

ICD-9-CM Coding Changes for Fiscal Year 2007

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The ICD-9-CM coding changes for fiscal year 2007 were released in the April 25, 2006, *Federal Register* (available at www.access.gpo.gov/su_docs/fedreg/a060425c.html). Additional code changes were included in the final rule released in August. Changes go into effect with discharges occurring on and after October 1, 2006.

This article highlights some of the diagnostic code changes. An expanded version of the article (available in the FORE Library: HIM Body of Knowledge at www.ahima.org) includes substantial detail and information on Volume 3 procedure changes.

Hematology Issues

New codes were added to uniquely identify essential thrombocythemia, myelodysplastic syndrome, myelofibrosis with myeloid metaplasia, constitutional red blood cell aplasia, and pancytopenia. These additions involve expanding codes 238.7, Neoplasm of uncertain behavior, other lymphatic and hematopoietic tissues, and 284.0, Constitutional aplastic anemia.

Essential thrombocythemia, also known as essential thrombocytosis, idiopathic thrombocythemia, and primary thrombocytosis, involves a markedly elevated platelet count and abnormal platelet aggregation. Myelodysplastic syndrome refers to a group of acquired bone marrow disorders involving dysplastic, hypercellular bone marrow, and peripheral cytopenia. It commonly precedes acute myelogenous leukemia and may be called preleukemia.

Myelofibrosis with myeloid metaplasia is also called agnogenic myeloid metaplasia, primary myelofibrosis, idiopathic myelofibrosis, or myelosclerosis with myeloid metaplasia. In this chronic, progressive disease, bone marrow is replaced by fibrous tissue.

Aplastic anemias include a diverse group of bone marrow disorders, most of which involve anemia and pancytopenia. The hematopoietic marrow cells are generally replaced by fat in aplastic anemia, in comparison to disordered hematopoiesis in myelodysplasias and fibrosis in myelofibrosis. Pancytopenia is a decrease in all cellular elements in the blood, including red cells, white cells, and platelets.

Code 288.0, Agranulocytosis, was expanded to create codes for congenital, cyclic, and drug-induced neutropenia. The title was also changed to "neutropenia." Unique codes were added for unspecified leukocytopenia, lymphocytopenia, other decreased leukocytes, unspecified leukocytosis, lymphocytosis, and other elevated leukocytes.

Myelitis

Several new codes were added for myelitis, encephalitis, and encephalomyelitis. The code titles of several existing codes in the affected categories were also revised to accommodate the modifications.

Myelitis, an inflammation of the spinal cord, has a number of presentations and underlying causes. Transverse myelitis involves a paraparesis or paraplegia due to spinal cord dysfunction. Some potential causes of myelitis include infectious, post-infectious, post-vaccination, and toxic mechanisms.

Mild Cognitive Impairment

Code 331.83 for mild cognitive impairment was added; however, it does not describe cognitive impairment associated with head trauma, dehydration, malnutrition, and strokes. Mild cognitive impairment is a disease defined by an impairment in memory (or any other cognitive domain) that is beyond what is normal for age, with relatively intact function in the other cognitive domains. Many patients with this diagnosis go on to eventually develop dementia.

Restless Legs Syndrome

A unique code was added for restless legs syndrome (333.94), a sensory-motor disorder characterized by unpleasant sensations in the legs and an uncontrollable urge to move, when at rest, in an effort to relieve these feelings. The sensations are often described as a burning, creeping, or tugging pain associated with the desire to move the legs. The ability to sleep is affected because it occurs most often at night.

Central Pain Syndrome, Acute Pain, Generalized Pain, and Postoperative Pain

A new category was created in the nervous system chapter for central pain syndrome, acute pain, generalized pain, and postoperative pain, and the codes differentiate central pain syndrome, acute pain, and chronic pain. There is a specific code for neoplasm-related pain (338.3). Generalized pain is coded to 780.96.

Mucositis

Several new codes were created in the appropriate sections of ICD-9-CM to code mucositis. Mucositis is a frequent complication of anticancer treatment that causes redness or ulcerative sores in the soft tissues of the mucosal surfaces throughout the body, resulting in severe pain as well as difficulty eating, drinking, and taking oral medications or the inability to do so altogether. The rapidly dividing basal cells of the mucosal surfaces throughout the body are especially vulnerable to damage by chemotherapy and radiation therapy.

