ICD-9-CM Coordination and Maintenance Committee Meeting
March 5, 2012
Diagnosis Agenda

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

Diagnosis Topics:

ICD-9-CM TIMELINE

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

March 5, 2012	ICD-9-CM Coordination and Maintenance Committee meeting.
April 1, 2012	There will not be any new ICD-9-CM codes required to capture new diagnoses.
April 6, 2012	**Deadline for receipt of public comments on proposed code revisions discussed at the March 5, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2012.**
April 2012	Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include the final ICD-9-CM diagnosis and procedure codes for the upcoming fiscal year. It will also include proposed revisions to the DRG system on which the public may comment. The proposed rule can be accessed at: http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp
April 2012	Summary report of the Procedure part of the March 5, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes Summary report of the Diagnosis part of the March 5, 2012 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd.htm
May 11, 2012	**Deadline for receipt of public comments on proposed diagnosis code revisions discussed at the March 5, 2012 ICD-9-CM Coordination and Maintenance Committee meeting for implementation on October 1, 2014.**
June 2012	Final addendum posted on web pages as follows: Diagnosis addendum at – http://www.cdc.gov/nchs/icd.htm Procedure addendum at – http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

July 19, 2012	**Those members of the public requesting that topics be discussed at the September 19 – 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.**
August 1, 2012	Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include all the final codes to be implemented on October 1, 2012. This rule can be accessed at: http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp
August 2012	Tentative agenda for the Procedure part of the September 19 – 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at - http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes Tentative agenda for the Diagnosis part of the September 19 – 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at - http://www.cdc.gov/nchs/icd.htm Federal Register notice for the September 19 –20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
August 17, 2012	**On-line registration opens for the September 19-20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting at: http://www.cms.hhs.gov/apps/events**
September 10, 2012	Because of increased security requirements, those wishing to attend the September 19 - 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at: http://www.cms.hhs.gov/apps/events **Attendees must register online by September 10, 2012; failure to do so may result in lack of access to the meeting.**

September 19 –20, 2012	ICD-9-CM Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 10, 2012.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
October 2012	Summary report of the Procedure part of the September 19 – 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes Summary report of the Diagnosis part of the September 19– 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd.htm
October 1, 2012	New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd.htm Procedure addendum at - http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
October 5, 2012	**Deadline for receipt of public comments on proposed code revisions discussed at the September 19-20, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2013.**
November 2012	Any new ICD-9-CM codes required to capture new technology that will be implemented on April 1, 2013 will be announced. Information on any new codes to be implemented April 1, 2013 will be posted on the following websites: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes http://www.cdc.gov/nchs/icd.htm
November 16, 2012	**Deadline for receipt of public comments on proposed code revisions discussed at the September 19-20, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2013.**

Contact Information

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Comments on the ICD-9-CM and ICD-10-CM proposals presented at the ICD-9-CM Coordination and Maintenance Committee meeting should be sent to the following email address: nchsicd9CM@cdc.gov

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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 will implement 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 on October 1, 2013. There was considerable support for this partial freeze. The partial freeze will be implemented as follows:

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets will be made on October 1, 2011.
- On October 1, 2012, there will be 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, 2013, 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, 2014, 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, 2014 once the partial freeze has ended.
Codes discussed at the September 15 – 16, 2010 and March 9 – 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be considered for implementation on October 1, 2011, the last regular updates for ICD-9-CM and ICD-10. Code requests discussed at the September 14 – 15, 2011 and additional meetings during the freeze will be evaluated for either the limited updates to capture new technologies and diseases during the freeze period or for implementation to ICD-10 on October 1, 2014. The public will be actively involved in discussing the merits of any such requests during the period of the partial freeze.

HHS News
U.S. Department of Health and Human Services
www.hhs.gov/news

FOR IMMEDIATE RELEASE
February 16, 2012

Contact: HHS Press Office
(202) 690-6343

HHS Announces Intent to Delay ICD-10 Compliance Date

As part of President Obama's commitment to reducing regulatory burden, Health and Human Services Secretary Kathleen G. Sebelius today announced that HHS will initiate a process to postpone the date by which certain health care entities have to comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10).

