to the MS-DRG system based on ICD-10-CM/PCS codes on which the public may comment. The proposed rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
June 2016	Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd10cm.htm Procedure addendum - http://cms.hhs.gov/Medicare/Coding/ICD10/index.html
July 15, 2016	**Deadline for requestors: Those members of the public requesting that topics be discussed at the September 13–14, 2016 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses.**

August 1, 2016	Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include links to all the final codes to be implemented on October 1, 2016. This rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
August 2016	Tentative agenda for the Procedure part of the September 13–14, 2016 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage at – https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html Tentative agenda for the Diagnosis part of the September 13 –14, 2016 ICD-10 Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at - http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm Federal Register notice for the September 13–14, 2016 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
August 5, 2016	**On-line registration opens for the September 13-14, 2016 ICD-10 Coordination and Maintenance Committee meeting at:** **https://www.cms.gov/apps/events/default.asp**
September 2, 2016	Because of increased security requirements, those wishing to attend the September 13-14, 2016 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at: **https://www.cms.gov/apps/events/default.asp** **Attendees must register online by September 2, 2016; failure to do so may result in lack of access to the meeting.**
September 13 –14, 2016	ICD-10 Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 2, 2016.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building.
October 2016	Webcast of the September 13–14, 2016 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:

	https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html Summary report of the Diagnosis part of the September 13–14, 2016 ICD-10 Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
October 1, 2016	New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum available on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd10cm.htm Procedure addendum – http://www.cms.gov/Medicare/Coding/ICD10/
October 16, 2016	**Deadline for receipt of public comments on proposed new codes discussed at the September 13-14, 2016 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2017.**
November 2016	Any new ICD-10 codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2017 will be posted on the following websites: http://www.cdc.gov/nchs/icd/icd10cm.htm http://www.cms.gov/Medicare/Coding/ICD10/
November 13, 2016	**Deadline for receipt of public comments on proposed new codes and revisions discussed at the September 13-14, 2016 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2017.**

Webcast and Dial-In Information

- The meeting will begin promptly at 9am ET and will be webcast.
- Toll-free dial-in access is available for participants who cannot join the webcast:

Phone: 1-877-267-1577; Meeting ID: 993 921 961.

This meeting is being webcast via CMS at http://www.cms.gov/live/. By your attendance, you are giving consent to the use and distribution of your name, likeness and voice during the meeting. You are also giving consent to the use and distribution of any personally identifiable information that you or others may disclose about you during the meeting. Please do not disclose personal health information.

NOTE: In compliance to The Real ID Act, enacted in 2005, the following states/territories: American Samoa, Louisiana, Minnesota, New Hampshire, and New York **will not** gain access into any Federal Agencies using the **above states** driver's license or ID. This means CMS visitors from these states/territories will need to provide alternative proof of identification (**such as a passport**) to gain entrance into Baltimore-based CMS building.

Proposals for diagnosis code topics will be led by the Centers for Disease Control (CDC) and are scheduled to begin on March 9, 2016 following procedure code proposals. They will continue until approximately 2:00 pm on March 10, 2016. Please visit CDCs website for the Diagnosis agenda located at the following address:
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

Contact Information

Mailing address:

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

Comments on the diagnosis proposals presented at the ICD Coordination and Maintenance Committee meeting should be sent to the following email address: nchsicd10CM@cdc.gov

Donna Pickett (301) 458-4434

David Berglund (301) 458-4095

Cheryl Bullock (301) 458-4297

Shannon McConnell-Lamptey (301) 458-4612

Traci Ramirez (301) 458-4454

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

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

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

The partial freeze will be implemented as follows:

• The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.

• On October 1, 2012, October 1, 2013, and October 1, 2014 there were only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.

• On October 1, 2015, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.

• On October 1, 2016 (one year after implementation of ICD-10), regular updates to ICD-10 will begin.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on and after October 1, 2016 once the partial freeze has ended.

Continuing Education Credits

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS/NCHS ICD-10 Coordination and Maintenance (C&M) Committee Meeting.

Continuing Education Information for American Academy of Professional Coders (AAPC)

If you plan to attend or participate via telephone the ICD-10 Coordination and Maintenance (C&M) Committee Meeting, you should be aware that CMS /NCHS do not provide certificates of attendance for these calls. Instead, the AAPC will accept your printed topic packet as proof of participation. Please retain a your topic packet copy as the AAPC may request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information for American Health Information Management Association (AHIMA)

AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to NCHS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not NCHS.

Abnormal Levels in Urine Collection

The American Urological Association (AUA) is proposing the creation of new codes for specific abnormal findings in urine collection. One of the most commonly used diagnostic tests for patients who form kidney stones is a urine collection looking for abnormal levels of certain substances, so that abnormalities can be treated to reduce the risk of future stone formation.

For example, patients with high levels of urine calcium (hypercalciuria) may be treated with thiazide diuretics, those with high levels of oxalate (hyperoxaluria) may be treated with dietary changes or medications, those with low citrate levels (hypocitraturia) may be treated with citrate medications, and those with high levels of uric acid (hyperuricosuria) may be treated with dietary measures and possibly treatment of an underlying condition.

The existing code E72.53, hyperoxaluria, is for a childhood inborn error of metabolism primary hyperoxaluria, which is a diagnostic condition that can be determined by genetic testing. This is different than someone who has an idiopathic or diet-induced mild elevation of oxalate in the urine who does not have the genetic inborn error of metabolism.

To help better capture the unique characteristics of these abnormal findings and to help with research and public health, AUA is requesting the following ICD-10-CM tabular changes.

TABULAR MODIFICATIONS

R82 Other and unspecified abnormal findings in urine

R82.9 Other and unspecified abnormal findings in urine
R82.99 Other abnormal findings in urine

Add		Excludes1: Primary Hyperoxaluria (E72.53)
Delete		~~Cells and casts in urine~~
Delete		~~Crystalluria~~
Delete		~~Melanuria~~
New Code	R82.991	Hypocitraturia
New Code	R82.992	Hyperoxaluria
New Code	R82.993	Hyperuricoscuria
New Code	R82.994	Hypercalciuria
New Code	R82.998	Other abnormal findings in urine Cells and casts in urine Crystalluria Melanuria

Abscess of Anal and Rectal Regions

Most experts categorize abscesses of the anal and rectal regions according to their anatomic location: perianal, ischiorectal, intersphincteric, and supralevator. Perianal abscesses are the most common, comprising over half of all anorectal abscesses. They are superficially located adjacent to the anus. Ischiorectal abscesses are the next most common location, located deep to the superficial subcutaneous fascia in the perirectal region. Superficial to the levator and anal sphincter muscles in the ischiorectal space. Intersphincteric abscesses occur between the external and internal sphinter muscles. Supralevator abscesses are located deep to the levator muscle in the true pelvis. The anatomic details determine appropriate treatment and accurate prognostication.

This proposal was originally presented at the September 2015 C&M meeting at the request of The Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma. Modifications have been made to the proposal based on public comments and resubmitted for the proposed tabular modifications.

TABULAR MODIFICATIONS

K61 Abscess of anal and rectal regions

Includes: Abscess of anal and rectal regions
Cellulitis of anal and rectal regions

K61.0 Anal abscess
Perianal abscess

Revise Excludes~~1~~2: Intrasphincteric abscess (K61.4)
Add Intersphincteric abscess (K61.4)

New sub-subcategory K61.3 Ischiorectal abscess
Delete ~~Abscess of ischiorectal fossa~~
Add Ischioanal abscess

New code K61.31 Horseshoe Abscess
New code K61.32 Ischiorectal Abscess,NOS
Add Abscess of ischiorectal fossa

K61.4 Intrasphincteric abscess
Add Intersphincteric abscess

New code K61.5 Supralevator abscess

Blindness and Low Vision

The World Health Organization (WHO) uses blindness as a term that includes multiple categories of visual loss. Typically, when used in the U.S. the word "blindness" generally means total blindness in both eyes. Categories of visual impairment, recognized by WHO and listed in ICD-10-CM, indicate distinctly different levels of impairment and usable residual vision in patients with reduced vision. ICD-10-CM describes each category of reduced vision in the listing, but then collapses them, eliminating the precision required for rehabilitation. The loss of precision makes it impossible to demonstrate significant progression of vision loss.

a. An individual whose visual acuity drops from 20/70 to 20/320 within the same calendar year might not receive further rehabilitation intervention, although their entire function, safety and wellbeing is compromised, because the severity of the decline would not be detected by the code set.
b. An individual whose visual acuity drops from 20/500 to total blindness could not receive further rehabilitation intervention although their needs are greatly different and their function, mental health, wellbeing and safety compromised, because they demonstrate no change when using the codes.

The American Academy of Ophthalmology is proposing new codes for blindness and low vision to allow more granular differentiation of categories for visual impairment. They are proposing the following tabular modifications.

