ICD-9-CM Coordination and Maintenance Committee Meeting
May 17-18, 2001
Diagnosis agenda

Welcome and announcements
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NCHS Classification of Diseases web page:
http://www.cdc.gov/nchs/icd9.htm

ICD-9-CM Timeframes

March 17, 2001   Deadline for submission of proposals for the May 17-18, 2001
                        C&M meeting

May 17-18, 2001   ICD-9-CM C&M meeting

September 1, 2001   Deadline for submission of proposals for the November 1-2, 2001
                        C&M meeting

November 1-2, 2001   ICD-9-CM C&M meeting

January 10, 2002   Deadline for submission of comments on proposals from the May
                        2001 and November 2001 proposals

Topic: Critical illness neuropathy

The American Academy of Neurology has submitted a proposal for new codes for Critial illness neuropathy. Critical illness neuropathy has two components, critical illness polyneuropathy (CIP) and critical illness myopathy (CIM). CIP has been increasingly recognized as a major cause of prolonged morbidity associated with sepsis and multiple organ failure. It is presumed secondary to the Systemic Inflammatory Response Syndrome (SIRS). Both have diagnostic criteria established by Intensive Care Medicine and Neurology specialists.

CIP is an acute axonal neuropathy, both sensory and motor, with changes that can be demonstrated with conventional electrophysiologic testing. Severe weakness is common, often causing difficulty in weaning from mechanical ventilation. It must be differentiated from spinal cord dysfunction, motor neuron disease, Guillain-Barre syndrome, and critical illness myopathy.

CIM is also a cause of difficulty in weaning from mechanical ventilation and prolonged recovery time after illness. It has often been described in patients who receive both neuromuscular blocking agents and corticosteroids in asthma and organ transplant patients.

It is being proposed that new codes be created for these conditions, and that an entry for the underlying SIRS be added to the alphabetic index. The entry is consistent with advice previously published in Coding Clinic for ICD-9-CM.

Topic: Critical illness neuropathy, continued:

<div align="center">TABULAR MODIFICATIONS</div>

	357	Inflammatory and toxic neuropathy
		357.8 Other
		~~Chronic inflammatory demyelinating polyneuritis~~
New code		357.81 Chronic inflammatory demyelinating polyneuritis
New code		357.82 Critical illness polyneuropathy
Add		Acute motor neuropathy
New code		357.89 Other inflammatory and toxic neuropathy
	359	Muscular dystrophies and other myopathies
		359.8 Other myopathies
New code		359.81 Critical illness myopathy
Add		Acute necrotizing myopathy
Add		Acute quadriplegic myopathy
Add		Intensive care (ICU) myopathy
Add		Myopathy of critical illness
Add		
New code		359.89 Other myopathies

<div align="center">INDEX MODIFICATION</div>

Syndrome
Add   Systemic inflammatory response (038.9)

Topic: Heart Failure

Heart failure is a clinical syndrome or condition characterized by:

(1)   signs and symptoms of intravascular and interstitial volume overload, including shortness of breath, rales, and edema, or

(2)   manifestations of inadequate tissue perfusion, such as fatigue or poor exercise tolerance.

These signs and symptoms result when the heart is unable to generate a cardiac output sufficient to meet the body's demands. The term "heart failure" is not interchangeable with "congestive heart failure" because many patients with heart failure do not manifest pulmonary or systemic congestion.

Heart failure affects an estimated 2 million Americans. It is associated with mortality in approximately 10 percent of those patients after one year and 50 percent after five years. In addition, quality of life is greatly reduced for many heart failure patients, who often experience physical symptom and reduced functional status.

Heart failure may be considered in a couple of ways. One is to look at pump failure and symptoms, while another is to look at myocardial failure based on the cardiac output and ejection fraction. The pump failure may be due to myocardial failure or to other causes which may involve mechanical abnormalities (e.g. high output failure), or altered cardiac rhythm. The degree of myocardial failure is more predictive of mortality than the symptoms related to pump failure.

