CENTERS FOR DISEASE CONTROL AND PREVENTION

ICD-10 Coordination and Maintenance Committee Meeting
March 7-8, 2017
Diagnosis Agenda

Welcome and announcements
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Co-Chair, ICD-10 Coordination and Maintenance Committee

Diagnosis Topics:

Contents

ICD-10 TIMELINE

A timeline of important dates in the ICD-10 process is described below:

March 7-8, 2017	ICD-10 Coordination and Maintenance Committee Meeting. Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting **must have registered for the meeting online by February 25, 2017.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building. In compliance to The Real ID Act, enacted in 2005, (http://www.dhs.gov/real-id-enforcement-brief) the following states/territories: Maine, Minnesota, Missouri, Montana and Washington State **will not** gain access into any Federal Agencies using the **above states** driver's license or ID. This means CMS visitors from these states/territories will need to provide alternative proof of identification (**such as a passport**) to gain entrance into Baltimore-based and Bethesda CMS buildings, as well as the Humphrey Building in Washington.
February 25, 2017	Because of increased security requirements, those wishing to attend the March 7-8, 2017 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at: **https://www.cms.gov/apps/events/default.asp** **Attendees must register online by February 25, 2017; failure to do so may result in lack of access to the meeting.**
March 2017	Webcast of the March 7-8, 2017 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html
April 1, 2017	There were no requests for ICD-10 codes to capture new diagnoses or new technology for implementation on April 1, 2017. Therefore, there will be no new ICD-10 diagnosis or procedure codes implemented on April 1, 2017.
April 7, 2017	**Deadline for receipt of public comments on proposed new codes discussed at the March 7-8, 2017 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2017.**

April 2017	Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include references to the finalized FY 2018 ICD-10-CM diagnosis and ICD-10-PCS procedure codes to date. It will also include proposed revisions to the MS-DRG system based on ICD-10-CM/PCS codes on which the public may comment. The proposed rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
June 2017	Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd10cm.htm Procedure addendum - http://cms.hhs.gov/Medicare/Coding/ICD10/index.html
July 14, 2016	**Deadline for requestors: Those members of the public requesting that topics be discussed at the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses.**
August 1, 2017	Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include links to all the final codes to be implemented on October 1, 2017. 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 2017	Tentative agenda for the Procedure part of the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage at – https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html
	Tentative agenda for the Diagnosis part of the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at - http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
	Federal Register notice for the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.

August 4, 2017	**On-line registration opens for the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**
September 1, 2017	Because of increased security requirements, those wishing to attend the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at: **https://www.cms.gov/apps/events/default.asp** **Attendees must register online by September 1, 2017; failure to do so may result in lack of access to the meeting.**
September 12-13, 2017	ICD-10 Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 1, 2017.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building.
October 2017	Webcast of the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html
October 1, 2017	New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum available on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd10cm.htm Procedure addendum – http://www.cms.gov/Medicare/Coding/ICD10/
October 16, 2017	**Deadline for receipt of public comments on proposed new codes discussed at the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2018.**
November 2017	Any new ICD-10 codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2018 will be posted on the following websites: http://www.cdc.gov/nchs/icd/icd10cm.htm http://www.cms.gov/Medicare/Coding/ICD10/

November 13, 2017 **Deadline for receipt of public comments on proposed new codes and revisions discussed at the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2018.**

Webcast and Dial-In Information

- The meeting will begin promptly at 9am ET and will be webcast.
- Toll-free dial-in access is available for participants who cannot join the webcast: Phone: 1-844- 396-8222; Meeting ID: 909 233 082. We encourage you to join early, as the number of phone lines is limited.
- **If participating via the webcast or dialing in you do NOT need to register on-line for the meeting.**

This meeting is being webcast via CMS at http://www.cms.gov/live/. By your attendance, you are giving consent to the use and distribution of your name, likeness and voice during the meeting. You are also giving consent to the use and distribution of any personally identifiable information that you or others may disclose about you during the meeting. Please do not disclose personal health information.

NOTE: In compliance to The Real ID Act, enacted in 2005, the following states/territories: American Samoa, Louisiana, Minnesota, New Hampshire, and New York **will not** gain access into any Federal Agencies using the **above states** driver's license or ID. This means CMS visitors from these states/territories will need to provide alternative proof of identification (**such as a passport**) to gain entrance into Baltimore-based CMS building.

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

Continuing Education Credits

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS/NCHS ICD-10 Coordination and Maintenance (C&M) Committee Meeting.

Continuing Education Information for American Academy of Professional Coders (AAPC)

If you plan to attend or participate via telephone the ICD-10 Coordination and Maintenance (C&M) Committee Meeting, you should be aware that CMS /NCHS do not provide certificates of attendance for these calls. Instead, the AAPC will accept your printed topic packet as proof of participation. Please retain a your topic packet copy as the AAPC may request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information for American Health Information Management Association (AHIMA)

AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to NCHS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not NCHS.

Acute Appendicitis

This is a representation of a prior presentation from Sep. 2016. The change is to move the terms perforated appendix NOS and ruptured appendix NOS from the proposed new code K35.20, Acute appendicitis with generalized peritonitis, without abscess; to the proposed new code K35.32, Acute appendicitis with perforation and localized peritonitis, without abscess. The changes are shown in bold.

Acute appendicitis progresses from inflammation of the appendix, then gangrene, followed by perforation. Perforation results in contamination of the peritoneal space with enteric bacteria, which can result in abscess formation or generalized bacterial contamination of the peritoneal space (generalized peritonitis). Perforation, the presence of an abscess, and the presence of generalized peritonitis are key characteristics of appendicitis that physicians use to describe the severity of the disease and determine the most appropriate treatment, such as deciding whether or not to perform an appendectomy or drain abscesses (sometimes percutaneously) and determining the duration of antibiotic treatment.

"Peritonitis" technically refers to inflammation of the peritoneum, and physicians use the term differently in different contexts. In some contexts, the term refers to the quality of tenderness on physical exam; in others, it refers to an inflammatory process involving the peritoneal cavity (e.g., lupus peritonitis). Though "peritonitis" may signify bacterial contamination of the peritoneal space, the term is not necessarily synonymous with this concept. With acute appendicitis, the single most important distinction is between perforation (bacterial contamination of the peritoneal space) and no perforation (no bacterial contamination), rather than the presence or absence of sterile inflammation of the peritoneum. However, the includes terms direct coders to use K35.3 "Acute appendicitis with localized peritonitis" even for cases without perforation or rupture. Thus, the current use of the term "peritonitis" in the classification is potentially misleading.

Acute appendicitis with peritoneal abscess only occurs after the appendix has ruptured, but it does not distinguish whether the perforation involved localized versus generalized contamination. "Acute appendicitis with peritoneal abscess" is currently included with K35.3 "Acute appendicitis with localized peritonitis." However, this entity can occur with either localized or generalized peritonitis.

Thus, beyond the critical distinction between perforation and no perforation, additional distinctions between non-gangrenous and gangrenous appendicitis and between perforation without abscess and perforation with abscess would be helpful.

This proposal was developed by CDC, based on a detailed request from the Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma, to better distinguish the severity of acute appendicitis.

TABULAR MODIFICATIONS

K35 Acute appendicitis

K35.2 Acute appendicitis with generalized peritonitis

Includes: Appendicitis (acute) with generalized (diffuse) peritonitis following rupture or perforation of appendix

Delete **Includes: ~~Perforated appendix NOS~~**
Delete **Includes: ~~Ruptured appendix NOS~~**

New code K35.20 Acute appendicitis with generalized peritonitis, without abscess
(Acute) appendicitis with generalized peritonitis NOS
Term removed **~~Perforated appendix NOS~~**
Term removed **~~Ruptured appendix NOS~~**

New code K35.21 Acute appendicitis with generalized peritonitis, with abscess

K35.3 Acute appendicitis with localized peritonitis

Delete Includes: ~~Acute appendicitis with or without perforation or rupture NOS~~
Delete Includes: ~~Acute appendicitis with or without perforation or rupture with localized peritonitis~~
Delete Includes: ~~Acute appendicitis with peritoneal abscess~~

New code K35.30 Acute appendicitis with localized peritonitis, without perforation or gangrene
Acute appendicitis with localized peritonitis NOS

New code K35.31 Acute appendicitis with localized peritonitis and gangrene, without perforation

New code K35.32 Acute appendicitis with perforation and localized peritonitis, without abscess
(Acute) appendicitis with perforation NOS
Term added **Perforated appendix NOS**
Term revised **Ruptured appendix (with localized peritonitis) NOS**

New code K35.33 Acute appendicitis with perforation and localized peritonitis, with abscess
(Acute) appendicitis with (peritoneal) abscess NOS
Ruptured appendix with localized peritonitis and abscess

K35.8 Other and unspecified acute appendicitis

K35.89 Other acute appendicitis

New code	K35.890	Other acute appendicitis without perforation or gangrene
New code	K35.891	Other acute appendicitis without perforation, with gangrene (Acute) appendicitis with gangrene NOS

Antenatal Screening

The American Congress of Obstetricians and Gynecologists (ACOG) is requesting the expansion of the code for antenatal screening. Currently in ICD-10-CM, there is a single code for all antenatal screening, Z36, Encounter for antenatal screening of mother. ACOG is proposing to bring ICD-9-CM antenatal screening specificity to ICD-10-CM for improved data tracking and quality measurement of antenatal screening performance, based on why the screening is being done, not what procedure was used to perform the screening.

Antenatal screening can consist of several layers of screening in the absence of symptoms before a specific diagnosis is determined or ruled out. For example, an ultrasound procedure can be performed and reported for screening for multiple antenatal conditions. Lack of specificity for antenatal screening severely limits the clinical information necessary to treat patients.

This proposal was originally presented at the September 2016 Coordination and Maintenance meeting, however in response to public comment, the proposal has been modified and is being represented for further consideration. The modifications are shown in bold.

TABULAR MODIFICATIONS

Z36 Encounter for antenatal screening of mother

Add **Encounter for placental sample (taken vaginally)**

Add **Screening is the testing for disease or disease precursors in asymptomatic individuals so that early detection and treatment can be provided for those who test positive for the disease.**

Delete **Excludes1: ~~abnormal findings on antenatal screening of mother (O28.-)~~**
Add **Excludes2: abnormal findings on antenatal screening of mother (O28.-)**

New code Z36.0 Encounter for antenatal screening for chromosomal anomalies

New code Z36.1 Encounter for **antenatal** screening for raised alphafetoprotein level
Add **Encounter for antenatal screening for elevated maternal serum alphafetoprotein level**

New code Z36.2 Encounter for other **antenatal** screening follow-up
Add Non-visualized anatomy on a previous scan

New code Z36.3 Encounter for **antenatal** screening for malformations
Add Screening for a suspected anomaly

New code Z36.4 Encounter for **antenatal** screening for fetal growth retardation

Add Intrauterine growth restriction (IUGR)/small-for-dates

New code Z36.5 Encounter for antenatal screening for isoimmunization
New Subcategory
Revise Z36.8 Encounter for other **antenatal screening ~~specified~~** ~~antenatal~~

New code Z36.8~~0~~**1** Encounter for antenatal screening for hydrops fetalis

New code Z36.8~~1~~**2** Encounter for antenatal screening for nuchal translucency
New code Z36.8~~2~~**3** Encounter for fetal screening for congenital cardiac abnormalities
New code Z36.8~~3~~**4** Encounter for antenatal screening for fetal lung maturity
New code Z36.8~~4~~**5** Encounter for antenatal screening for Streptococcus B
New code Z36.8~~5~~**6** Encounter for antenatal screening for cervical length
Add Screening for risk of pre-term labor

New code Z36.8~~6~~**7** Encounter for antenatal screening for uncertain dates

New code Z36.8~~7~~**8** Encounter for antenatal screening for fetal macrosomia Add Screening for large-for-dates

New code
Revise Z36.8~~8~~**9** Encounter for **other specified** antenatal screening **~~for other specified~~**

New code Z36.8A Encounter for antenatal screening for other genetic defects
Add Screening for hemoglobinopathy

Add **Z36.9 Encounter for antenatal screening, unspecified**

Blepharitis

Blepharitis is inflammation of the eyelids. The eyelid(s) become red, irritated, itchy and dandruff-like scales form on the eyelashes. It commonly occurs when tiny oil glands located near the base of the eyelashes become clogged. Blepharitis is not contagious and generally does not cause any permanent damage to eyesight.

The current ICD-10-CM individual eyelid specificity codes are difficult to use clinically. Blepharitis most often involves multiple eyelids, so eye specificity would be reasonable choice.

The American Academy of Ophthalmology proposes the following tabular modifications.

TABULAR MODIFICATIONS

H01 Other inflammation of eyelid

H01.0 Blepharitis

H01.00 Unspecified blepharitis

H01.004 Unspecified blepharitis left upper eyelid

H01.005 Unspecified blepharitis left lower eyelid

H01.006 Unspecified blepharitis left eye, unspecified eyelid

H01.009 Unspecified blepharitis unspecified eye, unspecified eyelid

New code H01.00A Unspecified blepharitis right eye, both eyelids

New code H01.00B Unspecified blepharitis left eye, both eyelids

H01.01 Ulcerative blepharitis

New code H01.01A Ulcerative blepharitis right eye, both eyelids

New code H01.01B Ulcerative blepharitis left eye, both eyelids

H01.02 Squamous blepharitis

New code H01.02A Squamous blepharitis right eye, both eyelids

New code H01.02B Squamous blepharitis left eye, both eyelids

Breakthrough Pain

Breakthrough pain has been recognized as a distinct clinical issue since the late 1980's. The term initially entered the medical literature in association with cancer, as specific treatments were sought to address chronic cancer pain and control its flare-ups. A specific ICD-10-CM code for breakthrough pain has been requested by Insys Therapeutics, Inc., a pharmaceutical company.

Early definitions for breakthrough pain referred to a transitory exacerbation of pain occurring against a background of otherwise stable chronic pain.[1] Over time, the definition has evolved but the key elements remain. By consensus, breakthrough pain is now generally recognized as a transient severe exacerbation of pain that occurs in patients whose baseline is otherwise tolerable or stable chronic pain controlled by around-the-clock analgesics, usually including treatment with opioids.[2,3] This definition differentiates breakthrough pain from recurrent acute pains and from chronic pain that is not yet sufficiently managed. Although initially identified in patients with chronic cancer pain, breakthrough pain is now also recognized in patients with chronic pain of non-cancer-related origin such as arthritis.

Since 1990, clinicians have been considering the specific characteristics, prevalence, and impact of breakthrough pan. Multiple surveys have found that the onset of breakthrough pain is typically abrupt, taking a median of 10 minutes to reach a peak of severe or excruciating pain, and then resolving in a median of 60 minutes as the patient returns to his or her chronic baseline pain.[3] Although it varies widely, patients typically experience 1 to 4 episodes of breakthrough pain per day.[1] Estimates of prevalence vary, but a 2014 systematic review found a prevalence of breakthrough cancer-related pain of 59%.[4] A 2012 review found breakthrough pain occurring in 33-65% of patients with chronic cancer pain and about 70% of patients with chronic non-cancer pain.[5]

There is growing evidence that effective pain management is linked to survival in cancer patients. By itself, breakthrough pain is associated with greater functional impairment and disability.[6] It also imposes a substantial economic burden. Patients with breakthrough pain have been found more likely to experience pain-related inpatient hospitalizations, emergency department visits, and physician office visits.[7] It is often the breakthrough pain which triggers these encounters, not the underlying chronic pain.

Baseline persistent pain and breakthrough pain are distinct components of chronic pain and are managed distinctly. By its nature, around-the-clock medication for baseline pain does not control the breakthrough pain. Increasing the overall dosage to include pain spikes leads to overmedication and adverse effects. Independent treatment of breakthrough pain is necessary and can take multiple forms. These include non-pharmacologic treatments such as cognitive-behavioral therapy, bracing, and palliative radiation therapy, as well as medications ranging from NSAIDs to opioids. Opioid treatment may include "rescue" supplemental doses of short-acting oral agents, but these are not optimal for the abrupt onset and quick high progression in severity of breakthrough pain. Rapid-onset opioids such as transmucosal immediate relief fentanyl (TIRF) are effective but available only through restricted programs to mitigate the risk of complications, overdose, abuse, and addiction.

Breakthrough pain is currently studied primarily through surveys. Unique coding for breakthrough pain will allow for more robust data collection and broader analysis of healthcare utilization, outcomes, and economic trends. Further, the public health effects of the current opioid crisis has increased

attention to providing opioids only when genuinely needed. A unique code for breakthrough pain will enable identification of individuals with a genuine need and facilitate access.

References
1. Portenoy RK, Hagen N. Breakthrough pain: definition, prevalence and characteristics. Pain, 41 (1990), 273-281.
2. Bennett D, Burton AW, Fishman S, et al.: Consensus panel recommendations for the assessment and management of breakthrough pain. Part 1: Assessment. P&T. 2005; 30 (5): 296 - 301
3. Davies A, Zeppetella G, Andersen S, et al.: Multi-centre European study of breakthrough cancer pain: Pain characteristics and patient perceptions of current and potential management strategies. Eur J Pain. 2011; 15 (7): 756 - 763.
4. Deandrea S, Corli O. Prevalence of breakthrough cancer pain: a systematic review and a pooled analysis of published literature. J. Pain Symptom Manage. 47(1), 57–76 (2014).
5. Smith H. A comprehensive review of rapid-onset opioids for breakthrough pain. CNS Drugs. 2012; 26(6): 509-35.
6. Narayana A, Katz N, National Breakthrough Pain Study: prevalence, characteristics, and associations with health outcomes. Pain. 2015 Feb;156(2):252-9.
7. Fortner BV, Okon TA, Portenoy RK. A survey of pain-related hospitalizations, emergency department visits, and physician office visits reported by cancer patients with and without history of breakthrough pain. J. Pain 3(1), 38–44 (2002).

TABULAR MODIFICATIONS

G89 Pain, not elsewhere classified

G89.1 Acute pain, not elsewhere classified

New code G89.13 Breakthrough pain

Use additional code to identify underlying chronic pain and etiology, such as:
Chronic pain due to trauma (G89.21)
Chronic post-thoracotomy pain (G89.22)
Neoplasm related pain (G89.3)
Other chronic postprocedural pain (G89.28)

G89.2 Chronic pain, not elsewhere classified

Add Code first breakthrough pain, if applicable (G89.13)

G89.3 Neoplasm related pain (acute) (chronic)

Add Code first breakthrough pain, if applicable (G89.13)

Brow Ptosis

Brow ptosis, or a drooping brow, is one of the most common diagnoses in oculoplastic surgery. Brow ptosis is usually the result of the involutional changes that affect the forehead muscles and soft tissue, but may also occur as a result of facial nerve palsy, trauma, and surgery. Minor differences between the two eyes and periocular areas can be obvious and a brow ptosis of only 3 – 4 mm can affect facial expression significantly. A drooping brow can lead to mechanical drooping of eyelid skin causing significant mechanical ptosis and impairment of vision. A permanent way to treat brow ptosis is by means of an operation called a brow lift.

The American Academy of Ophthalmology proposes the following tabular modifications.