TABULAR MODIFICATIONS

	H54	Blindness and low vision	
New subcategory		H54.0	Blindness, both eyes
New code		H54.0X33	Blindness right eye category 3, Blindness left eye category 3
New code		H54.0X34	Blindness right eye category 3, Blindness left eye category 4
New code		H54.0X35	Blindness right eye category 3, Blindness left eye category 5
New code		H54.0X44	Blindness right eye category 4, Blindness left eye category 4
New code		H54.0X43	Blindness right eye category 4, Blindness left eye category 3
New code		H54.0X45	Blindness right eye category 4, Blindness left eye category 5
New code		H54.0X55	Blindness right eye category 5, Blindness left eye category 5
New code		H54.0X53	Blindness right eye category 5, Blindness left eye category 3
New code		H54.0X54	Blindness right eye category 5, Blindness left eye category 4

H54.1 Blindness, one eye, low vision other eye

H54.10 Blindness, one eye, low vision other eye, unspecified

New sub-subcategory H54.11 Blindness right eye, low vision left eye

New code	H54.1131	Blindness right eye category 3, low vision left eye category 1
New code	H54.1132	Blindness right eye category 3, low vision left eye category 2
New code	H54.1141	Blindness right eye category 4, low vision left eye category 1
New code	H54.1142	Blindness right eye category 4, low vision left eye category 2
New code	H54.1151	Blindness right eye category 5, low vision left eye category 1
New code	H54.1152	Blindness right eye category 5, low vision left eye category 2

New sub-subcategory H54.12 Blindness left eye, low vision right eye

New code	H54.1213	Blindness right eye category 1, low vision left eye category 3
New code	H54.1214	Blindness right eye category 1, low vision left eye category 4
New code	H54.1215	Blindness right eye category 1, low vision left eye category 5
New code	H54.1223	Blindness right eye category 2, low vision left eye category 3
New code	H54.1224	Blindness right eye category 2, low vision left eye category 4
New code	H54.1125	Blindness right eye category 2, low vision left eye category 5

New subcategory H54.2 Low Vision, both eyes

New code	H54.2X11	Blindness right eye category 1, Blindness left eye category 1
New code	H54.2X12	Blindness right eye category 1, Blindness left eye category 2
New code	H54.2X22	Blindness right eye category 2, Blindness left eye category 2
New code	H54.2X21	Blindness right eye category 2, Blindness left eye category 1

H54.3 Unqualified visual loss both eyes

H54.4 Blindness, one eye

H54.40 Blindness, one eye, unspecified other eye

New sub-subcategory

H54.41 Blindness right eye, normal vision left eye

New code H54.413A Blindness right eye category 3, normal vision left eye

New code H54.414A Blindness right eye category 4, normal vision left eye

New code H54.415A Blindness right eye category 5, normal vision left eye

New sub-subcategory

H54.42 Blindness left eye, normal vision right eye

New code H54.42A3 Blindness left eye category 3, normal vision right eye

New code H54.42A4 Blindness left eye category 4, normal vision right eye

New code H54.42A5 Blindness left eye category 5, normal vision right eye

H54.5 Low vision, one eye

H54.50 Low vision one eye, unspecified eye

New sub-subcategory

H54.51 Low vision right eye, normal vision left eye

New code H54.511A Low vision right eye category 1, normal vision left eye

New code H54.512A Low vision right eye category 2, normal vision left eye

New sub-subcategory

H54.52 Low vision left eye, normal vision right eye

New code H54.52A1 Low vision left eye category 1, normal vision right eye

New code H54.52A2 Low vision left eye category 2, normal vision right eye

H54.6 Unqualified visual loss, one eye
H54.60 Unqualified visual loss, unspecified eye
H54.61 Unqualified visual loss, right eye, normal vision left eye
H54.62 Unqualified visual loss, left eye, normal vision right eye

Note: The table below gives a classification of severity of visual impairment recommended by a WHO Study Group on the Prevention of Blindness, Geneva, 6-10 November 1972.

The term 'low vision' in category H54 comprises categories 1 and 2 of the table, the term 'blindness' categories 3, 4 and 5, and the term 'unqualified visual loss' category 9.
If the extent of the visual field is taken into account, patients with a field no greater than 10 but greater than 5 around central fixation should be placed in category 3 and patients with a field no greater than 5 around central fixation should be placed in category 4, even if the central acuity is not impaired.

Category of visual impairment	Visual acuity with best possible correction	
	Maximum less than:	Minimum equal to or better than:
1	6/18	6/60
	3/10 (0.3)	1/10 (0.1)
	20/70	20/200
2	6/60	3/60
	1/10 (0.1)	1/20 (0.5)
	20/200	20/400
3	3/60	1/60 (finger counting at one meter)
	1/20 (0.05)	1/50 (0.02)
	20/400	5/300 (20/1200)
4	1/60 (finger counting at one meter)	Light perception
	1/50 (0.02)	
	5/300	
5	No light perception	
9	Undetermined or unspecified	

Classification of Myocardial Infarction

The 2012 expert consensus document of the Joint European Society of Cardiology / American College of Cardiology Foundation / American Heart Association / World Heart Federation Task Force for the Universal Definition of Myocardial Infarction is the authoritative, world-wide consensus of the professional socieites representing the cardiovascular communities regarding classification of myocardial infarction (MI) (1). By way of background, in 2000, the First Global MI Task Force presented a new definition of MI, specifically that myocardial necrosis as detected by cardiac biomarkers in the setting of myocardial ischemia should be labelled as an MI (2). These principles were further refined by the Second Global MI Task Force, leading to the Universal Definition of Myocardial Infarction Consensus Document in 2007, which emphasized the different conditions which might result in an MI (3). Following the second consensus document, the development of increasingly sensitive assays for the biomarkers of myocardial necrosis mandated further revision, particularly acknowledging that the detection of these biomarkers occurs not infrequently in the setting of the critically ill, after percutaneous coronary intervention and after cardiac surgery. The Third Global MI Task Force was convened to integrate these insights with new clinical outcomes data into a universal classification, particularly the establishment of the diagnosis of MI based on cardiac biomarkers and the prognostic implications of MI in various clinical contexts (1). In 2014, the classification was formally developed by the ACC/AHA Task Force on Data Standards as a controlled terminology for the purposes of interoperability among electronic health information systems (4).

In brief, the classification is as follows (1):

1. Spontaneous myocardial infarction (MI Type 1) is a clinical event typically caused by rupture or erosion of an atherosclerotic plaque resulting in thrombus formation in one or more of the coronary arteries. This is the prototypic "heart attack" for which there are extensive guidelines regarding evaluation and management. ST Elevation MI (STEMI) and Non ST Elevation MI (NSTEMI) share the same pathophysiology, and both are considered Type 1 MIs.

2. Myocardial infarction secondary to ischemic imbalance (myocardial demand exceeding supply) is defined as MI Type 2. This is where a condition other than coronary artery disease results in the imbalance between myocardial oxygen supply and / or demand. Of note, coronary vasospasm and/or endothelial dysfunction also have the potential to cause a Type 2 MI. Of note, the treatment guidelines for Type 1 MI are generally NOT applicable to the management of a Type 2 MI.

3. Patients who present with death from a presumed cardiac etiology (i.e., symptoms or signs suggestive of myocardial ischemia, such as typical chest pain and / or ECG changes) but without confirmatory cardiac biomarkers being available, are classified as having an MI Type 3.

4. Myocardial infarction associated with revascularization procedures are classified as MI Types 4 and 5, with Type 4 MI occurring in the context of percutaneous coronary intervention (PCI) and / or stent implantation, and Type 5 MI being associated with coronary artery bypasss graft surgery (CABG). There are subclassifications of Type 4 MI reflecting the different contexts in which biomarkers can turn positive in the context of PCI. Critically, the cardiac biomarker reference values for Type 4 and Type 5 MIs are substantively different than Type 1 (and Type 2) MI.

Requests to add specific ICD-10-CM codes related to certain MI types, particularly Type 2 MI, have been received from the American College of Cardiology, the American Heart Association, and others. The American College of Cardiology and the American Heart Association are requesting that these codes be considered for implementation on October 1, 2016. Comments on this topic are therefore requested by **April 8, 2016**.

References

1. Thygesen K, Alpert JS, Jaffe AS, Simoons ML, Chaitman BR, White HD, Joint ESC/ACCF/AHA/WHF Task Force for Universal Definition of Myocardial Infarction. Third universal definition of myocardial infarction. Circulation. 2012 Oct 16;126(16):2020-35 (PMID: 22923432); Eur Heart J. 2012 Oct;33(20):2551-67 (PMID: 22922414); J Am Coll Cardiol. 2012 Oct 16;60(16):1581-98 (PMID: 22958960); Glob Heart. 2012 Dec;7(4):275-95 (PMID: 25689940).

2. Alpert JS, Thygesen K, Antman E, Bassand JP. Myocardial infarction redefined — a consensus document of the Joint European Society of Cardiology/American College of Cardiology Committee for the redefinition of myocardial infarction. Eur Heart J. 2000;21:1502–1513 (PMID: 10973764); J Am Coll Cardiol. 2000; 36:959 –969 (PMID: 10987628).

3. Thygesen K, Alpert JS, White HD, Joint ESC/ACCF/AHA/WHF Task Force for the Redefinition of Myocardial Infarction. Universal definition of myocardial infarction. Eur Heart J. 2007;28:2525–2538 (PMID: 17951287); Circulation. 2007;116:2634 –2653 (PMID: 17951284); J Am Coll Cardiol. 2007;50:2173–2195 (PMID: 18036459).

4. Hicks KA, Tcheng JE, Bozkurt B, Chaitman BR, Cutlip DE, Farb A, Fonarow GC, Jacobs JP, Jaff MR, Lichtman JH, Limacher MC, Mahaffey KW, Mehran R, Nissen SE, Smith EE, Targum SL. 2014 ACC/AHA Key Data Elements and Definitions for Cardiovascular Endpoint Events in Clinical Trials: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Data Standards (Writing Committee to Develop Cardiovascular Endpoints Data Standards). Circulation. 2015 Jul 28;132(4):302-61 (PMID: 25547519; J Nucl Cardiol. 2015 Oct;22(5):1041-144 (PMID: 26204990); J Am Coll Cardiol. 2015 Jul 28;66(4):403-69 (PMID: 25553722).

