ICD-9-CM Coordination and Maintenance Committee Meeting
September 19, 2012
Diagnosis Agenda

Welcome and announcements
Donna Pickett, MPH, RHIA
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:

September 19, 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, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html Summary report of the Diagnosis part of the September 19, 2012 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.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 related files- http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm Procedure related files- http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html
October 5, 2012	**Deadline for receipt of public comments on proposed code revisions discussed at the September 19, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2013.**
November 16, 2012	**Deadline for receipt of public comments on proposed code revisions discussed at the September 19, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2013.**

January 4, 2013	**Deadline for requestors: Those members of the public requesting that topics be discussed at the March 4 –5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses by this date.**
February 2013	Draft agenda for the Procedure part of the March 4, 2013 ICD-9-CM 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 5, 2013 ICD-9-CM 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 4 –5, 2013 ICD-9-CM Coordination and Maintenance Committee Meeting will be published.
February 1, 2013	**On-line registration opens for the March 4– 5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**
March 2013	Because of increased security requirements, **those wishing to attend the March 4 –5, 2013** ICD-9-CM 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 February 22, 2013; failure to do so may result in lack of access to the meeting**.
March 4 –5, 2013	ICD-9-CM Coordination and Maintenance Committee meeting.
April 1, 2013	There were no requests for ICD-9-CM codes to capture new technology for implementation on April 1, 2013. Therefore, there will be no new ICD-9-CM procedure codes implemented on April 1, 2013.
April 6, 2013	**Deadline for receipt of public comments on proposed code revisions discussed at the March 4-5, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2013.**

April 2013	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.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
April 2013	Summary report of the Procedure part of the March 4, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html Summary report of the Diagnosis part of the March 5, 2013 ICD-9-CM 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 2013	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/ICD9ProviderDiagnosticCodes/addendum.html
July 12, 2013	**Those members of the public requesting that topics be discussed at the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.**
August 1, 2013	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, 2013. 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 2013	Tentative agenda for the Procedure part of the September 18 – 19, 2013 ICD-9-CM 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 18 – 19, 2013 ICD-9-CM 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 18 –19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
August 16, 2013	**On-line registration opens for the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**
September 6, 2013	Because of increased security requirements, those wishing to attend the September 18 - 19, 2013 ICD-9-CM 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 6, 2013; failure to do so may result in lack of access to the meeting.**
September 18 –19, 2013	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 6, 2013.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
October 2013	Summary report of the Procedure part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html Summary report of the Diagnosis part of the September 18– 19, 2013 ICD-9-CM 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, 2013	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/icd9cm_addenda_guidelines.htm Procedure addendum - http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html
October 04, 2013	**Deadline for receipt of public comments on proposed code revisions discussed at the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2014.**
November 2013	Any new ICD-9-CM 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, 2013 will be posted on the following websites: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
November 15, 2013	**Deadline for receipt of public comments on proposed code revisions discussed at the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2014.**

Contact Information

Mailing address:

National Center for Health Statistics
ICD-9-CM Coordination and Maintenance Committee
3311 Toledo Road, Room 2402
Hyattsville, Maryland 20782
Fax: (301) 458-4022

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

Donna Pickett (301) 458-4434

David Berglund (301) 458-4095

Cheryl Bullock (301) 458-4297

Lizabeth Fisher (301) 458-4091

Shannon McConnell-Lamptey (301) 458-4612

Traci Ramirez (301) 458-4454

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

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

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 which would end one year after the implementation of ICD-10. The implementation of ICD-10 was delayed from October 1, 2013 to October 1, 2014 by final rule CMS-0040-F issued on August 24, 2012.

Links to this final rule may be found at:
http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html.)

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 were made on October 1, 2011.
- On October 1, 2012 and October 1, 2013 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, 2014, 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, 2015, 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, 2015 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-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.

Cerebrovascular disease - bilateral

Some of the codes in the cerebrovascular disease section of ICD-10-CM indicate laterality as unspecified side, right side and left side, while others also include a bilateral option. Because cerebral infarctions may occasionally be due to bilateral arterial lesions, the American Academy of Neurology (AAN) recommends adding codes for "bilateral" to the subcategories shown below.

TABULAR MODIFICATIONS

I63 Cerebral infarction

I63.0 Cerebral infarction due to thrombosis of precerebral arteries

I63.01 Cerebral infarction due to thrombosis of vertebral artery

New code I63.013 Cerebral infarction due to thrombosis of bilateral vertebral arteries

I63.03 Cerebral infarction due to thrombosis of carotid artery

New code I63.033 Cerebral infarction due to thrombosis of bilateral carotid arteries

I63.1 Cerebral infarction due to embolism of precerebral arteries

I63.11 Cerebral infarction due to embolism of vertebral artery

New code I63.113 Cerebral infarction due to embolism of bilateral vertebral arteries

I63.13 Cerebral infarction due to embolism of carotid artery

New code I63.133 Cerebral infarction due to embolism of bilateral carotid arteries

I63.2 Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries

I63.21 Cerebral infarction due to unspecified occlusion or stenosis of vertebral arteries

New code I63.213 Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries

I63.23 Cerebral infarction due to unspecified occlusion or stenosis of carotid arteries

New code I63.233 Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries

I63.3 Cerebral infarction due to thrombosis of cerebral arteries

I63.31 Cerebral infarction due to thrombosis of middle cerebral artery
New code I63.313 Cerebral infarction due to thrombosis of bilateral middle cerebral arteries

I63.32 Cerebral infarction due to thrombosis of anterior cerebral artery
New code I63.323 Cerebral infarction due to thrombosis of bilateral anterior arteries

I63.33 Cerebral infarction due to thrombosis of posterior cerebral artery
New code I63.333 Cerebral infarction to thrombosis of bilateral posterior arteries

I63.34 Cerebral infarction due to thrombosis of cerebellar artery
New code I63.343 Cerebral infarction to thrombosis of bilateral cerebellar arteries

I63.4 Cerebral infarction due to embolism of cerebral arteries

I63.41 Cerebral infarction due to embolism of middle cerebral artery
New code I63.413 Cerebral infarction due to embolism of bilateral middle cerebral arteries

I63.42 Cerebral infarction due to embolism of anterior cerebral artery
New code I63.423 Cerebral infarction due to embolism of bilateral anterior cerebral arteries

I63.43 Cerebral infarction due to embolism of posterior cerebral artery
New code I63.433 Cerebral infarction due to embolism of bilateral posterior cerebral arteries

I63.44 Cerebral infarction due to embolism of cerebellar artery
New code I63.443 Cerebral infarction due to embolism of bilateral cerebellar arteries

I63.5 Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries

I63.51 Cerebral infarction due to unspecified occlusion or stenosis of middle cerebral artery
New code I63.513 Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle arteries

I63.52 Cerebral infarction due to unspecified occlusion or stenosis of anterior cerebral artery

New code I63.523 Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior arteries

I63.53 Cerebral infarction due to unspecified occlusion or stenosis of posterior cerebral artery

New code I63.533 Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior arteries

I63.54 Cerebral infarction due to unspecified occlusion or stenosis of cerebellar artery

New code I63.543 Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries

Mononeuropathy - bilateral

Currently, the upper and lower limb mononeuropathy codes in ICD-10-CM include coding choices for unspecified limb, right limb and left limb. It is not uncommon for mononeuropathies to occur on both sides, yet the condition is not a true polyneuropathy.

The American Academy of Neurology (AAN) proposes adding codes to ICD-10-CM to capture mononeuropathy of bilateral limbs more accurately.

TABULAR MODIFICATIONS

G56 Mononeuropathies of upper limb

G56.0 Carpal tunnel syndrome

New code G56.03 Carpal tunnel syndrome, bilateral upper limbs

G56.1 Other lesions of median nerve

New code G56.13 Other lesions of median nerve, bilateral upper limbs

G56.2 Lesion of ulnar nerve

New code G56.23 Lesion of ulnar nerve, bilateral upper limbs

G56.3 Lesion of radial nerve

New code G56.33 Lesion of radial nerve, bilateral upper limbs

G56.4 Causalgia of upper limb

New code G56.43 Causalgia of bilateral upper limbs

G56.8 Other specified mononeuropathies of upper limb

New code G56.83 Other specified mononeuropathies of bilateral upper limbs

G56.9 Unspecified mononeuropathy of upper limb

New code G56.93 Unspecified mononeuropathy of bilateral upper limbs

G57 Mononeuropathies of lower limb

G57.0 Lesion of sciatic nerve
New code G57.03 Lesion of sciatic nerve, bilateral lower limbs

G57.1 Meralgia paresthetica
New code G57.13 Meralgia paresthetica, bilateral lower limbs

G57.2 Lesion of femoral nerve
New code G57.23 Lesion of femoral nerve, bilateral lower limbs

G57.3 Lesion of lateral popliteal nerve
New code G57.33 Lesion of lateral popliteal nerve, bilateral lower limbs

G57.4 Lesion of medial popliteal nerve
New code G57.43 Lesion of medial popliteal nerve, bilateral lower limbs

G57.5 Tarsal tunnel syndrome
New code G57.53 Tarsal tunnel syndrome, bilateral lower limbs

G57.6 Lesion of plantar nerve
New code G57.63 Lesion of plantar nerve, bilateral lower limbs

G57.7 Causalgia of lower limb
New code G57.73 Causalgia of bilateral lower limbs

G57.8 Other specified mononeuropathies of lower limb
New code G57.83 Other specified mononeuropathies of bilateral lower limbs

G57.9 Unspecified mononeuropathy of lower limb
New code G57.93 Unspecified mononeuropathy of bilateral lower limbs

Multifocal Motor Neuropathy

Multifocal Motor Neuropathy (MMN) is a commonly recognized form of inflammatory neuropathy that most resembles chronic inflammatory demyelinating polyneuropathy (CIDP), yet is a distinct condition. Unlike CIDP, MMN is slowly progressive, affects only motor nerves, and there is no paraspinous denervation on EMG.

Currently this condition does not have a code nor is it indexed in ICD-10-CM. The American Academy of Neurology (AAN) proposes a unique code be created for MMN.

TABULAR MODIFICATIONS

G61 Inflammatory polyneuropathy

G61.8 Other inflammatory polyneuropathies

New code	G61.82	Multifocal motor neuropathy MMN

Aneurysm and dissection of precerebral and vertebral arteries

In 2007 the WHO URC revised category I72 adding "*and dissection*" to it and all codes under it. In addition new codes were created for aneurysm and dissection of precerebral artery and aneurysm and dissection of vertebral arteries, as well as, adding some coding instructional notes.

In ICD-10-CM dissection of arteries has its own unique codes in a separate subcategory I77.7, Other arterial dissection.

To address changes made in ICD-10 the following tabular changes are proposed.