TABULAR MODIFICATIONS

	H57	Other disorders of eye and adnexa	
New subcategory	H57.8	Other specified disorders of eye and adnexa	
New code		H57.81	Brow ptosis
New code		H57.89	Other specified disorders of eye and adnexa

Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL)

CADASIL, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy, can cause strokes, brain lesions, and other impairments. It is an autosomal dominant genetic disorder caused by mutations in a gene called Notch3. The abnormal Notch3 protein accumulates in blood vessel walls in the brain as well as in other parts of the body. This causes thickening of walls of small arteries, and loss of blood supply, with the white matter and deeper parts of the brain predominantly affected.

The symptoms in CADASIL can be variable, but frequently the initial symptoms are migraine and mood disorders in the 20s and 30s, followed by strokes in the 40's and 50's. Epilepsy may also occur. As the disease advances, multiple strokes generally lead to a vascular dementia. Patients may present at any age depending on which symptom is more prominent. Death generally occurs 10 to 20 years after the onset of strokes and dementia.

CADASIL is an autosomal dominant disorder, which means that each child of an affected individual has a 50% chance of inheriting the gene. By virtue of this, the prevalence of this disease is likely not as rare as it is perceived. CADASIL is similar in this regard to Huntington disease, in that it is a dominant slowly progressive adult onset ultimately fatal disease, predominantly affecting the central nervous system.

As there is not currently a specific diagnostic code for CADASIL, the disorder is coded using codes for the specific findings that are present, which may include migraine, stroke, epilepsy or dementia, although none of these separate codes fully capture astutely the extent and severity of this disease, nor convey the relationship between these findings. True prevalence of CADASIL is not known, but estimates range from 1 to 9 per 100,000 (Orphanet).

It has been proposed that a specific ICD-10-CM code for CADASIL be created. Based on review of the disorder and its associated findings, and on its classification in the draft of ICD-11, it is proposed to classify it as a hereditary cerebrovascular disorder. This proposal was received from the Cure CADASIL Association, a patient advocacy organization.

References

"CADASIL," *Genetics Home Reference*, National Library of Medicine, National Institute of Health.
https://ghr.nlm.nih.gov/condition/cerebral-autosomal-dominant-arteriopathy-with-subcortical-infarcts-and-leukoencephalopathy

"CADASIL," *Genetic and Rare Diseases Information Center*, National Center for Advancing Translational Sciences, National Institute of Health.
https://rarediseases.info.nih.gov/diseases/1049/cadasil

"CADASIL," Orphanet Rare Diseases portal.
http://www.orpha.net/consor/www/cgi-bin/OC_Exp.php?lng=EN&Expert=136

TABULAR MODIFICATIONS

I67 Other cerebrovascular diseases

I67.8 Other specified cerebrovascular diseases

New sub-subcategory

I67.85 Hereditary cerebrovascular diseases

New code

I67.850 Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
CADASIL
Code also any associated diagnoses, such as:
Stroke (I63.-)
Epilepsy (G40.-)
Vascular dementia (F01.-)

New code

I67.858 Other hereditary cerebrovascular disease

Classification of Types of Myocardial Infarction

This is a representation of a previous proposal, and brings back another set of revisions to these proposed code changes, based on input received. The previous proposal included deleting the term "myocardial infarction (acute) NOS" from I21.3, and moving it to I21.4, but the current proposal is to create a separate new code for this at I21.9, restoring a WHO code which had been removed previously. Based on input received, it is also proposed to have a proposed note at I21.A1 be a note to "Code also the underlying cause, if known and applicable," rather than having a Code first note. That reverts to an earlier proposal. These changes are shown in bold, while most of this proposal is unchanged from the earlier presentation. **It is proposed that these changes become effective on October 1, 2017; therefore, comments on this proposal are required by April 7, 2017.**

TABULAR MODIFICATIONS

Revise	I21 Acute ~~ST elevation (STEMI) and non-ST elevation (NSTEMI)~~ myocardial infarction	
	I21.0	ST elevation (STEMI) myocardial infarction of anterior wall
Add		Type 1 ST elevation myocardial infarction of anterior wall
	I21.1	ST elevation (STEMI) myocardial infarction of inferior wall
Add		Type 1 ST elevation myocardial infarction of inferior wall
	I21.2	ST elevation (STEMI) myocardial infarction of other sites
Add		Type 1 ST elevation myocardial infarction of other sites
	I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
Delete		**~~Myocardial infarction (acute) NOS~~**
Add		Type 1 ST elevation myocardial infarction of unspecified site
	I21.4	Non-ST elevation (NSTEMI) myocardial infarction
Term removed		**~~Myocardial infarction (acute) NOS~~**
Add		Type 1 Non-ST elevation myocardial infarction
New code	**I21.9**	**Acute myocardial infarction, unspecified** **Myocardial infarction (acute) NOS**
New subcategory	I21.A	Other type of myocardial infarction
New code		I21.A1 Myocardial infarction type 2 Myocardial infarction due to demand ischemia Myocardial infarction secondary to ischemic imbalance
Revise		Code **~~first~~ also** the underlying cause, if known and applicable, such as: Anemia (D50.0-D64.9) Chronic obstructive pulmonary disease (J44.-)

Heart failure (I50.-)
Paroxysmal tachycardia (I47.0-I47.9)
Renal failure (N17.0-N19)
Shock (R57.0-R57.9)

New code I21.A9 Other myocardial infarction type
Myocardial infarction associated with revascularization Procedure
Myocardial infarction type 3
Myocardial infarction type 4a
Myocardial infarction type 4b
Myocardial infarction type 4c
Myocardial infarction type 5

Code first, if applicable, postprocedural myocardial infarction following cardiac surgery (I97.190)

Code also complication, if known and applicable, such as:
(Acute) stent occlusion (T82.897-)
(Acute) stent stenosis (T82.857-)
(Acute) stent thrombosis (T82.867-)
Cardiac arrest due to underlying cardiac condition (I46.2)
Complication of percutaneous coronary intervention (PCI) (I97.89)
Occlusion of coronary artery bypass graft (T82.218-)

I22 Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
Includes: acute myocardial infarction occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site
Add Subsequent type 1 myocardial infarction

Add Excludes1: Subsequent myocardial infarction, type 2 (I21.A1)
Subsequent myocardial infarction of other type (type 3) (type 4) (type 5) (I21.A9)

I24 Other acute ischemic heart diseases

I24.8 Other forms of acute ischemic heart disease

Add Excludes1: myocardial infarction due to demand ischemia (I21.A1)

I97 Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified

I97.1 Other postprocedural cardiac functional disturbances

I97.19 Other postprocedural cardiac functional disturbances

Use additional code, if applicable, to further specify disorder

I97.190 Other postprocedural cardiac functional disturbances following cardiac surgery

Add — Use additional code, if applicable, for type 4 or type 5 myocardial infarction, to further specify disorder.

INDEX MODIFICATIONS

Infarct, infarction

Revise - myocardium, myocardial (acute) (with stated duration of 4 weeks or less) ~~I21.3~~ **I21.9**

- - postprocedural

Add - - - following cardiac surgery (see also Infarct, myocardium, type 4 or type 5, if applicable) I97.190

Add - - type 1 – see Infarct, myocardium, by non-ST elevation or ST elevation

Add - - type 2 I21.A1

Add - - type 3 I21.A9

Add - - type 4 I21.A9

Add - - type 5 I21.A9

Ischemia, ischemic I99.8

- demand (coronary) (see also Angina) I24.8

Add - - with myocardial infarction I21.A1

Disorders of the Gallbladder and Biliary Tract

This is a representation of option 2 of a prior presentation from Sep. 2016. The change is to add the terms “if applicable” to the proposed use additional code notes. The changes are shown in bold.

Disorders of the gallbladder and biliary tract are common and frequently attributable to cholelithiasis. Prolonged obstruction of the cystic duct or stasis of bile in the gallbladder leads to inflammation of the gallbladder, or “cholecystitis.” Cholecystitis can be either acute or chronic, though the latter usually represents a finding on pathologic examination and is not frequently used as a clinical diagnosis per se. Pathologic findings of chronic cholecystitis are not unusual even in the absence of attributable symptoms.

Cholecystitis varies in severity from mild inflammation of the gallbladder to severe inflammation resulting in tissue necrosis and eventually perforation of the gallbladder. Distinctions between cholecystitis without gangrene or perforation, cholecystitis with gangrene without perforation, and cholecystitis with perforation would be helpful to more accurately characterize the severity of cholecystitis.

The Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma requests that the classification of disorders of the gallbladder and biliary tract be modified to allow characterization of the severity of cholecystitis.

TABULAR MODIFICATIONS

K80 Cholelithiasis

K80.0 Calculus of gallbladder with acute cholecystitis

Add Use additional code **if applicable** for associated gangrene of gallbladder (K82.A1), or perforation of gallbladder (K82.A2).

K80.1 Calculus of gallbladder with other cholecystitis

Add Use additional code **if applicable** for associated gangrene of gallbladder (K82.A1), or perforation of gallbladder (K82.A2).

K80.4 Calculus of bile duct with cholecystitis

Add Use additional code **if applicable** for associated gangrene of gallbladder (K82.A1), or perforation of gallbladder (K82.A2).

K80.6 Calculus of gallbladder and bile duct with cholecystitis

Add — Use additional code **if applicable** for associated gangrene of gallbladder (K82.A1), or perforation of gallbladder (K82.A2).

K81 Cholecystitis

Add — Use additional code **if applicable** for associated gangrene of gallbladder (K82.A1), or perforation of gallbladder (K82.A2).

K82 Other diseases of gallbladder

K82.2 Perforation of gallbladder
Rupture of cystic duct or gallbladder

Add — Excludes1: Perforation of gallbladder in cholecystitis (K82.A2)

New subcategory — K82.A Disorders of gallbladder in diseases classified elsewhere

Code first the type of cholecystitis (K81.-), or cholelithiasis with cholecystitis (K80.00-K80.19, K80.40-K80.47, K80.60-K80.67).

New code — K82.A1 Gangrene of gallbladder in cholecystitis

New code — K82.A2 Perforation of gallbladder in cholecystitis

Disorders of Metabolism of Gamma Aminobutyric Acid (GABA)

Gamma Aminobutyric Acid (GABA) is a neurotransmitter, but also a gamma amino acid. Disorders of GABA metabolism are now classified to code E72.8, Other specified disorders of amino-acid metabolism. This proposal would add a more specific ICD-10-CM code for disorders of gamma aminobutyric acid (GABA) metabolism, specifically to include succinic semialdehyde dehydrogenase deficiency (SSADHD) and GABA transaminase deficiency (GABA-T deficiency). The request is based upon a collaborative effort from the SSADHD Association, a patient advocacy group representing over one hundred SSADHD families, and Speragen, Inc., a biopharmaceutical company founded by the parents of children with SSADHD.

SSADHD is an autosomal recessive (chromosome 6p22) disorder that disrupts the normal metabolism of GABA, the major central inhibitory neurotransmitter. SSADHD is characterized by hypotonia (infantile-onset), developmental delay, cognitive impairment, expressive language deficit, and mild ataxia. It may also frequently involve epilepsy, as well as hyperkinetic behavior, aggression, self-injurious behaviors, hallucinations, and sleep disturbances. (Pearl 2016)

In SSADHD, loss of enzyme activity leads to accumulation of both GABA and the GABA-derivative gamma-hydroxybutyric acid (GHB). The accumulation of GABA and GHB in physiological fluids represents the biochemical hallmark of SSADHD, and can be detected in the first-line diagnostic approach of urine organic acid analysis. However, GHB is also an illicit drug of abuse and a drug used for facilitated rape, so GHB may also be detected in the urine of abusers and victims. At this time, the finding of elevated levels of GHB in urine could be coded to code R82.5, Elevated urine levels of drugs, medicaments and biological substances; whether due to either the inborn error of metabolism, SSADHD, or due to illicit uses. In general, urine tests for organic aciduria evaluate for a large number of specific substances (over sixty), but expansion of codes at category R82 is not currently contemplated due to potential complexity.

There has been an effort to include SSADHD on appropriate next generation gene sequencing (NGS) panel tests across the academic and commercial testing sector, in order to increase patient identification, and to help patients avoid a lengthy and difficult diagnostic odyssey. The nonspecific clinical presentation of SSADHD can result in very late diagnosis; the inclusion in NGS panels appears to have increased the diagnostic yield in recent years.

GABA-T deficiency is a very rare autosomal recessive disorder that disrupts the metabolism of GABA into succinic semialdehyde. The clinical presentation includes psychomotor retardation, hypotonia, hyperreflexia, lethargy, refractory seizures and electroencephalographic abnormalities. Similarly as for SSADHD, it is believed that GABA accumulation plays a key role in GABA-T deficiency pathophysiology. Thus, including including these disorders at one code is logical.

The proposed tabular modification will improve the capacity for surveillance and evaluation of these conditions. Specifically, the addition of this code will assist in capturing the unique characteristics of abnormal findings of GABA metabolism associated with SSADHD and GABA-T deficiency, and substantively help define their natural history and incidence characteristics.

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TABULAR MODIFICATIONS

E72 Other disorders of amino-acid metabolism

E72.8 Other specified disorders of amino-acid metabolism

Delete
~~Disorders of beta-amino-acid metabolism~~
~~Disorders of gamma-glutamyl cycle~~

New code E72.81 Disorders of gamma aminobutyric acid metabolism
Disorders of GABA metabolism
GABA metabolic defect
GABA transaminase deficiency
GABA-T deficiency
Gamma-Hydroxybutyric Aciduria
4-Hydroxybutyric Aciduria
SSADHD
Succinic semialdehyde dehydrogenase deficiency

New code E72.89 Other specified disorders of amino-acid metabolism
Disorders of beta-amino-acid metabolism
Disorders of gamma-glutamyl cycle

Diverticular Disease of Intestine

This is a representation using a different approach to an issue for a previous proposal from Sep. 2016. It is proposed to change existing notes to allow use of exisiting codes for peritonitis along with codes for diverticular disease.

Diverticulosis is a chronic outpouching of the intestine that, once it develops, remains a permanent feature of the involved segment unless it is surgically removed. The vast majority of cases of diverticulosis involve the large intestine, and the sigmoid colon is primarily involved. The main complication of diverticulosis is bleeding. Diverticulitis develops when one of the outpouchings from diverticulosis becomes acutely inflamed. This inflammation can lead to perforation, which can progress to abscess formation and/or generalized peritonitis. Whereas perforation and abscesses do not generally occur as a direct consequence of diverticulosis in the absence of diverticulitis, they occur as a common feature of diverticulitis.

Important distinctions to capture concerning the severity of diverticulitis include the presence of abscess and generalized peritonitis. However, the "excludes notes" for the K65 codes, including K65.0 "Generalized (acute) peritonitis," specifically instruct coders not to use these codes with the K57 "Diverticular disease of intestine" codes. Thus, the codes for diverticulitis with perforation could be improved by distinguishing whether generalized peritonitis occurred.

The Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma requests the following tabular changes to better distinguish the severity of diverticulitis.

TABULAR MODIFICATIONS

K57 Diverticular disease of intestine

Add Code also if applicable peritonitis K65.-

K65 Peritonitis
Revise Use additional code (B95-B97), to identify infectious agent, if known.
Add Code also if applicable diverticular disease of intestine (K57.-)
Excludes1: …
Delete ~~diverticulitis of both small and large intestine with peritonitis (K57.4-)~~
~~diverticulitis of colon with peritonitis (K57.2-)~~
~~diverticulitis of intestine, NOS, with peritonitis (K57.8-)~~
~~diverticulitis of small intestine with peritonitis (K57.0-)~~
…
Delete ~~peritonitis with or following diverticular disease of intestine (K57.-)~~

Electronic Nicotine Delivery Systems

A request to create specific codes for electronic nicotine delivery systems (ENDS) has been received from the American Thoracic Society (ATS). The development and marketing of e-cigarettes, e-cigars and other electronic nicotine delivery devices poses significant challenges to health care providers, researchers, patients, public health officials and for ICD-10-CM coding. Currently, there is no effective way for health care providers to specifically code patients who use ENDS products. Given the growth in its usage, both domestically and internationally, the lack of a unique code set for these products will pose a barrier for the effective use of ICD-10- CM for health surveillance and research purposes.

The growth of ENDS use is significant and is a global issue. While there is little reliable data on current global usage by adults and youth, the tobacco industry projects continued growth. The global ENDS market predicts growth of over 22.36% from 2015 to 2025, an estimated total market value of $50 billion by 2025. In England alone, there are an estimated 2.1 million adult ENDS users. The CDC recently released data showing significant growth in ENDS use by middle and high school students from 2011 to 2015. About 16 out of 100 high school students (16.0%) reported in 2015 that they used electronic cigarettes in the past 30 days an 11-fold increase from 1.5% in 2011.

The potential health consequences of ENDS use are significant. While much research remains to be done to fully understand the potential short- and long-term health consequences, there are many reasons to be concerned about potential individual and public health effects.

Nicotine, regardless of the route of administration, is addictive and has significant neurological impacts, especially on youth. The flavoring chemicals used in ENDS are likely to have additional health impacts as well. Several studies have noted the presence of diacetyl in ENDS products, a chemical definitively linked to potentially fatal lung disease (diacetyl is a known cause of occupational asthma and occupational bronchiolitis). Recent studies have shown that the liquid solution used in these products, typically propylene glycol and vegetable glycerin, when heated via common high-voltage low-resistance e-cigarette devices, can release harmful chemicals such as acrolein (a known carcinogen) and formaldehyde (a known respiratory irritant).

The lack of unique ENDS ICD-10-CM codes impedes important public health research. In the past 6 months, the ATS Washington Office has been contacted multiple times by professionals seeking guidance on what ICD-10-CM codes capture ENDS use. This has included researchers attempting to study ENDS use in veteran populations, researchers studying ENDS use by youth, and researchers studying ENDS use in the chronic obstructive pulmonary disease (COPD) population.

ATS believes the proposed ICD-10-CM classification structure will be easy for physicians to incorporate into their busy practices. The ATS notes that many physicians who use electronic health records, there are prompts to aide in the selection of the appropriate diagnosis coding. The proposed structure should allow physicians to concurrently report patient tobacco and nicotine use in its multiple forms (e.g. both cigarettes, cigars, chewing tobacco) in addition to reporting ENDs products.

The ATS also recommends the creation of a new ICD-10-CM code to capture the non-dependence use of ENDS products. The creation of new codes is supported by the American Association for Respiratory Care, the American Lung Association, the American College of Preventive Medicine and the Campaign

for Tobacco-Free Kids.

The following tabular modifications are proposed:

TABULAR MODIFICATIONS

F17 Nicotine dependence

F17.2 Nicotine dependence

New subcategory F17.23 Nicotine dependence, electronic nicotine delivery system
E-cigarettes
Electronic cigarettes
ENDS

New code F17.230 Nicotine dependence, electronic nicotine delivery system, uncomplicated

New code F17.231 Nicotine dependence, electronic nicotine delivery system, in remission

New code F17.233 Nicotine dependence, electronic nicotine delivery system, withdrawal

New code F17.238 Nicotine dependence, electronic nicotine delivery system, with other nicotine induced disorder

F17.239 Nicotine dependence, electronic nicotine delivery system, with unspecified nicotine-induced disorder

T65 Toxic effect of other and unspecified substances

T65.2 Toxic effect of tobacco and nicotine
Excludes2: nicotine dependence (F17.-)

New sub-subcategory T65.23 Toxic effect of electronic nicotine delivery system
e-cigarettes
Electronic cigarettes
ENDS
Toxic effect of e-cigarette or electronic nicotine delivery system (ENDS) or components

New code T65.231 Toxic effect of electronic nicotine delivery system, accidental (unintentional)
Toxic effect of tobacco cigarettes
New code T65.232 Toxic effect of electronic nicotine delivery system, intentional self-harm new code
T65.233 Toxic effect of tobacco cigarettes, assault
New code T65.234 Toxic effect of tobacco cigarettes, undetermined

Z72 Problems related to lifestyle

Z72.0 Tobacco use
Excludes1: History of tobacco dependence (Z87.891);
nicotine dependence (F17.2-);
tobacco dependence (F17.2-);
tobacco use during pregnancy (O99.33)

New code Z72.01 Tobacco use
New code Z72.02 Electronic nicotine delivery system use
New code Z72.09 Tobacco use, unspecified
Tobacco use not otherwise specified (NOS)

Encounter for Rehabilitation Services

ICD-9-CM codes that represented procedures (and other category of codes) were purposefully omitted from ICD-10-CM. The elimination of procedure codes were highlighted in numerous ICD-10-CM presentations as far back as 1997.