Another term which may be used to describe heart failure is acute. While it would be most important to have this designation for congestive heart failure, it is also applicable for the other types of heart failure.

Because the guidelines, developed in 1994 by the Agency for Healthcare Research and Quality in association with the American Heart Association/American College of Cardiology, define systolic and diastolic dysfunction a request from Kaiser Permanente of the Mid-Atlantic states was received to expand the current 428 category establishing new codes that would better track patients by the more specific distinctions of this disease.

Categories 402 and 404 have codes specific to congestive heart failure so it is also proposed to add use additional code notes to those categories which would instruct the use of the specific 428.0 code to describe which kind of congestive heart failure the patient has.

Topic: Heart failure, continued:

<div align="center">TABULAR MODIFICATION</div>

	402	Hypertensive heart disease
Add		Use additional code to specify type of congestive heart failure (428.00-428.09)

	404	Hypertensive heart and renal disease
Add		Use additional code to specify type of congestive heart failure (428.00-428.09)

	428	Heart failure
	428.0	Congestive heart failure

New code	428.00 Unspecified congestive heart failure
New code	428.01 Diastolic congestive heart failure
New code	428.02 Systolic congestive heart failure
New code	428.03 Combined systolic and diastolic congestive heart failure
New code	428.04 Acute congestive heart failure, not specified as diastolic or systolic
New code	428.05 Acute diastolic congestive heart failure
New code	428.06 Acute systolic congestive heart failure
New code	428.07 Acute combined systolic and diastolic congestive heart failure
New code	428.08 Other acute congestive heart failure
Add	Acute congestive heart failure due to causes other than myocardial failure
	Acute high output heart failure with congestive heart failure
New code	428.09 Other congestive heart failure
Add	Congestive heart failure due to causes other than myocardial failure
	High output heart failure with congestive heart failure

Topic: Heart failure, continued:

	428.1 Left heart failure
New code	428.10 Unspecified left heart failure
New code	428.11 Diastolic left heart failure
New code	428.12 Systolic left heart failure
New code	428.13 Combined systolic and diastolic left heart failure
New code	428.14 Other left heart failure
Add	Left heart failure due to causes other than myocardial failure
	High output heart failure with left heart failure
New sub-category	428.8 Other heart failure
New code	428.81 Other diastolic heart failure
New code	428.82 Other systolic heart failure
New code	428.83 Other combined systolic and diastolic heart failure
New code	428.84 Other heart failure
Add	Heart failure due to causes other than myocardial failure
	High output heart failure
	Compensated heart failure

Topic: Gene carrier status

October 1, 2001 a new V code category, V83, Gene carrier status, will become effective. It is being proposed that a new carrier status codes be added to V83, Cystic fibrosis gene carrier.

TABULAR MODIFICATIONS

V83   Gene carrier status

New code   V83.1 Cystic fibrosis gene carrier

Topic: Coronary atherosclerosis in heart transplant patients

As heart transplant patients live longer there is the possibility that the transplanted coronary arteries will develop atherosclerosis. The current codes for coronary atherosclerosis include disease of native artery and of bypass graft. Though the transplanted arteries are native to the heart itself, they are not native to the patient, nor are they a type of graft in the standard sense. It is presumed that development of atherosclerosis is a natural process, not a complication of the transplant. It is being proposed that a new code be created for coronary atherosclerosis of a transplanted coronary artery.

An alternative proposal is to simply index transplanted vessels to the native vessel code and use the V42.1, Heart transplant status, as a secondary code.

TABULAR MODIFICATIONS

414   Other forms of chronic ischemic heart disease

         414.0   Coronary atherosclerosis

New code   414.06 Of transplanted heart coronary artery

Topic: Ocular torticollis

The term torticollis refers to an abnormal head posture, regardless of the cause. Torticollis has several different possible causes including visual conditions like strabismus (misalignment of the eyes), or visual field defects, or nystagmus (rapid jerking movement of the eye). When head tilting is caused by vision problems it is called ocular torticollis.