TABULAR MODIFICATIONS

	I72	Other aneurysm	
Add		Excludes2: dissection of precerebral artery, congenital (nonruptured) (Q28.1)	
New code	I72.5	Aneurysm of other precerebral arteries	
Add		Aneurysm of basilar artery (trunk)	
Add		Excludes2:	aneurysm of carotid artery (I72.0)
Add			aneurysm of vertebral artery (I72.6)
Add			dissection of carotid artery (I77.71)
Add			dissection of other precerebral arteries (I77.75)
Add			dissection of vertebral artery (I77.74)
New code	I72.6	Aneurysm of vertebral artery	
Add		Excludes2:	dissection of vertebral artery (I77.74)

I77 Other disorders of arteries and arterioles

I77.7 Other arterial dissection

New code I77.70 Dissection of unspecified artery

I77.74 Dissection of vertebral artery

Add Excludes2: aneurysm of vertebral artery (I72.6)

New code I77.75 Dissection of other precerebral arteries

Add Dissection of basilar artery (trunk)

Add Excludes2: aneurysm of carotid artery (I72.0)
Add aneurysm of other precerebral arteries (I72.5)
Add aneurysm of vertebral artery (I72.6)
Add dissection of carotid artery (I77.71)
Add dissection of vertebral artery (I77.74)

New code I77.76 Dissection of artery of upper extremity

New code I77.77 Dissection of artery of lower extremity

Revise I77.79 Dissection of other specified artery

Congenital metatarsus adductus

Congenital metatarsus adductus is currently classified to code Q66.2, Congenital metatarsus (primus) varus. Metatarsus adductus is adduction of all the metatarsals not just the first metatarsal (primus varus). Primus varus does not have a unique code in ICD-10-CM and is currently indexed to code Q66.2. The American Podiatric Medical Association (APMA) has proposed creating unique codes under Q66.2 for congenital metatarsus primus varus and congenital metatarsus adductus. It should be noted that primus varus and metatarsus varus each had unique codes in ICD-9-CM (754.52 and 754.53, respectively).

TABULAR MODIFICATIONS

	Q66	Congenital deformities of feet	
		Q66.2	Congenital metatarsus (primus) varus
New code		Q66.21	Congenital metatarsus primus varus
New code		Q66.22	Congenital metatarsus adductus Congenital metatarsus varus

Bunions

The American Podiatric Medical Association (APMA) has recommended that unique codes be created for bunion and bunionette [Tailor's bunion] (hypertrophy of the lateral condyle of the fifth metatarsal head). Currently bunion is an inclusion term at M20.1, Hallux valgus (acquired). Bunionette is currently not indexed in ICD-10-CM; ICD-9-CM had a unique code for bunion (727.1) and bunionette was indexed to that code. To podiatrists and other foot and ankle specialists currently in practice each of these words have their own medical definition.

A bunion is the hypertrophic medial eminence and the associated soft tissue edema and bursitis on the first metatarsal head. A bunion deformity therefore does not involve any overt positional deformity or movement of the first metatarsal or of the hallux. If such motion did occur with the associated hypertrophy of the medial condyle of the first metatarsal head and related edema and bursitis, then that deformity would be a hallux valgus deformity (M20.1-).

A bunionette [Tailor's bunion] has a similar medical definition: hypertrophy of the lateral condyle of the fifth metatarsal head with associated soft tissue edema and lateral bursitis.

References

1. DuVries, HL. Surgery of the Foot. CV Mosby Company, 1965.
2. Fielding, MG. The Surgical Treatment of Hallux-Abducto-Valgus and Allied Deformities. Futura Publishing Company, 1973.
3. Foot and Ankle Clinics, Bunionette Deformity: Etiology, Nonsurgical Management, and Lateral Exostectomy, Bertrand, T. and Parekh, SG. WB Saunders Company. December 2011; 16:4, pp. 679-688.
4. Shands, AR and Raney, RB. Handbook of Orthopaedic Surgery. Mosby Company, 1967.
5. Weinstein, F. Principles and Practices of Podiatry. Lea & Febiger, 1968.
http://www.medscape.org/viewarticle/589050

TABULAR MODIFICATIONS

M20 Acquired deformities of fingers and toes

M20.1 Hallux valgus

Delete ~~Bunion~~

Add Excludes2: bunion (M21.6-)

M21 Other acquired deformities of limb

M21.6 Other acquired deformities of ankle and foot

Revise Excludes2: deformities of toe (acquired) (M20.1- M20.6-)

New subcategory	M21.61	Bunion
New code		M21.611 Bunion of right foot
New code		M21.612 Bunion of left foot
New code		M21.619 Bunion of unspecified foot
New subcategory	M21.62	Bunionette
New code		M21.621 Bunionette of right foot
New code		M21.622 Bunionette of left foot
New code		M21.629 Bunionette of unspecified foot

Food Protein Induced Enterocolitis Syndrome (FPIES)

Food Protein-Induced Enterocolitis Syndrome (FPIES) is a gastrointestinal food allergy, which causes symptoms of vomiting usually within 1 to 3 hours after eating the causative food. There often may also be diarrhea within 5 to 8 hours, which may be bloody. Vomiting and diarrhea may be so severe as to cause dehydration, and even shock; lethargy and pallor may also occur. It usually occurs in infants, with onset most often before 3 months, but up to 1 year, and usually it resolves by about 3 years of age. It most often is due to milk or soy proteins, but may also be due to rice, or other food proteins. FPIES has also been described in adults, particularly due to shellfish. The symptoms of vomiting and diarrhea with FPIES generally resolve quickly with elimination of the causative food from the diet. In chronic cases, there may be weight loss and failure to thrive. Definitive diagnosis of FPIES may require physician-supervised oral food challenges to be done in an inpatient setting, to demonstrate the response.

Food protein-induced proctocolitis is another distinct gastrointestinal food allergy, which causes blood-streaked stools, and usually presents in the first months of life. It can cause anemia. It has been called by different terms, including allergic proctocolitis, food-induced eosinophilic proctocolitis, milk protein-induced proctocolitis, and eosinophilic colitis. The last term is the title for ICD-10-CM code K52.82.

While many allergies are IgE mediated (e.g., anaphylactic shock), FPIES and food protein induced proctocolitis are not IgE mediated. They are thought to be cell mediated. In some cases of FPIES, IgE may also be present, but would not be considered to be related.

Another non-IgE mediated food allergy is food protein-induced enteropathy. It also occurs in young infants, and causes chronic diarrhea, weight loss, and failure to thrive. It is also treated by strict dietary elimination of the allergen, and is usually outgrown by age 2 or 3 years.

Oral allergy syndrome involves symptoms of itching, swelling, or tingling of the lips, mouth, or throat, in response to a food, often to raw fruits or vegetables. This is considered a gastrointestinal allergy, which is IgE mediated, and may also be considered an adverse food reaction (see Boyce, et al.).

A request to consider creation of specific ICD-10-CM diagnosis codes for Food Protein Induced Enterocolitis Syndrome (FPIES) and Food Protein Induced Proctocolitis was received from the International Association for FPE.

References

1. “Food protein–induced enterocolitis syndrome: an update on natural history and review of management.” Leonard SA, Nowak-Wegrzyn A, *Ann Allergy Asthma Immunol.* 2011;107:95–101.

2. “Current understanding of the immune mechanisms of food protein-induced enterocolitis syndrome.” Caubet JC, Nowak-Węgrzyn A. *Expert Rev. Clin. Immunol.* 7(3), 317–327 (2011).

3. "Food protein–induced enterocolitis syndrome can occur in adults." Fernandes BN, et al. Letter to the Editor, *J Allergy Clin Immunol* 2012 Jul 24. [Epub ahead of print] (http://dx.doi.org/10.1016/j.jaci.2012.06.017)

4. "Non–IgE-Mediated Gastrointestinal Food Allergies: Distinct Differences in Clinical Phenotype Between Western Countries and Japan." Nomura I, et al. *Curr Allergy Asthma Rep* 12:297–303 (2012).

5. "Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel." Boyce JA, et al. *J Allergy Clin Immunol*, December 2010, supplement, S1-S58

TABULAR MODIFICATIONS

K52 Other and unspecified noninfective gastroenteritis and colitis

K52.2 Allergic and dietetic gastroenteritis and colitis

Delete ~~Food hypersensitivity gastroenteritis or colitis~~

Use additional code to identify type of food allergy (Z91.01-, Z91.02-)

Add Excludes2: allergic eosinophilic colitis (K52.82)
Add allergic eosinophilic esophagitis (K20.0)
Add allergic eosinophilic gastritis (K52.81)
Add allergic eosinophilic gastroenteritis (K52.81)
Add food protein-induced proctocolitis (K52.82)

New code K52.21 Food protein-induced enterocolitis syndrome

Use additional code for hypovolemic shock, if present (R57.1)

New code K52.22 Food protein-induced enteropathy

New code K52.29 Other allergic and dietetic gastroenteritis and colitis
Food hypersensitivity gastroenteritis or colitis
Immediate gastrointestinal hypersensitivity

K52.8 Other specified noninfective gastroenteritis and colitis

K52.82 Eosinophilic colitis
Add Allergic proctocolitis
Add Food-induced eosinophilic proctocolitis
Add Food protein-induced proctocolitis
Add Milk protein-induced proctocolitis

T61 Toxic effect of noxious substances eaten as seafood

Excludes1: allergic reaction to food, such as:
Add food protein-induced enterocolitis syndrome (K52.21)
Add food protein-induced enteropathy (K52.22)
Revise gastroenteritis (noninfective) (K52.29)

T62 Toxic effect of other noxious substances eaten as food

Excludes1: allergic reaction to food, such as:
Add food protein-induced enterocolitis syndrome (K52.21)
Add food protein-induced enteropathy (K52.22)
Revise gastroenteritis (noninfective) (K52.29)

T78 Adverse effects, not elsewhere classified

T78.1 Other adverse food reactions, not elsewhere classified

Revise Use additional code to identify the type of reaction, if applicable

Revise Excludes2: allergic and dietetic gastroenteritis and colitis (K52.29)
Add food protein-induced enterocolitis syndrome (K52.21)
Add food protein-induced enteropathy (K52.22)

T78.4 Other and unspecified allergy

Excludes1: specified types of allergic reaction such as:
Revise allergic diarrhea (K52.29)
Revise allergic gastroenteritis and colitis (K52.29)
Add food protein-induced enterocolitis syndrome (K52.21)
Add food protein-induced enteropathy (K52.22)

INDEX MODIFICATIONS

Allergy, allergic …
Revise - colitis (see also Colitis, allergic) K52.29

Revise - gastrointestinal (see also specific type of allergic reaction) ~~K52.2~~
Add - - meaning colitis (see also Colitis, allergic) K52.29
Add - - meaning gastroenteritis (see also Gastroenteritis, allergic) K52.29
Add - - meaning other adverse food reaction not elsewhere classified T78.1

Allergy, allergic … (cont)

Revise - milk protein (see also Allergy, food) Z91.011 ~~K52.2~~
Add - - anaphylactic reaction T78.07
Add - - dermatitis L27.2
Add - - enterocolitis syndrome K52.21
Add - - enteropathy K52.22
Add - - gastroenteritis K52.29
Add - - gastroesophageal reflux (see also Reaction, adverse, food) K21.9
Add - - - with esophagitis K21.0
Add - - proctocolitis K52.82

Colitis

Revise - allergic K52.29
Add - - with
Add - - - food protein-induced enterocolitis syndrome K52.21
Add - - - proctocolitis K52.82
Revise - dietetic (see also Colitis, allergic) K52.29
Revise - food hypersensitivity (see also Colitis, allergic) K52.29

Diarrhea …

Revise - allergic K52.29
Add - - due to colitis – see Colitis, allergic
Add - - due to enteritis – see Enteritis, allergic
Revise - dietetic (see also Diarrhea, allergic) K52.29
- due to
Revise - - food hypersensitivity (see also Diarrhea, allergic) K52.29

Enteritis

Revise - allergic K52.29
Add - - with
Add - - - eosinophilic gastritis or gastroenteritis K52.81
Add - - - food protein-induced enterocolitis syndrome K52.21
Add - - - food protein-induced enteropathy K52.22
Revise - dietetic (see also Enteritis, allergic) K52.29
- due to
Revise - - food hypersensitivity (see also Enteritis, allergic) K52.29

Gastroenteritis …

Revise - allergic K52.29
Add - - with
Add - - - eosinophilic gastritis or gastroenteritis K52.81
Add - - - food protein-induced enterocolitis syndrome K52.21
Add - - - food protein-induced enteropathy K52.22
Revise - dietetic (see also Gastroenteritis, allergic) K52.29
Revise - food hypersensitivity (see also Gastroenteritis, allergic) K52.29

Hypersensitive, hypersensitiveness, hypersensitivity - see also Allergy

Revise - gastrointestinal K52.29

Syndrome …

Add - oral allergy T78.1

Age-related Macular Degeneration (AMD)

Age-related macular degeneration (AMD) is a deterioration or breakdown of the eye's macula. The macula is a small area in the retina, the light-sensitive tissue lining the back of the eye. The macula is the part of the retina that is responsible for your central vision, allowing you to see fine details clearly. There are two types of macular degeneration, dry, non-exudative and wet, exudative.

