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About the author

Robert S. Gold, MD

Robert S. Gold has more than 40 years of experience as a physician, medical director, and consultant. A graduate of Hahnemann Medical College in Philadelphia, he trained in general surgery in the U.S. Navy, where he spent his professional career as a practicing surgeon.

Gold is a cofounder of DCBA, Inc., a consulting company that provides physician-to-physician clinical documentation improvement (CDI) educational programs, along with training for CDI specialists and coders with respect to the diagnoses and procedures for which they assign codes.

Gold is known nationally for his educational presentations about physician documentation and the clinical orientation of coding in American Health Information Management Association (AHIMA) and HCPro teleconferences. He has spoken at state-level Health Information Management Association and state and private hospital association meetings about medical staff participation in documentation improvement programs. He writes the monthly columns “Clinically Speaking” for Briefings on Coding Compliance Strategies and “Minute for the Medical Staff” for Medical Records Briefing, both published by HCPro, Inc.

Contact him at rgold@DCBAInc.com.

About the reviewer

Shannon E. McCall, RHIA, CCS, CCS-P, CPC, CPC-I, CCDS

Shannon E. McCall serves as the lead instructor for the Certified Coder Boot Camp® (covers physician and outpatient hospital coding) and Certified Coder Boot Camp®–Inpatient Version (covers inpatient hospital facility coding). As a member of HCPro’s consulting staff, she works with hospitals, medical practices, and other healthcare providers on a wide range of coding-related issues with a particular focus on coding reviews and audits.

McCall is accredited as a registered health information administrator and a certified coding specialist by AHIMA. She is also accredited as a certified professional coder and is an approved instructor of the Professional Medical Coding Curriculum by the American Academy of Professional Coders. In addition to her professional credentials, she actively serves as an advisory board member of the Association of Clinical Documentation Improvement Specialists and as the elected director of the Virginia Health Information Management Association. She holds a bachelor’s degree in health information administration from the Medical University of South Carolina.
New, deleted, and revised diagnosis codes

Again, 2010 brings more specificity changes to the coding world, again with no significant modifications to the MS-DRG groupings. Most changes are actually expansions or clarifications of issues raised in the 2009 code modifications. The following codes are effective October 1, 2009.

Some of the major code groupings undergoing change this year include more specificity to the neuroendocrine tumors (we had a breakdown of carcinoids last year), specificity of acute and chronic venous occlusions and the parts of the body in which these may be found, finally some introduction to puerperal sepsis, breakdown of hypoxic encephalopathy by severity, and poisonings by specific medications.

There are also 32 new V codes and 175 new E codes, with some concentration on psychosocial family statuses, a few new personal history codes, and expansion on the screening laboratory services. The E codes saw the greatest number of additions with the new Activity codes (E000–E030). This is the largest expansion of E codes in many years. E codes routinely have been reported to establish how and/or where accidents, injuries, and poisonings occur. With the Activity codes, the E codes will now state what the patient was doing when the injury occurred. At the request of the U.S. military, many new E codes cover injuries sustained in war.

Within the area of procedures, we introduce several devices presented for various organs (heart, liver, lung, colon) and codes for embolization of bioactive coils for occlusion of vessels and colonic stent insertion.

There are 43 revised ICD-9-CM diagnosis codes but no revised procedure code definitions for 2010.

The following text and explanations are based on the Final Publication of 2010 codes published online. Visit the National Centers for Health Statistics (CDC) Web site for further information:

- www.cdc.gov/nchs/icd/icd9cm.htm

Code development is an interesting process. Visit the following AHIMA and Centers for Medicare & Medicaid Services (CMS) sites for discussion of many of the new codes, as well as those that were not implemented:

- http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_044029.pdf#page%3D2
- www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp
For the first time in years, there are no new codes for infectious diseases. The CDC prepared some new codes for H1N1 flu, also known as the swine flu. They appear later in the 488 series. Although 008.65 is said to have been “redefined” as enteritis due to Calicivirus, it has already been that for years. The intent most likely was to redefine 008.63 as Norwalk virus or Norovirus; this is the new portion.

There was a large series of codes for carcinoid tumors last year, both benign and malignant, some dependent on the portion of the intestine or other organ or origin of these tumors. They are derived from the neural crest layer of the early embryo and are referred to as neuroendocrine tumors. Carcinoids are not the only neuroendocrine tumor, however, and providing code sets for other relatively common tumors derived from the same cellular origin from the embryo was advisable. Toward that goal, there is now a series of codes for Merkel cell carcinoma (MCC) and additional codes for metastatic sites for neuroendocrine tumors.

209.31 Merkel cell carcinoma of the face
209.32 Merkel cell carcinoma of the scalp and neck
209.33 Merkel cell carcinoma of the upper limb
209.34 Merkel cell carcinoma of the lower limb
209.35 Merkel cell carcinoma of the trunk
209.36 Merkel cell carcinoma of other sites

209.70 Secondary neuroendocrine tumor, unspecified site
209.71 Secondary neuroendocrine tumor of distant lymph nodes
209.72 Secondary neuroendocrine tumor of liver
209.73 Secondary neuroendocrine tumor of bone
209.74 Secondary neuroendocrine tumor of peritoneum
209.75 Secondary Merkel cell carcinoma
209.79 Secondary neuroendocrine tumor of other sites

This rare form of skin cancer, usually occurring in sun-exposed areas of the skin, often is referred to as MCC. Don’t confuse it with a major complication and comorbidity. However, providers may see synonyms used properly, such as apudoma of the skin (to distinguish them from neural crest tumors of other organs that have similar chemical characteristics), trabecular cell cancer, or small cell neuroepithelial tumor of the skin.

The disease previously was bundled under ICD-9-CM code set 173, Other Malignant Neoplasms of the Skin. Recognizing the unique characteristics and potential for rapid metastasis of this tumor, physicians and researchers from Seattle requested special code sets to identify its specificity. Providers are familiar with other much more common malignancies of the skin: squamous cell carcinoma, basal cell carcinoma, and malignant melanoma (172 series).
These tumors resemble cysts at first; then they grow rapidly and spread. They are staged by size and by metastatic locations.