There are two ocular reasons for abnormal head posture. A person with ocular torticollis is either trying to improve his vision (as in nystagmus), or he is attempting to maintain binocular vision and central fusion and prevent double vision (as in strabismus). Ocular torticollis can also be a sign of brain tumor or other problems of a serious nature.

There is no unique code for ocular torticollis in the ICD-9-CM. It is being proposed that a new code be created for this condition.

TABULAR MODIFICATIONS

	723	Other disorders of cervical region
		723.5 Torticollis, unspecified
Add		Excludes: ocular torticollis (781.93)
	781	Symptoms involving nervous and musculoskeletal systems
		781.9 Other symptoms involving nervous and musculoskeletal systems
New code		781.93 Ocular torticollis

Topic: Supplemental oxygen dependency

A request has been submitted for a code for supplemental oxygen. These patients are generally severely disabled or have non-reversible pulmonary disease.

It is being proposed that this code be included under V46, Other dependence on machines.

TABULAR MODIFICATIONS

          V46   Other dependence on machines

New code   V46.2 Supplemental oxygen
Add   Long-term oxygen therapy

Topic: Personal history of pre-term labor

The American College of Obstetricians and Gynecologists (ACOG) has requested a new code for personal history of pre-term labor. This history predisposes a woman to complications of future pregnancies.

Two new codes are being proposed, one for a pregnant woman, to indicate a high-risk pregnancy, and one for a non-pregnant woman, for use as a status code.

TABULAR MODIFICATIONS

V13   Personal history of other diseases

V13.2 Other genital system and obstetric disorders

New code   V13.21   Personal history of pre-term labor

New code   V13.29   Other genital system and obstetric disorders

V23   Supervision of high-risk pregnancy

V23.4 Pregnancy with other poor obstetric history

New code   V23.41   Pregnancy with history of pre-term labor

New code   V23.49   Pregnancy with other poor obstetric history

Topic: Fussy infant and excessive crying of infant

Infants are often brought to the pediatrician office for excessive crying or fussiness. Many times no specific problem can be determined. Unique codes for these infants are being requested by the American Academy of Pediatrics to be used as a reason for visit code when no other medical problem can be determined.

TABULAR MODIFICATIONS

780   General symptoms

780.9   Other general symptoms

Delete   ~~Amnesia (retrograde)~~
                            ~~Chill(s) NOS~~
                            ~~Generalized pain~~
                            ~~Hypothermia, not associated with low environmental temperature~~

New code   780.91 Fussy infant (baby)

New code   780.92 Excessive crying of infant (baby)

New code   780.99 Other general symptoms
                                   Amnesia (retrograde)
                                   Chill(s) NOS
                                   Generalized pain
                                   Hypothermia, not associated with low environmental temperature

Topic: Aqueous misdirection

The American Academy of Ophthalmology has requested a new code for aqueous misdirection. Aqueous misdirection, formerly known as malignant glaucoma, is a particular form of glaucoma that cannot be categorized appropriately as angle-closure or open-angle glaucoma, nor can it really be classified using any code from the 365 category. It is sufficiently clinically important to warrant a unique code. This is a universally understood syndrome in which aqueous rather than flowing into the anterior chamber, flows into the vitreous. This condition is extremely hard to medically treat, and almost invariably requires surgical intervention.

TABULAR MODIFICATIONS

        365   Glaucoma

        365.8   Other specified forms of glaucoma

New code   365.83 Aqueous misdirection
                              Malignant glaucoma

Topic: Disruption of operation wound

The American Hospital Association has requested an expansion to code 998.3, Disruption of operation wound.   The code does not distinguish between internal and external wounds. It is being proposed that the code be expanded to allow for the different wounds.

