ICD-10 Coordination and Maintenance Committee Meeting
September 23-24, 2014
Diagnosis Agenda

Welcome and announcements
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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:

September 23 –24, 2014	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 12, 2014.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building. Webcast and Dial-In Information: The meeting webcast can be accessed at http://www.cms.gov/live/. Toll-free dial-in access is available for participants who cannot join the webcast. Phone: 1.877.267.1577; Meeting ID: 993 682 630. We encourage you to join early, as the number of phone lines is limited.
October 2014	Summary report of the Procedure part of the September 23, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnostic Codes/meetings.html Summary report of the Diagnosis part of the September 24, 2014 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
November 21, 2014	**Deadline for receipt of public comments on proposed code revisions discussed at the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2015.**
January 16, 2015	**Deadline for requestors: Those members of the public requesting that topics be discussed at the March 18–19, 2015 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses by this date.**
February 2015	Draft agenda for the Procedure part of the March 18, 2015 ICD-10 Coordination and Maintenance Committee meeting posted on CMS homepage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html

Draft agenda for the Diagnosis part of the March 19, 2015 ICD-10 Coordination and Maintenance Committee meeting posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

Federal Register notice of March 18–19, 2015 ICD-10 Coordination and Maintenance Committee Meeting will be published.

February 13, 2015 — **On-line registration opens for the March 18–19, 2015 ICD-10 Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**

March 2015 — Because of increased security requirements, **those wishing to attend the March 18–19, 2015** 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 March 13, 2015; failure to do so may result in lack of access to the meeting.

March 18 – 19, 2015 — ICD-10 Coordination and Maintenance Committee meeting.

April 17, 2015 — Deadline for receipt of public comments on proposed code revisions discussed at the March 18–19, 2015 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2015.

April 2015 — 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 2016 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

April 2015 — Summary report of the Procedure part of the March 18, 2015 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 March 19, 2015 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

June 2015	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 17, 2015	**Deadline for requestors: Those members of the public requesting that topics be discussed at the September 22–23, 2015 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses.**
August 1, 2015	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, 2015. 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 2015	Tentative agenda for the Procedure part of the September 22–23, 2015 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage at - http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html Tentative agenda for the Diagnosis part of the September 22 –23, 2015 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 22–23, 2015 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
August 14, 2015	**On-line registration opens for the September 22-23, 2015 ICD-10 Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**
September 11, 2015	Because of increased security requirements, those wishing to attend the September 22-23, 2015 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 11, 2015; failure to do so may result in lack of access to the meeting.**
September 22 –23, 2015	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 11, 2015.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building.
October 2015	Summary report of the Procedure part of the September 22–23, 2015 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 22–23, 2015 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, 2015	ICD-10-CM/PCS codes go into effect along with ICD-10 MS-DRGs
October 1, 2015	New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm Procedure addendum – http://www.cms.gov/Medicare/Coding/ICD10/
October 16, 2015	**Deadline for receipt of public comments on proposed code revisions discussed at the September 22-23, 2015 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2016.**
November 2015	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, 2016 will be posted on the following websites: http://www.cms.gov/Medicare/Coding/ICD10/ http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
November 13, 2015	**Deadline for receipt of public comments on proposed code revisions discussed at the September 22-23, 2015 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2016.**

Contact Information

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

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

The ICD-9-CM Coordination and Maintenance Committee 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.

Castleman Disease

Specific codes for Castleman disease have been proposed by the Scientific Advisory Board of the Castleman Disease Collaborative Network.

Castleman disease describes a group of related lymphoproliferative disorders involving proliferation of morphologically benign lymphocytes due to excessive proinflammatory hypercytokinemia, most notably of interleukin-6. The NIH Office of Rare Disease Research, the American Cancer Society, and Orphanet all recognize and define Castleman disease as a lymphoproliferative disorder with varying clinical features that affects the lymph nodes and related tissues. Castleman disease is diagnosed when lymph node histopathology reveals regression of germinal centers, abnormal vascularity, and a range of hyaline vascular changes and/or polytypic plasma cell proliferation. It can occur in a single lymph node region (unicentric) or in multiple lymph node regions (multicentric). Clinical features and management vary significantly based on this distinction.

Unicentric Castleman disease (UCD) presents as a localized disease and mild symptoms are usually the result of enlarged or bulky lymph nodes. Based on limited epidemiological data, it has been estimated to account for approximately 90% of cases and have an excellent prognosis with surgical excision.

Multicentric Castleman disease (MCD) patients often demonstrate intense episodes of systemic inflammatory symptoms, polyclonal lymphocyte and plasma cell proliferation, autoimmune manifestations, and organ system impairment. Human Herpes Virus 8 (HHV-8, or Kaposi's Sarcoma Herpes Virus, KSHV) is etiologically responsible for MCD in patients with the plasmacytic or plasmablastic variants, which occurs most commonly in the setting of HIV-infection or other cause of immunosuppression, such as transplantation. This distinct form of multicentric Castleman disease is called HHV-8-associated MCD (also known as KSHV-associated MCD). UCD and all other cases of MCD are considered idiopathic since these cases are not caused by HHV-8 or any other known etiologic agent. HHV-8-negative MCD, also called "idiopathic MCD" (iMCD), and HHV-8-associated MCD require different therapeutic approaches, which further warrant their separation into unique categories. The specific types of MCD for which codes are proposed are briefly discussed further below.

HHV-8-associated MCD is characterized by lymphadenopathy, hepatosplenomegaly, anemia, thrombocytopenia, hypoalbuminemia, hypergammaglobinemia, and elevated C-reactive protein. Disease pathophysiology is associated with elevated serum levels of interleukin-6, an HHV-8 encoded homologue, viral interleukin-6, and interleukin-10. Diagnosis requires a biopsy demonstrating appropriate pathology and demonstrating HHV-8 encoded Latent Associated Nuclear Antigen (LANA) by immunohistochemistry. Symptomatic patients generally have elevated levels of HHV-8 detected in the peripheral blood by quantitative PCR (qPCR).

Patients with iMCD (HHV-8-negative MCD) demonstrate similar features to HHV-8-assocated MCD, but no HHV-8 can be found in the lymph node biopsy by staining for HHV-8 encoded LANA. HHV-8 is not detected in the blood by qPCR. In addition, these patients are almost always HIV negative. Like HHV-8 associated MCD, iMCD is a disseminated condition affecting multiple sites and is less common and more aggressive than UCD. The clinical features range from waxing and waning mild lymphadenopathy with B-symptoms to more severe cases involving intense inflammation, hepatosplenomegaly, vascular leak syndrome with anasarca, pleural effusions, and ascites, organ failure, and even death. Acute episodes can display significant clinical overlap with acute viral illnesses and autoimmune diseases. Laboratory findings commonly include anemia, elevated erythrocyte sedimentation rate, C-reactive protein, IL-6, vascular endothelial growth factor (VEGF), and fibrinogen; positive anti-nuclear antibody, anti-erythrocyte autoantibodies, and anti-platelet antibodies; and

proteinuria, hypoalbuminemia, polyclonal marrow plasmacytosis, polyclonal hypergammaglobulinemia, and thrombocytosis or thrombocytopenia.

One 2014 study estimated the incidence of Castleman disease to be in the range of 6300 to 7500 new cases per year in the US, and prior prevalence estimates have been in the range of 30,000 to 100,000 existing cases in the US (Munshi 2014). While rare, Castleman disease is more common than many other disorders, including many for which specific ICD codes have previously been created. Kaposi's sarcoma is also rare, and is caused by the same virus as some Castleman disease cases, HHV-8, or KSHV. Kaposi's sarcoma is coded to category C46, with specific codes for the site.

The Scientific Advisory Board of the Castleman Disease Collaborative Network recommends creation of four unique codes for Castleman disease, to support detailed tracking of the different types. Since it is a rare disorder, an alternative of only creating one code is also presented as an option.

References

Munshi N, et al. *Leuk Lymphoma*. 2014 Aug 13:1-32. Use of a Claims Database to Characterize and Estimate the Incidence Rate for Castleman's Disease. http://www.ncbi.nlm.nih.gov/pubmed/25120049

Option #1

TABULAR MODIFICATIONS

D47 Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue

D47.Z Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue

New subcategory	D47.Z2	Castleman disease
New code	D47.Z21	Unicentric Castleman disease
New code	D47.Z22	HHV-8-associated multicentric Castleman disease Human herpes virus 8-associated multicentric Castleman disease Kaposi sarcoma herpes virus associated multicentric Castleman disease KSHV-associated multicentric Castleman disease
New code	D47.Z23	HHV-8-negative multicentric Castleman disease Idiopathic multicentric Castleman disease
New code	D47.Z29	Castleman disease, unspecified

Option #2

TABULAR MODIFICATIONS

D47 Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue

D47.Z Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue

New code D47.Z2 Castleman disease

Code also if applicable human herpesvirus 8 infection (B10.89)

INDEX MODIFICATIONS

Disease

Add Castleman (unicentric) (multicentric) D47.Z2

HHV-8-associated (see also Herpesvirus, human, 8) D47.Z2

National Institutes of Health Stroke Scale

The National Institutes of Health Stroke Scale (NIHSS) is a systematic assessment tool to evaluate and document neurological status and stroke severity. This assessment tool is a 15-item examination that measures the patient's clinical status in areas including but not limited to level of consciousness, facial palsy, best gaze, motor skills, limb ataxia, language and visual fields. A certain number of points are given for each impairment and a maximum score of 42 represents the most severe and devastating stroke.

