

ICD-9-CM Coordination and Maintenance Committee Meeting

April 18-19, 2002

Diagnoses

Welcome and announcements

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Neurologic conditions

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American Academy of Neurology

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ICD-9-CM TIMEFRAMES

- January 8, 2002 Deadline for receipt of public comments on proposed code revisions discussed at the May 17-18, 2001 and November 1-2, 2001 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2002.
- February 18, 2002 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the April 18-19, 2002 ICD-9-CM Coordination and Maintenance Committee meeting.
- March 2002 Tentative agenda for the Procedure part of the April 18, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <http://www.hcfa.gov/medicare/icd9cm.htm>
- Tentative agenda for the Diagnosis part of the April 19, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>
- Federal Register Notice of April 18-19, 2002 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published March 26, 2002.
- April 18-19, 2002 ICD-9-CM Coordination and Maintenance Committee Meeting in the CMS auditorium. Diagnosis code revisions discussed are for potential implementation on October 1, 2003. Procedure code revisions discussed will be for October 1, 2002. Those procedure code proposals that cannot be resolved quickly will be considered for implementation on October 1, 2003.
- April 2002 Summary report of the Procedure part of the April 18, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <http://www.hcfa.gov/medicare/icd9cm.htm>
- Summary report of the Diagnosis part of the April 19, 2002 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>

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- April 30, 2002 Written comments due on procedure code proposals discussed at the April 18, 2002 meeting.
- October 1, 2002 New and revised ICD-9-CM codes go into effect.
- October 5, 2002 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the December 5-6, 2002 ICD-9-CM Coordination and Maintenance Committee meeting.
- November 2002 Tentative agenda for the Procedure part of the December 5, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <http://www.hcfa.gov/medicare/icd9cm.htm>
- Tentative agenda for the Diagnosis part of the November 6, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>
- Federal Register Notice of December 5-6, 2002 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published.
- Dec. 5-6, 2002 ICD-9-CM Coordination and Maintenance Committee Meeting. Code revisions discussed are for potential implementation on October 1, 2003. December 5 will be devoted to discussions of procedure codes. December 6 will be devoted to discussions of diagnosis codes.
- December 2002 Summary report of the Procedure part of the December 5, 2002 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <http://www.hcfa.gov/medicare/icd9cm.htm>
- Summary report of the Diagnosis part of the December 6, 2002 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>
- January 10, 2003 Deadline for receipt of public comments on proposed code revisions discussed at the April 18-19, 2002 and December 5-6, 2002 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2003.

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National Committee on Vital and Health Statistics

Subcommittee on Standards and Security

Hearings on HIPAA Code Set Issues

February 8-9, 2002 Status Report by Code Set Developers named as HIPAA standards

April 9-10, 2002 Possible replacement of ICD-9-CM, Volume 3 with ICD-10-PCS
Gaps in Code sets

May 29-30, 2002 Possible replacement of ICD-9-CM, Volumes 1-2 with ICD-10-CM

For additional information about the scheduled hearings please visit the National Committee on Vital and Health Statistics website at: <http://www.ncvhs.dhhs.gov>

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Topic: Muscle weakness

Currently the term muscle weakness is indexed to 728.9, Unspecified disorder of muscle, ligament and fascia. This unspecified code does not allow the identification of muscle weakness. When conducting neurodiagnostic testing such as electromyography, nerve conduction studies and their derivatives there is no adequate code to explain the reason for the test or its findings, namely, muscle weakness.

It is being proposed that a unique code for muscle weakness be created.

TABULAR MODIFICATION

728 Disorders of muscle, ligament and fascia
728.8 Other disorders of muscle, ligament and fascia

New code 728.87 Muscle weakness

Add Excludes: generalized weakness (780.79)

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Topic: Memory loss

The term memory loss is now just an inclusion term under “other generalized symptoms”. It has been requested that a unique code for memory loss be created.

TABULAR MODIFICATION

	310	Specified nonpsychotic mental disorders due to organic brain damage
	310.1	Organic personality syndrome
Add		Excludes: memory loss of unknown cause (780.93)
	780	General symptoms
	780.9	Other general symptoms
New code	780.93	Memory loss
Add		Amnesia (retrograde)
Add		Memory loss NOS
Add		Excludes: mild memory disturbance due to organic brain damage (310.1)
Add		transient global amnesia (437.7)
	780.99	Other general symptoms
Delete		Amnesia (retrograde)

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Topic: Encephalopathy

Encephalopathy is a general term for generalized cerebral dysfunction. The symptoms include confusion, sleepiness, disturbance in level of alertness, memory loss, and non-specific changes in behavior, such as irritability. Encephalopathy is not synonymous with delirium. Encephalopathy may be due to a number of causes, including the systemic inflammatory response syndrome, certain drugs, and other medical conditions. There are a number of types of encephalopathy, most of which are currently indexed to code 348.3, Encephalopathy, unspecified. Unique codes for these specific types of encephalopathy are being proposed.

