New ICD-9-CM Diagnostic Codes for Fiscal Year 2008

by Lou Ann Schraffenberger, MBA, RHIA, CCS, CCS-P

On October 1, 2007, the new ICD-9-CM diagnosis and procedure codes go into effect. This article summarizes these fiscal year 2008 changes.

Infant and Wound Botulism

Botulism is defined as neuromuscular poisoning from Clostridium botulinum toxin. Code 040.42 describes wound botulism caused by a traumatic injury or a deep puncture wound. It can be caused by abscesses due to self-injection of illegal drugs. An additional code must be used to identify a complicated open wound.

Infant botulism (040.41) occurs in infants under the age of six months. It is caused by the ingestion of Clostridium botulinum spores that colonize in the large intestine with toxin production in vivo.

Human Herpes Virus and Parvovirus Infections

Specific codes were created for roseola due to human herpes virus 6 or herpes virus 7 (058.11 and 058.12), human herpes virus 6 encephalitis (058.21), human herpes virus 6 infection (058.81), human herpes virus 7 infection (058.82), and other human herpes virus infection (058.89).

Primary infection with HHV-6B causes roseola infantum or exanthema subitum, a common childhood exanthema also known as sixth disease. HHV-6 may reactivate and cause problems in immune-suppressed patients, especially those with AIDS or transplant recipients.

Code 079.83 was created for parvovirus B19, the only parvovirus-causing disease in humans. Parvovirus B19 causes erythema infectiosum, also known as fifth disease (057.0). In some cases parvovirus causes transient aplastic crisis with temporary failure of red blood cell production and acute symmetrical polyarthropathy.

Non-Hodgkin's Lymphomas

Non-Hodgkin's lymphomas (with more than 30 subtypes) are a heterogeneous group of malignant lymphomas. Their only common feature is the absence of the giant Reed-Sternberg cells characteristic of Hodgkin's disease.

New codes were created for marginal zone lymphoma (200.3), mantle cell lymphoma (200.4), primary central nervous system lymphoma (200.5), anaplastic large cell lymphoma (200.6), large cell lymphoma (200.7), and peripheral T-cell lymphoma (202.7).

Carcinoma in Situ of Female Genital Organs

The American College of Obstetricians and Gynecologists requested specific codes for vaginal and vulvar intraepithelial neoplasia I, II, and III. The codes are:

- 233.30, Carcinoma in situ, unspecified female genital organ
- 233.31, Vagina (severe dysplasia of vagina; vaginal intraepithelial neoplasia III [VAIN III])
- 233.32, Vulva (severe dysplasia of vulva; vulvar intraepithelial neoplasia III)
- 233.39, Other female genital organ

The following codes were also added: 624.01, Vulvar intraepithelial neoplasia I (VIN I); 624.02, Vulvar intraepithelial neoplasia II (VIN II); and 624.09, Other dystrophy of vulva (kraurosis, leukoplakia)

Corticoadrenal Insufficiency

Corticoadrenal insufficiency is caused by decreased function of the adrenal cortex, which produces cortisol and aldosterone. Diagnosis is confirmed by challenge with adrenocorticotropic hormone and testing for a lack of response to plasma cortisol level. Distinct codes for glucocorticoid deficiency (255.41) and mineralocorticoid deficiency (255.42) were created.

Multiple Endocrine Neoplasia

Multiple endocrine neoplasia (MEN) syndromes are a group of genetically distinct familial diseases involving adenomatous hyperplasia and malignant tumor formation in several endocrine glands. Three distinct codes were created for MEN I (258.01), MEN IIA (258.02), and MEN IIB (258.03).

These complex syndromes are almost always inherited, so anyone with a family history of MEN should be tested for both the genetic defect and possible conditions associated with the syndrome. V codes were created for family history of MEN (V18.11) and genetic susceptibility to MEN (V84.81).

Red Cell Aplasia

Codes were created for acquired red cell aplasia (284.81) and other specific forms of aplastic anemia (284.89), such as those due to chronic systemic disease, drugs, infection, radiation, or toxic form.

Bandemia

Bandemia (288.66) is an excess of immature white blood cells that can exist in a specimen with a normal white blood cell count. It is frequently present in bacterial infections; however, it may be present when the diagnosis of infection has not been established. The American Academy of Pediatrics requested the code, as bandemia without identified infection is more common in children than adults.

Hearing Loss

Hearing loss is a common health problem due to the combined effects of noise, aging, disease, and heredity. Hearing is a complex sense involving both the sensitivity of the ear and the ability to understand speech.