Metastatic sites include other areas of the skin, lymph nodes, liver, lung, bone, and brain. Other concepts that apply to these tumors include predominance of areas of the skin with long sun exposure. This often occurs in individuals age 65 and older. Also, it often is associated with immunosuppression, such as in patients with transplanted organs or HIV, and with the finding of a particular polyoma virus (Merkel cell virus, or MCV) in 80% of the tumors.

Merkel cells are presumed to be tactile sensors in the skin—cells of the nervous system that detect the sensation of touch. Diagnosis usually is based on biopsy of a newfound lesion of the skin presumed to be a squamous or basal cell lesion. The rapidity of its growth and spread makes excision as quickly as possible important.

These codes are categorized according to location of the primary tumor, similar to other skin cancers in the 172 and 173 categories. Location codes for metastatic sites for all neuroendocrine tumors, carcinoids, Merkel cell tumors, and others that have had no special code assigned are now available.

A problem exists, however. Specifically, 209.75 should not be classified as secondary MCC. Carcinoid is a neuroendocrine tumor that exists more frequently than Merkel cell, and it doesn’t have its own code in this group. Also, all 209 series codes are specified by location; this one stands out as not belonging there at all.

V10.90 Personal history of unspecified malignant neoplasm
V10.91 Personal history of malignant neuroendocrine tumor

These are added to complete the historical cycle of patient care for neuroendocrine tumors.

**Neoplasms of unspecified nature**

ICD-9-CM code 239.8 is subdivided because of the specific need to identify neoplasms of unspecified nature inside the eye.

239.81 Neoplasms of unspecified nature, retina and choroid
239.89 Neoplasms of unspecified nature, other specified sites

Ophthalmologists and other physicians are quite aware of the presence of undiagnosed spots seen in the eye upon ophthalmologic examination. Melanoma is a potentially lethal disease. The risk of finding it on the retina prompted requests for a new code that would specifically identify a currently undiagnosed growth on the surface of the retina or choroid of the eye to represent suspected melanoma.
The retina is the part of the back of the eye that contains rods and cones—the sensors of light and color. The choroid is the layer just beneath the retina that carries blood vessels from the ophthalmic artery to the retina. It is from this layer that detachment of the retina can occur, leading to temporary or permanent blindness.

Gouty arthropathy

ICD-9-CM code 274.0 now is expanded to the fifth digit classification to identify the acuity of the involvement of the joints with gout as well as a specific finding.

274.0 — Gouty arthropathy
274.00 Gouty arthropathy, unspecified
274.01 Acute gouty arthropathy
274.02 Chronic gouty arthropathy without mention of tophus (tophi)
274.03 Chronic gouty arthropathy with mention of tophus (tophi)

Gout is a disease that often presents as a form of arthritis. It is a condition of either overproduction or lack of excretion of normally formed uric acid. (This substance is a breakdown product of protein often present in foods such as some vegetables and fish.) This leads to deposit of uric acid crystals in various organs from the joints to the kidneys. The four basic stages of gout are:

- **Stage 1**: Hyperuricemia (high level of uric acid in the bloodstream) with no symptoms
- **Stage 2**: Acute gout or acute gouty arthritis with sudden onset of pain, swelling, heat, and tenderness in involved joints (must rule out infection or a septic joint)
- **Stage 3**: Interval or intercritical gout (time between acute attacks where there are no symptoms at all)
- **Stage 4**: Chronic gout (or chronic gouty arthritis), the most disabling form of the disease with destruction of joints and renal failure, most often avoided with proper treatment once it is diagnosed

A key identifying property of gout is the presence of enlarging deposits of uric acid crystals in certain joints. These deposits cause lumps under the skin over a joint and cause mild to gross deformity. The lump is called a tophus, and several are referred to as tophi.

Gout was once called the disease of kings; Louis XIV of France suffered from it. For some reason, it often starts with intermittent pain in the great toe before it involves other areas. Medications (e.g., colchicine, probenecid, and allopurinol) along with a diet low in purines are successful in controlling its progression and symptoms. Many fish (e.g., smelt, haddock, sardines, and mussels), poultry, fowl, and lamb are high in purines. This is not the case with beef.
277.88  Tumor lysis syndrome

The 277 series is a group of metabolic abnormalities that includes amyloidosis, cystic fibrosis, dysmetabolic syndrome X, and the recently developed series of carnitine disorders. This code was developed to track a particular effect of bombarding the bloodstream with purines (as in gout), potassium, phosphate, and other chemicals released due to rapid cell destruction.

Certain malignant tumors, including Burkitt’s lymphoma, some other non-Hodgkin’s lymphomas, and acute leukemias are rapid growers but are very sensitive to chemotherapy. Early in treatment of these, especially in face of a person with some level of chronic kidney disease, there is rapid death of tumor cells in the body and dumping of cellular debris into the bloodstream. These can have devastating effects, including from the metabolic acidosis of dead cells, arrhythmias associated with the hyperkalemia, and acute renal failure associated with the hyperuricemia.

Autoimmune lymphoproliferative syndrome (ALPS)

279.4  Autoimmune disease, not elsewhere classified
279.41  Autoimmune lymphoproliferative syndrome
279.49  Autoimmune disease, not elsewhere classified

ALPS sounds complicated. Analysis of its components makes it easier to understand. Autoimmune refers to an inherent condition that is the body’s immunologic response to something in the body with an effect. The effect is a proliferation or overabundance of lymphocytes, the part of the white blood cell line with no granules and only one large nucleus. White cells (all cells except nerves) have a certain life expectancy, then are cleared from the circulation (or other parts of the body). In this situation, they hang around and are not cleared but continue to be produced. (Monocytes are the other white cells with no granules.) The syndrome is a constellation of symptoms.