TABULAR MODIFICATION

	348	Other conditions of brain
Revise	348.3	Encephalopathy, unspecified
New code	348.30	Encephalopathy, unspecified
New code	348.31	Metabolic encephalopathy
New code	348.32	Septic encephalopathy
New code	348.39	Other encephalopathy
Add		Excludes: hepatic encephalopathy (572.2)
Add		toxic encephalopathy (349.82)

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Topic: Myasthenia gravis in (acute) exacerbation

Myasthenia gravis is a chronic disease characterized by episodic muscle weakness caused by loss or dysfunction of acetylcholine receptors. An autoimmune attack destroys or impairs the function of the receptors at the postsynaptic neuromuscular junction, interfering with neuromuscular transmission.

Patients with myasthenia gravis in exacerbation enter the hospital with double vision owing to weakness of the extraocular muscles, difficulty swallowing, and most serious of all, difficulty breathing that can be life-threatening. The breathing disorder at times requires immediate intubation and artificial ventilation. The accepted therapy for myasthenia gravis in exacerbation is plasmapheresis on alternating days, at times with high-dose intravenous steroid administration at 5 day intervals. The number of plasmapheresis treatments required to bring patients out of crisis varies, but usually at least 5 treatments are required. These patients are usually kept in intensive care.

The current code for myasthenia gravis does not distinguish between patients in exacerbation and those not. New codes are being suggested for this.

Tabular Modification

358 Myoneural disorders

358.0 Myasthenia gravis

New code 358.00 Myasthenia gravis not in (acute) exacerbation
Myasthenia gravis NOS

New code 358.01 Myasthenia gravis in (acute) exacerbation

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Topic: Long-term antiplatelet/antithrombotic, anti-inflammatory use

The long-term use of antiplatelet/antithrombotics for the prevention of thrombotic events such as heart attack and stroke is common. These agents prevent thrombus formation by inhibiting the aggregation of platelets. There is a code for long-term use of anticoagulant, V58.61, but anticoagulants are different from antiplatelet/antithrombotic agents. Anticoagulants affect the clotting factors in the bloodstream, instead of platelet aggregation.

Long-term use of anti-inflammatories for the reduction of arthritis pain is also common. Therefore, new codes for long-term use of antithrombotics/antiplatelets and anti-inflammatories are being proposed for the long-term drug use subcategory.

TABULAR MODIFICATION

V58 Encounter for other and unspecified procedures and aftercare

V58.6 Long-term (current) drug use

New code V58.63 Long-term (current) use of antiplatelet/antithrombotic

New code V58.64 Long-term (current) use of anti-inflammatories

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Topic: History of Extracorporeal Membrane Oxygenation (ECMO)

ECMO is a procedure performed on very critically ill adults and children with respiratory failure. It is a type of bypass performed artery-to-vein or vein-to-vein. It removes carbon dioxide and oxygenates the blood. This is a high-risk procedure that can affect a patient's long-term health. The American Academy of Pediatrics is requesting a history code be created for patients who have had ECMO in the past.

TABULAR MODIFICATIONS

V15 Other personal history presenting hazards to health

V15.8 Other specified personal history presenting hazards to health

New code	V15.87	History of Extracorporeal Membrane Oxygenation (ECMO)
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Topic: Pediatric pre-birth visit for expectant mother

Some expectant mothers visit a pediatrician prior to the birth of their baby to receive advice on child care or to evaluate the pediatric office. There is no adequate reason for visit code to explain these visits. The American Academy of Pediatrics is requesting such a code.

V65 Other persons seeking consultation without complaint or sickness

V65.1 Person consulting on behalf of another person

New code V65.11 Pediatric pre-birth visit for expectant mother

New code V65.19 Other person consulting on behalf of another person

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Topic: Delayed separation of umbilical cord

Normally, a newborn's umbilical cord separates from the umbilicus within two weeks of birth. When the cord remains attached for longer then it is referred to as a "delayed umbilical cord separation." Umbilical cords that take longer than one month to separate may indicate a neutrophil chemotactic defect or infection. The American Academy of Pediatrics is requesting a new code for this condition.