Dry (non-exudative) AMD
Most people who have macular degeneration have the dry form and vision loss is usually gradual. However, people with dry AMD must still carefully and constantly monitor their central vision and follow prevention methods to help reduce progression to advanced stages. Dry AMD is classified into the following stages from the Age-Related Eye Disease Study (AREDS):

- Early Dry AMD (AREDS category 2)
- Intermediate Dry AMD (AREDS category 3)
- Advanced Dry AMD (part of AREDS category 4)

Currently AREDS vitamin supplements are recommended for patients with intermediate or advanced dry AMD, but not for early dry AMD. Having the ability to distinguish between these stages will enable better classification of risk for vision loss. Also it is anticipated that therapy for dry AMD will be released in the next five to seven years. Presumably the early and intermediate groups would be those targeted for these therapies.

Wet (exudative) AMD
Wet macular degeneration is any exudative stage of the disease. Eyes with active wet choroidal neovascularization are those for whom intravitreal anti-vascular endothelial growth factor (anti-VEGF) injections are administered. Patients receiving intravitreal antiVEGF injections are usually seen monthly and treated about 8-9 times a year, while those with inactive dry macular scars are often seen annually if the scar is bilateral, or every six months if one eye has remaining vision. Wet AMD is classified into the following stages:

- Active choroidal neovascularization
- Inactive choroidal neovascularization (involuted or regressed after treatment)
- Inactive scar

The American Academy of Ophthalmology (AAO) and the American Society of Retina Specialists (ASRS) are requesting the following proposed tabular modifications to currently existing codes H35.31 and H35.32 to better distinguish the stages of AMD.

TABULAR MODIFICATIONS

H35 Other retinal disorders
H35.3 Degeneration of macula and posterior pole

H35.31 Nonexudative age-related macular degeneration
Add Dry age-related macular degeneration

Add One of the following 7th characters is to be assigned to codes in subcategory H35.31 to designate the stage of the disease:
Add 0 stage unspecified
Add 1 early dry stage
Add 2 intermediate dry stage
Add 3 advanced dry stage

New code H35.311 Nonexudative age-related macular degeneration, right eye
New code H35.312 Nonexudative age-related macular degeneration, left eye
New code H35.313 Nonexudative age-related macular degeneration, bilateral
New code H35.319 Nonexudative age-related macular degeneration, unspecified eye

H35.32 Exudative age-related macular degeneration
Add Wet age-related macular degeneration

Add One of the following 7th characters is to be assigned to codes in subcategory H35.32 to designate the stage of the disease:
Add 0 stage unspecified
Add 1 with active choroidal neovascularization
Add 2 with inactive choroidal neovascularization
Add With involuted or regressed neovascularization
Add 3 with inactive scar

New code H35.321 Exudative age-related macular degeneration, right eye
New code H35.322 Exudative age-related macular degeneration, left eye
New code H35.323 Exudative age-related macular degeneration, bilateral
New code H35.329 Exudative age-related macular degeneration, unspecified eye

Proliferative Diabetic Retinopathy (PDR)

The American Academy of Ophthalmology (AAO) and the American Society of Retina Specialists (ASRS) are requesting tabular modifications to enable better tracking of proliferative diabetic retinopathy (PDR). Currently, in the diabetes mellitus categories (E08-E11, E13), only one subcategory exists for reporting proliferative diabetic retinopathy (PDR). This covers the earliest stages of PDR prior to treatment. The earliest stages of PDR includes those with active disease needing therapy (with laser surgery or incisional surgery) and those where the retinopathy has involuted following treatment and likely will not need further laser or surgical intervention.

In addition to what is currently coded in the existing subcategory it is important to be able to capture the following stages of this disease:

- Traction retinal detachment not involving the macula
- Traction retinal detachment involving the macula
- Combined traction retinal detachment and rhegmatogenous retinal detachment
- Stable (previously lasered or operated) proliferative diabetic retinopathy

Stable means the active neovascular process is quieting following laser treatment, vitrectomy surgery, or intravitreal anti-vascular endothelial growth factor (anti-VEGF) therapy. On very rare occasions the proliferative retinopathy will spontaneously involute. Once the PDR is stabilized follow up visits are reduced from once every several weeks to every 6 months. At this point medical/surgical intervention is much less common.

The AAO and ASRS are requesting the ability to capture laterality with these new codes and also to many of the existing diabetic retinopathy codes. They indicate that this is crucial information needed to properly track this disease. It is therefore proposed to add a 7th character instructional note to the following existing diabetic retinopathy subcategories for laterality:

E08.32 Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy
E08.33 Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy
E08.34 Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy
E08.35 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy (existing and proposed new codes)

E09.32 Drug or chemical induced diabetes mellitus with mild non-proliferative diabetic retinopathy
E09.33 Drug or chemical induced diabetes mellitus with moderate non-proliferative diabetic retinopathy
E09.34 Drug or chemical induced diabetes mellitus with severe non-proliferative diabetic retinopathy
E09.35 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy (existing and proposed new codes)

E10.32 Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy
E10.33 Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy
E10.34 Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy
E10.35 Type 1 diabetes mellitus with proliferative diabetic retinopathy (existing and proposed new codes)

E11.32 Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy
E11.33 Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy
E11.34 Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy
E11.35 Type 2 diabetes mellitus with proliferative diabetic retinopathy (existing and proposed new codes)

E13.32 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy
E13.33 Other specified diabetes mellitus with moderate non-proliferative diabetic retinopathy
E13.34 Other specified diabetes mellitus with severe non-proliferative diabetic retinopathy
E13.35 Other specified diabetes mellitus with proliferative diabetic retinopathy (existing and proposed new codes)

The proposed modifications shown below for subcategory E11.3, Type 2 diabetes mellitus would also be made to the above referenced subcategories/codes.

TABULAR MODIFICATIONS

E11 Type 2 diabetes mellitus

E11.3 Type 2 diabetes mellitus with ophthalmic complications

E11.32 Type2 diabetes mellitus with mild non-proliferative diabetic retinopathy

Add One of the following 7th characters is to be assigned to codes in subcategory E11.32 to designate laterality of the disease:
Add 1 right eye
Add 2 left eye
Add 3 bilateral
Add 9 unspecified eye

E11.33 Type2 diabetes mellitus with moderate non-proliferative diabetic retinopathy

Add One of the following 7th characters is to be assigned to codes in subcategory E11.32 to designate laterality of the disease:
Add 1 right eye
Add 2 left eye

Add 3 bilateral
Add 9 unspecified eye

E11.34 Type2 diabetes mellitus with severe non-proliferative diabetic retinopathy

Add One of the following 7th characters is to be assigned to codes in subcategory E11.32 to designate laterality of the disease:
Add 1 right eye
Add 2 left eye
Add 3 bilateral
Add 9 unspecified eye

E11.35 Type 2 diabetes mellitus with proliferative diabetic retinopathy

Add One of the following 7th characters is to be assigned to codes in subcategory E11.35 to designate laterality of the disease:
Add 1 right eye
Add 2 left eye
Add 3 bilateral
Add 9 unspecified eye

New code E11.352 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula

New code E11.353 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula

New code E11.354 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment

New code E11.355 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy

Diabetic macular edema

The current therapy for diabetic macular edema has changed greatly. Anti-vascular endothelial growth factor (anti-VEGF) agents are administered with intravitreal injections. On average the number of injections administered is six in the first year (per eye), three in the second year and two in the third year. It is crucial to know whether one or both eyes are involved with diabetic macular edema as the clinical load of treatment is doubled when both eyes are involved. In diabetes mellitus the risk of bilateral eye disease is very high, but asymmetry is common. Diabetic macular edema can recur after it has resolved sometimes a year or two later though this is not common.

There are codes to capture diabetic macular edema, in the respective diabetes categories E08-E11 and E13. The American Academy of Ophthalmology and the American Society of Retina Specialists are requesting codes to capture diabetic macular edema that has resolved following treatment. These are still high risk patients that require follow up. The proposed tabular modification shown is for category E11, Type 2 diabetes mellitus (which is where diabetic macular edema, NOS is indexed to at present). Similar changes would be made in the other diabetes mellitus categories (E08-E10 and E13).

TABULAR MODIFICATIONS

E11 Type 2 diabetes mellitus

E11.3 Type 2 diabetes mellitus with ophthalmic complications

New code E11.37 Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment

Add One of the following 7th characters is to be assigned to code E11.37 to designate laterality of the disease:
Add 1 right eye
Add 2 left eye
Add 3 bilateral
Add 9 unspecified eye

Retinal vascular occlusions

Recently therapy for retinal vascular disease has changed from laser to the use of intravitreal anti-vascular endothelial growth factor (anti-VEGF) agents. It is important to be able to code retinal vein occlusion that occurs with macular edema or retinal neovascularization. In addition a code is requested to show when the occlusion is stable (following treatment).

In ICD-10-CM both central retinal vein occlusion and ischemic central retinal vein occlusions would be coded to H34.81, Central retinal vein occlusion. Ischemic central retinal vein occlusions have a much higher risk of causing retinal and anterior segment neovascularization, requiring much more aggressive and costly interventions. Nonischemic central retinal vein occlusions are less risky. The risk of bilaterality is about 20% in central retinal vein occlusions. It is therefore important to know if one or both eyes are involved.

Branch (tributary) retinal vein occlusion is currently indexed to H34.83, Tributary (branch) retinal vein occlusion. When macular edema is present the need for treatment, using intravitreal antiVEGF agents is required. It is important to know laterality as there is a 20% incidence of bilateratlity.

The term stable (in proposed seventh character 2) means that there is no edema and no reason to treat. The occlusion is still present, but the disease process is not active and intervention is not needed. Intervention is needed if there is macular edema or neovascularization present.

The American Academy of Ophthalmology and the American Society of Retina Specialists are requesting revisions to the following ICD-10-CM subcategories related to retinal vascular occlusions.