The final rule adopting ICD-10 as a standard was published in January 2009 and set a compliance date of October 1, 2013 – a delay of two years from the compliance date initially specified in the 2008 proposed rule. HHS will announce a new compliance date moving forward.

"ICD-10 codes are important to many positive improvements in our health care system," said HHS Secretary Kathleen Sebelius. "We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead. We are committing to work with the provider community to reexamine the pace at which HHS and the nation implement these important improvements to our health care system."

ICD-10 codes provide more robust and specific data that will help improve patient care and enable the exchange of our health care data with that of the rest of the world that has long been using ICD-10. Entities covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be required to use the ICD-10 diagnostic and procedure codes.

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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-9-CM 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-9-CM 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.

Atypical femoral fracture

A request for a new code for atypical femoral fracture was presented at the March 2011 ICD-9-CM Coordination and Maintenance Committee Meeting. Comments at and following that meeting raised concern about the term "atypical" not having standard use or meaning. The original requestor, the American Society for Bone and Mineral Research (ASBMR), responded that although the term "atypical" may be used for other fracture patterns, the entire term "atypical femoral fracture" is increasingly linked to this specific type of fracture, defined below, which was virtually never seen before and now is being diagnosed with frequency.

In 2010 the ASBMR Task Force published a clinical case definition for atypical femoral fracture, which remains the same as follows:

1. location - the subtrochanteric region of the hip or the femoral shaft
2. complete atypical femur fractures extend across both cortices and have a transverse or short oblique ($< 30^{o}$) orientation
3. incomplete atypical femur fractures involve only the lateral cortex
4. minimal or no trauma
5. lack of comminution
6. cortical thickening that is either generalized or localized at the lateral cortex of the fracture site
7. periosteal reaction of the lateral cortex
8. medial spike when the fracture is complete
9. association with bisphosphonates and other medications, such as glucocorticoids

The following is taken from the December 2011 issue of AAOS *Now*, "*Bisphosphonates: the good, the bad, and the unidentified*":

> "Given the growing concerns regarding treatment length and potential BP side effects, perhaps new diagnostic and procedural codes should be developed for atypical femur fractures as was recently done with the coding of ONJ. This would improve the quality of case reporting and enable better review of medical records."

Additional comments concerned the appropriate placement of this in ICD-9-CM since there was limited space. Therefore the topic is being re-presented today for further consideration with the following proposed options for placement of this diagnosis in ICD-10-CM.

It should be noted that code Z79.83, Long term (current) use of bisphosphonates was added to ICD-10-CM with the FY12 update (released in December 2011).

PROPOSED TABULAR MODIFICATIONS

Option 1:
Create new codes for atypical femoral fractures in subcategory M84.3, Stress fracture. This would create 18 new codes when the seventh characters are applied.

M84 Disorder of continuity of bone

The appropriate 7th character is to be added to each code from subcategory M84.3:

A initial encounter for fracture
D subsequent encounter for fracture with routine healing
G subsequent encounter for fracture with delayed healing
K subsequent encounter for fracture with nonunion
P subsequent encounter for fracture with malunion
S sequela

M84.3 Stress fracture

M84.35 Stress fracture, pelvis and femur

New code	M84.354	Atypical femoral fracture right leg
New code	M84.355	Atypical femoral fracture left leg
New code	M84.356	Atypical femoral fracture unspecified leg

Option 2:
Create a new subcategory, M84.7, for inclusion of atypical femoral fractures. The subcategory could also be used for similar or other unique fracture entities in anatomical sites other than the femur. Atypical femoral fractures have such a distinctive radiographic appearance which could warrant placement under M84, Disorder of continuity of bone. This would create 60 new codes when the seventh characters are applied.

