

# ICD-9-CM Committee Discusses New Diagnosis Proposals

Save to myBoK

*by Sue Prophet, RHIA, CCS, CHC*

The ICD-9-CM Coordination and Maintenance Committee, cosponsored by the National Center for Health Statistics (NCHS) and the Centers for Medicare & Medicaid Services (CMS), met on April 18-19, 2002, in Baltimore, MD. Donna Pickett, RHIA, from NCHS, and Patricia Brooks, RHIA, from CMS, co-chaired the meeting.

Proposed modifications to ICD-9-CM were presented and are summarized below. Unless otherwise indicated, the audience generally supported the proposed changes.

## Diagnoses

The deadline for comments on the diagnosis proposals is January 10, 2003.<sup>1</sup> A meeting summary for the diagnosis portion can be accessed at [www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm](http://www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm).

### Muscle Weakness

Currently, the term "muscle weakness" is indexed to code 728.9, Unspecified disorder of muscle, ligament, and fascia. Muscle weakness is often the primary indication for neurodiagnostic tests such as electromyography or nerve conduction studies. Therefore, the creation of a unique code has been proposed in subcategory 728.8, Other disorders of muscle, ligament, and fascia.

### Memory Loss

The term "memory loss" is currently classified to code 780.99, Other general symptoms. A unique code within subcategory 780.9, Other general symptoms, has been proposed. An Excludes note would indicate that mild memory disturbance due to organic brain damage should be assigned code 310.1, Organic personality syndrome, rather than the new code.

### Encephalopathy

Encephalopathy refers to generalized cerebral dysfunction. Symptoms might include confusion, sleepiness, or other disturbance in level of alertness, memory loss, and nonspecific changes in behavior such as irritability. Currently, a number of different types of encephalopathy are indexed to code 348.3, Encephalopathy, unspecified. Toxic encephalopathy is classified to code 349.82. Metabolic encephalopathy refers to an altered state of consciousness, usually denoting delirium, which is why it is indexed to Delirium. A variety of conditions may cause metabolic encephalopathy, including brain tumors, metastasis to the brain, cerebral infarction or hemorrhage, subdural or epidural hematoma, hypoxia, cerebral ischemia, uremia, nutritional deficiency, poisoning, cumulative effect of a prescribed drug, effect of drugs in various combinations, systemic infection, meningitis, post-operative or post-traumatic states, postictal state, hypoglycemia, severe burns, and drug or alcohol withdrawal.

An expansion of code 348.3, Encephalopathy, has been proposed to specifically identify metabolic, septic, and other specified types of encephalopathy. Toxic encephalopathy would continue to be classified to code 349.82. It was suggested that an Excludes note be added to indicate that hepatic encephalopathy is classified to code 572.2, Hepatic coma. It was also suggested that the appropriate sequencing for the proposed codes will need to be reviewed and instructions will need to be included to make it clear whether the appropriate code for encephalopathy or the code for the underlying cause should be sequenced as the principal diagnosis when the encephalopathy is the reason for admission. Meeting participants noted that there could potentially be overlap between the proposed codes for metabolic and septic encephalopathy.

### Myasthenia Gravis in Crisis

Myasthenia gravis is a chronic disease characterized by episodic muscle weakness caused by loss or dysfunction of acetylcholine receptors. An autoimmune attack destroys or impairs the function of the receptors at the postsynaptic neuromuscular junction, interfering with neuromuscular transmission.

Patients with myasthenia gravis in crisis present with double vision owing to weakness of the extraocular muscles, difficulty swallowing, and difficulty breathing that can be life-threatening. The breathing difficulty may require immediate intubation and artificial ventilation. Patients in crisis are usually in the intensive care unit and are treated with plasmapheresis and may also receive high-dose intravenous steroid administration at five-day intervals. The number of plasmapheresis treatments required to bring patients out of crisis varies, but usually at least five treatments are required.

New codes have been proposed to distinguish myasthenia gravis in crisis from the condition not in crisis. It was recommended that myasthenia gravis in acute exacerbation should be classified to the same code as the condition in crisis. It was noted that cholinergic crisis should be excluded from the code for myasthenia gravis in crisis, as it does not represent the same condition. Some participants expressed concern that medical record documentation may not support use of the new code for "in crisis" because this term may not be documented even though the patient is in intensive care and receiving plasmapheresis treatments. Physician education will be necessary to ensure that this term is documented when appropriate.