Various types of this condition are either genetically transmitted or are thought to result from gene mutation. Overproduction of lymphocytes causes clogging of lymphatic organs (lymph nodes, spleen, and liver) with these white blood cells, leaving them enlarged. It usually occurs early in life and appears to subside in the 20s. It is associated with development of a higher incidence of non-Hodgkins lymphomas. Any time the spleen enlarges, it is more prone to damage from trauma and rupture. Skin rashes, nosebleeds, or other subcutaneous bleeding can occur from thrombocytopenia that sometimes accompanies this condition, as well as anemia and enlarged lymph nodes.

Patients who are symptomatic can obtain relief with use of corticosteroids or some antineoplastic agents, such as cyclosporine.
285.3  Antineoplastic chemotherapy induced anemia

Don’t confuse this with 284.89, the code for chemotherapy induced aplastic anemia. This is the reduction in all cell lines of the bone marrow as an effect of the antimetabolic properties of some chemotherapeutic agents that slow or stop development of all cell lines in the bone marrow. Frequently, production then resumes spontaneously.

During September 2008, the Coordination and Maintenance Committee devised the concept of assigning a specific code for anemia associated with the effects of chemotherapy. This is less a form of aplasia (shutdown of production) and more a reflection of lysis or breakdown of the red cells in the circulation that leads to low hemoglobin and hematocrit levels. This code was deemed necessary to permit payers access to a code for medical necessity for use of erythropoietic stimulating agents when a patient is under treatment with certain specific anticancer drugs that are associated with development of anemia.

### Temporal sclerosis

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>348.8</td>
<td>Other conditions of brain</td>
</tr>
<tr>
<td>348.81</td>
<td>Temporal sclerosis</td>
</tr>
<tr>
<td>348.89</td>
<td>Other conditions of brain</td>
</tr>
</tbody>
</table>

Epilepsy has many presentations and forms. Already existing codable conditions include type of reaction (grand mal, petit mal, partial), associated manifestation (with gastrointestinal manifestations, with or without aura), and other specific breakdown of the conditions listed under epilepsy. However, one particular form of epilepsy is the most common in adults, involving localized areas of epilepsy cells in the temporal lobe of the brain. Most patients will have complex partial seizures, and most of their more pronounced, generalized convulsions can be controlled with medication. Some patients with temporal lobe epilepsy who are resistant to medical control will undergo surgical ablation of the inner (mesial) portion of the front of the temporal lobe of the brain in an attempt to stop the seizures and the inconvenience and danger of seizure activity. Pathologic examination of almost three-fourths of these specimens demonstrates temporal sclerosis, sometimes referred to as mesial temporal sclerosis or hippocampal sclerosis.

Remember to assign the code for the specific epilepsy identified along with this condition, if available.

### Inclusion body myositis (IBM)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>359.71</td>
<td>Inclusion body myositis</td>
</tr>
<tr>
<td>359.79</td>
<td>Other inflammatory and immune myopathies, NEC</td>
</tr>
</tbody>
</table>
The muscular dystrophy category has been expanded with a new group: 359.7x. The purpose is to emphasize the unique characteristics of IBM in this group of inflammatory and immune muscle weakening conditions with no specific etiology determined but with significant consequences. Patients develop weakness over months to years. It may occur with muscles close to the body, muscles far from the body or both. It often is by experiencing falls or dropping things with no particular reason identifiable. No effective treatment exists. As providers have observed during the past few years, this may be another disease associated with certain viral factors.

**Acute chemical conjunctivitis**

**372.06 Acute chemical conjunctivitis**

Codes 940.2 and 940.3 identify alkaline and acid burns of the eye. However, other chemicals, such as household cleaners, insecticides, pepper spray, and particulates in smog can cause significant discomfort from irritation. Code 372.06 is intended to identify this situation. It should be accompanied by the E code identifying the chemical that caused it.

**Expansion of speech disturbances**

The American Academy of Neurology and the American Speech-Language-Hearing Association (ASHA) have cooperated in the development of codes to identify specific speech-related disorders, classifying them by presentation and etiology. Codes for specific disturbances were deemed necessary. They differentiate between those that are developmental and those that correspond to late effect of stroke or other neurologic disease.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>438.13</td>
<td>Late effects of cerebrovascular disease, dysarthria</td>
</tr>
<tr>
<td>438.14</td>
<td>Late effects of cerebrovascular disease, fluency disorder</td>
</tr>
<tr>
<td>784.40</td>
<td>Renamed voice and resonance disorders</td>
</tr>
<tr>
<td>784.42</td>
<td>Dysphonia</td>
</tr>
<tr>
<td>784.43</td>
<td>Hypernasality</td>
</tr>
<tr>
<td>784.44</td>
<td>Hyponasality</td>
</tr>
<tr>
<td>784.5</td>
<td>Other speech disturbance</td>
</tr>
<tr>
<td>784.51</td>
<td>Dysarthria</td>
</tr>
<tr>
<td>784.59</td>
<td>Other speech disturbance</td>
</tr>
</tbody>
</table>

Currently, ICD-9-CM code 307.0 is the only code for stuttering. Hereafter, it should be identified when the condition is caused by developmental or stress-related causes as a conversion reaction. When stuttering occurs as a late effect of stroke, 438.14 will be the appropriate code assignment, along with other fluency of speech disorders not elsewhere classified. The proposed code for stuttering with onset in childhood with the exception of stress-
related disorder, 784.52, apparently was not accepted in the final revisions, so the code to be assigned for that condition will be 784.59. This includes childhood-onset dysphasia or slurred speech.

Currently, certain specific disorders involving resonance in childhood such as dysphonia, hypernasality, and hyponasality are included in 784.49. These have been assigned their own codes at ASHA’s request, as discussed previously.

**Chronic pulmonary embolism and differentiation of acute and chronic deep venous thrombosis (DVT)**

Coders must assign an ICD code for a condition that is currently under treatment as though it exists now. In certain clinical situations, the acute problem of embolism or thrombosis is long over, but the patient is still being treated. Now, the patient is admitted again for a totally different condition which has no bearing on the original embolism or thrombosis and just the fact that the patient is still on treatment for the clot has led to coding the clot as a current condition.