The American Speech-Language-Hearing Association sought changes to ICD-9-CM, which include new codes for various forms of hearing loss (389.0–5389.22), deaf nonspeaking (389.7), auditory processing disorder (388.45), a status code dual sensory impairment (V49.85), encounter for hearing conservation (V72.12), disability exam (V68.01), and speech and language developmental delay due to hearing loss (315.34).

Dysphagia

Dysphagia is a dynamic disorder, and symptoms vary significantly depending on the phase of swallow affected. The American Speech-Language-Hearing Association sought changes to ICD-9-CM to include codes for various forms of dysphagia. The new codes are:

- 787.20, Unspecified
- 787.21, Oral phase
- 787.22, Oropharyngeal phase
- 787.23, Pharyngeal phase
- 787.24, Pharyngoesophageal phase
- 787.29, Other (cervical, neurogenic)

Idiopathic Normal Pressure Hydrocephalus

Code 331.5 identifies idiopathic normal pressure hydrocephalus (INPH), a treatable disorder of gait impairment, subcortical dementia, urinary urgency, and incontinence associated with impaired cerebrospinal fluid circulation and ventriculomegaly.

INPH is treated with surgical diversion of the cerebrospinal fluid. Many common aging disorders cause the individual symptoms of the INPH triad, which include cognitive, gait, and urinary problems. Consensus guidelines were developed and published in 2005 for these symptoms. Careful screening of older patients with this triad of symptoms is important.

Muscular Dystrophies

Myotonia involves very slow relaxation of a muscle after it contracts. Myotonic muscular dystrophy is the second most common muscular dystrophy in North America. Given the differences in the various forms of myotonic disorders, unique codes were created for myotonic muscular dystrophy (359.21), myotonia congenital (359.22), myotonic chondrodystrophy (359.23), drug-induced myotonia (359.24, use additional E code to identify drug), and other specified myotonic disorder (359.29).

Floppy Iris Syndrome

Patients with prostatic hypertrophy may be prescribed alpha-blockers to treat urinary retention. However, alpha-blockers cause problems when these patients have cataract surgery. The iris is dilated with medications during cataract surgery; in those patients taking alpha-blockers the iris does not stay dilated, but instead the iris billows or flops. This unexpected movement has the potential to lead to injury to the iris or other complications. Floppy iris syndrome is coded to 364.81.

Chronic Total Occlusion of Coronary Artery and Artery of the Extremities

Code 414.2 was created for chronic total occlusion of the coronary artery (CTO). The code is to be used with coronary atherosclerosis (414.00–414.07). CTO is a complete blockage of a coronary artery that has been present for an extended duration, which increases the risk of myocardial infarction or death. CTO is treated with coronary angioplasty or stent placement, but passing a guidewire through a chronic total coronary occlusion is more difficult than for other coronary stenosis.

Code 440.4 was created to identify chronic total occlusion of artery of the extremities; additional codes were created for atherosclerosis of arteries of extremities (440.20–440.29, 440.30–440.39). Within an extremity, CTO is usually a segment of fibrous and calcified plaque ending with a firm distal cap. It produces intermittent claudication when arteries in the lower extremities are involved. Treatment with stenting or angioplasty is significantly more complex and difficult than for cases where there is only a partial arterial occlusion.

Septic Pulmonary and Arterial Embolism

There are two types of septic emboli. Septic pulmonary embolus (415.12) can originate from a localized infection such as cellulitis or dental infection, with the embolic material traveling through the venous system to the heart and then into the pulmonary arterial system where it lodges in small vessels. The underlying infection, such as septicemia, should be coded first.

Septic arterial embolism (449) originates from an infection in the heart or lungs, and the embolic material travels through the systemic arterial system to lodge in small vessels anywhere in the body, such as the brain, retina, or the digits. Septic pulmonary emboli may cause lung abscess or necrotizing pneumonia.

First code the underlying infection, such as infective endocarditis, lung abscess, and use an additional code to identify the site of the embolism (433.0–433.9, 444.0–444.9.)

Cardiac Tamponade

Code 423.3 was created for cardiac tamponade, a condition caused by fluid accumulating in the pericardium, with increased pressure on the heart so that ventricular filling is impaired and cardiac output is decreased. Symptoms can be similar to heart

failure. Diagnosis is confirmed by echocardiogram. It may be caused by a progressive effusion, which may be due to infection, neoplasm, or following cardiac surgery. Treatment involves pericardiocentesis.