TABULAR MODIFICATIONS

Revise I21 Acute ~~ST elevation (STEMI) and non-ST elevation (NSTEMI)~~ myocardial infarction

I21.0 ST elevation (STEMI) myocardial infarction of anterior wall

Add Type 1 ST elevation myocardial infarction of anterior wall

I21.1 ST elevation (STEMI) myocardial infarction of inferior wall

Add Type 1 ST elevation myocardial infarction of inferior wall

I21.2 ST elevation (STEMI) myocardial infarction of other sites

Add Type 1 ST elevation myocardial infarction of other sites

I21.3 ST elevation (STEMI) myocardial infarction of unspecified site
Myocardial infarction (acute) NOS

Add — Type 1 ST elevation myocardial infarction of unspecified site

I21.4 Non-ST elevation (NSTEMI) myocardial infarction

Add — Type 1 Non-ST elevation myocardial infarction

New subcategory — I21.A Other type of myocardial infarction

New code — I21.A1 Myocardial infarction type 2
Myocardial infarction due to demand ischemia
Myocardial infarction secondary to ischemic imbalance

Code also the underlying cause, if known, such as:
Anemia (D50.0-D64.9)
Chronic obstructive pulmonary disease (J44.-)
Heart failure (I50.-)
Paroxysmal tachycardia (I47.0-I47.9)
Renal failure (N17.0-N19)
Shock (R57.0-R57.9)

New code — I21.A9 Other myocardial infarction type
Myocardial infarction associated with revascularization Procedure
Myocardial infarction type 3
Myocardial infarction type 4a
Myocardial infarction type 4b
Myocardial infarction type 4c
Myocardial infarction type 5

Code also complication, such as:
(Acute) stent occlusion (T82.897-)
(Acute) stent stenosis (T82.857-)
(Acute) stent thrombosis (T82.867-)
Cardiac arrest due to underlying cardiac condition (I46.2)
Complication of percutaneous coronary intervention (PCI) (I97.89)
Occlusion of coronary artery bypass graft (T82.218-)

Clostridium difficile

Clostridium difficile (C. difficile) is an anaerobic gram-positive, spore-forming, toxin-producing bacillus that is transmitted among humans through the fecal–oral route. *C. difficile* causes antibiotic-associated colitis by colonizing the human intestinal tract after the normal gut flora have been altered due to antibiotic therapy. *C. difficile* infection (CDI) is one of the most common healthcare-associated infections and a significant cause of morbidity and mortality among older adult patients.

Despite the availability of antibiotic treatment, recurrence remains a problem, with 10 to 30 percent of patients developing recurrence within 8 weeks of an initial infection.

Recurrence is defined by complete abatement of CDI symptoms while on appropriate therapy, followed by subsequent reappearance of diarrhea and other symptoms after treatment has been stopped. Recurrence typically occurs within one week after treatment cessation, however recurrence may occur up to 8 weeks later. As such, the American College of Gastroenterology (ACG) 2013 practice guidelines define recurrent CDI as an "episode of CDI that occurs 8 weeks after the onset of a previous episode, provided the symptoms from the previous episode resolved."

Recurrence is associated with greater morbidity and practice guidelines provide distinct recommendations for the management of recurrence, especially in the case of multiple recurrences that differ significantly from treatment of the initial episode.

This proposal was orginally presented at the September 2015 C&M meeting at the request of Merck & Company. For reference or comparasion to this latest proposal, you may access the previous meeting materials at at http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm. Modifications to this proposal are being submitted based on public comment and clinical input from subject matter experts including CDC Office of Infectious Disease National Center for Emerging and Zoonotic Infectious Diseases (NCEZID).

TABULAR MODIFICATIONS

A04 Other bacterial intestinal infections
Excludes1:bacterial foodborne intoxications, NEC (A05.-)
tuberculous enteritis (A18.32)

A04.7 Enterocolitis due to Clostridium difficile
Foodborne intoxication by Clostridium difficile
Pseudomembraneous colitis

New code A04.71 Entercolitis due to clostridium difficile, recurrent
New code A04.72 Entercolitis due to clostridium difficile, not specified as recurrent

Congenital Sacral Dimple

A congenital sacral dimple is an indentation, present at birth, in the skin on the lower back. It is a relatively common condition for neonates that may be benign in nature. Sacral dimples that are accompanied by a nearby tuft of hair or certain types of skin discoloration are sometimes or may indicate a serious health issue such as spina bifida or tethered cord syndrome.

Currently in ICD-10-CM the diagnosis is an inclusion term in the code category L05.01 Pilonidal cysts with abscess and L05.91 Pilonidal cyst without abscess, which does not relate to this condition.

The American Academy of Pediatrics (AAP) requests a new code for congenital sacral dimple to be established. The current code delineation does not allow for accurate tracking of the true frequency of this condition nor does it adequately support health resource utilization in the diagnosis or treatment.

TABULAR MODIFICATIONS

Q82 Other congenital malformations of skin

New code Q82.6 Congenital sacral dimple
Parasacral dimple
Excludes2: Pilonidal cyst with abscess (L05.01)
Pilonidal cyst without abscess (L05.91)

L05 Pilonidal cyst and sinus

L05.0 Pilonidal cyst and sinus with abscess
L05.01 Pilonidal cyst with abscess
Add Excludes2: Congenital sacral dimple (Q82.6)
Parasacral dimple

L05.9 Pilonidal cyst and sinus without abscess
L05.91 Pilonidal cyst without abscess
Add Excludes2: Congenital sacral dimple (Q82.6)
Parasacral dimple

Dermatomyositis

Dermatomyositis is an idiopathic inflammatory myopathy involving proximal muscle weakness, characteristic rash, characteristic muscle biopsy findings, and elevations in muscle enzymes on laboratory evaluation. It is described in Medline Plus and has numerous studies associated with it in clinicaltrials.gov. Polymyositis is a similar condition to dermatomyositis, but the symptoms do not include a skin rash. In ICD-9-CM, there were specific codes 710.3, Dermatomyositis, and 710.4, Polymyositis.

Dermatopolymyositis is not distinctly listed on Medline Plus and has no formal diagnosis. It is used either to represent a larger group that includes patients with dermatomyositis and polymyositis, or rarely to indicate those where one cannot tell which of the two diagnosis the patient has. There are no studies in clinicaltrials.gov that use the specific term "dermatopolymyositis," and in searching the term it changes your search result to dermatomyositis or polymyositis. In Pubmed dermatopolymyositis as a term returns papers with either polymyositis or dermatomyositis with only about 100 papers having the actual word "dermatopolymyositis," compared to "dermatomyositis" which returns over 8700 papers.

In the WHO ICD-10, there is a category M33, Dermatopolymyositis, with specific codes M33.0, Juvenile dermatomyositis, M33.1, Other dermatomyositis, M33.2, Polymyositis, and M33.9, Dermatopolymyositis, unspecified. In ICD-10-CM, the subcategory titles for M33.0 and M33.1 use the term dermatopolymyositis, instead of dermatomyositis, as do the specific codes in these subcategories.

Based on the idea that dermatomyositis is a more specific diagnosis and different than dermatopolymyositis, that dermatomyositis is more clearly defined, and that dermatomyositis is a much more frequently used term, as well as noting that dermatomyositis has distinct separate codes in ICD-9-CM and in ICD-10, it is proposed by the International Myositis Assessment and Clinical Studies Group to have dermatomyositis identified with specific ICD-10-CM codes, as well as its juvenile equivalent juvenile dermatomyositis.

It is being proposed that the titles at M33.0 and M33.1 be changed to match the original WHO titles, and that the codes within these subcategories also be changed in the same way. It is also proposed that the subcategory M33.1, Other dermatomyositis, have inclusion terms added for "Adult dermatomyositis," and "Dermatomyositis NOS." Additionally, new codes are proposed, M33.03, Juvenile dermatomyositis without myopathy, M33.13, Other dermatomyositis without myopathy, and M33.93, Dermatopolymyositis, unspecified without myopathy.

References

Dermatomyositis article
https://www.nlm.nih.gov/medlineplus/ency/article/000839.htm

Dermatopolymyositis search returns about 100 papers, about one third of which are in English.
http://www.ncbi.nlm.nih.gov/pubmed/?term=%22dermatopolymyositis%22

Dermatomyositis search returns over 8700 papers.
http://www.ncbi.nlm.nih.gov/pubmed/?term=%22dermatomyositis%22

TABULAR MODIFICATIONS

M33 Dermatopolymyositis

Revise	M33.0		Juvenile dermatomyositis ~~dermatopolymyositis~~
Revise		M33.00	Juvenile dermatomyositis ~~dermatopolymyositis~~, organ involvement unspecified
Revise		M33.01	Juvenile dermatomyositis ~~dermatopolymyositis~~ with respiratory involvement
Revise		M33.02	Juvenile dermatomyositis ~~dermatopolymyositis~~ with myopathy
New Code		M33.03	Juvenile dermatomyositis without myopathy
Revise		M33.09	Juvenile dermatomyositis ~~dermatopolymyositis~~ with other organ involvement
Revise	M33.1		Other dermatomyositis ~~dermatopolymyositis~~
Add			Adult dermatomyositis Dermatomyositis NOS
Revise		M33.10	Other dermatomyositis ~~dermatopolymyositis~~, organ involvement unspecified
Revise		M33.11	Other dermatomyositis ~~dermatopolymyositis~~ with respiratory involvement
Revise		M33.12	Other dermatomyositis ~~dermatopolymyositis~~ with myopathy
New Code		M33.13	Other dermatomyositis without myopathy
Revise		M33.19	Other dermatomyositis ~~dermatopolymyositis~~ with other organ involvement
	M33.9		Dermatopolymyositis, unspecified
New Code		M33.93	Dermatopolymyositis, unspecified without myopathy

Ectopic Pregnancy

In September 2014, the American Congress of Obstetricians and Gynecologists (ACOG), submitted a proposal for new codes to capture multiple gestational pregnancy with co-existing ectopic and intrauterine pregnancies. This was done to recognize the increased incidence of ectopic pregnancy occurrence with the use of assisted reproductive technologies. These new codes have been approved for the October 2016 addenda.

ACOG is requesting to amend the prior proposal to include laterality. Laterality is important to track since patients who have had ectopic pregnancies in the past are more likely to have subsequent ectopic pregnancies. It is also important to know on which side an ectopic pregnancy occurred from a clinical perspective.

From a patient history perspective, capturing laterality codes in the patient record will allow for more efficient patient management during subsequent pregnancies. Data collection from the use of these codes will provide an ongoing method of tracking the frequency of these conditions as well as the efficacy of the various treatment protocols.

ACOG is requesting the following additional codes at category O00, Ectopic pregnancy.

