Agenda
ICD-9-CM COORDINATION AND MAINTENANCE COMMITTEE MEETING
The Centers for Disease Control/National Center for Health Statistics
HCFA Auditorium
7500 Security Boulevard
Baltimore, MD
ICD-9-CM Volumes 1 and 2, Diagnoses
November 2, 1998

Donnamaria Pickett
Co-Chairperson

Update on ICD-10-CM

ICD-9-CM COORDINATION AND MAINTENANCE COMMITTEE MEETING
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REVISED PROPOSAL

Topic: Lack of normal physiological development for infants and children and adult failure to thrive

Adult failure to thrive was discussed at the June 1998 C&M meeting. This topic generated a lot of discussion and is now being brought forward to this meeting for further discussion with lack of normal physiological development. The following revised proposal includes a new code for adult failure to thrive and modifications, submitted by the National Association (NACHRI), for code 783.4.

The diagnosis code 783.4, Lack of normal physiological development, is a high volume code for pediatric patients in both inpatient and outpatient settings. It includes three distinctive conditions that would be very helpful to separately identify.

Failure to thrive (FTT) is a diagnosis to describe infants and children who lose weight or fail to gain weight in accordance with standardized growth charts. It may be of organic origin, non-organic origin, or mixed etiology. Organic FTT occurs in children with a variety of acute or chronic illnesses that are known to interfere with normal nutrient intake, absorption, metabolism or excretion, or to result in greater than normal energy requirements to sustain or promote growth. Prognosis depends on underlying acute or chronic health conditions. Non-organic FTT refers to children who suffer from environmental neglect or stimulus deprivation. Prognosis is mixed. The majority of children ultimately achieve stable weight but problems with cognitive function often persist, as do behavioral problems.

Failure to thrive is also used to describe adult patients, particularly those in nursing homes, whose health status is deteriorating or not improving.

Short stature is a diagnosis for slower than normal rate of maturation. One cause in children is constitutional growth delay in which the rate of growth is normal for bone age but height age and bone age may be delayed by 2-4 years. The growth pattern for the child often resembles that of the father or mother, and normal adult stature is usually eventually obtained. In genetic short stature, skeletal maturation is consistent with chronological age, and adult statue is usually less than normal.

Delayed milestone describes a child who fails to achieve developmental milestone(s) within the expected age windows. ICD-10 provides a separate diagnosis code for delayed milestone.

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TABULAR MODIFICATIONS

783.4 Lack of expected normal physiological development in childhood

Delete
~~Delayed milestone~~
~~Failure to gain weight~~
~~Failure to thrive~~
~~Lack of growth~~
~~Physical retardation~~
~~Short stature~~

Add Excludes: pituitary dwarfism (259.4)
gonadal dysgenesis (758.6)
slow fetal growth and fetal malnutrition (764.00-764.99)

New code 783.40 Lack of normal physiological development, unspecified
Inadequate development
Lack of development

New code 783.41 Failure to thrive
Failure to gain weight

New code 783.42 Delayed milestones
Delayed attainment of expected physiological development stage
Late:
talker
walker

New code 783.43 Short stature
Constitutional (hereditary) short stature
Growth failure
Growth retardation
Lack of growth
Physical retardation

783.9 Other symptoms concerning nutrition, metabolism, and development

New code 783.91 Underweight

New code 783.92 Adult failure to thrive

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Topic: Impaired fasting glucose/Impaired glucose tolerance

The Endocrine Society has requested new codes for impaired fasting glucose (IFG) and impaired glucose tolerance (IGT). Both IFG and IGT refer to metabolic stages of impaired glucose homeostasis that are intermediate between normal glucose homeostasis and diabetes. Although not clinical entities in their own right (in the absence of pregnancy) both are risk factors for future diabetes and cardiovascular disease.

TABULAR MODIFICATIONS

	790.2	Abnormal glucose tolerance test
New code	790.20	Abnormal glucose level, unspecified
New code	790.21	Impaired fasting glucose
New code	790.22	Impaired glucose tolerance

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Topic: Observation for suspected child abuse/neglect

The American Academy of Pediatrics (AAP) has requested a new V code for observation for suspected child abuse/neglect. This code would be used in a case where child abuse is suspected, but not found after observation. The academy states that this is a common situation presented to pediatricians.

TABULAR MODIFICATIONS

V71.8 Observation for other specified suspected conditions

New code	V71.81	Abuse and neglect
New code	V71.89	Other specified suspected conditions

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Topic: Food allergy with gastrointestinal and respiratory manifestations

The American Academy of Pediatrics and the American Academy of Allergy and Immunology have requested that new codes be created for food allergies with gastrointestinal and respiratory manifestations.

Food allergy, hypersensitivity or sensitivity to a food can be described as an abnormal immunologic reaction in which the body's immune system overreacts to harmless things. Irritating, uncomfortable symptoms may result after eating a food or food additive. True allergic reactions actually only occur in relatively few people, usually as the result of a genetic factor, and may be noticeable after just a small amount of the food or food additive is eaten. Wheezing after consuming milk or dairy products is an example.