<div align="center">TABULAR MODIFICATIONS</div>

998   Other complications of procedures, not elsewhere classified

     998.3 Disruption of operation wound

New code   998.31 Disruption of internal operation wound

New code   998.32 Disruption of external operation wound
                        Disruption of operation wound NOS

Topic: Dieulafoy lesion

Dieulafoy lesion, a cause of massive gastrointestinal hemorrhage, is an abnormally large and tortuous submucosal artery which protrudes through a small mucosal defect surrounded by essentially normal mucosa. The hemorrhage results from pressure from the large "caliber-persistent" vessel which erodes the overlying mucosa destroying the exposed vascular wall. It is not common but when it occurs the hemorrhage is massive often requiring multiple transfusions, endoscopy or surgery before it is located and confirmed. Its cause is unknown. It usually occurs in the stomach but has also been reported in other parts of the gastrointestinal tract. It is difficult to diagnose and many times is confirmed using endoscopy and/or angiography. Sometimes it may not be recognized until it is actively bleeding. Previously the only method of treatment was surgery and the mortality rate was about 80%. Advances in other methods of treatment have made it possible to both diagnose and treat this nonsurgically. These other methods include endoscopic treatment by sclerotherapy, electrocoagulation as well as hemoclip and band ligation of the protruding/bleeding vessel. The survival rate has improved using these nonsurgical treatment methods.

Currently the only entry, in the ICD-9-CM disease index, is Dieulafoy ulcer which directs you to ulcer of stomach.

It is proposed to create the following new codes for this:

TABULAR MODIFICATION

| | 537 | Other disorders of stomach and duodenum |

| | | 537.8 | Other specified disorders of stomach and duodenum |

New code | 537.84 Dieulafoy lesion (hemorrhagic) of stomach and duodenum

| | 569 | Other disorders of intestine |

| | | 569.8 | Other specified disorders of intestine |

New code | 569.86 Dieulafoy lesion (hemorrhagic) of intestine

Topic: Scooter external cause code

A new external cause code has been requested for this new device that is responsible for many injuries. In an article appearing in the December 15, 2000 <u>Morbidity and Mortality Weekly Review</u> it was reported that injuries associated with unpowered scooters have increased dramatically since May 2000.

<div align="center">TABULAR MODIFICATIONS</div>

          E885   Fall on same level from slipping, tripping, or stumbling

New code   E885.0   Fall from (nonmotorized) scooter

Topic: Perinatal conditions

The National Association of Children's Hospitals and Related Institutions (NACHRI), has submitted proposals for the creation of new codes and the expansion of several exisitng codes in the ICD-9-CM that include a broad range of perinatal conditions that range in severity. Each proposal will be discussed separately.

Persistent fetal circulation is now only an inclusion term under code 747.89, Other specified anomalies of circulatory system. This is a distinct and very serious condition. It is one of the more frequent causes of death in newborns. Persistent fetal circulation is the condition, when, during the first days following delivery a stressed newborn reverts to fetal type circulation. This occurs when the newborn's pulmonary arterioles constrict and the ductus arteriosus dilates, resulting in right-to-left shunting through the now patent ductus arteriosus and the reopened foramen ovale. Common causes include asphyxia, meconium aspiration syndrome, acidosis, sepsis and developmental immaturity. As a consequence, the newborn becomes hypoxic. The goal of treatment is to reverse the conditions that produced the pulmonary vasoconstriction.

A unique code for persistent fetal circulation is being proposed.

TABULAR MODIFICATION

747   Other congenital anomalies of circulatory system

747.8 Other specified anomalies of circulatory system

New code   747.83 Persistent fetal circulation
Add   Persistent pulmonary hypertension

Topic: Perinatal conditions, continued

Subcategory 770.8, Other respiratory problems after birth is one of the highest volume codes recorded for newborns. It contains many different newborn respiratory conditions that vary in terms of type and severity. The most serious condition, respiratory failure of newborn, needs to be separated out. Additionally, many infants suffer from more than one of the conditions included under 770.8. These children have a much more complicated case, yet there is no current way to show these multiple conditions. Additionally, all inclusion terms that relate to lack of oxygen at birth will be removed. They are properly indexed to codes within 768, Intrauterine hypoxia and birth asphyxia.

