ICD-9-CM Codes Ready for 2002

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For those reporting ICD-9-CM codes for all diagnoses coding, and hospitals reporting ICD-9-CM volume III for procedures, fall is the time to review and implement the changes and revisions for fiscal year 2002.

The ICD-9-CM coding changes for fiscal year 2002 were released in the August 1, 2001, Federal Register. These changes went into effect October 1, 2001, with discharges occurring on or after October 1, 2001. There are 60 new diagnosis codes and 16 new procedure codes.

Diagnosis Codes

Premature Menopause (codes 256.31, 256.39)

Code 256.3 has been expanded to differentiate between Premature menopause (256.31) and Other ovarian failure (256.39), which includes delayed menarche, ovarian hypofunction, and primary ovarian failure NOS.

Dysmetabolic Syndrome X (code 277.7)

The term Dysmetabolic Syndrome X has been widely understood among endocrinologists to refer to a cluster of metabolic disorders. It is an evolving syndrome and the definition has changed over time. The metabolic disorders are related to a state of insulin resistance without elevated blood sugar levels and are often related to obesity. Dysmetabolic Syndrome X is a major risk factor for coronary artery disease and hypertension. This should not be confused with the Cardiac Syndrome X, which is indexed in the classification to angina. Physicians may document this condition as "insulin resistance" rather than as Dysmetabolic Syndrome X. There is a note to use an additional code for any associated manifestations, such as cardiovascular disease (414.00-414.05) or obesity (278.00-278.01).

Acute Laryngitis (codes 464.00, 464.01)

In keeping with other codes in the subcategory of 464, acute laryngitis has been expanded to specify acute laryngitis without mention of obstruction and acute laryngitis with obstruction.

Supraglottitis (codes 464.50, 464.51)

Supraglottitis is an acute life-threatening upper respiratory infection that may affect all ages, but occurs primarily in children. It is an infection of the supraglottic structures, the lingual tonsillar area, epiglottic folds, false vocal cords, and the epiglottis. Many of the codes in subcategory 464 partially described the condition, but none was entirely correct and complete. A new subcategory (464.5X) has been created to classify this condition. Review of the documentation is indicated in order to select the correct code. Supraglottitis may be rapidly fatal at any age, and the fatal event is thought to result from the edematous epiglottis obstructing the airway. Supraglottitis without mention of obstruction and Supraglottitis with obstruction can be specified with the correct fifth digit assignment.

Digestive Disorders

The codes for dental conditions were expanded after a request was made for improved data collection tools to meet the needs of the National Oral Health Surveillance System. This system will collect oral health data for national, state, and local purposes. It will provide information to address the nutritional status of nursing home patients, and provide tracking of the use of dental sealants and their availability to children living at or below the poverty level.

Dental Caries (codes 521.00-521.09)

Code 521.0 was expanded to provide specific codes for unspecified dental caries, dental caries limited to enamel (including initial caries and white spot lesions), dental caries extending into dentine, dental caries extending into pulp, arrested dental caries, odontoclasia (including infantile melanodontia and melanodontoclasia), and other dental caries.

Loss of Teeth Due to Accident, Extraction, or Local Periodontal Disease (codes 525.10, 525.11, 525.12, 525.13, 525.19)

Subcategory 525.1 was also expanded to provide fifth digits for classification of tooth loss including acquired absence of teeth, unspecified (including edentulism and tooth extraction status NOS), loss of teeth due to trauma, loss of teeth due to periodontal disease, loss of teeth due to caries, and other specified loss of teeth.

Esophagitis (code 530.12)

A code was added specifically for acute esophagitis, because acute was a non-essential modifier for code 530.10 in the index. Code 530.10 was listed as esophagitis, unspecified, and this proved to be a contradiction.

Constipation (codes 564.00, 564.01, 564.02, 564.09)

Previously there was only one code for constipation; however gastroenterologists recognize two distinct subtypes of constipation with different treatments. Slow transit constipation results from a delay in transit of fecal material throughout the colon secondary to smooth muscle dysfunction. The treatment is laxatives or surgery. The second subtype is outlet dysfunction constipation, which results from difficulty evacuating the rectum secondary to failure to relax or paradoxical contraction of the striated pelvic floor muscles during attempts at defecation. The treatment for this type is biofeedback to teach relaxation of the pelvic floor muscles. With the new fifth-digit expansion, differentiation can be made between constipation, unspecified, slow transit constipation, outlet dysfunction constipation, and other specified types of constipation.

