

# Taking a Closer Look at 2003 ICD-9-CM, DRG Changes

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The ICD-9-CM coding changes and DRG changes for fiscal year 2003 include 106 new diagnosis codes, 41 new V codes, 16 new E codes, 25 new procedure codes, and 19 invalid diagnosis codes. Released in the August 1, 2002, *Federal Register*, these changes went into effect October 1, 2002, with discharges occurring on or after October 1, 2002.<sup>1</sup> This article provides an overview of some of the major code and DRG changes.

Web Extra! For a complete list of new ICD-9-CM codes and DRG assignments, go to [www.ahima.org](http://www.ahima.org), click on "HIM Resources," and select the *Journal of AHIMA*. This list is also available in the FORE Library: HIM Body of Knowledge, available through the Communities of Practice.

## Diagnosis Codes

Many of the changes are a result of new codes and further specificity with the addition of fifth digits to previous codes. Code 040.82 was added for toxic shock syndrome and 066.4 was added for West Nile virus. New cystic fibrosis codes were added to identify complications. Both components of critical illness neuropathy, critical illness polyneuropathy, and critical illness myopathy were added for these conditions.

Code 414.06 was added for coronary atherosclerosis of transplanted heart coronary artery. New codes were developed to classify the type of heart failure (systolic versus diastolic) with fifth-digit assignment for acute, chronic, and acute on chronic designations as well as combined systolic and diastolic heart failure. Code 428.0 remains the code for heart failure designated as "congestive." Due to this expansion of codes, it is now necessary to identify the type of heart failure when coding 402 and 404 categories with heart failure. Therefore, two codes will now be assigned when hypertensive heart disease with heart failure is documented.

Several new codes were added to identify residual conditions of a previous stroke: 438.6, Alterations of sensations; 438.7, Disturbances of vision; 438.8, Other late effects of cerebrovascular disease; 438.83, Facial weakness/facial droop; 438.84, Ataxia; and 438.85, Vertigo.

New codes were added for atheroembolisms, postphlebotic syndrome, and chronic venous hypertension. Because the classification of abnormal cervical Pap smears has become more sophisticated, several new codes have been added to this category.

The codes for ectopic pregnancy have been expanded to show an ectopic pregnancy alone or in conjunction with an intrauterine pregnancy. Additionally, there are several new codes for perinatal conditions. The list is extensive and new codes have been added specifically for newborns that have previously been coded elsewhere, such as 771.82, Urinary tract infection of newborn. Subcategory 765.2 has been added to identify weeks of gestation and a note is available with codes 765.0 and 765.1 instructing that an additional code must be used to show weeks of gestation (765.20-765.29).

Code 998.3 has been expanded to identify disruption of internal or external operation wounds. The major changes to the V code section involve the categories V54, Other orthopedic aftercare, and V58, Encounter for other and unspecified procedures and aftercare. These codes have been expanded to identify specific types of care given for fractures and after surgery and will be valuable for reporting long-term care and home health encounters.

## Procedure Codes

There were substantial additions to procedure codes for fiscal year 2003, with codes added primarily for new techniques and treatment. There has been a new chapter added for codes that will begin with 00. These codes are not organized by body

system, because due to a lack of available expansion in ICD-9-CM, they can't be added to their specific body area. An example of this is new code 00.51, which describes the implantation of a cardiac resynchronization defibrillator, total system (CRT-D). However, a similar code, 37.94, Implantation or replacement of automatic cardioverter/defibrillator, total system (AICD) is found in the cardiovascular chapter.

## DRG Changes

There will be 510 DRGs in 25 major diagnostic categories (MDCs) in fiscal year 2003, according to page 49,985 of the *Federal Register*. Some of the major changes identified are:

- Revisions of DRG 1 (Craniotomy Age >17 Except for Trauma) and DRG 2 (Craniotomy for Trauma Age >17)

Previous and new description of DRG 1 and 2:

DRG	Previous Description	New Description
1	Craniotomy Age >17 Except for Trauma	Craniotomy Age >17 with CC
2	Craniotomy for Trauma Age >17	Craniotomy Age >17 without CC

- Reconfiguration and renaming of existing DRG 14 (Specific Cerebrovascular Disorders Except Transient Ischemic Attack) and DRG 15 (Transient Ischemic Attack and Precerebral Occlusions) and creation of a new DRG 524 (Transient Ischemia) to which DRGs 14 and 15 now group.