The oral mucosa is the most frequent site of mucositis, but it can also occur along the entire alimentary tract (esophagus, stomach, duodenum, small intestine, colon, and rectum). Treatment of ovarian and nasopharyngeal cancers can also result in vaginal and nasal mucositis.

A note was added to use an additional E code to identify adverse effects of therapy, such as antineoplastic and immunosuppressive drugs (E930.7, E933.1) and radiation therapy (E879.2).

Nonasthmatic Bronchospasm

A new code was requested for nonasthmatic bronchospasm. A child may present with bronchospasm but not diagnosed with asthma. Previously bronchospasm was indexed to code 519.1, Other diseases of trachea and bronchus, not elsewhere classified. Codes 519.11, Acute bronchospasm, and 519.19, Other diseases of trachea and bronchus, were added.

Gingival Disease, Periodontal Disease

New codes were created to distinguish plaque-induced and nonplaque-induced gingivitis (for both acute and chronic gingivitis). There are many nonbacterial causes of gingivitis, and knowledge of the etiology permits precise therapies to intercept the gingival lesions and prevent their progression. Chronic and plaque-induced gingivitis has been designated the defaults when the documentation doesn't provide further specificity.

New codes were also added to specify localized and generalized periodontal disease. It is important to distinguish between the localized and generalized forms because different treatment strategies are employed, and these strategies have varied health and economic outcomes.

Genitourinary System

Unique codes for extravaginal torsion of spermatic cord (608.21), intravaginal torsion of spermatic cord (608.22), torsion of appendix testis (608.23), and torsion of appendix epididymis (608.24) were created.

A new code for cervical stump prolapse (618.84) was also added. Previously prolapse of the cervical stump was indexed under code 618.1; however, this was an incorrect classification of this condition because the uterus is no longer present.

Other Conditions or Status of Mother Complicating Pregnancy

The American College of Obstetrics and Gynecology requested a new category in chapter 11 (Complications of Pregnancy, Childbirth, and the Puerperium) to allow for numerous conditions that affect pregnancy but couldn't be specifically coded. The new category includes codes for smoking, obesity, bariatric surgery status, coagulation defects, epilepsy, spotting, and uterine size and date discrepancy. Table 6A of the regulations contains the complete list of codes.

Compartment Syndrome

Site-specific codes for nontraumatic and traumatic compartment syndrome were created. Compartment syndrome involves increased pressure in an enclosed tissue space, leading to decreased blood flow and, potentially, tissue necrosis. It usually occurs within part of an extremity, but it can also occur in the abdomen and other sites. There are multiple compartments in the upper and lower extremity that can be affected by compartment syndrome.

Major Osseous Defects

A unique code for major osseous defects (731.3) was added and can be assigned either by itself or in addition to a mechanical complication code. The underlying cause, if known, would be sequenced first. Osseous defects are the result of extensive bone loss, typically in the area of the hip joint. The most common cause of this bone loss is periprosthetic osteolysis from a previous joint replacement, contributing to implant failure and need for revision.

Hypoxia of Newborn, Hypoxic Ischemic Encephalopathy, and Related Newborn Issues

The following new codes were created:

- 768.7, Hypoxic-ischemic encephalopathy
- 768.9, Unspecified birth asphyxia in liveborn infant
- 770.87, Respiratory arrest of newborn
- 770.88, Hypoxemia of newborn
- 775.81, Other acidosis of newborn
- 775.89, Other neonatal endocrine and metabolic disturbances
- 779.85, Cardiac arrest of newborn

A careful review of the notes and inclusion terms is recommended in these categories.

Complex Febrile Seizure

Code 780.31 will now classify simple or unspecified febrile seizures, while a new code (780.32) was created for complex febrile convulsions. Febrile convulsions that lead to status epilepticus are classified to subcategory 345.3 instead of code 780.32.

Complex febrile seizures are associated with fever. The seizures are focal, prolonged (greater than 15 minutes), or recur within 24 hours in children between six months and five years of age. They may also be referred to as atypical or complicated febrile seizures. Fever-associated seizures that do not meet these criteria may be called simple febrile seizures. There are significant differences in morbidity between simple and complex febrile seizures. Long-term risk of epilepsy ranges from 6 to 8 percent in children who have a single feature of a complex seizure to 49 percent in patients who have all three features. A child with a complex febrile seizure may need neuroimaging or long-term anticonvulsant therapy.

