

ICD-9-CM Coordination and Maintenance Committee Meeting

November 1-2, 2001

Agenda

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

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Wake Forest University

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Vascular Services of Western New England, P.C.

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<http://www.cdc.gov/nchs/icd9.htm>

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TIME FRAMES ICD-9-CM

- September 1, 2001 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the November 1-2, 2001 ICD-9-CM Coordination and Maintenance Committee meeting.
- October 1, 2001 New and revised ICD-9-CM codes go into effect.
- October 5, 2001 Federal Register Notice of meeting published.
- October 2001 Tentative agenda for the Procedure part of the November 1, 2001 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 2, 2001 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd9.htm>
- Nov.1-2, 2001 ICD-9-CM Coordination and Maintenance Committee Meeting. Code revisions discussed are for potential implementation on October 1, 2002. November 1 will be devoted to discussions of procedure codes. November 2, 2002 will be devoted to discussions of diagnosis codes.
- December 2001 Summary report of the Procedure part of the November 1, 2001 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 November 2, 2001 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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- 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.
- 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 April 18-19, 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>

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Topic: Heart failure

Revising the heart failure codes was presented at the May 2001 C&M meeting. At that meeting representatives from Kaiser Permanente, who submitted the proposal, discussed with the attendees the current state of knowledge on the symptoms and treatment of heart failure. They stated that the codes in the ICD-9-CM do not properly describe the various types of heart failure that are now recognized. In particular, there is a need to be able to identify and differentiate between systolic and diastolic heart failure. Also, the term congestive heart failure is a less descriptive term that is used for all forms of heart failure that have accompanying congestion.

The initial proposal presented in May was not well received by either the members of the audience or the Kaiser representatives. The audience members expressed concerns about the number of new codes being proposed and the probable lack of information in the medical record to allow for the selection of the correct code. The Kaiser representatives also expressed concern that the proposal presented in May was too complicated.

A revision to the codes is now being proposed after further consultation with the Kaiser representatives. In place of revising existing codes new codes are being proposed. Though this new proposal is a significant departure from current coding it is felt that these changes are needed to properly classify currently understood types of heart failure.

It was suggested at the meeting that codes for acute on chronic also be created. That change has been added to the modification.

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TABULAR MODIFICATIONS

402 Hypertensive heart disease

Add Use additional code to specify type of heart failure (428.0, 428.20-428.23, 428.30-428.33, 428.40-428.43)

402.0 Malignant

Revise 402.00 Without congestive heart failure

Revise 402.01 With congestive heart failure

402.1 Benign

Revise 402.10 Without congestive heart failure

Revise 402.11 With congestive heart failure

402.9 Unspecified

Revise 402.90 Without congestive heart failure

Revise 402.91 With congestive heart failure

404 Hypertensive heart and renal disease

Add Use additional code to specify type of heart failure (428.0, 428.20-428.23, 428.30-428.33, 428.40-428.43)

The following fifth-digit subclassification is for use with category 404:

Revise 0 without mention of congestive heart failure or renal failure

Revise 1 with congestive heart failure

Revise 3 with congestive heart failure and renal failure

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428 Heart failure

- Revise 428.0 Congestive heart failure, unspecified
- Add Excludes: fluid overload NOS (276.6)
Add combined systolic and diastolic heart failure (428.40-428.43)
Add diastolic heart failure (428.30-428.33)
Add systolic heart failure (428.20-428.23)
- New sub-
category 428.2 Systolic heart failure
New code 428.20 Unspecified
New code 428.21 Acute
New code 428.22 Chronic
New code 428.23 Acute on chronic
- New sub-
category 428.3 Diastolic heart failure
New code 428.30 Unspecified
New code 428.31 Acute
New code 428.32 Chronic
New code 428.33 Acute on chronic
- New sub-
category 428.4 Combined systolic and diastolic heart failure
New code 428.40 Unspecified
New code 428.41 Acute
New code 428.42 Chronic
New code 428.43 Acute on chronic

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Topic: Severe sepsis

The medical community recognizes the Systemic Inflammatory Response Syndrome (SIRS) as a major complication of infection and trauma. There is a continuum of illness, from initial insult, either infection or trauma, to SIRS. SIRS is a clinical response to an insult that includes systemic inflammation, elevated or reduced temperature, rapid heart rate and respiration and elevated white blood cell count. SIRS due to infection accompanied by organ failure has been labeled Severe Sepsis by the American College of Chest Physicians/Society of Critical Care Medicine (ACCP/SCCM).