TABULAR MODIFICATIONS

770   Other respiratory conditions of fetus and newborn

     770.8   Other respiratory problems after birth
       ~~Apneic spells NOS originating in the perinatal period~~
       ~~Cyanotic attacks NOS originating in the perinatal period~~
       ~~Fetal acidosis affecting newborn~~
       ~~Fetal anoxia affecting newborn~~
       ~~Fetal asphyxia affecting newborn~~
       ~~Fetal hypercapnia affecting newborn~~
       ~~Fetal hypoxia affecting newborn~~
       ~~Respiratory depression of newborn~~
       ~~Respiratory distress NOS originating in the perinatal period~~
       ~~Respiratory failure NOS originating in the perinatal period~~

New code   770.81 Primary apnea of newborn
         Apneic spells of newborn NOS
         Essential apnea of newborn
         Sleep apnea of newborn

New code   770.82 Other apnea of newborn
           Obstructive apnea of newborn

New code   770.83 Cyanotic attacks of newborn

New code   770.84 Respiratory failure of newborn

Add   Excludes: respiratory distress syndrome (769)

New code   770.89 Other respiratory problems after birth

Topic: Perinatal conditions, continued:

Code 771.8, Other infections specific to the perinatal period, is one of the highest volume codes recorded for newborns. It includes a broad list of infections ranging from a urinary tract infection to septicemia. Septicemia in a newborn is one of the most serious newborn illnesses and is a cause of death for many neonates. It occurs most often in low birth weight babies, those with decreased respiratory function at birth and those with high-risk maternal factors.

To separate sepsis from the other infections under 771.8 it is being proposed that 771.8 be expanded to provide unique codes for the infections included under it. A unique code for bacteremia in newborn is also being proposed. Though adult bacteremia is considered a nonspecific symptom, it is a more serious condition in a newborn, especially a premature newborn.

TABULAR MODIFICATIONS

771   Infections specific to the perinatal period

        771.8   Other infections specific to the perinatal period
             ~~Intra-amniotic infection of fetus:~~
                 ~~NOS~~
                 ~~clostridial~~
                 ~~Escherichia coli (E. coli)~~
             ~~Intrauterine sepsis of fetus~~
             ~~Neonatal urinary tract infection~~
             ~~Septicemia [sepsis] of newborn~~

Add   Use additional code to identify organism (041)

New code   771.81 Septicemia [sepsis] of newborn

New code   771.82 Newborn urinary tract infection

New code   771.83 Bacteremia of newborn

New code   771.89 Other infections specific to the perinatal period
                       Intra-amniotic infection of fetus NOS
                       Infection of newborn NOS

790   Nonspecific findings on examination of blood

        790.7   Bacteremia

Add   Excludes: bacteremia of newborn (771.83)

Topic: Perinatal conditions, continued:

Bradycardia and tachycardia in newborns independent of the stress of labor and delivery or other intrauterine complications cannot be uniquely coded in the ICD-9-CM. Though these arrthymias are always a symptom of a specific condition, it is not always immediately known what the underlying condition is. A new code for perinatal cardiac arrythmia is being proposed. Both tachycardia and bradycardia will be included in the new code.

TABULAR MODIFICATION

779   Other and ill-defined conditions originating in the perinatal period

                 779.8   Other specified conditions originating in the perinatal period

New code   779.81 Neonatal cardiac dysrhythmia
Add   Neonatal bradycardia
Add   Neonatal tachycardia

Add   Excludes: abnormality in fetal heart rate or rhythm
                                                   complicating labor and delivery (763.81-763.83)
Add   bradycardia due to birth asphyxia (768.5-768.9)

New code   779.89 Other specified conditions originating in the perinatal period

Topic: Perinatal conditions, continued:

The existing fifth-digit subclassifcation for 764, Slow growth and fetal malnutrition, and 765, Disorders relating to short gestation and unspecified low birthweight, provides only weights, not weeks of gestation. For the prematurity codes the weeks of gestation is also valuable information. It is being proposed that the current fifth-digit subclassification be limited for use to category 764 and the exisiting codes 765.0, Extreme prematurity, and 765.1, Other preterm infants. The inclusion terms for these codes will be modified to specify only weight. A new code for weeks of gestation is being proposed that will distinguish the weeks from the birthweight. An additional new code is also being proposed for nonviability due to extreme immaturity. It would be used as a secondary code with another code from 765.