The NIHSS has been shown to predict mortality in acute ischemic stroke patients in several prior studies and its use is supported by evidence based guidelines.

A recent study showed that the initial NIHSS provides substantial prognostic information regarding 30-day mortality risk in Medicare beneficiaries with acute ischemic stroke. This study concluded that the NIHSS as an index of stroke severity is a very strong discriminator of 30-day mortality risk in acute ischemic stroke even in the absence of other clinical information.

Another study showed that many patients not given intravenous recombinant tissue plasminogen activator (IV rtPA) because of mild or rapidly improving stroke symptoms had poor hospital discharge outcomes. The initial NIHSS score was a strong predictor of outcome, with a graded relation between higher NIHSS score and a lower likelihood of discharge to home or independent ambulation among those with mild or improving ischemic stroke.

Based on these findings, there is significant value in the creation of ICD-10-CM codes for the NIHSS. At the present time there are no ICD-10-CM codes that capture the NIHSS score. This is a unique opportunity to address a critical gap by which to collect NIHSS score for patients. It is also anticipated that the Joint Commission will begin to collect NIHSS score as a measure of its Comprehensive Stroke Center (CSC) accreditation program.

While not required, the NIHSS score is recorded on a voluntary basis by hospitals participating in programs such as the American Heart Association's Get With The Guidelines-Stroke program, the Paul Coverdell National Acute Stroke Registry, or other state initiatives.

Given that the NIHSS score is a predictor of outcomes, the American Stroke Association, American Academy of Neurology, American Association of Neurological Surgeons and Congress of Neurological, American College of Emergency Physicians, American Society of Neuroradiology, National Association of EMS Physicians, Centers for Disease Control and Prevention (Paul Coverdell National Acute Stroke Program, Division for Heart Disease and Stroke Prevention), National Stroke Association, Neurocritical Care Society, The Office of the National Director of Neurology of the Department of Veterans Affairs, Society of NeuroInterventional Surgery and the Stroke Belt Consortium are requesting the creation of ICD-10-CM codes that would allow for the capture of NIHSS score of the severity of the stroke as measured in the initial patient evaluation at the hospital.

Two options are presented in this proposal. Option #1 provides ICD-10-CM codes for each score. It provides more detailed reporting and allows maximum manipulation of the data. The requestors indicate this is an important capability given the unpredictability of how scientific advances might move the treatment line for patients with CVA. Option #2 provides ICD-10-CM codes for a range of diagnostic scores of the NIHSS.

TABULAR MODIFICATIONS

R29 Other symptoms and signs involving the nervous and musculoskeletal systems

Option #1

New subcategory R29.7 National Institutes of Health Stroke Scale (NIHSS) Score

Code first Cerebral infarction (I63.-)

New sub-sub category R29.70 NIHSS score 0-9

New code	R29.700	NIHSS score 0
New code	R29.701	NIHSS score 1
New code	R29.702	NIHSS score 2
New code	R29.703	NIHSS score 3
New code	R29.704	NIHSS score 4
New code	R29.705	NIHSS score 5
New code	R29.706	NIHSS score 6
New code	R29.707	NIHSS score 7
New code	R29.708	NIHSS score 8
New code	R29.709	NIHSS score 9

New sub-sub category R29.71 NIHSS score 10-19

New code	R29.710	NIHSS score 10
New code	R29.711	NIHSS score 11
New code	R29.712	NIHSS score 12
New code	R29.713	NIHSS score 13
New code	R29.714	NIHSS score 14
New code	R29.715	NIHSS score 15
New code	R29.716	NIHSS score 16
New code	R29.717	NIHSS score 17
New code	R29.718	NIHSS score 18
New code	R29.719	NIHSS score 19

New sub-sub category	R29.72 NIHSS score 20-29	
New code	R29.720	NIHSS score 20
New code	R29.721	NIHSS score 21
New code	R29.722	NIHSS score 22
New code	R29.723	NIHSS score 23
New code	R29.724	NIHSS score 24
New code	R29.725	NIHSS score 25
New code	R29.726	NIHSS score 26
New code	R29.727	NIHSS score 27
New code	R29.728	NIHSS score 28
New code	R29.729	NIHSS score 29
New sub-sub category	R29.73 NIHSS score 30-39	
New code	R29.730	NIHSS score 30
New code	R29.731	NIHSS score 31
New code	R29.732	NIHSS score 32
New code	R29.733	NIHSS score 33
New code	R29.734	NIHSS score 34
New code	R29.735	NIHSS score 35
New code	R29.736	NIHSS score 36
New code	R29.737	NIHSS score 37
New code	R29.738	NIHSS score 38
New code	R29.739	NIHSS score 39
New sub-sub category	R29.74 NIHSS score 40-42	
New code	R29.740	NIHSS score 40
New code	R29.741	NIHSS score 41
New code	R29.742	NIHSS score 42

Option #2:

New subcategory R29.7 National Institutes of Health Stroke Scale (NIHSS) Score

Code first Cerebral infarction (I63.-)

New Code	R29.71	Initial NIHSS Score 0–1
New Code	R29.72	Initial NIHSS Score 2-4
New Code	R29.73	Initial NIHSS Score 5-7
New Code	R29.74	Initial NIHSS Score 8–12
New Code	R39.75	Initial NIHSS Score 13–17
New Code	R39.76	Initial NIHSS Score 18–21
New Code	R29.77	Initial NIHSS Score 22–42

I63 Cerebral infarction

New note Use additional code, if known, to indicate National Institutes of Health Stroke Scale (NIHSS) score (R29.7xx).

Cryopyrin-Associated Periodic Syndromes and Other Autoinflammatory Syndromes

A proposal to add codes for Cryopyrin-Associated Periodic Syndromes (CAPS) and other autoinflammatory syndromes was presented at the March 2014 C&M meeting. There was a request for creation of new ICD-10-CM codes for CAPS, including familial cold autoinflammatory syndrome, Muckle-Wells syndrome, and Neonatal Onset Multisystemic Inflammatory Disorder (NOMID), from Sobi, a biopharmaceutical company. Previous comments related to these being rare conditions, and raised concerns about adding specific codes for a number of rare conditions. Familial Mediterranean fever (FMF) has been classified to amyloidosis, but does not always cause amyloidosis. Previous comments support moving FMF. This revised proposal shows the option of creating a smaller number of new codes, which could each serve to include multiple disorders. This would also allow for future expansion, if needed.

The autoinflammatory syndromes are a group of relatively recently understood disorders, which involve problems with immune system regulation, with manifestations related to systemic inflammation. These disorders generally involve recurrent episodes of fever, rash, and serositis, with lymphadenopathy and musculoskeletal involvement.

TABULAR MODIFICATIONS

	E85	Amyloidosis	
		E85.0	Non-neuropathic heredofamilial amyloidosis
Delete			~~Familial Mediterranean fever~~
	L50	Urticaria	
		L50.2	Urticaria due to cold and heat
Add			Excludes2: Familial cold urticaria (M04.2)
New section		Autoinflammatory syndromes (M04)	
New Category	M04	Autoinflammatory syndromes Excludes2: Crohn's disease (K50.-)	
New code		M04.1	Periodic fever syndromes Familial Mediterranean fever Hyperimmunoglobin D syndrome Mevalonate kinase deficiency Tumor necrosis factor receptor associated periodic syndrome [TRAPS]

New code M04.2 Cryopyrin-associated periodic syndromes
Chronic infantile neurological, cutaneous and articular syndrome [CINCA]
Familial cold autoinflammatory syndrome
Familial cold urticaria
Muckle-Wells syndrome
Neonatal onset multisystemic inflammatory disorder [NOMID]

New code M04.8 Other autoinflammatory syndromes
Blau syndrome
Deficiency of interleukin 1 receptor antagonist [DIRA]
Majeed syndrome
Periodic fever, aphthous stomatitis, pharyngitis, and adenopathy syndrome [PFAPA]
Pyogenic arthritis, pyoderma gangrenosum, and acne syndrome PAPA syndrome

New code M04.9 Autoinflammatory syndrome, unspecified

Dental Terms

The Harvard School of Dental Medicine previously submitted a proposal to add a number of dental terms to ICD-10-CM, which were considered in September 2013. Based on input from the American Dental Association, this modified set of changes is now being proposed, and will supersede the previous proposal.

It is proposed to add new codes for reversible pulpitis, and irreversible pulpitis, without inclusion terms.

At code K05.5, Other periodontal diseases, it is proposed to add an inclusion term for narrow gingival width (of periodontal soft tissue),

It is proposed to add a new code K06.3, Horizontal alveolar bone loss.

