

ICD-9-CM Revisions (effective 10/1/97)

Save to myBoK

by Sue Prophet, RRA, CCS, director of classification and coding

The revisions to ICD-9-CM became effective with discharges occurring on or after October 1, 1997. Highlights of the changes are summarized below. Since every revision is not described in this article, it is important to review the Official Authorized Addendum. The complete addendum is published in a special edition of the American Hospital Association's *Coding Clinic for ICD-9-CM*. The code additions/revisions are discussed in detail in the Fourth Quarter 1997 issue of *Coding Clinic for ICD-9-CM*.

Diagnosis

INFECTIOUS AND PARASITIC DISEASES

Cryptosporidiosis

Outbreaks of this protozoal intestinal infection have been linked to recreational and drinking water. This illness is caused by *Cryptosporidium parvae*. There is no cure and it can be fatal in immunocompromised individuals.

Disseminated Mycobacterium avium-intracellulare Complex

Disseminated Mycobacterium avium-intracellulare Complex, or DMAC, is the most commonly disseminated bacterial infection in patients with advanced AIDS.

Staphylococcus aureus septicemia

For the purpose of capturing epidemiological data on septicemia due to *Staphylococcus aureus*, a new code has been created.

New Diagnosis Codes

CODE	DESCRIPTION	CC?	DRG
007.4	Cryptosporidiosis	N	182, 183, 184
031.2	Diseases due to other mycobacteria, Disseminated	N	423, 489 ¹
038.10	Staphylococcal septicemia, unspecified	Y	387, 3892, 416, 417, 489 ¹
038.11	Staphylococcus aureus septicemia	Y	387, 3892, 416, 417, 489 ¹
038.19	Other staphylococcal septicemia	Y	387, 3892, 416, 417, 489 ¹

ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES, AND IMMUNITY DISORDERS

Hypercalcemia and Hypocalcemia

Since hypercalcemia and hypocalcemia have different signs, symptoms, and treatment, these conditions are now classified separately.

New Diagnosis Codes

CODE	DESCRIPTION	CC?	DRG
275.40	Unspecified disorder of calcium metabolism	N	296, 297, 298
275.41	Hypocalcemia	N	296, 297, 298
275.42	Hypercalcemia	N	296, 297, 298

275.49	Other disorders of calcium metabolism	N	296, 297, 298
--------	---------------------------------------	---	---------------

CIRCULATORY SYSTEM

Late Effects of Cerebrovascular Disease

Expansion of category 438 allows identification of specific types of deficits due to old cerebrovascular accidents (CVAs). Deficits from previous CVAs can now be reported along with new sequela from a current CVA. These late-effect codes can be assigned as a principal diagnosis because the residual condition is included in the code.

Other specified hypotension

Types of hypotension which have been specifically identified but do not have specific code assignments in ICD-9-CM can now be assigned to an "other" code.

New Diagnosis Codes

CODE	DESCRIPTION	CC?	DRG
438.0	Late effect of cerebrovascular disease, cognitive deficits	N	12
438.10	Late effect of cerebrovascular disease, speech and language deficits, unspecified	N	12 4
38.11	Late effect of cerebrovascular disease, speech and language deficits, aphasia	N	12
438.12	Late effect of cerebrovascular disease, speech and language deficits, dysphasia	N	12
438.19	Late effect of cerebrovascular disease, other speech and language deficits	N	12
438.20	Late effect of cerebrovascular disease, hemiplegia affecting unspecified side	N	12
438.21	Late effect of cerebrovascular disease, hemiplegia affecting dominant side	N	12
438.22	Late effect of cerebrovascular disease, hemiplegia affecting nondominant side	N	12
438.30	Late effect of cerebrovascular disease, monoplegia of upper limb affecting unspecified side	N	12
438.31	Late effect of cerebrovascular disease, monoplegia of upper limb affecting dominant side	N	12
438.32	Late effect of cerebrovascular disease, monoplegia of upper limb affecting nondominant side	N	12
438.40	Late effect of cerebrovascular disease, monoplegia of lower limb affecting unspecified side	N	12
438.41	Late effect of cerebrovascular disease, monoplegia of lower limb affecting dominant side	N	12
438.42	Late effect of cerebrovascular disease, monoplegia of lower limb affecting nondominant side	N	12
438.50	Late effect of cerebrovascular disease, other paralytic syndrome affecting unspecified side	N	12
438.51	Late effect of cerebrovascular disease, other paralytic syndrome affecting dominant side	N	12
438.52	Late effect of cerebrovascular disease, other paralytic syndrome affecting nondominant side	N	12
438.81	Other late effect of cerebrovascular disease, apraxia	N	12
438.82	Other late effect of cerebrovascular disease, dysphagia	N	12
438.89	Other late effects of cerebrovascular disease	N	12