TABULAR MODIFICATION

Revise   The following fifth-digit subclassification is for use with <u>category 764 and codes 765.0 and 765.1</u> to denote birthweight

Revise   765   Disorders relating to short gestation and ~~unspecified~~ low birthweight

                   765.0   Extreme immaturity

Revise   Note: Usually implies a birthweight of less than 1000 grams ~~and/or a gestation of less than 28 completed weeks~~

Add   Use additional code for weeks of gestation (765.20-765.29)

                   765.1   Other preterm infants

Revise   Note: Usually implies a birthweight of 1000-2499 grams ~~and/or a gestation of 28-37 completed weeks~~

Add   Use additional code for weeks of gestation (765.20-765.29)

New sub-category   765.2   Weeks of gestation

New code   765.20 Unspecified weeks of gestation
New code   765.21 Less than 24 completed weeks of gestation
New code   765.22 24 completed weeks of gestation
New code   765.23 25-26 completed weeks of gestation
New code   765.24 27-28 completed weeks of gestation
New code   765.25 29-30 completed weeks of gestation
New code   765.26 31-32 completed weeks of gestation
New code   765.27 33-34 completed weeks of gestation
New code   765.28 35-36 completed weeks of gestation
New code   765.29 37 or more completed weeks of gestation

New code   765.3   Nonviability of newborn due to extreme immaturity

Topic: Torus fractures

The American Academy of Pediatrics (AAP) has requested specific codes for torus fractures of the radius, tibia and fibula. These buckle fractures are very common in children who soft bones allow for this type of fracture. The AAP wishes to track these types of fractures.

<div align="center">TABULAR MODIFICATIONS</div>

	813	Fracture of radius and ulna
		813.4 Lower end, closed
New code		813.45 Torus fracture of radius
	823	Fracture of tibia and fibula
New code		823.4 Torus fracture

Topic: Aftercare codes

The Long-Term Care Section of the American Health Information Management Association (AHIMA), has requested an expansion to certain of the V code that are used for patients in nursing homes. Official coding guidelines require that V codes be used for aftercare after initial treatment for an acute condition, such as a fracture. The reasoning for this rule is that, for statistical purposes, an acute condition should be counted once only, at the time of initial treatment. However, the aftercare V codes provide very little information so are problematic for accurate and detailed data collection for nursing home patients and for payment for long-term stays based on the Long-Term Care Prospective Payment System.

In the LTC section proposal expansion of the V54 aftercare category as well as the V66 Convalescence category is requested. In the original V code article, published 4th quarter 1996 in Coding Clinic, the definition of aftercare is provided but no definition is provided for convalescence. To prevent any overlap between the two categories, definitions and rules for their use need to be determined. The V code article will be updated to provide instruction as to the distinction between aftercare and convalescence once these definitions are decided.

Two options are presented for consideration, an expansion of the V54 category and an expansion of V66.4 and V66.5 codes. In order to prevent overlap a selection of a single option is best. Additional considerations are the overlap between the fitting and adjustment orthopedic code, the V54 Orthopedic aftercare category and the V57 rehabilitation category. The official coding guidelines for both inpatient care and long-term care will need to be updated to handle any new V code expansions.

What is also being presented for the V66 category is a revision to the code titles. Category V66 is titled Convalescence and palliative care. Only codes V66.7, Encounter for palliative care, is for use for palliative care. The other V66 codes are only for convalescence. Due to the abbreviated code titles for the codes at V66 it misleads the user that all of the codes include both convalescence and palliative care. Codes V66.0-V66.6 will be revised to show their full titles.