Principal diagnosis codes for these three DRGs are:

DRG 14	DRG 15	DRG 524
430	433.00	435.0
431	433.10	435.1
432.0	433.20	435.2
432.1	433.30	435.3
432.9	433.80	435.8
433.01	433.90	435.9
433.11	434.00	437.1
433.21	434.10	
433.31	434.90	
433.81	436	
433.91		
434.01		
434.11		
434.91		

- Creation of new DRG 525 (Heart Assist System Implant) for heart assist devices
- Creation of new DRG 526 (Percutaneous Cardiovascular Procedure with Drug-eluting Stent with AMI) and new DRG 527 (Percutaneous Cardiovascular Procedure with Drug-eluting Stent without AMI)
- Reassignment of the diagnosis code for rheumatic heart failure with cardiac catheterization

- Assignment of new and reassignment of existing cystic fibrosis principal diagnosis codes
- Redesignation of a code for insertion of totally implantable vascular access device (VAD) as an operating room procedure
- Changes in the DRG assignment for the bladder reconstruction procedure code
- Changes in DRG assignment for cases of tracheostomy and continuous mechanical ventilation greater than 96 hours

No changes were made to MDC 15, even though extensive revisions were discussed in the May 9, 2002, proposed rule. Additional study will be done on the topic.

Code 436, Acute, but ill-defined cerebrovascular disease, was removed from the Medicare code editor as a "nonspecific principal diagnosis."

## ICD-9-CM Coding System Changes

Important changes were made to the approval process for procedure codes. Previously, changes made at the May and November meetings of the Coordination and Maintenance Committee (C&M) were approved and implemented in the next calendar year. For example, changes made in 2001 were implemented October 1, 2002. A process to expedite these code changes was printed in the September 7, 2001, *Federal Register*.

The dates of the C&M meetings were changed to December and April of each year. This allows the possibility of implementing procedure codes discussed in the April meeting as part of the October updates in the same year. These changes are not included in the proposed rule published in spring, therefore only issues from this meeting that can be quickly resolved and receive support from the public are able to be included in the October addendum. Others would be carried over until the next year.

The C&M committee met on April 18-19, 2002. Two code issues discussed during that meeting were approved in the final addendum and are therefore effective October 1, 2002:

- New code 89.60, Continuous intra-arterial blood gas monitoring
- Revised code title 02.41, Irrigation and exploration of ventricular shunt

For a report of procedure topics discussed at the April 2002 meeting, see the summary report at [www.cms.hhs.gov/medicare/icd9cm.asp](http://www.cms.hhs.gov/medicare/icd9cm.asp).

## Drug-eluting Stents

New drug-eluting stent technology has been developed to prevent the restenosis of blood vessels previously treated for stenosis. A special polymer is used to coat the drug onto the stent, and after the stent is placed into the vessel, the drug is slowly released into the vessel wall tissue over a 30-45 day period. The drug coating on the stent is intended to prevent the accumulation of scar tissue that can narrow the reopened artery.

Usually new technology is assigned to the same DRG as the predecessor technologies, and the proposal in the May 9, 2002, *Federal Register* suggested assigning new code 36.07 to DRG 517.

This new technology was not yet approved by the FDA. Many comments on the proposed rule said that when it is approved, widespread use will cause a significant financial strain on hospitals. Therefore, in the final rule, two new DRGs were created to parallel existing DRGs 516 and 517. In the presence of code 36.07, DRG 526 (Percutaneous Cardiovascular Procedure with Drug-eluting Stent with AMI), and DRG 527 (Percutaneous Cardiovascular Procedure with Drug-eluting Stent without AMI) were created.

The earliest date for FDA approval of this technology is late 2002. Therefore DRGs 526 and 527 will be activated for discharges occurring on or after April 1, 2003. If the approval is given before April 1, 2003, then cases with the procedure code 36.07 will be paid using the relative weight for DRG 517.

For a more thorough review of DRG changes, please review "Analysis of Final Rule for Fiscal Year 2003 Revisions to the Medicare Hospital Inpatient Prospective Payment System" available at [www.ahima.org/dc](http://www.ahima.org/dc).

Discussions held during the ICD-9-CM Coordination and Maintenance Committee meetings give clinical detail and the rationale behind the new code changes. They are available for review at [www.cdc.gov/nchs/icd9.htm#Committee](http://www.cdc.gov/nchs/icd9.htm#Committee).

## Coding Terror

After the tragic events of September 11, 2001, a method was needed to classify, report, and analyze injuries, late effects, and deaths associated with terrorism.

The Centers for Disease Control and Prevention responded to the emergency with a number of immediate actions. One of these actions was the development of E codes to classify terrorism. These were reported in the May 9, 2002, *Federal Register* and are available in the official addenda at [www.cdc.gov/nchs/data/icd9/icdtab03.pdf](http://www.cdc.gov/nchs/data/icd9/icdtab03.pdf).