438.9	Unspecified late effects of cerebrovascular disease	N	12
458.8	Other specified hypotension	N	12,13,144,145

RESPIRATORY SYSTEM

Chronic Adenoiditis A unique code has been created to identify chronic adenoiditis. Previously, this condition was included in the code for chronic tonsillitis.

Legionnaires' Disease

Legionnaires' disease, which accounts for 1-8 percent of all pneumonias and about 4 percent of lethal nosocomial pneumonias, is not specifically classified (previously, it was assigned code 482.83, Pneumonia due to other gram-negative bacteria).

Allergic Bronchopulmonary Aspergillosis

See the September 1997 "Coding Notes" for information on allergic bronchopulmonary aspergillosis.

New Diagnosis Codes

CODE	DESCRIPTION	CC?	DRG
474.00	Chronic tonsillitis	N	68, 69, 70, 482
474.01	Chronic adenoiditis	N	68, 69, 70, 482
474.02	Chronic tonsillitis and adenoiditis	N	68, 69, 70, 482
482.84	Legionnaires' disease	Y	79, 80, 81
518.6	Allergic bronchopulmonary aspergillosis	Y	92, 93

COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM

Decreased Fetal Movements

Since "decreased fetal movements" is a common reason for obstetric services, a new code has been created to describe this.

New Diagnosis Codes

CODE	DESCRIPTION	CC?	DRG
655.70	Decreased fetal movements, unspecified as to episode of care or not applicable	N	469
655.71	Decreased fetal movements, delivered, with or without mention of antepartum condition	N	70, 371, 372, 373, 374, 375
655.73	Decreased fetal movements, antepartum condition or complication	N	383, 384

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

Pyoderma Gangrenosum

Pyoderma gangrenosum is characterized by morphologically unique skin lesions and is often a cutaneous manifestation of an underlying system disease. Although it is now known that this condition is not a primary skin infection, the new code has been included in category 686 because of its historical inclusion in this category.

New Diagnosis Codes

CODE	DESCRIPTION	CC?	DRG
686.00	Other local infection of skin and subcutaneous tissue, pyoderma, unspecified	N	277, 278, 279
686.01	Other local infection of skin and subcutaneous tissue, pyoderma gangrenosum	N	277, 278, 279
686.09	Other local infection of skin and subcutaneous tissue, other pyoderma	N	277, 278, 279

CONGENITAL ANOMALIES

Prune Belly Syndrome Prune belly syndrome consists of abdominal muscle deficiency, urinary tract dilation, and cryptorchidism. It derives its name from the wrinkled, prune-like appearance of the abdominal wall. This condition is also known as Eagle-Barrett syndrome.

New Diagnosis Codes

CODE	DESCRIPTION	CC?	DRG
756.70	Congenital anomaly of abdominal wall, unspecified	N	188, 189, 190
756.71	Congenital anomaly of abdominal wall, prune belly syndrome	N	188, 189, 190
756.79	Other congenital anomalies of abdominal wall	N	188, 189, 190

SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS*Febrile Convulsions*

Febrile convulsions has been given a distinct code because of its clinical significance. The occurrence of febrile convulsions is associated with a slightly increased incidence of subsequent development of epilepsy.