New subcategory	M84.7	Nontraumatic fracture, not elsewhere classified
New sub-subcategory	M84.75	Atypical femoral fracture

The appropriate 7th character is to be added to each code from M84.75:
- A initial encounter for fracture
- D subsequent encounter for fracture with routine healing
- G subsequent encounter for fracture with delayed healing
- K subsequent encounter for fracture with nonunion
- P subsequent encounter for fracture with malunion
- S sequela

New code	M84.750	Atypical femoral fracture, unspecified
New code	M84.751	Incomplete atypical femoral fracture, right leg
New code	M84.752	Incomplete atypical femoral fracture, left leg
New code	M84.753	Incomplete atypical femoral fracture, unspecified leg
New code	M84.754	Complete transverse atypical femoral fracture, right leg
New code	M84.755	Complete transverse atypical femoral fracture, left leg
New code	M84.756	Complete transverse atypical femoral fracture, unspecified leg
New code	M84.757	Complete oblique atypical femoral fracture, right leg
New code	M84.758	Complete oblique atypical femoral fracture, left leg
New code	M84.759	Complete oblique atypical femoral fracture, unspecified leg

Choking Game

The “choking game” is an activity among children and adolescents involving choking themselves or each other, with the hands or a noose, which may be an article of clothing such as a scarf or belt. The choking may produce a brief euphoria or high, related to hypoxia. Loss of consciousness may occur, with potential for injury from subsequent falling, and of hypoxic injury. Death may also occur (see references). Findings that may be associated with the choking game include marks on the neck, headaches, disorientation, irritability, hostility, petechiae of the face, especially the eyelids or the conjunctiva, and bloodshot eyes. In more severe cases, coma and seizures may occur. Other names include the pass out game, the fainting game, and the blackout game, among a large number of other terms.

For cases where the choking game causes hypoxic injury or asphyxiation, a code would be assigned from subcategory T71.19, Asphyxiation due to mechanical threat to breathing due to other causes (unless another subcategory were appropriate, such as T71.16, Asphyxiation due to hanging). Codes for associated problems also would be assigned, e.g., for a fall and associated injuries.

There has been work to educate the public about this being a problem, educating physicians, making parents aware of it, and teaching children of the risks of death and serious injury that can occur. Patricia J Russell, M.D., a practicing physician of Tacoma, WA, and coauthor of multiple publications on the choking game, requested a specific code to track cases, identify injuries, and track injury data related to the choking game.

References

1. “Unintentional Strangulation Deaths from the "Choking Game" Among Youths Aged 6--19 Years --- United States, 1995—2007.” MMWR, February 15, 2008 / 57(06);141-144.

2. Research Update, The Choking Game: CDC´s Findings on a Risky Youth Behavior
http://www.cdc.gov/homeandrecreationalsafety/Choking/choking_game.html

3. The choking game: physician perspectives. McClave JL, Russell PJ, et al. Pediatrics. 2010 Jan;125(1):82-7.

TABULAR MODIFICATIONS

Y93 Activity codes

Y93.8 Activities, other specified

New code Y93.85 Activity, choking game
Activity, blackout game
Activity, fainting game
Activity, pass out game

Cognitive Sequelae of Cerebrovascular Diseases

Cerebrovascular disease may cause a number of cognitive sequelae. These may include attention and concentration deficit, memory deficit, visuospatial deficit and spatial neglect, psychomotor deficit, frontal lobe and executive function deficit, and cognitive social or emotional deficit, among others. ICD-10-CM includes detailed codes for motor deficits and speech and language deficits following cerebrovascular diseases, but lacks specific codes for the cognitive sequelae of cerebrovascular disease. There have been symptom codes for certain cognitive deficits at R41.84, Other specified cognitive deficit.

The American Academy of Neurology has proposed addition of codes for attention and concentration deficit, visuospatial deficit, psychomotor deficit, and frontal lobe and executive function deficit. A code for cognitive communication deficit (as in R41.841) is not needed, since a code for aphasia is available; however, codes are also requested for the following cognitive deficits affecting the quality of life of survivors of cerebrovascular diseases:

- Memory deficit, involving difficulty with recall and memory retrieval of functional relevance, but not meeting criteria for vascular dementia
- Cognitive social or emotional deficit, involving the acquired inability to understand or behave appropriately in communicating or reinforcing social, emotional or other interpersonal relationships, including inability to produce or interpret appropriate facial expressions, body movements, prosodic speech, or nonverbal behavior, interfering with function in vocational and other contexts.