Influenza due to Identified Avian Influenza Virus

The term avian influenza refers to influenza occurring in birds. There are two types: low pathogenic and highly pathogenic. The World Health Organization has created a new code in ICD-10 to track avian influenza. ICD-9-CM code 488 was created in order to enable separate tracking of influenza type A in humans resulting from exposure to birds.

Endosseous Dental Implant Failure

The American Dental Association proposed new codes so that ICD-9-CM is consistent with the Systematized Nomenclature of Dentistry (SNODENT). A dental implant is an artificial tooth root that holds a replacement tooth or bridge. Endosteal implants are placed in the jaw bone. There are two main types of failure: pre-osseointegration (or osseointegration) and post-osseointegration. Post-osseointegration can be a biological or mechanical failure. The codes are:

- 525.71, Osseointegration failure of dental implant
- 525.72, Post-osseointegration biological failure of dental implant
- 525.73, Post-osseointegration mechanical failure of dental implant
- 525.79, Other endosseous dental implant failure (dental implant failure NOS)

Anal Sphincter Tear

Previously the code for an anal sphincter tear associated with delivery was included with third-degree perineal laceration; however, anal sphincter tears can occur without a perineal laceration. The American College of Obstetricians and Gynecologists requested distinct codes for various anal sphincter tears in gravid and nongravid patients.

The new codes include 664.6x (0, 1, 4), Anal sphincter tear complicating delivery, not associated with third-degree perineal laceration, and 569.43, Anal sphincter tear (healed old). An additional code is assigned for any associated fecal incontinence.

Aseptic Necrosis of Jaw

Patients diagnosed with aseptic necrosis of the jaw bone (733.45) have not received radiation therapy to the oral cavity or neck and have no exposed bone in the maxillofacial area that occurred spontaneously or following dental surgery with no evidence of healing for more than three to six weeks after appropriate care. A possible relationship between osteonecrosis of the jaw and the use of bisphosphonates and other medications is being investigated. New E codes were created to identify the agent involved and include E933.6, Oral bisphosphonates, and E933.7, Intravenous bisphosphonates.

Malignant Ascites

Malignant ascites defaulted to 197.6, Secondary malignant neoplasm of retroperitoneum and peritoneum. While it is correct that malignant ascites may be caused by metastatic spread of a malignancy to the peritoneum, it may also be due to a primary ovarian malignancy. A unique code (78951) will be assigned in addition to the code for malignant neoplasm of ovary (183.0) or secondary malignancy of retroperitoneum or peritoneum (197.6).

Infection due to Central Venous Catheter

Infections due to central venous catheters include both local and systemic infections. Central lines include nontunneled central venous catheters, peripherally inserted central catheters, and tunneled central venous catheters. Previously these types of infections associated with central lines were coded to 996.62. The new code for infections due to central venous catheters is 999.31.

New V Codes

Personal history, family history, and status and encounter V codes were created to describe specific circumstances of patient care. These include:

- V12.53, (Personal history of) Sudden cardiac arrest (sudden cardiac death successfully resuscitated)
- V12.54, (Personal history of) Transient ischemic attack and cerebral infarction without residual deficits
- V13.22, Personal history of cervical dysplasia
- V16.52, Family history of malignant neoplasm of bladder
- V17.41, Family history of sudden cardiac death (SCD)
- V17.49, Family history of other cardiovascular diseases
- V25.04, Counseling and instruction in natural family planning to avoid pregnancy
- V26.41, Procreative counseling and advice using natural family planning
- V26.49, Other procreative management counseling and advice
- V26.81, Encounter for assisted reproductive fertility procedure cycle
- V26.89, Other specified procreative management
- V73.81, Screening for human papilloma virus

For Further Review

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

- ICD-9-CM Coordination and Maintenance Committee meetings at www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm or www.cms.hhs.gov/ICD9ProviderDiagnosticCodes
- AHIMA summary of ICD-9-CM Coordination and Maintenance Committee meetings
- Official addenda available at www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm or www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/04_addendum.asp#TopOfPage

Lou Ann Schraffenberger *(louann.schraffenberger@advocatehealth.com) is manager of clinical data at Advocate Health Care in Oak Brook, IL.*

Article citation:
Schraffenberger, Lou Ann. "New ICD-9-CM Diagnostic Codes for Fiscal Year 2008" *Journal of AHIMA* 78, no.8 (September 2007): 84-87.