

# ICD-9-CM Coordination and Maintenance Committee Meeting

April 3, 2003

## Diagnosis Agenda

Welcome and announcements

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### ICD-9-CM TIME LINE

- January 10, 2003 Deadline for receipt of public comments on proposed code revisions discussed at the April and December 2002 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2003.
- February 3, 2003 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the April 3, 2003 ICD-9-CM Coordination and Maintenance Committee meeting.
- March 2003 Tentative agenda for the Procedure part of the April 3, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <http://www.hcfa.gov/medicare/icd9cm.htm>
- Tentative agenda for the Diagnosis part of the April 3, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>
- Federal Register Notice of April 3, 2003 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda will be published.
- April 3, 2003 ICD-9-CM Coordination and Maintenance Committee Meeting in the CMS auditorium. Diagnosis code revisions discussed are for potential implementation on October 1, 2004. Procedure code revisions discussed will be for possible implementation October 1, 2003. Those procedure code proposals that cannot be resolved quickly will be considered for implementation on October 1, 2004.
- April 2003 Summary report of the Procedure part of the April 3, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <http://www.hcfa.gov/medicare/icd9cm.htm>
- Summary report of the Diagnosis part of the April 3, 2003 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>

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- June 2003 Final addendum posted web pages as follows: Diagnosis addendum: <http://www.cdc.gov/nchs/icd9.htm> and Procedure addendum at: <http://www.cms.hhs.gov/paymentsystems/icd9>
- October 1, 2003 New and revised ICD-9-CM codes from the 2002 cycle go into effect.
- October 3, 2003 Deadline for submission of proposals to CMS for procedures and NCHS for diagnoses for presentation at the December 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting.
- November 2003 Tentative agenda for the Procedure part of the December 4, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <http://www.hcfa.gov/medicare/icd9cm.htm>
- Tentative agenda for the Diagnosis part of the December 5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>
- Federal Register Notice of December 4-5, 2003 ICD-9-CM Coordination and Maintenance Meeting and tentative agenda to be published.
- Dec. 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee Meeting. Code revisions discussed are for potential implementation on October 1, 2004. December 4 will be devoted to discussions of procedure codes. December 5 will be devoted to discussions of diagnosis codes.
- December 2003 Summary report of the Procedure part of the December 4, 2003 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows: <http://www.hcfa.gov/medicare/icd9cm.htm>
- Summary report of the Diagnosis part of the December 5, 2003 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: <http://www.cdc.gov/nchs/icd9.htm>
- January 9, 2004 Deadline for receipt of public comments on proposed code revisions discussed at the April 3-4, 2003 and December 4-5, 2003 ICD-9-CM Coordination and Maintenance Committee meetings. These proposals are being considered for implementation on October 1, 2004.

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Hepatitis C acute and unspecified

Currently, in the ICD-9-CM both acute and unspecified hepatitis C are assigned to the same code. This creates a default of acute hepatitis C. Chronic hepatitis C is the more likely form of hepatitis C treated and should be the default. Therefore, a revision to the existing code titles deleting the term unspecified and creating new codes for unspecified hepatitis C is being proposed.

### TABULAR MODIFICATION

	070	Viral hepatitis
	070.4	Other specified viral hepatitis with hepatic coma
Revise	070.41	Acute <del>or unspecified</del> hepatitis C with hepatic coma
	070.5	Other specified viral hepatitis without mention of hepatic coma
Revise	070.51	Acute <del>or unspecified</del> hepatitis C without mention of hepatic coma
	070.6	Unspecified viral hepatitis with hepatic coma
New code	070.61	Unspecified hepatitis C with hepatic coma
New code	070.69	Other unspecified hepatitis with hepatic coma
	070.7	Unspecified viral hepatitis without mention of hepatic coma
New code	070.71	Unspecified hepatitis C without mention of hepatic coma
New code	070.79	Other unspecified hepatitis without mention of hepatic coma

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Deep vein thrombosis of lower extremity

The term deep vein thrombosis (DVT) is commonly documented in medical records. A unique code for the condition does not exist in the ICD-9-CM. It is being proposed that codes for deep vein thrombosis be created that distinguish between the upper and lower portion of the lower extremity.

### TABULAR MODIFICATION

	453	Other venous embolism and thrombosis
New sub-category	453.4	Venous embolism and thrombosis of deep vessels of lower extremity Deep vein thrombosis NOS DVT NOS
New code	453.40	Venous embolism and thrombosis of unspecified deep vessels of lower extremity
New code	453.41	Venous embolism and thrombosis of deep vessels of proximal lower extremity Upper leg NOS Thigh
New code	453.42	Venous embolism and thrombosis of deep vessels of distal lower extremity Calf Lower leg NOS

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Aftercare following organ transplant

Patients receiving an organ transplant must be seen on a routine basis to assess the functioning of the new organ. There is not a specific code to identify this type of encounter.

