

ICD-9-CM Revisions -- Effective October 1, 1996

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The revisions to ICD-9-CM became effective with discharges occurring on or after October 1, 1996. Highlights of the changes are summarized below. Since not every revision is described in this article, it is important to review the official authorized addendum 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 1996 issue of *Coding Clinic for ICD-9-CM*.

Diagnoses: New Codes

Infectious and Parasitic Diseases

Respiratory Syncytial Virus

Respiratory syncytial virus (RSV) is a common cause of lower respiratory illnesses (including bronchiolitis and pneumonia) in infants and young children. In healthy adults and older children, RSV generally causes milder respiratory illness than in younger children, but it can sometimes lead to influenza, bronchopneumonia, and exacerbations of chronic bronchitis. The elderly and individuals with underlying pulmonary diseases are particularly susceptible to RSV infection. The clinical manifestations of RSV infection vary and depend on age, previous exposure to RSV, and the presence of underlying respiratory conditions. Dyspnea, coughing, and wheezing are the most prominent symptoms, usually appearing several days after upper respiratory signs. Bronchopneumonia and/or bronchiolitis are often apparent on chest x rays. RSV infection is usually confirmed serologically. Patients with fairly severe forms of RSV infection may be treated with ribavirin.

New Diagnosis Code	
Code	Description
079.6	Viral and chlamydial infection in conditions classified elsewhere and of unspecified site, Respiratory syncytial virus (RSV)

Mental Disorders

New codes have been created to describe alcohol withdrawal, organic anxiety syndrome, undifferentiated somatoform disorder, and receptive language disorder.

Undifferentiated Somatoform Disorder

This disorder is characterized by the presence of one or more physical complaints that persist for six months or longer. These symptoms cannot be fully explained by a known general medical condition or the direct effects of a substance. When a related general medical condition exists, the complaints or impairments are greater than would be expected. If the patient is diagnosed with somatization disorder, code 300.81 would be assigned instead of the new code 300.82.

New Diagnosis Codes	
Code	Description
291.81	Other specified alcoholic psychosis, Alcohol withdrawal
291.89	Other specified alcoholic psychosis, Other
293.84	Other specified transient organic mental disorders, Organic anxiety syndrome
300.82	Other neurotic disorders, Undifferentiated somatoform disorder
315.32	Developmental speech or language disorder, Receptive language disorder (mixed)

Receptive Language Disorder (mixed)

A patient with this disorder experiences the problems of both expressive language (limited vocabulary, errors in tense, difficulty recalling words, difficulty producing sentences of appropriate length or complexity) and receptive language (difficulty understanding words and sentences) disorders.

Circulatory System

Coronary Atherosclerosis

A new code was created to describe coronary atherosclerosis in an artery bypass graft. There is also a new coronary atherosclerosis code to use when the type of bypass graft is not specified.

New Diagnosis Codes	
Code	Description
414.04	Coronary atherosclerosis of artery bypass graft
414.05	Coronary atherosclerosis of unspecified type of bypass graft

Respiratory System

Chlamydial Pneumonia

New Diagnosis Codes	
Code	Description
466.11	Acute bronchiolitis due to respiratory syncytial virus (RSV)
466.19	Acute bronchiolitis due to other infectious organisms
483.1	Pneumonia due to other specified organism, Chlamydia

Previously, chlamydial pneumonia required two codes, 078.88 and 484.8, and, since 484.8 is an italicized code, 078.88 had to be sequenced first. A new code has been created in category 483, Pneumonia due to other specified organism, to completely describe chlamydial pneumonia.

Acute Bronchiolitis

New codes have been created for acute bronchiolitis due to RSV and other infectious organisms. A note under new code 466.19, Acute bronchiolitis due to other infectious organisms, instructs coders to assign a code to identify the organism in addition to code 466.19.