TABULAR MODIFICATIONS

H34 Retinal vascular occlusions

H34.8 Other retinal vascular occlusions

H34.81 Central retinal vein occlusion

Add One of the following 7th characters is to be assigned to codes in subcategory H34.81 to designate the severity of the occlusion:
Add 0 with macular edema
Add 1 with retinal neovascularization
Add 2 stable
Add Old central retinal vein occlusion

H34.811 Central retinal vein occlusion, right eye
H34.812 Central retinal vein occlusion, left eye
H34.813 Central retinal vein occlusion, bilateral
H34.819 Central retinal vein occlusion, unspecified eye

H34.83 Tributary (branch) retinal vein occlusion

Add One of the following 7th characters is to be assigned to codes in subcategory H34.83 to designate the severity of the occlusion:
Add 0 with macular edema
Add 1 with retinal neovascularization
Add 2 stable
Add Old tributary (branch) retinal vein occlusion

H34.831 Tributary (branch) retinal vein occlusion, right eye
H34.832 Tributary (branch) retinal vein occlusion, left eye
H34.833 Tributary (branch) retinal vein occlusion, bilateral
H34.839 Tributary (branch) retinal vein occlusion, unspecified eye

Primary open-angle glaucoma

The following modification was requested by the American Academy of Ophthalmology to allow uniformity in the ability to capture laterality for subcategory H40.1, Open-angle, glaucoma.

TABULAR MODIFICATIONS

H40 Glaucoma

H40.1 Open-angle glaucoma

H40.11 Primary open-angle glaucoma

New code	H40.111	Primary open-angle glaucoma, right eye
New code	H40.112	Primary open-angle glaucoma, left eye
New code	H40.113	Primary open-angle glaucoma, bilateral
New code	H40.119	Primary open-angle glaucoma, unspecified eye

Complications urinary devices

The American Urological Association (AUA) has proposed changes to ICD-10-CM for genitourinary prosthesis, devices, grafts and implants. The proposed revisions are intended to incorporate appropriate terminology and current urological medical practice. There are certain occurrences for urological devices and prosthetics that should be included in ICD-10-CM and other instances where refinements are needed to remove references to specific complications that do not occur for a particular device, implant or graft. Several of the topics were originally presented in March 2011 and revisions have been made to address the comments received.

Mechanical complication of urinary catheter
The AUA proposes revisions and the addition of new codes at T83.0 to capture the correct diagnosis coding of all urinary catheters, not limited to the term "indwelling." The terminology used in the practice of urology specifically alludes to the urethral catheter as indwelling. All other catheters are related to specific organs in which they reside while in the body.

TABULAR MODIFICATIONS

	T83	Complications of genitourinary prosthetic devices, implants and grafts	
Revise	T83.0	Mechanical complication of urinary ~~(indwelling)~~ catheter Excludes2: complications of stoma of urinary tract (N99.5-)	
Revise	T83.01	Breakdown (mechanical) of urinary ~~(indwelling)~~ catheter	
New code	T83.011		Breakdown (mechanical) of indwelling urethral catheter
New code	T83.012		Breakdown (mechanical) of nephrostomy catheter
Revise	T83.018		Breakdown (mechanical) of other ~~indwelling urethral~~ urinary catheter
Revise	T83.02	Displacement of urinary ~~(indwelling)~~ catheter	
Revise		Malposition of urinary ~~(indwelling)~~ catheter	
New code	T83.021		Displacement of indwelling urethral catheter
New code	T83.022		Displacement of nephrostomy catheter
Revise	T83.028		Displacement of other ~~indwelling urethral~~ urinary catheter
Add			Hopkins, ileostomy and urostomy catheters

Revise	T83.03	Leakage of urinary ~~(indwelling)~~ catheter
New code	T83.031	Leakage of indwelling urethral catheter
New code	T83.032	Leakage of nephrostomy catheter
Revise	T83.038	Leakage of other ~~indwelling urethral~~ urinary catheter
Add		Hopkins, ileostomy and urostomy catheters
Revise	T83.09	Other mechanical complication of urinary ~~(indwelling)~~ catheter
Revise		Obstruction (mechanical) of urinary ~~(indwelling)~~ catheter
Revise		Perforation of urinary ~~(indwelling)~~ catheter
Revise		Protrusion of urinary ~~(indwelling)~~ catheter
New code	T83.091	Other mechanical complication of indwelling urethral catheter
New code	T83.092	Other mechanical complication of nephrostomy catheter
Revise	T83.098	Other mechanical complication of other ~~indwelling urethral~~ urinary catheter
Add		Cylinders, pump and reservoir

Breakdown of other urinary devices

The AUA is requesting revision/addition of codes in the T83.1 section of ICD-10 to account for breakdown, displacement and other complications of all existing urinary devices and implants available. This includes identification of stents, urinary sphincters and other urinary devices.

TABULAR MODIFICATIONS

T83 Complications of genitourinary prosthetic devices, implants and grafts

T83.1 Mechanical complication of other urinary devices and implants

T83.11 Breakdown (mechanical) of other urinary devices and implants

	T83.110	Breakdown (mechanical) of implanted urinary neurostimulation device
Add		Breakdown of electrode array or pulse generator or receiver for sacral nerve neurostimulation
Revise	T83.111	Breakdown (mechanical) of <u>implanted</u> urinary sphincter
Revise	T83.112	Breakdown (mechanical) of <u>indwelling</u> <u>ureteral</u> stent Nephroureteral and ileal conduit stents
New code	T83.113	Breakdown (mechanical) of other urinary stents Nephroureteral and ileal conduit stents

T83.12 Displacement of other urinary devices and implants

	T83.120	Displacement of implanted urinary neurostimulation device
Add		Displacement of electrode array or pulse generator or receiver for sacral nerve neurostimulation
Revise	T83.121	Displacement of <u>implanted</u> urinary sphincter
Revise	T83.122	Displacement of <u>indwelling</u> ureteral stent
New code	T83.123	Displacement of other urinary stents Nephroureteral and ileal conduit stents

T83.19 Other mechanical complication of other urinary devices and implants

Revise	T83.190	Other mechanical complication of implanted urinary neurostimulation device
Add		Other mechanical complication of electrode array or pulse generator or receiver for sacral nerve neurostimulation
Revise	T83.191	Other mechanical complication of implanted urinary sphincter
Revise	T83.192	Other mechanical complication of indwelling ureteral stent
New code	T83.193	Other mechanical complication of other urinary stent Nephroureteral and ileal conduit stents

Mechanical complication of graft of urinary organ
The AUA is proposing new codes to identify erosion and exposure of grafts used in the urinary system not captured in any other area of ICD-10-CM.

TABULAR MODIFICATIONS

T83.2 Mechanical complication of graft of urinary organ

New code T83.24 Erosion of graft of urinary organ
New code T83.25 Exposure of graft of urinary organ

Mechanical complication of devices, prosthetics, implants and grafts of genital tract
AUA has requested revisions and the addition of new codes in the T83.4 to capture the testicular prosthesis implant and to change the order of wording for implanted as well as an inclusion of the parts of the penile prosthesis to include cylinders, pump and reservoir for additional clarification.

TABULAR MODIFICATIONS

T83.4 Mechanical complication of devices, prosthetics, implants and grafts of genital tract

T83.41 Breakdown (mechanical) of other prosthetic devices, implants and grafts of genital tract
Revise T83.410 Breakdown (mechanical) of <u>implanted</u> penile ~~(implanted)~~ prosthesis
Add Cylinders, pump and reservoir
New code T83.411 Breakdown (mechanical) of implanted testicular prosthesis

T83.42 Displacement of other prosthetic devices, implants and grafts of genital tract
T83.420 Displacement of implanted penile prosthesis
Add Cylinders, pump and reservoir
New code T83.421 Displacement of implanted testicular prosthesis

Revise T83.49 Other mechanical complication of other prosthetics devices, implants and grafts of genital tract

T83.490 Other mechanical complication of implanted penile prosthesis
Add Cylinders, pump and reservoir
New code T83.491 Other mechanical complication of implanted testicular prosthesis

Infection and Inflammatory reaction due to device, prosthetic, implant and graft in urinary system

Revisions and additions of new codes to the categories T83.5 and T83.6 are being proposed to reflect the additions in the earlier sections to maintain consistency and capture the infection and inflammation due to prosthetic device, implant and graft in both the urinary system and the genital tract. Additional catheters in addition to stents and other urinary devices are captured in these two sections.

TABULAR MODIFICATIONS

T83.5 Infection and inflammatory reaction due to device, prosthetic, implant and graft in urinary system

New subcategory — T83.51 Infection and inflammatory reaction due to ~~indwelling~~ urinary catheter

Excludes: complications of stoma or urinary tract (N99.5-)

New code — T83.510 Infection and inflammatory reaction due to cystostomy catheter

New code — T83.511 Infection and inflammatory reaction due to indwelling urethral catheter

New code — T83.512 Infection and inflammatory reaction due to indwelling ureteral stent

New code — T83.512 Infection and inflammatory reaction due to nephrostomy catheter

New code — T83.518 Infection and inflammatory reaction due to other urinary catheter
Hopkins, ileostomy and urostomy catheters

New code — T83.519 Infection and inflammatory reaction due to other urinary stents
Nephroureteral and ileal conduit stents

New subcategory — T83.52 Infection and inflammatory reaction due to prosthetic devices, implant and graft

New code — T83.520 Infection and inflammatory reaction due to implanted urinary neurostimulation device
Breakdown of electrode array or pulse generator or receiver for sacral nerve neurostimulation

New code — T83.522 Infection and inflammatory reaction due to implanted urinary sphincter

New code — T83.523 Infection and inflammatory reaction due to indwelling ureteral stent

New code — T83.524 Infection and inflammatory reaction due to other urinary stents
Nephroureteral and ileal conduit stents

Revise — T83.59 Infection and inflammatory reaction due to <u>other</u> prosthetic device, implant and graft in urinary system

T83.6 Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract

New code — T83.61 Infection and inflammatory reaction due to implanted penile prosthesis
Cylinders, pump and reservoir

New code — T83.62 Infection and inflammatory reaction due to implanted testicular prosthesis

Complications due to implanted mesh and other prosthetic material to surrounding organ or tissue

The AUA has proposed revisions and the additions of new diagnosis codes to the T83.7 section are necessary. Modifications to ICD-10-CM to capture complications of vaginal mesh were added as part of the FY2012 update. Unfortunately, the existing single code only captured the erosion of vaginal mesh or erosion to other surrounding organs or tissues. The codes created did not capture the use of urethral mesh which is not placed in the vagina. Also, the use of mesh is not limited to the female population. In order to adequately capture the use of urethral mesh in both men and women, as well as vaginal mesh, this section needs to be more specific and inclusive for both men and women for urethral and vaginal mesh.