### TABULAR MODIFICATION

V58 Encounter for other and unspecified procedures and aftercare

V58.4 Other aftercare following surgery

New code V58.44 Aftercare following organ transplant

Use additional code to identify the organ transplanted (V42.0-V42.9)

V58.7 Aftercare following surgery to specified body systems, not elsewhere classified

Add Excludes: aftercare following organ transplant (V58.44)  
Add aftercare following surgery for neoplasm (V58.42)

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Aftercare following abnormal pap smear

When a woman has an abnormal pap smear the standard protocol is to do a repeat pap smear several months later. Should the repeat test be normal two more pap smears at close intervals are done to verify the normal result. The American College of Obstetricians and Gynecologists has requested a V code to identify the encounters for these repeat visits.

### TABULAR MODIFICATION

	V72	Special investigations and examinations
	V72.3	Gynecological examination
Delete		<del>Papanicolaou cervical smear as part of general gynecological examination</del> <del>Pelvic examination (annual) (periodic)</del> <del>Use additional code to identify routine vaginal Papanicolaou smear (V76.47)</del>
New code	V72.31	Routine gynecological examination Papanicolaou cervical smear as part of general gynecological examination Pelvic examination (annual) (periodic)  Use additional code to identify routine vaginal Papanicolaou smear (V76.47)
New code	V72.32	Encounter for Papanicolaou cervical smear to confirm findings of recent normal smear following initial abnormal smear

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Allergic rhinitis/allergic dermatitis due to animal dander

Allergic rhinitis due to animal dander is a common allergy. Dermatitis may also occur due to an allergy to animal dander. Unique codes do not exist for either of these two conditions. They are being proposed at this time.

### TABULAR MODIFICATIONS

	477	Allergic rhinitis
New code	477.2	Due to animal (cat) (dog) dander
	692	Contact dermatitis and other eczema
	692.8	Due to other specified agents
New code	692.84	Due to animal (cat) (dog) dander Due to animal (cat) (dog) hair
	692.89	Other
Delete		<del>Dermatitis due to furs</del>
Delete		Excludes: <del>allergy NOS, due to animal hair, dander (animal), or dust (477.8)</del>
Add		allergy (NOS) (rhinitis) due to animal hair or dander (477.2)
Add		allergy to dust (477.8)



## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Genetic susceptibility to disease

Persons who have a genetic susceptibility to disease, generally malignancies, may request prophylactic removal of an organ to prevent the disease from occurring. This is most common for prophylactic mastectomy or oophorectomy. Genetic susceptibility indicates that the person has a higher risk of getting a disease due to a genetic predisposition. It is distinct from a carrier state that indicates that an individual is a carrier of a disease and able to pass it on to offspring.

A new category for genetic susceptibility has been requested by the American College of Obstetricians and Gynecologists. A code from this category can be used to identify encounters for prophylactic organ removal.

### TABULAR MODIFICATION

New category	V84	Genetic susceptibility to disease Abnormal gene confirmed by genetic test
Add		Use additional code if a family history of the disease is also applicable (V16-V19)
New sub-category	V84.0	Genetic susceptibility to malignant neoplasm
New code	V84.01	Genetic susceptibility to malignant neoplasm of breast
New code	V84.02	Genetic susceptibility to malignant neoplasm of ovary
New code	V84.03	Genetic susceptibility to malignant neoplasm of prostate
New code	V84.09	Genetic susceptibility to other malignant neoplasm
New code	V84.8	Genetic susceptibility to other disease

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Endometrial hyperplasia with and without atypia

Endometrial hyperplasia, an abnormal growth of normal cells of the endometrium, may cause dysfunctional uterine bleeding. Women with atypical adenomatous hyperplasia (seen on biopsy) are at risk of developing adenocarcinoma of the endometrium. The ICD-9-CM code for endometrial hyperplasia does not distinguish between with and without atypia. The American College of Obstetricians and Gynecologists has requested that the existing code be expanded to allow the identification of endometrial hyperplasia with atypia.