Though the term sepsis generally denotes an infectious process, based on information from ACCP/SCCM, infection does not always accompany SIRS. Nor is the term septicemia, defined as the presence or persistence of pathogenic microorganisms or their toxins in the blood causing illness, synonymous with severe sepsis.

The confusion over terminology as well as the lack of a specific code for SIRS prevents the proper classification of severe sepsis and prevents the collection of accurate data on its incidence, treatment, and outcome. The advances in critical care medicine, the increased use of more potent and broader spectrum antibiotics, immunosuppressive agents and new technologies will have a direct impact on the incidence of severe sepsis. It is anticipated that a significant increase in cases of severe sepsis will occur over the next decade necessitating the ability to more specifically track the condition.

Currently, septicemia NOS, sepsis NOS and SIRS are coded to 038.9. It is being proposed that a new subcategory for SIRS be created with unique code for SIRS without organ failure and SIRS with organ failure. Severe sepsis would be considered synonymous with SIRS due to infection with organ failure. This new subcategory is being proposed in the 900 series of codes to separate it from the septicemia codes. Including severe sepsis in the infectious disease chapter would lead to confusion and also preclude the use of the code in cases where no infection is present.

The ACCP/SCCM suggests the removal of the term septicemia from the classification. It is unrealistic to believe that physicians will discontinue using the terms septicemia and sepsis and using them interchangeably. Therefore, only the term severe sepsis would be indexed to the new code for SIRS due to infection with organ failure.

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It is anticipated that SIRS will not, in most cases, be the principal diagnosis, but rather, a condition that develops as an acutely ill patient becomes sicker. Therefore, the underlying condition, the infection or trauma, would be sequenced first, followed by the SIRS. Should a patient be admitted with the diagnosis of SIRS or severe sepsis then it would be appropriate to code the SIRS or severe sepsis first followed by the underlying condition.

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TABULAR MODIFICATIONS

995 Certain adverse effects not elsewhere classified

New sub-
category

995.9 Systemic inflammatory response syndrome

New code

995.90 Systemic inflammatory response syndrome, unspecified

New code

995.91 Systemic inflammatory response syndrome due to infectious process without organ failure

New code

995.92 Systemic inflammatory response syndrome due to non-infectious process without organ failure

New code

995.93 Systemic inflammatory response syndrome due to infectious process with organ failure

Add

Severe sepsis

Add

Use additional code to specify organ failure, such as:

Add

Encephalopathy (348.3)

Add

Hepatic failure (570)

Add

Kidney failure (584.5-584.9)

Add

Respiratory failure, acute (518.81)

New code

995.94 Systemic inflammatory response syndrome due to non-infectious process with organ failure

Add

Use additional code to specify organ failure, such as:

Add

Encephalopathy (348.3)

Add

Hepatic failure, acute (570)

Add

Kidney failure, acute (584.5-584.9)

Add

Respiratory failure, acute (518.81)

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Topic: Vascular disease
 Atheroembolism
 Venous disease
 Arterial dissection

Jeffrey Kaufman, M.D., F.A.C.S., in practice at Vascular Services of Western New England, P.C., and author on the diagnosis and treatment of peripheral vascular disease, has submitted a proposal for three new concepts to be added to the ICD-9-CM. Each concept is discussed separately below.