Specific codes are proposed for specific types of cerebrovascular disease, including nontraumatic subarachnoid hemorrhage, nontraumatic intracerebral hemorrhage, other nontraumatic intracranial hemorrhage, cerebral infarction, as well as other cerebrovascular diseases and unspecified cerebrovascular diseases.

TABULAR MODIFICATIONS

I69 Sequelae of cerebrovascular diseases

169.0 Sequelae of nontraumatic subarachnoid hemorrhage

I69.01 Cognitive deficits following nontraumatic subarachnoid hemorrhage

New code	I69.010 Attention and concentration deficit following nontraumatic subarachnoid hemorrhage
New code	I69.011 Memory deficit following nontraumatic subarachnoid hemorrhage

New code I69.012 Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage
New code I69.013 Psychomotor deficit following nontraumatic subarachnoid hemorrhage
New code I69.014 Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage
New code I69.015 Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
New code I69.018 Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
New code I69.019 Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage

I69.1 Sequelae of nontraumatic intracerebral hemorrhage

I69.11 Cognitive deficits following nontraumatic intracerebral hemorrhage

New code I69.110 Attention and concentration deficit following nontraumatic intracerebral hemorrhage
New code I69.111 Memory deficit following nontraumatic intracerebral hemorrhage
New code I69.112 Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage
New code I69.113 Psychomotor deficit following nontraumatic intracerebral hemorrhage
New code I69.114 Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
New code I69.115 Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage
New code I69.118 Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
New code I69.119 Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage

I69.2 Sequelae of other nontraumatic intracranial hemorrhage

I69.21 Cognitive deficits following other nontraumatic intracranial hemorrhage

New code I69.210 Attention and concentration deficit following other nontraumatic intracranial hemorrhage
New code I69.211 Memory deficit following other nontraumatic intracranial hemorrhage
New code I69.212 Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage
New code I69.213 Psychomotor deficit following other nontraumatic intracranial hemorrhage
New code I69.214 Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage
New code I69.215 Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage
New code I69.218 Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
New code I69.219 Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage

I69.3 Sequelae of cerebral infarction

I69.31 Cognitive deficits following cerebral infarction

New code I69.310 Attention and concentration deficit following cerebral infarction
New code I69.311 Memory deficit following cerebral infarction
New code I69.312 Visuospatial deficit and spatial neglect following cerebral infarction
New code I69.313 Psychomotor deficit following cerebral infarction
New code I69.314 Frontal lobe and executive function deficit following cerebral infarction
New code I69.315 Cognitive social or emotional deficit following cerebral infarction
New code I69.318 Other symptoms and signs involving cognitive functions following cerebral infarction
New code I69.319 Unspecified symptoms and signs involving cognitive functions following cerebral infarction

I69.8 Sequelae of other cerebrovascular diseases

I69.81 Cognitive deficits following other cerebrovascular disease

New code I69.810 Attention and concentration deficit following other cerebrovascular disease

New code	I69.811 Memory deficit following other cerebrovascular disease
New code	I69.812 Visuospatial deficit and spatial neglect following other cerebrovascular disease
New code	I69.813 Psychomotor deficit following other cerebrovascular disease
New code	I69.814 Frontal lobe and executive function deficit following other cerebrovascular disease
New code	I69.815 Cognitive social or emotional deficit following other cerebrovascular disease
New code	I69.818 Other symptoms and signs involving cognitive functions following other cerebrovascular disease
New code	I69.819 Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease

I69.9 Sequelae of unspecified cerebrovascular diseases

I69.91 Cognitive deficits following unspecified cerebrovascular disease

New code	I69.910 Attention and concentration deficit following unspecified cerebrovascular disease
New code	I69.911 Memory deficit following unspecified cerebrovascular disease
New code	I69.912 Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease
New code	I69.913 Psychomotor deficit following unspecified cerebrovascular disease
New code	I69.914 Frontal lobe and executive function deficit following unspecified cerebrovascular disease
New code	I69.915 Cognitive social or emotional deficit following unspecified cerebrovascular disease
New code	I69.918 Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
New code	I69.919 Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease

R41 Other symptoms and signs involving cognitive functions and awareness

R41.8 Other symptoms and signs involving cognitive functions and awareness

R41.84 Other specified cognitive deficit

Add Excludes1: cognitive deficits as sequelae of cerebrovascular disease (I69.01-, I69.11-, I69.21-, I69.31-, I69.81-, I69.91-)

Family history of SIDS

Sudden Infant Death Syndrome (SIDS) is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and review of the clinical history. Unfortunately, although a number of risk factors have been determined, the cause is still unknown.