### **Long-term Antiplatelet/Antithrombotic and Anti-inflammatory Use**

The long-term use of antiplatelet/antithrombotics for the prevention of thrombotic events such as heart attack and stroke has become quite common. These agents prevent thrombus formation by inhibiting the aggregation of platelets. There is currently a code for long-term use of anticoagulants, but anticoagulants are different from antiplatelet/antithrombotic agents. Anticoagulants affect the clotting factors in the bloodstream, instead of platelet aggregation. Long-term use of anti-inflammatories for the reduction of arthritis pain is also common. Therefore, new codes for long-term use of antithrombotics/antiplatelets and anti-inflammatories have been proposed in subcategory V58.6, Long-term (current) drug use.

Numerous questions were raised regarding the use of aspirin. Because aspirin is an over-the-counter medication, many people are taking an aspirin a day on their own initiative to prevent heart attacks and strokes. Thus, the new code for long-term use of antiplatelet/antithrombotic agents could be applicable to the vast majority of the population. If use of the new codes was limited to situations when the patient was directed by a physician to take the drug, proper coding may still be problematic because medical record documentation may not provide this information. Additionally, aspirin may also be taken as an anti-inflammatory agent, and the medical record documentation may not clearly indicate the purpose for which the patient is taking this medication. Many participants felt that subcategory V58.6 should be restricted to prescription medications.

### **History of Extracorporeal Membrane Oxygenation**

Extracorporeal membrane oxygenation (ECMO) is a type of bypass performed artery-to-vein or vein-to-vein. It removes carbon dioxide and oxygenates the blood. ECMO is performed on very critically ill adults and children with respiratory failure. It is a high-risk procedure that can affect a patient's long-term health. The American Academy of Pediatrics has requested a unique personal history code in subcategory V15.8, Other specified personal history presenting hazards to health, for patients who have undergone ECMO in the past.

### **Pediatric Pre-birth Visit for Expectant Mothers**

Sometimes, expectant mothers visit a pediatrician prior to the birth of their baby to receive advice on childcare or evaluate the pediatric office. There is no adequate code to describe the reason for the visit. Therefore, the American Academy of Pediatrics has requested the creation of a new code for "pediatric pre-birth visit for expectant mother" in subcategory V65.1, Person consulting on behalf of another person.

### **History of Drug Use**

Patients who have used drugs or alcohol may have long-term health problems. These patients may have a strong likelihood of returning to drugs or alcohol even after many years of not using them. A specific code for history of drug use in category V11, Personal history of mental disorder, was requested by the American Academy of Pediatrics. It was noted that longstanding

advice in Coding Clinic for ICD-9-CM has been to assign the appropriate code from category 304, Drug dependence, or 305, Nondependent abuse of drugs, with a fifth digit of "3" ("in remission") for history of drug dependence or abuse. Based on this comment, NCHS withdrew the proposal for a new code.

### **Delayed Separation of Umbilical Cord**

Normally, a newborn's umbilical cord separates from the umbilicus within two weeks of birth. When the cord remains attached for longer, it is referred to as a "delayed umbilical cord separation." Umbilical cords that take longer than one month to separate may indicate a neutrophil chemotactic defect or infection. The American Academy of Pediatrics is requesting a new code for this condition in subcategory 779.8, Other specified conditions originating in the perinatal period.

### **Vaccination for RSV**

A new code for RSV (Respiratory Syncytial Virus) vaccination has been proposed, along with a new code for vaccination against "other" viral diseases. Code V04.8 will be re-titled "Other Viral Diseases" and expanded to accommodate the new codes.

### **Bleeding Esophageal Ulcer**

It has been proposed that code 530.2, Ulcer of esophagus, be expanded to distinguish bleeding from non-bleeding ulcers. A suggestion was made that an Excludes note be added for bleeding esophageal varices.