The *ICD-10-CM Official Coding and Reporting Guidelines* were modified to provide detailed guidance for the coding of admissions (encounters) for rehabilitation. The condition for which rehabilitation is being performed is to be sequenced first. This change was in response to rehabilitation stakeholder requests during the use of ICD-9-CM in the mid-1990s. It was requested that the medical conditions (diagnosis) be reported and not the ICD-9-CM encounter for rehabilitation codes (V57, Care involving use of rehabilitation procedures).

The American Hospital Association (AHA) notes that while the changes have been helpful to accurately identify the medical condition or injury requiring rehabilitation, hospitals and health systems have now lost the ability to track and analyze outcomes for patients receiving care for post-acute rehabilitative care. AHA states that identifying patients for rehabilitation distinctly from other patients is important for the following reasons:

- To track patient outcomes and identify success (or lack thereof) of rehabilitation therapies and make appropriate changes to impact future patient care
- To appropriately identify patient access to inpatient post-acute care and whether there is a need for additional services
- To differentiate patient populations for patient safety and quality indicators as rehab patients are different from acute care inpatients
- To have a better understanding of patients across the continuum of care as providers consider episodes of illness or injury

The American Hospital Association is proposing the creation of a new code for encounters for rehabilitation services. It is proposed that the new code would be assigned as a secondary diagnosis. In order to maintain consistency with the *ICD-10-CM Official Guidelines for Coding and Reporting*, the condition for which the service is being performed (the purpose for the admission /encounter) will be sequenced as the principal diagnosis.

NCHS does not support the creation of a new procedure-type code in ICD-10-CM to describe rehabilitation services. NCHS believes there are other options available to track and analyze outcomes for patients receiving post-acute care rehabilitation services. Introducing procedure-type codes into the diagnosis classification is inconsistent with the development principles of ICD-10-CM.

TABULAR MODIFICATIONS

Z51 Encounter for other aftercare and medical care
Code also condition requiring care

Z51.8 Encounter for other specified aftercare

New code Z51.82 Encounter for rehabilitation services

Encounter for Screening for Certain Developmental Disorders in Childhood

At the March 2014 Coordination and Maintenance meeting, the American Academy of Pediatrics (AAP) requested new codes for category Z13.4 Encounter for screening for certain developmental disorders in childhood.

The AAP noted that encounters where developmental screening is the main (or only) reason for the encounter, it occurs outside of the routine infant or child exam.

Based on public comments received and further review, the proposal has been modified and being represented for further consideration. The changes from the original proposal has been bolded.

TABULAR MODIFICATIONS

Z00 Encounter for general examination without complaint, suspected or reported diagnosis

Z00.1 Encounter for newborn, infant and child health examinations

Z00.12 Encounter for routine child health examination

Delete ~~**Encounter for development testing of infant or child**~~
Health check (routine) for child over 28 days old

Add Immunizations appropriate for age
Add Routine vision and hearing testing
Add Routine developmental screening of infant or child

Z13 Encounter for screening for other diseases and disorders

Z13.4 Encounter for screening for certain developmental disorders in childhood
Encounter for screening for developmental handicaps in early childhood
Add **Encounter for development testing of infant or child**

Delete ~~Excludes1: Encounter for routine child health examination (Z00.12 -)~~
Add Excludes2: Encounter for routine child health examination (Z00.12-)

Epiphora

Epiphora, or excessive tearing, is when tears do not drain properly due to a blockage in one or both puncta, canaliculi or nasolacrimal ducts. There is an anatomic error in the descriptor of Epiphora codes. Epiphora due to insufficient drainage does not involve the lacrimal glands and those tear ducts as currently in the ICD-10-CM code descriptor, but are a problem of drainage through the puncta, canaliculi or nasolacrimal ducts. In H04.20, Unspecified epiphora, it would be unknown if the problem drainage or excess lacrimation, thus removing the term lacrimal gland is necessary. In H04.21, Epiphora due to excess lacrimation, the gland is at fault so the descriptor should retain the term. In H04.22, Epiphora due to insufficient drainage, the gland is not involved, whereas the drainage is, and so the "lacrimal gland" term is incorrect.

The American Academy of Ophthalmology proposes the following tabular modifications.

TABULAR MODIFICATIONS

H04 Disorders of lacrimal system

H04.2 Epiphora

H04.20 Unspecified Epiphora

Delete H02.201 Unspecified epiphora right, ~~lacrimal gland~~

Delete H02.202 Unspecified epiphora left, ~~lacrimal gland~~

Delete H02.203 Unspecified epiphora, bilateral ~~lacrimal glands~~

Delete H02.209 Unspecified epiphora, unspecified ~~lacrimal gland~~

H04.21 Epiphora due to excess lacrimation

H04.211 Epiphora due to excess lacrimation, right lacrimal gland

H04.212 Epiphora due to excess lacrimation, left lacrimal gland

H04.213 Epiphora due to excess lacrimation, bilateral lacrimal glands

H04.219 Epiphora due to excess lacrimation, unspecified lacrimal gland

H04.22 Epiphora due to insufficient drainage

Delete H04.221 Epiphora due to insufficient drainage, right ~~lacrimal gland~~

Delete H04.222 Epiphora due to insufficient drainage, left ~~lacrimal gland~~

Delete H04.223 Epiphora due to insufficient drainage, bilateral ~~lacrimal glands~~

Delete H04.229 Epiphora due to insufficient drainage, unspecified ~~lacrimal gland~~

Eyelid Cancer

Cancer can develop in several structures in the eye area including the eyeball, uvea, orbit, eyelid and lacrimal gland. The eyelid region is one of the most common sites for non-melanoma skin cancers to be found.

While in some eye conditions laterality is sufficient in reporting, for eyelid cancer it is important to describe the actual lid involved and laterality.

The American Academy of Ophthalmology proposes the following new codes to provide eyelid specificity to track these eyelid neoplasms.

TABULAR MODIFICATIONS

C43 Malignant melanoma of skin

C43.1 Malignant melanoma of eyelid, including canthus

C43.10 Malignant melanoma of unspecified eyelid, including canthus

New sub-subcategory — C43.11 Malignant melanoma of right eyelid, including canthus

New code — C43.111 Malignant melanoma of right upper eyelid, including canthus

New code — C43.112 Malignant melanoma of right lower eyelid, including canthus

New sub-subcategory — C43.12 Malignant melanoma of left eyelid, including canthus

New code — C43.121 Malignant melanoma of left upper eyelid, including canthus

New code — C43.122 Malignant melanoma of left lower eyelid, including canthus

C4A Merkel cell carcinoma

C4A.1 Merkel cell carcinoma of eyelid, including canthus

C4A.10 Merkel cell carcinoma of unspecified eyelid, including canthus

New sub-subcategory C4A.11 Merkel cell carcinoma of right eyelid, including canthus

New code C43.111 Merkel cell carcinoma of right upper eyelid, including canthus

New code C43.112 Merkel cell carcinoma of right lower eyelid, including canthus

New sub-subcategory C4A.12 Merkel cell carcinoma of left eyelid, including canthus

New code C43.121 Merkel cell carcinoma of left upper eyelid, including canthus

New code C43.122 Merkel cell carcinoma of left lower eyelid, including canthus

C44 Other and unspecified malignant neoplasm of skin

C44.1 Other and unspecified malignant neoplasm of skin of eyelid, including canthus

C44.10 Unspecified malignant neoplasm of skin of eyelid, including canthus

C44.101 Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus

New sub-subcategory C44.102 Unspecified malignant neoplasm of skin of right eyelid, including canthus

New code C44.1021 Unspecified malignant neoplasm of skin of right upper eyelid, including canthus

New code C44.1022 Unspecified malignant neoplasm of skin of right lower eyelid, including canthus

New sub-subcategory C44.109 Unspecified malignant neoplasm of skin of left eyelid, including canthus

New code C44.1091 Unspecified malignant neoplasm of skin of left upper eyelid, including canthus

New code C44.1092 Unspecified malignant neoplasm of skin of left lower eyelid, including canthus

C44.11 Basal cell carcinoma of skin of eyelid, including canthus

C44.111 Basal cell carcinoma of skin of unspecified eyelid, including canthus

New sub-subcategory C44.112 Basal cell carcinoma of skin of right eyelid, including canthus

New code C44.1121 Basal cell carcinoma of skin of right upper eyelid, including canthus

New code C44.1122 Basal cell carcinoma of skin of right lower eyelid, including canthus

New sub-subcategory C44.119 Basal cell carcinoma of skin of left eyelid, including canthus

New code C44.1191 Basal cell carcinoma of skin of left upper eyelid, including canthus

New code C44.1192 Basal cell carcinoma of skin of left lower eyelid, including canthus

C44.12 Squamous cell carcinoma of skin of eyelid, including canthus

C44.121 Squamous cell carcinoma of skin of unspecified eyelid, including canthus

New sub-subcategory C44.122 Squamous cell carcinoma of skin of right eyelid, including canthus

New code C44.1221 Squamous cell carcinoma of skin of right upper eyelid, including canthus

New code C44.1222 Squamous cell carcinoma of skin of right lower eyelid, including canthus

New sub-subcategory C44.129 Squamous cell carcinoma of skin of left eyelid, including canthus

New code C44.1291 Squamous cell carcinoma of skin of left upper eyelid, including canthus

New code C44.1292 Squamous cell carcinoma of skin of left lower eyelid, including canthus

New subcategory C44.13 Sebaceous cell carcinoma of skin of eyelid, including canthus

New code C44.121 Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus

New sub-subcategory C44.122 Sebaceous cell carcinoma of skin of right eyelid, including canthus

New code C44.1221 Sebaceous cell carcinoma of skin of right upper eyelid, including canthus

New code C44.1222 Sebaceous cell carcinoma of skin of right lower eyelid, including canthus

New sub-subcategory C44.129 Sebaceous cell carcinoma of skin of left eyelid, including canthus

New code C44.1291 Sebaceous cell carcinoma of skin of left upper eyelid, including canthus

New code C44.1292 Sebaceous cell carcinoma of skin of left lower eyelid, including canthus

C44.19 Other specified malignant neoplasm of skin of eyelid, including canthus

C44.191 Other specified malignant neoplasm of skin of unspecified eyelid, including canthus

New sub-subcategory C44.192 Other specified malignant neoplasm of skin of right eyelid, including canthus

New code C44.1921 Other specified malignant neoplasm of skin of right upper eyelid, including canthus

New code C44.1922 Other specified malignant neoplasm of skin of right lower eyelid, including canthus

New sub-subcategory C44.199 Other specified malignant neoplasm of skin of left eyelid, including canthus

New code C44.1991 Other specified malignant neoplasm of skin of left upper eyelid, including canthus

New code C44.1992 Other specified malignant neoplasm of skin of left lower eyelid, including canthus

D03 Melanoma in situ

D03.1 Melanoma in situ of eyelid, including canthus

D03.10 Melanoma in situ of unspecified eyelid, including canthus

New sub-subcategory D03.11 Melanoma in situ of right eyelid, including canthus

New code D03.111 Melanoma in situ of right upper eyelid, including canthus

New code D03.112 Melanoma in situ of right lower eyelid, including canthus

New sub-subcategory D03.12 Melanoma in situ of left eyelid, including canthus

New code D03.121 Melanoma in situ of left upper eyelid, including canthus

New code D03.122 Melanoma in situ of left lower eyelid, including canthus

D04 Carcinoma in situ of skin

D04.1 Carcinoma in situ of skin of eyelid, including canthus

D04.10 Carcinoma in situ of skin of unspecified eyelid, including canthus

New sub-subcategory D04.11 Carcinoma in situ of skin of right eyelid, including canthus

New code D04.111 Carcinoma in situ of skin of right upper eyelid, including canthus

New code D04.112 Carcinoma in situ of skin of right lower eyelid, including canthus

New sub-subcategory D04.12 Carcinoma in situ of skin of left eyelid, including canthus

New code C43.121 Carcinoma in situ of skin of left upper eyelid, including canthus

New code C43.122 Carcinoma in situ of skin of left lower eyelid, including canthus

D22 Melanocytic nevi

D22.1 Melanocytic nevi of eyelid, including canthus

D22.10 Melanocytic nevi of unspecified eyelid, including canthus

New sub-subcategory D22.11 Melanocytic nevi of right eyelid, including canthus

New code D22.111 Melanocytic nevi of right upper eyelid, including canthus

New code D22.112 Melanocytic nevi of right lower eyelid, including canthus

New sub-subcategory D22.12 Melanocytic nevi of left eyelid, including canthus

New code D22.121 Melanocytic nevi of left upper eyelid, including canthus

New code D22.122 Melanocytic nevi of left lower eyelid, including canthus

D23 Other benign neoplasms of skin

D23.1 Other benign neoplasm of skin of eyelid, including canthus

D23.10 Other benign neoplasm of skin of unspecified eyelid, including canthus

New sub-subcategory D23.11 Other benign neoplasm of skin of right eyelid, including canthus

New code D23.111 Other benign neoplasm of skin of right upper eyelid, including canthus

New code D23.112 Other benign neoplasm of skin of right lower eyelid, including canthus

New sub-subcategory D23.12 Other benign neoplasm of skin of left eyelid, including canthus

New code D23.121 Other benign neoplasm of skin of left upper eyelid, including canthus

New code D23.122 Other benign neoplasm of skin of left lower eyelid, including canthus

Factitious Disorder

Factitious Disorder is characterized by the individual's falsification of medical or psychological signs and symptoms or induction of injury or disease that is associated with identified deception. The current codes in ICD-10-CM are based on whether the symptoms that are being fabricated are physical in nature, psychological in nature, or both. This distinction is not meaningful in terms of differentiating types of patients or treatment.

The American Psychiatric Association (APA) is requesting additional codes for the subtypes of Factitious Disorder that have been included in DSM-5. This distinction is to indicate whether the falsified or intentionally produced signs or symptoms are imposed by the patient on himself (herself) which is factitious disorder imposed on self (the most typical variety of factitious disorder), verses imposed on another person, typically a dependent child (factious disorder imposed on another).

The latter form of factitious disorder, which is also referred to as factitious disorder by proxy or Munchausen's syndrome by proxy, has not previously been given its own code despite the significant morbidity and mortality associated with this condition as well as its forensic implications. It is important to note that the diagnosis is given to the perpetrator of the falsified illness and not the victim, even though it is the victim that displays the signs and symptoms of the falsified illness. The victim is given the appropriate abuse diagnosis.

This proposal was originally presented at the September 2016 Coordination and Maintenance meeting. However based on public comment, revisions have been made and resubmitted for consideration.

TABULAR MODIFICATIONS

F68 Other disorders of adult personality and behavior

F68.1 Factitious disorder
Compensation neurosis
Elaboration of physical symptoms for psychological reasons
Hospital hopper syndrome
Delete ~~Münchausen's syndrome~~
Peregrinating patient

Excludes2: factitial dermatitis (L98.1)
person feigning illness (with obvious motivation) (Z76.5)

New subcategory F68.10 Factitious disorder, ~~unspecified~~, imposed on self
Add Factitious disorder NOS
Add Munchausen's syndrome
New code F68.101 Factitious disorder imposed on self with predominantly psychological signs and symptoms

New code	F68.102 Factitious disorder imposed on self with predominantly physical signs and symptoms
New code	F68.103 Factitious disorder imposed on self with combined psychological and physical signs and symptoms
New code	F68.109 Factitious disorder imposed on self, unspecified
New subcategory	F68.11 Factitious disorder ~~with predominantly psychological signs and symptoms~~, imposed on another
Add	Münchausen's syndrome by proxy
Add	Factitious disorder by proxy
New code	F68.111 Factitious disorder imposed on another with predominantly psychological signs and symptoms
New code	F68.112 Factitious disorder imposed on another with predominantly physical signs and symptoms
New code	F68.113 Factitious disorder imposed on another with combined psychological and physical signs and symptoms
New code	F68.119 Factitious disorder imposed on another, unspecified
Delete	~~F68.12 Factitious disorder with predominantly physical signs and symptoms~~
Delete	~~F68.13 Factitious disorder with predominantly physical signs and symptoms imposed on self~~

Fetal Inflammatory Response Syndrome

Fetal Inflammatory Response Syndrome (FIRS) is a condition which involves systemic activation of the fetal immune system and affecting the newborn. It is the fetal counterpart of the Systemic Inflammatory Response Syndrome (SIRS) which occurs in adults. As technology improved, substances which were part of a fetal inflammatory response were identified. Studies have demonstrated elevation of proinflammatory cytokines (especially fetal plasma interleukin-6 (IL-6), in patients who have clinical findings of FIRS. This fetal inflammatory response can progress to organ dysfunction, septic shock, and even death as many fetal organs are involved.

In 1997, it was noted that human fetuses with microbial invasion of the amniotic fluid had a measurable cytokine response. Since that time there have been multiple investigations linking FIRS to many clinical conditions. The target organs involved include the hematopoietic system, the fetal thymus, the adrenal glands, the skin, the kidneys, the heart, the lungs, and the brain.

If the diagnosis is not made through an amniotic sample while in-utero the diagnosis is then made shortly after birth. The condition is not infectious in nature, but caused by maternal infections such as chorioamnionitis, amnionitis, membranitis or placentitis. The majority of fetuses exposed to chorioamnionitis develop FIRS. This is due to the fetus being in direct contact with infected amniotic fluid and/or inflammatory cell transfer from the uteroplacental circulation. FIRS can itself be categorized as clinical or subclinical. Clinical FIRS is defined by a fetal plasma [interleukin-6] >11 pg/mL, while subclinical FIRS is defined histologically by funisitis and fetal vasculitis.

Since the diagnosis of FIRS is only considered in fetuses (through amniotic testing) or newborns, the American Academy of Pediatrics (AAP) is requesting new codes to be added to the perinatal chapter, Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery (P00-P04).