TABULAR MODIFICATION

779 Other and ill-defined conditions originating in the perinatal period

779.8 Other specified conditions originating in the perinatal period

New code 779.83 Delayed separation of umbilical cord

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Topic: Vaccination for RSV

A vaccination is now available for RSV (Respiratory Syncytial Virus). A new code is being proposed for this new vaccine as well as a new code for other vaccines. There is no code for “other” vaccine in the V04 subcategory.

TABULAR MODIFICATION

	V04	Need for prophylactic vaccination and inoculation against certain viral diseases
Revise	V04.8	Influenza <u>Other viral diseases</u>
New code	V04.81	Influenza
New code	V04.82	Respiratory syncytial virus (RSV)
New code	V04.89	Other viral diseases

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Topic: Bleeding esophageal ulcer

In keeping with the other ulcer codes it is being proposed that the esophageal ulcer code be expanded to distinguish between bleeding and non-bleeding ulcer.

TABULAR MODIFICATION

530 Diseases of esophagus

530.2 Ulcer of esophagus

New code 530.20 Ulcer of esophagus without bleeding
Ulcer of esophagus NOS

New code 530.21 Ulcer of esophagus with bleeding

Add Excludes: bleeding esophageal varices (456.0, 456.20)

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Topic: Encounter for lengthening of growth rod

For some patients with extreme scoliosis curvatures surgical correction may involve correcting the curve and fusing the bones in the curve together. The bones are held in place with one or two metal rods held down with hooks and screws until the bone heals together. Periodically these rods must be lengthened to allow for growth.

Currently there is no code which describes an admission for the purpose of lengthening the growth rod. It is proposed to add the following to the classification.

TABULAR MODIFICATION

V54 Other orthopedic aftercare

Revise V54.0 Aftercare involving ~~removal of fracture plate or other~~ internal fixation device

Delete Removal of:

~~pins~~
~~plates~~
~~rods~~
~~screws~~

New code V54.01 Encounter for removal of internal fixation device

New code V54.02 Encounter for lengthening/adjustment of growth rod

New code V54.09 Other aftercare involving internal fixation device

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Topic: Decreased libido

Decreased libido (decreased sexual desire) is a complaint distinct from impotence or other sexual dysfunction. The cause may be due to many factors, including fatigue, stress, certain drugs, or other organic problems. None of the codes in the mental health or genitourinary chapter correctly identify it. It is being proposed that a symptom code be created.

TABULAR MODIFICATION

	302	Sexual deviations and disorders	
		302.7	Psychosexual dysfunction
			302.71 With inhibited sexual desire
Add			Excludes: decreased sexual desire NOS (799.81)
	799	Other ill-defined and unknown causes of morbidity and mortality	
		799.8	Other ill-defined conditions
New code		799.81	Decreased libido Decreased sexual desire
Add			Excludes: psychosexual dysfunction with inhibited sexual desire (302.71)
New code		799.89	Other ill-defined conditions

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Topic: Asthma

The American Academy of Pediatrics (AAP) requests that the ICD-9-CM asthma codes be modified so that they better reflect the current understanding of the pathophysiology of the disease. Though the current terminology of intrinsic and extrinsic is a component of the ICD-9, those terms have been shown to not accurately reflect the differences in presentation of this disease. The structure of the proposal is based on the new classification of asthma published by the Heart, Lung, and Blood Institute of the National Institutes of Health. The definitions of the types of asthma can be found at the NIH website, www.nih.gov. The classification has been recognized by the AAP.

TABULAR MODIFICATIONS

493 Asthma

Revise The following fifth-digit subclassification is for use with code 493.0:

	0	unspecified
	1	with status asthmaticus
	2	with (acute) exacerbation
Add	3	mild intermittent
Add	4	mild persistent
Add	5	moderate persistent
Add	6	severe persistent

493.0 Extrinsic asthma

Add The following fifth-digit subclassification is for use with codes 493.1-493.2, and 493.9

	0	unspecified
	1	with status asthmaticus
	2	with (acute) exacerbation

New sub-
category 493.8 Other forms of asthma

New code 493.81 Exercise induced bronchospasm

New code 493.82 Cough variant asthma

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Topic: Sickle cell disease

The American Academy of Pediatrics has requested modifications to the sickle cell anemia codes to make them more accurate and to enable the coding of the crisis complications of the disease. The title of the subcategory 282.6, Sickle-cell anemia, is misleading since not all patients with the disease have severe anemia. It is other components of the disease, such as the acute chest syndrome and the splenic sequestration that can actually be more problematic than the anemia. The titles of 282.61 and 282.62, Hb-S disease with and without crisis are also confusing. Hb-S, Hemoglobin S, just describes the abnormal hemoglobin itself. The disease most commonly known as sickle cell disease is more accurately abbreviated Hb-SS, signifying that there are 2 abnormal "S" genes, one from each parent.