According to the CDC, SIDS is the leading cause of death among infants aged 1–12 months, and is the third leading cause overall of infant mortality in the United States. According to the CDC National Vital Statistics Report "*Deaths: Final Data for 2009*" there were 2,226 deaths attributed to SIDS. Although the overall rate of SIDS in the United States has declined by more than 50% since 1990, rates for non-Hispanic black and American Indian/Alaska Native infants remain disproportionately higher than the rest of the population. Some analysis has shown there to be an increased risk of SIDS occurring in siblings and twins though it is difficult to determine if this increased risk is due to environmental factors or biological factors. Preventing SIDS remains an important public health priority.

A request has been received from the Israel Ministry of Health on behalf of the Israel National Committee on Clinical Coding, for a new code for Family History of Sudden Infant Death Syndrome (SIDS). Israel continues to use ICD-9-CM to code hospitalization diagnoses and procedures until making the transition to ICD-10-CM/PCS following implementation in the U.S. They referenced ICD-9-CM codes in their request and those codes are the same in ICD-10-CM. Current ICD-10-CM codes Z82.41, Family history of sudden cardiac death and Z84.89, Family history of other specified conditions do not seem adequate to track a family history of SIDS. Creating a unique code for a family history of SIDS may assist in the investigation of this condition.

Further information about SIDS can be found on the CDC website:
http://www.cdc.gov/SIDS/index.htm

The following ICD-10-CM tabular change is proposed:

TABULAR MODIFICATIONS

Z84 Family history of other conditions

Z84.8 Family history of other specified conditions

New code Z84.82 Family history of sudden infant death syndrome
Family history of SIDS

ICD-10-CM TABULAR PROPOSED ADDENDA

March 5, 2012 C&M
Effective October 1, 2014

E16 Other disorders of pancreatic internal secretion

E16.0 Drug-induced hypoglycemia without coma
Add Excludes1: diabetes with hypoglycemia without coma (E09.692)

E16.1 Other hypoglycemia
Add Excludes1: diabetes with hypoglycemia (E08.649, E10.649, E11.649, E13.649)

E16.2 Hypoglycemia, unspecified
Add Excludes1: diabetes with hypoglycemia (E08.649, E10.649, E11.649, E13.649)

E35 Disorders of endocrine glands in diseases classified elsewhere
Code first underlying disease, such as:
Delete ~~tuberculous calcification of adrenal gland (B90.8)~~

Add Use additional code, if applicable, to identify:
Add sequelae of tuberculosis of other organs (B90.8)

G47 Sleep disorders

G47.4 Narcolepsy and cataplexy

G47.42 Narcolepsy in conditions classified elsewhere
Add Code first underlying condition

H40 Glaucoma

H40.1 Open-angle glaucoma

H40.14 Capsular glaucoma with pseudoexfoliation of lens
Revise One of the following 7th characters is to be assigned to each code in subcategory <u>H40.14</u> to designate the stage of glaucoma

I70 Atherosclerosis

I70.2 Atherosclerosis of native arteries of the extremities
I70.23 Atherosclerosis of native arteries of right leg with ulceration
Revise Use additional code to identify severity of ulcer <u>(L97.-)</u>

I70.24 Atherosclerosis of native arteries of left leg with ulceration
Revise Use additional code to identify severity of ulcer (L97.-)

I70.26 Atherosclerosis of native arteries of extremities with gangrene
Revise Use additional code to identify the severity of any ulcer (L97-, L98.49-), if applicable

I70.3 Atherosclerosis of unspecified type of bypass graft(s) of the extremities
I70.33 Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration
Revise Use additional code to identify severity of ulcer (L97.-)

I70.34 Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration
Revise Use additional code to identify severity of ulcer (L97.-)

I70.36 Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene
Revise Use additional code to identify the severity of any ulcer (L97-, L98.49-), if applicable