Digestive System

Cholecystitis and Cholelithiasis

In order to simplify the coding of gallstones, combination codes for calculus of gallbladder and bile duct have been created. Codes were also added under category 575 to differentiate chronic cholecystitis from "other" or "unspecified" cholecystitis.

New Diagnosis Codes	
Code	Description
574.60	Calculus of gallbladder and bile duct with acute cholecystitis without mention of obstruction
574.61	Calculus of gallbladder and bile duct with acute cholecystitis with obstruction
574.70	Calculus of gallbladder and bile duct with other cholecystitis without mention of obstruction
574.71	Calculus of gallbladder and bile duct with other cholecystitis with obstruction
574.80	Calculus of gallbladder and bile duct with acute and chronic cholecystitis without mention of obstruction

New Diagnosis Codes	
Code	Description
574.81	Calculus of gallbladder and bile duct with acute and chronic cholecystitis with obstruction
574.90	Calculus of gallbladder and bile duct without cholecystitis without mention of obstruction
574.91	Calculus of gallbladder and bile duct without cholecystitis with obstruction
575.10	Cholecystitis, unspecified
575.11	Chronic cholecystitis
575.12	Acute and chronic cholecystitis

Congenital Anomalies

Urogenital Congenital Anomalies

Several new codes have been created to classify specific types of urogenital anomalies.

New Diagnosis Codes	
Code	Description
752.51	Congenital anomalies of genital organs, Undescended testis
752.52	Congenital anomalies of genital organs, Retractable testis
752.61	Congenital anomalies of genital organs, Hypospadias
752.62	Congenital anomalies of genital organs, Epispadias
752.63	Congenital anomalies of genital organs, Congenital chordee
752.64	Congenital anomalies of genital organs, Micropenis
752.65	Congenital anomalies of genital organs, Hidden penis
752.69	Congenital anomalies of genital organs, Other penile anomalies
753.20	Congenital anomalies of urinary system, Unspecified obstructive defect of renal pelvis and ureter
753.21	Congenital anomalies of urinary system, Congenital obstruction of ureteropelvic junction
753.22	Congenital anomalies of urinary system, Congenital obstruction of ureterovesical junction
753.23	Congenital anomalies of urinary system, Congenital ureterocele
753.29	Congenital anomalies of urinary system, Obstructive defects of renal pelvis and ureter, not elsewhere classified
758.81	Chromosomal anomalies, Other conditions due to sex chromosome anomalies
758.89	Other conditions due to chromosome anomalies, Other

Injury and Poisoning

Child/Adult Abuse

Due to the increasing awareness of abuse, there is a corresponding increased need to collect more detailed data on the types of abuse that are occurring. Therefore, several new codes have been created to capture abuse data concerning both victims and perpetrators. Additional codes should be assigned to identify any associated injuries, nature of abuse (E code), and perpetrator (E code).

Postoperative Hemorrhage/Hematoma/Seroma

It is now possible to differentiate among postoperative hemorrhage, hematoma, and seroma. A hematoma is a localized collection of blood and a seroma is a collection of serosanguineous fluid. There is also a new, distinct code for infected postoperative seroma. A code to identify the responsible organism should be assigned in addition to this new code.

New Diagnosis Codes	
Code	Description
922.31	Contusion of trunk, Back
922.32	Contusion of trunk, Buttock
922.33	Contusion of trunk, Interscapular region
995.50	Child maltreatment syndrome, Child abuse, unspecified
995.51	Child maltreatment syndrome, Child emotional/psychological abuse
995.52	Child maltreatment syndrome, Child neglect (nutritional)
995.53	Child maltreatment syndrome, Child sexual abuse
995.54	Child maltreatment syndrome, Child physical abuse
995.55	Child maltreatment syndrome, Shaken infant syndrome
995.59	Child maltreatment syndrome, Other child abuse and neglect
995.80	Other specified adverse effects, Adult maltreatment, unspecified
995.82	Other specified effects, NEC, Adult emotional/psychological abuse
995.83	Other specified effects, NEC, Adult sexual abuse
995.84	Other specified effects, NEC, Adult neglect (nutritional)
995.85	Other specified effects, NEC, Other adult abuse and neglect
998.11	Other complications of procedures, NEC, Hemorrhage complicating a procedure
998.12	Other complications of procedures, NEC, Hematoma complicating a procedure
998.13	Other complications of procedures, NEC, Seroma complicating a procedure
998.51	Other complications of procedures, NEC, Infected postoperative seroma