An example is a patient with a pulmonary embolism (PE) who has begun treatment, such as Coumadin or long-term Lovenox. If that patient returns to the hospital with another problem while receiving anticoagulation therapy, code 416.2 is the proper code assignment, not 415.19, the code for the acute episode of admission for acute PE.

**416.2 Chronic pulmonary embolism**

Physicians are not required to conduct studies to verify that the PE is still present, only that the patient is still on anticoagulant coverage for it. This applies to medication treatment. This doesn’t appear to be applicable to someone who has had a PE and had an inferior vena cava filter placed. These are rarely removed. Once the patient’s treatment with anticoagulants for PE has ceased, the code should no longer be assigned. However, V12.51 would be applicable.

Similarly, new code sets are developed to differentiate the acute episode of admission for DVT (453.4x series for lower extremity) from the long-term chronic treatment with anticoagulants for this condition. These 453.4x codes now are redefined as “acute venous embolism and thrombosis.”

**453.50 Chronic venous embolism and thrombosis of unspecified deep vessels of lower extremity**

**453.51 Chronic venous embolism and thrombosis of deep vessels of proximal lower extremity**

**453.52 Chronic venous embolism and thrombosis of deep vessels of distal lower extremity**

**453.6 Venous embolism and thrombosis of superficial vessels of lower extremity**

**453.71 Chronic venous embolism and thrombosis of superficial veins of upper extremity**
The deep veins of the distal lower extremity include the anterior and posterior tibial veins and the peroneal vein. The deep veins of the proximal lower extremity include the popliteal (at the back of the knee), deep femoral, superficial femoral (a deep vein of the leg), and external iliac veins.

Again, when the patient is no longer receiving treatment, V12.51 would be appropriate for history of DVT.

**Swine flu**

488.0 Influenza due to identified avian influenza virus
488.1 Influenza due to identified novel H1N1 influenza virus

The advent of the pandemic of the specific strain of H1N1 (swine) flu viral infection necessitated a code for it. This originated with the CDC, not via the usual Coordination and Maintenance Committee meetings. The need was an urgent international one, and waiting for the next scheduled meeting would be imprudent.

Both of these codes are predicated on the physician’s statement that he or she has proof or believes that the influenza is specifically avian or swine flu. Statements such as “possible” or “rule out” default the code to the 477 series because it likely would be encountered most commonly in an outpatient/professional setting.
Pouchitis

Intestinal surgeries sometimes leave a patient with a blind pouch. This is an extension of the normal flow of intestinal content or a portion of intestine that has been separated from the flow. It may be awaiting re-establishment of flow. Conversely, it may be left there because that portion retains some function but is now out of the normal stream of flow or its removal was too dangerous.

For example, if a patient has an emergency sigmoid resection because of perforated diverticulum, creating a temporary colostomy from the end of the descending colon and leaving the other (stapled) end of the bowel and rectum in place for future closure of the colostomy and re-establishment of continuity is advisable. This is a Hartman’s pouch.

A specific intestinal pouch is created in cases in which a patient has undergone total colectomy for either congenital or acquired disease. Rather than cause the patient the inconvenience of constant flow of stool from a standard ileostomy, either an ileoanal pullthrough with a pouch or an abdominal opening with a pouch (Kock or Koch pouch) is created as a continent ileostomy. These patients won’t experience stool draining onto the abdomen, and they won’t need to wear an external appliance such as an ileostomy bag. Once or twice daily, they will insert a catheter through the ileal stoma on the body wall and drain the intestinal contents directly into the toilet.

The procedures consist of creating a pouch. This requires a doubling back of the routing of the remaining end of the small intestine, opening it and sewing the edges side to side to each other to create a reservoir of larger volume than just the width of the intestine itself. This pouch is created to accumulate intestinal content. With construction of a valvular mechanism of the end of the ileum, whether through the anus or through the abdominal wall, this holds the stool in the pouch until the catheter is inserted to drain it.

569.71   Pouchitis
569.79   Other complications of intestinal pouch

These pouches sometimes are problematic. Patients may develop diarrhea and need to empty the pouch frequently. Or they may experience intestinal bleeding from the walls of the pouch or cramps and fever that suggest an infectious process is occurring in the pouch. Whether this is a form of ulcerative colitis (UC), Crohn’s disease, or an overgrowth of bacteria as happens with other pouches is unknown. Performing endoscopy and biopsy to ensure that neither UC nor Crohn’s disease develops in the pouches is important. Some other bowel diversions may be confused with these pouches, such as the afferent limb of a gastrectomy case with a gastrojejunostomy (Billroth II) or a roux-en-Y reconstruction, each with a blind limb that drains bile and pancreatic juices into the jejunum.
Expansion of vomiting codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>569.87</td>
<td>Vomiting of fecal material</td>
</tr>
<tr>
<td>779.32</td>
<td>Bilious vomiting in the newborn</td>
</tr>
<tr>
<td>779.33</td>
<td>Other vomiting in the newborn</td>
</tr>
<tr>
<td>779.34</td>
<td>Failure to thrive in newborn</td>
</tr>
<tr>
<td>787.04</td>
<td>Bilious emesis</td>
</tr>
</tbody>
</table>

Initial review of this series may cause some confusion. Codes in the 787.0x series are for nausea, vomiting, or both. It now also includes bilious vomiting. An exception is newborns, for whom 779.32 is assigned. Another exception is postoperative bilious vomiting, for which 564.3 is assigned. These are symptom codes, and there are many causes of vomiting, bilious or not.

Vomiting of fecal material now is included with other intestinal conditions. Specific causes are associated with the vomiting of actual fecal material. This must be differentiated from feculent vomitus, which is vomiting with the odor of fecal material, but not involving actual fecal material.

Identifying bilious vomiting (vomitus with significant bile content) and vomiting of feces and placing them both in the 700 group of problems with newborns was originally proposed. Both presentations have specific clinical significance, and both are significant in adults and children.