I70.4 Atherosclerosis of autologous vein bypass graft(s) of the extremities
I70.43 Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration
Revise Use additional code to identify severity of ulcer (L97.-)

I70.44 Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration
Revise Use additional code to identify severity of ulcer (L97.-)

I70.46 Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene
Revise Use additional code to identify the severity of any ulcer (L97-, L98.49-), if applicable

I70.5 Atherosclerosis of nonautologous biological bypass graft(s) of the extremities
I70.53 Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration
Revise Use additional code to identify severity of ulcer (L97.-)

I70.54 Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration
Revise Use additional code to identify severity of ulcer (L97.-)

I70.56 Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene

Revise Use additional code to identify the severity of any ulcer (L97-, L98.49-), if applicable

I70.6 Atherosclerosis of nonbiological bypass graft(s) of the extremities

I70.63 Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration

Revise Use additional code to identify severity of ulcer (L97.-)

I70.64 Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration

Revise Use additional code to identify severity of ulcer (L97.-)

I70.66 Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene

Revise Use additional code to identify the severity of any ulcer (L97-, L98.49-), if applicable

I70.7 Atherosclerosis of other type of bypass graft(s) of the extremities

I70.73 Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration

Revise Use additional code to identify severity of ulcer (L97.-)

I70.74 Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration

Revise Use additional code to identify severity of ulcer (L97.-)

I70.76 Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene

Revise Use additional code to identify the severity of any ulcer (L97-, L98.49-), if applicable

Other acute lower respiratory infections (J20-J22)

Revise Excludes2: chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)

J47 Bronchiectasis

J47.0 Bronchiectasis with acute lower respiratory infection

Add Use additional code to identify the infection

M12 Other and unspecified arthropathy

M12.2 Villonodular synovitis (pigmented)

Revise M12.28 Villonodular synovitis (pigmented), other sites

M14 Arthropathies in other diseases classified elsewhere
Excludes1: arthropathy in:
Revise diabetes mellitus (E08-E13 with .61-)

M14.6 Charcôt's joint
Revise Excludes1: Charcôt's joint in diabetes mellitus (E08-E13 with .610)

M90 Osteopathies in diseases classified elsewhere
Excludes1: osteochondritis, osteomyelitis, and osteopathy (in):
Revise diabetes mellitus (E08-E13 with .61-)

CHAPTER 16 Certain conditions originating in the perinatal period (P00-P96)

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

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

CHAPTER 17 Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

Revise Excludes2: inborn errors of metabolism (E70-E88)

R40 Somnolence, stupor and coma

R40.2 Coma

Code first any associated:
Revise ~~coma in~~ fracture of skull (S02.-)
Revise ~~coma in~~ intracranial injury (S06.-)

CHAPTER 20 External causes of morbidity (V00-Y99)

Transport accidents (V00-V99)

Revise Note: This section is structured in 12 groups. Those relating to land transport accidents (V00- V89) reflect the victim's mode of transport and are subdivided to identify the victim's 'counterpart' or the type of event. The vehicle of which the injured person is an occupant is identified in the first two characters since it is seen as the most important factor to identify for prevention purposes. A transport accident is one in which the vehicle involved must be moving or running or in use for transport purposes at the time of the accident.

Revise Definitions related to transport accidents:

Revise (a) A transport accident (V00-V99) is any accident involving a device designed primarily for, or used at the time primarily for, conveying persons or good from one place to another.

Revise (e) A pedestrian is any person involved in an accident who was not at the time of the accident riding in or on a motor vehicle, railway train, streetcar or animal-drawn or other vehicle, or on a pedal cycle or animal. This includes, a person changing a tire, working on a parked car, or a person on foot. It also includes the user of a pedestrian conveyance such as a babystroller, ice-skates, skis, sled, roller skates, a skateboard, nonmotorized or motorized wheelchair, motorized mobility scooter, or nonmotorized scooter.

Revise (h) A person on the outside of a vehicle is any person being transported by a vehicle but not occupying the space normally reserved for the driver or passengers, or the space intended for the transport of property. This includes a person travelling on the bodywork, bumper, fender, roof, running board or step of a vehicle, as well as, hanging on the outside of the vehicle.