New Diagnosis Codes	
Code	Description
998.59	Other complications of procedures, NEC, Other postoperative infection
998.83	Other specified complications of procedures, NEC, Nonhealing surgical wound

Supplementary Classification of Factors Influencing Health Status and Contact with Health Services *Palliative Care*

A new code has been created to identify encounters solely for palliative care of terminally ill patients. A note under this code instructs coders to code first the underlying disease. The new code for encounter for palliative care should be sequenced as a secondary, rather than the principal, diagnosis.

New Diagnosis Codes	
Code	Description
V15.41	Other personal history presenting hazards to health, History of physical abuse
V15.42	Other personal history presenting hazards to health, History of emotional abuse
V15.49	Other personal history presenting hazards to health, Psychological trauma, Other
V61.10	Other family circumstances, Counseling for marital and partner problems, unspecified
V61.11	Other family circumstances, Counseling for victim of spousal and partner abuse
V61.12	Other family circumstances, Counseling for perpetrator of spousal and partner abuse
V61.22	Other family circumstances, Counseling for perpetrator of parental child abuse
V62.83	Other psychosocial circumstances, Other psychological or physical stress, NEC, Counseling for perpetrator of physical/sexual abuse
V66.7	Convalescence and palliative care, Encounter for palliative care

Diagnoses: Revised Descriptions

Revised Diagnosis Descriptions		
Code	Previous	Current
414.00	Coronary atherosclerosis, of unspecified vessel	Coronary atherosclerosis of unspecified type of vessel, native or graft
995.81	Adult maltreatment syndrome	Adult physical abuse
997.60	Late amputation stump complication, unspecified complication	Amputation stump complication, unspecified complication
997.61	Late amputation stump complication, neuroma of amputation stump	Amputation stump complication, neuroma of amputation stump
997.62	Late amputation stump complication, infection (chronic)	Amputation stump complication, infection (chronic)
997.69	Late amputation stump complication, other	Amputation stump complication, not elsewhere classified
V61.20	Parent-child problem, unspecified	Counseling for parent-child problem, unspecified
V61.21	Child abuse	Counseling for victim of child abuse
V67.4	Follow-up examination, following treatment of fracture	Follow-up examination, following treatment of healed fracture

Other Revisions

Supplemental Classification of External Causes of Injury and Poisoning
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.

Several new E codes have been created. Since there are a few other revisions as well, it is important to review the changes closely.

Note Revisions

Under category 293, Transient organic psychotic conditions, the note stating "use additional code to identify the associated physical or neurological condition" has been deleted, and a note stating "code first the associated physical or neurological

New E Codes	
Code	Description
E967.0	Child and adult battering and other maltreatment, by father or stepfather
E967.2	Child and adult battering and other maltreatment, by mother or stepmother
E967.3	Child and adult battering and other maltreatment, by spouse or partner
E967.4	Child and adult battering and other maltreatment, by child
E967.5	Child and adult battering and other maltreatment, by sibling
E967.6	Child and adult battering and other maltreatment, by grandparent
E967.7	Child and adult battering and other maltreatment, by other relative
E967.8	Child and adult battering and other maltreatment, by nonrelated caregiver

condition" has been added. This means the code for the associated physical or neurological condition should be sequenced *before* the code from category 293.

Under code 459.81, Venous (peripheral) insufficiency, unspecified, a note was added to indicate an additional code should be assigned for any associated ulceration (701.1-707.9).

