

New ICD-9-CM Diagnosis Codes for FY09

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The new ICD-9-CM diagnosis and procedure codes go into effect October 1, 2008, for fiscal year 2009. This article highlights some of the diagnosis code changes. The complete ICD-9-CM tabular and alphabetic index (volumes 1 and 2) can be found on the National Center for Health Statistics Web site at www.cdc.gov/nchs/dataawh/ftpserve/ftp9cd9/ftp9cd9.htm#conv.

MRSA Infection and Colonization

New codes were created to better identify *Staphylococcus aureus* infections and colonization. Methicillin-resistant *Staphylococcus aureus* (MRSA), methicillin-susceptible *Staphylococcus aureus* (MSSA) septicemia (038.12 and 038.11), and MRSA and MSSA pneumonia (482.42 and 482.41) have unique codes.

Add-on codes to identify MRSA (041.12) or MSSA (041.11) as the bacterial organism can be used with site-specific infection codes to add detail. Colonization status, or carrier or suspected carrier of infectious disease, are identified with unique codes for MRSA colonization (V02.54) and MSSA colonization (V02.53). Finally, a new code was created for personal history of MRSA infection (V12.04).

Leukemia in Relapse

A new fifth digit of 2, in relapse, was added for use with leukemia category codes 203–208. Leukemia patients who have a relapse may require new interventions or more aggressive therapy and face a greater risk of morbidity and mortality. The fifth digit of 0 was revised to read “without mention of having achieved remission.” The fifth digit of 1 is “in remission.”

Neuroendocrine Tumors

Neuroendocrine tumors are benign, and malignant tumors arise from endocrine or neuroendocrine cells. New category 209 contains specific codes for malignant (209.00–209.3) and benign (209.4–209.6) carcinoid tumors. Sites include small and large intestine, appendix, bronchus and lung, thymus, stomach, and kidney.

With neuroendocrine tumors, coders are directed to first code any associated multiple endocrine neoplasia syndrome (258.01–258.03). An additional code for carcinoid syndrome (258.2) is used when appropriate.

Secondary Diabetes Mellitus

Secondary diabetes can occur in patients with cystic fibrosis, Cushing’s syndrome, malignant neoplasm, certain genetic disorders, or as a late effect of poisoning. It can be induced by drugs, chemicals, or infections.

New category 249 features fourth digits that parallel category 250 diabetes mellitus codes. All manifestations that apply to category 250 also apply to category 249 codes.

Two fifth digits of 0 for “not stated as uncontrolled or unspecified” and 1 for “uncontrolled” were added that physicians must specify as control differs from patient to patient.

Heparin-Induced Thrombocytopenia

Heparin-induced thrombocytopenia (289.84) is a catastrophic, preventable, and treatable medical adverse event that occurs in at least 50,000 patients a year who have received unfractionated heparin. Half of the patients have arterial or venous thrombosis and sometimes devastating deep vein thrombosis, pulmonary embolism, myocardial infarction, or stroke.

It is suspected when there is a 50 percent fall in the number of platelets after beginning heparin therapy. Heparin-induced thrombocytopenia was previously coded to 287.4, which is intended to be a different form.

Migraine and Other Headaches

New category 339 was created to identify specific types of headaches. They include cluster headaches and other trigeminal autonomic cephalgias (339.00–339.09), tension type headaches (339.10–339.12), post-traumatic headache (339.20–339.22), drug-induced headache (339.3), complicated headache syndromes (339.40–339.44), and other specified headache syndromes (339.81–339.89). These codes are consistent with *The International Classification of Headache Disorders, 2nd Edition*.

Category 346, Migraine, has new fourth and fifth digit codes. The fourth digit subcategories were renamed as follows: migraine with aura (346.0), migraine without aura (346.1), variants of migraine (346.2), hemiplegic migraine (346.3), menstrual migraine (346.4), persistent migraine aura without cerebral infarction (346.5), persistent migraine aura with cerebral infarction (346.6), chronic migraine without aura (346.7), and other forms of migraine (346.8) and unspecified migraine (346.9).

The category's fifth digits were revised and expanded to include the following: 0, "without mention of intractable migraine without mention of status migrainosus"; 1, "with intractable migraine, so stated, without mention of status migrainosus"; 2, "without mention of intractable migraine with status migrainosus"; and 3, "with intractable migraine, so stated, with status migrainosus."

Incidental Dural Tear

Incidental dural tears are a common occurrence during spinal surgery, often unavoidable and repaired intraoperatively. The condition should not be assigned to code 998.2, Accidental puncture or laceration during a procedure, if the physician does not document it as a complication. A new code (349.31) was created for this condition.

Coronary Atherosclerosis Due to Lipid Rich Plaque

Code 414.3—in addition to one or more of the coronary atherosclerosis codes, 414.00–414.07—is used to indicate coronary atherosclerosis due to lipid rich plaque. This is important information for cardiologists determining the most appropriate type of stent to use in this coronary artery.

Malignant Pleural Effusion

A new code for malignant pleural effusion (511.81) removes the code from being default-coded to a secondary malignant neoplasm of the pleura. Malignant pleural effusion may also be due to a thoracic lymphoma and is an important sign used in the staging of lung cancer.