Revise (k) A motorcycle is a two-wheeled motor vehicle with one or two riding saddles and sometimes with a third wheel for the support of a sidecar. The sidecar is considered part of the motorcycle. This includes a moped, motor scooter, or motorized bicycle.

Revise (n) A car [automobile] is a four-wheeled motor vehicle designed primarily for carrying up to 7 persons. A trailer being towed by the car is considered part of the car. It does not include a van or minivan - see definition (o)

Revise (t) A special vehicle mainly used on industrial premises is a motor vehicle designed primarily for use within the buildings and premises of industrial or commercial establishments. This includes battery-powered airport passenger vehicles or

baggage/mail trucks, forklifts, coal-cars in a coal mine, logging cars and trucks used in mines or quarries.

Revise (w) A special all-terrain vehicle is a motor vehicle of special design to enable it to negotiate over rough or soft terrain, snow or sand. Examples of special design are high construction, special wheels and tires, tracks, and support on a cushion of air. This includes snow mobiles, All-terrain vehicles (ATV), and dune buggies. It does not include passenger vehicles designated as Sport Utility Vehicles. (SUV)

Revise (x) A watercraft is any device designed for transporting passengers or goods on water. This includes motor or sail boats, ships, and hovercraft.

Revise (y) An aircraft is any device for transporting passengers or goods in the air. This includes hot-air balloons, gliders, helicopters and airplanes.

Revise (z) A military vehicle is any motorized vehicle operating on a public roadway owned by the military and being operated by a member of the military.

W05 Fall from non-moving wheelchair, nonmotorized scooter and motorized mobility scooter

Revise Excludes1: fall from moving motorized mobility scooter (V00.831)
Revise fall from nonmotorized scooter (V00.141)

Exposure to inanimate mechanical forces (W20-W49)

Revise Excludes1: assault (X92-Y08)
Revise intentional self-harm (X71-X83)

Z85 Personal history of malignant neoplasm

Z85.8 Personal history of malignant neoplasms of other organs and systems

Revise Conditions classifiable to C00-C14, C40-C49, C69-C75, C7A.098, C76-C79

ICD-10-CM INDEX OF DISEASES PROPOSED ADDENDA

March 5, 2012 C&M
Effective October 1, 2014

	Anticoagulant, circulating (intrinsic) (see also - Disorder, hemorrhagic) D68.318
Add	- iatrogenic D68.32
	Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute) M19.90
Revise	- gouty (acute) - see Gout~~, idiopathic~~
	- in (due to)
Revise	- - gout - see Gout~~, idiopathic~~
Revise	- uratic - see Gout~~, idiopathic~~
	Arthropathy (see also Arthritis) M12.9
Revise	- gouty - see also Gout~~, idiopathic~~
Revise	Bakwin-Krida syndrome (metaphyseal dysplasia) Q78.5
Revise	Bonnevie-Ullrich syndrome (see also Turner's syndrome) Q87.1
	Bursitis M71.9
Revise	- gouty - see Gout~~, idiopathic~~
	Calcification
	- adrenal (capsule) (gland) E27.49
Revise	- - tuberculous E35 [B90.8]
	- kidney N28.89
Revise	- - tuberculous N29 [B90.1]
	Chondrodysplasia Q78.9
Revise	- metaphyseal (Jansen's) (McKusick's) (Schmid's) Q78.8
	Cleft
Add	- foot Q72.7
Add	- hand Q71.6
	Derangement
	- knee (recurrent) M23.9-
	- - meniscus M23.30-
	- - - cystic M23.00-
Revise	- - - - lateral M23.00-

Disease, diseased - see also Syndrome
Delete ~~- Ayala's Q78.5~~
Revise - involuntary emotional expression (IEED) F48.2
Revise - Pyle (-Cohn) (metaphyseal dysplasia) Q78.5

Disruption (of)
- ligament(s) - see also Sprain
- - knee
Revise - - - old (chronic) – see Derangement, knee, ligament, instability, chronic