It is proposed to expand K08.8, creating new codes K08.81, Primary occlusal trauma, and K08.82, Secondary occlusal trauma, along with new code K08.89, Other specified disorders of teeth and supporting structures

TABULAR MODIFICATIONS

K02 Dental caries
Includes: …
Add — Caries of dentine
Add — Early childhood caries
Add — Pre-eruptive caries
Add — Recurrent caries (DEJ) (Enamel) (to the pulp)

K02.5 Dental caries on pit and fissure surface

K02.52 Dental caries on pit and fissure surface penetrating into dentin
Add — Primary dental caries, cervical origin

K04 Diseases of pulp and periapical tissues

K04.0 Pulpitis
Delete — ~~Irreversible pulpitis~~
Delete — ~~Reversible pulpitis~~

New code — K04.01 Reversible pulpitis

New code — K04.02 Irreversible pulpitis

K05 Gingivitis and periodontal diseases

K05.0 Acute gingivitis

K05.00 Acute gingivitis, plaque induced
Add Plaque induced gingival disease

K05.1 Chronic gingivitis
Add Pregnancy associated gingivitis

K05.5 Other periodontal diseases
Add Combined periodontic-endodontic lesion
Add Narrow gingival width (of periodontal soft tissue)

K06 Other disorders of gingiva and edentulous alveolar ridge

New code K06.3 Horizontal alveolar bone loss

K06.8 Other specified disorders of gingiva and edentulous alveolar ridge

Add Vertical ridge deficiency

K08 Other disorders of teeth and supporting structures

K08.8 Other specified disorders of teeth and supporting structures
~~Enlargement of alveolar ridge NOS~~
~~Irregular alveolar process~~
~~Toothache NOS~~

New code K08.81 Primary occlusal trauma

New code K08.82 Secondary occlusal trauma

New code K08.89 Other specified disorders of teeth and supporting structures
Enlargement of alveolar ridge NOS
Insufficient anatomic crown height
Insufficient clinical crown length
Irregular alveolar process
Toothache NOS

Mastocytosis and Certain Other Mast Cell Disorders

Due to the many recent advances in mast cell disorder research, the American Academy of Allergy, Asthma, and Immunology (AAAAI) Mast Cell Disorders Committee, together with The Mastocytosis Society, Inc., recognized the urgency of developing an updated code hierarchy for mastocytosis. Revised and cohesive codes for these disease conditions are not only warranted, but necessary and vital to patients whose disease could otherwise go unrecognized or untreated.

Broadly, mastocytosis can be divided into cutaneous and systemic forms. Symptoms can be due to release of substances such as histamine, and can include headaches, dizziness, flushing, tachycardia, hypotension, syncope, nausea, vomiting, abdominal pain, and diarrhea.

As a result of significant advances in the study of neoplastic mast cells and their morphology, phenotype and genetic characteristics, a consensus classification for Mastocytosis was proposed and adopted by the World Health Organization (WHO) in 2001. Mastocytosis comprises a set of disorders involving abnormal proliferation and accumulation of clonal mast cells in one or multiple organ systems.

Cutaneous Mastocytosis (CM) is diagnosed by the presence of typical skin lesions and a positive skin biopsy demonstrating characteristic clusters of mast cells. This category includes Urticaria Pigmentosa (UP)/Maculopapular Cutaneous Mastocytosis (MPCM), Telangiectasia Macularis Eruptiva Perstans (TMEP), Diffuse Cutaneous Mastocytosis (DCM), and Solitary Mastocytoma. Most cases of Pediatric Mastocytosis fall into one of these categories and may or may not include symptoms of systemic mast cell activation as a result of mediators released from the skin. In children, cutaneous lesions can be expected to spontaneously regress before or at puberty 70-75% of the time, while the remaining 25-30% will develop into Indolent Systemic Mastocytosis or another variant of Systemic Mastocytosis.

The WHO criteria requires that for a diagnosis of Systemic Mastocytosis (SM) to be established, one major criterion and one minor criterion or three minor criteria must be fulfilled. The 2001 WHO criteria can be summarized as follows:

Major: Multifocal dense infiltrates of mast cells (MCs) (> 15 MCs in aggregate) in tryptase stained biopsy sections of the bone marrow or other extracutaneous organ
Minor:

- More than 25% of MCs in bone marrow or other extracutaneous organ(s) show abnormal morphology (i.e. are atypical MC type 1 or are spindle–shaped MCs) in multifocal lesions in histologic examination
- KIT mutation (KIT is a tyrosine kinase receptor) at codon 816b in extracutaneous organ(s) (in most cases bone marrow cells are examined)
- KIT+MCs in bone marrow show aberrant expression of CD2 and/or CD25
- Serum total tryptase > 20 ng/mL (does not count in patients who have ANHMD-type disease; AHNMD is associated (clonal) hematologic non-mast cell lineage disease).

Mastocytosis and mast cell neoplasms have been classified to a few different categories in ICD. Certain types are malignant. Code C96.2, Malignant mast cell tumor, includes aggressive systemic mastocytosis and mast cell sarcoma. It is proposed to expand and create specific codes for these disorders. Also, it is proposed to change the title for C96.2, to Malignant mast cell neoplasm. Mast cell leukemia is classified to C94.3.

The default for mastocytosis has been Q82.2, Mastocytosis, in category Q82, Other congenital malformations of skin. However, certain types of mastocytosis and mast cell neoplasms are classified in the ICD with neoplasms of uncertain behavior. It is proposed to create new subcategories and codes for certain of these at category D47, Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue, and subcategory D47.0, along with changing the title of D47.0 to Mast cell neoplasms of uncertain behavior (replacing "tumors" with "neoplasms," and moving histiocytic neoplasms elsewhere). With the difference in prognosis between pediatric and adult mastocytosis, as well as cutaneous and systemic mastocytosis, it has been proposed to create separate subcategories for these. It should be noted that a diagnosis of primary mast cell activation syndrome would not need to be coded separately (with the new proposed codes from March 2014), with these new proposed codes. Additional Excludes1 notes are proposed to be created with the proposed mast cell activation syndrome codes, to clarify this. It is proposed that new default codes for mastocytosis be created at D47.

It is proposed that code Q82.2, Mastocytosis, be retitled, and expanded. Cases with onset in the newborn or neonatal period will be classified here. For clarity, that the title be changed to Pediatric cutaneous mastocytosis of newborn onset. Expansion is proposed to include codes for Urticaria pigmentosa of newborn onset, Diffuse cutaneous mastocytosis of newborn onset, Solitary mastocytoma of newborn onset, and Other cutaneous mastocytosis of newborn onset, as well as an unspecified code.

References

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TABULAR MODIFICATIONS

C96 Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue

Revise	C96.2	Malignant mast cell neoplasm ~~tumor~~
Delete		~~Aggressive systemic mastocytosis~~
		~~Mast cell sarcoma~~
New code	C96.20	Malignant mast cell neoplasm, unspecified
New code	C96.21	Aggressive systemic mastocytosis
New code	C96.22	Mast cell sarcoma
New code	C96.29	Other malignant mast cell neoplasm

D47 Other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue

Revise D47.0 ~~Histiocytic and mast~~ Mast cell neoplasms ~~tumors~~ of uncertain behavior
Delete ~~Indolent systemic mastocytosis~~
~~Mast cell tumor NOS~~
~~Mastocytoma NOS~~
Add Excludes1: congenital cutaneous mastocytosis (Q82.2-)
Add histiocytic neoplasms of uncertain behavior (D47.Z8)
Revise malignant mast cell neoplasm ~~tumor~~ (C96.2-)
Add pediatric cutaneous mastocytosis of newborn onset (Q82.2-)
Delete ~~mastocytosis (congenital) (cutaneous) (Q82.2)~~

New subcategory D47.01 Pediatric cutaneous mastocytosis

New code D47.010 Pediatric urticaria pigmentosa
Pediatric maculopapular cutaneous mastocytosis
Maculopapular cutaneous mastocytosis, unspecified
Urticaria pigmentosa, unspecified
Excludes1: congenital urticaria pigmentosa (Q82.21)
urticaria pigmentosa with newborn onset (Q82.21)

New code D47.011 Pediatric diffuse cutaneous mastocytosis
Excludes1: congenital diffuse cutaneous mastocytosis (Q82.22)
diffuse cutaneous mastocytosis with newborn onset (Q82.22)

New code D47.012 Pediatric solitary mastocytoma
Solitary mastocytoma, unspecified
Excludes1: adult solitary mastocytoma (D47.028)
pediatric solitary mastocytoma with newborn onset (Q82.23)
extracutaneous mastocytoma (D47.097)

New code D47.018 Other pediatric cutaneous mastocytosis

New code D47.019 Pediatric cutaneous mastocytosis, unspecified

New subcategory D47.02 Adult cutaneous mastocytosis

New code D47.020 Adult urticaria pigmentosa
Adult maculopapular cutaneous mastocytosis
Excludes1: urticaria pigmentosa NOS (D47.010)
urticaria pigmentosa with newborn onset (Q82.21)

New code D47.021 Telangiectasia macularis eruptiva perstans

New code D47.028 Other adult cutaneous mastocytosis
Adult solitary mastocytoma
Adult diffuse cutaneous mastocytosis
Excludes1: extracutaneous mastocytoma (D47.097)
pediatric solitary mastocytoma with newborn onset (Q82.23)
solitary mastocytoma NOS (D47.012)