TABULAR MODIFICATIONS

O00 Ectopic pregnancy

O00.0 Abdominal pregnancy

New code O00.00 Abdominal pregnancy without intrauterine pregnancy
Abdominal pregnancy NOS

New code O00.01 Abdominal pregnancy with intrauterine pregnancy

O00.1 Tubal pregnancy

New code O00.10 Tubal pregnancy without intrauterine pregnancy
Tubal pregnancy NOS

New code **O00.101 Right tubal pregnancy without intrauterine pregnancy**

New code **O00.102 Left tubal pregnancy without intrauterine pregnancy**

New code **O00.109 Unspecified tubal pregnancy without intrauterine pregnancy**

New code O00.11 Tubal pregnancy with intrauterine pregnancy

New code **O00.111 Right tubal pregnancy with intrauterine pregnancy**

New code **O00.112 Left tubal pregnancy with intrauterine pregnancy**

New code **O00.119 Unspecified tubal pregnancy with intrauterine pregnancy**

New code O00.2 Ovarian pregnancy

New code O00.20 Ovarian pregnancy without intrauterine pregnancy
Ovarian pregnancy NOS

New code **O00.201 Right ovarian pregnancy without intrauterine pregnancy**

New code **O00.202 Left ovarian pregnancy without intrauterine pregnancy**

New code **O00.209 Unspecified ovarian pregnancy without intrauterine pregnancy**

New code O00.21 Ovarian pregnancy with intrauterine pregnancy

New code **O00.211 Right ovarian pregnancy with intrauterine pregnancy**

New code **O00.212 Left ovarian pregnancy without intrauterine pregnancy**

New code O00.219 **Unspecified ovarian pregnancy with intrauterine pregnancy**

O00.8 Other ectopic pregnancy

New code O00.80 Other ectopic pregnancy without intrauterine pregnancy
Other ectopic pregnancy NOS

New code O00.81 Other ectopic pregnancy with intrauterine pregnancy

O00.9 Unspecified ectopic pregnancy

New code O00.90 Unspecified ectopic pregnancy without intrauterine pregnancy
Ectopic pregnancy NOS

New code O00.91 Unspecified ectopic pregnancy with intrauterine pregnancy

Encounter for Prophylactic Salpingectomy

The American Congress of Obstetricians and Gynecologists (ACOG) proposes to add a new code for prophylactic removal of fallopian tubes. Although there is an existing code for prophylactic removal of the ovary, recent studies and literature suggests that ovarian cancer may actually originate in the fallopian tubes rather than in the ovaries. A new diagnosis code for tracking prophylactic removal of fallopian tubes will allow physicians to quantify outcomes when this procedure is performed.

ACOG proposes the addition of prophylactic removal of fallopian tubes in category Z40, Encounter for prophylactic surgery, as follows.

References

Committee of Gynecologic Practice, American College of Obstetricians and Gynecologists. "620" Salpingectomy for Ovarian Cancer Prevention (01/2015).

TABULAR MODIFICATIONS

Z40 Encounter for prophylactic surgery

Z40.0 Encounter for prophylactic surgery for risk factors related to malignant neoplasms
Admission for prophylactic organ removal

Use additional code to identify risk factor

New code Z40.03 Encounter for prophylactic removal of fallopian tubes

Exercise Counseling

The Healthcare Effectiveness Data and Information Set (HEDIS) is used to calculate performance statistics and benchmarks, as well as to set standards for the National Committee for Quality Assurance (NCQA) Accreditation program. HEDIS measures address health issues such as asthma, diabetes, breast cancer screening, childhood and adult weight/Body Mass Index (BMI) assessment.

Prior to the implementation of the ICD-10-CM code set, ICD-9-CM code V65.41, Exercise counseling, was used for reporting. For the HEDIS measure of weight assessment and counseling of pediatric patients, three separate data elements from providers were reported which included BMI measurement, nutrition and physical activity counseling.

In the ICD-10-CM code set, the first two elements can be captured through the use of codes Z68.x, Body mass index (BMI) and code Z71.3 Dietary counseling and surveillance. Currently, there is no code in ICD-10-CM to capture the third data element specific to exercise counseling.

The requestor proposes the following new code in order to capture this HEDIS data element and better track these encounters.

TABULAR MODIFICATIONS

Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified

Z71.8 Other specified counseling
Excludes2: counseling for contraception (Z30.0-)
counseling for genetics (Z31.5)
counseling for procreative management (Z31.6-)

New code Z71.82 Exercise counseling

Gestational Alloimmune Liver Disease

Gestational Alloimmune Liver Disease (GALD) is a unique disease presenting as severe hepatic injury in newborn infants. Its onset is during fetal development and manifestations of the disease begin during fetal life. It is caused by a maternal antibody to fetal hepatic cells which crosses the placenta into the fetal circulation, causing hepatic cell necrosis. Fetal liver injury often results in systemic iron overload resulting in this condition as first being referred to as neonatal hemochromatosis (NH).

There is currently no ICD-10-CM code to identify this condition. Because of its clear perinatal origin, the American Academy of Pediatrics (AAP) recommends that a new code be established in Chapter 16 Certain conditions originating in the perinatal period (P00-P96). It is noted that the pathogenesis and natural history are different from those specified by E83.1 Disorders of iron metabolism.

TABULAR MODIFICATIONS

E83 Disorders of mineral metabolism

E83.1 Disorders of iron metabolism

E83.11 Hemochromatosis

Add Excludes1: Gestational Alloimmune Liver Disease (P78.84)
GALD
Neonatal hemochromatosis

Digestive disorders of newborn (P76-P78**)**

P78 Other perinatal digestive system disorders

P78.8 Other specified perinatal digestive system disorders

P78.81 Congenital cirrhosis (of liver)
P78.82 Peptic ulcer of newborn
P78.83 Newborn esophageal reflux
Neonatal esophageal reflux

New code P78.84 Gestational Alloimmune Liver Disease
Add GALD
Add Neonatal hemochromatosis
Add Excludes 1: Hemochromatosis (E83.11-)

Gingival recession

In September 2011, the American Academy of Periodontology submitted a proposal for the gingival recession classification to be replaced by the Miller Classification System. The previous submission was later withdrawn. Subsequently, this topic was presented at the September 2015 Coordination and Maintenance meeting and based on comments received during the public comment period it is being represented with revisions.

Gingival recession involves the gums receding back, potentially exposing the roots of the teeth. For a diagnosis related to treatment of gingival recession, there are two entities that are required. The first is whether recession is generalized (multiple teeth in an area that require treatment), or localized (limited to individual teeth in an area of the mouth). Tissue grafts in dentistry are per tooth submissions. The second entity is the degree of recession, which is indicated by minimal, moderate, or severe. Two diagnostic codes are submitted for each tooth, one describing if the recession is localized or generalized in the mouth and the second for the degree of severity on each tooth.

The American Academy of Periodontology is requesting the specificity which was in ICD-9-CM be added to ICD-10-CM to differentiate the levels of severity.

TABULAR MODIFICATIONS

K06 Other disorders of gingiva and edentulous alveolar ridge

K06.0 Gingival recession

Delete		Gingival recession ~~(generalized)~~ ~~(localized)~~ (postinfective) (postprocedural)
New code	K06.00	Gingival recession, unspecified
New code	K06.01	Gingival recession, minimal
New code	K06.02	Gingival recession, moderate
New code	K06.03	Gingival recession, severe
New code	K06.04	Gingival recession, localized
New code	K06.05	Gingival recession, generalized

Hepatic Encephalopathy

This topic was presented at the September 2015 Coordination and Maintenance meeting and based on comments received during the public comment period it is being represented with clarification from the American Academy of Neurology. It appears ICD-10-CM has created a challenge with coding for hepatic encephalopathy by adding the manifestation of hepatic coma to various causes of hepatic failure. In ICD-9-CM, hepatic encephalopathy had a unique code with hepatic coma, portal-systemic encephalopathy and hepatocerebral intoxication as inclusion terms.

Hepatic encephalopathy (HE) involves altered consciousness and behavior related to insufficient liver function. HE is the loss of brain function that occurs when the liver is unable to remove toxins from the blood. Ammonia, which is produced by your body when proteins are digested, is one of the toxins that's normally made harmless by your liver. When ammonia or other toxic substances build up in the body when your liver isn't working well, it may affect your brain and cause HE.

The most commonly used staging scale of hepatic encephalopathy is the West Haven Grading System. The stages of HE span from minimal changes in memory and coordination in stage 0; sleep disruptions, and forgetfulness in stage 1; lethargy and mild disorientation in stage 2; amnesia and profound confusion in stage 3; to coma in stage 4.

The AAN proposes the following tabular changes to further categorize hepatic encephalopathy for research and clinical purposes.

TABULAR MODIFICATIONS

K70 Alcoholic liver disease

K70.4 Alcoholic hepatic failure

New sub-subcategory	K70.40	Alcoholic hepatic failure without coma
New code	K70.401	Alcoholic hepatic failure without coma, without hepatic encephalopathy
New code	K70.402	Alcoholic hepatic failure without coma, with hepatic encephalopathy West Haven Criteria for Hepatic Encephalopathy Grades 0, 1, 2, and 3
	K70.41	Alcoholic hepatic failure with coma
Add		West Haven Criteria for Hepatic Encephalopathy Grade 4

K71.1 Toxic liver disease with hepatic necrosis

New sub-subcategory

K71.10 Toxic liver disease with hepatic necrosis, without coma

New code

K71.101 Toxic liver disease with hepatic necrosis, without coma, without hepatic encephalopathy

New code

K71.102 Toxic liver disease with hepatic necrosis, without coma, with hepatic encephalopathy
West Haven Criteria for Hepatic Encephalopathy Grades 0, 1, 2, and 3

Add

K71.11 Toxic liver disease with hepatic necrosis, with coma
West Haven Criteria for Hepatic Encephalopathy Grade 4

K72.0 Acute and subacute hepatic failure

New sub-subcategory

K72.00 Acute and subacute hepatic failure without coma

New code

K72.001 Acute and subacute hepatic failure without coma, without hepatic encephalopathy

New code

K72.002 Toxic liver disease with hepatic necrosis, without coma, with hepatic encephalopathy
West Haven Criteria for Hepatic Encephalopathy Grades 0, 1, 2, and 3