It is being proposed that the titles of the sub-category and codes for sickle cell anemia be modified and that new codes for the crisis component of the disease be created.

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TABULAR MODIFICATION

282 Hereditary hemolytic anemias

282.4 Thalassemias

Delete ~~Cooley's anemia~~
~~Hereditary leptocytosis~~
~~Mediterranean anemia (with other hemoglobinopathy)~~
~~Microdrepanocytosis~~
~~Sickle-cell thalassemia~~
~~Thalassemia (alpha) (beta) (intermedia) (major) (minima) (minor)
(mixed) (trait) (with other hemoglobinopathy)~~
~~Thalassemia Hb-S disease~~

Revise Excludes: sickle-cell anemia disease (282.60-282.69)

New code 282.41 Sickle-cell thalassemia without crisis
Thalassemia Hb-S disease without crisis

New code 282.42 Sickle-cell thalassemia with crisis
Add Sickle-cell thalassemia with vasoocclusive pain
Thalassemia Hb-S disease with crisis

Add Use additional code for types of crisis, such as:

Add Acute chest syndrome (517.3)

Add Splenic sequestration (289.52)

New code 282.49 Other thalassemia
Cooley's anemia
Hereditary leptocytosis
Mediterranean anemia (with other hemoglobinopathy)
Microdrepanocytosis
Thalassemia (alpha) (beta) (intermedia) (major) (minima)
(minor) (mixed) (trait) (with other hemoglobinopathy)
Thalassemia NOS

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Revise	282.6	Sickle-cell anemia <u>disease</u>
Add		Sickle-cell anemia
Revise		Excludes: sickle-cell thalassemia (<u>282.41-282.42</u>)
Revise	282.60	Sickle-cell anemia , <u>disease</u> , unspecified
Add		Sickle-cell anemia NOS
Revise	282.61	Hb-S <u>Hb-SS</u> disease without mention of crisis
Revise	282.62	Hb-S <u>Hb-SS</u> disease with mention of crisis
Add		Hb-SS disease with vasoocclusive pain
Add		Use additional code for types of crisis, such as:
Add		Acute chest syndrome (517.3)
Add		Splenic sequestration (289.52)
Revise	282.63	Sickle-cell/Hb-C disease <u>without crisis</u>
Revise		Hb-S/Hb-C disease without crisis
New code	282.64	Sickle-cell/Hb-C disease with crisis
Add		Hb-S/Hb-C disease with crisis
Add		Sickle-cell/Hb-C disease with vasoocclusive pain
Add		Use additional code for types of crisis, such as:
Add		Acute chest syndrome (517.3)
Add		Splenic sequestration (289.52)

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New code	282.68 Other sickle-cell disease without crisis Hb-S/Hb-D disease without crisis Hb-S/Hb-E disease without crisis Sickle-cell/Hb-D disease without crisis Sickle-cell/Hb-E disease without crisis
Revise	282.69 Other sickle-cell disease <u>with crisis</u>
Revise	Hb-S/Hb-D disease with crisis
Revise	Hb-S/Hb-E disease with crisis
Revise	Sickle-cell/Hb-D disease with crisis
Revise	Sickle-cell/Hb-E disease with crisis
Revise	Other sickle-cell disease with vasoocclusive pain
Add	Use additional code for types of crisis, such as:
Add	Acute chest syndrome (517.3)
Add	Splenic sequestration (289.52)
289	Other diseases of blood and blood-forming organs
	289.5 Other diseases of spleen
New code	289.52 Splenic sequestration
Add	Code first sickle-cell disease in crisis (282.42, 282.62, 282.64, 282.69)
517	Lung involvement in conditions classified elsewhere
New code	517.3 Sickle-cell acute chest syndrome
Add	Code first sickle-cell disease in crisis (282.42, 282.62, 282.64, 282.69)

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Topic: Encounter for insulin pump training and titration/Insulin pump status

Insulin pumps are increasingly being used for diabetic patients to replace daily injections of insulin. There are a number of steps required to prepare the patient in the use of the pump, including adjusting the insulin dosage and maintenance of the pump. There are no ICD-9-CM codes for these encounters, nor is there a code for insulin pump status. The following codes are being proposed.