TABULAR MODIFICATIONS

T83.7 Complications due to implanted mesh and other prosthetic material to surrounding organ or tissue

Revise T83.71 Erosion of implanted mesh and other prosthetic materials ~~to surrounding organ or tissue~~

Revise T83.711 Erosion of implanted vaginal mesh and other prosthetic materials <u>into vagina</u>

New code T83.712 Erosion of implanted vaginal mesh and other prosthetic materials to other surrounding organ or tissue
Erosion of implanted vaginal mesh and other prosthetic materials into pelvic floor muscles

New code T83.713 Erosion of implanted mesh or other prosthetic materials to other surrounding organ or tissue, male or female
Male sling and female urethral sling

T83.72 Exposure of implanted mesh and other prosthetic materials into surrounding organ or tissue

Add Extrusion of implanted mesh

New code T83.722 Exposure of implanted vaginal mesh or other prosthetic materials to other surrounding organ or tissue
Exposure of implanted vaginal mesh or other prosthetic materials into pelvic floor muscles

New code T83.723 Exposure of implanted mesh or other prosthetic materials to other surrounding organ or tissue, male or female
Male sling and female urethral sling

Mechanical complication of implanted electronic stimulator of nervous system

The AUA has proposed the creation of additional codes at T85.1, Mechanical complication of implanted electronic stimulator of nervous system, to capture information related to the breakdown and displacement of a neurostimulator device of the sacral nerve.

TABULAR MODIFICATIONS

T85 Complications of other internal prosthetic devices, implants and grafts

T85.1 Mechanical complication of implanted electronic stimulator of nervous system

Add Electrode array and pulse generator/receiver

T85.11 Breakdown (mechanical) of implanted electronic stimulator of nervous system

New code T85.113 Breakdown (mechanical) of implanted electronic neurostimulator sacral nerve

T85.12 Displacement of implanted electronic stimulator of nervous system

New code T85.123 Displacement of implanted electronic neurostimulator of sacral nerve

T85.19 Other mechanical complication of implanted electronic stimulator of nervous system

New code T85.193 Other mechanical complication of implanted electronic neurostimulator (electrode) of sacral nerve
Pulse generator and/or electrode array of sacral nerve

Postprocedural urethral stricture

The AUA has proposed revisions to N99.1, Postprocedural stricture to be consistent with the male anatomy. The proposal would result in revising titles of all codes in subcategory N99.11 and propose a new code for unspecified at N99.119.

TABULAR MODIFICATIONS

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

N99.1 Postprocedural urethral stricture

N99.11 Postprocedural urethral stricture, male

Revise	N99.110 Postprocedural urethral stricture, meatal, male
Revise	N99.111 Postprocedural fossa navicularis stricture, male
Revise	N99.112 Postprocedural anterior urethral stricture, male
Revise	N99.113 Postprocedural bulbous urethral stricture, male
Revise	N99.114 Postprocedural membranous urethral stricture, male
New code	N99.119 Postprocedural urethral stricture, unspecified, male

Complications of stoma of urinary tract

The AUA has proposed revisions to N99.5, Complications of urinary stoma.

TABULAR MODIFICATIONS

N99.5 Complications of stoma of urinary tract
Revise Excludes: mechanical complication of urinary ~~(indwelling)~~ catheter (T83.0-)

Revise N99.52 Complication of other incontinent stoma of urinary tract

Revise N99.520 Hemorrhage of incontinent stoma of urinary tract
Revise N99.521 Infection of incontinent stoma of urinary tract
Revise N99.522 Malfunction of incontinent stoma of urinary tract
New code N99.523 Herniation of incontinent stoma of urinary tract
New code N99.524 Stenosis of incontinent stoma of urinary tract
Revise N99.528 Other complication of incontinent stoma of urinary tract

Revise N99.53 Complication of continent stoma of urinary tract
Revise N99.530 Hemorrhage of continent stoma of urinary tract
Revise N99.531 Infection of continent stoma of urinary tract
Revise N99.532 Malfunction of continent stoma of urinary tract
New code N99.533 Herniation of continent stoma of urinary tract
New code N99.534 Stenosis of continent stoma of urinary tract
Revise N99.538 Other complication of continent stoma of urinary tract

Chronic fatigue syndrome

A proposal, submitted by the Coalition 4 ME/CFS, to modify codes for chronic fatigue syndrome (CFS) was presented and discussed at the September 2011 ICD Coordination and Maintenance Committee meeting. The National Center for Health Statistics also presented an alternative proposal, Option 2. There were many comments from the audience, and there was general support for the NCHS-proposed Option 2, moving CFS from Chapter 18, Symptoms, signs and abnormal clinical findings, not elsewhere classified, to Chapter 6, Diseases of the Nervous System but retaining separate codes for CFS and myalgic encephalomyelitis (ME). The rationale for retaining separate codes included agreement on the importance of being able to extract data on the two conditions separately or combine, as needed. It was also noted that term ME is not seen in medical record documentation. Written comments received on this issue were inconclusive. There was not agreement that the two conditions are the same. While some comments were from private citizens, others were from advocacy organizations and associations that represent health care providers and other large constituencies that use the classification. The public comment period following the meeting is not meant as a poll or survey. Analysis of public comment focused on the substance of the comments; whether there was a clear scientific consensus regarding the etiology and manifestations of the condition; and an understanding of the classification, its structure and conventions, and its uses by the health care industry.

As noted in the information from the September 2011 presentation, the cause or causes of CFS remain unknown, despite a vigorous search. While a single cause for CFS may yet be identified, another possibility is that CFS represents a spectrum of illnesses resulting from multiple possible pathways. Conditions that have been proposed to trigger the development of CFS include infections, trauma, immune dysfunction, stress, and exposure to toxins. Research in this area is ongoing.

There are several case definitions currently in use, some separating CFS from ME, and others merging the two conditions. The most widely used are the 1994 case definition (http://www.cdc.gov/cfs/case-definition/index.html), the Canadian and the Oxford definitions. A new case definition for ME was published in the 2011 international consensus criteria that emphasized recent research and clinical experience that strongly point to widespread inflammation and multisystem symptoms and neuropathology. This new definition, which considers ME and CFS as synonymous terms, however, has not been widely vetted by the health care community at large. While there is no consensus on one case definition, there is consensus that this is a serious and complex syndrome, and it is likely that there are multiple subgroups. It has been noted that some providers use the terms interchangeably while others consider one condition a subgroup of the other. There is also some overlap with fibromyalgia and CFS/ME could be considered one of the multiple chronic overlapping pain conditions.

References

1. Fukuda et al. Ann Intern Med (1994) 121:953-959
(http://www.cdc.gov/cfs/case-definition/1994.html)
2. Holmes et al. Ann Intern Med (1988) 108:387-389.
3. Sharpe et al. J Roy Soc Med (1991) 84:118-121
4. Carruthers et al. J CFS (2003) 11:7-97
5. Carruthers et al.. *J Intern Med* (2011) **270:** 327-38..

The Coalition 4 ME/CFS has stated that they do not support Option 2 proposed in September 2011 and have submitted a revised proposal. A revised Option 2 is also being proposed, consistent with comments received supporting Option 2 as noted above. The Coalition is also requesting that their proposal be considered for implementation prior to October 1, 2014 even though the condition is not a new disease and therefore does not meet the criteria for implementation during the partial freeze.

Based on the above, the following proposals for consideration are:

ICD-10-CM TABULAR PROPOSED CHANGES

Option 1 (proposed by Coalition 4 ME/CFS):

	G93	Other Disorders of Brain	
	G93.3	Postviral fatigue syndrome	
Delete		~~Benign myalgic encephalomyelitis~~	
Delete		~~Excludes1: chronic fatigue syndrome NOS (R53.82)~~	
Add *(a)*		Excludes1:	chronic fatigue, unspecified (R53.82)
Add *(a)*			neurasthenia (F48.8)
New code		G93.31	Postviral fatigue syndrome
New code		G93.32	Chronic fatigue syndrome Myalgic encephalomyelitis (benign)
	R53.8	Other malaise and fatigue	
		R53.82	Chronic fatigue, unspecified
Delete			~~Chronic fatigue syndrome NOS~~
Revise			Excludes1: postviral fatigue syndrome (G93.31)

Option 2 (proposed by CDC):

G93 Other disorders of brain

G93.3 Postviral fatigue syndrome

Delete ~~Benign myalgic encephalomyelitis~~

Delete ~~Excludes 1: chronic fatigue syndrome NOS (R53.82)~~

New code G93.30 Postviral fatigue syndrome, unspecified
Postviral fatigue syndrome NOS

New code G93.31 Myalgic encephalomyelitis
(Benign) myalgic encephalomyelitis

New code G93.32 Chronic fatigue syndrome
Chronic fatigue syndrome NOS
Excludes1: chronic fatigue, unspecified (R53.82)

R53 Malaise and fatigue

R53.8 Other malaise and fatigue

R53.82 Chronic fatigue, unspecified

Delete ~~Chronic fatigue syndrome NOS~~

Add Excludes1: chronic fatigue syndrome (G93.32)

Revise postviral fatigue syndrome, unspecified (G93.30)

Microscopic colitis

Microscopic colitis causes a watery, nonbloody diarrhea that is chronic or recurrent. There are two subtypes, collagenous colitis and lymphocytic colitis, which have become relatively common. Diagnosis requires histologic analysis of colon biopsy.

Collagenous colitis is marked by a thickened subepithelial layer of collagen. Lymphocytic colitis has increased numbers of intraepithelial lymphocytes in the colonic epithelial layer, along with increased numbers of subepithelial chronic inflammatory cells.

The changes in inflammatory cell populations, such as increased numbers of intraepithelial lymphocytes, observed in patients with lymphocytic colitis may also occur in patients with collagenous colitis. Also, the collagen thickening of collagenous colitis may be patchy, and not present in all areas. There have been reports of patients transitioning from one to another histologic pattern, which it has been suggested indicates a common basis. Since the histopathologic findings may overlap, there has been some question as to whether lymphocytic and collagenous colitis are two separate entities or part of a single disorder. However, most patients consistently maintain one histologic type or the other.

Microscopic colitis may occur at any age. It is more common after age 50 years, with the incidence increasing with further increased age. It is also more common in females. A number of other disorders are associated with microscopic colitis, particularly including autoimmune disorders. Some specific conditions associated include thyroiditis, celiac disease, type 1 diabetes mellitus, and rheumatoid arthritis. Certain drugs, infections, and toxins are considered potential triggers or etiological factors in microscopic colitis.

Microscopic colitis has been regarded to result from a reaction to luminal antigens, which may include dietary antigens, as well as drugs, bile salts, bacterial products, and toxins. In patients with both microscopic colitis and celiac disease, both the colitis and the enteritis respond to a gluten-free diet.

There have been cases where multiple biopsies show inflammation within the lamina propria of the colon, but diagnostic features of lymphocytic colitis and collagenous colitis are not present. It has been suggested that such cases be called “microscopic colitis not otherwise specified” (see Chetty & Govender).

In some cases, increased mast cells may be found in colon biopsies in some patients with chronic diarrhea, and it has been suggested that these may represent another distinct type of microscopic colitis (see Yen and Pardi). This illustrates the potential for other types of microscopic colitis. Presence of mast cells in the colon mucosa, along with chronic diarrhea otherwise not explained, has been described as mastocytic enterocolitis, although this is not universally accepted; furthermore, mast cells may also be important in various other gastrointestinal food allergies, and in diarrhea-predominant irritable bowel syndrome (see Ramsey et al).

A request to consider creation of specific ICD-10-CM diagnosis codes for microscopic colitis, collagenous colitis, and lymphocytic colitis was received from Vera Cardinale, MPH, who represents the Discussion and Support Forum for Collagenous Colitis, Lymphocytic Colitis, Microscopic Colitis, Mastocytic Enterocolitis, and Related Issues.