Add

K72.01 Acute and subacute hepatic failure with coma
West Haven Criteria for Hepatic Encephalopathy Grade 4

K72.1 Chronic hepatic failure

New sub-subcategory

K72.10 Chronic hepatic failure without coma

New code

K72.101 Chronic hepatic failure without coma, without hepatic encephalopathy

New code

K72.102 Chronic hepatic failure without coma, with hepatic encephalopathy

West Haven Criteria for Hepatic Encephalopathy
Grades 0, 1, 2, and 3

K72.11 Chronic hepatic failure with coma
Add West Haven Criteria for Hepatic Encephalopathy Grade 4

K72.9 Hepatic failure, unspecified

New sub-subcategory K72.90 Hepatic failure, unspecified without coma

New code K72.901 Hepatic failure, unspecified without coma, without hepatic encephalopathy

New code K72.902 Hepatic failure, without coma, with hepatic encephalopathy
West Haven Criteria for Hepatic Encephalopathy
Grades 0, 1, 2, and 3

K72.91 Hepatic failure, unspecified with coma
Add West Haven Criteria for Hepatic Encephalopathy Grade 4

K91 Intraoperative and postprocedural complications and disorders of digestive system, not elsewhere classified

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

New sub-subcategory K91.82 Postprocedural hepatic failure

New code K72.901 Postprocedural hepatic failure, without hepatic encephalopathy

New code K72.902 Postprocedural hepatic failure, with hepatic encephalopathy
West Haven Criteria for Hepatic Encephalopathy
Grades 0, 1, 2, and 3

B15 Acute hepatitis A

B15.0 Hepatitis A with hepatic coma

Add West Haven Criteria for Hepatic Encephalopathy Grade 4

New sub-subcategory B15.9 Hepatitis A without coma

New code B15.90 Hepatitis A without coma, without hepatic encephalopathy

New code B15.91 Hepatitis A without coma, with hepatic encephalopathy
West Haven Criteria for Hepatic Encephalopathy Grades 0, 1, 2, and 3

B16 Acute hepatitis B

B16.0 Acute hepatitis B with delta-agent with hepatic coma

Add West Haven Criteria for Hepatic Encephalopathy Grade 4

New sub-subcategory B16.1 Acute hepatitis B with delta-agent without coma

New code B16.10 Acute hepatitis B with delta-agent without coma, without hepatic encephalopathy

New code B16.11 Acute hepatitis B with delta-agent without coma, with hepatic encephalopathy
West Haven Criteria for Hepatic Encephalopathy Grades 0, 1, 2, and 3

B16.2 Acute hepatitis B without delta-agent with hepatic coma

Add West Haven Criteria for Hepatic Encephalopathy Grade 4

New sub-subcategory B16.9 Acute hepatitis B without delta-agent without coma

New code B16.90 Acute hepatitis B without delta-agent without coma, without hepatic encephalopathy

New code B16.91 Acute hepatitis B without delta-agent without coma, with hepatic encephalopathy
West Haven Criteria for Hepatic Encephalopathy Grades 0, 1, 2, and 3

B17 Other acute viral hepatitis

B17.1 Acute hepatitis C

New sub-subcategory

B17.10 Acute hepatitis C without hepatic coma

New code

B17.100 Acute hepatitis C without hepatic coma, without hepatic encephalopathy

New code

B17.101 Acute hepatitis C without hepatic coma, with hepatic encephalopathy
West Haven Criteria for Hepatic Encephalopathy Grades 0, 1, 2, and 3

B17.11 Acute hepatitis C with hepatic coma

Add

West Haven Criteria for Hepatic Encephalopathy Grade 4

B19 Unspecified viral hepatitis

B19.0 Unspecified viral hepatitis with hepatic coma

Add

West Haven Criteria for Hepatic Encephalopathy Grade 4

B19.1 Unspecified viral hepatitis B

New sub-subcategory

B19.10 Unspecified viral hepatitis B without hepatic coma

New code

B19.100 Unspecified viral hepatitis B without hepatic coma, without hepatic encephalopathy

New code

B19.101 Unspecified viral hepatitis B without hepatic coma, with hepatic encephalopathy
West Haven Criteria for Hepatic Encephalopathy Grades 0, 1, 2, and 3

B19.11 Unspecified viral hepatitis B with hepatic coma

Add

West Haven Criteria for Hepatic Encephalopathy Grade 4

B19.2 Unspecified viral hepatitis C

New sub-subcategory

B19.20 Unspecified viral hepatitis C without hepatic coma

New code

B19.200 Unspecified viral hepatitis C without hepatic coma, without hepatic encephalopathy

New code	B19.201	Unspecified viral hepatitis C without hepatic coma, with hepatic encephalopathy West Haven Criteria for Hepatic Encephalopathy Grades 0, 1, 2, and 3
Add	B19.21	Unspecified viral hepatitis B with hepatic coma West Haven Criteria for Hepatic Encephalopathy Grade 4

In utero exposure to Diethylstilbestrol (DES)

The AYR Consulting Group LLC, on behalf of scientists, medical practitioners and the DES community is requesting that a code included in ICD-9-CM (760.76) for in utero exposure to DES be created in ICD-10-CM.

Diethylstilbestrol (DES) is a synthetic form of the female hormone estrogen. It was prescribed to pregnant women between 1940 and 1971 to prevent miscarriage, premature labor, and related complications of pregnancy. The use of DES declined after studies in the 1950s showed that it was not effective in preventing these problems.

In 1971, researchers linked prenatal (before birth) DES exposure to a type of cancer of the cervix and vagina called clear cell adenocarcinoma in a small group of women. Soon after, the Food and Drug Administration (FDA) notified physicians throughout the country that DES should not be prescribed to pregnant women. DES is now known to be an endocrine-disrupting chemical, one of a number of substances that interfere with the endocrine system to cause cancer, birth defects, and other developmental abnormalities. The effects of endocrine-disrupting chemicals are most severe when exposure occurs during fetal development.

In the early 1970s, doctors in Boston identified a rare, sometimes fatal, vaginal cancer in teenage girls. The cancer had never been seen in women so young. The common denominator was the DES prescribed to the girls' mothers during pregnancy.

Since the early 1970s, over 1500 papers have been published about the effects of DES. Researchers have found increased incidence of breast cancer in mothers; increased cancer, pregnancy problems, infertility, and autoimmune disorders in daughters; and urogenital anomalies in sons.

References:

1. Hoover RN, Hyer M, Pfeiffer RM, Adam E, Bond B, Cheville AL, Colton T, Hartge P, Hatch EE, Herbst AL, Karlan BY, Kaufman R, Noller KL, Palmer JR, Robboy SJ, Saal RC, Strohsnitter W, Titus-Ernstoff L, Troisi R (2011). "Adverse health outcomes in women exposed in utero to diethylstilbestrol". *N. Engl. J. Med*. 365 (14): 1304–14. doi:10.1056/NEJMoa1013961. PMID 21991952.
2. Boyd J, Takahasi H, Waggoner S, Jones L, Hajek R, Wharton J, Liu F, Fujino T, Barrett J, McLauchlan J. Molecular Genetic Analysis of Clear Cell Adenocarcinomas of the Vagina and Cervix associated and unassociated with Diethylstilbestrol Exposure in Utero. *Cancer* 1996; Volume 77 : 508-513
3. Du H, Taylor H. The Role of HOX genes in female reproductive tract development, adult formation and fertility. Cold Spring Harb Perspective Med 2016;6:a023002: 1 – 14
4. Li S, Washburn K, Moore R, Uno T, Teng C, Newbold R, McLachlan J, Negishi. Developmental Exposure to Diethylstilbestrol Elicits Demethylation of Estrogen-responsive Lactoferrin Gene in Mouse Uterus *Cancer Research* 57.4356-4359 October 1 1997
5. Professional and Public Relations Committee of the DESAD (Diethylstilbestrol and Adenosis) Project of the Division of Cancer Control and Rehabilitation. Exposure in utero to diethylstilbestrol and related synthetic hormones. Association with vaginal and cervical cancers and other abnormalities. *JAMA* 1976; 236(10):1107–1109.

TABULAR MODIFICATIONS

P04 Newborn affected by noxious substances transmitted via placenta or breast milk

P04.1 Fetus and newborn affected by other maternal medication

New code	P04.11	Newborn affected by use of Diethylstilbestrol (DES)
New code	P04.19	Newborn affected by other maternal medication

Lacunar Infarction

Lacunar infarcts are cerebral infarcts of small penetrating branch vessels in deeper portions of the brain. This condition accounts for about a quarter of all ischemic strokes. These infarcts have commonly been regarded as benign vascular lesions with a favorable long-term prognosis. Age, vascular risk factors, high nocturnal blood pressure, and severity of cerebral small-vessel disease at onset have significant prognostic implications for almost all outcomes. The "lacune" refers to the space left behind after infarct healing.

Lacunar infarctions are often manifested by syndromes based on location (over 20 have been described[1]) which are represented in the current ICD-10-CM codes, G46.5 Pure motor lacunar syndrome; G46.6 Pure sensory lacunar syndrome and G46.7 Other lacunar syndromes.

In ICD-10-CM, lacunar infarction (the etiology of these syndromes) is not indexed as it was in ICD-9-CM. The ICD-9-CM code indexed for lacunar infarction was 434.91 Cerebral artery occlusion, unspecified.

The American Academy of Neurology (AAN) requests a distinct code and specific indexing for lacunar infarction.

TABULAR MODIFICATIONS

I63	Cerebral Infarction	
	I63.5	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries
	I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
New code	I63.7	Cerebral infarction due to small artery occlusion
		Lacunar infarction

References:
1. Fisher, CM: Lacunar strokes and infarcts: A review. *Neurology* 1982;32:871-876

Lump in the Breast

The American Congress of Obstetricians and Gynecologists (ACOG), would like to add laterality and quadrant to ICD-10-CM code N63 (unspecified lump in the breast). Breast quadrants can be defined as: the upper outer (superolateral) quadrant (UOQ), upper inner (superomedial) quadrant (UIQ), lower outer (inferolateral) quadrant (LOQ), and lower inner (inferomedial) quadrant (LIQ).