Atheroembolism

Atheroembolism is synonymous with cholesterol embolism, and due to its manifestations in the toes, it has been called the “blue toe syndrome.” Atheroembolism occurs when plaques in the aorta disrupt, showering debris into the circulation, where it lodges in small terminal arterial branches. The primary manifestations are splotchy purplish areas of discoloration of skin in the extremities, often the toes and along the outer aspects of the feet. These may be terribly painful and may lead to patchy gangrene. The paradox of atheroembolism is the occurrence of gangrene in the presence of palpable distal pulses, which is virtually pathognomonic for this disease in western societies.

Though most common in the vessels of the extremities, atheroemboli have been found in virtually all tissue, and it has been documented most significantly as a cause of renal failure. When truly disseminated, it has a very high associated mortality, predominantly from renal failure, but also from progressive failure to thrive.

Initially, atheroembolism was a curiosity, noted by pathologists as a not uncommon finding on tissue specimens. With the use of high-quality angiograms, which documented the location and potential ulceration of large-artery plaques the role of plaque disruption was appreciated. A link was established between plaque degeneration and peripheral ischemia. Surgical treatment consists of surgical bypass or endarterectomy. Medical treatment requires the use of antiplatelet agents. Antithrombolytic agents are contraindicated due to concern that they may further disrupt plaque.

Atheroembolism is a distinct entity. Thrombosis and embolism involves true clots and are generally considered to be macroscopic phenomenon, at least at the outset. Atheroemboli are degenerative material from plaque.

Dr. Kaufman feels that unique codes need to be created for atheroembolism separate from atherosclerosis or thrombosis and embolism.

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TABULAR MODIFICATION

	440	Atherosclerosis
Add		Excludes: atheroembolism (445)
	444	Arterial embolism and thrombosis
Add		Excludes: atheroembolism (445)
New category	445	Atheroembolism Atherothrombotic microembolism Cholesterol embolism
New sub-category	445.0	Of extremities
New code	445.01	Upper extremity
New code	445.02	Lower extremity
New sub-category	445.8	Of other sites
New code	445.81	Kidney
		Use additional code for any associated kidney failure (584, 585)
New code	445.89	Other site

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Venous disease

The current codes in the ICD-9-CM for venous disease allow only for the coding of varicose veins and postphlebotic syndrome. There are no specific codes for venous disease due to chronic venous hypertension not associated with deep vein thrombosis.

For varicose veins, codes exist only for ulceration and inflammation, not for the other symptoms associated with this condition. No breakdown for the symptoms associated with postphlebotic syndrome exist.

It is being proposed that a new varicose vein code be created and that the postphlebotic syndrome code be expanded to allow for the coding of the symptoms of this condition. It is also being proposed that a new subcategory and code be created for chronic venous hypertension not associated with deep vein thrombosis.

TABULAR MODIFICATIONS

	454	Varicose veins of the lower extremities
New code	454.8	With other complications
Add		Edema
Add		Pain
Add		Swelling
Revise	454.9	Without mention of ulcer or inflammation <u>Uncomplicated varicose veins</u>
Add		Asymptomatic varicose veins
Add		Varicose veins NOS

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459 Other disorders of circulatory system

459.1 Postphlebotic syndrome

Add Chronic venous hypertension due to deep vein thrombosis

Add Excludes: chronic venous hypertension without deep vein thrombosis (459.30-459.39)

New code 459.10 Postphlebotic syndrome without complications

Add Asymptomatic postphlebotic syndrome

Add Postphlebotic syndrome NOS

New code 459.11 Postphlebotic syndrome with ulcer

New code 459.12 Postphlebotic syndrome with inflammation

New code 459.13 Postphlebotic syndrome with ulcer and inflammation

New code 459.19 Postphlebotic syndrome with other complication

New sub-
category 459.3 Chronic venous hypertension (idiopathic)
Stasis edema

Add Excludes: chronic venous hypertension due to deep vein thrombosis (459.10-459.19)
varicose veins (454.0-454.9)