New code D47.029 Adult cutaneous mastocytosis, unspecified

New code D47.03 Pediatric systemic mastocytosis

New subcategory D47.04 Adult systemic mastocytosis

Excludes1: aggressive systemic mastocytosis (C96.21)
mast cell leukemia (C94.3-)

New code D47.041 Indolent systemic mastocytosis
Isolated bone marrow mastocytosis

New code D47.042 Smoldering systemic mastocytosis

New code D47.043 Systemic mastocytosis, with an associated hematological non-mast cell lineage disease (SM-AHNMD)
Code also associated hematological non-mast cell lineage disease, such as:
acute myeloid leukemia (C92.6-, C92.A-)
chronic myelomonocytic leukemia (C93.1-)
essential thrombocytosis (D47.3)
hypereosinophilic syndrome (D72.1)
myelodysplastic syndrome (D46.9)
myeloproliferative syndrome (D47.1)
non-Hodgkin lymphoma (C82-C85)
plasma cell myeloma (C90.0-)
polycythemia vera (D45)

New code D47.048 Other systemic mastocytosis
Other adult systemic mastocytosis

New code D47.049 Systemic mastocytosis, unspecified
Adult systemic mastocytosis NOS

New subcategory D47.09 Other mast cell neoplasms of uncertain behavior

New code D47.090 Other mastocytosis
Cutaneous mastocytosis NOS

New code D47.091 Mastocytosis, unspecified

New code D47.092 Other mastocytoma
Extracutaneous mastocytoma

New code D47.093 Mastocytoma, unspecified

New code D47.098 Other mast cell neoplasms of uncertain behavior

New code D47.099 Mast cell neoplasms of uncertain behavior, unspecified
Mast cell tumor NOS

D47.Z Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue

New code D47.Z8 Other histiocytic neoplasms of uncertain behavior
Other histiocytic tumors of uncertain behavior

D47.Z9 Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue

Delete ~~Histiocytic tumors of uncertain behavior~~

Q82 Other congenital malformations of skin

Revise Q82.2 Pediatric cutaneous mastocytosis of newborn onset
Delete ~~Urticaria pigmentosa~~
Add Congenital cutaneous mastocytosis
Add Pediatric cutaneous mastocytosis of neonatal onset
Excludes1: adult solitary mastocytoma (D47.028)
extracutaneous mastocytoma (D47.097)
malignant mastocytosis (C96.2-)
mastocytoma NOS (D47.091)
solitary mastocytoma (D47.012)

New code Q82.20 Cutaneous mastocytosis of newborn onset, unspecified
Cutaneous mastocytosis of neonatal onset, unspecified

New code Q82.21 Urticaria pigmentosa of newborn onset
Congenital maculopapular cutaneous mastocytosis
Congenital urticaria pigmentosa
Maculopapular cutaneous mastocytosis of newborn onset
Urticaria pigmentosa of neonatal onset
Excludes1: adult urticaria pigmentosa (D47.020)
urticaria pigmentosa NOS (with onset after newborn period) (D47.010)

New code Q82.22 Diffuse cutaneous mastocytosis of newborn onset
Congenital diffuse cutaneous mastocytosis
Diffuse cutaneous mastocytosis of neonatal onset
Excludes1: diffuse cutaneous mastocytosis NOS (with onset after newborn period) (D47.011)

New code Q82.23 Solitary mastocytoma of newborn onset
Congenital solitary mastocytoma
Solitary mastocytoma of neonatal onset
Excludes1: solitary mastocytoma NOS (with onset after newborn period) (D47.012)

New code Q82.29 Other cutaneous mastocytosis of newborn onset
Other congenital cutaneous mastocytosis
Other cutaneous mastocytosis of neonatal onset
Other cutaneous mastocytosis with onset as newborn

Changes to previous March 2014 proposal at D89.4:

New subcategory D89.4 Mast cell activation syndrome and related disorders

Add Excludes1: adult cutaneous mastocytosis (D47.02-)
Add adult systemic mastocytosis (D47.04)
Revise aggressive systemic mastocytosis (C96.21)
Revise congenital cutaneous mastocytosis (Q82.2-)
Revise indolent systemic mastocytosis (D47.041)
Add malignant mast cell neoplasm (C96.2-)
Revise malignant mastocytoma (C96.29)
mast cell leukemia (C94.3-)
Add mast cell sarcoma (C96.22)
mastocytoma (D47.012, D47.028, D47.092-D47.093)
Add mastocytosis (D47.010-D47.049, D47.090-D47.091, Q82.2-)
Add other mast cell neoplasms of uncertain behavior (D47.09-)
Add pediatric cutaneous mastocytosis (D47.01-)
Add pediatric systemic mastocytosis (D47.03-)
Revise systemic mastocytosis associated with a clonal hematologic non-mast cell lineage disease (SM-AHNMD) (D47.043)

INDEX MODIFICATIONS

Mastocytoma D47.0
Revise - malignant C96.29

Revise Nettleship's syndrome ~~Q82.2~~ – see Urticaria, pigmentosa

Dyspareunia

Painful intercourse can occur for a variety of reasons — ranging from structural problems to psychological concerns. The persistent pain or discomfort associated with vaginal penetration is called dyspareunia.

The American Urological Association (AUA) is requesting new codes to align with a joint report on the terminology for female pelvic floor dysfunction which was published in 2009. The report combined input from two international organizations, the International Urogynecological Association (IUGA) and the International Continence Society (ICS). The publication has become a guide for standardized language and diagnoses terminology.

In the report, dyspareunia is further categorized as superficial (introital) and deep. Superficial (introital) dyspareunia is described as pain or discomfort on vaginal entry or at the vaginal introitus. Deep dyspareunia is described as pain or discomfort on deeper penetration (mid or upper vagina).

AUA is requesting the following new codes to identify the types of dyspareunia that are not currently represented in ICD-10-CM. AUA indicates unique codes are important, not only for population studies and research, but as the underlying etiology and treatment of each unique condition may differ.

TABULAR MODIFICATIONS

N94 Pain and other conditions associated with female genital organs and menstrual cycle

N94.1 Dyspareunia
Excludes1: psychogenic dyspareunia (F52.6)

New code	N94.10	Unspecified dyspareunia
New code	N94.11	Superficial (introital) dyspareunia
New code	N94.12	Deep dyspareunia
New code	N94.19	Other specified dyspareunia

Incontinence

Urinary incontinence is a condition of involuntary loss of urine that is often bothersome and can adversely affect quality of life. An important aspect of urinary incontinence and sexual function is the symptom of coital incontinence. Coital incontinence is an involuntary loss of urine with coitus. Coital incontinence is the result of underlying pelvic floor dysfunction whose etiologies are multifactorial.

An involuntary loss of urine associated with a change of body position, for example, rising from a seated or lying position is called postural urinary incontinence.

The American Urological Association (AUA) is requesting new codes to align with a joint report on the terminology for female pelvic floor dysfunction published in 2009, combining the input of two international organizations, the International Urogynecological Association (IUGA) and the International Continence Society (ICS). The publication has become a guide for standardized language and diagnoses terminology.

AUA is requesting the following new codes for consistency and to uniquely identify the types of incontinence that are not currently represented in ICD-10-CM. AUA indicates unique codes are important, not only for population and research, but as the underlying etiology and treatment of each unique condition may differ.

TABULAR MODIFICATIONS

	N39	Other disorders of urinary system		
		N39.4 Other specified urinary incontinence		
		N39.42	Incontinence without sensory awareness	
Add			Insensible (urinary) incontinence	
		N39.49	Other specified urinary incontinence	
New Code			N39.491	Coital incontinence
New Code			N39.492	Postural (urinary) incontinence

Difficulties with micturition

Voiding dysfunction is a condition in which the bladder is not able to empty properly. Voiding dysfunction can be described by symptoms such as a need to immediately re-void soon after micturition, straining to void, and postmicturition leakage (involuntary passage of urine following the completion of micturition).

Having to take specific positions to be able to micturate spontaneously or to improve bladder emptying, for example, leaning forwards or backwards on the toilet seat or voiding in the semi-standing position is called position-dependent micturition.

The American Urological Association (AUA) is requesting new codes to align with a joint report on the terminology for female pelvic floor dysfunction published in 2009, combining the input of two international organizations, the International Urogynecological Association (IUGA) and the International Continence Society (ICS). The publication has become a guide for standardized language and diagnoses terminology.

AUA is requesting the following new codes for consistency and to uniquely identify these symptoms that are not currently represented in ICD-10-CM. AUA indicates unique codes are important, not only for population studies and research, but as the underlying etiology and treatment of each unique condition may differ.

TABULAR MODIFICATIONS

R39 Other and unspecified symptoms and signs involving the genitourinary system

R39.1 Other difficulties with micturition

R39.19 Other difficulties with micturition

New Code	R39.191	Need to immediately re-void
New Code	R39.192	Position dependent micturition
New Code	R39.198	Other difficulties with micturition

Irritable Bowel Syndrome with Constipation

Functional gastrointestinal disorders (FGIDs) can affect any part of the gastrointestinal tract; they are disorders of how the GI tract works, not structural or biochemical abnormalities. Irritable bowel syndrome (IBS) is a chronic functional gastrointestinal disorder characterized by abdominal pain or discomfort associated with altered bowel habits. IBS is classified into subtypes based on the predominant alteration in stool form: IBS with constipation (IBS-C), IBS with diarrhea (IBS-D), some people have both (IBS-M for "mixed") or neither (IBS-U for "unspecified").