Bilious vomiting signifies a high small bowel obstruction, just after the second portion of the duodenum. It can be due to duodenal atresia, duodenal ulceration, cancer of the duodenum or pancreas, congenital herniation of the jejunum behind the stomach (paraduodenal fossa hernia), or high small bowel closed-loop obstructions. Potential high obstruction demands specific workup. However, the issues involving newborns are quite different from those likely to cause bilious vomiting in adults. Consequently, there is one code for bilious vomiting in newborns (779.32) and another for bilious vomiting in adults (787.04).

Be aware that postoperative ileus (or preoperative ileus persisting in the postoperative phase) or high small bowel obstruction immediately after an operation in the abdomen should be reported as 564.3.

There are cases in which there is a fistula between the stomach and the large intestine. This occurs in cases of penetrating duodenal ulcer or gastric ulcer in which the large intestine that runs along the front of the stomach or duodenum attaches to the irritated spot on the surface of the stomach or duodenum and the ulcer erodes directly into the large intestine. It also can occur with transverse colon diverticulitis in which exactly the opposite occurs: The inflammatory area of the transverse colon adheres to the surface of the stomach beneath it, and the infection erodes into the stomach. Stool gets into the stomach, and the patient’s vomitus may include actual stool.
The code for this is 569.87 with no corresponding code for the neonatal version.

Similarly, feculent vomiting (vomiting of material that smells like feces) can occur in newborns and adults. This can occur because of stasis in the intestine, in which material does not move along appropriately and intestinal bacteria acts upon intestinal content for a prolonged period of time, or because the obstruction is low in the gastrointestinal tract.

The patient’s vomitus smells putrid, like stool, because of growth of *E. coli* and other intestinal organisms that give off gas that makes stool smell like stool. Documentation of feculent vomitus can lead to erroneous assignment of the new 569.87 code. There is a distinct difference between vomiting of feces and feculent vomiting.

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**Endometrial hyperplasia**

- **621.34** Benign endometrial hyperplasia
- **621.35** Endometrial intraepithelial neoplasia (EIN)

This is an extension of the 621.3x series, specifically identifying benign hyperplasia from neoplasia. Note that although a patient may undergo an operative procedure or a diagnostic test to verify the presence of benign endometrial hyperplasia (EIN), the malignancy code would take precedence if the pathologic exam reveals malignance. EIN is a change in the lining of the uterus that will develop into a uterine cancer, endometrial carcinoma. Benign endometrial hyperplasia is treated with hormonal therapy. Treatment of the EIN can be hormonal or surgical, and treatment of the endometrial carcinoma is surgical, depending on the stage of the tumor.

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**Puerperal sepsis**

- **670.10** Puerperal endometritis, unspecified as to episode of care or not applicable
- **670.12** Puerperal endometritis, delivered, with mention of postpartum complication
- **670.14** Puerperal endometritis, postpartum condition or complication
- **670.20** Puerperal sepsis, unspecified as to episode of care or not applicable
- **670.22** Puerperal sepsis, delivered, with mention of postpartum complication
- **670.24** Puerperal sepsis, postpartum condition or complication
- **670.30** Puerperal septic thrombophlebitis, unspecified as to episode of care or not applicable
- **670.32** Puerperal septic thrombophlebitis, delivered, with mention of postpartum complication
- **670.34** Puerperal septic thrombophlebitis, postpartum condition or complication
Understanding and Applying the 2010 ICD-9-CM Codes

670.80  Other major puerperal infection, unspecified as to episode of care or not applicable
670.82  Other major puerperal infection, delivered, with mention of postpartum complication
670.84  Other major puerperal infection, postpartum condition or complication

Until now, the only code available for any significant infection associated with pregnancy has been 670.0, which included endometritis, pelvic cellulitis, pelvic sepsis, septicemia, and peritonitis as inclusive terms to this code. Recognize that these “puerperal” infections are related to infection of the female organs that occurs around the time of birth.

A definition of “puerperal” is necessary. The time between childbirth (after labor) and, according to coding definitions, the six weeks following delivery is known as the puerperium. The time prior to childbirth is prenatal, delivery is partum, and the period of undefined length after delivery is postpartum. However, puerperium is specific in scope. A patient with sepsis due to pneumonia two weeks after delivery does not have puerperal sepsis. A patient with sepsis due to ascending cholangitis when the decision to perform an emergency C-section is made does not have puerperal sepsis.

Puerperal infections can be mild or severe. Early infections may lead to sepsis. Infections involving the endometrial lining of the uterus (endometritis), pelvic veins, or pelvic structures (parametritis or peritonitis) surrounding the uterus are puerperal infections. *Staphylococcus aureus* and strep pyogenes, a group A strep, are frequently involved organisms.

With the large bare area of uterus exposed to the outside world during delivery, infection can occur. Evaluation of postpartum fever includes thoughts of leaving behind a piece of the placenta (retained products of conception). This can lead to postpartum bleeding or infection and puerperal sepsis. In either case, the patient is treated with dilation and curettage.

With puerperal sepsis, remember to assign 995.92 and the code for the failed organ when the case is puerperal severe sepsis (sepsis with organ failure). For example, puerperal sepsis with septic shock and acute renal failure would require codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>670.24</td>
<td>Puerperal sepsis postpartum condition or complication</td>
</tr>
<tr>
<td>785.52</td>
<td>Septic shock</td>
</tr>
<tr>
<td>584.9</td>
<td>Acute renal failure</td>
</tr>
<tr>
<td>995.92</td>
<td>Severe sepsis</td>
</tr>
</tbody>
</table>

**Congenital abdominal wall defects**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>756.72</td>
<td>Omphalocele</td>
</tr>
<tr>
<td>756.73</td>
<td>Gastrochisis</td>
</tr>
</tbody>
</table>
Two conditions are related to lack of appropriate closure of the abdominal wall during embryonic life. Before these new codes were created, 756.79 was assigned to both conditions as well as other abdominal wall congenital defects.