A note has been added under code 599.0, Urinary tract infection, site not specified, to indicate that this code excludes candidiasis of urinary tract, which is assigned code 112.2.

A note has been added under subcategory 648.9, Other current conditions classifiable elsewhere, to indicate that conditions classifiable to 440-459 are included in this subcategory.

The Excludes note for skin infections has been deleted under category 707, Chronic ulcer of skin, and a note indicating this category includes noninfected sinus of skin and nonhealing ulcer has been added.

A note has been added under code 785.4, Gangrene, instructing coders to sequence any associated underlying condition first. Excludes notes for gangrene of certain sites (see alphabetic index), gangrene with atherosclerosis of the extremities (440.24), and gas gangrene have been added under this same code.

Under subcategory 788.3, Urinary incontinence, a note has been added instructing coders to code the underlying condition (such as genital prolapse) first.

In the "Fracture of Skull" and "Intracranial Injury, Excluding Those with Skull Fracture" sections, a note was added under the fifth digit of "5" to indicate this fifth digit should be used to designate when a patient is unconscious and dies before regaining consciousness, regardless of the duration of the loss of consciousness.

Under category 844, Sprains and strains of knee and leg, the Excludes notes for current or old tear of cartilage or meniscus of knee have been deleted.

The explanatory note under category 995, Certain adverse effects, not elsewhere classified, has been deleted. This note had stated: "This category is to be used to identify the effects not elsewhere classifiable of unknown, undetermined, or ill-defined causes. This category may also be used to provide an additional code to identify the effects of conditions classified elsewhere."

Under subcategory 995.5, Child maltreatment syndrome, a note was added to instruct coders to assign additional code(s) to identify any associated injuries.

Under subcategory 997.6, Amputation stump complication, the note that stated "use additional code to identify site (V49.60-V49.79)" has been deleted. An Excludes note has been added for admissions for treatment for a current traumatic amputation. These cases should be coded to complicated traumatic amputation. Within this subcategory, a note has been added under code 997.62, Infection (chronic), instructing coders to use an additional code to identify the organism.

Under category V55, Attention to artificial openings, "adjustment or repositioning of catheter" has been added to the list of inclusion terms.

Under code V58.0, Radiotherapy, an Excludes note has been added for radioactive iodine therapy. This type of therapy should be coded to the condition.

An Excludes note has been added under code V67.4, Following treatment of healed fracture, for current (healing) fracture aftercare. A code from category V54, Other orthopedic aftercare, should be assigned for current fracture aftercare.

Procedures: New Codes

Coronary Artery Bypass Graft

Due to technological advances, arteries other than the mammary are being utilized for coronary artery bypass grafts. A new code has been created for abdominal-coronary artery bypasses. This code includes gastroepiploic-coronary artery bypass grafts.

Non-Coronary Stent Insertion

A new code has been created to describe the insertion of non-coronary stent(s). Its use is the same as the code created last year for coronary stent insertion in that it should not be assigned alone, but in conjunction with the angioplasty or atherectomy code (39.50).

Endometrial Ablation

A new code has been created to describe endometrial ablation. This procedure is performed to treat dysfunctional uterine bleeding. It may also be performed for fibroid tumors and intrauterine polyps. A scope equipped with either a roller ball or u-shaped wire is inserted into the uterus. An electrical current destroys the endometrium. The uterine lining may be destroyed by laser, radiofrequency electromagnetic energy, or electrocoagulation.

Islet Cell Transplantation

Codes have been created to describe the transplantation of islet cells. This procedure is performed either to prevent the development of diabetes after a total pancreatectomy or to alleviate type I diabetes. In the postpancreatectomy scenario, the patient's own islet cells are transplanted (autotransplantation). To treat type I diabetes, islet cells from a cadaver's pancreas are used (allograft transplantation).