The following list of codes went into effect October 1, 2002:

E979.0	Terrorism involving explosion of marine weapons				<ul style="list-style-type: none"><li>• other injury</li><li>• melting of fittings and furniture in burning</li><li>• petrol bomb</li><li>• smoldering building or structure</li></ul>
	- depth-charge				
	- marine mine				
	- mine NOS, at sea or in harbor				
	- sea-based artillery shell				
	- torpedo	E979.4		Terrorism involving firearms	
	- underwater blast			- Bullet:	
E979.1	Terrorism involving destruction of aircraft			<ul style="list-style-type: none"><li>• carbine</li><li>• machine gun</li><li>• pistol</li><li>• rifle</li><li>• rubber (rifle)</li><li>• pellets (shotgun)</li></ul>	
	- aircraft used as a weapon				
	- aircraft burned				
	- aircraft exploded				
	- aircraft shot down				
	- crushed by falling aircraft				
E979.2	Terrorism involving other explosions and fragments	E979.5		Terrorism involving nuclear weapons	
	- antipersonnel bomb (fragments)			- Blast effects	
	- blast NOS			- Exposure to ionizing radiation from nuclear weapon	
	- Explosion of:			- Fireball effects	
	<ul style="list-style-type: none"><li>• artillery shell</li><li>• breech block</li><li>• cannon block</li><li>• mortar bomb</li><li>• munitions used in terrorism</li><li>• NOS</li></ul>			- Heat from nuclear weapon	
	- Fragments from:	E979.6		Terrorism involving biological weapons	
	<ul style="list-style-type: none"><li>• artillery shell</li><li>• bomb</li><li>• grenade</li><li>• guided missile</li><li>• land mine</li><li>• rocket</li><li>• shell</li><li>• shrapnel</li><li>• mine NOS</li></ul>			- Anthrax	
		E979.7		Terrorism involving chemical weapons	
				- Gases, fumes, and chemicals	
				- Hydrogen cyanide	
				- Phosgene	
				- Sarin	
		E979.8		Terrorism involving other means	
E979.3	Terrorism involving fires, conflagration, and hot substances			- Drowning and submersion	
	- Burning building or structure:			- Lasers	
	<ul style="list-style-type: none"><li>• collapse of</li><li>• fall from</li><li>• hit by falling object in</li><li>• jump from</li><li>• conflagration NOS</li></ul>			- Piercing or stabbing instruments	
	- Fire (causing):	E979.9		Terrorism, secondary effects (Note: This code is used to identify conditions occurring subsequent to a terrorist attack, not those that are due to the initial terrorist act). Excludes: late effect of terrorist attack (E999.1)	
	<ul style="list-style-type: none"><li>• asphyxia</li><li>• burns</li><li>• NOS</li></ul>				
		E999.0		Late effect of injury due to war operations	
		E999.1		Late effect of injury due to terrorism	

A complete set of guidelines and historical information is available at

[www.cdc.gov/nchs/about/otheract/icd9/terrorism\\_code.htm](http://www.cdc.gov/nchs/about/otheract/icd9/terrorism_code.htm)

## Note

1. In the *Federal Register* final rule on page 49,984, DRG 525 is listed, when, according to table 5, DRG 525 is Heart Assist System Implant, which is also reported on the same page of the *Federal Register*. The DRG assignment for Percutaneous Cardiovascular Procedure with Drug-eluting Stent with AMI is DRG 526.

## References

Official addenda to the ICD-9-CM code changes are available at the following Web sites:

[www.cdc.gov/nchs/data/icd9/icdtab03.pdf](http://www.cdc.gov/nchs/data/icd9/icdtab03.pdf); and <http://cms.hhs.gov/medicare/icd9addendafy03.pdf>.

Prophet, Sue. "ICD-9-CM Committee Presents New Codes, Changes." *Journal of AHIMA* 73, no. 8 (2001): 68-72.

Prophet, Sue. "ICD-9-CM Committee Proposes New Codes, Changes." *Journal of AHIMA* 73, no. 3 (2002): 62-67.

Prophet, Sue. "ICD-9 Committee Explores New Technology, Drug Codes." *Journal of AHIMA* 73, no. 4 (2002): 64-69.

The official coding guidelines have recently been updated and are available for reference at

[www.cdc.gov/nchs/data/icd9/icdguide.pdf](http://www.cdc.gov/nchs/data/icd9/icdguide.pdf).

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