### TABULAR MODIFICATION

	621	Disorders of uterus, not elsewhere classified
	621.3	Endometrial cystic hyperplasia
Delete		<del>Hyperplasia (adenomatous) (cystic) (glandular) of endometrium</del> <del>Hyperplastic endometritis</del>
New code	621.30	Endometrial cystic hyperplasia Endometrial hyperplasia NOS Endometrial hyperplasia without atypia Glandular hyperplasia of endometrium Hyperplastic endometritis
New code	621.31	Endometrial adenomatous hyperplasia Endometrial hyperplasia with atypia Hyperplasia of endometrium, atypical (adenomatous)

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Mechanical complication of esophagostomy

Though there are complication codes for colostomies and enterostomies, there are no equivalent codes for esophagostomies. An index entry for this will become available with the October 1, 2003 addenda, but it directs coders to 997.4, Digestive system complication. It is being proposed that new codes for complications of esophagostomies be created.

### TABULAR MODIFICATIONS

	530	Diseases of esophagus
	530.8	Other specified disorders of esophagus
New code	530.86	Infection of esophagostomy Use additional code to specify infection
New code	530.87	Mechanical complication of esophagostomy Malfunction of esophagostomy
	997	Complications affecting specified body system, not elsewhere classified
	997.4	Digestive system complications
	Excludes:	specified gastrointestinal complications classified elsewhere, such as:
Add		infection of esophagostomy (530.86)
Add		mechanical complication of esophagostomy (530.87)

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Female circumcision status

No codes exist in the classification to identify women who have undergone circumcision. This alteration to the external genitals may cause problems with pregnancy and delivery as well as bladder and other problems. Codes to indicate circumcision status for both pregnant and non-pregnant women have been requested.

### TABULAR MODIFICATION

V23 Supervision of high-risk pregnancy

V23.8 Other high-risk pregnancy

New code V23.85 Female circumcision status

Add Excludes: female circumcision status complicating pregnancy (654.8)

V49 Other conditions influencing health status

V49.8 Other specified conditions influencing health status

New code V49.83 Female circumcision status

Add Type I female circumcision status

Add Type II female circumcision status

Add Type III female circumcision status

Add Excludes: female circumcision status of pregnancy (V23.85)

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Hyperparathyroidism

Hyperparathyroidism may be either primary or secondary. Primary hyperparathyroidism is a generalized disorder resulting from excessive secretion of parathyroid hormone by one or more parathyroid glands. Primary hyperparathyroidism is probably the most common cause of hypercalcemia in the general population. The incidence increases with age and is higher in postmenopausal women. It also occurs with high frequency three or more decades after neck irradiation. Familial and sporadic forms exist.

Secondary hyperparathyroidism occurs when chronic hypocalcemia, which is caused by conditions such as renal insufficiency or intestinal malabsorption syndromes, stimulates increased secretion of PTH. Hypercalcemia may occur once secondary hyperparathyroidism has become established.

The classification has a single code for hyperparathyroidism. The code for secondary hyperparathyroidism is for hyperparathyroidism of renal origin. There is no code for secondary hyperparathyroidism of non-renal origin.

It is being proposed that code 252.0, Hyperparathyroidism, be expanded to distinguish between primary and secondary, and that separate codes be created for secondary hyperparathyroidism due to renal and non-renal origin.

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TABULAR MODIFICATIONS

	252	Disorders of parathyroid gland
	252.0	Hyperparathyroidism
Delete		<del>Hyperplasia of parathyroid Osteitis fibrosa cystica generalisata von Recklinghausen's disease of bone</del>
Delete		Excludes: <del>secondary hyperparathyroidism (of renal origin) (588.8)</del>
New code		252.00 Hyperparathyroidism, unspecified
New code		252.01 Primary hyperparathyroidism Hyperplasia of parathyroid
New code		252.02 Secondary hyperparathyroidism, non-renal
Add		Excludes: secondary hyperparathyroidism (of renal origin) (588.81)
New code		252.08 Other hyperparathyroidism Tertiary hyperparathyroidism
	588	Disorders resulting from impaired renal function
	588.8	Other specified disorders resulting from impaired renal function
Delete		<del>Hypokalemic nephropathy Secondary hyperparathyroidism (of renal origin)</del>
New code		588.81 Secondary hyperparathyroidism (of renal origin) Secondary hyperparathyroidism NOS
New code		588.89 Other specified disorders resulting from impaired renal function Hypokalemic nephropathy

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Encounter for pregnancy test-negative result

A common reason for a visit to a physician is to have a pregnancy test. The results are usually known at the time of the visit. There is a code for pregnancy test, unconfirmed, V72.4, but no way to indicate a negative result. A positive result is assigned a code from category V22, Normal pregnancy.

It is being proposed that V72.4 be expanded to identify an unconfirmed test result and a negative test result.