TABULAR MODIFICATION

	996	Complications peculiar to certain specified procedures
	996.5	Mechanical complication of other specified prosthetic device, implant, and graft
New code	996.57	Due to insulin pump
	V45	Other postsurgical states
	V45.8	Other postsurgical states
New code	V45.85	Insulin pump status
	V53	Fitting and adjustment of other device
	V53.9	Other and unspecified device
New code	V53.90	Unspecified device
New code	V53.91	Fitting and adjustment of insulin pump Insulin pump titration
New code	V53.99	Other device
Revise	V65	Other persons seeking consultation without complaint or sickness
	V65.4	Other counseling, not elsewhere classified
New code	V65.46	Encounter for insulin pump training

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Topic: Late effects of SIRS

New codes for Systemic Inflammatory Response Syndrome (SIRS) and Severe Sepsis will become effective October 1, 2002. Additional codes for the long-term consequences of SIRS, such as critical illness myopathy, were also approved. However, there is no late effect code for SIRS. Such a code is being proposed at this time.

TABULAR MODIFICATION

995 Certain adverse effects not elsewhere classified

995.9 Systemic inflammatory response syndrome (SIRS)

New code 995.95 Late effect of systemic inflammatory response syndrome (SIRS)

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Topic: Atherosclerosis of bypass graft of transplanted heart

A new code for atherosclerosis of a transplanted heart will become effective October 1, 2002. At the time that this new code was proposed it was expected that a transplanted heart would have only native arteries. It is, however, a practice that hearts that have undergone bypass are being used as transplant organs. For this reason a modification to the code title of the code to become effective October 1, 2002 as well as an additional code are being proposed for atherosclerosis of transplanted heart. The new code title would not take effect until October 1, 2003. Until then, the code becoming effective October 1, 2002 will be correct for all transplanted hearts, with either native or non-native vessels.

TABULAR MODIFICATION

414 Other forms of chronic ischemic heart disease

414.0 Coronary atherosclerosis

Revise 414.06 Of native coronary artery of transplanted heart

New code 414.07 Of bypass graft (artery) (vein) of transplanted heart

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Topic: Hyperplasia of prostate with urinary obstruction

Hyperplasia of the prostate causes a number of symptoms, the primary being urinary obstruction. It is often the symptom that brings a patient to see a physician. Admission to the hospital is for relieving the obstruction. Coding guidelines state that a symptom code should not be used when a symptom is integral to a condition. Alternatively, a symptom code may be used with a confirmed condition when the symptom is not always present with the condition or presents a problem in its own right.

Coding of hyperplasia of the prostate has been a problem due to the fact that urinary obstruction is a routine symptom of the condition. There has been continuing discussion on the need to code both the condition and the symptom. The symptom usually is coded and then the discussion becomes which condition should be sequenced first, the underlying condition or the symptom.

It can be logically argued either way, that the underlying condition or the symptom should be coded first. To resolve the debate over the coding of this condition, it is being proposed that combination codes be created that include both the prostate condition and the accompanying urinary obstruction.

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TABULAR MODIFICATION

600	Hyperplasia of prostate
	600.0 Hypertrophy (benign) of prostate
New code	600.00 Hypertrophy (benign) of prostate without urinary obstruction Hypertrophy (benign) of prostate NOS
New code	600.01 Hypertrophy (benign) of prostate with urinary obstruction Hypertrophy (benign) of prostate with urinary retention
	600.1 Nodular prostate
	600.10 Nodular prostate without urinary obstruction
	600.11 Nodular prostate with urinary obstruction Nodular prostate with urinary retention
	600.2 Benign localized hyperplasia of prostate
New code	600.20 Benign localized hyperplasia of prostate without urinary obstruction Benign localized hyperplasia of prostate NOS
New code	600.21 Benign localized hyperplasia of prostate with urinary obstruction Benign localized hyperplasia of prostate with urinary retention

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Addenda

TABULAR

202 Other malignant neoplasms of lymphoid and histiocytic tissue

202.9 Other and unspecified malignant neoplasms of lymphoid and histiocytic tissue

Add follicular dendritic cell sarcoma
Add interdigitating dendritic cell sarcoma
Add Langerhans cell sarcoma