New code 459.30 Chronic venous hypertension without complications

Add Asymptomatic chronic venous hypertension

Add Chronic venous hypertension NOS

New code 459.31 Chronic venous hypertension with ulcer

New code 459.32 Chronic venous hypertension with inflammation

New code 459.33 Chronic venous hypertension with ulcer and inflammation

New code 459.39 Chronic venous hypertension with other complication

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707 Chronic ulcer of skin

707.1 Ulcer of lower limbs, except decubitus

Code first any associated underlying condition:

Add

Chronic venous hypertension with ulcer (459.31)

Add

Chronic venous hypertension with ulcer and inflammation (459.33)

Add

Postphlebotic syndrome with ulcer (459.11)

Add

Postphlebotic syndrome with ulcer and inflammation (459.13)

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Arterial dissection

An arterial dissection is defined by blood coursing within the layers of the arterial wall. A dissection is not an aneurysm. True aneurysms involve dilatation of all three arterial wall layers. The term dissecting aneurysm is a misnomer. Arterial dissections are a common complication of interventional procedures. The ICD-9-CM provides a code only for arterial dissection of the aorta. Though the aorta is the most common site for dissections, they may occur in other arteries.

It is being proposed that codes for arterial dissections, other than aortic, be created.

TABULAR MODIFICATIONS

	414	Other forms of chronic ischemic heart disease
Revise	414.1	Aneurysm <u>and dissection</u> of heart
New code	414.12	Dissection of coronary artery
	441	Aortic aneurysm and dissection
	441.0	Dissection of aorta
Delete		Dissecting aneurysm of aorta (ruptured)

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443 Other peripheral vascular disease

New sub-
category
Add
Add

443.2 Other arterial dissection

Excludes: dissection of aorta (441.00-441.03)
dissection of coronary arteries (414.12)

New code

443.21 Dissection of carotid artery

New code

443.22 Dissection of iliac artery

New code

443.23 Dissection of renal artery

New code

443.24 Dissection of vertebral artery

New code

443.29 Dissection of other artery

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Topic: Facial droop following cerebrovascular accident

Facial droop is a common residual after a cerebrovascular accident. There is no specific late effect code for this in category 438, Late effects of cerebrovascular disease. A new code is now being proposed.

Laura Powers, M.D., representing the American Academy of Neurology, an attendee at the meeting, requested that the proposed code title be facial weakness, not facial droop. She also requested, should a new code be added to the 438 category, that additional late effects of CVA be included. The changes she requested have been added to the proposal.

TABULAR MODIFICATION

	438	Late effects of cerebrovascular disease
New code	438.6	Alterations of sensations
Add		Use additional code to identify the altered sensation
New code	438.7	Disturbances of vision
Add		Use additional code to identify the visual disturbance
	438.8	Other late effects of cerebrovascular disease
New code	438.83	Facial weakness
Add		Facial droop
New code	438.84	Ataxia
New code	438.85	Vertigo

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Option 2:

633 Ectopic pregnancy

633.0 Abdominal pregnancy

New code 633.00 Abdominal pregnancy without intrauterine pregnancy

New code 633.01 Abdominal pregnancy with intrauterine pregnancy

633.1 Tubal pregnancy

New code 633.10 Tubal pregnancy without intrauterine pregnancy

New code 633.11 Tubal pregnancy with intrauterine pregnancy

633.2 Ovarian pregnancy

New code 633.20 Ovarian pregnancy without intrauterine pregnancy

New code 633.21 Ovarian pregnancy with intrauterine pregnancy

633.8 Other ectopic pregnancy

New code 633.80 Other ectopic pregnancy without intrauterine pregnancy

New code 633.81 Other ectopic pregnancy with intrauterine pregnancy

633.9 Unspecified ectopic pregnancy

New code 633.90 Unspecified ectopic pregnancy without intrauterine pregnancy

New code 633.91 Unspecified ectopic pregnancy with intrauterine pregnancy

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Topic: Pulmonary manifestations of Cystic Fibrosis

Cystic fibrosis is an inherited disease of the exocrine glands, primarily affecting the GI and respiratory systems, and usually characterized by COPD, exocrine pancreatic insufficiency, and abnormally high sweat electrolytes. Meconium ileus due to obstruction of the ileum by viscid meconium is the earliest sign. Evidence suggests that the lungs are histologically normal at birth. Pulmonary damage is probably initiated by diffuse obstruction in the small airways by abnormally thick mucus secretions.