References

1. "Microscopic Colitis." Pardi DS, Kelly CP. *Gastroenterology*. 2011; 140:1155-1165.
2. "Lymphocytic and collagenous colitis: an overview of so-called microscopic colitis." Chetty R, Govender D. *Nat. Rev. Gastroenterol. Hepatol*. 2012; 9:209–218.
3. "Microscopic colitis--lymphocytic, collagenous and 'mast cell' colitis." Yen EF, Pardi DS. *Aliment Pharmacol Ther.* 2011; 34(1):21-32.
4. "Mast Cells in Gastrointestinal Disease." Ramsay DB, et al. *Gastroenterol Hepatol.* 2010 December; 6(12): 772–777.

TABULAR MODIFICATIONS

K52 Other and unspecified noninfective gastroenteritis and colitis

K52.8 Other specified noninfective gastroenteritis and colitis

New subcategory	K52.83	Microscopic colitis	
New code		K52.831	Collagenous colitis
New code		K52.832	Lymphocytic colitis
New code		K52.838	Other microscopic colitis
New code		K52.839	Microscopic colitis, unspecified
	K52.89	Other specified noninfective gastroenteritis and colitis	
Delete		~~Collagenous colitis~~	
Delete		~~Lymphocytic colitis~~	
Delete		~~Microscopic colitis (collagenous or lymphocytic)~~	

Indeterminate colitis

Indeterminate colitis refers to inflammatory bowel disease with colitis, in which neither Crohn's disease nor ulcerative colitis can be diagnosed. It makes up about 10% of cases of inflammatory bowel disease. Another clinical term for it is colonic inflammatory bowel disease unclassified (IBDU). Around half of patients initially diagnosed with indeterminate colitis may subsequently be diagnosed with either Crohn's disease or ulcerative colitis, but for a significant group this does not happen.

Certain markers may be useful in identifying indeterminate colitis. For example, the anti-Saccharomyces cerevisiae (ASCA) and perinuclear anti-cytoplasmic antibody (pANCA) are both more likely to be negative in those with indeterminate colitis. However, there is not currently a set of markers that will definitively identify indeterminate colitis.

Treatment of indeterminate colitis usually is similar to standard therapies for ulcerative colitis, and may include mesalamine, corticosteroids, azathioprine or mercaptopurine, and biologics. Patients with indeterminate colitis who undergo proctocolectomy with ileal pouch to anal anastomosis are more likely than ulcerative colitis patients to have complications (but less likely than those with Crohn's disease to have complications).

The World Health Organization has added a code for indeterminate colitis to ICD-10. It is now proposed to add this to ICD-10-CM.

References

1. "Is indeterminate colitis determinable?" Tremaine WJ. Curr Gastroenterol Rep. 2012 Apr;14(2):162-5.
2. "Indeterminate colitis." Guindi M, Riddell RH. J Clin Pathol. 2004 Dec;57(12):1233-44.

TABULAR MODIFICATIONS

	K52	Other and unspecified noninfective gastroenteritis and colitis
New code	K52.3	Indeterminate colitis
		Colonic inflammatory bowel disease unclassified (IBDU)

Cervical disc disorders

Cervical disc disorders can affect the spinal cord (causing myelopathy), or the nerve roots as they travel through the spinal canal (causing radiculopathy). The seven cervical vertebrae are identified by number, with the highest (C1) being the atlas, and C2 being the axis. The axis has the dens process, on which the atlas can turn. Nerve roots come from the spinal cord, and exit the spinal canal between each of cervical vertebra, identified also by number, with nerve root C1 just above the C1 vertebra, through to C8, which comes out of the spinal canal below the C7 vertebra and above the top thoracic vertebra, T1. There are no cervical discs around C1, so the first intervertebral disc space is between C2 and C3.

Cervical disc herniation can affect the nerve root (radiculopathy), causing pain, sensory changes, and weakness in characteristic areas depending on the level. C5 radiculopathy generally is from a problem such as herniation at the C4-C5 level. It usually involves pain in the shoulder, along with sensory disturbances over the top of the shoulder to the mid upper arm. There may also be shoulder weakness, among other findings. C6 radiculopathy (from a C5-C6 herniated disk) involves pain radiating from the neck into the lateral aspect of the arm, with sensory disturbance in the back of the hand and the thumb. There may be weakness flexing the arm, along with other findings. C7 radiculopathy (from a C6-C7 herniated disc) often involves pain radiating from the neck into the back of the shoulder and arm (triceps), and the back and outside of the forearm. Sensory disturbance involves the middle finger. Weakness extending the arm may be noticed. C8 radiculopathy (from a C7-T1 herniated disc) may involve pain on the inner side of the forearm, sensory disturbances of the fourth and fifth fingers, and weakness of the hand.

The most common cervical radiculopathy involves C7 with about 70% of cases, with C6 radiculopathy being second with about 20% of cases. Together C5 and C8 radiculopathies make up about 10% of cases (with most due to C8). While radiculopathy involving disc herniation at C3 and C4 are described in the medical literature, these are relatively rare. Radiculopathy may also occur from other causes besides disc herniation, and thus may also affect C1 and C2. However, since there are no cervical discs at these levels, there are no cervical disc disorders related to them. As there are specific findings associated with particular levels of cervical disc disorders, physicians usually give the level when describing the disorder. Due to potential for other nervous system issues, the level may be tentative, prior to confirmation with imaging such as MRI.

Codes for cervical disc disorders in ICD-10-CM were created based on expansion using WHO regions that had been applied for other similar codes, including for the occipito-atlanto-axial region. However, since there are no cervical discs at C1 and C2, it has been suggested that the current code titles for cervical disc disorders involving the occipito-atlanto-axial region are not clinically appropriate. Therefore, it is proposed to retitle these codes to identify them as cervical disc disorders involving the high cervical region, and to explicitly include C2-C3 and C3-C4 levels. At the same time, codes for cervical disc disorders involving the mid-cervical region would have terms added to explicitly include the C4-C5, C5-C6, and C6-C7 disc levels. In addition, codes for cervical disc disorders of the cervicothoracic region would have terms added to explicitly include the C7-T1 level. This proposal arose based on NCHS staff review of input from multiple sources, including a question about what levels would be indicated by the term

mid-cervical. We have received input on this proposal from the American Academy of Neurology (AAN).

In addition, it is proposed to create specific codes for the specific levels of mid-cervical disc disorders, including the C4-C5, C5-C6, and C6-C7 disc levels. For radiculopathies due to cervical disc disorders, these can give rise to the most common radiculopathy levels, as described above. It is also proposed to create a code for cervical disc disorders of the mid-cervical region that are of unspecified level.

References

1. Ropper AH, Samuels MA. "Pain in the Back, Neck, and Extremities." Chapter 11 in Adams & Victor's *Principles of Neurology*, 9e.

2. Upadhyaya C, Brumblay H, Park P. "Intervertebral Disk Disease." In *CURRENT Diagnosis & Treatment: Surgery*, 13e
Ed. GM Doherty. Ch. 36, Neurosurgery. Cowan, JA Jr., Thompson BG.

TABULAR MODIFICATIONS

Part 1

Only M50.0 and M50.1 are shown here (with additional subcategories to be affected noted below). These changes are proposed to be effective prior to implementation of ICD-10-CM, and input is sought on this possibility.

M50 Cervical disc disorders

M50.0 Cervical disc disorder with myelopathy

Revise	M50.01	Cervical disc disorder with radiculopathy, ~~occipito-atlanto-axial~~ high cervical region
Add		C2-C3 disc disorder with myelopathy
Add		C3-C4 disc disorder with myelopathy
	M50.02	Cervical disc disorder with myelopathy, mid-cervical region
Add		C4-C5 disc disorder with myelopathy
Add		C5-C6 disc disorder with myelopathy
Add		C6-C7 disc disorder with myelopathy
	M50.03	Cervical disc disorder with myelopathy, cervicothoracic region
Add		C7-T1 disc disorder with myelopathy

M50.1 Cervical disc disorder with radiculopathy

Revise	M50.11	Cervical disc disorder with radiculopathy, ~~occipito-atlanto-axial~~ high cervical region
Add		C2-C3 disc disorder with radiculopathy
Add		C3 radiculopathy due to disc disorder
Add		C3-C4 disc disorder with radiculopathy
Add		C4 radiculopathy due to disc disorder
	M50.12	Cervical disc disorder with radiculopathy, mid-cervical region
Add		C4-C5 disc disorder with radiculopathy
Add		C5 radiculopathy due to disc disorder
Add		C5-C6 disc disorder with radiculopathy
Add		C6 radiculopathy due to disc disorder
Add		C6-C7 disc disorder with radiculopathy
Add		C7 radiculopathy due to disc disorder
	M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
Add		C7-T1 disc disorder with radiculopathy
Add		C8 radiculopathy due to disc disorder

Similar changes to those shown for M50.0 would need to be applied for each of the following subcategories: M50.2, Other cervical disc displacement; M50.3, Other cervical disc degeneration; M50.8, Other cervical disc disorders; and M50.9, Cervical disc disorder, unspecified.

Part 2

Only M50.0 and M50.1 are shown here (with additional subcategories to be affected noted below). These changes are proposed to be effective one year after implementation of ICD-10-CM.

M50 Cervical disc disorders

M50.0 Cervical disc disorder with myelopathy

M50.02 Cervical disc disorder with myelopathy, mid-cervical region

New code	M50.020	Cervical disc disorder with myelopathy, mid-cervical region, unspecified level

New code M50.021 Cervical disc disorder at C4-C5 level with myelopathy
C4-C5 disc disorder with myelopathy

New code M50.022 Cervical disc disorder at C5-C6 level with myelopathy
C5-C6 disc disorder with myelopathy

New code M50.023 Cervical disc disorder at C6-C7 level with myelopathy
C6-C7 disc disorder with myelopathy

M50.1 Cervical disc disorder with radiculopathy

M50.12 Cervical disc disorder with radiculopathy, mid-cervical region

New code M50.120 Mid-cervical disc disorder, unspecified

New code M50.121 Cervical disc disorder at C4-C5 level with radiculopathy
C4-C5 disc disorder with radiculopathy
C5 radiculopathy due to disc disorder

New code M50.122 Cervical disc disorder at C5-C6 level with radiculopathy
C5-C6 disc disorder with radiculopathy
C6 radiculopathy due to disc disorder

New code M50.123 Cervical disc disorder at C6-C7 level with radiculopathy
C6-C7 disc disorder with radiculopathy
C7 radiculopathy due to disc disorder

Similar changes to those shown for M50.0 would also be able to be applied for each of the following subcategories: M50.2, Other cervical disc displacement; M50.3, Other cervical disc degeneration; M50.8, Other cervical disc disorders; and M50.9, Cervical disc disorder, unspecified. Alternatively, this detail could just be applied for certain of these subcategories, such as the myelopathy and radiculopathy that are shown. Input is sought on where this detail is needed.

Spinal cord disorders involving the lumbar and sacral regions

The spinal cord ends in the conus medularis, which most often is located in the upper lumber region, around L1 to L2. The nerve roots for the lower lumbar and sacral nerves make up the cauda equina, and travel through the spinal canal below the conus medularis.