Food allergens, those parts of foods that cause allergic reactions, are usually due to proteins. Most of these allergens can still cause reactions even after they are cooked or have undergone digestion in the intestines.

Allergic reactions as a response to food allergens may manifest as either respiratory or gastrointestinal reactions. Nasal allergy may occasionally be the respiratory tract's reaction to food allergens, although more commonly, such reactions are caused by intolerance. Respiratory symptoms include itching of the nose or roof of the mouth, sneezing, and difficulty breathing through the nose.

The most common gastrointestinal symptoms one might be likely to experience are nausea, vomiting, diarrhea, and abdominal cramping. Other less common symptoms may include a red rash around the mouth, itching and swelling of the mouth and throat, abdominal pain, swelling of the stomach and gas.

TABULAR MODIFICATIONS

	477	Allergic rhinitis
New code		477.1 Due to food
	558	Other noninfectious gastroenteritis and colitis
New code		558.3 Allergic and dietetic gastroenteritis and colitis

	558.9	Other and unspecified noninfectious gastroenteritis and colitis
Revise		NOS, ~~allergic, dietetic~~ or noninfectious
Revise		Diarrhea, ~~allergic, dietetic, or~~ noninfectious
New code	995.7	Other adverse food reactions, not elsewhere classified
Add		Excludes: dermatitis due to food (693.1) in contact with the skin (692.5) gastroenteritis and colitis due to food (558.3) rhinitis due to food (477.1)

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Topic: Human ehrlichiosis

Human ehrlichiosis is a flu-like illness, caused by organisms of the genus Ehrlichia, Family Rickettsiaceae, and spread by arthropod bite. Two types have been reported in the U.S., human monocytic ehrlichiosis (HME) and human granulocytic ehrlichiosis (HGE). These are similar in clinical symptoms, but affect different white blood cells, and are caused by different species of ehrlichia. HME is caused by Ehrlichia chaffeensis, and it affects lymphocytes and monocytes. It is usually transmitted by tick bite from the tick Amblyomma americanum. HGE is caused by a species of Ehrlichia related to E. equi and E. phagocytophilia. It affects granulocytes, and is transmitted by species of Ixodes ticks, such as I. scapularis, the same tick which transmits Lyme disease. HME and HGE may possibly also be transmitted by the tick Dermacentor variabilis.

Clinical symptoms generally include fever, chills, myalgia, and headache. Nausea, vomiting, and diarrhea may also occur. Findings may include lymphadenopathy, rash, thrombocytopenia, leukopenia, and abnormal liver function tests. Severity ranges from mild illness to fatal disease. Mortality rates have been reported to be 2 to 5%. Only a few antibiotics are effective in treatment, including tetracyclines and chloramphenicol.

Human ehrlichiosis is considered an emerging infection. Of the types found in the United States, HME has been known since the mid-1980's, while HGE has been described since 1990. In early studies, there were of smaller numbers of very sick patients, most requiring hospitalization. Subsequent studies have found less than 30% require hospitalization. Thus, it is suspected that there are larger numbers of cases than had previously been supposed. The prevalence of human ehrlichiosis, particularly HGE, may potentially be similar to that of Lyme disease, which is the most commonly reported vector-borne illness in the U.S.

TABULAR MODIFICATIONS

082 Tick-borne rickettsioses

New sub-category	082.4 Human ehrlichiosis
New code	082.40 Human ehrlichiosis, unspecified
New code	082.41 Human monocytic ehrlichiosis
New code	082.42 Human granulocytic ehrlichiosis
New code	082.49 Other human ehrlichiosis

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Topic: Screening for osteoporosis

The National Osteoporosis Foundation and the American College of Obstetricians and Gynecology have requested that a new code be created for screening for osteoporosis.

Osteoporosis is loss of bone mass. It puts people at risk of fractures and subsequent morbidity and mortality, particularly in the elderly. It affects 20 million people in the U.S., and annually causes about 1.3 million fractures. By extreme old age, one-third of women and one-sixth of men have hip fractures. Females are at increased risk for developing osteoporosis after menopause, due to low estrogen levels. Androgens are generally protective in males, as estrogen is in females.

Detection of osteoporosis by screening can lead to early treatment with various medications which can maintain bone mass, lowering the risk of osteoporotic fractures. This can potentially avoid serious morbidity and mortality. Health care expenditures in the United States attributable to osteoporotic fractures are over $10 billion annually.

TABULAR MODIFICATIONS

V82 Special screening for other conditions

V82.8 Other specified conditions

New code	V82.81 Screening for osteoporosis
New code	V82.89 Other specified conditions

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Topic: Screening for lipoid disorders

The American College of Obstetricians and Gynecologists (ACOG) has requested that a new code be created for screening for lipoid disorders, particularly for screening cholesterol levels.