Initially, the embryo is a flat disk sitting on the yolk sac. In time, it develops into a tubular structure as the skin and nervous system develop from the outer layer of this disk, the musculoskeletal system develops between the outer and inner layers, and the intestinal tract and lungs develop from the inner layer. As the intestines elongate, they are external to the body, which becomes more complex but does not grow as long. Eventually, the length of the intestine at birth is about 10 times the length of the baby. Sometime during the pregnancy, approximately week 10 to 12, the intestines are supposed to rotate 270° and return to a waiting abdominal cavity that should have grown large enough to accommodate the herniated intestine. Then, the umbilicus is the intestines' only connection to the yolk sac.

The difference between omphalocele (ahm-FAL-o-seel) and gastroschisis (gas-tro-SKEE-sis) is a membranous covering. Some authors believe that these are totally different entities. Others believe that they are the same except that the omphalocele membranous covering ruptured to leave a gastroschisis. In either case, intestine and other abdominal content may be found outside the abdominal wall at birth. This also differs from an umbilical hernia, in which the defect is in the umbilical cord rather than in the body wall.

Treatment is protection of the exteriorized bowel content, often with creation of a silo of artificial substance, while the abdomen is stretched to permit gradual return of the exteriorized intestine to the abdomen and closure of the abdomen. The closure may be staged, using skin graft and closing the muscle at a later time.

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**Hypoxic-ischemic encephalopathy (HIE)**

- **768.7** Hypoxic-ischemic encephalopathy
- **768.70** Hypoxic-ischemic encephalopathy, unspecified
- **768.71** Mild hypoxic-ischemic encephalopathy
- **768.72** Moderate hypoxic-ischemic encephalopathy
- **768.73** Severe hypoxic-ischemic encephalopathy

After four years, the American Academy of Pediatrics (AAP) and the American College of Obstetrics and Gynecology (ACOG) finally agreed on definitions, criteria, and clinical circumstances for the staging of HIE occurring at birth.

The code for HIE, 768.7, has been replaced by a series of codes for unspecified, mild, moderate, and severe.
During intrauterine life as well as adult life, the blood flow to the brain is maintained at a steady rate as much as possible, and differences in peripheral blood pressure are compensated through the mechanisms of brain blood flow maintenance. With something leading to decreased oxygen supply to the brain during pregnancy or at birth, chemical attempts to increase oxygen supply to the brain may be successful or, with prolonged asphyxia, fail and become pressure dependent. Once pressure cannot supply the difference in oxygenation, changes occur in the cells of the central nervous system, and cells may start to die. With early help, this may be reversible. Reperfusion may actually make it worse faster.

The problem usually occurs at the time of birth. This can be while the baby is still in the uterus or in the birth canal or immediately after delivery. Possibilities include prolapse of the umbilical cord (in which the cord is delivered and the baby is still in the uterus); the cord being wrapped around the neck; a delay in spontaneous breathing; or aspiration of blood, amniotic fluid, or meconium. The more rapidly intervention occurs, the better. Mild hypoxia can lead to reversible changes in the brain if caught and controlled within six hours. Hypothermia can be used to reduce the brain’s dependence on higher levels of oxygen while dealing with the offending factor.

Major results of HIE include cerebral palsy, developmental delays, low IQ (mental retardation), seizures, irritability, coma, and death. Some believe that seizures, developmental delays, or mental retardation without cerebral palsy cannot stand alone as indicators that the cause was HIE.

Complicating the issue until recently was the assumption that all neonatal encephalopathies were caused by asphyxia and were therefore hypoxemic in nature and coded as such. Neonatal encephalopathy, as we have learned from adults with their multiple causes of encephalopathy, can be more than ischemic. There may have been causes such as intrauterine stroke with bleeding into the brain, infection in the neonate with metabolic encephalopathy, malformations of the brain, other congenital abnormalities, or genetic biochemical diseases.

To define HIE, the following must be present according to the combined work of AAP and ACOG:

The criteria to define an acute intrapartum event sufficient to cause cerebral palsy, as modified by this Task Force from the template provided by the International Cerebral Palsy Task Force, are listed as follows:

Essential criteria (must meet all four)

1. Evidence of a metabolic acidosis in fetal umbilical cord arterial blood obtained at delivery (pH < 7 and base deficit = 12 mmol/L)
2. Early onset of severe or moderate neonatal encephalopathy in infants born at 34 or more weeks of gestation
3. Cerebral palsy of the spastic quadriplegic or dyskinetic type†
4. Exclusion of other identifiable etiologies such as trauma, coagulation disorders, infectious conditions, or genetic disorders

Criteria that collectively suggest an intrapartum timing—within close proximity to labor and delivery (e.g., 0–48 hours)—but are nonspecific to asphyxial insults

1. A sentinel (signal) hypoxic event occurring immediately before or during labor
2. A sudden and sustained fetal bradycardia or the absence of fetal heart rate variability in the presence of persistent, late, or variable decelerations, usually after a hypoxic sentinel event when the pattern was previously normal
3. Apgar scores of 0–3 beyond five minutes
4. Onset of multisystem involvement within 72 hours of birth
5. Early imaging study showing evidence of acute nonfocal cerebral abnormality

Again, an issue arises with assignment of a code to the neonatal groupings in which the same damage can be done to the adult brain with HIE from events such as drowning, acute pulmonary edema from tachyarrhythmia, carbon monoxide poisoning, acute respiratory failure, and aspiration and obstruction of the trachea. Recognizing that the same verbiage may be used by the attending physicians, the code assignment for other than neonatal patients is 348.1 for anoxic brain damage.

779.31 Feeding problems in the newborn
779.32 Bilious vomiting in the newborn
779.33 Other vomiting in the newborn
779.34 Failure to thrive in the newborn

Vomiting codes were discussed earlier. The additional codes in the 779.3x series describe feeding problems and failure to thrive, symptoms with multiple possible etiologies. They are intended for use in patients 28 days old or younger. These codes represent symptoms that may be the reason for a visit to the physician’s office or may, in the case of dehydration or malnutrition, lead to hospitalization. However, once the cause is determined, that should substitute as the “diagnosis after study” as principal diagnosis. The code for adult failure to thrive initially was proposed in 1998 to differentiate from pediatric cases. Now there is one for neonates.