ACOG would like to take this opportunity to add laterality and quadrant identifiers to the lump in the breast code. This will enable providers and coders to identify positioning of a breast mass with a single diagnosis code to capture the clinical documentation.
ACOG proposes the following tabular modifications.

TABULAR MODIFICATIONS

N63 Unspecified lump in the breast

New subcategory N63.1 Unspecified lump in the right breast

New code N63.10 Unspecified lump in the right breast, unspecified quadrant
New code N63.11 Unspecified lump in the right breast, upper outer quadrant
New code N63.12 Unspecified lump in the right breast, upper inner quadrant
New code N63.13 Unspecified lump in the right breast, lower outer quadrant
New code N63.14 Unspecified lump in the right breast, lower inner quadrant

New subcategory N63.2 Unspecified lump in the left breast

New code N63.20 Unspecified lump in the left breast, unspecified quadrant
New code N63.21 Unspecified lump in the left breast, upper outer quadrant
New code N63.22 Unspecified lump in the left breast, upper inner quadrant
New code N63.23 Unspecified lump in the left breast, lower outer quadrant
New code N63.24 Unspecified lump in the left breast, lower inner quadrant

New subcategory N63.3 Unspecified lump in Axillary Tail

New code N63.31 Unspecified lump in axillary tail of the right breast
New code N63.32 Unspecified lump in axillary tail of the left breast

New subcategory N63.4 Unspecified lump in breast, subareolar

New code N63.41 Unspecified lump in right breast, subareolar
New code N63.42 Unspecified lump in left breast, subareolar

Multiple Pregnancy - Triplets and Above - Amnion and Chorion Equal to Fetus Number

Unique diagnosis codes in subcategories O30.1 (Triplet pregnancy), O30.2 (Quadruplet pregnancy), and O30.8 (Other specified multiple gestation) are needed to report the most common type of presentation in which number of chorions is equal to number of amnions or fetuses.
In multiple pregnancy, two or more fetuses may share a placenta (monochorionic) and may also share an amniotic sac (monoamniotic). Multiple pregnancies with monochorionic pairs have much greater risk of perinatal mortality; therefore, diagnosis of multiple gestation type should be determined as early as possible in the pregnancy.

With the increased use of assisted reproductive technology (ART) there has also been an increase in multiple birth pregnancies. In the majority of these cases, each fetus has its own placenta. However, there has also been an increase in monochorionic presentations. There is an incidence of monozygotic twins after natural conception of approximately 0.4%, and following ART it is around 0.9%. About two thirds of these monozygotic twins will have a monochorionic presentation.

Current ICD-10-CM codes in these categories reflect the conditions potentially associated with higher morbidity and fetal loss, where there are monochorionic or monoamniotic pairs in triplets, quadruplets, or other multiple pregnancies. However, the codes do not reflect the more common cases, where each fetus has its own amniotic sac and placenta. Therefore, new codes in the category of multiple gestation (O30) are requested. This proposal has been reviewed and supported by the American Congress of Obstetrics and Gynecology (ACOG).

References

Obstetric outcomes of monochorionic pregnancies conceived following assisted reproductive technology: A retrospective study. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150138/
The risk of monozygotic twins after assisted reproductive technology: a systematic review and meta-analysis.
http://www.ncbi.nlm.nih.gov/pubmed/18927071/

TABULAR MODIFICATIONS

O30 Multiple gestation

O30.1 Triplet pregnancy

New sub-sub category	O30.13 Triplet pregnancy, trichorionic/triamniotic
New code	O30.131 Triplet pregnancy, trichorionic/triamniotic, first trimester

New code	O30.132 Triplet pregnancy, trichorionic/triamniotic, second trimester
New code	O30.133 Triplet pregnancy, trichorionic/triamniotic, third trimester
New code	O30.139 Triplet pregnancy, trichorionic/triamniotic, unspecified trimester

O30.2 Quadruplet pregnancy

New sub-sub category	O30.23 Quadruplet pregnancy, quadrachorionic/quadra-amniotic
New code	O30.231 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
New code	O30.232 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
New code	O30.233 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
New code	O30.239 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester

O30.8 Other specified multiple gestation

New sub-sub category	O30.83 Other specified multiple gestation, same number of chorion and amnion as fetuses
Add	Pentachorionic, penta-amniotic pregnancy (quintuplets)
Add	Hexachorionic, hexa-amniotic pregnancy (sextuplets)
Add	Heptachorionic, hepta-amniotic pregnancy (septuplets)
New code	O30.831 Other specified multiple gestation, same number of chorion and amnion as fetuses, first trimester
New code	O30.832 Other specified multiple gestation, same number of chorion and amnion as fetuses, second trimester
New code	O30.833 Other specified multiple gestation, same number of chorion and amnion as fetuses, third trimester

New code	O30.839 Other specified multiple gestation, same number of chorion and amnion as fetuses, unspecified trimester

INDEX MODIFICATIONS

	Pregnancy -multiple --specified NEC ---with
Add	----same number of chorion and amnion as fetuses O30.83-
Add	---number of chorion and amnion equals number of fetuses O30.83-
	-quadruplet --with
Add	---four chorion and four amnion O30.23-
Add	--quadrachorionic/quadra-amniotic O30.23-
	-triplet --with
Add	---three chorion and three amnion O30.13-
Add	--trichorionic/triamniotic O30.13-

Non-Healing and Slow Healing Wounds

The Association of Home Care Coding & Compliance (AHCC), a division of DecisionHealth, a consulting company, has requested new codes to capture non-healing surgical wounds and additional clarifying terms for non-healing traumatic wounds.

In ICD-9-CM, there was a specific code 998.83, Non-healing surgical wound. AHCC reports that this code was frequently used in post-acute care in situations, including home health wound care services, where there was no indication of a current medical misadventure or other complication such as infection or dehiscence. This code could be used to indicate that the wound care was not considered routine aftercare, but rather healing that is continuing slowly after an initial complication (such as infection) was resolved.

AHCC believes that a unique code to capture these wounds is imperative as they require more intense and extended wound care than routine aftercare wounds.

Currently in ICD-10-CM, one code appropriate for non-healing surgical wounds is T81.89, Other complications of procedures, not elsewhere classified. However, this has an instructional note to use an additional code to specify the complication, and there is no code to specify a non-healing or slow-healing wound.

Thus, a new code is being requested at subcategory T81.8, Other complications of procedures, not elsewhere classified: T81.84, to be titled, "Non-healing surgical wound."

Also in ICD-10-CM, there are a number of existing codes in category T79, Certain early complications of trauma, not elsewhere classified. However, there are not currently any specific codes to capture trauma wounds described as non-healing or slow-healing; the best option for this is code T79.8, Other early complications of trauma. It is also requested that the terms "non-healing trauma wound" and "slow-healing trauma wound" be added as inclusion terms at code T79.8. This could be used to indicate ongoing active wound treatment in the home health setting or other settings.

TABULAR MODIFICATIONS

T79 Certain early complications of trauma, not elsewhere classified

T79.8 Other early complications of trauma

Add
Non-healing trauma wound
Slow-healing trauma wound

T81 Complications of procedures, not elsewhere classified

T81.8 Other complications of procedures, not elsewhere classified

New code T81.84 Non-healing surgical wound

Non-Pressure Chronic Ulcer Severity

The Association of Home Care Coding & Compliance (AHCC), a division of DecisionHealth, a consulting company, has proposed creation of new codes for capturing additional severity levels of non-pressure chronic ulcers of the lower limb.

The ICD-10-CM category L97, Non-pressure chronic ulcer of lower limb, not elsewhere classified, is based on the original WHO category L97, Ulcer of lower limb, not elsewhere classified, with the title modified to clearly differentiate from pressure ulcers. This category was not in ICD-9-CM, but is parallel to the subcategory 707.1, Ulcer of lower limbs, except pressure ulcer. It is an important category to be able to convey the severity of a large variety of non-pressure ulcers that have not previously been able to be coded with specificity beyond the general physical location of the lower limb.

These types of chronic ulcers of the lower extremities are fairly common in the post-acute setting and often require considerable resources over a long period of time. The ability to describe the specific severity in terms of level of tissue involved enables a much better description of the situation to support the level of care needed for these ulcers as well as to improve the accuracy of coding.

The current sub-classification at L97.- offers the opportunity to describe diabetic, arterial, venous, skin and other types of chronic ulcers with the following levels of severity:

- Limited to skin breakdown
- With fat layer exposed
- With necrosis of muscle
- With bone necrosis, and
- Unspecified severity

However, AHCC believes that these are insufficient to describe all the scenarios currently encountered. For example, an ulcer that shows the presence of muscle tissue, but where the muscle tissue isn't necrotic doesn't fit into any of these categories. Currently, there is no code that effectively describes a non-pressure ulcer involving muscle or the tissues of bone, cartilage or tendon that does ***not*** involve necrosis. The only two options currently available for this situation are to code an unspecified severity of the ulcer, which would not be accurate, or to code to a lesser severity such as involving fat level.

Furthermore, the level under the muscle or bone involvement when there is no necrosis visible is the true depth of ulcer which would under-score the severity of the ulcer. AHCC observed that necrosis may not be discernable on visual inspection of the ulcer alone, and raised concern that it could require additional diagnostic tests such as an MRI to confirm its presence.

A non-pressure ulcer that extends into the muscle or bone structures without necrosis is a significant ulcer. AHCC believes that it will require new treatment codes to capture these situations to enable accurate description of the patient's condition.

Therefore, AHCC recommended creation of additional codes, for ulcers with the following levels of severity:

- Muscle involvement, but without evidence of necrosis
- Bone involvement, but without evidence of necrosis
- Other specified severity level

These additional code options would carry sixth characters of 5 (muscle involvement without evidence of necrosis), 6 (bone involvement without evidence of necrosis) and 8 (other specified severity). It was proposed that these additional sixth character options be added to each of the subcategories of L97 (L97.1- through L97.9-) that currently describe the specific location and laterality of the lower extremity chronic non-pressure ulcer, for example L97.41- (Non-pressure chronic ulcer of right heel and midfoot).