The following tabular modifications are being requested:

TABULAR MODIFICATIONS

	P02	Newborn affected by complications of placenta, cord and membranes
New subcategory	P02.7	Newborn affected by chorioamnionitis
New code	P02.70	Fetal Inflammatory Response Syndrome
Add		FIRS
New code	P02.78	Newborn affected by other conditions from chorioamnionitis
Add		Newborn affected by amnionitis
Add		Newborn affected by membranitis
Add		Newborn affected by placentitis

Heart Failure Classification

This is a representation of a previous proposal, and brings back another set of revisions to these proposed code changes, based on input received. Specific changes are noted in the paragraph below. Changes from the previous proposal are shown in bold, while most of this proposal is unchanged from the earlier presentation. **It is proposed that these changes become effective on October 1, 2017; therefore, comments on this proposal are required by April 7, 2017.**

There are added notes for subcategories I50.2, I50.3, and I50.4, to "Code also end stage heart failure, if applicable (I50.84)." It also shows the term being added, "Right heart failure without mention of left heart failure," for the new code I50.810, Right heart failure, unspecified. For codes I50.811, I50.812, and I50.813, the word "isolated" is removed from the code title, with the original title being kept as an inclusion term, and the word "isolated" being made a nonessential modifier in certain inclusion terms using the phrase "right ventricular failure." For the new code I50.814, Right heart failure due to left heart failure, there has been addition of the note, "Excludes1: Right heart failure with but not due to left heart failure (I50.82)." For the new code I50.84, End stage heart failure, there has been addition of the term, "Stage D heart failure." For the index entries related to the heart failure stages A, B, C, and D, there has been addition of a note stating that these are based on the American College of Cardiology and American Heart Association stages of heart failure, which complement and should not be confused with the New York Heart Association Classification of Heart Failure, into Class I, Class II, Class III, and Class IV.

Text of the previous proposal is included below.

There have been a number of previous proposals to create additional codes for different specific types of heart failure. Certain of these or related changes were previously proposed in Sept. 2015, but this current proposal attempts to use a simplified approach to some of these issues where possible.

Heart Failure with Reduced Ejection Fraction, and with Normal Ejection Fraction

It is proposed to add inclusion terms related to ejection fraction, for systolic heart failure, diastolic heart failure, and combined systolic and diastolic heart failure subcategories. The ejection fraction is a measure of the left ventricular function. In systolic heart failure, the ejection fraction is reduced. In diastolic heart failure, there is a normal ejection fraction, or preserved ejection fraction. In combined systolic and diastolic heart failure, there is a reduced ejection fraction, along with diastolic dysfunction. This proposal is based on input from multiple sources.

According to the 2013 American College of Cardiology Foundation/American Heart Association (ACCF/AHA) Guidelines, related to definitions of heart failure, the two principal forms of heart failure described are heart failure with reduced ejection fraction (HFrEF), and heart failure with preserved ejection fraction (HFpEF). The guidelines also note that, "Because other techniques may indicate abnormalities in systolic function among patients with a preserved EF, it is preferable to use the terms preserved or reduced EF over preserved or reduced systolic function." It also notes that, "In most patients, abnormalities of systolic and diastolic dysfunction coexist, irrespective of EF." In addition, related to HFrEF, "Those with LV systolic dysfunction commonly have elements of diastolic dysfunction as well."

References:

Yancy CW, M Jessup, B Bozkurt, et al. 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013.

Right Heart Failure and Biventricular Heart Failure

It is proposed that there is a need for a way to distinguish right ventricular failure, both chronic and acute (or decompensated) in the adult, and also to identify end stage heart disease. The purposes are to differentiate cases of pure right heart failure from left heart disease (these patients should not be treated the same way as left heart failure patients overall), as well as to give some way of tracking patients who have right ventricular failure.

The heart failure codes in ICD-10-CM in category I50 parallel the ICD-9-CM codes in category 428. These focus on left heart failure in the adult, and relate to left ventricular disturbances in function. These codes help identify adults with chronic left ventricular failure with systolic dysfunction who are at risk of sudden cardiac death. There are now no specific ICD-10-CM codes for identifying right ventricular failure or biventricular failure.

High Output Heart Failure

High output heart failure has different causes and is a different specific clinical entity from other types of heart failure. Currently it is coded in ICD-10-CM to I50.9, Heart failure, unspecified. It is proposed to create a specific code for high output heart failure.

End Stage Heart Failure and Stages of Heart Failure

Heart failure has stages in an ABCD classification of the American College of Cardiology (ACC)/American Heart Association (AHA). Patients with end stage heart failure fall into stage D of this classification, and are characterized by advanced structural heart disease and pronounced symptoms of heart failure at rest or upon minimal physical exertion, despite maximal medical treatment. They frequently develop intolerance to medical therapy and are developing worsening renal function and diuretic resistance according to current guidelines. This patient population has a 1-year mortality rate of approximately 50%, is at highest risk for re-hospitalization and requires special therapeutic interventions such as ventricular assist devices, artificial hearts and heart transplantation or hospice care.

Stage A is the presence of heart failure risk factors but no heart disease and no symptoms. This should not be coded to the regular heart failure codes, but rather to code Z91.89, Other specified personal risk factors, not elsewhere classified. Stage B is where heart disease is present but there are no symptoms; thus there are structural changes in the heart before symptoms occur. Stage C involves structural heart disease, with symptoms.

TABULAR MODIFICATIONS

I50 Heart failure

Revise — I50.1 Left ventricular failure, unspecified

I50.2 Systolic (congestive) heart failure
Add — Heart failure with reduced ejection fraction [HFrEF]
Add — Systolic left ventricular heart failure
Add — Code also end stage heart failure, if applicable (I50.84)

I50.3 Diastolic (congestive) heart failure
Add — Diastolic left ventricular heart failure
Add — Heart failure with normal ejection fraction
Add — Heart failure with preserved ejection fraction [HFpEF]
Add — Code also end stage heart failure, if applicable (I50.84)

I50.4 Combined systolic (congestive) and diastolic (congestive) heart failure
Add — Combined systolic and diastolic left ventricular heart failure
Add — Heart failure with reduced ejection fraction and diastolic dysfunction
Add — Code also end stage heart failure, if applicable (I50.84)

New subcategory — I50.8 Other heart failure

New subcategory — I50.81 Right heart failure
Right ventricular failure

New code — I50.810 Right heart failure, unspecified
Right heart failure without mention of left heart failure
Right ventricular failure NOS

New code — I50.811 **Acute right heart failure**
Acute isolated right heart failure
Acute **(isolated)** right ventricular failure

New code — I50.812 **Chronic right heart failure**
Chronic isolated right heart failure
Chronic **(isolated)** right ventricular failure

New code I50.813 **Acute on chronic right heart failure**
Acute on chronic isolated right heart failure
Acute on chronic **(isolated)** right ventricular failure
Acute decompensation of chronic **(isolated)** right ventricular failure
Acute exacerbation of chronic **(isolated)** right ventricular failure

New code I50.814 Right heart failure due to left heart failure
Right ventricular failure secondary to left ventricular failure
Code also the type of left ventricular failure, if known (I50.2-I50.43)
Excludes1: Right heart failure with but not due to left heart failure (I50.82)

New code I50.82 Biventricular heart failure
Code also the type of left ventricular failure **as systolic, diastolic, or combined,** if known (I50.2-I50.43)

New code I50.83 High output heart failure

New code I50.84 End stage heart failure
Stage D heart failure
Code also **the** type of heart failure as systolic**,** diastolic, **or combined,** if known **(I50.2-I50.43)**

New code I50.89 Other heart failure

I50.9 Heart failure, unspecified
Delete ~~Biventricular (heart) failure NOS~~
Delete ~~Right ventricular failure (secondary to left heart failure)~~

INDEX MODIFICATIONS

Failure…
- heart (acute) (senile) (sudden) I50.9
- - with

Revise - - - decompensation~~– see Failure, heart, congestive~~ (see also Failure, heart, by type as diastolic or systolic, acute and chronic) I50.9

Revise - - compensated (see also Failure, heart, by type as diastolic or systolic, chronic) I50.9

Revise - - decompensated (see also Failure, heart, by type as diastolic or systolic, acute and chronic) I50.9

Add - - end stage (see also Failure, heart, by type as diastolic or systolic, chronic) I50.84

Add **Note: heart failure stages A, B, C, and D are based on the American College of Cardiology and American Heart Association stages of heart failure, which complement and should not be confused with the New York Heart Association Classification of Heart Failure, into Class I, Class II, Class III, and Class IV.**

Add - - stage A Z91.89
- - stage B (see also Failure, heart, by type as diastolic or systolic) I50.9
- - stage C (see also Failure, heart, by type as diastolic or systolic) I50.9
- - stage D (see also Failure, heart, by type as diastolic or systolic, chronic) I50.84

Hemifacial Spasm

Hemifacial spasm (HFS) is a condition that causes involuntary, irregular clonic or tonic movement of muscles innervated by the seventh cranial nerve. HFS presents almost always unilaterally, although bilateral involvement may occur rarely in severe cases. Hemifacial spasm generally begins with intermittent twitching of a portion of a periocular eyelid muscle (orbicularis oculi) which can lead to forced closure of eye on the affected side. As the disorder progresses, it spreads to other facial muscles (corrugator, frontalis, orbicularis oris, platysma, zygomaticus) involving the middle and lower face on the same side of the face.

Hemifacial spasm may occur in both men and women, but it is more common in women. The disease and consequent treatment may occur on left, right or both sides. ICD-10-CM does not have a code for laterality for which this request is being submitted.

The American Academy of Ophthalmology proposes the following the following tabular modifications.

TABULAR MODIFICATIONS

	G51	Facial nerve disorders	
New subcategory	G51.3	Clonic hemifacial spasm	
New code		G51.31	Clonic hemifacial spasm, right
New code		G51.32	Clonic hemifacial spasm, left
New code		G51.33	Clonic hemifacial spasm, bilateral
New code		G51.39	Clonic hemifacial spasm, unspecified

Immunization Not Carried Out

Given the rise of quality metrics related to patient vaccine rates, it becomes increasingly important to relay information related to vaccine delay or non-compliance. Vaccine shortages either due to problem in manufacturing or inability to deliver the product, is becoming a growing cause for delayed immunizations. Medical providers need to be able to show that delay in vaccine administration is related to non-delivery or insufficient supply of the vaccine.

In order to better track this problem, the American Academy of Pediatrics (AAP) is proposing to add inclusion terms to an existing code to show that a vaccine could not be given due to availability caused by either delay in delivery or manufacturing. With the proposed changes, primary care providers will be able to show why a vaccine that would be expected to be administered as part of the Advisory Committee on Immunization Practices (ACIP) schedule was not administered.

The following tabular modifications are being requested:

TABULAR MODIFICATIONS

Z28 Immunization not carried out and underimmunization status
Includes: vaccination not carried out

Z28.8 Immunization not carried out for other reason

Z28.81 Immunization not carried out due to patient having had the disease

Z28.82 Immunization not carried out because of caregiver refusal
Immunization not carried out because of guardian refusal
Immunization not carried out because of parent refusal

Excludes1: immunization not carried out because of caregiver refusal because of religious belief (Z28.1)

Z28.89 Immunization not carried out for other reason
Add Lack of availability of vaccine
Add Delay in delivery of vaccine
Add Manufacturer delay of vaccine

Z28.9 Immunization not carried out for unspecified reason

Immunocompromised Status

An immunocompromised status is a state in which a person's immune system is immunosuppressed, weakened or absent. Individuals who are immunocompromised are less capable of battling infections because the immune system response is not properly functioning. Examples of an immunocompromised patient are those that have specific clinical immumodeficiencies, HIV or AIDS, certain cancers, genetic disorders and taking medications.

Immunocompromised individuals can sometimes be more prone to serious infections, opportunistic infections and or other types of complications. Treating a patient who is immunocompromised poses more risks and challenges, therefore it is very important to be able to identify a patient with this status. A patient whose immune system is suppressed because of illness or external factors generally requires greater resource utilization. These patients are at increased risk because of fevers, non-environmental hypothermia, or injury thus requiring more interventions such as laboratory testing and medications than those with normally functioning immune systems.

Clinicians routinely document in the medical record when a patient's immune system may be compromised by using terms such as "immunodeficiency", "immunosuppressed" or "immunocompromised". Conditions found in D80-D89, Certain disorders involving the immune mechanism, are specific to the type of immune deficiency. The codes at D84.8 Other specified immumodeficiencies and D89.89 Other specified disorders involving the immune mechanism, not elsewhere classified are not specific enough to capture the details as to why a patient's immune system status places the patient at greater health risks.

Currently there is no way to indicate that a patient is immunocompromised. Since this information cannot easily be inferred by other contributing diagnoses, the American Academy of Pediatrics (AAP) proposes that codes be created to indicate the patient's specific status.

The American Academy of Pediatrics request the following tabular modifications:

TABULAR MODIFICATIONS

Z78 Other specified health status

New subcategory	Z78.2	Immunocompromised status
Add		Immunodeficiency status
Add		Immunosuppressed status
New code		Z78.21 Immunocompromised status due to conditions classified elsewhere
Add		Code first underlying disease, if known, such as: Human immunodeficiency virus (B20) Cancer (C00-C96)

Add	Excludes 1: Immunodeficiency with predominantly antibody defects (D80.-)
Add	Combined immunodeficiencies (D81.-)
Add	Immunodeficiency associated with other major defects (D82.-)
Add	Common variable immunodeficiency (D83.-)
New code	Z78.22 Immunocompromised condition due to drugs and external causes
Add	Code also encounter for antineoplastic radiation therapy (Z51.0)
Add	encounter for antineoplastic chemotherapy and immunotherapy (Z51.1)
Add	long term (current) drug therapy (Z79.-)
New code	Z78.29 Other specified immunocompromised status
Add	Immunocompromised NOS

Infection Following a Procedure

Surgical site infections are commonly classified according to their depth: superficial incisional, deep incisional, and organ/space infection. These categories are consistent with the Centers for Disease Control and Prevention criteria for defining a Surgical Site Infection (SSI).

The Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma is requesting the following tabular modifications to better distinguish the severity of infections following a procedure.

This proposal was originally presented at the September 2015 C&M meeting and a revised proposal was presented at the September 2016 C&M meeting. In response to additional public comment, the proposal has been modified and being represented for further consideration. Changes that were presented and supported at the last meeting have been bolded. In addition, based on public comment, a separate proposal for new codes at O86.0, Infection of obstetric surgical wound will also be presented.

TABULAR MODIFICATIONS

T81 Complications of procedures, not elsewhere classified

T81.4 Infection following a procedure

Delete Includes: ~~Intra-abdominal abscess following a procedure~~
Delete Includes: ~~Postprocedural infection, not elsewhere classified~~
Delete Includes: ~~Sepsis following a procedure~~
Delete Includes: ~~Stitch abscess following a procedure~~
Delete Includes: ~~Subphrenic abscess following a procedure~~
Includes: Wound abscess following a procedure

Use additional code to identify infection
Use additional code (R65.2-) to identify severe sepsis, if applicable

Delete ~~Excludes2:Obstetric surgical wound infection (O86.0)~~
Delete ~~Postprocedural fever NOS (R50.82)~~
Delete ~~Postprocedural retroperitoneal abscess (K68.11)~~

Add Excludes1:Obstetric surgical wound infection (O86.0)
Postprocedural fever NOS (R50.82)
Postprocedural retroperitoneal abscess (K68.11)

New code	T81.40	Infection following a procedure, unspecified
New Code	T81.41	Infection following a procedure, superficial incisional surgical site Subcutaneous abscess following a procedure
Add		**Stitch abscess following a procedure**
New code	T81.42	Infection following a procedure, deep incisional surgical site Intra-muscular abscess following a procedure
New code	T81.43	Infection following a procedure, organ and space surgical site Intra-abdominal abscess following a procedure Subphrenic abscess following a procedure
New code	T81.44	Sepsis following a procedure
New code	**T81.49**	**Infection following a procedure, other surgical site**

K68 Disorders of retroperitoneum

K68.1 Retroperitoneal abscess

K68.11 Postprocedural retroperitoneal abscess

Add **Excludes2: Infection following procdure (T81.4-)**

Infection of Obstetric Surgical Wound

The American Congress of Obstetricians and Gynecologists (ACOG) is requesting code expansion at code category O86.0 Infection of obstetric surgical wound. This code expansion will align with the proposed new codes at category T81.4 Infection following procedure that is also being presented today.

The code expansion is in response to public comments made at the September 2015 C&M meeting and ACOG is in agreement with the expansion. ACOG proposes the following tabular modifications:

TABULAR MODIFICATIONS

O86 Other puerperal infections
Use additional code (B95-B97), to identify infectious agent
Excludes2: infection during labor (O75.3)
obstetrical tetanus (A34)

O86.0 Infection of obstetric surgical wound
Infected cesarean delivery wound following delivery
Infected perineal repair following delivery

Add — Excludes1: Complications of procedures, not elsewhere classified (T81.4-)
Postprocedural fever NOS (R50.82)
Postprocedural retroperitoneal abscess (K68.11)

New code — O86.00 Infection of obstetric surgical wound, unspecified

New code — O86.01 Infection of obstetric surgical wound infection, superficial incisional site
Subcutaneous abscess following a procedure
Stitch abscess following a procedure

New code — O86.02 Infection of obstetric surgical wound infection, deep incisional site
Intramuscular abscess following a procedure
Sub-fascial abscess following a procedure

New code — O86.03 Infection of obstetric surgical wound infection, organ and space site
Intraabdominal abscess following a procedure
Subphrenic abscess following a procedure

New code — O86.04 Sepsis following a procedure

New code — O86.09 Infection of obstetric surgical wound infection, other site

Lacunar Infarction

Lacunar infarcts are cerebral infarcts of small penetrating branch vessels in deeper portions of the brain. This condition accounts for about a quarter of all ischemic strokes. These infarcts have commonly been regarded as benign vascular lesions with a favorable long-term prognosis. Age, vascular risk factors, high nocturnal blood pressure, and severity of cerebral small-vessel disease at onset have significant prognostic implications for almost all outcomes. The "lacune" refers to the space left behind after infarct healing.

Lacunar infarctions are often manifested by syndromes based on location (over 20 have been described[1]) which are represented in the current ICD-10-CM codes, G46.5, Pure motor lacunar syndrome; G46.6, Pure sensory lacunar syndrome and G46.7, Other lacunar syndromes.

The American Academy of Neurology (AAN) previously requested a distinct code and specific indexing for lacunar infarction. The proposed codes were presented and supported at the March 2016 Coordination and Maintenance Meeting.

Subsequently, in October 2016 the World Health Organization (WHO) Update Revision Committee (URC) approved the indexing of lacunar infarct to I63.8, Other cerebral infarction. This revised proposal aligns ICD-10-CM codes with WHO and responds to the clinical requirements requested by AAN.

TABULAR MODIFICATIONS

	I63	Cerebral Infarction
Delete		~~Excludes1:sequelae of cerebral infarction (I69.3)~~
Add		Excludes2:sequelae of cerebral infarction (I69.3)
	I63.5	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries
	I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
New subcategory	I63.8	Other cerebral infarction
New code		I63.81 Other cerebral infarction due to occlusion or stenosis of small artery Lacunar infarction
New code		I63.89 Other cerebral infarction

INDEX MODIFICATION

Inequality, leg (length) (acquired) —*see also* Deformity, limb, unequal length
- congenital —*see* Defect, reduction, lower limb
- lower leg —*see* Deformity, limb, unequal length
Infarction, lacunar I63.~~7~~8

References:
1. Fisher, CM: Lacunar strokes and infarcts: A review. *Neurology* 1982;32:871-876

Lagophthalmos

Lagophthalmos is the inability to close the eyelids completely. Lagophthalmos patients commonly complain of foreign body sensation and increased tearing. Proper eyelid closure and a normal blink reflex spreads tear film over the eye and creates a continuous layer of moisture.

Lagophthalmos leads to a diminished blink and impairment of the nasolacrimal system that produces and drains away tears. The main cause for paralytic lagophthalmos is Bell's palsy. Trauma, infections, tumors, or other conditions might also lead to lagophthalmos. The condition typically involves both eyelids.