For example, a patient with failure to thrive and other vomiting, not bilious (but often described as projectile), may be determined at age 2 weeks to have congenital hypertrophic pyloric stenosis. This is a condition that will not be identifiable during hospitalization for the birth.
Colic

Colic extends well beyond the pediatric age group. This is a symptom code and is limited to the pediatric population by its grouping.

789.7 Colic

Colic is the spasmodic occurrence of severe pain that seems to resolve spontaneously and then recurs. The pain is often described as worse than childbirth or worse than the dental pain that leads to root canals. Currently, adult colic should be coded as abdominal pain, flank pain, or whatever location is described. Once the etiology is determined, the code for that condition will supersede the pain code. Examples include renal colic of obstruction, often a stone, and gallbladder colic, again often suggestive of stone.

A colicky baby is one who often cries at age 3 weeks for approximately three hours per day more than three days per week but otherwise looks healthy and well fed. Obviously, physical disease, such as gastroesophageal reflux, partial bowel obstruction, renal or biliary obstruction, or bladder outlet problems, must be eliminated from consideration. Other causes of excessive crying, such as intracerebral hemorrhage, food intolerance, and even foreign bodies in the eye, must be ruled out as well.

Once all physical causes are determined to be absent, the course of the colic is usually gone, and the colic is nothing but an unpleasant memory. It’s the determination that nothing else is happening that becomes expensive.

Inconclusive mammogram

793.82 Inconclusive mammogram

This code was developed to achieve two goals. The first is not calling something abnormal when it may be a normal variant (such as dense breast tissue). The second is permitting medical necessity for biopsy or closer follow-up of a patient, thus supporting a physician’s clinical judgment to determine course of action. If a biopsy was performed following a normal mammogram, a payment problem could occur. Calling the mammogram abnormal would be fraudulent.

Nonspecific brain manifestations of trauma

This code set evolution is interesting. There is a proliferation of codes intended to track effects of military trauma on individuals who have been injured or otherwise affected during their tour. It has been long awaited. The first group includes symptoms that suggest a need for workup and treatment of current or former military personnel with
a history of traumatic brain injury or stress-related issues associated with military service. Determining whether a physical or psychological condition is causing these symptoms is the desired outcome so treatment can begin. This also will provide insight regarding whether these manifestations are predictors of particular causative conditions.

799.2 Nervousness
799.21 Nervousness
799.22 Irritability
799.23 Impulsiveness
799.24 Emotional lability
799.25 Demoralization and apathy
799.29 Other signs and symptoms involving emotional state

Applicability is widespread and is not limited to military personnel. If a previous brain injury is determined to be the cause, a code for late effect of injury to the brain from the 907–908 series may be necessary, depending on the cause of the injury.

**Apparent life-threatening event in infant**

799.82 Apparent life-threatening event in infant

This is another code valuable in certain circumstances to better define need for use of resources specific to this circumstance. The issue prompting its development is sudden infant death syndrome (SIDS) and the identification of a baby who looks like that is a consideration, but survives this time. The goal is determining whether a potentially fatal condition exists; a remediable, non-life-threatening condition exists; or a parent or other caretaker has overreacted.

The usual presentation is apnea, often associated with nonresponsiveness, apparent cyanosis, limpness, coughing and crying after the apneic episode, and a frantic observer aware of SIDS. The baby may require outpatient, observation, or inpatient evaluation, depending on other symptomatology or after-effects.

Gastrointestinal causes constitute 50% of the workup conclusions. Other issues to identify are brain, cardiac, pulmonary, infectious, or allergic causes. Even something as simple as gastroesophageal reflux in a baby with aspiration of a significant volume of gastric acid can lead to acute noncardiac pulmonary edema due to aspiration pneumonitis, acute respiratory failure, and death.
Expansion of torus fractures

813.46 Torus fracture of ulna (alone)
813.47 Torus fracture of radius and ulna

An AAP request led to further expansion of torus fracture codes to better track a specific forearm fracture in children, whose soft, formative bones are subject to this type of injury. Currently, 813.45 identifies torus fracture of the radius. These additional codes are intended to expand the capability of tracking this particular type of injury.

Codes for torus fracture of the fibula and fibula with tibia are 823.41 and 823.42, respectively.

This is an unusual fracture overall as it involves fracture of part of the bone—a buckling of one surface—without completion of the fracture through the entire bone from a fall forward on an outstretched arm. The initial x-ray may not show the fracture, as the alignment of the bone is restored after the injury. However, after demineralization of the fracture site has occurred a week or so later, it will be visible on x-ray.

A torus fracture differs from a greenstick fracture, which involves distortion and microfractures of the bone without a distinct fracture line and can be caused by a fall backward with a twisting torque applied to the arm as it reaches back to stop the fall. Both are incomplete fractures.

Nursemaid’s elbow

832.2 Nursemaid’s elbow

This condition is identified in children. It occurs when someone pulls violently on the child’s arm while holding the hand. This leads to an entrapment of a piece of the annular ligament of the elbow into the joint between the humerus and the radius. It can present as a partial dislocation of the radial head. Treatment often is accomplished by placing the patient’s arm on the x-ray table to take a film and placing the arm with the elbow at a 90° angle and pronated or placed supine. If you hear a pop, everything is fine.

Expansion of poisoning codes for psychotropic drugs and other poisonings

Remember the distinction between poisoning and adverse effects. Right person, right dose, right frequency—adverse effect. Incidences of children who suffer poisoning after taking drugs acquired by nefarious means just for the perceived thrill are increasing. This list expands the psychotropic drug group. Until now, only one code,
969.0, represented it. These new codes are capable of representing the seven individual classes of drugs for better tracking.