Euthyroid Sick Syndrome

Euthyroid sick syndrome is a transient alteration in thyroid hormone metabolism caused by nonthyroidal illness or stress without concomitant disease of the thyroid gland. Consideration of this syndrome is usually indicated by an abnormal thyroid function test.

Abnormal Findings on Antenatal Screening

A distinct code has been created for nonspecific abnormal findings identified on antenatal screening tests. This code should not be assigned if a more definitive diagnosis has been made.

New Diagnosis Codes

CODE	DESCRIPTION	CC?	DRG
780.31	Febrile convulsions	Y	24, 25, 26, 387, 3892
780.39	Other convulsions	Y	24, 25, 26, 387, 3892
790.94	Other nonspecific findings on examination of blood, euthyroid sick syndrome	N	463, 464
796.5	Abnormal findings on antenatal screening	N	383, 384

INJURY AND POISONING*Head Injury*

A code has been created in category 959 to identify "other and unspecified" head injuries. This modification is intended to address concerns that category 854 has been misused to describe minor head injuries or injuries for which a more specific code is available.

New Diagnosis Codes

CODE	DESCRIPTION	CC?	DRG
959.01	Head injury, unspecified	N	444, 445, 446, 482
959.09	Injury of face and neck	N	444, 445, 446, 482

SUPPLEMENTARY CLASSIFICATION OF FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES*Viral Hepatitis Carrier Status*

The viral hepatitis carrier status code has been expanded to identify type B or C due to the severity of these forms of hepatitis and possibility of transmission of the disease from carriers.

Personal History of Benign Neoplasm of Brain

Since benign neoplasms of the brain often recur, may be difficult to treat, and are often life-threatening, a code has been created to identify a personal history of benign neoplasm of the brain.

Family History of Malignant Neoplasm of Ovary, Prostate, Testis

New family history codes for certain malignant neoplasms that are known to run in families and place the patient at greater risk for developing the disease will allow for better data collection on these high-risk patients.

Antenatal Screening for Streptococcus B

A code has been created in the V28 category for antenatal screening for Streptococcus B.

Transplant Status: Bone Marrow, Peripheral Stem Cells, Pancreas

In order to track and monitor patients who have received these specific types of transplants, new codes have been created to identify recipients of bone marrow, peripheral stem cell, and pancreas transplants.

Cataract Extraction Status

A code has been created within subcategory V45.6 to specifically identify the postsurgical state of cataract extraction status.

Acquired Absence: Breast, Intestine, Kidney

The acquired absence (i.e., due to surgical removal) of the breast, intestine, or kidney can be specifically captured by new codes in subcategory V45.8. Fitting and Adjustment: Cerebral Ventricular Shunt, Neuropacemaker Data on encounters for fitting and adjustment of a cerebral ventricular shunt or neuropacemaker can now be captured.

Laparoscopic Surgical Procedure Converted to Open Procedure

In the past, it has not been possible to capture data on laparoscopic procedures that have been converted to open procedure through the ICD-9-CM classification system. A specific V code has been created to identify this occurrence.

Screening Mammogram for High-Risk Patients

A code has been created to identify encounters for screening mammograms in high-risk women in order to distinguish this population from women who are not in the high-risk category. For example, a woman with a family history of breast cancer is considered to be high risk. As per the official coding guidelines regarding the screening codes, this code would not be used when the mammogram is being performed due to the presence of symptoms.