Dysplasia - see also Anomaly
Revise - craniometaphyseal Q78.8
Revise - metaphyseal ~~(Jansen's) (McKusick's) (Schmid's)~~ Q78.5

Enterocolitis (see also Enteritis) K52.9
Revise - necrotizing K55.0

Revise Fong's syndrome (hereditary osteo-onychodysplasia) Q87.2

Fracture, traumatic (abduction) (adduction) (separation) (see also Fracture, pathological) T14.8
- humerus S42.30-
- - lower end S42.40-
- - - supracondylar (simple) (displaced) S42.41-
Add - - - - with intercondylar fracture – see Fracture, humerus, lower end

Headache
Revise - vascular NEC G44.1
Delete ~~- - intractable G44.11~~
Delete ~~- - not intractable G44.10~~

Hypertension, hypertensive…
- complicating
Revise - - puerperium, pre-existing O10.93

Hypoplasia, hypoplastic
Revise - cartilage hair Q78.8

Infection
Revise - Helicobacter pylori A04.8

Intoxication
Revise - cannabinoids (acute) (without dependence) - see Use, cannabis, with intoxication
Add - - with abuse - see Abuse, drug, cannabis, with intoxication

Iritis - see also Iridocyclitis
Revise - gouty (see also Gout, by type) M10.9 [H22]

Loss
- hearing - see also Deafness
Add - - conductive H90.2
Add - - - and sensorineural, mixed H90.8
Add - - - - bilateral H90.6
Add - - - bilateral H90.0
Add - - - unilateral H90.1-

Myelitis (acute) (ascending) (childhood) (chronic) (descending) (diffuse) (disseminated) (idiopathic) (pressure) (progressive) (spinal cord) (subacute) (see also Encephalitis) G04.91
Revise - postimmunization G04.02
Revise - postvaccinal G04.02

Neuritis (rheumatoid) M79.2
Revise - gouty (see also Gout, by type) M10.9 [G63]

Neuroma - see also Neoplasm, nerve, benign
Revise - interdigital ~~(toe)~~ G58.8
Revise - - lower limb (toe) G57.8-

Revise Onycho-osteodysplasia Q87.2

Revise Osteo-onycho-arthro-dysplasia Q87.2

Revise Osteo-onychodysplasia, hereditary Q87.2

Otitis (acute) H66.90
- media (hemorrhagic) (staphylococcal) (streptococcal) H66.9-
- - acute, subacute H66.90
Revise - - - exudative - see Otitis, media, suppurative, acute
Revise - - exudative - see Otitis, media, suppurative

Revise Pseudobulbar affect (PBA) F48.2

Shock R57.9
Add - liver K72.00

Add Split hand Q71.6

Spondylitis (chronic) - see also Spondylopathy, inflammatory
Revise - gouty (see also Gout, by type, vertebrae) M10.08

Revise Stiffness, joint NEC M25.60-
Revise - elbow M25.62-
Revise - foot M25.67-
Revise - hand M25.64-
Revise - hip M25.65-
Revise - knee M25.66-
Revise - shoulder M25.61-
Revise - wrist M25.63-

Syndrome
- acute respiratory distress (adult) (child) J80
Add - - idiopathic J84.114
Revise - Bakwin-Krida Q78.5
Revise - Fong's Q87.2
Revise - Osterreicher-Turner Q87.2
- respiratory
- - distress
- - - acute J80
Add - - - - idiopathic J84.114

Revise Synovitis (see also Tenosynovitis) M65.9
Revise - gouty - see Gout~~, idiopathic~~

Tuberculosis
Add - latent R76.11

Revise Turner-Kieser syndrome Q87.2

Revise Ullrich(-Bonnevie)(-Turner) syndrome see also Turner's syndrome) Q87.1

ICD-10-CM INDEX OF EXTERNAL CAUSES OF INJURY
PROPOSED ADDENDA

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Revise Bending, injury in - see category Y93

Revise Exhaustion
- due to excessive exertion - see category Y93

Revise Pulling, excessive - see category Y93

Revise Pushed, pushing (accidental) (injury in) (overexertion) - see category Y93

Revise Straining, excessive - see category Y93

Revise Strenuous movements - see category Y93

Revise Twisting, excessive - see category Y93