The American Academy of Ophthalmology proposes the following tabular modifications.

TABULAR MODIFICATIONS

H02 Other disorders of eyelid

H02.2 Lagophthalmos

H02.20 Unspecified lagophthalmos

New code H02.20A Unspecified lagophthalmos right eye, both eyelids
New code H02.20B Unspecified lagophthalmos left eye, both eyelids
New code H02.20C Unspecified lagophthalmos, bilateral, both eyelids

H02.21 Cicatricial lagophthalmos

New code H02.21A Cicatricial lagophthalmos right eye, both eyelids
New code H02.21B Cicatricial lagophthalmos left eye, both eyelids
New code H02.21C Cicatricial lagophthalmos, bilateral, both eyelids

H02.22 Mechanical lagophthalmos

New code H02.22A Mechanical lagophthalmos right eye, both eyelids
New code H02.22B Mechanical lagophthalmos left eye, both eyelids
New code H02.22C Mechanical lagophthalmos, bilateral, both eyelids

H02.23 Paralytic lagophthalmos

New code H02.23A Paralytic lagophthalmos right eye, both eyelids
New code H02.23B Paralytic lagophthalmos left eye, both eyelids
New code H02.23C Paralytic lagophthalmos, bilateral, both eyelids

Meibomian Gland Dysfunction

The American Optometric Association (AOA) and the American Academy of Ophthalmology (AAO) are proposing the creation of new ICD-10-CM codes for Meibomian Gland Dysfunction (MGD). The clinical signs and symptoms of MGD include distinct changes in viscosity and clarity of expressed contents from the Meibomian glands, increased tear film osmolarity, which may be reflected by complaints of burning and stinging, and premature evaporation, leading to decreased tear-film stability. Currently, in ICD-10-CM there is no distinct code for this condition.

To help better capture the unique characteristics of this condition and to help with research and public health, AOA and AAO are requesting the following ICD-10-CM tabular additions.

TABULAR MODIFICATIONS

H02 Other disorders of eyelid

H02.8 Other specified disorders of eyelid

New sub-subcategory	H02.88	Meibomian gland dysfunction of eyelid
New code	H02.881	Meibomian gland dysfunction right upper eyelid
New code	H02.882	Meibomian gland dysfunction right lower eyelid
New code	H02.883	Meibomian gland dysfunction of right eye, unspecified eyelid
New code	H02.884	Meibomian gland dysfunction left upper eyelid
New code	H02.885	Meibomian gland dysfunction left lower eyelid
New code	H02.886	Meibomian gland dysfunction of left eye, unspecified eyelid
New code	H02.889	Meibomian gland dysfunction of unspecified eye, unspecified eyelid

Multiple Sulfatase Deficiency (MSD)

Multiple Sulfatase Deficiency (MSD) is a rare inherited metabolic fatal disease combining symptoms of single sulfatase deficiencies. Symptoms include developmental delay, severe mental retardation, and neurodegeneration resulting in a loss of motor and communication skills, spasticity and epilepsy. Additional symptoms like hepatosplenomegaly, dysostosis multiplex, hydrocephalus, inguinal hernias, and ichthyosis occur in patients with MSD. Onset and progression of symptoms in MSD allow for the differentiation of a neonatal very severe form of the disease, a late infantile severe and mild form and a juvenile form of MSD. In all forms of multiple sulfatase, life expectancy is shortened and so far MSD remains an untreatable disease.

Currently in ICD-10-CM, the condition is classified at E75.29, Other sphingolipidosis. A distinction for MSD would be beneficial for the care of patients as well as the development and management of treatment for this distinct disease.

The United MSD Foundation is requesting that a new code be created to specifically identify patients with Multiple Sulfatase Deficiency. Dr. Rebecca Ahrens-Nicklas, MD, PhD, Biometrics Genetics Fellow at The Children's Hospital of Philadelphia and Dr. Can Ficicioglu, MD, PhD, Director of Metabolic Newborn Screening Program at The Children's Hospital of Philadelphia support this proposal.

The American Academy of Pediatrics (AAP) has reviewed and supports this proposal.

References:

Natural **disease** history and characterisation of SUMF1 molecular defects in ten unrelated patients with **multiple sulfatase deficiency**.Sabourdy F, Mourey L, Le Trionnaire E, Bednarek N, Caillaud C, Chaix Y, Delrue MA, Dusser A, Froissart R, Garnotel R, Guffon N, Megarbane A, Ogier de Baulny H, Pédespan JM, Pichard S, Valayannopoulos V, Verloes A, Levade T. Orphanet J Rare Dis. 2015 Mar 15;10:31. doi: 10.1186/s13023-015-0244-7.

SUMF1 mutations affecting stability and activity of formylglycine generating enzyme predict clinical outcome in **multiple sulfatase deficiency**.Schlotawa L, Ennemann EC, Radhakrishnan K, Schmidt B, Chakrapani A, Christen HJ, Moser H, Steinmann B, Dierks T, Gärtner J. Eur J Hum Genet. 2011 Mar;19(3):253-61. doi: 10.1038/ejhg.2010.219.

Molecular basis of **multiple sulfatase deficiency**, mucolipidosis II/III and Niemann-Pick C1 **disease** - Lysosomal storage disorders caused by defects of non-lysosomal proteins. Dierks T, Schlotawa L, Frese MA, Radhakrishnan K, von Figura K, Schmidt B. Biochim Biophys Acta. 2009 Apr;1793(4):710-25. doi: 10.1016/j.bbamcr.2008.11.015. Review.

Molecular basis for multiple sulfatase deficiency and mechanism for formylglycine generation of the human formylglycine-generating enzyme. **Dierks** T, Dickmanns A, Preusser-Kunze A, **Schmidt** B, Mariappan M, **von Figura** K, Ficner R, Rudolph MG.

Additional reference:http://omim.org/entry/272200 http://www.orpha.net/consor/cgi-bin/OC_Exp.php?Expert=585

TABULAR MODIFICATIONS

E75.2 Other sphingolipidosis
Excludes1: adrenoleukodystrophy [Addison-Schilder] (E71.528)

E75.25 Metachromatic leukodystrophy

New code E75.26 Sulfatase deficiency
Add Multiple Sulfatase deficiency (MSD)

E75.29 Other sphingolipidosis
Farber's syndrome
Delete ~~Sulfatase deficiency~~
Sulfatide lipidosis

Non-Healing Traumatic Wounds and Surgical Wounds

It is proposed to add a specific new code for non-healing traumatic wounds. Previously, a new code T81.84, Non-healing surgical wound, was proposed in March 2016, based on a proposal from the Association of Home Care Coding & Compliance (AHCC), a division of DecisionHealth, a consulting company, along with a request for additional clarifying terms for non-healing traumatic wounds. Comments from that proposal included a recommendation to add a specific code for non-healing traumatic wounds. This topic is a representation of a previous topic; new changes are shown in bold.

TABULAR MODIFICATIONS

T79 Certain early complications of trauma, not elsewhere classified

T79.8 Other early complications of trauma

New code **T79.81 Non-healing traumatic wound**
Slow-healing traumatic wound
Excludes2: Fracture with delayed healing (S02.-, S12.-, S22.-, S32.-, S42.-, S62.-, S92.-, with seventh character G; S52.-, S72.-, S82.- with seventh character G, H, or J)
Non-healing surgical wound (T81.84)

New code **T79.89 Other early complications of trauma**

T81 Complications of procedures, not elsewhere classified

T81.8 Other complications of procedures, not elsewhere classified

New code T81.84 Non-healing surgical wound
Slow-healing surgical wound

Code first if applicable fracture requiring surgery with delayed healing (S02.-, S12.-, S22.-, S32.-, S42.-, S62.-, S92.-, with seventh character G; S52.-, S72.-, S82.- with seventh character G, H, or J)

Excludes2: Non-healing traumatic wound (T79.81)

Nonprocreative Genetic Counseling

Genetic counseling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. Genetic counselors provide a critical service to individuals and families considering undergoing genetic testing by helping them identify their risks for certain disorders, investigate family health history, interpret information and determine if testing is needed. Genetic counseling services may represent an encounter for both procreative and nonprocreative genetic counseling.

In the ICD-10-CM code set, non-procreative screening can be captured using Z13.71, Encounter for nonprocreative screening for genetic disease carrier status. However, when an individual is seen for genetic counseling not related to procreative management there is no code to capture non-procreative genetic counseling.

The requestor proposes the following new code in order to track these encounters.

TABULAR MODIFICATIONS

Z31 Encounter for procreative management

Revise Z31.5 Encounter for procreative genetic counseling

Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified

Z71.8 Other specified counseling
Excludes2: counseling for contraception (Z30.0-)
Delete ~~counseling for genetics (Z31.5)~~
Delete ~~counseling for procreative management (Z31.6-)~~

New code Z71.83 Encounter for nonprocreative genetic counseling
Add Excludes1: counseling for genetics (Z31.5)
Add counseling for procreative management (Z31.6-)

Nonruptured Cerebral Aneurysm

A cerebral aneurysm is defined by the National Institute of Neurological Disorders and Stroke (NINDS) as "a weak or thin spot on a blood vessel in the brain that balloons out and fills with blood." Stryker, a medical technology company, has proposed expansion of ICD-10-CM codes related to nonruptured cerebral aneurysm, to provide more clinical details.

Aneurysms can present a serious danger to health, as described by NINDS:

Aneurysms may burst and bleed into the brain, causing serious complications, including hemorrhagic stroke, permanent nerve damage, or death. Once it has burst, the aneurysm may burst again and bleed into the brain, and additional aneurysms may also occur. More commonly, rupture may cause a subarachnoid hemorrhage— bleeding into the space between the skull bone and the brain. A delayed but serious complication of subarachnoid hemorrhage is hydrocephalus, in which the excessive buildup of cerebrospinal fluid in the skull dilates fluid pathways called ventricles that can swell and press on the brain tissue. Another delayed postrupture complication is vasospasm, in which other blood vessels in the brain contract and limit blood flow to vital areas of the brain. This reduced blood flow can cause stroke or tissue damage.

NINDS also notes that, "considerations for treating an unruptured aneurysm include the type, size, and location of the aneurysm; risk of rupture; the individual's age, health, and personal and family medical history; and risk of treatment."

The type of cerebral aneurysm can be saccular or non-saccular. "A saccular aneurysm is a rounded or pouch-like sac of blood that is attached by a neck or stem to an artery or a branch of a blood vessel." (NINDS) Saccular aneurysms are also called berry aneurysms, and are the most common type. Other, non-saccular cerebral aneurysms can be fusiform aneurysms, formed by the widening along all walls of the vessel, or lateral aneurysms, appearing as a bulge on one wall of the blood vessel. (NINDS). According to the Brain Aneurysm Foundation, saccular aneurysms are the most common cause of nontraumatic subarachnoid hemorrhage, with fusiform (non-saccular) aneurysms seldom rupturing.

NINDS classifies aneurysms by size, as follows.
- Small aneurysms are less than 11 millimeters in diameter
- Larger aneurysms are 11-25 millimeters in diameter
- Giant aneurysms are greater than 25 millimeters in diameter

However, some organizations and researchers may use slightly different demarcations for aneurysm size.

With the clinical importance of type and size for cerebral aneurysms, it has been proposed that greater specificity would enhance the ability to track outcomes and ultimately aid patient care. Thus, additional ICD-10-CM codes are proposed to differentiate cerebral aneurysms by type (saccular vs. nonsaccular); and size (small, large, or giant).

References

National Institute of Neurological Disorders and Stroke (NINDS), "Cerebral Aneurysms Fact Sheet," 2013. https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Cerebral-Aneurysms-Fact-Sheet.

Brain Aneurysm Foundation, "Brain Aneurysm Basics," 2017. http://www.bafound.org/about-brain-aneurysms/brain-aneurysm-basics/

TABULAR MODIFICATIONS

I67 Other cerebrovascular diseases

	I67.1	Cerebral aneurysm, nonruptured
Delete		~~Cerebral aneurysm NOS~~ ~~Cerebral arteriovenous fistula, acquired~~ ~~Internal carotid artery aneurysm, intracranial portion~~ ~~Internal carotid artery aneurysm, NOS~~
New code	I67.10	Cerebral aneurysm, nonruptured, unspecified Cerebral aneurysm NOS Cerebral arteriovenous fistula, acquired, NOS Internal carotid artery aneurysm, intracranial portion, NOS Internal carotid artery aneurysm, NOS
New subcategory	I67.11	Cerebral aneurysm, nonruptured, saccular Berry aneurysm
New code	I67.110	Cerebral aneurysm, nonruptured, saccular, small Saccular nonruptured cerebral aneurysm less than 11 mm diameter
New code	I67.111	Cerebral aneurysm, nonruptured, saccular, large Saccular nonruptured cerebral aneurysm 11 mm to 25 mm diameter
New code	I67.102	Cerebral aneurysm, nonruptured, saccular, giant Saccular nonruptured cerebral aneurysm greater than 25 mm diameter
New code	I67.109	Cerebral aneurysm, nonruptured, saccular, unspecified size

New Subcategory	I67.19	Other nonruptured cerebral aneurysm Fusiform nonruptured cerebral aneurysm Non-saccular nonruptured cerebral aneurysm Lateral nonruptured cerebral aneurysm
New code	I67.190	Other nonruptured cerebral aneurysm, small Non-saccular nonruptured cerebral aneurysm, small Non-saccular nonruptured cerebral aneurysm less than 11 mm diameter
New code	I67.191	Other nonruptured cerebral aneurysm, large Non-saccular nonruptured cerebral aneurysm, large Non-saccular nonruptured cerebral aneurysm 11 mm to 25 mm diameter
New code	I67.192	Other nonruptured cerebral aneurysm, giant Non-saccular nonruptured cerebral aneurysm, giant Non-saccular nonruptured cerebral aneurysm greater than 25 mm diameter
New code	I67.199	Other nonruptured cerebral aneurysm, unspecified size Non-saccular nonruptured cerebral aneurysm, unspecified size

Orbital Roof and Wall Fracture

Orbital fractures are commonly seen with midfacial trauma. Fracture severity ranges from small minimally displaced fractures of an isolated wall that requires no surgical intervention to major disruption of the orbit. Orbital fractures may be defined in terms of anatomic location, including isolated fractures of the orbital floor, medial wall, temporal wall, and roof.

Currently, there is only one code for orbital bone fractures, S02.3-, Fracture of orbital floor. There is no unique code in ICD-10-CM for capturing the diagnosis of an orbital roof fracture. These are reported using code S02.19, Other fracture of base of skull. There are three other walls of the orbit, including the roof, medial wall and temporal wall.

The American Academy of Ophthalmology is proposing the following tabular modifications for new codes to identify these specific types of fracture.

TABULAR MODIFICATIONS

S02 Fracture of skull and facial bones

S02.1 Fracture of base of skull
Delete ~~Excludes1: orbit NOS (S02.8)~~
Add Excludes1: orbit NOS (S02.B)
Add Excludes2: orbital wall (S02.A-)

New sub-subcategory S02.12 Fracture of orbital roof

New code S02.121 Fracture of orbital roof, right side
New code S02.122 Fracture of orbital roof, left side
New code S02.129 Fracture of orbital roof, unspecified side

S02.19 Other fracture of base of skull
Delete ~~Fracture of orbital roof~~

S02.3 Fracture of orbital floor
Delete ~~Excludes1: orbit NOS (S02.8)~~
Add Excludes1: orbit NOS (S02.B)
Add Excludes2: orbital wall (S02.A-)

S02.8 Fracture of other specified skull and facial bones
Delete ~~Fracture of orbit NOS~~
Add Excludes1: orbital wall (S02.A-)

New code	S02.A	Fracture of orbital wall
Delete		~~Excludes1: orbit NOS (S02.8)~~
Add		Excludes1: orbit NOS (S02.B)
Add		Excludes2: orbital roof (S02.1-)
Add		Excludes2: orbital floor (S02.3-)

New sub-subcategory	S02.A0	Fracture of orbital wall, unspecified
New code	S02.A01	Fracture of unspecified orbital wall, right side
New code	S02.A02	Fracture of unspecified orbital wall, left side
New code	S02.A09	Fracture of unspecified orbital wall, unspecified side

New sub-subcategory	S02.A1	Fracture of medial orbital wall
New code	S02.A11	Fracture of medial orbital wall, right side
New code	S02.A12	Fracture of medial orbital wall, left side
New code	S02.A19	Fracture of medial orbital wall, unspecified side

New sub-subcategory	S02.A2	Fracture of lateral orbital wall
New code	S02.A21	Fracture of lateral orbital wall, right side
New code	S02.A22	Fracture of lateral orbital wall, left side
New code	S02.A29	Fracture of lateral orbital wall, unspecified side

New code	S02.B	Fracture of orbit, unspecified
Add		Fracture of orbit NOS

Osteoporosis Related Pathological Fracture of Jaw

The American Association of Oral and Maxillofacial Surgeons (AAOMS) is proposing the creation of new codes for a pathological fracture of the jaw due to age-related osteoporosis and pathological fracture of the jaw due to drug-induced osteoporosis**.** While there is a code for multiple types of fractures within each subcategory, fracture of the jaw is not listed. The closest entry is directed to code M80.00, Age-related osteoporosis with current pathological fracture, unspecified site and code M80.80, Other osteoporosis with current pathological fracture, unspecified site.

The AAOMS is requesting the following tabular changes in order to identify these conditions.

TABULAR MODIFICATIONS

M80 Osteoporosis with current pathological fracture
M80.0 Age-related osteoporosis with current pathological fracture

M80.08 Age-related osteoporosis with current pathological fracture, vertebrae

New sub-subcategory

M80.09 Age-related osteoporosis with current pathological fracture, other site

New code
Add

M80.098 Age-related osteoporosis with current pathological fracture, other site
jaw (mandible or maxilla)

M80.8 Other osteoporosis with current pathological fracture

M80.88 Other osteoporosis with current pathological fracture, vertebrae

New sub-subcategory

M80.89 Other osteoporosis with current pathological fracture, other site

New code
Add

M80.898 Other osteoporosis with current pathological fracture, other site
jaw (mandible or maxilla)

Osteoporosis Related Pathological Fracture of Rib and Pelvis

Pathological fractures of the ribs and of the pelvis are fairly common with the elderly, especially with those who have chronic disease comorbidities such as neoplastic disease and osteoporosis. It is being proposed to create new codes for age related pathological fractures of the rib(s) and pelvis due to osteoporosis**.**

The codes in the M84.6- category, Pathological fracture in other disease, specifically exclude pathological fractures caused by osteoporosis. Currently, the closest entry for coding is directed to code M80.00, Age-related osteoporosis with current pathological fracture, unspecified site and code M80.80, Other osteoporosis with current pathological fracture, unspecified site.

DecisionHealth, a home health consulting company, is requesting the following tabular changes in order to capture these conditions.