Other Symptom Codes

Code 780.97, Altered mental status, has been added. Altered mental status may frequently be described as a symptom of other types of illness. Underlying etiologies include trauma, infection, neoplasm, alcohol, and drugs, as well as endocrine, neurological, psychiatric, and renal disorders. If a specific cause of the altered mental status is documented, the cause should be coded and the proposed symptom code should not be assigned as an additional diagnosis.

Other new symptom codes include:

- 784.91, Postnasal drip
- 788.64, Urinary hesitancy
- 788.65, Straining on urination
- 793.91, Image test inconclusive due to excess body fat
- 795.06, Papanicolaou smear of cervix with cytologic evidence of malignancy
- 795.81, Elevated carcinoembryonic antigen
- 795.82, Elevated CA 125
- 795.89, Other elevated tumor associated antigens

Unspecified Adverse Effect of Drug, Medicinal, and Biological Substance

Code 995.2, Unspecified adverse effect of drug, medicinal, and biological substance, was modified in an effort to improve the coding of adverse effects of drugs and drug allergies and to reduce its use. The following codes have been added:

- 995.20, Unspecified adverse effect of unspecified drug, medicinal, and biological substance
- 995.21, Arthus phenomenon
- 995.22, Unspecified adverse effect of anesthesia
- 995.23, Unspecified adverse effect of insulin
- 995.27, Other drug allergy
- 995.29, Unspecified adverse effect of other drug, medicinal, and biological substance

V Code Changes

Several new V codes were approved:

- V18.51, Family history of colon polyps
- V26.34, Testing of male for genetic disease carrier status
- V26.35, Testing of a male partner of a habitual aborter
- V26.39, Other genetic testing of male
- V45.86, Bariatric surgery status
- V58.30, Encounter for change or removal of nonsurgical wound dressing
- V58.31, Encounter for change or removal of surgical wound dressing
- V58.32, Encounter for removal of sutures
- V72.11, Encounter for hearing examination following failed screening
- V85.51, Body mass index, pediatric, less than 5th percentile for age
- V85.52, Body mass index, pediatric, 5th percentile to less than 85th percentile for age
- V85.53, Body mass index, pediatric, 85th percentile to less than 95th percentile for age
- V85.54, Body mass index, pediatric, greater than or equal to 95th percentile for age
- V86.0, Estrogen receptor positive status
- V86.1, Estrogen receptor negative status (a note instructs that the appropriate code for malignant neoplasm of breast would be sequenced first)

Alphabetic Index and Tabular Changes

Every year changes are made to Volumes 1 and 2, the Tabular List, and Alphabetic Index, which give coders information on how to accurately report diagnoses and procedures. Coding professionals should review the entire index and tabular addenda to be aware of all changes. Several highlights are provided here.

The title of category code 345 has changed to “Epilepsy and recurrent seizures.” The diagnosis of recurrent seizures and seizure disorder is now indexed to these codes. The symptom code 780.39 will continue to be used for “seizure,” “convulsion,” or “convulsive disorder.”

The fifth digits for category codes 403, Hypertensive chronic kidney disease, and 404, Hypertensive heart and chronic kidney disease, have been updated to include the stage of chronic kidney disease.

An excludes note was added under code 514, Pulmonary congestion and hypostasis, stating, “Hypostatic pneumonia due to or specified as a specific type of pneumonia, code to the type of pneumonia (480–487).”

Additional codes are required with codes for hypertrophy or hyperplasia of the prostate when certain urinary symptoms are present. Codes for obstruction (599.69) as well as urinary symptoms (788.20–21, 788.30–39, 788.41–43, 788.62–64) are used in addition to the 600.01, 600.21, and 600.91 codes.

The titles of codes 995.91 and 995.92 have been changed to “Sepsis” and “Severe sepsis.” Systemic inflammatory response syndrome (SIRS) is included as a subterm beneath both codes. Tabular and index entries have been updated this year in an attempt to clarify the intent of the codes.

For Further Review

Additional information about the rationale for the requested codes and important clinical detail is also available at the following Web sites:

- ICD-9-CM Coordination and Maintenance Committee meetings, www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm and www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
- AHIMA summary of ICD-9-CM Coordination and Maintenance Committee meetings, www.ahima.org/dc
- Official addenda, available at www.cdc.gov/nchs/datawh/ftpserve/ftp9icd9/ftp9icd9.htm or www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/04_addendum.asp#TopOfPage

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