Dysplasia of Prostate (code 602.3)

A frequent pathological finding during prostate needle biopsy is prostatic intraepithelial neoplasm (PIN) The cells appear dysplastic (abnormal in shape or size) and the condition is considered premalignant and not benign. The patient must be monitored closely with repeat biopsy. High-grade PIN is the most likely precursor of invasive prostate cancer. Because this condition is not the same as BPH, the new code has been created to classify it. Code 602.3 includes PIN I and II. PIN III is classified at 233.4

Hematospermia (code 608.82)

Hematospermia is defined as the presence of blood in the ejaculate. This is a fairly common condition effecting men after puberty. The exact cause is unknown because semen originates from multiple organs (testicles, epididymis, vas deferens, seminal vesicles, and the prostate). Possible causes may be infection, inflammation, and less commonly, prostatic cancer. Most patients require no treatment, while others may be treated with hormones or antibiotics.

Retrograde Ejaculation (code 608.87)

During retrograde ejaculation, the nerves that control ejaculation have been damaged, causing the bladder neck to remain open during ejaculation. The sperm is released into the bladder rather than through the urethra. There are many etiologies for this condition including neurological or psychogenic conditions, diabetes, medications, and side effects from surgical procedures such as node dissection, TURP, and bladder neck reconstruction. This is a very common condition and can be treated with medications or surgical correction, though the condition poses no risk to the patient.

Sunburn (codes 692.71, 692.76, 692.77)

A distinction has been made in the degree of sunburn. The code 692.71 is being revised to specify first-degree sunburn, with two additional codes added to second- and third-degree sunburn. A note is also being added to code 692.82 Dermatitis due to other radiation to classify burns from tanning beds.

Developmental Dislocation of Joint (codes 718.70-718.79)

A new subcategory has been created for developmental dislocation of joints because there was no way to code this condition. Code 718.7X excludes congenital and traumatic dislocation of hip, which is coded elsewhere. Hip dislocation can occur either congenitally or as the child develops. Developmental disorders occur due to abnormal angulations and rotations. The condition may improve due to modifications to sleeping positions or they may resolve without treatment as further development occurs. In some cases a hip pinning is required.

Stress Fractures (codes 733.93-733.95)

Stress fractures are now distinguished from pathological fractures, with the tibia/fibula and metatarsals having individual codes and other sites included in code 733.95. Stress fractures occur when the bones have had stress or fatigue due to repetitive force and have not had adequate time to adjust to the force. A presumptive clinical diagnosis is necessary to begin prompt treatment because typically X-rays are negative early in the course, and days or weeks may pass before the fracture line is truly visible. Pathologic fracture is caused by a physiologic condition that damages the bone, such as neoplasm or osteoporosis. The stress fracture, however, is a traumatic fracture occurring due to repeated stress on the bone, not due to an acute traumatic injury.

Intraventricular Hemorrhage (codes 722.10-772.14)

This subcategory has been expanded to specify the grade of intraventricular hemorrhage. Grade I includes bleeding into the germinal matrix, Grade II is bleeding into ventricle, Grade III includes bleeding with enlargement of ventricle, and Grade IV identifies bleeding into the cerebral cortex. The knowledge of the grade of hemorrhage is a strong determinant of the outcome of the baby.

Periventricular Leukomalacia (PVL) (codes 779.7)

Periventricular leukomalacia is necrosis of white matter adjacent to lateral ventricles with formation of cysts, occurring in very low birth weight infants. PVL is a major risk factor for cerebral palsy and other neurological disorders. There are no specific neurological signs of PVL during the neonatal period, but it can sometimes be detected by ultrasonography. The cause is obscure, but may be associated with intrauterine growth retardation, intrauterine infections, and pregnancies involving monozygotic twins. PVL is frequently associated with severe intraventricular hemorrhage, but it is not necessarily the cause nor result of the hemorrhage.

Abnormal Mammogram (codes 793.80, 793.81, 793.89)

Mammographic microcalcification (793.81) is a common abnormal finding on a mammogram. It invariably leads to a biopsy and most often a malignancy is then verified. The finding on a mammogram is different from the appearance of a lump. This code is only used for mammographic microcalcification findings, not during pathological findings.

Superior Labrum Anterior and Posterior (SLAP) Lesions (code 840.7)

SLAP lesions refer to the detachment of the superior aspect of the glenoid labrum, which serves as the insertion of the long head of the biceps. These are common injuries and are seen in the throwing arm of athletes and in patients who have fallen or have received a blow to the shoulder. Symptoms include pain upon overhead movement of the arm. This condition was first identified on arthroscopic examination, but is now identifiable on MRI and CT scan. The new code is specific to this particular injury, and other injuries are not classified here.