TABULAR MODIFICATIONS

M80 Osteoporosis with current pathological fracture

M80.0 Age-related osteoporosis with current pathological fracture

M80.08 Age-related osteoporosis with current pathological fracture, vertebrae

New sub-subcategory

M80.09 Age-related osteoporosis with current pathological fracture, other site

New code

M80.091 Age-related osteoporosis with current pathological fracture, rib(s)

New code

M80.098 Age-related osteoporosis with current pathological fracture, other site

New code

M80.0A Age-related osteoporosis with current pathological fracture, pelvis and thigh

M80.8 Other osteoporosis with current pathological fracture

M80.88 Other osteoporosis with current pathological fracture, vertebrae

New sub-subcategory

M80.89 Other osteoporosis with current pathological fracture, other site

New code

M80.891 Other osteoporosis with current pathological fracture, rib

New code	M80.898	Other osteoporosis with current pathological fracture, other site
New code	M80.8A	Other osteoporosis with current pathological fracture, pelvis and thigh

Paralytic Ectropion

Paralytic ectropion usually follows cranial nerve seven paralysis or palsy (facial nerve). Normally, the upper and lower eyelids close tightly, protecting the eye from damage and reducing tear evaporation. If the edge of one eyelid turns outward, the two eyelids cannot meet properly and tears are not spread evenly over the eye. Symptoms may include excessive tearing, chronic irritation, redness, pain, a gritty feeling, crusting of the eyelid and mucous discharge. Generally the condition is the result of tissue loosening associated with aging, although it may also occur as a result of facial nerve paralysis (due to Bell's palsy, stroke or other neurologic conditions), trauma, scarring, previous surgeries or skin cancer.

There is an ICD-10-CM code for paralytic lagophthalmos (H02.23-) but this does not describe ectropion. A number of mechanisms are in ICD-10-CM for ectropion including cicatricial, mechanical, senile, and spastic for ectropion, but not paralytic.

The American Academy of Ophthalmology proposes the following new codes to better track and identify patients with this condition.

TABULAR MODIFICATIONS

H02	Other disorders of eyelid		
	H02.1	Ectropion of eyelid	
New sub-subcategory	H02.15	Paralytic ectropion of eyelid	
New code		H02.151	Paralytic ectropion of right upper eyelid
New code		H02.152	Paralytic ectropion of right lower eyelid
New code		H02.153	Paralytic ectropion of right eye, unspecified eyelid
New code		H02.154	Paralytic ectropion of left upper eyelid
New code		H02.155	Paralytic ectropion of left lower eyelid
New code		H02.156	Paralytic ectropion of left eye, unspecified eyelid
New code		H02.159	Paralytic ectropion of unspecified eye, unspecified eyelid

Pediatric Glasgow Coma Scale

The Pediatric Glasgow Coma Scale (PGCS) also known as Pediatric Glasgow Coma Score is the equivalent of the Glasgow Coma Scale (GCS) and is used to assess the consciousness of infants and children.

Pediatric brain injuries are classified by severity using the same scoring levels as adults. As many of the assessments for an adult patient would not be appropriate for infants, the Glasgow Coma Scale was slightly modified, however the pediatric scale has a 1-to-1 correlation across all domains.

The American Academy of Pediatrics (AAP) respectfully requests the addition of inclusion terms under two subcategories of coma scales. Both coma scale assessments need to take into account patients under 5 years of age as the Glasgow Coma Scale is modified for those patients aged 5 years and younger.

To minimize disruption and maintain the symmetry already in place for the two coma scales, the American Academy of Neurology (AAN) also recommends adding appropriate age related inclusion terms at the existing codes. The following tabular modifications are requested:

Citations:
Simpson D Reilly P. Pediatric coma Scale. Lancet. 1982;450
Reilly PL, Simpson DA. Sprod R. Thomas L. Assessing the conscious level in infants and young children: a paediatric version of the Glasgow Coma Scale.Childs Nervous System. 4(1):30-3, 1988
Simpson DA. Cockington RA. Hanieh A. Raftos J. Reilly PL. Head injuries in infants and young children: the value of the Paediatric Coma Scale. Review of literature and report on a study. Childs Nervous System. 7(4):183-90, 1991

TABULAR MODIFICATIONS

R40 Somnolence, stupor and coma

R40.2 Coma

R40.22 Coma scale, best verbal response

R40.221 Coma scale, best verbal response, none

R40.222 Coma scale, best verbal response, incomprehensible words

Add Moans/ grunts to pain; restless (<2 years old)
Add Incomprehensible sounds (2-5 years of age)

R40.223 Coma scale, best verbal response, inappropriate words

Add Inappropriate crying or screaming (< 2 years of age)
Add Screaming (2-5 years of age)

R40.224 Coma scale, best verbal response, confused conversation

Add Irritable cries (< 2 years of age)

Add Inappropriate words (2-5 years of age)

R40.225 Coma scale, best verbal response, oriented

Add Cooing or Babbling or crying appropriately (< 2 years of age)

Add Uses appropriate words (2- 5 years of age)

R40.23 Coma scale, best motor response

R40.231 Coma scale, best motor response, none

R40.232 Coma scale, best motor response, extension

Add Abnormal extensor posturing to pain or noxious stimuli (< 2years of age)

Add Extensor posturing to pain or noxious stimuli (2-5 years of age)

R40.233 Coma scale, best motor response, abnormal

Add Flexion/decorticate posturing (pediatric)

Add Abnormal flexure posturing to pain or noxious stimuli (0-5 years of age)

R40.234 Coma scale, best motor response, flexion withdrawal

Add Withdraws from pain or noxious stimuli (0-5 years of age)

R40.235 Coma scale, best motor response, localizes pain

Add Withdraws to touch (< 2 years of age)

Add Localizes pain (2-5 years of age)

R40.236 Coma scale, best motor response, obeys commands

Add Normal or spontaneous movement (< 2 years of age)

Add Obeys commands (2-5 years of age)

Rosacea Conjunctivitis

Rosacea is a common inflammatory dermatologic condition that affects the midface and eyes. A common ocular manifestation associated with rosacea is an inflammatory conjunctivitis. Symptoms include: itching, burning, a gritty or foreign body sensation, and erythema and swelling of the eyelid. This condition is often treated with systemic medication.

The American Academy of Ophthalmology proposes the following new codes to better track and identify patients with this dermatologic and ophthalmologic condition.

TABULAR MODIFICATIONS

H10 Conjunctivitis

H10.8 Other conjunctivitis

New sub-subcategory	H10.82 Rosacea conjunctivitis Code first underlying rosacea dermatitis (L71.-)	
New code	H05.271	Rosacea conjunctivitis, right eye
New code	H05.272	Rosacea conjunctivitis, left eye
New code	H05.273	Rosacea conjunctivitis, bilateral eye
New code	H05.279	Rosacea conjunctivitis, unspecified eye

Secondary Mesothelioma and Mesothelioma in Remission

A request to create specific codes for secondary mesothelioma and for personal history of mesothelioma has been received from the Alliance of Dedicated Cancer Centers (ADCC). Mesothelioma is a neoplasm involving the mesothelium, tissue that lines organs such as the lungs, heart, and stomach. It most commonly starts in the pleura, which covers the lungs, and most people who get it have a history of asbestos exposure. Prognosis is poor for mesothelioma, but when it appears to have been eliminated, this is termed remission.

ICD-10-CM has specific codes for mesothelioma. However, there are no specific codes for secondary mesothelioma, for personal history of mesothelioma, or mesothelioma in remission.

The following tabular modifications are being requested:

TABULAR MODIFICATIONS

	C45	Mesothelioma	
New code		C45.A	Mesothelioma, in remission
New category	C7C	Secondary mesothelioma	
New code		C7C.1	Secondary mesothelioma of distant lymph nodes
New code		C7C.2	Secondary mesothelioma of lung
New code		C7C.3	Secondary mesothelioma of bone Secondary mesothelioma of vertebrae
New code		C7C.4	Secondary mesothelioma of thoracic wall
New code		C7C.5	Secondary mesothelioma of liver
New code		C7C.8	Secondary mesothelioma of other sites
New code		C7C.9	Secondary mesothelioma, unspecified site
	Z85	Personal history of malignant neoplasm	
		Excludes2:	
Add			mesothelioma, in remission (C45.A)
Add			personal history of mesothelioma (C45.A)

INDEX MODIFICATIONS

History
- personal
- - mesothelioma C45.A

Substance Use Disorders, In Remission

In May 2013, the Fifth Edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was released by the American Psychiatric Association (APA). The clinically relevant terms used in DSM-5 classify the diagnosis of a substance use disorder in ten separate classes of drugs. Within those identified classes, the DSM-5 further categorizes the clinical diagnoses by a range of severity, course and descriptive feature specifiers.

Distinguishing between a current substance use disorder and one that is in remission (i.e., full criteria have been met in the past but currently the patient is no longer experiencing symptoms) is important for both clinical treatment and statistical reporting purposes. ICD-10-CM currently offers diagnostic codes to indicate Substance Dependence in remission (F1x.21) but there is no available code to indicate substance abuse in remission. Moreover, the clinical terms and classifications included in the DSM-5 to indicate remission (i.e., in early remission, in sustained remission) are not recognized in ICD-10-CM. Continuity between ICD-10-CM and DSM-5 terminologies for substance use disorder in remission are required for accurate coding of these conditions for both diagnostic and statistical purposes.

The Kaiser Permanente proposal is twofold: 1) add new diagnosis codes for the substances recognized for abuse in remission in DSM-5, and 2) add inclusion terms using DSM-5 terminology for substance use disorder severity as well as to indicate whether the remission is “early" or “sustained”.

Kaiser Permanente requests these changes be implemented with the October 2017 update to address and further harmonize the ICD-10-CM code set with the DSM-5 clinical criteria for diagnosing substance use disorders. Moreover, these changes will require updating the DSM-5 substance use disorders section in order to indicate that substance use disorders in remission will require a new diagnosis code. The APA is not able to update the DSM-5 with the proposed changes until the ICD-10-CM changes are approved and published. This request is supported by the American Psychiatric Association.

The following tabular modifications are being requested.

TABULAR MODIFICATIONS

F10 Alcohol related disorders

F10.1 Alcohol abuse
Excludes1:alcohol dependence (F10.2-)
alcohol use, unspecified (F10.9-)

F10.10 Alcohol abuse, uncomplicated
Alcohol use disorder, mild

New code F10.11 Alcohol abuse, in remission
Add Alcohol use disorder, mild, in early remission
Add Alcohol use disorder, mild, in sustained remission

F10.2 Alcohol dependence
Excludes1:alcohol abuse (F10.1-)
alcohol use, unspecified (F10.9-)
Excludes2:toxic effect of alcohol (T51.0-)

F10.20 Alcohol dependence, uncomplicated
Alcohol use disorder, moderate
Alcohol use disorder, severe

F10.21 Alcohol dependence, in remission
Add Alcohol use disorder, moderate, in early remission
Add Alcohol use disorder, moderate, in sustained remission
Add Alcohol use disorder, severe, in early remission
Add Alcohol use disorder, severe, in sustained remission

F11 Opioid related disorders

F11.1 Opioid abuse
Excludes1:opioid dependence (F11.2-)
opioid use, unspecified (F11.9-)

F11.10 Opioid abuse, uncomplicated
Opioid use disorder, mild

New code F11.11 Opioid abuse, in remission
Add Opioid use disorder, mild, in early remission
Add Opioid use disorder, mild, in sustained remission

F11.2 Opioid dependence
Excludes1:opioid abuse (F11.1-)
opioid use, unspecified (F11.9-)
Excludes2:opioid poisoning (T40.0-T40.2-)

F11.20 Opioid dependence, uncomplicated
Opioid use disorder, moderate
Opioid use disorder, severe

F11.21 Opioid dependence, in remission
Add Opioid use disorder, moderate, in early remission
Add Opioid use disorder, moderate, in sustained remission
Add Opioid use disorder, severe, in early remission
Add Opioid use disorder, severe, in sustained remission

F12 Cannabis related disorders
Includes: marijuana

F12.1 Cannabis abuse
Excludes1:cannabis dependence (F12.2-)
cannabis use, unspecified (F12.9-)

F12.10 Cannabis abuse, uncomplicated
Cannabis use disorder, mild

New code F12.11 Cannabis abuse, in remission
Add Cannabis use disorder, mild, in early remission
Add Cannabis use disorder, mild, in sustained remission

F12.2 Cannabis dependence
Excludes1:cannabis abuse (F12.1-)
cannabis use, unspecified (F12.9-)
Excludes2:cannabis poisoning (T40.7-)

F12.20 Cannabis dependence, uncomplicated
Cannabis use disorder, moderate
Cannabis use disorder, severe

F12.21 Cannabis dependence, in remission
Add Cannabis use disorder, moderate, in early remission
Add Cannabis use disorder, moderate, in sustained remission
Add Cannabis use disorder, severe, in early remission
Add Cannabis use disorder, severe, in sustained remission

F13 Sedative, hypnotic, or anxiolytic related disorders

F13.1 Sedative, hypnotic or anxiolytic-related abuse
Excludes1:sedative, hypnotic or anxiolytic-related dependence (F13.2-)
sedative, hypnotic, or anxiolytic use, unspecified (F13.9-)

F13.10 Sedative, hypnotic or anxiolytic abuse, uncomplicated
Sedative, hypnotic, or anxiolytic use disorder, mild

New code F13.11 Sedative, hypnotic, or anxiolytic abuse, in remission
Add Sedative, hypnotic or anxiolytic use disorder, mild, in early remission
Add Sedative, hypnotic or anxiolytic use disorder, mild, in sustained remission

F13.2 Sedative, hypnotic or anxiolytic-related dependence
Excludes1:sedative, hypnotic or anxiolytic-related abuse (F13.1-)
sedative, hypnotic, or anxiolytic use, unspecified (F13.9-)
Excludes2:sedative, hypnotic, or anxiolytic poisoning (T42.-)

F13.20 Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.21 Sedative, hypnotic or anxiolytic dependence, in remission
Add Sedative, hypnotic or anxiolytic use disorder, moderate, in early remission
Add Sedative, hypnotic or anxiolytic use disorder, moderate, in sustained remission
Add Sedative, hypnotic or anxiolytic use disorder, severe, in early remission
Add Sedative, hypnotic or anxiolytic use disorder, severe, in sustained remission

F14 Cocaine related disorders
Excludes2:other stimulant-related disorders (F15.-)

F14.1 Cocaine abuse
Excludes1:cocaine dependence (F14.2-)
cocaine use, unspecified (F14.9-)

F14.10 Cocaine abuse, uncomplicated
Cocaine use disorder, mild

New code F14.11 Cocaine abuse, in remission
Add Cocaine use disorder, mild, in early remission
Add Cocaine use disorder, mild, in sustained remission

F14.2 Cocaine dependence
Excludes1: cocaine abuse (F14.1-)
cocaine use, unspecified (F14.9-)
Excludes2:cocaine poisoning (T40.5-)

F14.20 Cocaine dependence, uncomplicated
Cocaine use disorder, moderate
Cocaine use disorder, severe

F14.21 Cocaine dependence, in remission
Add Cocaine use disorder, moderate, in early remission
Add Cocaine use disorder, moderate, in sustained remission
Add Cocaine use disorder, severe, in early remission
Add Cocaine use disorder, severe, in sustained remission

F15 Other stimulant related disorders
Includes: amphetamine-related disorders
caffeine
Excludes2:cocaine-related disorders (F14.-)

F15.1 Other stimulant abuse
Excludes1:other stimulant dependence (F15.2-)
other stimulant use, unspecified (F15.9-)

F15.10 Other stimulant abuse, uncomplicated
Amphetamine type substance use disorder, mild
Other or unspecified stimulant use disorder, mild

New code F15.11 Other stimulant abuse, in remission
Add Other or unspecified stimulant use disorder, mild, in early remission
Add Other or unspecified stimulant use disorder, mild, in sustained remission
Add Amphetamine type substance use disorder, mild, in early remission
Add Amphetamine type substance use disorder, mild, in sustained remission

F15.2 Other stimulant dependence
Excludes1: other stimulant abuse (F15.1-)
other stimulant use, unspecified (F15.9-)

F15.20 Other stimulant dependence, uncomplicated
Amphetamine type substance use disorder, moderate
Amphetamine type substance use disorder, severe
Other or unspecified stimulant use disorder, moderate
Other or unspecified stimulant use disorder, severe

F15.21 Other stimulant dependence, in remission
Add Other or unspecified stimulant use disorder, moderate, in early remission
Add Other or unspecified stimulant use disorder, moderate, in sustained remission
Add Other or unspecified stimulant use disorder, severe, in early remission
Add Other or unspecified stimulant use disorder, severe, in sustained remission
Add Amphetamine type substance use disorder, moderate, in early remission
Add Amphetamine type substance use disorder, moderate, in sustained remission

Add Amphetamine type substance use disorder, severe, in early remission
Add Amphetamine type substance use disorder, severe, in sustained remission

F16 Hallucinogen related disorders
Includes: ecstasy
PCP
Phencyclidine

F16.1 Hallucinogen abuse
Excludes1:hallucinogen dependence (F16.2-)
hallucinogen use, unspecified (F16.9-)

F16.10 Hallucinogen abuse, uncomplicated
Other hallucinogen use disorder, mild
Phencyclidine use disorder, mild

New code F16.11 Hallucinogen abuse, in remission
Add Other hallucinogen use disorder, mild, in early remission
Add Other hallucinogen use disorder, mild, in sustained remission
Add Phencyclidine use disorder, mild, in early remission
Add Phencyclidine use disorder, mild, in sustained remission

F16.2 Hallucinogen dependence
Excludes1:hallucinogen abuse (F16.1-)
hallucinogen use, unspecified (F16.9-)

F16.20 Hallucinogen dependence, uncomplicated
Other hallucinogen use disorder, moderate
Other hallucinogen use disorder, severe
Phencyclidine use disorder, moderate
Phencyclidine use disorder, severe

F16.21 Hallucinogen dependence, in remission
Add Other hallucinogen use disorder, moderate, in early remission
Add Other hallucinogen use disorder, moderate, in sustained remission
Add Other hallucinogen use disorder, severe, in early remission
Add Other hallucinogen use disorder, severe, in sustained remission
Add Phencyclidine use disorder, moderate, in early remission
Add Phencyclidine use disorder, moderate, in sustained remission
Add Phencyclidine use disorder, severe, in early remission
Add Phencyclidine use disorder, severe, in sustained remission

F17 Nicotine dependence
Excludes1:history of tobacco dependence (Z87.891)
tobacco use NOS (Z72.0)
Excludes2:tobacco use (smoking) during pregnancy, childbirth and the puerperium (O99.33-)
toxic effect of nicotine (T65.2-)

F17.2 Nicotine dependence
F17.20 Nicotine dependence, unspecified
F17.200 Nicotine dependence, unspecified, uncomplicated
Tobacco use disorder, mild
Tobacco use disorder, moderate
Tobacco use disorder, severe

F17.201 Nicotine dependence, unspecified, in remission
Add Tobacco use disorder, mild, in early remission
Add Tobacco use disorder, mild, in sustained remission
Add Tobacco use disorder, moderate, in early remission
Add Tobacco use disorder, moderate, in sustained remission
Add Tobacco use disorder, severe, in early remission
Add Tobacco use disorder, severe, in sustained remission

F17.21 Nicotine dependence, cigarettes
F17.210 Nicotine dependence, cigarettes, uncomplicated

F17.211 Nicotine dependence, cigarettes, in remission
Add Tobacco use disorder, cigarettes, mild, in early remission
Add Tobacco use disorder, cigarettes, mild, in sustained remission
Add Tobacco use disorder, cigarettes, moderate, in early remission
Add Tobacco use disorder, cigarettes, moderate, in sustained remission
Add Tobacco use disorder, cigarettes, severe, in early remission
Add Tobacco use disorder, cigarettes, severe, in sustained remission

F17.22 Nicotine dependence, chewing tobacco
F17.220 Nicotine dependence, chewing tobacco, uncomplicated