### TABULAR MODIFICATION

	V72	Special investigations and examinations
Revise	V72.4	Pregnancy examination or test, <del>pregnancy unconfirmed</del>
Delete		<del>Possible pregnancy, not (yet) confirmed</del>
New code	V72.40	Pregnancy examination or test, pregnancy unconfirmed Possible pregnancy, not (yet) confirmed
New code	V72.41	Pregnancy examination or test, negative result

## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Sleep deprivation

Persons deprived of sleep for several days or more become irritable, fatigued, unable to concentrate and disoriented. Performance of mental and physical tasks deteriorate. The effects of sleep deprivation are reversed when the normal sleep-wake cycle is resumed. Sleep deprivation is distinct from insomnia in that it refers to the an individual who is able to sleep but does not have adequate time to get the full amount of sleep necessary for optimum health. Many individuals do not get the suggested 7 to 8 hours of sleep per night due to work or family obligations. It is being proposed that a new code for sleep deprivation be added to the classification to enable the identification of this risk factor.

### TABULAR MODIFICATION

	V69	Problems related to lifestyle
New code	V69.4	Lack of adequate sleep Sleep deprivation
Add		Excludes: insomnia (780.52)



## ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: Elevated C-reactive protein

Inflammation of the lining of an artery wall is increasingly recognized as a contributor to plaque rupture with subsequent obstruction of the artery. This can occur in the heart or in the brain, contributing to heart attacks and strokes. This inflammation may explain why persons with none of the classic risk factors for atherosclerosis suffer heart attacks.

A blood test used widely as a marker for inflammation anywhere in the body is the C-reactive protein (CRP) level. While an elevated CRP may occur from a number of inflammatory disorders, it has also been found to be a predictor of risk for heart attack and stroke. When a patient has an elevated CRP, all modifiable risk factors for vascular disease should be rigorously controlled.

### TABULAR MODIFICATION

790 Nonspecific findings on examination of blood

790.9 Other nonspecific findings on examination of blood

New code                      790.95 Elevated C-reactive protein (CRP)

# ICD-9-CM Coordination and Maintenance Committee Meeting

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Topic: The Bethesda system 2001

A system for reporting the results of abnormal Pap tests, the Bethesda system, first published in 1989 and revised in 1991 has a new 2001 version. Over 90% of laboratories in the United States use the Bethesda system as well as labs in many other countries. It has been endorsed by more than 20 national and international societies.

The ICD-9-CM was updated on October 1, 2002 to reflect the changes made in the earlier version of the system. We are now proposing to revise the code titles and inclusion terms and add new codes to reflect the 2001 version.

## TABULAR MODIFICATIONS

622 Noninflammatory disorders of cervix

622.1 Dysplasia of cervix (uteri)

Delete	<del>High grade squamous intraepithelial dysplasia (HGSIL)</del>
	<del>Low grade squamous intraepithelial dysplasia (LGSIL)</del>
Add	High grade squamous intraepithelial lesion (HSIL)
Add	Human papillomavirus (HPV) with mild dysplasia
Add	Low grade squamous intraepithelial lesion (LSIL)
Add	Moderate dysplasia
Add	Excludes: severe dysplasia (233.1)

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	795	Nonspecific abnormal histological and immunological findings
		795.0 Nonspecific abnormal Papanicolaou smear of cervix
Delete		Excludes: <del>High grade squamous intraepithelial dysplasia (HGSIL)(622.1)</del> <del>Low grade squamous intraepithelial dysplasia (LGSIL) (622.1)</del>
Add		High grade squamous intraepithelial lesion (HSIL) (622.1)
Add		Human papillomavirus (HPV) with mild dysplasia (622.1)
Add		Low grade squamous intraepithelial lesion (LSIL) (622.1)
Add		Moderate dysplasia (622.1)
		795.00 Nonspecific abnormal Papanicolaou smear of cervix, unspecified
Add		Atypical endocervical cells NOS
Add		Atypical endometrial cells NOS
Add		Atypical glandular cells NOS
Revise		795.01 Atypical squamous cells of undetermined significance (ASC-US)
Revise		795.02 Atypical squamous cells, cannot exclude high grade squamous intraepithelial lesion (ASC-H) Atypical endocervical cells, favor neoplastic Atypical glandular cells, favor neoplastic
New code		795.03 Unsatisfactory smear Inadequate sample
New code		795.04 Benign cellular changes
Delete		795.09 Other nonspecific abnormal Papanicolaou smear of cervix <del>Benign cellular changes</del> <del>Unsatisfactory smear</del>

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**Addenda  
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Anemia

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