### **Encounter for Lengthening of Growth Rod**

For some patients with extreme scoliosis curvatures, surgical correction may involve correcting the curve and fusing the bones in the curve together. The bones are held in place with one or two metal rods until the bone heals together. Periodically, these rods must be lengthened to allow for growth. New codes have been proposed for encounter for lengthening/adjustment of growth rod and "other" aftercare involving internal fixation device. To accommodate the new codes, code V54.0 would be expanded and re-titled as "Aftercare involving internal fixation device." It was suggested that another new code be created for removal of internal fixation device.

### **Decreased Libido**

Decreased libido (decreased sexual desire) is distinct from impotence or other sexual dysfunction. The cause may be due to many factors, including fatigue, stress, certain drugs, or other organic problems. A new symptom code has been proposed in subcategory 799.8, Other ill-defined conditions. The new code would exclude psychosexual dysfunction with inhibited sexual desire, which would continue to be classified to code 302.71.

### **Facial Weakness**

A symptom code has been proposed in subcategory 781.9, Other symptoms involving nervous and musculoskeletal systems, to identify facial weakness. The new code effective October 1, 2002, for late effect of cerebrovascular accident with facial weakness will be excluded from this symptom code.

### **Asthma**

The American Academy of Pediatrics has requested that the codes for asthma be modified so that they better reflect the current understanding of the pathophysiology of the disease. The proposed modifications are based on the new classification of asthma published by the Heart, Lung, and Blood Institute of the National Institutes of Health.<sup>2</sup>

According to the proposal, new fifth digits for use with subcategory 493.0, Extrinsic asthma, would be created for "mild persistent," "moderate persistent," and "severe persistent." The fifth digit for "with status asthmaticus" would take precedence over other fifth digits. A new subcategory would be created for "Other forms of asthma" and new codes in this subcategory

would be created for exercise-induced bronchospasm and cough variant asthma. It was noted that if these proposed changes are approved, instructions on proper coding will be needed for situations when more than one fifth-digit subclassification is applicable.

### **Sickle Cell Disease**

The American Academy of Pediatrics has requested modifications to the sickle cell anemia codes to make them more accurate and to enable the coding of the crisis complications of the disease. The title of the subcategory, 282.6, Sickle cell anemia, is misleading because not all patients with sickle cell disease have severe anemia. Other components of the disease, such as acute chest syndrome and splenic sequestration, can be more problematic than the anemia. The titles of codes 282.61 and 282.62, Hb-S disease with and without crisis, are also confusing. Hb-S (Hemoglobin S) only describes the abnormal hemoglobin. Sickle cell disease is more accurately abbreviated Hb-SS, signifying that there are two abnormal "S" genes--one from each parent.

It has been proposed that the code titles for sickle cell anemia be modified and that new codes for the crisis component of this disease be created. New codes for splenic sequestration (in subcategory 289.5, Other diseases of spleen) and acute chest syndrome (in category 517, Lung involvement in conditions classified elsewhere) have also been proposed. These two codes would always be secondary diagnosis codes, with the appropriate code for sickle cell disease in crisis sequenced first.

### **Encounter for Insulin Pump Training and Titration/Insulin Pump Status**

Insulin pumps are increasingly being used for diabetic patients to replace daily injections of insulin. There are a number of necessary steps to prepare the patient for the proper use of the pump, including adjusting the insulin dosage and maintenance of the pump. New codes have been proposed for mechanical complication due to insulin pump (in subcategory 996.5, Mechanical complication of other specified prosthetic device, implant, and graft); insulin pump status (in subcategory V45.8, Other postsurgical states); fitting and adjustment of insulin pump (in subcategory V53.9, Other and unspecified device); and encounter for insulin pump training (in subcategory V65.4, Other counseling).

It was pointed out that subcategory V45.8 is not an appropriate place for the proposed new code because insulin pump status does not represent a postsurgical state. The pump is worn externally and the patient is instructed in the insertion and placement of a subcutaneous needle connected to the pump. An internal pump is being developed, but it is still experimental.

### **Late Effect of SIRS**

New codes for Systemic Inflammatory Response Syndrome (SIRS), Severe Sepsis, and the long-term consequences of SIRS will become effective October 1, 2002. However, this group of codes does not include a code for late effect of SIRS. Therefore, a new code has been proposed.