F17.221 Nicotine dependence, chewing tobacco, in remission
Add Tobacco use disorder, chewing tobacco, mild, in early remission
Add Tobacco use disorder, chewing tobacco, mild, in sustained remission
Add Tobacco use disorder, chewing tobacco, moderate, in early remission

Add Tobacco use disorder, chewing tobacco, moderate, in sustained remission
Add Tobacco use disorder, chewing tobacco, severe, in early remission
Add Tobacco use disorder, chewing tobacco, severe, in sustained remission

F17.29 Nicotine dependence, other tobacco product
F17.290 Nicotine dependence, other tobacco product, uncomplicated

F17.291 Nicotine dependence, other tobacco product, in remission
Add Tobacco use disorder, other tobacco product, mild, in early remission
Add Tobacco use disorder, other tobacco product, mild, in sustained remission
Add Tobacco use disorder, other tobacco product, moderate, in early remission
Add Tobacco use disorder, other tobacco product, moderate, in sustained remission
Add Tobacco use disorder, other tobacco product, severe, in early remission
Add Tobacco use disorder, other tobacco product, severe, in sustained remission

F18 Inhalant related disorders
Includes:volatile solvents

F18.1 Inhalant abuse
Excludes1:inhalant dependence (F18.2-)
inhalant use, unspecified (F18.9-)

F18.10 Inhalant abuse, uncomplicated
Inhalant use disorder, mild

New code F18.11 Inhalant abuse, in remission
Add Inhalant use disorder, mild, in early remission
Add Inhalant use disorder, mild, in sustained remission

F18.2 Inhalant dependence
Excludes1: inhalant abuse (F18.1-)
inhalant use, unspecified (F18.9-)

F18.20 Inhalant dependence, uncomplicated
Inhalant use disorder, moderate
Inhalant use disorder, severe

F18.21 Inhalant dependence, in remission
Add Inhalant use disorder, moderate, in early remission
Add Inhalant use disorder, moderate, in sustained remission
Add Inhalant use disorder, severe, in early remission
Add Inhalant use disorder, severe, in sustained remission

F19 Other psychoactive substance related disorders
Includes: polysubstance drug use (indiscriminate drug use)

F19.1 Other psychoactive substance abuse
Excludes1:other psychoactive substance dependence (F19.2-)
other psychoactive substance use, unspecified (F19.9-)

F19.10 Other psychoactive substance abuse, uncomplicated
Other (or unknown) substance use disorder, mild

New code F19.11 Other psychoactive substance abuse, in remission
Add Other (or unknown) substance use disorder, mild, in early remission
Add Other (or unknown) substance use disorder, mild, in sustained remission

F19.2 Other psychoactive substance dependence
Excludes1:other psychoactive substance abuse (F19.1-)
other psychoactive substance use, unspecified (F19.9-)

F19.20 Other psychoactive substance dependence, uncomplicated
Other (or unknown) substance use disorder, moderate
Other (or unknown) substance use disorder, severe

F19.21 Other psychoactive substance dependence, in remission
Add Other (or unknown) substance use disorder, moderate, in early remission
Add Other (or unknown) substance use disorder, moderate, in sustained remission
Add Other (or unknown) substance use disorder, severe, in early remission
Add Other (or unknown) substance use, severe, in sustained remission

Temporomandibular Joint Disorders

The American Association of Oral and Maxillofacial Surgeons (AAOMS) is proposing the creation of new codes for common temporomandibular joint (TMJ) disorders which affects a large cross section of patients. Dysfunction of the TMJ can cause severe pain and lifestyle limitations. The exact cause of a person's TMJ disorder is often difficult to determine and may be due to a combination of problems, such as arthritis or jaw injury.

The AAOMS is requesting the following tabular changes in order to better identify these conditions.

TABULAR MODIFICATIONS

M05 Rheumatoid arthritis with rheumatoid factor

M05.8 Other rheumatoid arthritis with rheumatoid factor

New Sub-subcategory M05.88 Other rheumatoid arthritis with rheumatoid factor, temporomandibular joint

New code M05.881 Other rheumatoid arthritis with rheumatoid factor, right temporomandibular joint

New code M05.882 Other rheumatoid arthritis with rheumatoid factor, left temporomandibular joint

New code M05.889 Other rheumatoid arthritis with rheumatoid factor, unspecified temporomandibular joint

M06 Other rheumatoid arthritis

M06.0 Rheumatoid arthritis without rheumatoid factor

New code M06.0A Rheumatoid arthritis without rheumatoid factor, other specified site Temporomandibular joint

M06.8 Other specified rheumatoid arthritis

New code M06.8A Other specified rheumatoid arthritis, other specified site Temporomandibular joint

M08 Juvenile arthritis

M08.0 Unspecified Juvenile rheumatoid arthritis

New code M08.0A Unspecified Juvenile rheumatoid arthritis, other specified site Temporomandibular joint

M08.2 Juvenile rheumatoid arthritis with systemic onset

New code M08.2A Juvenile rheumatoid arthritis with systemic onset, other specified site
Temporomandibular joint

M08.4 Pauciarticular juvenile rheumatoid arthritis

New code M08.4A Pauciarticular juvenile rheumatoid arthritis, other specified site

Add Temporomandibular joint

M08.8 Other juvenile arthritis

M08.88 Other juvenile rheumatoid arthritis, other specified site

Add Temporomandibular joint

M08.9 Juvenile arthritis, unspecified

New code M08.9A Juvenile arthritis, unspecified, other specified site
Temporomandibular joint

M12 Other and unspecified arthropathy

M12.5 Traumatic arthropathy

M12.58 Traumatic arthropathy, other specified site

Add Traumatic arthropathy temporomandibular joint

M12.8 Other specific arthropathies, not elsewhere classified

M12.88 Other specific arthropathies, not elsewhere classified, other specified site

Add Other specific arthropathies, not elsewhere classified, temporomandibular joint

M19 Other and unspecified osteoarthritis

M19.0 Primary osteoarthritis of other joints

New sub-subcategory M19.08 Primary osteoarthritis, temporomandibular joint

New code M19.081 Primary osteoarthritis, right temporomandibular joint

New code M19.082 Primary osteoarthritis, left temporomandibular joint

New code M19.089 Primary osteoarthritis, unspecified temporomandibular joint

Add Osteoarthritis temporomandibular joint NOS

M19.1 Post-traumatic osteoarthritis of other joints

New sub-subcategory	M19.18	Post-traumatic osteoarthritis, temporomandibular joint
New code	M19.181	Post-traumatic osteoarthritis, right temporomandibular joint
New code	M19.182	Post-traumatic osteoarthritis, left temporomandibular joint
New code	M19.189	Post-traumatic osteoarthritis, unspecified temporomandibular joint

M19.2 Secondary osteoarthritis of other joints

New sub-subcategory	M19.28	Secondary osteoarthritis, temporomandibular joint
New code	M19.281	Secondary osteoarthritis, right temporomandibular joint
New code	M19.282	Secondary osteoarthritis, left temporomandibular joint
New code	M19.289	Secondary osteoarthritis, unspecified temporomandibular joint

M24 Other specific joint derangement

M24.1 Other articular cartilage disorders

New Sub-subcategory	M24.1A	Other articular cartilage disorders, temporomandibular joint
New code	M24.1A1	Other articular cartilage disorders, right temporomandibular joint
New code	M24.1A2	Other articular cartilage disorders, left temporomandibular joint
New code	M24.1A9	Other articular cartilage disorders, unspecified temporomandibular joint
New code	M24.18	Other articular cartilage disorders, other specified site

M24.2 Disorder of ligament

New Sub-subcategory M24.2A Disorder of ligament, temporomandibular joint

New code	M24.2A1	Other rheumatoid arthritis with rheumatoid factor, right temporomandibular joint
New code	M24.2A2	Other rheumatoid arthritis with rheumatoid factor, left temporomandibular joint
New code	M24.2A9	Other rheumatoid arthritis with rheumatoid factor, unspecified temporomandibular joint

M24.3 Pathological dislocation of joint, not elsewhere classified

New Sub-subcategory M24.3A Pathological dislocation of temporomandibular joint, not elsewhere classified

New code	M24.3A1	Pathological dislocation of right temporomandibular joint, not elsewhere classified
New code	M24.3A2	Pathological dislocation of left temporomandibular joint, not elsewhere classified
New code	M24.3A9	Pathological dislocation of unspecified temporomandibular joint, not elsewhere classified

M24.4 Recurrent dislocation of joint

New Sub-subcategory M24.4A Recurrent dislocation, temporomandibular joint

New code	M24.2A1	Recurrent dislocation, right temporomandibular joint
New code	M24.2A2	Recurrent dislocation, left temporomandibular joint
New code	M24.2A9	Recurrent dislocation, unspecified temporomandibular joint

M24.5 Contracture of joint

New Sub-subcategory M24.5A Recurrent dislocation, temporomandibular joint

New code	M24.5A1	Contracture, right temporomandibular joint
New code	M24.5A2	Contracture, left temporomandibular joint
New code	M24.5A9	Contracture, unspecified temporomandibular joint

M24.6 Ankylosis of joint

New Sub-subcategory M24.6A Ankylosis, temporomandibular joint

New code	M24.6A1	Bony ankylosis, right temporomandibular joint
New code	M24.6A2	Bony ankylosis, left temporomandibular joint
New code	M24.6A3	Bony ankylosis, unspecified temporomandibular joint
New code	M24.6A4	Fibrous ankylosis, right temporomandibular joint
New code	M24.6A5	Fibrous ankylosis, left temporomandibular joint
New code	M24.6A6	Fibrous ankylosis, unspecified temporomandibular joint

M24.8 Other specified joint derangement, not elsewhere classified

New Sub-subcategory M24.8A Other specified joint derangement of temporomandibular joint, not elsewhere classified

New code	M24.8A1	Other specified joint derangement of right temporomandibular joint, not elsewhere classified
New code	M24.8A2	Other specified joint derangement of left temporomandibular joint, not elsewhere classified
New code	M24.8A9	Other specified joint derangement of unspecified temporomandibular joint, not elsewhere classified

M25 Other joint disorder, not elsewhere classified

M25.0 Hemarthrosis

New Sub-subcategory M25.0A Hemarthrosis, temporomandibular joint

New code	M25.0A1	Hemarthrosis, right temporomandibular joint
New code	M25.0A2	Hemarthrosis, left temporomandibular joint
New code	M25.0A9	Hemarthrosis, unspecified temporomandibular joint

M25.1 Fistula of joint

New Sub-subcategory M25.1A Fistula, temporomandibular joint

New code	M25.1A1	Fistula, right temporomandibular joint
New code	M25.1A2	Fistula, left temporomandibular joint
New code	M25.1A9	Fistula, unspecified temporomandibular joint

M25.2 Flail joint

New Sub-subcategory M25.2A Flail temporomandibular joint

New code	M25.2A1	Flail, right temporomandibular joint
New code	M25.2A2	Flail, left temporomandibular joint
New code	M25.2A9	Flail, unspecified temporomandibular joint

M25.3 Other instability of joint

New Sub-subcategory M25.3A Other instability, temporomandibular joint

New code	M25.3A1	Other instability, right temporomandibular joint
New code	M25.3A2	Other instability, left temporomandibular joint
New code	M25.3A9	Other instability, unspecified temporomandibular joint

M25.4 Effusion of joint

New Sub-subcategory M25.4A Effusion, temporomandibular joint

New code	M25.4A1	Effusion, right temporomandibular joint
New code	M25.4A2	Effusion, left temporomandibular joint
New code	M25.4A9	Effusion, unspecified temporomandibular joint

M25.5 Pain in joint

New Sub-subcategory M25.5A Pain, temporomandibular joint

New code	M25.5A1	Pain, right temporomandibular joint
New code	M25.5A2	Pain, left temporomandibular joint
New code	M25.5A9	Pain, unspecified temporomandibular joint

M25.6 Stiffness of joint, not elsewhere classified

New Sub-subcategory M25.6A Stiffness of temporomandibular joint, not elsewhere classified

New code	M25.6A1	Stiffness of right temporomandibular joint, not elsewhere classified
New code	M25.6A2	Stiffness of left temporomandibular joint, not elsewhere classified
New code	M25.6A9	Stiffness of unspecified temporomandibular joint, not elsewhere classified

M26 Dentofacial anomalies [including malocclusion]

M26.6 Temporomandibular joint disorders

New Sub-subcategory M26.61 Adhesions and ankylosis of temporomandibular joint

New code	M26.611	Adhesions and ankylosis, right temporomandibular joint
New code	M26.612	Adhesions and ankylosis, left temporomandibular joint
New code	M26.619	Adhesions and ankylosis, unspecified temporomandibular joint

New Sub-subcategory M26.62 Arthralgia of temporomandibular joint

New code	M26.621	Arthralgia, right temporomandibular joint
New code	M26.622	Arthralgia, left temporomandibular joint
New code	M26.629	Arthralgia, unspecified temporomandibular joint

New Sub-subcategory M26.63 Articular disc disorder of temporomandibular joint

New code	M26.631	Articular disc disorder, right temporomandibular joint
New code	M26.632	Articular disc disorder, left temporomandibular joint
New code	M26.639	Articular disc disorder, unspecified temporomandibular joint

New Sub-subcategory M26.64 Arthritis of temporomandibular joint

New code	M26.641	Arthritis, right temporomandibular joint
New code	M26.642	Arthritis, left temporomandibular joint
New code	M26.649	Arthritis, unspecified temporomandibular joint

Thyroid Eye Disease

Thyroid eye disease is typically associated with hyperthyroidism from Graves' disease, although it does occur in patients who are hypothyroid or euthyroid. Thyroid eye disease causes inflammation in the soft tissues of the eye socket, and if left untreated, can lead to compression of the optic nerve, damaged extraocular muscles and damage to the cornea. These problems can result in double vision and temporary or permanent vision loss.

Currently, patients with thyroid eye disease are coded using E05.0, Thyrotoxicosis [hyperthyroidism] and H05.24-, Constant exophthalmos. However, there is no single ICD-10-CM code for the findings of thyroid eye disease. In ICD-9 –CM the code reported was 376.21, Thyrotoxicosis exophthalmos, which described most of the clinical signs. The symptoms and signs that occur in thyroid eye disease include dry eyes, watery eyes, red eyes, bulging eyes, a "stare," double vision, difficulty closing the eyes, and problems with vision.

The American Academy of Ophthalmology proposes the following new codes to improve specificity of proptosis coding.

TABULAR MODIFICATIONS

H05 Disorders of orbit

H05.2 Exophthalmic conditions

New sub-subcategory	H05.27	Exophthalmos associated with thyroid disease
Add		Code first underlying thyroid disorder (E00-E07)
New code	H05.271	Exophthalmos associated with thyroid disease, right eye
New code	H05.272	Exophthalmos associated with thyroid disease, left eye
New code	H05.273	Exophthalmos associated with thyroid disease, bilateral eye
New code	H05.279	Exophthalmos associated with thyroid disease, unspecified eye

Urethral Stricture

Current urethral stricture coding has specificity for location (male: meatal, bulbar, membranous, anterior; female) and there are choices for "post-traumatic", "post-infectious" and "post-procedural". In the current practice of medicine, when a patient presents with a urethral stricture, the underlying etiology is often unclear or unspecified. Therefore, without knowing the etiology, the code N35.9, Urethral stricture, unspecified, is the only available code to use, even if the specific location is known. In addition, ICD-10-CM has no unique codes for "overlapping" sites of strictures, for patients with long and complex strictures.

The American Urological Association (AUA) proposes the addition of new codes in order to identify these conditions.

TABULAR MODIFICATIONS

	N35	Urethral stricture	
	N35.0	Post-traumatic urethral stricture	
		N35.01	Post-traumatic urethral stricture, male
New code			N35.016 Post-traumatic urethral stricture, male, overlapping sites
	N35.1	Postinfective urethral stricture, not elsewhere classified	
		N35.11	Postinfective urethral stricture, not elsewhere classified
New code			N35.116 Postinfective urethral stricture, not elsewhere classified, male, overlapping sites
	N35.8	Other urethral stricture	
New sub-subcategory		N35.81	Other urethral stricture, male
New code			N35.811 Other urethral stricture, male, meatal
New code			N35.812 Other urethral bulbous stricture, male
New code			N35.813 Other membranous urethral stricture, male,
New code			N35.814 Other anterior urethral stricture, male, anterior
New code			N35.816 Other urethral stricture, male, overlapping sites
New code			N35.819 Other urethral stricture, male, unspecified site
New code		N35.82	Other urethral stricture, female

N35.9 Urethral stricture, unspecified

New sub-subcategory	N35.91		Urethral stricture, unspecified, male
New code		N35.911	Unspecified urethral stricture, male, meatal
New code		N35.912	Unspecified bulbous urethral stricture, male
New code		N35.913	Unspecified membranous urethral stricture, male
New code		N35.914	Unspecified anterior urethral stricture, male
New code		N35.916	Unspecified urethral stricture, male, overlapping sites
New code		N35.919	Unspecified urethral stricture, male, unspecified site
Add			Pinhole meatus NOS
Add			Urethral stricture NOS
New code	N35.92		Unspecified urethral stricture, female

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

N99.1 Postprocedural urethral stricture

	N99.11		Postprocedural urethral stricture, male
New code		N99.116	Postprocedural urethral stricture, male, overlapping sites

ICD-10-CM TABULAR OF DISEASES - PROPOSED ADDENDA

All proposed effective October 1, 2017

D63 Anemia in chronic diseases classified elsewhere
D63.0 Anemia in neoplastic disease
Delete ~~Excludes1: anemia due to antineoplastic chemotherapy (D64.81)~~
Add Excludes2: anemia due to antineoplastic chemotherapy (D64.81)

E16 Other disorders of pancreatic internal secretion
E16.0 Drug-induced hypoglycemia without coma
Revise Excludes1: diabetes with hypoglycemia without coma (E09.6~~92~~49)

F15 Other stimulant related disorders
F15.2 Other stimulant dependence
F15.28 Other stimulant dependence with other stimulant-induced disorder
F15.288 Other stimulant dependence with other stimulant-induced disorder
Revise Amphetamine or other stimulant use disorder, severe, with amphetamine or other stimulant induced obsessive compulsive~~or~~ or related disorder

F15.9 Other stimulant use, unspecified
F15.95 Other stimulant use, unspecified with stimulant-induced psychotic disorder
F15.959 Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
Revise Amphetamine or other stimulant-induced ~~induced~~ psychotic disorder, without use disorder

F50 Eating disorders
Add Excludes1: feeding problems of newborn (P92)

G47 Sleep disorders
G47.6 Sleep related movement disorders
G47.61 Periodic limb movement disorder

Delete ~~Periodic limb movement disorder~~

G92 Toxic encephalopathy

Add Code first if applicable drug induced (T36-T50)

G93 Other disorders of brain
G93.7 Reye's syndrome

Revise Code first ~~(T39.0-), if salicylates-induced~~ poisoning due to salicylates, if applicable (T39.0-, with sixth character 1-4)

Add Use additional code for adverse effect due to salicylates, if applicable (T39.0-, with sixth character 5)

H42 Glaucoma in diseases classified elsewhere

Add Code first underlying condition, such as: glaucoma (in) diabetes mellitus (E08.39, E09.39, E10.39, E11.39, E13.39)

Delete Excludes2: glaucoma (in) diabetes mellitus (E08.39, E09.39, E10.39, E11.39, E13.39)