The course, largely determined by the degree of pulmonary involvement, varies greatly. Deterioration is inevitable, leading to debilitation and death, usually from a combination of respiratory failure and cor pulmonale. The prognosis has improved over the last five years due to more aggressive treatment before the onset of irreversible pulmonary changes. Median survival is 31 years.

The current codes for Cystic fibrosis only include with and without meconium ileus. Since pulmonary manifestations may or may not be present and it is the pulmonary manifestations that are the determinant of the course of the disease, it has been requested that an additional code be created for Cystic fibrosis with pulmonary manifestations. Additional codes are also being proposed for complications of the disease.

TABULAR MODIFICATIONS

	277	Other and unspecified disorders of metabolism
	277.0	Cystic fibrosis
Add	277.00	Without mention of meconium ileus Cystic fibrosis NOS
	277.01	With meconium ileus
New code	277.02	With pulmonary manifestations
New code	277.03	With complications of pancreatic enzyme replacement therapy
New code	277.09	With other manifestations

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Topic: Symptomatic menopause

There is overlap between code 256.2, Postablative ovarian failure, and code, 627.4, States associated with artificial menopause. The note under 627.4 indicates that it is for menopausal symptoms due to artificial menopause but there is no instruction whether a 256 code should be used with the 627.4 or not.

It is being proposed that an instructional note be added indicating that 256.2 should be used in conjunction with 627.4 for artificially induced menopause. It is also being proposed that the code titles for 627.2, 627.4, and V49.81 be revised to distinguish the symptomatic 627 codes from the asymptomatic V code.

Additionally, the use additional code note under 256.3, Other ovarian failure, needs correction. These codes are for naturally occurring ovarian failure, and, therefore, correspond to 627.2, Menopausal or female climacteric states, not 627.4.

TABULAR MODIFICATIONS

	256	Ovarian dysfunction	
		256.2	Postablative ovarian failure
Add			Use additional code for states associated with artificial menopause (627.4)
Delete			Excludes: artificial menopause NOS (627.4)
		256.3	Other ovarian failure
Revise			Use additional code for states associated with artificial <u>natural</u> menopause (627.2)
	627		Menopausal and postmenopausal disorders
Revise		627.2	<u>Symptomatic</u> menopausal or female climacteric states
Add			Excludes: asymptomatic postmenopausal status (age-related) (natural) (V49.81)
Revise		627.4	<u>Symptomatic</u> states associated with artificial menopause

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V49 Other conditions influencing health status

V49.8 Other specified conditions influencing health status

Revise V49.81 Asymptomatic postmenopausal status (age-related)
(natural)

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Topic: Paintball gun injury

New external cause codes for paintball guns have been requested. Though these guns and their discharged paintballs are used for recreational purposes serious injuries have resulted when a paintball has hit a person at close range. As there is no additional room for this concept in the assault codes, paintball gun injuries will have to be indexed to E968.8, Assault by other specified means.

TABULAR MODIFICATIONS

	E922	Accident caused by firearm, and air gun missile
New code	E922.5	Paintball gun
	E955	Suicide and self-inflicted injury by firearms, air guns and explosives
New code	E955.7	Paintball gun
	E985	Injury by firearms, air guns, and explosives, undetermined whether accidentally or purposely inflicted
New code	E985.7	Paintball gun

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Topic: Aftercare codes

This topic was originally presented at the May 2001 C&M meeting. It was presented by a representative of the Long-term care (LTC) section of the American Health Information Management Association. Two different versions of the proposal were discussed at the May meeting. The one submitted by the LTC section was more detailed than the one included in the topic packets distributed at the meeting that had been put together by staff of the C&M Committee. After discussion at the May meeting the consensus was that a compromise between the two proposals would be best.