Certain disorders involving the lower spine cannot affect the spinal cord, when these occur below where the spinal cord ends, such as spondylosis of the lumbosacral, sacral, and sacrococcygeal regions, or intervertebral disc disorders involving the lumbosacral region. Again, this is because the spinal cord ends above these areas, so even though these disorders may cause other problems, they will not cause myelopathy. Because of this, it has been recommended that certain current ICD-10-CM codes cannot clinically occur, and that these therefore should be deleted.

A recommendation to make changes to these codes (among others) was previously received from orthopedist Andelle Teng, MD, MS. The changes proposed here have involved input from multiple sources including the American Academy of Neurology (AAN).

It is proposed that these codes be deleted before the implementation of ICD-10-CM. Input is sought on this possibility.

TABULAR MODIFICATIONS

M47 Spondylosis

M47.1 Other spondylosis with myelopathy

Delete code ~~M47.17 Other spondylosis with myelopathy, lumbosacral region~~

Delete code ~~M47.18 Other spondylosis with myelopathy, sacral and sacrococcygeal region~~

M51 Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders

M51.0 Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with myelopathy

Delete code ~~M51.07 Intervertebral disc disorders with myelopathy, lumbosacral region~~

Adverse effect of certain narcotic drugs

There are currently ICD-10-CM codes for adverse effects of heroin, and adverse effects of lysergide (LSD), even though these drugs have no accepted medical uses, and are thus regulated and prohibited as Schedule I drugs under the Controlled Substances Act. Creation of these codes was done during broad expansion of the drug categories to create codes for adverse effects, without consideration of whether these codes would be applicable for clinical practice in the U.S. For consistency with U.S. medical practice, it is proposed that these codes be deleted.

It is proposed that these codes be deleted before the implementation of ICD-10-CM. Input is sought on this possibility.

TABULAR MODIFICATIONS

T40 Poisoning by, adverse effect of and underdosing of narcotics and psychodysleptics [hallucinogens]

T40.1 Poisoning by and adverse effect of heroin

T40.1x Poisoning by and adverse effect of heroin

Delete code ~~T40.1x5 Adverse effect of heroin~~

T40.8 Poisoning by and adverse effect of lysergide [LSD]

T40.8x Poisoning by and adverse effect of lysergide [LSD]

Delete code ~~T40.8x5 Adverse effect of lysergide [LSD]~~

Uterine scar from previous surgery

The American College of Obstetricians and Gynecologists (ACOG) is requesting new codes that specify the type of incision used on a previous cesarean delivery. Subsequent pregnancy and delivery management may be determined by the previous incision type. Currently there is no existing code or code combination that conveys this information. ACOG proposes that code O34.21 be expanded to include the type of incision used on a previous cesarean delivery.

In addition ACOG is requesting a revision to code O34.29, Maternal care due to uterine scar from other previous surgery, to specifically reference patients who have a uterine scar from a previous myomectomy. They also propose that a new code be created to subcategory Z98.8, Other specified postprocedural states, to be able to report a history of other transmural uterine incisions in a patient who is not currently pregnant.

TABULAR MODIFICATIONS

	O34	Maternal care for abnormality of pelvic organs
	O34.2	Maternal care due to uterine scar from previous surgery
	O34.21	Maternal care for scar from previous cesarean delivery
New code	O34.211	Maternal care for low transverse scar from previous cesarean delivery
New code	O34.212	Maternal care for vertical scar from previous cesarean delivery Maternal care for classical scar from previous cesarean delivery
New code	O34.219	Maternal care for unspecified type scar from previous cesarean delivery
	O34.29	Maternal care due to uterine scar from other previous surgery
Add		Maternal care due to uterine scar from other transmural uterine incision

Z98 Other postprocedural states

Z98.8 Other specified postprocedural states

Z98.89 Other specified postprocedural states

New code Z98.890 Other specified postprocedural states

New code Z98.891 History of uterine scar from previous surgery

Excludes1: Maternal care due to uterine scar from previous surgery (O34.2-)

ICD-10-CM Addenda

PROPOSED TABULAR ADDENDA
(Effective 1 year after ICD-10-CM implementation date)

C00 Malignant neoplasm of lip
Use additional code to identify:
Revise history of tobacco dependence (Z87.891)

C81 Hodgkin lymphoma

Revise C81.1 Nodular sclerosis ~~classical~~ Hodgkin lymphoma
Add Nodular sclerosis classical Hodgkin lymphoma

Revise C81.10 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, unspecified site
Revise C81.11 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, lymph nodes of head, face, and neck
Revise C81.12 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, intrathoracic lymph nodes
Revise C81.13 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, intra-abdominal lymph nodes
Revise C81.14 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, lymph nodes of axilla and upper limb
Revise C81.15 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Revise C81.16 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, intrapelvic lymph nodes
Revise C81.17 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, spleen
Revise C81.18 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, lymph nodes of multiple sites
Revise C81.19 Nodular sclerosis ~~classical~~ Hodgkin lymphoma, extranodal and solid organ sites

Revise C81.2 Mixed cellularity ~~classical~~ Hodgkin lymphoma
Add Mixed cellularity classical Hodgkin lymphoma

Revise C81.20 Mixed cellularity ~~classical~~ Hodgkin lymphoma, unspecified site
Revise C81.21 Mixed cellularity ~~classical~~ Hodgkin lymphoma, lymph nodes of head, face, and neck
Revise C81.22 Mixed cellularity ~~classical~~ Hodgkin lymphoma, intrathoracic lymph nodes

Revise	C81.23	Mixed cellularity ~~classical~~ Hodgkin lymphoma, intra-abdominal lymph nodes
Revise	C81.24	Mixed cellularity ~~classical~~ Hodgkin lymphoma, lymph nodes of axilla and upper limb
Revise	C81.25	Mixed cellularity ~~classical~~ Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Revise	C81.26	Mixed cellularity ~~classical~~ Hodgkin lymphoma, intrapelvic lymph nodes
Revise	C81.27	Mixed cellularity ~~classical~~ Hodgkin lymphoma, spleen
Revise	C81.28	Mixed cellularity ~~classical~~ Hodgkin lymphoma, lymph nodes of multiple sites
Revise	C81.29	Mixed cellularity ~~classical~~ Hodgkin lymphoma, extranodal and solid organ sites
Revise	C81.3	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma
Add		Lymphocyte depleted classical Hodgkin lymphoma
Revise	C81.30	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, unspecified site
Revise	C81.31	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, lymph nodes of head, face, and neck
Revise	C81.32	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, intrathoracic lymph nodes
Revise	C81.33	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, intra-abdominal lymph nodes
Revise	C81.34	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, lymph nodes of axilla and upper limb
Revise	C81.35	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Revise	C81.36	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, intrapelvic lymph nodes
Revise	C81.37	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, spleen
Revise	C81.38	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, lymph nodes of multiple sites
Revise	C81.39	Lymphocyte depleted ~~classical~~ Hodgkin lymphoma, extranodal and solid organ sites
Revise	C81.4	Lymphocyte-rich ~~classical~~ Hodgkin lymphoma
Add		Lymphocyte-rich classical Hodgkin lymphoma
Revise	C81.40	Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, unspecified site
Revise	C81.41	Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, lymph nodes of head, face, and neck
Revise	C81.42	Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, intrathoracic lymph nodes

Revise C81.43 Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, intra-abdominal lymph nodes
Revise C81.44 Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, lymph nodes of axilla and upper limb
Revise C81.45 Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Revise C81.46 Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, intrapelvic lymph nodes
Revise C81.47 Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, spleen
Revise C81.48 Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, lymph nodes of multiple sites
Revise C81.49 Lymphocyte-rich ~~classical~~ Hodgkin lymphoma, extranodal and solid organ sites

Revise C81.7 Other ~~classical~~ Hodgkin lymphoma
Add Other classical Hodgkin lymphoma

Revise C81.70 Other ~~classical~~ Hodgkin lymphoma, unspecified site
Revise C81.71 Other ~~classical~~ Hodgkin lymphoma, lymph nodes of head, face, and neck
Revise C81.72 Other ~~classical~~ Hodgkin lymphoma, intrathoracic lymph nodes
Revise C81.73 Other ~~classical~~ Hodgkin lymphoma, intra-abdominal lymph nodes
Revise C81.74 Other ~~classical~~ Hodgkin lymphoma, lymph nodes of axilla and upper limb
Revise C81.75 Other ~~classical~~ Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Revise C81.76 Other ~~classical~~ Hodgkin lymphoma, intrapelvic lymph nodes
Revise C81.77 Other ~~classical~~ Hodgkin lymphoma, spleen
Revise C81.78 Other ~~classical~~ Hodgkin lymphoma, lymph nodes of multiple sites
Revise C81.79 Other ~~classical~~ Hodgkin lymphoma, extranodal and solid organ sites

D01 Carcinoma in situ of other and unspecified digestive organs

D01.3 Carcinoma in situ of anus and anal canal

Add Includes: anal intraepithelial neoplasia III [AIN III]
Add severe dysplasia of anus

Add Excludes1: anal intraepithelial neoplasia I and II [AIN I and AIN II] (K62.82)

D07 Carcinoma in situ of other and unspecified genital organs

D07.5 Carcinoma in situ of prostate

Add — Excludes1: prostatic intraepithelial neoplasia II [PIN II] (N42.3)

E08 Diabetes mellitus due to underlying condition

E08.2 Diabetes mellitus due to underlying condition with kidney complications

E08.22 Diabetes mellitus due to underlying condition with diabetic chronic kidney disease

Delete — ~~Diabetes mellitus due to underlying condition with chronic kidney disease due to conditions classified to .21 and .22~~

E08.3 Diabetes mellitus due to underlying condition with ophthalmic complications

E08.39 Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication

Add — Use additional code to identify manifestation, as:
diabetic:
glaucoma (H40-H42)

E87 Other disorders of fluid, electrolyte and acid-base balance

E87.2 Acidosis

Revise — Excludes1: diabetic acidosis - see categories <u>E08-E10, E13</u> with ketoacidosis

G43 Migraine

Delete — Excludes1: ~~headache syndromes (G44.-)~~

Add — Excludes2: headache syndromes (G44.-)

I23 Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)

Delete — ~~Note: A code from category I23 must be used in conjunction with a code from category I21 or category I22. The I23 code should be sequenced first, if it is the reason for encounter, or, it should be sequenced after the I21 or I22 code if the complication of the MI occurs during the encounter for the MI.~~

I70 Atherosclerosis

I70.9 Other and unspecified atherosclerosis

I70.92 Chronic total occlusion of artery of the extremities

Delete ~~Excludes1: acute occlusion of artery of the extremity (I70.2 , I70.3 , I70.4)~~

K35 Acute appendicitis

K35.2 Acute appendicitis with generalized peritonitis

Delete ~~Appendicitis with peritonitis NOS~~

K35.3 Acute appendicitis with localized peritonitis

Revise Acute appendicitis with or without perforation or rupture ~~localized~~ with peritonitis ~~with or without rupture or perforation of appendix~~ NOS

Add Acute appendicitis with or without perforation or rupture with localized peritonitis

K59 Other functional intestinal disorders

K59.0 Constipation

Add Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

K72 Hepatic failure, not elsewhere classified

Delete Includes: ~~acute hepatitis NEC, with hepatic failure~~

K72.0 Acute and subacute hepatic failure

Add Acute non-viral hepatitis NOS

K75 Other inflammatory liver diseases

Add Excludes2: acute or subacute hepatitis NOS (B17.9)
Add acute or subacute non-viral hepatitis (K72.0)
Add chronic hepatitis NEC (K73.8)