I11 Hypertensive heart disease

Revise Includes: any condition in <u>I50.-,</u> I51.4-I51.9 due to hypertension

I63 Cerebral infarction
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

Revise I63.211 Cerebral infarction due to unspecified occlusion o stenosis of right vertebral ~~arteries~~ <u>artery</u>

Revise I63.212 Cerebral infarction due to unspecified occlusion or stenosis of left vertebral ~~arteries~~ <u>artery</u>

Revise I63.22 Cerebral infarction due to unspecified occlusion or stenosis of basilar ~~arteries~~ <u>artery</u>

I63.3 Cerebral infarction due to thrombosis of cerebral arteries
I63.32 Cerebral infarction due to thrombosis of anterior cerebral artery

Revise I63.323 Cerebral infarction due to thrombosis of bilateral anterior <u>cerebral</u> arteries

I63.33 Cerebral infarction due to thrombosis of posterior cerebral artery

Revise I63.333 Cerebral infarction to thrombosis of bilateral posterior cerebral 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

Revise I63.513 Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries

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

Revise I63.523 Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries

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

Revise I63.533 Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries

I82 Other venous embolism and thrombosis

I82.8 Embolism and thrombosis of other specified

I82.81Embolism and thrombosis of saphenous vein (greater) (lesser)

Revise I82.811 Embolism and thrombosis of superficial veins of right lower ~~extremities~~ extremity

Revise I82.812 Embolism and thrombosis of superficial veins of left lower ~~extremities~~ extremity

Revise I82.819 Embolism and thrombosis of superficial veins of unspecified lower ~~extremities~~ extremity

I83 Varicose veins of lower extremities

I83.8 Varicose veins of lower extremities with other complications

I83.81 Varicose veins of lower extremities with pain

Revise I83.811 Varicose veins of right lower ~~extremities~~ extremity with pain

Revise I83.812 Varicose veins of left lower ~~extremities~~ extremity with pain

I83.89 Varicose veins of lower extremities with other complications

Revise — I83.891 Varicose veins of right lower ~~extremities~~ extremity with other complications

Revise — I83.892 Varicose veins of left lower ~~extremities~~ extremity with other complications

Revise — I83.899 Varicose veins of unspecified lower ~~extremities~~ extremity with other complications

J44 Other chronic obstructive pulmonary disease

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection

Delete — ~~Use additional code to identify the infection~~

Add — Code also to identify the infection

J95 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified

J95.0 Tracheostomy complications

J95.02 Infection of tracheostomy stoma

Revise — Use additional code to identify type of infection, such as:
cellulitis of neck ~~(L03.8)~~ (L03.221)

K04 Diseases of pulp and periapical tissues

K04.7 Periapical abscess without sinus

Delete — ~~Periapical abscess without sinus~~

L89 Pressure ulcer

L89.0 Pressure ulcer of elbow

L89.01 Pressure ulcer of right elbow

L89.019 Pressure ulcer of right elbow, unspecified stage

Revise — Healing pressure ulcer of ~~unspecified~~ right elbow, unspecified stage

L89.02 Pressure ulcer of left elbow

L89.029 Pressure ulcer of left elbow, unspecified stage

Revise — Healing pressure ulcer of ~~unspecified~~ left elbow, unspecified stage

L89.6 Pressure ulcer of heel

L89.61 Pressure ulcer of right heel

L89.619 Pressure ulcer of right heel, unspecified stage

Revise — Healing pressure ulcer of ~~unspecified~~ right heel, ~~right~~ ~~unspecified~~ stage

M20 Acquired deformities of fingers and toes
M20.1 Hallux valgus (acquired)
Revise ~~Excludes2:~~ bunion ~~(M21.6)~~

N13 Obstructive and reflux uropathy
Revise Excludes2: hydronephrosis with ureteropelvic junction obstruction (Q62.11)

N35 Urethral stricture
N35.1 Postinfective urethral stricture, not elsewhere classified
N35.11 Postinfective urethral stricture, not elsewhere classified, male
Add N35.112 Postinfective bulbous urethral stricture, not elsewhere classified, male
Add N35.113 Postinfective membranous urethral stricture, not elsewhere classified, male
Add N35.114 Postinfective anterior urethral stricture, not elsewhere classified, male

N81 Female genital prolapse
N81.2 Incomplete uterovaginal prolapse
Revise Excludes1: cervical stump ~~prolaspe~~ prolapse (N81.85)

N94 Pain and other conditions associated with female genital organs and menstrual cycle
N94.3 Premenstrual tension syndrome
Delete ~~Premenstrual dysphoric disorder~~

P27 Chronic respiratory disease originating in the perinatal period
Delete Excludes1: ~~respiratory distress of newborn (P22.0-P22.9)~~
Add Excludes2: respiratory distress of newborn (P22.0-P22.9)

P92 Feeding problems of newborn
Add Excludes 1: eating disorders (F50.-)

Q64 Other congenital malformations of urinary system
Q64.1 Exstrophy of urinary bladder
Revise Q64.12 Cloacal exstrophy of urinary bladder

R09 Other symptoms and signs involving the circulatory and respiratory system
Revise R09.0 Asphyxia and hypoxemia Excludes1: hypercapnia (R06.~~4~~89)

R63 Symptoms and signs concerning food and fluid intake
R63.3 Feeding difficulties
Add Picky eater
Add Excludes1: eating disorders (F50.-)

S00 Superficial injury of head
S00.5 Superficial injury of lip and oral cavity

S00.53 Contusion of lip and oral cavity
S00.531 Contusion of lip
Revise Hematoma of ~~oral cavity~~ lip

S00.532 Contusion of oral cavity
Revise Bruise of ~~lip~~ oral cavity

S01 Open wound of head
S01.8 Open wound of other parts of head
S01.85 Open bite of other part of head
Revise Excludes1: superficial bite of other part of head (S00.8~~5~~7)

S62 Fracture at wrist and hand level
S62.3 Fracture of other and unspecified metacarpal bone
S62.31 Displaced fracture of base of other metacarpal bone
Revise S62.311 Displaced fracture of base of second metacarpal bone~~.~~, left hand
Revise S62.317 Displaced fracture of base of fifth metacarpal bone~~.~~, left hand
S62.34 Nondisplaced fracture of base of other metacarpal bone
Revise S62.341 Nondisplaced fracture of base of second metacarpal bone~~.~~, left hand
Revise S62.347 Nondisplaced fracture of base of fifth metacarpal bone~~.~~, left hand

S62.6 Fracture of other and unspecified finger(s)
Revise S62.62 Displaced fracture of ~~medial~~ middle phalanx of finger
Revise S62.620 Displaced fracture of ~~medial~~ middle phalanx of right index finger

Revise S62.621 Displaced fracture of ~~medial~~ middle phalanx of left index finger
Revise S62.622 Displaced fracture of ~~medial~~ middle phalanx of right middle finger

Revise S62.623 Displaced fracture of ~~medial~~ middle phalanx of left middle finger

Revise S62.624 Displaced fracture of ~~medial~~ middle phalanx of right ring finger

Revise S62.625 Displaced fracture of ~~medial~~ middle phalanx o left ring finger

Revise S62.65 Nondisplaced fracture of ~~medial~~ middle phalanx of finger

Revise S62.650 Nondisplaced fracture of ~~medial~~ middle phalanx of right index finger

Revise S62.651 Nondisplaced fracture of ~~medial~~ middle phalanx of left index finger

Revise S62.652 Nondisplaced fracture of ~~medial~~ middle phalanx of right middle finger

Revise S62.653 Nondisplaced fracture of ~~medial~~ middle phalanx of left middle finger

S63 Dislocation and sprain of joints and ligaments at wrist and hand level

S63.1 Subluxation and dislocation of thumb

Revise S63.12 Subluxation and dislocation of ~~unspecified~~ interphalangeal joint of thumb

Revise S63.121 Subluxation of ~~unspecified~~ interphalangeal joint of right thumb

Revise S63.122 Subluxation of ~~unspecified~~ interphalangeal joint of left thumb

Revise S63.123 Subluxation of ~~unspecified~~ interphalangeal joint of unspecified thumb

Revise S63.124 Dislocation of ~~unspecified~~ interphalangeal joint of right thumb

Revise S63.125 Dislocation of ~~unspecified~~ interphalangeal joint of left thumb

Revise S63.126 Dislocation of ~~unspecified~~ interphalangeal joint of unspecified thumb

Delete ~~S63.13 Subluxation and dislocation of proximal interphalangeal joint of thumb~~

Delete ~~S63.131 Subluxation of proximal interphalangeal joint of right thumb~~

Delete ~~S63.132 Subluxation of proximal interphalangeal joint of left thumb~~

Delete ~~S63.133 Subluxation of proximal interphalangeal joint of unspecified thumb~~

Delete ~~S63.134 Dislocation of proximal interphalangeal joint of right thumb~~

Delete ~~S63.135 Dislocation of proximal interphalangeal joint of left thumb~~

Delete ~~S63.136 Dislocation of proximal interphalangeal joint of unspecified thumb~~

Delete ~~S63.14 Subluxation and dislocation of distal interphalangeal joint of thumb~~

Delete ~~S63.141 Subluxation of distal interphalangeal joint of right thumb~~

Delete ~~S63.142 Subluxation of distal interphalangeal joint of left thumb~~

Delete ~~S63.143 Subluxation of distal interphalangeal joint of unspecified thumb~~

Delete ~~S63.144 Dislocation of distal interphalangeal joint of right thumb~~

Delete ~~S63.145 Dislocation of distal interphalangeal joint of left thumb~~

Delete ~~S63.146 Dislocation of distal interphalangeal joint of unspecified thumb~~

S63.2 Subluxation and dislocation of other finger(s)
S63.25 Unspecified dislocation of other finger
S63.259 Unspecified dislocation of unspecified finger
Revise Unspecified dislocation of <u>un</u>specified finger with unspecified laterality

S63.27 Dislocation of unspecified interphalangeal joint of finger
S63.279 Dislocation of unspecified interphalangeal joint of unspecified finger
Revise Dislocation of unspecified interphalangeal joint of <u>un</u>specified finger without specified laterality

S73 Dislocation and sprain of joint and ligaments of hip
S73.0 Subluxation and dislocation of hip
Revise S73.03 Other anterior <u>subluxation and</u> dislocation of hip

Revise S73.04 Central <u>subluxation and</u> dislocation of hip

S92 Fracture of foot and toe, except ankle
S92.5 Fracture of lesser toe(s)
Revise S92.52 Fracture of ~~medial~~ <u>middle</u> phalanx of lesser toe(s)
Revise S92.521 Displaced fracture of ~~medial~~ <u>middle</u> phalanx of right lesser toe(s)

Revise S92.522 Displaced fracture of ~~medial~~ middle phalanx of left lesser toe(s)

Revise S92.523 Displaced fracture of ~~medial~~ middle phalanx of unspecified lesser toe(s)

Revise S92.524 Nondisplaced fracture of ~~medial~~ middle phalanx of right lesser toe(s)

Revise S92.525 Nondisplaced fracture of ~~medial~~ middle phalanx of left lesser toe(s)

Revise S92.526 Nondisplaced fracture of ~~medial~~ middle phalanx of unspecified lesser toe(s)

T27 Burn and corrosion of respiratory tract

T27.3 Burn of respiratory tract, part unspecified

Delete ~~Code first (T51-T65) to identify chemical and intent for codes T27.4-T27.7~~

T27.4 Corrosion of larynx and trachea T27.5 Corrosion involving larynx and trachea with lung

Add Code first (T51-T65) to identify chemical and intent

T27.6 Corrosion of other parts of respiratory tract

Add Code first (T51-T65) to identify chemical and intent

T27.7 Corrosion of respiratory tract, part unspecified

Add Code first (T51-T65) to identify chemical and intent

T28 Burn and corrosion of other internal organs

T28.4 Burns of other and unspecified internal organs

Add Code first (T51-T65) to identify chemical and intent

T28.49 Burn of other internal organ

Delete ~~Code first (T51-T65) to identify chemical and~~ intent ~~for T28.5-T28.9~~

T28.5 Corrosion of mouth and pharynx

Add Code first (T51-T65) to identify chemical and intent

T28.6 Corrosion of esophagus

Add Code first (T51-T65) to identify chemical and intent

T28.7 Corrosion of other parts of alimentary tract

Add Code first (T51-T65) to identify chemical and intent

T28.8 Corrosion of internal genitourinary organs

Add Code first (T51-T65) to identify chemical and intent

T28.9 Corrosions of other and unspecified internal organs

Add Code first (T51-T65) to identify chemical and intent

T76 Adult and child abuse, neglect and other maltreatment, suspected
T76.2 Sexual abuse, suspected

Delete ~~Sexual abuse, suspected~~

T85 Complications of other internal prosthetic devices, implants and grafts
T85.6 Mechanical complication of other specified internal and external prosthetic devices, implants and grafts
T85.62 Displacement of other specified internal prosthetic devices, Implants and grafts
T85.623 Displacement of artificial skin graft and decellularized allodermis

Detete ~~Displacement of artificial skin graft and decellularized allodermis~~

Z03 Encounter for medical observation for suspected diseases and conditions ruled out

This category is to be used when a person without a diagnosis is suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is ruled out. This category is also for use for administrative and legal observation status.

Delete ~~Excludes1:newborn observation for suspected condition, ruled out (P00-P04)~~
Add Excludes1: encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out (Z05.0-)

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

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

Delete ~~Excludes2: newborn observation for suspected condition, related to exposure from the mother or birth process (P00-P04)~~

Z33 Pregnant state
Z33.1 Pregnant state, incidental

Add Pregnancy NOS

Z3A Weeks of gestation

Revise Code first complications of pregnancy, childbirth and the puerperium (O0~~0~~9-O9A)

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

Revise Excludes1: personal history of intraepithelial neoplasia III of female genital tract (Z8~~7~~6.001, Z8~~7~~6.008)

ICD-10-CM INDEX OF DISEASES - PROPOSED ADDENDA

All proposed effective October 1, 2017

Abnormal
Revise - liver function test

Abortion
- habitual or recurrent N96
Revise - - with current abortion -see categories O03-~~O06~~ O04

Aftercare (see also Care) Z51.89
- following surgery (for) (on)
Revise - - spinal ~~Z48.89~~ Z47.89

Anomaly
Revise - bulbus cordis Q21.9~~8~~9

Arrest, arrested
- cardiac I46.9
Add --personal history, successfully resuscitated Z86.74

Aspiration
Revise - bronchitis J6~~9~~8.0

Burn
- unspecified site with extent of body surface involved specified
- - less than 10 per cent T31.0
Revise - - 10-19 ~~per cent~~ percent (0-9 percent third degree) T31.10
Revise - - 20-29 ~~per cent~~ percent (0-9 percent third degree) T31.20
Revise - - 30-39 ~~per cent~~ percent (0-9 percent third degree) T31.30
Revise - - 40-49 ~~per cent~~ percent (0-9 percent third degree) T31.40
Revise - - 50-59 ~~per cent~~ percent (0-9 percent third degree) T31.50
Revise - - 60-69 ~~per cent~~ percent (0-9 percent third degree) T31.60
Revise - - 70-79 ~~per cent~~ percent (0-9 percent third degree) T31.70
Revise - - 80-89 ~~per cent~~ percent (0-9 percent third degree) T31.80
Revise - - 90 ~~per cent~~ percent or more (0-9 percent third degree) T31.90

Circulation
Revise - defective (lower extremity) I99.~~8~~9

Cold J00
Add -symptoms J00

Colitis -see also Enteritis K52.9
- regional -*see* Enteritis, regional, large intestine
Add --infectious A09

Complication(s) (from) (of)
- - mesh
Revise - - - erosion (to surrounding organ or tissue) T83.71~~7~~8
Revise - - - exposure (into surrounding organ or tissue) T83.72~~7~~8

Contusion
- toe(s) (lesser) S90.12-
- - great S90.11-
Delete ~~- - - specified type NEC S90.221~~

Corrosion
- extent (percentage of body surface)
Revise - - less than 10 ~~per cent~~ percentT32.0
Revise - - 10-19 ~~per cent~~ percent (0-9 percent third degree) T32.10
Revise - - 20-29 ~~per cent~~ percent (0-9 percent third degree) T32.20
Revise - - 30-39 ~~per cent~~ percent (0-9 percent third degree) T32.30
Revise - - 40-49 ~~per cent~~ percent (0-9 percent third degree) T32.40
Revise - - 50-59 ~~per cent~~ percent (0-9 percent third degree) T32.50
Revise - - 60-69 ~~per cent~~ percent (0-9 percent third degree) T32.60
Revise - - 70-79 ~~per cent~~ percent (0-9 percent third degree) T32.70
Revise - - 80-89 ~~per cent~~ percent (0-9 percent third degree) T32.80
Revise - - 90 ~~per cent~~ percent or more (0-9 percent third degree) T32.90

Cyst
- embryonic
Revise - - vagina ~~Q51.6~~ Q52.4

Diabetes
- type 1
- - with
Add - - -osteomyelitis E10.69
- type 2 E11.9
- - with
Add - - - osteomyelitis E11.69

Disease
- lung J98.4
- - obstructive (chronic) J44.9
- - - with
Revise - - - - emphysema J44~~4~~3.9

Dysphagia
Revise - pharyngeal phase R13.13

Effusion
- pleura
Add - - in conditions classified elsewhere J91.8

Failure, failed
-respiration, respiratory J96.90
- - with
Add - - -hypercarbia J96.02
- - acute
- - - with
Add - - - -hypercarbia J96.02
- - acute and (on) chronic J96.20
- - - with
Add - - - - hypercarbia J96.22
- - chronic J96.10
- - - with
Add - - - - hypercarbia J96.12

Fracture, traumatic
- ulna (shaft) S52.20-
Revise - - head S52.~~0~~60-

Hydronephrosis
- with
- - obstruction (by) (of)
Revise - - - ureteropelvic junction (congenital) Q62.~~0~~11

Hypertension, hypertensive I10
- with
Add - - heart failure (congestive) I11.0
Revise - - heart involvement (conditions in I50.-, I51.4- I51.9 due to hypertension) -see

Hypertension, heart
Revise - emergency I16.~~2~~1

Ileocolitis
Add - ulcerative K51.0-

Nevus D22.9
Revise - Sutton's - ~~see Neoplasm, skin,~~ benign D22.9

Revise Paragranuloma, Hodgkin - see Lymphoma, Hodgkin, ~~classical,~~ specified NEC

Revise Paresthesia –(see also Disturbance, sensation; skin) R20.2

Pregnancy
- triplet O30.10-
- - with
Revise - - - two or more monochrorionic fetuses O30.11-
Revise - - two or more monochrorionic fetuses O30.11-

Pseudohermaphroditism Q56.3
- adrenal E25.8
- female Q56.2
Add - - unspecified E25.9
- male Q56.1
- - with
Add - - unspecified E25.9

Sequelae (of) - see also condition
- - disease
- - cerebrovascular I69.90
- - - monoplegia
Revise - - - - lower limb I69.894-

Stroke
Add - cryptogenic (see also infarction, cerebral) I63.9

Stricture
- heart
- - valve
Revise - - - mitral Q23.42

Symptoms NEC R68.89
Add - cold J00
Add - viral cold J00

Vasculitis
Add - systemic M31.8

ICD-10-CM External Cause of Injuries Index

Accident (to) X58
- transport (involving injury to) V99
- - car occupant V49.9
- - - driver
- - - - collision (with)
Revise - - - - - stationary object (traffic) V47.52