A symptom based diagnostic criteria, Rome III criteria, is considered the current standard for diagnosing FGIDs. According to the Rome III criteria, IBS is defined as recurrent abdominal pain or discomfort for at least 3 days per month in the past 3 months associated with 2 or more of the following: (1) improvement with defecation, (2) onset associated with a change in stool frequency, and/or (3) onset associated with a change in stool form.

IBS-C is estimated to affect 4.3% to 5.2% of the adult population in the United States.

Forest Laboratories, LLC is requesting the following new codes to identify and distinguish across subtypes, since diagnostic requirements and treatment options for IBS-D and IBS-C differ. Allowing for more specific codes would promote accurate disease identification, as well as align with the standard diagnostic criteria.

TABULAR MODIFICATIONS

	K58	Irritable bowel syndrome
New code	K58.1	Irritable bowel syndrome with constipation
New code	K58.8	Other irritable bowel syndrome

Chronic Idiopathic Constipation

Chronic idiopathic constipation (CIC) also known as functional constipation (FC) is a commonly occurring functional gastrointestinal disorder (FGID). CIC is characterized by infrequent bowel movements, hard or lumpy stools, straining, and a sensation of incomplete rectal evacuation.

A symptom based diagnostic criteria, Rome III criteria, is considered the current standard for diagnosing FGIDs. The Rome III criteria for FC requires the following criteria be fulfilled for the last 3 months and symptom onset at least 6 months prior to diagnosis: (1) two or more of the following: straining during at least 25% of bowel movements, lumpy or hard stools in at least 25% of bowel movements, sensation of incomplete evacuation in at least 25% of bowel movements, manual maneuvers to facilitate at least 25% of bowel movements, and fewer than three bowel movements per week; (2) loose stools rarely present without the use of laxatives; and (3) insufficient criteria for irritable bowel syndrome.

CIC is estimated to affect 12% to 19% of the population in the United States.

Forest Laboratories, LLC is requesting a new code for CIC, to achieve greater specificity and clinical detail. Allowing a more specific code would promote accurate disease identification, as well as align with the standard diagnostic criteria.

TABULAR MODIFICATIONS

K59 Other functional intestinal disorders

K59.0 Constipation

New code	K59.04	Chronic idiopathic constipation

Observation and evaluation of newborns for suspected conditions ruled out

It is not uncommon for a parent to seek medical care for a perceived problem with their newborn. Very often there isn't any specific condition and reassurance is all that is required. Currently ICD-10-CM does not have any way to uniquely capture suspected conditions ruled out as the reason for the encounter.

Currently in ICD-9-CM there are unique codes found in category V29, Observation and evaluation of newborns for suspected condition not found to show an encounter for a suspected condition in a newborn that is ruled out. In ICD-10-CM this can only be coded using codes in category P00, Newborn (suspected to be) affected by maternal conditions that may be unrelated to present pregnancy. Codes in this category suggest that they may include encounter of newborn for suspected condition not found, however it is of the opinion of the American Academy of Pediatrics (AAP) that category P00.- does not represent the same concepts as ICD-9-CM category V29.

In September 2013, The American Academy of Pediatrics originally submitted a proposal for unique set of codes be added to ICD-10-CM to more clearly capture this information however based on public comments, the proposal has been revised and is being resubmitted for reconsideration. It should also be noted that the codes currently proposed are not a direct walk over from ICD-9-CM.

TABULAR MODIFICATIONS

P00 Newborn (suspected to be) affected by maternal conditions that may be unrelated to present pregnancy

Add — Excludes 2: Encounter for observation of newborn for suspected diseases and conditions ruled out (Z05.-)

New category **Z05 Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out**

This category is to be used for newborns, within the neonatal period (the first 28 days of life), who are suspected of having an abnormal **condition unrelated to exposure from the mother or the birth process**, but without signs or symptoms, and which, after examination and observation, is ruled out.

Excludes 2: newborn observation for suspected condition, related to exposure from the mother or birth process (P00-P04)

New Code — Z05.0 Observation and evaluation of newborn for suspected cardiac condition ruled out

New code — Z05.1 Observation and evaluation of newborn for suspected infectious condition ruled out

New code — Z05.2 Observation and evaluation of newborn for suspected neurological condition ruled out

New code	Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
New subcategory	Z05.4	Observation and evaluation of newborn for suspected genetic, metabolic or immunologic condition ruled out
New Code	Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out
New Code	Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
New Code	Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out
New Code	Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
New Code	Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
New subcategory	Z05.7	Observation and evaluation of newborn for suspected skin, subcutaneous, musculoskeletal and connective tissue condition ruled out
New Code	Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
New Code	Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
New Code	Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
New Code	Z05.8	Observation and evaluation of newborn for other specified suspected condition ruled out
New Code	Z05.9	Observation and evaluation of newborn for unspecified suspected condition ruled out

Gestational Carrier

The American Congress of Obstetricians and Gynecologists (ACOG) is proposing new codes for gestational carrier. Currently, there is no way to code this condition accurately. ACOG indicates that they currently use ICD-9-CM V26.9 Unspecified procreative management, to report this condition. ICD-10-CM does not have a unique code for this. Since this practice is becoming increasingly more common, ACOG is requesting unique codes to identify these patients. They suggest two new codes to uniquely identify patients undergoing counseling and evaluation prior to the assisted reproductive technology procedure, as well as a code to indicate pregnant patients who are gestational carriers.

The following tabular modifications are proposed:

TABULAR MODIFICATIONS

O09 Supervision of high risk pregnancy
O09.8 Supervision of other high risk pregnancies
O09.81 Supervision of pregnancy resulting from assisted reproductive technology

Add — Excludes2: gestational carrier status (Z33.3)

Z31 Encounter for procreative management

New code — Z31.7 Encounter for procreative management and counseling for gestational carrier
Excludes1: pregnant state, gestational carrier (Z33.3)

Z33 Pregnant state

Z33.1 Pregnant state, incidental
Add — Excludes1: pregnant state, gestational carrier (Z33.3)

New code — Z33.3 Pregnant state, gestational carrier
Excludes1: encounter for procreative management and counseling for gestational carrier (Z31.7)

Minimally Invasive Surgical Procedures Converted to Open

The American Congress of Obstetricians and Gynecologists (ACOG) is requesting the addition of codes to indicate when a minimally invasive surgical procedure is converted to an open procedure. ICD-9-CM had specific diagnosis codes to indicate this and these are not currently in ICD-10-CM.

In 1997 the diagnosis code V64.4, Closed surgical procedure converted to open procedure was introduced to ICD-9-CM. In 2003 V64.4 was expanded to three codes to indicate specific types of closed procedures that were converted to open, as follows:

V64.41 Laparoscopic surgical procedure converted to open procedure
V64.42 Thoracoscopic surgical procedure converted to open procedure
V64.43 Arthroscopic surgical procedure converted to open procedure

During development of ICD-10-CM these codes were not added because it was felt that these codes described procedures rather than a diagnosis. Additionally, there are guidelines for coding this using the procedure classifications. ACOG indicates that while procedure classifications may address the approach change, they feel that diagnosis codes reflecting this should be added to ICD-10-CM to describe the full service performed on a patient and to provide additional information about medical necessity linking for the additional services performed during these surgical encounters.

The minimally invasive surgical approach has increased in use in many specialties since the ICD-9-CM V64.4 code was first introduced. A brief literature search showed that about 10% of cases that start as a minimally invasive approach may need to be converted to an open approach, after the procedure has begun. Some reasons given for conversion included limited access to the surgical field (sometimes due to patient obesity or adhesions) and unexpected complications such as gall stone spillage in cholecystectomies. Although some of these conditions can be coded using existing ICD-10-CM codes sometimes the reason for the conversion of approach is one that does not have a code (low visual field or thick abdominal wall).

The following three options are offered to address this issue.

PROPOSED TABULAR MODIFICATIONS

Option 1: Add an inclusion term (and related indexing) to existing diagnosis code Z53.09, Procedure and treatment not carried out because of other contraindication.

	Z53	Persons encountering health services for specific procedures and treatment, not carried out
	Z53.0	Procedure and treatment not carried out because of contraindication
	Z53.09	Procedure and treatment not carried out because of other contraindication
Add		Condition encountered requiring conversion from minimally invasive to open approach

Option 2:
Add a subcategory and new codes to ICD-10-CM category Z53, Persons encountering health services for specific procedures, not carried out. This placement and codes is equivalent to the ICD-9-CM (V64.4-) codes.

	Z53	Persons encountering health services for specific procedures and treatment, not carried out
New subcategory	Z53.3	Minimally invasive surgical procedure converted to open procedure
New code	Z53.30	Unspecified minimally invasive surgical procedure converted to open procedure
New code	Z53.31	Laparoscopic surgical procedure converted to open procedure
New code	Z53.32	Thoracoscopic surgical procedure converted to open procedure
New code	Z53.33	Arthroscopic surgical procedure converted to open procedure
New code	Z53.39	Other specified minimally invasive surgical procedure converted to open procedure

Option 3:
Add new codes to each related body system chapter. This would be consistent with placement of other body system specific codes for intraoperative and postprocedural complications and disorders.