Hematuria

Unique codes were created to distinguish between gross hematuria (599.71), microscopic hematuria (599.72), and unspecified hematuria (599.70). This is comparable to the classification of hematuria in ICD-10-CM.

Fetal and Maternal Complications

Category code 678, Other fetal conditions, includes codes to describe a pregnant woman with fetal hematologic conditions and fetal conjoined twins. New category code 679 describes maternal and fetal complications in a pregnant woman from in utero procedures.

New codes within category 760 were created to describe a newborn affected by amniocentesis (760.61), other types of in utero procedures (760.62), other surgical operations on mother during pregnancy (760.63), and previous surgical procedure on mother not associated with pregnancy (760.64).

Pressure (Decubitus) Ulcer Staging

Wound care specialists often describe pressure or decubitus ulcers as stage I–IV wounds. The National Pressure Ulcer Advisory Panel has outlined definitions for each stage. ICD-9-CM now contains codes (707.20–707.25) to be used in addition to the code for the site of the pressure ulcer to identify the stage, I–IV, unspecified, and unstageable ulcer. The title of code 707.0 has been changed from decubitus ulcer to pressure ulcer to be consistent with current terminology.

Stress Fracture

New codes for stress fractures of the femoral neck (733.96), shaft of femur (733.97), and pelvis (733.98) were added to increase the sites that can be identified with a stress fracture.

Fever

The previous code for fever, 780.6, has been expanded to the fifth digit to identify various forms of fever and its cause. New codes were created for:

- Fever with chills or fever unspecified (780.60)
- Fever presenting with conditions classified elsewhere, where the underlying condition is coded first (780.61)
- Postprocedural fever (780.62)
- Postvaccination fever (780.63)
- Chills without fever (780.64)
- Hypothermia not associated with low environmental temperature (780.65)

Ventilator-Associated Pneumonia

The second most common hospital-associated infection, ventilator-associated pneumonia (VAP), has been assigned a unique code (997.31). The coder should use an additional code to identify the organism associated with VAP when known. The primary risk factor of VAP is mechanical ventilation with endotracheal intubation.

Disruption of Wound

Existing codes 998.31 and 998.32 for disruption of internal and external (surgical) operation have new inclusion terms to describe the intent of these codes. “Internal” may be described by the physician as “deep,” while “external” may be described as a full-thickness skin disruption or a superficial dehiscence. A new code (999.33) describes the disruption of a traumatic wound repair, such as a laceration repair.

Infusion and Transfusion Reaction

When intravenous chemotherapy extravasate or escapes into surrounding tissue, it can cause significant damage. New codes identify extravasation of vesicant chemotherapy (999.81), extravasation of other vesicant agent (999.82), other infusion reaction (999.88), and other transfusion reaction (999.89) so that each event can be identified and tracked.

New V Codes

Numerous new V codes include:

- V07.51, Prophylactic use of selective estrogen receptors and estrogen levels
- V07.52, Prophylactic use of aromatase inhibitors
- V07.59, Prophylactic use of other agents affecting estrogen receptors and estrogen levels
- V13.51, Personal history of pathologic fracture
- V13.52, Personal history of stress fracture
- V13.59, Personal history of other musculoskeletal disorders
- V15.21, Personal history of undergoing in utero procedure during pregnancy
- V15.22, Personal history of undergoing in utero procedure while a fetus
- V15.29, Personal history of surgery to other organs

- V15.51, Personal history of traumatic fracture
- V15.59, Personal history of other injury
- V23.85, Pregnancy resulting from assisted reproductive technology
- V23.86, Pregnancy with history of in utero procedure during previous pregnancy
- V28.81, Encounter for fetal anatomic survey
- V28.82, Encounter for screening for risk of preterm labor
- V28.89, Other specified antenatal screening
- V45.11, Renal dialysis status
- V45.12, Noncompliance with renal dialysis
- V45.87, Transplanted organ removal status
- V45.88, Status post administration of tPA (rTPA) in a different facility within the last 24 hours prior to admission to current facility
- V46.3, Wheelchair dependence
- V51.0, Encounter for breast reconstruction following mastectomy
- V51.8, Other aftercare involving the use of plastic surgery
- V61.01–V61.09, Family disruption due to family member on military deployment, return of family member from military deployment, divorce or legal separation, parent-child estrangement, child in welfare custody, child in foster care or in care of nonparental family member, or other family disruption
- V62.21, Personal current military deployment status
- V62.22, Personal history of return from military deployment
- V87.01–V87.39, Contact with and (suspected) exposure to arsenic, other hazardous metals, aromatic amines, benzene, other hazardous aromatic compounds, other potentially hazardous chemical, mold, other potentially hazardous substances
- V87.41, Personal history of antineoplastic chemotherapy
- V87.42, Personal history of monoclonal drug therapy
- V87.49, Personal history of other drug therapy
- V88.01, Acquired absence of both cervix and uterus
- V88.02, Acquired absence of uterus with remaining cervical stump
- V88.03, Acquired absence of cervix with remaining uterus
- V89.01, Suspected problem with amniotic cavity and membrane not found
- V89.02, Suspected placental problem not found
- V89.03, Suspected fetal anomaly not found
- V89.04, Suspected problem with fetal growth not found
- V89.05, Suspected cervical shortening not found
- V89.09, Other suspected maternal and fetal condition not found

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