New Diagnosis Codes

CODE	DESCRIPTION	CC?
V02.60	Viral hepatitis carrier, unspecified	N
V02.61	Hepatitis B carrier	N
V02.62	Hepatitis C carrier	N
V02.69	Other viral hepatitis carrier	N
V12.40	Personal history of unspecified disorder of nervous system and sense organs	N
V12.41	Personal history of benign neoplasm of the brain	N
V12.49	Personal history of other disorder of nervous system and sense organs	N
V16.40	Family history of malignant neoplasm of genital organ, unspecified	N
V16.41	Family history of malignant neoplasm of ovary	N
V16.42	Family history of malignant neoplasm of prostate	N
V16.43	Family history of malignant neoplasm of testis	N
V16.49	Family history of other malignant neoplasm	N
V28.6	Antenatal screening for streptococcus B	N
V42.81	Organ or tissue replaced by transplant, bone marrow	Y

V42.82	Organ or tissue replaced by transplant, peripheral stem cells	Y
V42.83	Organ or tissue replaced by transplant, pancreas	Y
V42.89	Other organ or tissue replaced by transplant	Y
V45.61	Cataract extraction status	N
V45.69	Other states following surgery of eye and adnexa	N
V45.71	Acquired absence of breast	N
V45.72	Acquired absence of intestine (large)(small)	N
V45.73	Acquired absence of kidney	N
V53.01	Fitting and adjustment of cerebral ventricular (communicating) shunt	N
V53.02	Fitting and adjustment of neuropacemaker (brain)(peripheral nerve)(spinal cord)	N
V53.09	Fitting and adjustment of other devices related to nervous system and special senses	N
V64.4	Laparoscopic surgical procedure converted to open procedure	N
V76.10	Special screening for malignant neoplasms, Breast screening, unspecified	N
V76.11	Special screening for malignant neoplasms, Screening mammogram for high-risk patient	N
V76.12	Special screening for malignant neoplasms, Other screening mammogram	N
V76.19	Special screening for malignant neoplasms, Other screening breast examination	N

Revised Descriptions

Other Revisions

SUPPLEMENTAL CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING REVISED DIAGNOSIS DESCRIPTIONS

CODE	PREVIOUS	CURRENT
041.04	Streptococcus infection in conditions classified elsewhere and of unspecified site, Group D	Streptococcus infection in conditions classified elsewhere and of unspecified site, Group D [Enterococcus]
474.0	Chronic tonsillitis	Chronic tonsillitis and adenoiditis
959.0	Injury, other and unspecified, Face and neck	Injury, other and unspecified, Head, face, and neck

Although assignment of E codes is not mandatory on a national level (except for the adverse effects of drugs), healthcare facilities are encouraged to use them when appropriate. The E codes indicate the external cause of an injury or poisoning, the intent, and the place of occurrence. Injuries are a major cause of mortality and morbidity, and collection of data on the causes of injury is critical to development of injury prevention recommendations and programs. Submission of E codes may prevent delays in payment of injury-related claims because they provide the information necessary to determine if another payer (such as automobile insurance or workers' compensation) is responsible for the services rendered. Use of E codes is required in some states and for certain payers.

Four new E codes have been created.

New E Codes

CODE	DESCRIPTION
E922.4	Accident caused by air gun
E955.6	Suicide and self-inflicted injury by air gun
E968.6	Assault by air gun

E985.6	Injury by air gun, undetermined whether accidental or purposefully inflicted
--------	--

Note Revisions

A note has been added under code 078.1, Viral warts, to clarify that this code includes viral warts due to the Human papillomavirus.

Notes have been added under the fifth digits for category 250, Diabetes mellitus, to clarify that the fifth digits 0 and 2 are for use for type II, adult-onset diabetes, even if the patient requires insulin.

The "use additional code" note under category 290, Senile and presenile organic psychotic conditions, has been changed to a note instructing coders to "code first the associated neurological condition."

Inclusion terms for "adult" and "child" have been added under subcategory 314.0, Attention deficit disorder, to clarify that the codes in this subcategory may be applied to an individual of any age.

An Excludes note has been added under code 411.81, Coronary occlusion without myocardial infarction, for "occlusion without infarction due to atherosclerosis (414.00-414.05)."

The Excludes note under code 590.80, Pyelonephritis, unspecified, for "calculous pyelonephritis" has been deleted.

The Inclusion term under code 592.9, Urinary calculus, unspecified, for "calculous pyelonephritis" has been deleted.

An Excludes note has been added under code 709.4, Foreign body granuloma of skin and subcutaneous tissue, for "residual foreign body without granuloma of skin and subcutaneous tissue (729.6)."