	I97	Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified
	I97.8	Other intraoperative and postprocedural complications and disorders of the circulatory system, not elsewhere classified
New subcategory	I97.83	Other intraoperative disorders during circulatory system procedure
New code	I97.831	Intraoperative condition encountered during circulatory system procedure requiring conversion from minimally invasive to open approach

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 J95.86 Other intraoperative disorders during respiratory system procedure

New code J95.861 Intraoperative condition encountered during respiratory system procedure requiring conversion from minimally invasive to open approach

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 K91.88 Other intraoperative disorders during digestive system procedure

New code K91.881 Intraoperative condition encountered during digestive system procedure requiring conversion from minimally invasive to open approach

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

N99.8 Other intraoperative and postprocedural complications and disorders of genitourinary system

New subcategory N99.88 Other intraoperative disorders during genitourinary system procedure

New code N99.881 Condition encountered during genitourinary surgery requiring conversion from minimally invasive to open approach

3rd Degree Laceration during delivery

The American Congress of Obstetricians and Gynecologists (ACOG), through its collaborative hub- the Women's Health Registry Alliance, (reVITALize) initiative worked on the current classification of 3rd and 4th degree perineal lacerations and seeks to advance more robust data collection by moving toward agreement with the Royal College of Obstetricians and Gynaecologists.

In ICD-9-CM, obstetric trauma diagnosis codes include the following codes:
664.2 Third-degree perineal laceration
[0,1,4]
Perineal laceration, rupture, or tear (following episiotomy) involving:
anal sphincter
rectovaginal septum
sphincter NOS
Excludes: anal sphincter tear during delivery not associated with third-degree perineal laceration (664.6)
that with anal or rectal mucosal laceration (664.3)

664.3 Fourth-degree perineal laceration
[0,1,4]
Perineal laceration, rupture, or tear as classifiable to 664.2 and involving also:
anal mucosa
rectal mucosa

In ICD-10-CM, the equivalent diagnosis codes are O70.2, Third degree perineal laceration during delivery, and O70.3, Fourth degree perineal laceration during delivery with equivalent inclusion terms.

The work group discussed the potential usefulness of additional codes for quality improvement and measurement purposes, specifically to promote more consistent documentation of lacerations. Coding improvements may be implemented well before electronic medical record systems are uniformly adopted in facilities. The benefits for documenting subclassifications within coding includes the ability to risk stratify and/or adjust for measurement as well as the ability to identify cases for chart review and quality improvement.

The reVITALize definition for perineal lacerations is:
1° - Injury to perineal skin only
2° - Injury to perineum involving perineal muscles but not involving anal sphincter
3° - Injury to perineum involving anal sphincter complex
3a: Less than 50% of External Anal Sphincter (EAS) thickness torn
3b: More than 50% External Anal Sphincter (EAS) thickness torn
3c: Both External Anal Sphincter (EAS) & Internal Anal Sphincter (IAS) torn
4° - Injury to perineum involving anal sphincter complex (External Anal Sphincter (EAS) & Internal Anal Sphincter (IAS)) and anal epithelium

The Royal College of Obstetricians and Gynaecologists subclassifies 3rd degree lacerations as grade III a, b or c depending on the severity of the trauma. In coordination with that effort and reVITALize, ACOG is proposing the following tabular modifications to expand the current ICD-10-CM codes for 3rd degree lacerations:

TABULAR MODIFICATIONS

O70 Perineal laceration during delivery

O70.2 Third degree perineal laceration during delivery

New code	O70.20	Third degree perineal laceration during delivery, unspecified
New code	O70.21	Third degree perineal laceration during delivery, IIIa Third degree perineal laceration during delivery with less than 50% of external anal sphincter (EAS) thickness torn
New code	O70.22	Third degree perineal laceration during delivery, IIIb Third degree perineal laceration during delivery with more than 50% external anal sphincter (EAS) thickness torn
New code	O70.23	Third degree perineal laceration during delivery, IIIc Third degree perineal laceration during delivery with both external anal sphincter (EAS) and internal anal sphincter (IAS) torn

Ectopic Pregnancy

In 2001, at the request of the American Congress of Obstetricians and Gynecologists (ACOG), changes were made to ICD-9-CM to capture multiple gestation pregnancy with co-existing ectopic and intrauterine pregnancies. This was done to recognize that the increased incidence of this with the use of assisted reproductive technologies

These codes were not carried over to ICD-10-CM and ACOG is proposing that they are still necessary and should be added to this classification. The following changes are proposed to add these codes to 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 O00.11 Tubal pregnancy with intrauterine pregnancy

O00.2 Ovarian pregnancy

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

New code O00.21 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

Contraceptive Initial Encounter and Surveillance Codes

The American Congress of Obstetricians and Gynecologists (ACOG) is proposing new codes for initial encounter and surveillance codes for vaginal ring hormonal contraceptive device and transdermal patch hormonal contraceptive device contraceptive methods. These are methods of contraception that are not currently uniquely represented in ICD-10-CM, but are often the reason for visit. Additionally, ACOG proposes adding inclusion terms for barrier contraception (diaphragm) at the existing subcategories Z30.01, Encounter for initial prescription of contraceptives and Z30.4, Encounter for surveillance of contraceptives.

The following tabular modifications at category Z30 are proposed:

TABULAR MODIFICATIONS

Z30 Encounter for contraceptive management

Z30.0 Encounter for general counseling and advice on contraception

Z30.01 Encounter for initial prescription of contraceptives
Add — Encounter for initial prescription of barrier contraception
Add — Encounter for initial prescription of diaphragm

New code — Z30.015 Encounter for initial prescription of vaginal ring hormonal contraceptive
New code — Z30.016 Encounter for initial prescription of transdermal patch hormonal contraceptive device

Z30.4 Encounter for surveillance of contraceptives
Add — Encounter for surveillance of barrier contraception
Add — Encounter for surveillance of diaphragm

New code — Z30.44 Encounter for surveillance of vaginal ring hormonal contraceptive device
New code — Z30.45 Encounter for surveillance of transdermal patch hormonal contraceptive device

Ovarian Cyst Laterality

The American Congress of Obstetricians and Gynecologists (ACOG) would like to propose new codes to capture laterality for ovarian cyst related codes. Laterality is not currently specified in ICD-10-CM in the codes for ovarian cyst which are located in category N83, Noninflammatory disorders of ovary, fallopian tube and broad ligament. This level of specificity is important for data capturing and additionally it would be beneficial to have laterality specified in these codes since different services might performed on each side depending on the disease process.

ACOG proposes the following changes to category N83 for inclusion of laterality for these conditions.

TABULAR MODIFICATIONS

N83 Noninflammatory disorders of ovary, fallopian tube and broad ligament

N83.0 Follicular cyst of ovary
New code N83.00 Follicular cyst of ovary, unspecified side
New code N83.01 Follicular cyst of right ovary
New code N83.02 Follicular cyst of left ovary

N83.1 Corpus luteum cyst
New code N83.10 Corpus luteum cyst of ovary, unspecified side
New code N83.11 Corpus luteum cyst of right ovary
New code N83.12 Corpus luteum cyst of left ovary

N83.2 Other and unspecified ovarian cysts
N83.20 Unspecified ovarian cyst
New code N83.201 Unspecified ovarian cyst, right side
New code N83.202 Unspecified ovarian cyst, left side
New code N83.209 Unspecified ovarian cyst, unspecified side
Ovarian cyst, NOS
N83.29 Other ovarian cyst
New code N83.291 Other ovarian cyst, right side
New code N83.292 Other ovarian cyst, left side
New code N83.299 Other ovarian cyst, unspecified side

N83.3 Acquired atrophy of ovary and fallopian tube
N83.31 Acquired atrophy of ovary
New code N83.311 Acquired atrophy of right ovary
New code N83.312 Acquired atrophy of left ovary
New code N83.319 Acquired atrophy of ovary, unspecified side
Acquired atrophy of ovary, NOS

N83.32 Acquired atrophy of fallopian tube
New code N83.321 Acquired atrophy of right fallopian tube
New code N83.322 Acquired atrophy of left fallopian tube
New code N83.329 Acquired atrophy of fallopian tube, unspecified side
Acquired atrophy of fallopian tube, NOS

N83.33 Acquired atrophy of ovary and fallopian tube
New code N83.331 Acquired atrophy of right ovary and fallopian tube
New code N83.332 Acquired atrophy of left ovary and fallopian tube
New code N83.339 Acquired atrophy of ovary and fallopian tube, unspecified side
Acquired atrophy of ovary and fallopian tube, NOS

N83.4 Prolapse and hernia of ovary and fallopian tube
New code N83.40 Prolapse and hernia of ovary and fallopian tube, unspecified side
Prolapse and hernia of ovary and fallopian tube, NOS
New code N83.41 Prolapse and hernia of right ovary and fallopian tube
New code N83.42 Prolapse and hernia of left ovary and fallopian tube

N83.5 Torsion of ovary, ovarian pedicle and fallopian tube
N83.51 Torsion of ovary and ovarian pedicle
New code N83.511 Torsion of right ovary and ovarian pedicle
New code N83.512 Torsion of left ovary and ovarian pedicle
New code N83.519 Torsion of ovary and ovarian pedicle, unspecified side
Torsion of ovary and ovarian pedicle, NOS

N83.52 Torsion of fallopian tube
New code N83.521 Torsion of right fallopian tube
New code N83.522 Torsion of left fallopian tube
New code N83.529 Torsion of fallopian tube, unspecified side
Torsion of fallopian tube, NOS

Supervision of Pregnancy with History of Ectopic or Molar Pregnancy

The American Congress of Obstetricians and Gynecologists (ACOG) is proposing changes to subcategory O09.1, Supervision of high risk pregnancy with history of ectopic or molar pregnancy. They propose to separate the two conditions represented in this subcategory as they are totally distinct and require different patient management.