Lipoid disorders include abnormal levels of various fatty substances. Hyperlipidemia refers to elevated levels of fatty substances in the bloodstream. Specific types include high cholesterol levels (hypercholesterolemia), and high triglyceride levels (hypertriglyceridemia). There are various inherited tendencies to have different types of hyperlipidemia. Hyperlipidemia and particularly hypercholesterolemia are risk factors for developing atherosclerosis and subsequent coronary heart disease, stroke, and peripheral vascular disease. Screening for high blood cholesterol is recommended by the U.S. Preventive Services Task Force in the Guide to Clinical Preventive Services, because hypercholesterolemia is one of the major modifiable risk factors for coronary heart disease.

Other types of lipoid disorders can involve related substances. When fatty molecules are transported through the bloodstream, they are bound to special types of proteins called lipoproteins. Low density lipoprotein (LDL), also called beta lipoprotein, can at high levels lead to atherosclerosis, with cholesterol deposits on arterial walls. High density lipoprotein (HDL), also called alpha lipoprotein, at high levels is protective against atherosclerosis. Low levels of HDL put people at risk of atherosclerosis and coronary artery disease. Many lipoid disorders are inherited.

TABULAR MODIFICATIONS

V77 Special screening for endocrine, nutritional, metabolic, and immunity disorders

V77.9 Other and unspecified endocrine, nutritional, metabolic, and immunity disorders

New code V77.91 Screening for lipoid disorders
Screening cholesterol level
Screening for hypercholesterolemia
Screening for hyperlipidemia

New code V77.99 Other and unspecified endocrine, nutritional, metabolic, and immunity disorders

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Topic: Human bite as an external cause of injury

Human bites are relatively common. These have a very high potential for infection (worse than any animal bite), so must be treated with antibiotics, and must generally be left open rather than closing (with sutures).

Human bite as an external cause of injury is now coded to E968.8, Other specified means [of assault]. Other external causes coded here include intentional or homicidal electric shock, criminal abortion with injury to a child, and crash of an aircraft stated as homicidal. It has been reported that human bite is by far the most common diagnosis coded to E968.8.

Having a specific code will allow tracking of injuries which are due to human bites.

TABULAR MODIFICATIONS

	E928	Other and unspecified environmental and accidental causes
New code		E928.3 Human bite
	E968	Assault by other and unspecified means
New code		E968.7 Human bite

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Addenda

TABULAR

840 Sprains and strains of shoulder and upper arm

840.4 Rotator cuff (capsule)

Add Excludes: complete rupture of rotator cuff, nontraumatic (727.61)

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INDEX

Brow presentation complicating delivery
Delete causing obstructed labor 660.0

Revise Deformity ~~738.10~~ 738.9

Delivery
complicated (by) NEC 669.9
brow presentation 652.4
Delete ~~causing obstructed labor 660.0~~
mal lie 652.9
Delete ~~causing obstructed labor 660.0~~

Dysplasia
vulva 624.8
Add vulvar intraepithelial neoplasia I [VIN I] 624.8
Add vulvar intraepithelial neoplasia II [VIN II] 624.8
Add VIN I 624.8
Add VIN II 624.8
Add VIN III 233.3

Add Erythropenia 285.9

Add Erythrocytopenia 285.9

High
head at term 652.5
Delete ~~causing obstructed labor 660.0~~

Lipomatosis (dolorosa) 272.8
Add epidural 214.8

Syndrome - see also Disease
compartment(al) (anterior)(deep)(posterior)(tibial) 958.8
Add nontraumatic 729.9

Add Tyrosinemia 270.2
Add neonatal 775.8

Add	VIN I (vulvar intraepithelial neoplasia I) 624.8
Add	VIN II (vulvar intraepithelial neoplasia II) 624.8
Add	VINIII (vulvar intraepithelia neoplasia III) 233.3

IMPORTANT TIME FRAMES FOR
ICD-9-CM COORDINATION AND MAINTENANCE

October 1998

Meeting notice and agenda for the November 2-3 ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting posted on the HCFA and NCHS Home Pages. Federal Register meeting notice published October 7, 1998.

November 2-3, 1998

ICD-9-CM Coordination and Maintenance Committee meeting. Last meeting of the year to discuss proposed code revisions for October 1999.

Nov/December

Electronic versions of the December ICD-9-CM C&M Committee Meeting Summary Report will be available on the HCFA and NCHS Home Pages.

January 5, 1999

Deadline for receipt of all final public comments on proposed code revisions.

March 12, 1999

Those members of the public requesting that topics be discussed at the May 1999 meeting should have their requests in to HCFA for procedures and NCHS for diagnoses.

May 13-14, 1999

ICD-9-CM Coordination and Maintenance Committee meeting. First meeting of the year to discuss proposed code revisions for October 1, 2000.

September 10, 1999

Those members of the public requesting that topics be discussed at the November 1999 meeting should have their requests in to HCFA for procedures and NCHS for diagnoses.

November 12, 1999

ICD-9-CM Coordination and Maintenance Committee meeting. Last meeting of the year to discuss proposed code revisions for October 1, 2000.

January 7, 2000

Deadline for receipt of all final public comments on proposed code revisions.