An alternative to expansion of the V codes is a change in official coding guidelines that permits the use of the acute condition after the use of an aftercare V code. With the V code sequenced first it would provide the information that this is a healing condition, not the acute initial treatment encounter.

Topic: Aftercare codes, continued:

TABULAR MODIFICATIONS

Option 1:

	V54	Other orthopedic aftercare

New sub-category	V54.1	Aftercare for continuing treatment of healing fracture
		Use additional code for any associated:
		   malunion of fracture (733.81)
		   non-union of fracture (733.82)	

New code		V54.11	Aftercare for continuing treatment of healing fracture of upper extremity
New code		V54.12	Aftercare for continuing treatment of healing fracture of lower extremity
Add			Excludes: aftercare for continuing treatment of healing fracture of hip (V54.13)
New code		V54.13	Aftercare for continuing treatment of healing fracture of hip
New code		V54.14	Aftercare for continuing treatment of healing fracture of vertebrae
New code		V54.19	Aftercare for continuing treatment of healing fracture of other bone

	V54.8	Other orthopedic aftercare	

Delete		~~Change, checking, or removal of:~~
		   ~~Kirschner wire~~
		   ~~plaster cast~~
		   ~~splint, external~~
		   ~~other external fixation or traction device~~	

New code Add		V54.81	Aftercare following joint replacement Use additional code to identify joint replacement site (V43.60-V43.69)
New code		V54.89	Other orthopedic aftercare

Topic: Aftercare codes, continued:

Option 2:

        V66   Convalescence and palliative care

Revise   V66.0 <u>Convalescence</u> following surgery

Revise   V66.1 <u>Convalescence</u> following radiotherapy

Revise   V66.2 <u>Convalescence</u> following chemotherapy

Revise   V66.3 <u>Convalescence</u> following psychotherapy and other treatment for mental disorder

Revise   V66.4 <u>Convalescence</u> following treatment of fracture

New code   V66.40   <u>Convalescence</u> following treatment of unspecified fracture

New code   V66.41   <u>Convalescence</u> following treatment of fracture of upper extremity

New code   V66.42   <u>Convalescence</u> following treatment of fracture of lower extremity

Add   Excludes: convalescence following treatment of fracture of hip (V66.43)

New code   V66.43   <u>Convalescence</u> following treatment of fracture of hip

New code   V66.44   <u>Convalescence</u> following treatment of fracture of vertebrae

New code   V66.49   <u>Convalescence</u> following treatment of fracture of other bone

Revise   V66.5 <u>Convalescence</u> following other treatment

New code   V66.51   Convalescence following joint replacement
Use additional code to identify the joint replaced (V43.60-V43.69)

New code   V66.59   Convalescence following other treatment

Revise   V66.6 <u>Convalescence</u> following combined treatment

Topic: Excludes notes

Due to the multiple definitions assigned to excludes notes and the confusion they cause, it is being proposed that the excludes notes be redefined as either a type 1 or type 2 excludes. Type 1 will be those notes that are never to be used together on the same record. Type 2 notes are those that may, if appropriate, be used together on the same record.

TABULAR MODIFICATIONS

Example 1:

	042	Human immunodeficiency virus [HIV] disease
Revise		Excludes1: asymptomatic HIV infection status (V08) exposure to HIV virus (V01.7) nonspecific serologic evidence of HIV (795.71)

Example 2:

	831	Dislocation of shoulder
Revise		Excludes2: sternoclavicular joint (839.61, 839.71) sternum (839.61, 839.71)

Example 3:

	403	Hypertensive renal disease Includes: any condition classifiable to 585, 586, or 587 with any condition classifiable to 401
Revise		Excludes1: renal disease stated as not due to hypertension
Revise		Excludes2: acute renal failure (584.5-584.9)