AHCC believes that the availability of additional code options would enable clinicians and coders to be able to show both improvement and deterioration if the non-pressure ulcer changes over time. Also, AHCC suggests that this change would further parallel the options currently available for pressure ulcers at L89.- (Pressure ulcer) to describe the various levels of severity in a consistent manner.

NCHS staff are proposing an alternative, adding inclusion terms to codes with titles that include "with necrosis of muscle," the alternative term replacing this as, "to a depth exposing muscle." Likewise, titles that include "with necrosis of bone," would be given an alternative term replacing this as, "to a depth exposing bone."

TABULAR MODIFICATIONS

Proposed Option (#1), example

L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified

L97.1 Non-pressure chronic ulcer of thigh

L97.10 Non-pressure chronic ulcer of unspecified thigh

New code	L97.105	Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis
New code	L97.106	Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis
New code	L97.108	Non-pressure chronic ulcer of unspecified thigh with other specified severity

This is an example. It is proposed to apply this expansion for all of L97.1- to L97.9-; for consistency, NCHS also would propose to apply this at L98.4-. This would create 72 new codes. If applied only at L97, it would create 63 new codes.

NCHS Preferred Option (#2), example

L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified

L97.1 Non-pressure chronic ulcer of thigh

L97.10 Non-pressure chronic ulcer of unspecified thigh

	L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle
Add		Non-pressure chronic ulcer of unspecified thigh to a depth exposing muscle
	L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone
Add		Non-pressure chronic ulcer of unspecified thigh to a depth exposing bone

Again, this is an example. It is proposed to add similar inclusion terms for all of L97.1- to L97.9-, and also for L98.4-. This would add inclusion terms for 120 existing codes.

Pediatric Cryptorchidism

When treating patients with an undescended testicle, it is important to determine the specific location of the testicle, as this could have important implications for follow-up and treatment. More specifically, it is important to document the various locations where an undescended or ectopic testicle is found: intra-abdominal, within the inguinal canal, high scrotal, or ectopic. In addition, a child may frequently be sent for evaluation of a non-palpable testicle, which in itself requires further evaluation to determine the location and presence/absence of that testicle.

Currently, ICD-10-CM has unique codes for abdominal testicle, ectopic, and ectopic perineal, and codes for unilateral and bilateral. However, more specific codes are needed for accurate patient description, such as inguinal undescended testicle, high scrotal undescended testicle and non-palpable testicle.

The American Urological Association (AUA) proposes the addition of new codes in order to identify these conditions.

TABULAR MODIFICATIONS

Q53 Undescended and ectopic testicle

Q53.1 Undescended testicle, unilateral

New sub-subcategory	Q53.11	Abdominal testis, unilateral	
New code		Q53.111	Intraabdominal
New code		Q53.112	Inguinal
New code	Q53.13	High scrotal testis, unilateral	

Q53.2 Undescended testicle, bilateral

New sub-subcategory	Q53.21	Abdominal testis, bilateral	
New code		Q53.211	Intraabdominal
New code		Q53.212	Inguinal
New code	Q53.23	High scrotal testis, bilateral	

R39 Other and unspecified symptoms and signs involving the genitourinary System

R39.8 Other symptoms and signs involving the genitourinary system

New code	R39.83	Non-palpable testicle, unilateral
New code	R39.84	Non-palpable testicle, bilateral

Post-Operative Seroma

The Alliance of Dedicated Cancer Centers (ADCC) has requested that specific codes be created for post-operative seromas. A seroma is a collection of fluid that can form after surgery or trauma. A seroma contains clear serous fluid, in comparison to a hematoma, which contains blood.

For the coding of post-operative seromas in ICD-10-CM, the indexing includes a note to see also hematoma; in turn, there is a note at Hematoma, postoperative, to see Complication, postprocedural, hemorrhage. Thus, seroma is to be coded together with hematoma and hemorrhage, with a number of specific codes for different sites. The ADCC has stated a belief that "this is incorrect, since post-op seroma and post-op hematoma are not clinically the same." There was a specific ICD-9-CM code, 998.13, Seroma complicating a procedure, as well as code 998.12, Hematoma complicating a procedure.

The ADCC raised concern that having these conditions together is resulting in inaccurate reporting and in an over-reporting of post-op hemorrhage/hematoma volumes. It will be challenging to compare complication rates using ICD-9-CM and ICD-10-CM in the absence of a specific code for post-op seroma. Doing so will require 100% chart review. Additionally, it was noted that the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) #27 is for the reporting of Perioperative Hemorrhage or Hematoma Rate.

Given the importance of quality data — and specifically the use of complication and patient safety data by so many entities — the ADCC strongly believes that a diagnosis code for post-op seroma should be created, similar to the one that existed in ICD-9-CM.

A request to implement these changes on October 1, 2016, has been made. NCHS staff are currently recommending 2017 implementation, due to the large number of codes involved (thirty), but NCHS welcomes public input on earlier implementation. Comments on this part of this topic are therefore requested by April 8, 2016.

TABULAR MODIFICATIONS

Example of changes related to postoperative seroma

Currently, postoperative seroma would be coded with postoperative hematoma. Below are shown examples of coding for seroma, with existing codes at subcategory D78.2, where a postoperative seroma involving the spleen should be coded now, along with postprocedural hematoma and hemorrhage of the spleen; also shown are previously proposed changes which are to become effective October 1, 2016, removing the words "and hematoma" from these code titles. Further below is shown how seroma will be coded subsequently.

	D78	Intraoperative and postprocedural complications of spleen
Revise (2016)	D78.2	Postprocedural hemorrhage ~~and hematoma~~ of the spleen following a procedure

Revise (2016)	D78.21	Postprocedural hemorrhage ~~and hematoma~~ of the spleen following a procedure on the spleen
Revise (2016)	D78.22	Postprocedural hemorrhage ~~and hematoma~~ of the spleen following other procedure

Below is shown a new subcategory previously proposed to become effective October 1, 2016, along with changes that would be made under this proposal for 2017. The hematoma codes D78.31 and D78.32 previously proposed to be created October 1, 2016, represent where seroma of the spleen would be coded from October 1, 2016, through October 1, 2017. The proposed new codes D78.33 and D78.34 represent where seroma of the spleen would be coded following implementation of these changes, October 1, 2017.

New Subcategory (2016) Revise (2017)	D78.3	Postprocedural hematoma <u>and seroma</u> of the spleen following a procedure
New code (2016)	D78.31	Postprocedural hematoma of the spleen following a procedure on the spleen
New code (2016)	D78.32	Postprocedural hematoma of the spleen following other procedure
New code (2017)	D78.33	Postprocedural seroma of the spleen following a procedure on the spleen
New code (2017)	D78.34	Postprocedural seroma of the spleen following other procedure

Subsequent pages only show new proposed changes, for 2017.

Proposed changes related to seroma, to be effective October 1, 2017. Repeats the D78 changes.

D78 Intraoperative and postprocedural complications of spleen

New Subcategory

Revise D78.3 Postprocedural hematoma and seroma of the spleen following a procedure

New code D78.33 Postprocedural seroma of the spleen following a procedure on the spleen

New code D78.34 Postprocedural seroma of the spleen following other procedure

E89 Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified

E89.8 Other postprocedural endocrine and metabolic complications and disorders

New subcategory

Revise E89.82 Postprocedural hematoma and seroma of an endocrine system organ or structure

New code E89.822 Postprocedural seroma of an endocrine system organ or structure following an endocrine system procedure

New code E89.823 Postprocedural seroma of an endocrine system organ or structure following other procedure

G97 Intraoperative and postprocedural complications and disorders of nervous system, not elsewhere classified

New subcategory

Revise G97.6 Postprocedural hematoma and seroma of a nervous system organ or structure following a procedure

New code G97.63 Postprocedural seroma of a nervous system organ or structure following a nervous system procedure

New code G97.64 Postprocedural seroma of a nervous system organ or structure following other procedure

H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified

Revise	H59.3	Postprocedural hemorrhage, ~~and~~ hematoma and seroma of eye and adnexa following a procedure	
New subcategory	H59.35	Postprocedural seroma of eye and adnexa following an ophthalmic procedure	
New code		H59.351	Postprocedural seroma of right eye and adnexa following an ophthalmic procedure
New code		H59.352	Postprocedural seroma of left eye and adnexa following an ophthalmic procedure
New code		H59.353	Postprocedural seroma of eye and adnexa following an ophthalmic procedure, bilateral
New code		H59.359	Postprocedural seroma of unspecified eye and adnexa following an ophthalmic procedure
New subcategory	H59.36	Postprocedural seroma of eye and adnexa following other procedure	
New code		H59.341	Postprocedural seroma of right eye and adnexa following other procedure
New code		H59.342	Postprocedural seroma of left eye and adnexa following other procedure
New code		H59.343	Postprocedural seroma of eye and adnexa following other procedure, bilateral
New code		H59.349	Postprocedural seroma of unspecified eye and adnexa following other procedure

H95 Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified

New subcategory Revise	H95.5	Postprocedural hematoma and seroma of ear and mastoid process following a procedure
New code	H95.53	Postprocedural seroma of ear and mastoid process following a procedure on the ear and mastoid process
New code	H95.524	Postprocedural seroma of ear and mastoid process following other procedure

I97 Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified

Revise I97.6 Postprocedural hemorrhage, ~~and~~ hematoma ~~and seroma~~ of a circulatory system organ or structure following a procedure

Revise I97.62 Postprocedural hemorrhage, ~~and~~ hematoma and seroma of a circulatory system organ or structure following other procedure

New code I97.622 Postprocedural seroma of a circulatory system organ or structure following other procedure

New subcategory I97.64 Postprocedural hematoma and seroma of a circulatory system organ or structure following a circulatory system procedure

New code I97.640 Postprocedural seroma of a circulatory system organ or structure following a cardiac catheterization