The following Tabular changes are proposed to subcategory O09.1, Supervision of high risk pregnancy with history of ectopic or molar pregnancy.

TABULAR MODIFICATIONS

	O09	Supervision of high risk pregnancy	
Revise	O09.1	Supervision of pregnancy with history of ectopic ~~or molar~~ pregnancy	
Revise		O09.10	Supervision of pregnancy with history of ectopic ~~or molar~~ pregnancy, unspecified trimester
Revise		O09.11	Supervision of pregnancy with history of ectopic ~~or molar~~ pregnancy, first trimester
Revise		O09.12	Supervision of pregnancy with history of ectopic ~~or molar~~ pregnancy, second trimester
Revise		O09.13	Supervision of pregnancy with history of ectopic ~~or molar~~ pregnancy, third trimester
New subcategory	O09.A	Supervision of pregnancy with history of molar pregnancy	
New code		O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
New code		O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
New code		O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester
New code		O09.A3	Supervision of pregnancy with history of molar pregnancy, third trimester

Sarcopenia

A proposal to create a new code for sarcopenia was received from the Alliance for Aging Research. It is part of the Aging In Motion Coalition, which is a group of patient, caregiver, health and aging organizations pressing for greater awareness, regulatory consideration, and improved treatment of sarcopenia.

Sarcopenia as a specific condition was initially identified in 1989. Originally, it referred to the loss of muscle mass that occurs with age, and was seen as a characteristic state almost universal with aging. Over time however, clinical perspectives on sarcopenia have evolved. Particularly because loss of muscle mass by itself does not necessarily correlate with weakness or functional impairment, sarcopenia has now come to be defined as a clinically significant disorder based on distinct findings and functional issues.

The Foundation for the National Institutes of Health Sarcopenia Project recently published its findings of an evidence-based approach to criteria for the diagnosis of sarcopenia.[1] Together with the published findings of the European Working Group on Sarcopenia in Older Persons[2], and other national and international groups[3,4,5], a consensus has emerged based on clinically relevant thresholds. Although there are some regional variations in specific cut points, there is wide conceptual agreement on the base definition.

Sarcopenia is now defined as a combination of low muscle mass together with weakness causing functional problems. The degree of muscle mass is measured by appendicular lean mass (i.e., non-bone lean mass of the limbs), typically assessed by using dual-energy X-ray absorptiometry (DEXA). Strength level is measured using customary protocols for grip strength. Finally, functional issues focus on mobility impairment, using standard tests such as gait speed or the "timed up and go" test.

Patients with sarcopenia typically experience mobility limitations and other functional issues such as an inability to carry out activities of daily living. Low grip strength and slow gait speed are strongly correlated with decreased ability to recover from serious injury, falls, disability, hospital and nursing home admissions, and increased mortality. Conditions which may be associated with sarcopenia include hip fracture, bed rest with immobilization, chronic obstructive pulmonary disease, diabetes mellitus type 2, stroke, Parkinson's disease, and congestive heart failure. While all people lose muscle mass and strength as they age, some older adults may have accelerated loss of muscle and may develop sarcopenia without having any of these conditions.

Establishing a diagnosis of sarcopenia allows for interventions such as nutritional counseling, occupational therapy, and physical therapy such as resistance and strength training to improve muscle strength. It also allows for identification of individuals at risk for falls and future disability, for whom preventive measures may then be taken. Pharmacological interventions are also being considered.

References

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2. Sarcopenia: European Consensus on Definition and Diagnosis: Report of the European Working Group on Sarcopenia in Older People. *Age Ageing*. 2010;39(4):412-423.
3. Fielding RA, Vellas B et al. Sarcopenia: An Undiagnosed Condition in Older Adults. Current Consensus Definition: Prevalence, Etiology, and Consequences. International Working Group on Sarcopenia. *Journal of the American Medical Directors Association*, May 2011; 12(4):249-256.
4. Morley JE, Abbatecola AM, et al. Sarcopenia With Limited Mobility: An International Consensus. The Society on Sarcopenia, Cachexia, and Wasting Disorders Trialist Workshop. *Journal of the American Medical Directors Association*, July 2011; 12(6):403-409
5. Muscaritoli M, et al. (2010) Consensus definition of sarcopenia, cachexia and pre-cachexia: joint document elaborated by Special Interest Groups (SIG) "cachexia-anorexia in chronic wasting diseases" and "nutrition in geriatrics". *Clinical Nutrition*, April 2010; 29 (2):154–159.

TABULAR MODIFICATIONS

M62 Other disorders of muscle

M62.5 Muscle wasting and atrophy, not elsewhere classified
Excludes1: …
Add <u>sarcopenia (M62.84)</u>

M62.8 Other specified disorders of muscle

M62.81 Muscle weakness (generalized)
Add <u>Excludes1: muscle weakness in sarcopenia (M62.84)</u>

New code M62.84 Sarcopenia

R53 Malaise and fatigue

R53.1 Weakness
Excludes1: …
Add <u>sarcopenia (M62.84)</u>

R54 Age-related physical disability
Excludes1: …
Add <u>sarcopenia (M62.84)</u>

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

C7A Malignant neuroendocrine tumors
C7A.0 Malignant carcinoid tumors
C7A.09 Malignant carcinoid tumors of other sites
Revise C7A.094 Malignant carcinoid tumor of the foregut unspecified
Revise C7A.095 Malignant carcinoid tumor of the midgut unspecified
Revise C7A.096 Malignant carcinoid tumor of the hindgut unspecified

C94 Other leukemias of specified cell type
C94.2 Acute megakaryoblastic leukemia
C94.20 Acute megakaryoblastic leukemia not having achieved remission
Revise Acute megakaryoblastic leukemia with failed remission

D3A Benign neuroendocrine tumors
D3A.0 Benign carcinoid tumors
D3A.09 Benign carcinoid tumors of other sites
Revise D3A.094 Benign carcinoid tumor of the foregut unspecified
Revise D3A.095 Benign carcinoid tumor of the midgut unspecified
Revise D3A.096 Benign carcinoid tumor of the hindgut unspecified

D10 Benign neoplasm of mouth and pharynx
Revise D10.3 Benign neoplasm of other and unspecified parts of mouth

E29 Testicular dysfunction
Revise Excludes1: Klinefelter's syndrome (Q98.0-Q98.1, Q98.4)

F52 Sexual dysfunction not due to a substance or known physiological condition
F52.2 Sexual arousal disorders
F52.22 Female sexual arousal disorder
Delete ~~Frigidity~~

I42 Cardiomyopathy
Delete ~~Excludes1:~~ ~~ischemic cardiomyopathy (I25.5)~~
~~peripartum cardiomyopathy (O90.3)~~

Add Excludes2: ischemic cardiomyopathy (I25.5)
Add peripartum cardiomyopathy (O90.3)
ventricular hypertrophy (I51.7)

I83 Varicose veins of lower extremities
I83.1 Varicose veins of lower extremities with inflammation
Delete ~~Stasis dermatitis~~

I87 Other disorders of veins
I87.2 Venous insufficiency (chronic) (peripheral)
Add Stasis dermatitis
Add Excludes1: stasis dermatitis with varicose veins of lower extremities (I83.1-, I83.2-)

K91 Intraoperative and postprocedural complications and disorders of digestive system, not elsewhere classified
K91.6 Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating a procedure
Revise K91.61 Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating a digestive system procedure

Dermatitis and eczema (L20-L30)
Revise Excludes2: stasis dermatitis ~~(I83.1-I83.2)~~ (I87.2)

L30 Other and unspecified dermatitis
Revise Excludes2:stasis dermatitis ~~(I83.1-I83.2)~~ (I87.2)

O42 Premature rupture of membranes
O42.0 Premature rupture of membranes, onset of labor within 24 hours of rupture
O42.02 Full-term premature rupture of membranes, onset of labor within 24 hours of rupture
Revise Premature rupture of membranes at or after 37 completed weeks of gestation, onset of labor within 24 hours of rupture

O42.1 Premature rupture of membranes, onset of labor more than 24 hours following rupture
O42.12 Full-term premature rupture of membranes, onset of labor more than 24 hours following rupture
Revise Premature rupture of membranes at or after 37 completed weeks of gestation, onset of labor more than 24 hours following rupture
O42.9 Premature rupture of membranes, unspecified as to length of time between rupture and onset of labor
O42.92 Full-term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor
Revise Premature rupture of membranes at or after 37 completed weeks of gestation, unspecified as to length of time between rupture and onset of labor