Vascular Complications of Other Vessels (codes 997.71-997.79)

Previously vascular complications were being coded to the body system in which they belonged, such as mesenteric artery embolism was coded to 997.4, Complications of digestive system, and a post-operative renal artery occlusion was coded to 997.5, Urinary complication. A new subcategory has been created for these vascular complication affecting internal blood vessels, Vascular complications of other vessels. Note that these new codes exclude peripheral vascular complications.

V Codes

Following is a list of the newly approved V codes:

- < V10.53 Personal history of malignant neoplasm of renal pelvis
- < V45.84 Dental restoration status
- < V49.82 Dental sealant status
- < V83.01 Asymptomatic hemophilia A carrier status
- < V83.02 Symptomatic hemophilia A carrier

Hemophilia A Carrier Status (codes V83.01-V83.02)

More than 15,000 people in the US have hemophilia, defined as a missing or low supply of one of the factors needed for normal blood clotting. Hemophilia is an X-linked genetic condition, meaning that it is carried by females on one of their X chromosomes and may be passed on to their male offspring.

Female carriers of hemophilia have one X chromosome with a normal gene and one X chromosome with a defective gene. There is a 50 percent chance that any male children will inherit the hemophilia gene. There is also a 50 percent chance that the female carrier will pass the hemophilia gene on to female offspring, meaning that the female offspring will then be carriers.

Any male receiving the defective X chromosome has hemophilia, because males only have one X chromosome. Because males get the X chromosome from the mother and the Y chromosome from the father, males born to a father with hemophilia and a mother who is not a carrier will not inherit the disease. All daughters born to men with hemophilia will inherit the father's hemophilia gene and therefore become carriers.

Some female carriers are totally asymptomatic. Other carriers have low factor levels that are associated with bleeding problems such as excessive menstrual bleeding, bruising, nosebleeds, and bleeding after surgery, dental work, or childbirth. Stress, exercise, medicines, and changing hormone levels during menstruation and during and after pregnancy all affect the bleeding patterns of these symptomatic carriers.

There is a note in the new code subcategory that additional codes for associated disorders or symptoms are to be assigned.

E Codes

Additional E codes were added for "striking against or struck accidentally by objects or persons" (combines fall and "strike against" in same code):

- < furniture with and without subsequent fall
- < other stationary objects with and without subsequent fall (e.g., bathtub, fence)
- < object in sports with subsequent fall
- < caused by crowd, by collective fear or panic with subsequent fall

New E codes in category E888 (other and unspecified fall):

- < fall resulting in striking against sharp object (additional code should be assigned to identify object [E920])
- < fall resulting in striking against other object

Other Highlights of ICD-9-CM Diagnosis Code Revisions

- < Revision of fifth digit "0" for category 493: "without mention of status asthmaticus or acute exacerbation or unspecified"

- < Additions to Table of Drugs and Chemicals: Alosetron, Flunitrazepam, Gamma Hydroxy Butyrate (GHB), Lotronex, Mifepristone, Palivizumab, Rohypnol, RU486, Synagis, Vaccine (Respiratory, Syncytial Virus)
- < Definition of "complicated" open wound now includes all infections (not just "major" infections)
- < New Excludes note under code 958.3 to indicate that infected open wounds should be coded to complicated open wound of site
- < A new policy allows Medicare reimbursement of routine costs associated with clinical trials. Report ICD-9-CM to identify clinical trial patients:

    - until December 31, 2001, report V70.5 as secondary diagnosis
    - effective January 1, 2002, report V70.7 as secondary diagnosis
    - effective January 1, 2002, for HCFA-1500 only, report V70.7 as primary diagnosis for healthy, control group volunteers
    - Code title of V70.7 has been revised to state "examination of participant in clinical trial"

New ICD-9-CM Procedure Codes

Intracardiac Echocardiography (code 37.28)

Intracardiac Echocardiography (ICE) was developed to assist invasive cardiologists in the catheterization and electrophysiology laboratories, critical care, or intensive care units use a diagnostic tool that provides direct, real-time two-dimensional images and physiologic evaluation from inside the heart. It is not a therapeutic procedure. There is a note that any synchronous Doppler flow mapping should be coded separately.

Percutaneous [endoscopic] Gastrojejunostomy (code 44.32)

Previously there was no way to classify a gastrojejunostomy done percutaneously. However, a percutaneous gastrostomy was coded 43.11 and a percutaneous jejunostomy was coded to 46.32. To capture this specialized technique, code 44.32 has been assigned. A percutaneous endoscopic gastrojejunostomy procedure consists of an enteral feeding tube and is performed by placing a thin tube through a gastrostomy tube and pulling it endoscopically into the proximal jejunum. This technique allows for simultaneous gastric suction and jejunal infusion. It is indicated in selective patients in need of concomitant access to the jejunum and gastric decompression.