Under code 731.8, Other bone involvement in diseases classified elsewhere, a note has been added instructing coders to "use additional code to specify bone condition, such as: acute osteomyelitis (730.00-730.09)."

The Excludes note under category 764, Slow fetal growth and fetal malnutrition, for "low birthweight due to short gestation (765.00-765.19)" has been deleted.

The Excludes note under category 765, Disorders relating to short gestation and unspecified low birthweight, for "low birthweight due to slow fetal growth and fetal malnutrition (764.00-764.99)" has been deleted.

An Inclusion term has been added under code 785.4, Gangrene, for "gangrenous cellulitis."

The Inclusion term under code 909.9, Late effects of other and unspecified external causes, for "late effect of conditions classifiable to 995" has been deleted.

An Excludes note has been added under code 989.83, Toxic effect of silicone, for "silicone used in medical devices, implants and grafts (996.00-996.79)."

An Excludes note has been added under category V28, Antenatal screening, for "abnormal findings on screening code to findings."

The Inclusion term under code V51, Aftercare involving the use of plastic surgery, has been replaced with an Excludes note instructing coders to "code to scar" for repair of scarred tissue.

An Inclusion term has been added under code V70.4, Examination for medicolegal reasons, for "paternity testing."

Procedures

New Codes

Partial Ventriculectomy

Partial ventriculectomy, also called ventricular reduction surgery and ventricular remodeling, involves reducing the size of an

enlarged heart by excising a large slice of living muscle from the left ventricle. It is performed for dilated cardiomyopathy, end-stage congestive heart failure, and diastolic dysfunction. This procedure is an option for patients who are refractory to medical treatment or are awaiting cardiac transplant (it can serve as a bridge to transplant). Any synchronous mitral valve repair or replacement should be assigned an additional code.

Allogeneic Hematopoietic Stem Cell Transplant

Allogeneic stem cell transplantation involves transplanting (via infusion) stem cells obtained from a donor's peripheral blood into the recipient.

Cord Blood Stem Cell Transplant

This procedure involves transplanting stem cells obtained from fetal cord blood into the recipient.

Note Revisions

Inclusion terms have been added under code 34.04, Insertion of intercostal catheter for drainage, for "chest tube" and "revision of intercostal catheter (chest tube) (with lysis of adhesions)."

An Excludes note has been added under subcategory 46.1, Colostomy, for "that with abdominoperineal resection of rectum (48.5)."

An Inclusion term has been added under code 48.5, Abdominoperineal resection, for "synchronous colostomy."

An Inclusion term has been added under code 51.88, Endoscopic removal of stone(s) from biliary tract, for "laparoscopic removal of stone(s) from biliary tract."

An Excludes note has been added under code 56.0, Transurethral removal of obstruction from ureter and renal pelvis, for "manipulation without removal of obstruction (59.8)."

An Inclusion term has been added under code 59.5, Retropubic urethral suspension, for "Burch procedure."

An Inclusion term has been added under subcategory 80.0, Arthrotomy for removal of prosthesis, for "cement spacer."

Inclusion terms have been added under subcategory 81.5, Joint replacement of lower extremity, and code 81.97, Revision of joint replacement of upper extremity, for "removal of cement spacer."

An Inclusion term has been added under code 86.09, Other incision of skin and subcutaneous tissue, for "creation of thalamic stimulator pulse generator pocket, new site." Exclusion terms have also been added under this code for "that of cardiac pacemaker pocket, new site (37.79) and fascial compartments of face and mouth (27.0)."

In order to assure accurate code assignment, all notes in the Tabular List must be read carefully before assigning a code.

Notes

1. HIV major related condition in this DRG.
2. Classified as a "major problem" in these DRGs.
3. Classified as a "major complication" in this DRG.

Article citation:

Prophet, Sue. "ICD-9-CM Revisions (effective 10/1/97)." *Journal of AHIMA* 68, no.10 (1997): 60-66.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.