Symptoms and signs involving the digestive system and abdomen (R10-R19)
Revise Excludes2: congenital or infantile pylorospasm (Q40.0)
gastrointestinal hemorrhage (K92.0-K92.2)…

[Proposing to change the entire Excludes1 list to be an Excludes2 list)

S49 Other and unspecified injuries of shoulder and upper arm
S49.0 Physeal fracture of upper end of humerus
S49.03 Salter-Harris Type III physeal fracture of upper end of humerus
Revise S49.031 Salter-Harris Type III physeal fracture of upper end of humerus, right arm

[Same changes will be made to make Salter-Harris consistent]

S54 Injury of nerves at forearm level
S54.8 Injury of other nerves at forearm level
Revise S54.8X Injury of other nerves at forearm level
Revise S54.8X1 Injury of other nerves at forearm level, right arm
Revise S54.8X2 Injury of other nerves at forearm level, left arm
Revise S54.8X9 Injury of other nerves at forearm level, unspecified arm

T17 Foreign body in respiratory tract
T17.3 Foreign body in larynx
T17.32 Food in larynx
Revise Bones in larynx
T78 Adverse effects, not elsewhere classified
T78.0 Anaphylactic reaction due to food
T78.05 Anaphylactic reaction due to tree nuts and seeds
Revise Excludes2: anaphylactic reaction due to peanuts (T78.01)

T83 Complications of genitourinary prosthetic devices, implants and grafts
T83.3 Mechanical complication of intrauterine contraceptive device
T83.32 Displacement of intrauterine contraceptive device
Add Missing string of intrauterine contraceptive device

Y92 Place of occurrence of the external cause
Revise Y92.4 Street, highway and other paved roadways as the place of occurrence of the external cause

Z45 Encounter for adjustment and management of implanted device
Z45.0 Encounter for adjustment and management of cardiac device
Z45.01 Encounter for adjustment and management of cardiac pacemaker
Add Encounter for adjustment and management of cardiac resynchronization therapy pacemaker (CRT-P)
Z45.02 Encounter for adjustment and management of automatic implantable cardiac defibrillator
Add Encounter for adjustment and management of cardiac resynchronization therapy defibrillator (CRT-D)

Z95 Presence of cardiac and vascular implants and grafts
Z95.0 Presence of cardiac pacemaker
Add Presence of cardiac resynchronization therapy (CRT-P) pacemaker
Add Excludes1: adjustment or management of cardiac device (Z45.0-)

Z95.8 Presence of other cardiac and vascular implants and grafts
Z95.81 Presence of other cardiac implants and grafts
Z95.810 Presence of automatic (implantable) cardiac defibrillator
Add Presence of cardiac resynchronization therapy defibrillator (CRT-D)
Add Presence of cardioverter-defribillator (ICD)

ICD-10-CM INDEX TO DISEASES and INJURIES
PROPOSED ADDENDA
All proposed effective October 1, 2016

Behavior
Revise - drug seeking Z76.5

Climacteric (female) - see also Menopause
- depression (single episode) F32.8
Add - - recurrent episode F33.8
Add - melancholia (single episode) F32.8
Add - - recurrent episode F33.8

Depression (acute) (mental) F32.9
- atypical (single episode) F32.8
Add - - recurrent episode F33.8
- climacteric (single episode) F32.8
Add - - recurrent episode F33.8
- involutional (single episode) F32.8
Add - - recurrent episode F33.8
- menopausal (single episode) F32.8
Add - - recurrent episode F33.8

Dermatitis (eczematous) L30.9
- stasis I87.2
Add - - with
Add - - - varicose ulcer - see Varix, leg, with ulcer, with inflammation
Add - - - varicose veins - see Varix, leg, with, inflammation
Add - - due to postthrombotic syndrome - see Syndrome, postthrombotic

Disease
- pelvis, pelvic
- - inflammatory (female) N73.9
Add - - - chlamydial A56.11
- Pick's G31.01 [F02.80]
- - with behavioral disturbance G31.01 [F02.81]
Add - - brain G31.01 [F02.80]
Add - - - with behavioral disturbance G31.01 [F02.81]
Add - - of pericardium (pericardial pseudocirrhosis of liver) I31.1

Eczema (acute) (chronic) (erythematous) (fissum) (rubrum) (squamous)
(see also Dermatitis) L30.9
Revise - stasis I87.2
Add - - with varicose veins - see Varix, leg, with, inflammation

Embolism (multiple) (paradoxical) I74.9
- obstetric (in) (pulmonary)
Revise - - childbirth O88.22
Revise - - pregnancy O88.21-
Revise - - puerperal O88.23

Fracture, traumatic (abduction) (adduction) (separation) (see also Fracture, pathological) T14.8
- neck S12.9
- - cervical vertebra S12.9
- - - seventh (displaced) S12.600
- - - - specified type NEC (displaced) S12.690
Revise - - - - - nondisplaced S12.691
- - - sixth (displaced) S12.500
- - - - specified type NEC (displaced) S12.590
Revise - - - - - nondisplaced S12.591
- - - third (displaced) S12.200
- - - - specified type NEC (displaced) S12.290
Revise - - - - - nondisplaced S12.291

Incarceration, incarcerated
Revise - - exomphalos K42.0

Involution, involutional - see also condition
Revise - melancholia ~~(recurrent episode)~~ (single episode) F32.8
Add - - recurrent episode F33.8

Melancholia F32.9
- climacteric (single episode) F32.8
Revise - - recurrent episode F33.8
- intermittent (single episode) F32.8
Add - - recurrent episode F33.8
- involutional (single episode) F32.8
Revise - - recurrent episode F33.8
- menopausal (single episode) F33.8
Revise - - recurrent episode F33.8
- stuporous (single episode) F32.8
Revise - - recurrent episode F33.8

Menopause, menopausal (asymptomatic) (state) Z78.0
- depression (single episode) F32.8
Add - - recurrent episode F33.8
- melancholia (single episode) F32.8
Revise - - recurrent episode F33.8

Newborn (infant) (liveborn) (singleton) Z38.2
Revise - jaundice P59.9

Obesity E66.9
Add - exogenous E66.09

Peritonitis… K65.9
- with or following
Revise - - appendicitis K35.3

Personality (disorder) F60.9
Revise - mixed (nonspecific) F60.89

Pick's
- disease or syndrome (brain) G31.01 [F02.80]
- - with behavioral disturbance G31.01 [F02.81]
Add - - brain G31.01 [F02.80]
Add - - - with behavioral disturbance G31.01 [F02.81]
Add - - pericardium (pericardial pseudocirrhosis of liver) I31.1
Add - syndrome
Add - - brain G31.01 [F02.80]
Add - - - with behavioral disturbance G31.01 [F02.81]
Add - - of heart (pericardial pseudocirrhosis of liver) I31.1

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9
Add - MRSA (Methicillin resistant Staphylococcus aureus) J15.212

Pregnancy (single) (uterine) - see also Delivery and Puerperal
- complicated by (care of) (management affected by)
- - premature rupture of membranes O42.90
- - - with onset of labor
- - - - within 24 hours O42.00
Revise - - - - - at or after 37 weeks gestation O42.02
- - - - after 24 hours O42.10
Revise - - - - - at or after 37 weeks gestation O42.12
Revise - - - at or after 37 weeks gestation O42.92

Problem (with) (related to)
- behavioral (adult) F69
Revise - - drug seeking Z76.5

Pseudohermaphroditism Q56.3
- female Q56.2
Revise - - adrenal (congenital) E25.0

Scoliosis (acquired) (postural) M41.9
Add - infantile – see Scoliosis, idiopathic, infantile

Shock R57.9
- anaphylactic T78.2
- - due to food (nonpoisonous) T78.00
- - - nuts T78.05
Add - - - - multiple types T78.05

Stasis
Revise - dermatitis I87.2
Add - - with
Add - - - varicose ulcer - see Varix, leg, with ulcer, with inflammation
Add - - - varicose veins - see Varix, leg, with, inflammation
Add - - due to postthrombotic syndrome - see Syndrome, postthrombotic

Stupor (catatonic) R40.1
Revise - depressive (single episode) F32.8
Add - - recurrent episode F33.8

Syndrome – see also Disease
Revise - Bakwin-Krida Q78.5
Revise - Danlos' Q79.6
Revise - Soto's Q87.3

Revise - Pick's – see Disease, Pick's

Threatened
- labor (without delivery) O47.9
Revise - - at or after 37 completed weeks of gestation O47.1

Use (of)
Revise - alcohol Z72.89

Revise Volvulus (bowel) (colon) ~~(duodenum)~~ (intestine) K56.2
Add - duodenum K31.5

ICD-10-CM External Cause of Injuries Index

Accident (to) X58
- transport (involving injury to) V99
- - occupant (of)

Revise - - - minibus -- see Accident, transport, ~~car~~ pickup truck occupant

Revise - - - minivan -- see Accident, transport, ~~car~~ pickup truck occupant

ICD-10-CM Table of Neoplasms

Neoplasm
- auditory

Revise - - canal (external) (skin) ~~A81~~ C44.20- C79.2 D04.2- D23.2- D48.5 D49.2