Following is a revised version combining concepts of both versions presented at the May meeting. It is being re-presented for further consideration.

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TABULAR MODIFICATIONS

V54 Other orthopedic aftercare

New sub-category	V54.1	Aftercare for continuing treatment of healing traumatic fracture Use additional code for any associated: malunion of fracture (733.81) nonunion of fracture (733.82)
New code	V54.10	Aftercare for continuing treatment of healing traumatic fracture of arm, unspecified
New code	V54.11	Aftercare for continuing treatment of healing traumatic fracture of upper arm
New code	V54.12	Aftercare for continuing treatment of healing traumatic fracture of lower arm
New code	V54.13	Aftercare for continuing treatment of healing traumatic fracture of hip
New code	V54.14	Aftercare for continuing treatment of healing traumatic fracture of leg, unspecified
New code	V54.15	Aftercare for continuing treatment of healing traumatic fracture of upper leg
Add		Excludes: aftercare for continuing treatment of healing traumatic fracture of hip (V54.13)
New code	V54.16	Aftercare for continuing treatment of healing traumatic fracture of lower leg
New code	V54.17	Aftercare for continuing treatment of healing traumatic fracture of vertebrae
New code	V54.19	Aftercare for continuing treatment of healing traumatic fracture of other bone
New sub-category	V54.2	Aftercare for continuing treatment of healing pathologic fracture Use additional code for any associated:

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malunion of fracture (733.81)

nonunion of fracture (733.82)

New code	V54.20	Aftercare for continuing treatment of healing pathologic fracture of arm, unspecified
New code	V54.21	Aftercare for continuing treatment of healing pathologic fracture of upper arm
New code	V54.22	Aftercare for continuing treatment of healing pathologic fracture of lower arm
New code	V54.23	Aftercare for continuing treatment of healing pathologic fracture of hip
New code	V54.24	Aftercare for continuing treatment of healing pathologic fracture of leg, unspecified
New code	V54.25	Aftercare for continuing treatment of healing pathologic fracture of upper leg
Add		Excludes: aftercare for continuing treatment of healing pathologic fracture of hip (V54.23)
New code	V54.26	Aftercare for continuing treatment of healing pathologic fracture of lower leg
New code	V54.27	Aftercare for continuing treatment of healing pathologic fracture of vertebrae
New code	V54.29	Aftercare for continuing treatment of healing pathologic fracture of other bone

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V54.8 Other orthopedic aftercare

Delete		Change, checking, or removal of:
		Kirschner wire
		plaster cast
		splint, external
		other external fixation or traction device
New code	V54.81	Aftercare following joint replacement
Add		Use additional code to identify joint replacement site (V43.60-V43.69)
New code	V54.89	Other orthopedic aftercare

V58 Encounter for other and unspecified procedures and aftercare

V58.4 Other aftercare following surgery

New code	V58.42	Aftercare following thoracic surgery
New code	V58.43	Aftercare following abdominal surgery
New code	V58.44	Aftercare following other surgery
Add		Excludes: aftercare following joint replacement (V54.81) aftercare for continuing treatment of healing fracture (V54.10-V54.19, V54.20-V54.29)

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Topic: Toxic Shock Syndrome

Toxic shock syndrome is a severe illness caused by a bacterial infection, characterized by high fever of sudden onset, vomiting, diarrhea, and myalgia, followed by hypotension and, in severe cases, shock. A sunburnlike rash with peeling of the skin, especially the palms and soles, occurs during the acute phase. It was originally observed almost exclusively in menstruating women using high-absorbency tampons, with the infective agent being *Staphylococcus aureus*, but a nearly identical syndrome has subsequently been seen in males and females of different ages infected with Group A *Streptococcus*. It is estimated that one person a day in the U.S. develops toxic shock syndrome as a result of a routine strep infection. The mortality rate is 85%.

Currently, toxic shock syndrome is only an inclusion term. Due to the severity of the syndrome, a unique code for Toxic Shock syndrome is being proposed.