### **Atherosclerosis of Bypass Graft of Transplanted Heart**

A new code for atherosclerosis of a transplanted heart will become effective October 1, 2002. At the time this new code was proposed, it was expected that a transplanted heart would have only native arteries. However, hearts that have undergone bypasses are being used as transplant organs. It has been proposed that a new code be created for coronary atherosclerosis of bypass graft of transplanted heart. The title of the code going into effect October 1, 2002, will be revised to specify native coronary arteries. If it is not known whether the atherosclerosis is of a native coronary artery or a bypass graft, the default code will be the one for native coronary artery. Until the new proposed code becomes effective, the code effective October 1, 2002, will be applicable for all transplanted hearts.

### **Hyperplasia of Prostate with Urinary Obstruction**

Hyperplasia of the prostate causes a number of symptoms, the primary one being urinary obstruction. The reason for admission to the hospital is often to relieve the obstruction. The official coding guidelines stipulate that a symptom code should not be used when a symptom is integral to a condition. Proper coding of prostatic hyperplasia is problematic because urinary

obstruction is a routine symptom of the condition. It has been proposed that combination codes be created that include both the prostatic hyperplasia and the accompanying urinary obstruction.

## Addenda

Proposed October 1, 2003, addenda changes were reviewed. Highlights of proposed revisions include:

- addition of Inclusion term for "follicular dendritic cell sarcoma," "interdigitating dendritic cell sarcoma," and "Langerhans cell sarcoma" under subcategory 202.9, Other and unspecified malignant neoplasm of lymphoid and histiocytic tissue
- deletion of word "acute" in code 491.20, Obstructive chronic bronchitis without mention of acute exacerbation
- addition of parentheses around word "acute" in code 491.21, Obstructive chronic bronchitis with acute exacerbation
- addition of Inclusion terms for "decompensated COPD" and "decompensated COPD with exacerbation" under code 491.21, Obstructive chronic bronchitis with acute exacerbation
- deletion of word "acute" in fifth digit of "0" for category 493, Asthma
- addition of parentheses around word "acute" in fifth digit of "2" for category 493, Asthma
- deletion of Excludes notes under section for Crushing Injury and the addition of a "use additional code" note to identify any associated injuries such as fractures, internal injuries, and intracranial injuries
- addition of Excludes note for "vomiting following gastrointestinal surgery (564.3)" under code 997.4, Digestive system complications
- addition of inclusion terms for "fully implantable artificial heart" and "heart assist device" under code V43.2, Organ or tissue replaced by other means (some audience members questioned the appropriateness of including devices in this code that assist or replace the function of the heart, but do not constitute replacement of the heart)
- addition of Index entry for "angina, accelerated" directing coders to code 411.1
- addition of Index entry for "complication, esophagostomy" to direct coders to code 997.4
- addition of Index entries for complication due to artificial heart and heart assist device to direct coders to code 996.61
- addition of Index entry for "microvascular disease" directing coders to code 413.9
- addition of Index entry for "PMDD (premenstrual dysphoric disorder)" directing coders to code 625.4
- addition of Index entries for "syndrome, hair tourniquet" directing coders to codes for injury, superficial, by site
- addition of the following drugs to the Table of Drugs and Chemicals: Drotrecogin alfa, Ecstasy, Glutaraldehyde, MDMA, Xigris, and Zovant

The next meeting of the ICD-9-CM Coordination and Maintenance Committee will be held on December 5-6, 2002.

## Notes

1. Comments may be mailed to the National Center for Health Statistics, ICD-9-CM Coordination and Maintenance Committee, 6525 Belcrest Road, Room 1100, Hyattsville, MD, 20782, or e-mailed to Donna Pickett at [dfp4@cdc.gov](mailto:dfp4@cdc.gov).

2. Definitions of the types of asthma can be found on the National Institutes of Health Web site at [www.nih.gov](http://www.nih.gov).

**Sue Prophet** ([sue.prophet@ahima.org](mailto:sue.prophet@ahima.org)) is AHIMA's director of coding policy and compliance.

### Article citation:

Prophet, Sue. "ICD-9-CM Committee Discusses New Diagnosis Proposals." *Journal of AHIMA* 73, no.9 (2002): 102ff.