	368	Visual disturbances

368.6 Night blindness

Delete ~~Hemeralopia~~

491 Chronic bronchitis

491.2 Obstructive chronic bronchitis
Bronchitis:

Delete ~~asthmatic, chronic~~

493 Asthma

493.2 Chronic obstructive asthma

Add Chronic asthmatic bronchitis

Delete Excludes: ~~chronic asthmatic bronchitis (491.2)~~

646 Other complications of pregnancy, not elsewhere classified

646.6 Infections of genitourinary tract in pregnancy

Revise Conditions classifiable to (614.0-614.5, 614.7-614.9, 615)

674 Other and unspecified complications of the puerperium, not elsewhere classified

674.1 Disruption of cesarean wound

Add Excludes: uterine rupture before onset of labor (665.0)
Add uterine rupture during labor (665.1)

730 Osteomyelitis, periostitis, and other infections involving bone

730.1 Chronic osteomyelitis

Delete ~~Necrosis (acute) of bone~~

733 Other disorders of bone and cartilage

733.4 Aseptic necrosis of bone

Delete Excludes: ~~necrosis of bone NOS (730.1)~~

783 Symptoms concerning nutrition, metabolism, and development

783.4 Lack of expected normal physiological development in childhood

Revise Excludes: pituitary dwarfism (253.3)

959 Injury, other and unspecified

959.0 Head, face and neck

959.01 Head injury, unspecified

Add Excludes: head injury NOS with loss of consciousness (850.1-850.5)

V58 Encounter for other and unspecified procedures and aftercare

V58.8 Other specified procedures and aftercare

V58.83 Encounter for therapeutic drug monitoring

Add Use additional code for any associated long-term (current) drug use (V58.61-V58.69)

INDEX

	Abscess
Revise	cecum <u>569.5</u>
Add	with appendicitis 540.1

	Blindness
Revise	day <u>368.10</u>
Revise	acquired <u>368.10</u>
Revise	congenital <u>368.10</u>
Revise	hereditary <u>368.10</u>
Revise	specified type NEC <u>368.10</u>

	Dehydration
Add	with
Add	hypernatremia 276.0
Add	hyponatremia 276.1

	Disorder
Add	premenstrual dysphoric 625.4

	Enlargement...,
Revise	Prostate <u>(simple) (soft)</u> 600.0

Revise	Hemeralopia <u>368.10</u>
Delete	~~meaning day blindness 368.10~~
Delete	~~vitamin A deficiency 264.5~~

	Hemophilia
Add	acquired 286.5

	Hyperplasia
Revise	prostate <u>600.9</u>

	Infection
Add	Gardnerella vaginalis 041.89

Injury
    head NEC 959.01
        with

Add   loss of consciousness (850.5)

Laceration
    uterus

Revise   obstetrical trauma NEC <u>665.8</u>

Neoplasm
    ear
        unspecified

Revise   inner   <u>239.8</u>
Revise   middle <u>239.8</u>

Revise Osteonecrosis ~~(see also Osteomyelitis)~~ <u>733.40</u>
Add   meaning osteomyleitis 730.1

Pregnancy
    complicated (by)
Add   cholelithiasis 646.8
Add   gallbladder disease 646.8

Ulcer...
    status...
Add   <u>without varicose veins 459.81</u>

Syndrome
Add   acute chest 282.62
Add   acute coronary 411.1
Add   Velo-cardio-facial 759.89
Add   with chromosomal deletion 758.5

Table of Drugs and Chemicals

Albuterol	975.7	E858.6	E945.7	E950.4	E962.0	E980.4
Cocaine	970.8	E854.3	E940.8	E950.4	E962.0	E980.4
topical anesthetic	968.5	E855.2	E938.5	E950.4	E962.0	E980.4
Crack	970.8	E854.3	E940.8	E950.4	E962.0	E980.4
Ipratropium	975.1	E858.6	E945.1	E950.4	E962.0	E980.4
Levalbuterol	975.7	E858.6	E945.7	E950.4	E962.0	E980.4