M08 Juvenile arthritis

M08.8 Other juvenile arthritis

Revise M08.88 Other juvenile arthritis, specified NEC
Add Other juvenile arthritis, vertebrae

N36 Other disorders of urethra

N36.8 Other specified disorders of urethra

Add Excludes1: congenital urethrocele (Q64.7)

Add female urethrocele (N81.0)

O31 Complications specific to multiple gestation

Revise Excludes2: malpresentation of one fetus or more (O32.9)

O80 Encounter for full-term uncomplicated delivery

Delete ~~This code must be accompanied by a delivery code from the appropriate procedure classification.~~

O82 Encounter for cesarean delivery without indication

Delete ~~This code must be accompanied by a delivery code from the appropriate procedure classification.~~

O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium

O99.3 Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium

Revise O99.33 Tobacco use disorder complicating pregnancy, childbirth, and the puerperium

Add Smoking complicating pregnancy, childbirth, and the puerperium

Revise Use additional code from category F17 to identify type of nicotine dependence

Q43 Other congenital malformations of intestine

Q43.6 Congenital fistula of rectum and anus

Revise Excludes1: congenital urethrorectal fistula (Q64.73)

S12 Fracture of cervical vertebra and other parts of neck

Revise Code first any associated cervical spinal cord injury (S14.0, S14.1-)

S12.8 Fracture of other parts of neck

Add Hyoid bone
Add Larynx
Add Thyroid cartilage
Add Trachea

The appropriate 7th character is to be added to code S12.8
A initial encounter
D subsequent encounter
S sequela

Delete ~~Hyoid bone~~
Delete ~~Larynx~~
Delete ~~Thyroid cartilage~~
Delete ~~Trachea~~

S12.9 Fracture of neck, unspecified

Add Fracture of neck NOS
Add Fracture of cervical spine NOS
Add Fracture of cervical vertebra NOS

The appropriate 7th character is to be added to code S12.9
A initial encounter
D subsequent encounter
S sequel

Delete ~~Fracture of neck NOS~~
Delete ~~Fracture of cervical spine NOS~~
Delete ~~Fracture of cervical vertebra NOS~~

T82 Complications of cardiac and vascular prosthetic devices, implants and grafts

T82.8 Other specified complications of cardiac and vascular prosthetic devices, implants and grafts

Revise T82.81 Embolism due to cardiac and vascular prosthetic devices, implants and grafts
Revise T82.817 Embolism due to cardiac prosthetic devices, implants and grafts
Revise T82.818 Embolism due to vascular prosthetic devices, implants and grafts

Revise T82.82 Fibrosis due to cardiac and vascular prosthetic devices, implants and grafts
Revise T82.827 Fibrosis due to cardiac prosthetic devices, implants and grafts
Revise T82.828 Fibrosis due to vascular prosthetic devices, implants and grafts

Revise T82.83 Hemorrhage due to cardiac and vascular prosthetic devices, implants and grafts
Revise T82.837 Hemorrhage due to cardiac prosthetic devices, implants and grafts
Revise T82.838 Hemorrhage due to vascular prosthetic devices, implants and grafts

Revise T82.84 Pain due to cardiac and vascular prosthetic devices, implants and grafts
T82.847 Pain due to cardiac prosthetic devices, implants and grafts
T82.848 Pain due to vascular prosthetic devices, implants and grafts

Revise T82.85 Stenosis due to cardiac and vascular prosthetic devices, implants and grafts
Revise T82.857 Stenosis due to cardiac prosthetic devices, implants and grafts
Revise T82.858 Stenosis due to vascular prosthetic devices, implants and grafts

Revise T82.86 Thrombosis due to cardiac and vascular prosthetic devices, implants and grafts
Revise T82.867 Thrombosis due to cardiac prosthetic devices, implants and grafts
Revise T82.868 Thrombosis due to vascular prosthetic devices, implants and grafts

T83 Complications of genitourinary prosthetic devices, implants and grafts

T83.8 Other specified complications of genitourinary prosthetic devices, implants and grafts

Revise T83.81 Embolism due to genitourinary prosthetic devices, implants and grafts
Revise T83.82 Fibrosis due to genitourinary prosthetic devices, implants and grafts

Revise T83.83 Hemorrhage due to genitourinary prosthetic devices, implants and grafts

Revise T83.84 Pain due to genitourinary prosthetic devices, implants and grafts

Revise T83.85 Stenosis due to genitourinary prosthetic devices, implants and grafts

Revise T83.86 Thrombosis due to genitourinary prosthetic devices, implants and grafts

Y99 External cause status

Y99.1 Military activity

Revise Excludes1: activity of off duty military personnel (Y99.8)

Z86 Personal history of certain other diseases

Z86.0 Personal history of in-situ and benign neoplasms and neoplasms of uncertain behavior

Z86.00 Personal history of in-situ neoplasm

Add Conditions classifiable to D00-D09

Z86.001 Personal history of in-situ neoplasm of cervix uteri

Add Personal history of cervical intraepithelial neoplasia III [CIN III]

Z86.008 Personal history of in-situ neoplasm of other site

Add Personal history of vaginal intraepithelial neoplasia III [VAIN III]

Add Personal history of vulvar intraepithelial neoplasia III [VIN III]

Z87 Personal history of other diseases and conditions

Z87.4 Personal history of diseases of genitourinary system

Z87.41 Personal history of dysplasia of the female genital tract

Add Excludes1: personal history of intraepithelial neoplasia III of female genital tract (Z87.001, Z87.008)

Z94 Transplanted organ and tissue status

Z94.1 Heart transplant status

Revise Excludes1: artificial heart status (Z95.812)

Z95 Presence of cardiac and vascular implants and grafts

Revise Z95.0 Presence of electronic cardiac ~~pacemaker~~ devices
Add Presence of cardiac pacemaker
Add Presence of cardiac resynchronization therapy defibrillator (CRT-D)
Add Presence of cardiac resynchronization therapy (CRT) pacemaker

Add Excludes1: adjustment or management of cardiac ~~pacemaker~~ device (Z45.0-)

PROPOSED ICD-10-CM INDEX OF DISEASES ADDENDA
(Effective on or before ICD-10-CM implementation date)

Revise Sesamoiditis ~~- see Osteomyelitis, specified type NEC~~ M25.8-

Revise Shin splints S86.89

PROPOSED ICD-10-CM INDEX OF DISEASES ADDENDA
(Effective 1 year after ICD-10-CM implementation date)

Add	AIN – see Neoplasia, intraepithelial, anal
Add	Alymphocytosis D72.810
	Appendicitis (pneumococcal) (retrocecal) K37
	- with
	- - peritoneal abscess K35.3
Delete	~~- - - with peritonitis K35.2~~
Revise	- - peritonitis NEC K35.3
Delete	~~- - - with perforation or rupture K35.2~~
Revise	- - - generalized (with perforation or rupture) K35.2
Revise	- - - localized (with perforation or rupture) K35.3
	- acute (catarrhal) (fulminating) (gangrenous) (obstructive) (retrocecal) (suppurative) K35.80
	- - with
Delete	~~- - - perforation or rupture K35.2~~
	- - - peritoneal abscess K35.3
Delete	~~- - - with peritonitis K35.2~~
Revise	- - - peritonitis NEC K35.3
Delete	~~- - - - with perforation or rupture K35.2~~
Add	- - - - generalized (with perforation or rupture) K35.2
Revise	- - - - localized (with perforation or rupture) K35.3
Delete	~~- - - - generalized K35.2~~
Revise	Claudication (intermittent) I73.9
	Contusion (skin surface intact) T14.8
Add	- heart (see also Injury, heart) S26.91
	Cyst (colloid) (mucous) (simple) (retention)
Add	- aneurysmal M27.49
Add	- hemorrhagic M27.49
Revise	- jaw (bone) ~~(aneurysmal) (hemorrhagic) (traumatic)~~ M27.40
Add	- traumatic M27.49
	Dependence
	- on
Add	- - artificial heart (fully implantable) (mechanical) Z95.812
	Diabetes
Add	- uncontrolled - code to Diabetes, by type, with hyperglycemia

Disease, diseased - see also Syndrome
Revise - Guillain-Barré G61.0

Disorder (of) - see also Disease
- extrapyramidal
Add - - in diseases classified elsewhere – see category G26

- movement
Add - - in diseases classified elsewhere – see category G26

- inflammatory
Add - - pelvic, in diseases classified elsewhere – see category N74

- opioid use
Add - - with
Add - - - opioid-induced psychotic disorder F11.959
Add - - - - with
Add - - - - - delusions F11.950
Add - - - - - hallucinations F11.951

Distress
Revise - acute respiratory (adult) (child) J98.4
- respiratory R06.00
Revise - - adult R06.00
Revise - - child R06.00

Edema, edematous (infectious) (pitting) (toxic) R60.9
- macula H35.81
Revise - - diabetic - see Diabetes, by type, with, retinopathy, with macular edema
- retina H35.81
Revise - - diabetic - see Diabetes, by type, with, retinopathy, with macular edema

Hemangioma
Add - intrathoracic structures D18.09

HGSIL…
- cervix R87.613
Revise - - biopsy (histology) finding - see Neoplasia, intraepithelial, cervix, grade II or grade III
- vagina R87.623
- - biopsy (histology) finding - see Neoplasia, intraepithelial, vagina, grade II or grade III

History
- personal (of)…
- - dysplasia
Revise - - - cervical (mild) (moderate) Z87.410
Add - - - - severe (grade III) Z86.001

Revise - - - vaginal (mild) (moderate) Z87.411
Add - - - - severe (grade III) Z86.008

Revise - - - vulvar (mild) (moderate) Z87.412
Add - - - - severe (grade III) Z86.008

Insufficiency …
- pulmonary J98.4
- - following
Revise - - - shock J98.4
Revise - - - trauma J98.4

Lymphoma (of) (malignant) C85.90
- Hodgkin C81.9
Delete ~~- - classical C81.7-~~
Revise - - - lymphocyte-rich (classical) C81.4-
Revise - - - lymphocyte depleted (classical) C81.3-
Revise - - - mixed cellularity (classical) C81.2-
Revise - - - nodular sclerosis (classical) C81.1-
Revise - - - specified NEC (classical) C81.7-

Mononeuropathy G58.9
Add - in diseases classified elsewhere – see category G59

Neoplasia
- intraepithelial (histologically confirmed)
Revise - - prostate (histologically confirmed) (PIN ~~I) (PIN II~~) N42.3

Add PIN – see Neoplasia, intraepithelial, prostate

Pregnancy (single) (uterine) - see also Delivery and Puerperal
- complicated by (care of) (management affected by)
Revise - - presentation, fetal - see Delivery, complicated by, malposition

Revise Presentation, fetal - see Delivery, complicated, by, malposition

Status (post) - see also Presence (of)
- estrogen receptor
Revise - - negative Z17.1
Revise - - positive Z17.0

Thrombosis, thrombotic (bland) (multiple) (progressive) (silent) (vessel) I82.90
- heart (chamber) - see also Infarct, myocardium
Revise - - not resulting in infarction ~~I24.0~~ I51.3

- mural - see also Infarct, myocardium
Revise - - not resulting in infarction ~~I24.0~~ I51.3