491 Chronic bronchitis

491.2 Obstructive chronic bronchitis

Revise 491.20 Without mention of ~~acute~~ exacerbation

Revise 491.21 With (acute) exacerbation
Add Decompensated COPD
Add Decompensated COPD with exacerbation

493 Asthma

The following fifth-digit subclassification is for use with category 493:

Revise 0 without mention of status asthmaticus or ~~acute~~ exacerbation or unspecified

Revise 2 with (acute) exacerbation

558 Other and unspecified noninfectious gastroenteritis and colitis

558.3 Allergic gastroenteritis and colitis

Add Use additional code to identify type of food allergy (V15.01-V15.05)

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719 Other and unspecified disorders of joint

Revise The following fifth-digit subclassification is for use with codes 719.0-719.6, 719.8-719.9; valid digits are in [brackets] under each code. See above category 710 for definitions.

Delete 719.7 Difficulty in walking
[0, 5-9]

CRUSHING INJURY (925-929)

Delete Excludes: ~~concussion (850.0-850.9)~~
~~fractures (800-829)~~
~~internal organs (860.0-869.1)~~
~~that incidental to:~~
~~internal injury (860.0-869.1)~~
~~intracranial injury (850.0-854.1)~~

Add Use additional code to identify any associated injuries, such as:
fractures (800-829)
internal injuries (860.0-869.1)
intracranial injury (850.0-854.1)

926 Crushing injury of trunk

Delete Excludes: ~~crush injury of internal organs (860.0-869.1)~~

926.1 Other specified sites

926.19 Other

Delete Excludes: ~~crushing of chest (860.0-862.9)~~

929 Crushing injury of multiple and unspecified sites

Delete Excludes: ~~multiple internal injury NOS (869.0-869.1)~~

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- 997 Complications affecting specified body systems, not elsewhere classified
- 997.4 Digestive system complications
- Add Excludes: vomiting following gastrointestinal surgery (564.3)
- V06 Need for prophylactic vaccination and inoculation against combinations of diseases
- Revise V06.1 Diphtheria-tetanus-pertussis, combined [DTP] [DTaP]
- Revise V06.5 Tetanus-diphtheria [Td] [DT]
- Revise V43 Organ or tissue assisted by or replaced by other means
- V43.2 Heart
- Add Fully implantable artificial heart
- Add Heart assist device
- V61 Other family circumstances
- V61.4 Health problems within family
- V61.49 Other
- Revise Care of sick or handicapped ~~person~~ infant, child or adult in family or household
- Presence of sick or handicapped ~~person~~ infant, child or adult in family or household

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Anemia
Add postpartum 648.2

Angina
Add accelerated 411.1

Complication
Add esophagostomy 997.4
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 due to
Add artificial heart 996.61
Add heart assist device 996.61
Add insulin pump 996.69
 mechanical
Add artificial heart 996.09

Disease
Add microvascular 413.9

Disorder
Add premenstrual dysphoric (PMDD) 625.4

Revise Molding, head (during birth)- omit code

Add PMDD (premenstrual dysphoric disorder) 625.4

Postpartum...
Add anemia 648.2

Sarcoma...
Add follicular dendritic cell (M9758/3) 202.9

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April 18-19, 2002

Diagnoses

Add interdigitating dendritic cell (M9757/3) 202.9
Add Langerhans cell (M9756/3) 202.9

Syndrome

Add Coffin-Lowry 759.89
Add Cowden 759.6
Add hair tourniquet - see also- Injury, superficial, by site
Add finger 915.8
Add infected 915.9
Add penis 911.8
Add infected 911.9
Add toe 917.8
Add infected 917.9

Web

Add duodenal 751.5

ICD-9-CM Coordination and Maintenance Committee Meeting

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Diagnoses

Table of Drugs and Chemicals

<u>Substance</u>	<u>Poisoning</u>	<u>Accident</u>	<u>Therapeutic Use</u>	<u>Suicide Attempt</u>	<u>Assault</u>	<u>Undetermined</u>
Drotrecogin alfa	964.2	E858.2	E934.2	E950.4	E962.0	E980.4
Ecstasy	969.7	E854.2	E939.7	E950.3	E962.0	E980.3
Glutaraldehyde	989.89	E861.4	-----	E950.9	E962.1	E980.9
MDMA	969.7	E854.2	E939.7	E950.3	E962.0	E980.3
Xigris	964.2	E858.2	E934.2	E950.4	E962.0	E980.4
Zovant	964.2	E858.2	E934.2	E950.4	E962.0	E980.4