New code I97.641 Postprocedural seroma of a circulatory system organ or structure following cardiac bypass

New code I97.648 Postprocedural seroma of a circulatory system organ or structure following other circulatory system procedure

J95 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified

J95.8 Other intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified

New subcategory
Revise J95.86 Postprocedural hematoma and seroma of a respiratory system organ or structure following a procedure

New code J95.862 Postprocedural seroma of a respiratory system organ or structure following a respiratory system procedure

New code J95.863 Postprocedural seroma of a respiratory system organ or structure following other procedure

K91 Intraoperative and postprocedural complications and disorders of digestive system, not elsewhere classified

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

New subcategory

Revise K91.87 Postprocedural hematoma and seroma of a digestive system organ or structure following a procedure

New code K91.872 Postprocedural seroma of a digestive system organ or structure following a digestive system procedure

New code K91.873 Postprocedural seroma of a digestive system organ or structure following other procedure

L76 Intraoperative and postprocedural complications of skin and subcutaneous tissue

New subcategory

Revise L76.3 Postprocedural hematoma and seroma of skin and subcutaneous tissue following a procedure

New code L76.33 Postprocedural seroma of skin and subcutaneous tissue following a dermatologic procedure

New code L76.34 Postprocedural seroma of skin and subcutaneous tissue following other procedure

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

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

New subcategory

Revise M96.84 Postprocedural hematoma and seroma of a musculoskeletal structure following a procedure

New code M96.842 Postprocedural seroma of a musculoskeletal structure following a musculoskeletal system procedure

New code M96.843 Postprocedural seroma of a musculoskeletal structure following other procedure

N99 Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified

	N99.8	Other intraoperative postprocedural complications and disorders of genitourinary system
New subcategory		
Revise	N99.83	Postprocedural hematoma <u>and seroma</u> of a genitourinary system organ or structure following a procedure
New code	N99.832	Postprocedural seroma of a genitourinary system organ or structure following a genitourinary system procedure
New code	N99.833	Postprocedural seroma of a genitourinary system organ or structure following other procedure

Risk Level for Dental Carries

The American Dental Association (ADA) is proposing the creation of new codes that will assist dentistry with the reporting of detailed caries risk assessment diagnoses. These codes are needed to determine disease etiological factors, effective treatment modalities, clinical data collection and population monitoring and research. The ADA is requesting new codes for consistency with other recognized terminologies and to uniquely identify caries risk levels that are not currently represented in ICD 10-CM.

This proposal was originally presented at the September 2015 C&M meeting. Based on public comments, modifications have been made and resubmitted for the proposed tabular modifications.

TABULAR MODIFICATIONS

Z91 Personal Risk Factors, not elsewhere classified

Z91.8 Other specified personal risk factors, not elsewhere classified

New Subcategory	Z91.84 Oral Health Risk Factors
New code	Z91.841 Risk for dental caries, low
New code	Z91.842 Risk for dental caries, moderate
New code	Z91.843 Risk for dental caries, high

Type 2 diabetes mellitus with ketoacidosis

The Association of Home Care Coding & Compliance (AHCC), a division of DecisionHealth, a consulting company, has requested new ICD-10-CM codes for type 2 diabetes with ketoacidosis. Others have also made comments suggesting this separately.

AHCC reports that increasingly health care providers will state that a patient with type 2 diabetes had ketoacidosis with or without coma in an inpatient setting. There can be problems in coding this, due to there not being specific ICD-10-CM codes that convey this information.

It is recognized that it is rare to have type 2 diabetes with ketoacidosis, but it does occur. Since providers are diagnosing this condition, it has been requested that that codes be added to the type 2 diabetes category to enable this to be coded appropriately in all settings.

TABULAR MODIFICATIONS

	E11	Type 2 diabetes mellitus	
New Subcategory		E11.1	Type 2 diabetes mellitus with ketoacidosis
New code			E11.10 Type 2 diabetes mellitus with ketoacidosis without coma
New code			E11.11 Type 2 diabetes mellitus with ketoacidosis with coma

Zika Virus

ICD-10 (and ICD-10-CM) currently classify the Zika virus to code A92.8, Other specified mosquito-borne virus.

As noted by WHO in December 2015, the recent spread of Zika virus disease necessitated the need to monitor the disease with a separate code that allows tracking cases of the Zika virus disease. Codes U00-U49 are used by WHO for the provisional assignment of new diseases of uncertain etiology or in emergency situations. The provisional codes are in effect until WHO creates a new permanent code through its regular ICD-10 updating process.

WHO announced that effective December 16, 2015 new ICD-10 provisional codes were being created until such time that a permanent code(s) can be introduced into ICD-10 through the regular WHO ICD-10 updating process. Two codes were introduced for international mortality (and morbidity) use: a 3-character code (U06, Zika virus disease) for settings that use 3-character reporting and a 4-character code for those settings that are able to report at a 4-character level (U06.9, Zika, virus disease, unspecified).

As part of the regular update process, WHO has proposed a new code for the Zika virus, A92.5, Zika virus disease. The adoption of the code will be voted on during the WHO-FIC annual meeting in October 2016. NCHS/CDC is therefore proposing the new code for inclusion in ICD-10-CM, effective October 1, 2016, to be consistent with the planned WHO ICD-10 update.

TABULAR MODIFICATIONS

A92 Other mosquito-borne viral fevers

New code A92.5 Zika virus disease
Zika virus fever
Zika virus infection
Zika, NOS

ICD-10-CM TABULAR OF DISEASES - PROPOSED ADDENDA
All proposed effective October 1, 2016

D68.62 Lupus anticoagulant syndrome

Revise — Excludes1: Lupus anticoagulant (LAC) finding without diagnosis ~~(R79.0)~~ (R76.0)

I50 Heart failure

Revise — ~~Excludes 1: cardiac arrest (I46.-)~~

Add — Excludes 2: cardiac arrest (I46.-)

K76 Other diseases of liver

K76.7 Hepatorenal syndrome

Excludes1:

Revise — postprocedural hepatorenal syndrome ~~(K91.82)~~ (K91.83)

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

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

P07 Disorders of newborn related to short gestation and low birth weight, not elsewhere classified

Delete — ~~Excludes1: low birth weight due to slow fetal growth and fetal malnutrition (P05.-)~~

P07.0 Extremely low birth weight newborn

Add — Excludes1: low birth weight due to slow fetal growth and fetal malnutrition (P05.-)

P07.1 Other low birth weight newborn

Add — Excludes1: low birth weight due to slow fetal growth and fetal malnutrition (P05.-)

Symptoms and signs involving the digestive system and abdomen (R10-R19)

Revise Excludes 1: symptoms referable to male genital organs ~~male~~ (N48-N50)

R13 Aphagia and dysphagia

R13.1 Dysphagia

Revise Code first, ~~,~~ if applicable, dysphagia following cerebrovascular disease (I69. with final characters -91)

S00 Superficial injury of head

S00.8 Superficial injury of other parts of head

Add Injuries of face [any part]

T80 Complications following infusion, transfusion and therapeutic injection

T80.6 Other serum reactions

T80.69 Other serum reaction due to other serum

Add Code also Arthropathy in hypersensitivity reactions classified elsewhere (M36.4), if applicable

Z12 Encounter for screening for malignant neoplasms

Z12.4 Encounter for screening for malignant neoplasm of cervix

Revise Excludes1: ~~encounter for screening for human papillomavirus (Z11.51)~~

Add Excludes2: encounter for screening for human papillomavirus (Z11.51)

Z95 Presence of cardiac and vascular implants and grafts

Z95.1 Presence of aortocoronary bypass graft

Add Presence of coronary artery bypass graft

Z79 Long term (current) drug therapy

Z79.8 Other long term (current) drug therapy

Z79.81 Long term (current) use of agents affecting estrogen receptors and estrogen levels

Revise Code first, ~~,~~ if applicable:

ICD-10-CM INDEX OF DISEASES - PROPOSED ADDENDA
All proposed effective October 1, 2016

	Bacteriuria, bacteruria N39.0
Revise	- asymptomatic ~~N39.0~~ R82.7
	Bursitis
Revise	- collateral ligament, tibial (M76.04)—*see* Bursitis, tibial collateral
Revise	- tibial collateral (M76.04)—*see* Bursitis, tibial collateral
	Clot (blood) - see also Embolism
	- heart - see also Infarct, myocardium
Revise	- - not resulting in infarction ~~I24.0~~ I51.3
	Delay, delayed
Revise	- development ~~R62.50~~ R62.0
Revise	- - global ~~F88~~ physiologic R62.59
Add	- - milestone R62.0
Add	- - physcological
Revise	- - physiological NOS R62.50
	Disorder
	-stress
Add	--acute (F43.0)
	Endocarditis (chronic) (marantic) (nonbacterial) (thrombotic) (valvular) I38
Add	-viral
	Lesion
Revise	- cardia ~~K22.9~~ K31.9
	Metaplasia
Add	-esophagus (K22.7-)
	Minamata disease ~~T26.1~~ T56.1
	Scoliosis (acquired) (postural) M41.9
Revise	- adolescent (idiopathic) —*see* Scoliosis, idiopathic, ~~juvenile~~ adolescent
	Thrombosis, thrombotic (bland) (multiple) (progressive) (silent) (vessel) I82.90
	- atrium, auricular - see also Infarct, myocardium
Revise	- - not resulting in infarction ~~I24.0~~ I51.3
	- cardiac - see also Infarct, myocardium
Revise	- - not resulting in infarction ~~I24.0~~ I51.3
	- endocardial - see also Infarct, myocardium
Revise	- - not resulting in infarction ~~I24.0~~ I51.3

- heart (chamber) - see also Infarct, myocardium
- intramural - see also Infarct, myocardium

Revise - - not resulting in infarction ~~I24.~~0 I51.3

Revise - - not resulting in infarction ~~I24.0~~ I51.3

- mural - see also Infarct, myocardium

Revise - - not resulting in infarction ~~I24.0~~ I51.3

- ventricle - see also Infarct, myocardium

Revise - - not resulting in infarction ~~I24.~~0 I51.3