TABULAR MODIFICATIONS

040 Other bacterial diseases

040.8 Other specified bacterial diseases

New code 040.82 Toxic shock syndrome

Use additional code to identify the organism

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Topic: West Nile Virus

In recent years cases of human West Nile virus have increased. In otherwise healthy patients West Nile virus may be mistaken for the flu and no medical care may be sought. In patients seeking treatment for West Nile virus, usually the elderly or those with weakened immune systems, the infection is often severe and potentially life-threatening. Encephalitis is a common complication.

Currently, West Nile virus is included in a code with a variety of other mosquito-borne fevers. It is being proposed that a new, unique code be created for West Nile virus.

TABULAR MODIFICATIONS

	062	Mosquito-borne viral encephalitis	
		062.8	Other specified mosquito-borne viral encephalitis
Add			Excludes: West Nile virus (066.4)
	066	Other arthropod-borne viral diseases	
		066.3	Other mosquito-borne fever
			Fever (viral):
Delete			West Nile
New code	066.4	West Nile fever	West Nile virus

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Topic: Abnormal findings on cervical Pap smear

The classifying of abnormal cervical Pap smears has become more sophisticated. There is currently a single ICD-9-CM code for abnormal findings on cervical Pap smear. It is being proposed that an expansion of the code be done to identify the different types of abnormal findings based on the Bethesda system of the National Cancer Institute. Also, the Bethesda system uses terminology for types of cervical dysplasia that is not included in the classification. It is being proposed that the terms be added.

The Bethesda system differs slightly from the CIN system. Under the Bethesda system both CIN II and High grade squamous intraepithelial dysplasia (HGSIL) equate to in-situ cancer of the cervix. As carcinoma in- situ can only be confirmed by biopsy, not by cytology, and the Bethesda system classify cytology findings, the classification will include CIN II and HGSIL under cervical dysplasia.

TABULAR MODIFICATIONS

622 Noninflammatory disorders of cervix

622.1 Dysplasia of cervix (uteri)

Add	Cervical intraepithelial neoplasia I (CIN I)
Add	Cervical intraepithelial neoplasia II (CIN II)
Add	High grade squamous intraepithelial dysplasia (HGSIL)
Add	Low grade squamous intraepithelial dysplasia (LGSIL)

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	795	Nonspecific abnormal histologic and immunologic findings
	795.0	Nonspecific abnormal Papanicolaou smear of cervix
Delete		Dyskaryotic cervical smear
Add		Excludes: Carcinoma in-situ of cervix (233.1) CIN I (622.1) CIN II (622.1) CIN III (233.1) Dysplasia of cervix (uteri) (622.1) High grade squamous intraepithelial dysplasia (HGSIL) (622.1) Low grade squamous intraepithelial dysplasia (LGSIL) (622.1)
New code	795.00	Nonspecific abnormal Papanicolaou smear of cervix, unspecified
New code	795.01	Atypical squamous cell changes of undetermined significance favor benign ASCUS favor benign AGCUS favor benign Atypical glandular cell changes of undetermined significance favor benign
New code	795.02	Atypical squamous cell changes of undetermined significance favor dysplasia ASCUS favor dysplasia AGCUS favor dysplasia Atypical glandular cell changes of undetermined significance favor dysplasia
New code	795.09	Other nonspecific abnormal Papanicolaou smear of cervix Benign cellular changes Unsatisfactory smear

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Topic: "Exposure to/contact with" and "Observation and evaluation for suspected contact" with Anthrax

Due to the recent deaths and illness caused by anthrax distribution in the mail it is being proposed that specific codes for exposure to anthrax and observation for suspected contact with anthrax be created. Codes for patients who have contracted anthrax already exist in the classification.

Patients who have actually been exposed to or who have come in contact with anthrax spores would be coded to V01.81, Contact with or exposure to anthrax. Persons who have concern that they may have been exposed and who seek evaluation but who are found not to have been exposed would be coded to V71.82, Observation and evaluation for suspected exposure to anthrax. Such an encounter meets the definition of observation. Asymptomatic patients who test positive by nasal swab should be coded to 795.31.