Repair of Internal Cervical Os (codes 67.51, 67.59)

Cervical cerclage is a surgical technique that reinforces the cervical muscle by placing sutures above the opening of the cervix to narrow the cervical canal. It is used to treat incompetent cervix. In cervical incompetence, the cervix begins to dilate and efface before pregnancy has reached term and is therefore a cause of miscarriage and preterm birth in the second and third trimesters. In a woman with cervical incompetence, dilation and effacement occur because of weakness of the cervix, not because of uterine contractions. If not halted, rupture of the membranes and birth of a premature baby occur. Cervical incompetence is relatively rare, but statistics show that it is the cause of about one quarter of the miscarriages occurring in the second trimester. There are two approaches to the procedure: through the vagina with a speculum (the most common) and via an abdominal incision. The transabdominal cerclage makes it possible to place the stitch exactly at the level that it is needed. It can be done when the cervix is very short, effaced, or totally distorted. With the new coding structure, distinction may be made between these approaches. Code 67.51 will be used for a transabdominal approach and code 67.59 will be used for other repairs and will include McDonald operation, Shirodkar operation, and transvaginal cerclage.

Fetal Pulse Oximetry (code 75.38)

Prior to this new code, 75.34 classified fetal monitoring, NOS. Now code 75.38 can differentiate fetal pulse oximetry or transcervical fetal oxygen saturation monitoring. This technique provides clinicians with a direct measure of fetal oxygen status when an irregular fetal heart rate is present. Oxygen deficiency in an unborn child can lead to brain damage, neurological disorders, or death. The intrapartum fetal oxygen monitor uses a single-use, disposable sensor inserted through the birth canal after rupture of amniotic membranes and a dilated cervix past 2 centimeters. The sensor rests against the fetal cheek, forehead, or temple and is held in place by uterine forces. Harmless red and infrared light shines onto the baby's skin and the

reflected light is captured and analyzed. Oxygen saturation is displayed on a monitor screen as a percentage. The FDA has indicated that this monitor should be used only after membranes have ruptured and on a single fetus in the vertex presentation with a gestational age greater than or equal to 36 weeks.

Refusion of Spine (codes 81.30-81.39)

All spinal refusions have been previously classified to 81.09 without distinction of level or technique. Now a new category is available to capture spinal fusion for pseudarthrosis, with specific codes according to anatomic location and technique. Pseudarthrosis is an abnormal union formed by fibrous tissue between parts of a bone that has fractured, usually spontaneously due to congenital weakness. The frequency of pseudarthrosis after spinal fusion is measured from the time the operation is proposed until the fusion mass is solid. There is a definite relationship between the extent of fusion and the incidence of pseudarthrosis. The refusion procedures are performed for correction of pseudoarthrosis.

Nonoperative Removal of Heart Assist System (codes 97.44)

The device called intra-aortic balloon pump (IABP) is one of the most common types of ventricular assist systems. A balloon catheter inserted into the descending thoracic aorta inflates and deflates with each heartbeat. It is timed with the patient's heart rhythm, thus inflating and circulating blood to the heart and other organs. The purpose of the device is to allow the heart to rest and recover and is used preoperatively, intraoperatively, or postoperatively. It supports the patient anywhere from a few hours to several days. This new code allows for the nonoperative removal of the IABP and may be performed at the patient's bedside. It is a noninvasive procedure and requires no anesthesia.

Summary of Changes

Of the new diagnosis codes added the following are included in the CC list: 733.93, 733.94, 733.95, 772.10, 772.11, 772.12, 772.13, 772.14, 779.7, 997.71, 997.72, and 997.79. Because several of the code changes involve an expansion in digits, several codes are now invalid, including: 256.3, 464.0, 521.0, 525.1, 564.0, 772.1, 793.8, 67.5, and 81.09.

References

The ICD-9-CM code changes may be found in the August 1, 2001, *Federal Register* at www.access.gpo.gov/su_docs/fedreg/a010801c.html.

The information contained in the ICD-9-CM Coordination and Maintenance Committee meetings is an invaluable source of information for coding professionals. The rationale and the clinical detail is provided about each code revision discussion. The minutes of the May 11, 2000, and the November 17, 2000, meetings are available at www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm (diagnosis portion) and www.hcfa.gov/ medicare/icd9cm.htm (procedure portion). At these sites you will also find the May 17-18, 2001, committee meeting minutes so that you can get advanced information about the possible code revisions for fiscal year 2003.

To obtain the official CD-ROM containing ICD-9-CM codes from the National Center for Health Statistics, visit www.cdc.gov/nchs/products/catalogs/subject/cdprice.htm.

The official coding guidelines are available for reference at www.cdc.gov/nchs/data/icdguide.pdf.

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