Laparoscopic Procedures

A number of new codes have been created to differentiate procedures performed via an open approach from those performed laparoscopically.

New Procedure Codes	
Code	Description
36.17	Abdominal-coronary artery bypass
39.90	Insertion of non-coronary artery stent or stents
47.01	Laparoscopic appendectomy
47.09	Other appendectomy
47.11	Laparoscopic incidental appendectomy
47.19	Other incidental appendectomy
51.21	Other partial cholecystectomy
51.24	Laparoscopic partial cholecystectomy
52.84	Autotransplantation of cells of Islets of Langerhans
52.85	Allotransplantation of cells of Islets of Langerhans
52.86	Transplantation of cells of Islets of Langerhans, not otherwise specified
54.51	Laparoscopic lysis of peritoneal adhesions
54.59	Other lysis of peritoneal adhesions
59.03	Laparoscopic lysis of perirenal or periureteral adhesions
59.12	Laparoscopic lysis of perivesical adhesions
65.01	Laparoscopic oophorotomy
65.09	Other oophorotomy
65.13	Laparoscopic biopsy of ovary
65.14	Other laparoscopic diagnostic procedures on ovaries
65.23	Laparoscopic marsupialization of ovarian cyst
65.24	Laparoscopic wedge resection of ovary
65.25	Other laparoscopic local excision or destruction of ovary

New Procedure Codes <i>continued</i>	
Code	Description
65.31	Laparoscopic unilateral oophorectomy
65.39	Other unilateral oophorectomy
65.41	Laparoscopic unilateral salpingo-oophorectomy
65.49	Other unilateral salpingo-oophorectomy
65.53	Laparoscopic removal of both ovaries at same operative episode
65.54	Laparoscopic removal of remaining ovary
65.63	Laparoscopic removal of both ovaries and tubes at same operative episode
65.64	Laparoscopic removal of remaining ovary and tube
65.74	Laparoscopic simple suture of ovary
65.75	Laparoscopic reimplantation of ovary
65.76	Laparoscopic salpingo-oophoroplasty
65.81	Laparoscopic lysis of adhesions of ovary and fallopian tube
65.89	Other lysis of adhesions of ovary and fallopian tube
68.23	Endometrial ablation
68.51	Laparoscopically assisted vaginal hysterectomy (LAVH)
68.59	Other vaginal hysterectomy

Procedures: Revised Code Descriptions

Revised Procedure Code Descriptions		
Code	Previous	Current
59.11	Lysis of perivesical adhesions	Other lysis of perivesical adhesions
65.51	Removal of both ovaries at same operative episode	Other removal of both ovaries at same operative episode
65.52	Removal of remaining ovary	Other removal of remaining ovary
65.61	Removal of both ovaries and tubes at same operative episode	Other removal of both ovaries and tubes at same operative episode
65.62	Removal of remaining ovary and tube	Other removal of remaining ovary and tube
65.71	Simple suture of ovary	Other simple suture of ovary
65.72	Reimplantation of ovary	Other reimplantation of ovary
65.73	Salpingo-oophoroplasty	Other salpingo-oophoroplasty

Note Revisions

An inclusion term has been added under code 37.99, Other operations on heart and pericardium, for revision of cardioverter/defibrillator (automatic) pocket.

An Excludes note has been added under code 58.92, Excision of periurethral tissue, for lysis of periurethral adhesions (59.11-59.12).

Transurethral electrovaporization of prostate (TEVAP) has been added as an inclusion term under code 60.29, Other transurethral prostatectomy.

A note was added under code 80.51, Excision of intervertebral disc, to code also any concurrent spinal fusion (81.00-81.09).

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

References

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. Washington, DC: American Psychiatric Association, 1994, pp. 58, 450.

Merkow, Robert, ed. *The Merck Manual of Diagnosis and Therapy*, 16th ed. Rahway, NJ: Merck Research Laboratories, 1992, p. 2177.

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