Until these new codes become effective codes V01.8, V71.89, and 795.3 should be used.

TABULAR MODIFICATIONS

	795	Nonspecific abnormal histological and immunological findings
	795.3	Nonspecific positive culture findings
New code Add	795.31	Nonspecific positive findings for anthrax Positive findings by nasal swab
New code	795.39	Other nonspecific positive culture findings
	V01	Contact with or exposure to communicable diseases
	V01.8	Other communicable diseases
New code	V01.81	Anthrax
New code	V01.89	Other communicable diseases

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V71 Observation and evaluation for suspected conditions not found

Revise V71.8 Observation and evaluation for other specified suspected conditions

New code V71.82 Observation and evaluation for suspected exposure to anthrax

New code V71.83 Observation and evaluation for suspected exposure to other biological agent

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ADDENDA

TABULAR

CEREBROVASCULAR DISEASE (430-438)

Add Excludes: iatrogenic cerebrovascular infarction or hemorrhage (997.02)

436 Acute, but ill-defined, cerebrovascular disease

Add Excludes: postoperative cerebrovascular accident (997.02)

521 Diseases of hard tissues of teeth

521.0 Dental caries

Delete

~~Caries (of):~~

~~arrested~~

~~cementum~~

~~dentin (acute) (chronic)~~

~~enamel (acute) (chronic) (incipient)~~

~~Infantile melanodontia~~

~~Odontoclasia~~

~~White spot lesions of teeth~~

602 Other disorders of prostate

602.3 Dysplasia of prostate

Revise

Prostatic intraepithelial neoplasia I (PIN I)

Revise

Prostatic intraepithelial neoplasia II (PIN II)

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FRACTURES (800-829)

The descriptions “closed” and “open” used in the fourth-digit subdivisions include the following terms:

closed (with or without delayed healing):

Delete

~~march~~

707 Chronic ulcer of skin

707.1 Ulcer of lower limbs, except decubitus

Revise

If applicable, code first any associated underlying condition

718 Other derangement of joint

718.7 Developmental dislocation of joint

Delete

Excludes: ~~congenital dislocation of hip (754.30-754.35)~~

Add

~~traumatic dislocation of hip (835.00-835.13)~~

Add

congenital dislocation of joint (754.0-755.8)

traumatic dislocation of joint (830-839)

Revise

SUPPLEMENTARY CLASSIFICATION OF FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES (V01-V83)

Revise

PERSONS WITHOUT REPORTED DIAGNOSIS ENCOUNTERED DURING EXAMINATION AND INVESTIGATION OF INDIVIDUALS AND POPULATIONS (V70-V83)

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ADDENDA

INDEX

Accident
cerebrovascular
Add postoperative 997.02

Dermatosis
Add Linear IgA 694.8

Fracture
“Closed” includes the following descriptions of fractures, with or without delayed healing, unless they are specified as open or compound
Delete ~~march~~

Fracture
Revise march (~~closed~~) 733.95
Delete — open 825.30
Add fibula 733.94
Add metatarsals 733.94
Add tibia 733.94

Headache...
spinal...
Add complicating labor and delivery 668.8
Add postpartum 668.8

Insufficiency
Revise kidney (~~see also Disease, renal~~) (acute) (chronic) 593.9
Revise renal (acute) (chronic) 593.9

March
Revise foot (~~closed~~) 733.94
Delete — open 825.30

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Metatarsus...
Revise abductus ~~varus~~ valgus (congenital) 754.60
Revise adductus ~~valgus~~ varus (congenital) 754.53

Missing...
teeth...
due to
Add specified NEC 525.19

TABLE OF DRUGS AND CHEMICALS

Revise Flunitrazepam E980.3
Revise Rohypnol E980.3
Revise Synagis 979.6
 vaccine
Revise Respiratory 979.6
 syncytial virus