Similarly, other classes of drugs are being used inappropriately, and codes for them exist. All psychostimulants are now grouped under 969.7.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>969.0</td>
<td>Poisoning by antidepressants</td>
</tr>
<tr>
<td>969.00</td>
<td>Poisoning by antidepressants, unspecified</td>
</tr>
<tr>
<td>969.01</td>
<td>Poisoning by monoamine oxidase inhibitors</td>
</tr>
<tr>
<td>969.02</td>
<td>Poisoning by selective serotonin and norepinephrine reuptake inhibitors</td>
</tr>
<tr>
<td>969.03</td>
<td>Poisoning by selective serotonin reuptake inhibitors</td>
</tr>
<tr>
<td>969.04</td>
<td>Poisoning by tetracyclic antidepressants</td>
</tr>
<tr>
<td>969.05</td>
<td>Poisoning by tricyclic antidepressants</td>
</tr>
<tr>
<td>969.09</td>
<td>Poisoning by other antidepressants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>969.7</td>
<td>Poisoning by psychostimulants</td>
</tr>
<tr>
<td>969.70</td>
<td>Poisoning by psychostimulant, unspecified</td>
</tr>
<tr>
<td>969.71</td>
<td>Poisoning by caffeine</td>
</tr>
<tr>
<td>969.72</td>
<td>Poisoning by amphetamines</td>
</tr>
<tr>
<td>969.73</td>
<td>Poisoning by methylphenidate</td>
</tr>
<tr>
<td>969.79</td>
<td>Poisoning by other psychostimulants</td>
</tr>
</tbody>
</table>

**Failed moderate sedation during procedure**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>995.24</td>
<td>Failed moderate sedation during procedure</td>
</tr>
</tbody>
</table>

Conscious sedation is used to perform certain outpatient procedures. Hospital guidelines for these cases have evolved so as not to require the presence of an anesthesiologist to monitor the patient. However, things can and do go wrong. The patient may have an adverse reaction to the drug, may not be sufficiently sedated, or may be oversedated and require support. The American Society of Anesthesiology does not support the concept that a practitioner other than an anesthesiologist can safely administer conscious sedation. This code assignment may help identify when less than adequate pain relief is associated with the provider of the conscious sedation services.

**Broken prosthetic joint implant**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>996.43</td>
<td>Broken prosthetic joint implant</td>
</tr>
</tbody>
</table>
This code is intended to differentiate various complications associated with implantation of prosthetic devices from inherent problems with a product. It will help orthopedists realize that they won’t be blamed for a surgical complication when the prosthesis failed because of a structural flaw.

**New V codes**

- V10.90  Personal history of unspecified type of malignant neoplasm
- V10.91  Personal history of malignant neuroendocrine tumor
- V15.52  Personal history of traumatic brain injury
- V15.80  Personal history of failed moderate sedation
- V15.83  Personal history of underimmunization status
- V20.31  Health supervision for newborn under 8 days old
- V20.32  Health supervision for newborn 8–28 days old
- V26.42  Encounter for fertility preservation counseling
- V26.82  Encounter for fertility preservation procedure
- V53.50  Fitting and adjustment of intestinal appliance and device
- V53.51  Fitting and adjustment of gastric lap band
- V53.59  Fitting and adjustment of other gastrointestinal appliance and device
- V60.81  Foster care (status)
- V60.89  Other specified housing or economic circumstances
- V61.07  Family disruption due to death of family member
- V61.08  Family disruption due to other extended absence of family member
- V61.23  Counseling for parent–biological child problem
- V61.24  Counseling for parent–adopted child problem
- V61.25  Counseling for parent (guardian)–foster child problem
- V61.42  Substance abuse in family
- V72.60  Laboratory examination, unspecified
- V72.61  Antibody response examination
- V72.62  Laboratory examination ordered as part of a routine general medical examination
- V72.63  Pre-procedural laboratory examination
- V72.69  Other laboratory examination
- V80.01  Special screening for traumatic brain injury
- V80.09  Special screening for other neurological conditions
- V87.32  Contact with and (suspected) exposure to algae bloom
- V87.43  Personal history of estrogen therapy
- V87.44  Personal history of inhaled steroid therapy
- V87.45  Personal history of systemic steroid therapy
- V87.46  Personal history of immunosuppressive therapy
Revised V codes for 2010

V15.06  Allergy to insects and arachnids
V15.84  Personal history of contact with and (suspected) exposure to asbestos
V15.85  Personal history of contact with and (suspected) exposure to potentially hazardous body fluids
V15.86  Personal history of contact with and (suspected) exposure to lead
V57.3   Care involving speech-language therapy
V61.29  Other parent-child problems
V65.11  Pediatric pre-birth visit for expectant parent(s)

New E codes for 2010

E000.0  Civilian activity done for income or pay
E000.1  Military activity
E000.8  Other external cause status
E000.9  Unspecified external cause status
E001.0  Activities involving walking, marching, and hiking
E001.1  Activities involving running
E002.0  Activities involving swimming
E002.1  Activities involving springboard and platform diving
E002.2  Activities involving water polo
E002.3  Activities involving water aerobics and water exercise
E002.4  Activities involving underwater diving and snorkeling
E002.5  Activities involving rowing, canoeing, kayaking, rafting, and tubing
E002.6  Activities involving waterskiing and wakeboarding
E002.7  Activities involving surfing, windsurfing, and boogie boarding
E002.8  Activities involving watersliding
E002.9  Other activity involving water and watercraft
E003.0  Activities involving ice skating
E003.1  Activities involving ice hockey
E003.2  Activities involving snow (alpine) (downhill) skiing, snowboarding, sledding, toboggan,ing, and snow tubing
E003.3  Activities involving cross-country skiing
E003.9  Other activity involving ice and snow
E004.0  Activities involving mountain climbing, rock climbing, and wall climbing
E004.1  Activities involving rappelling
E004.2  Activities involving BASE jumping
E004.3  Activities involving bungee jumping
E004.4  Activities involving hang gliding
E004.9  Other activity involving climbing, rappelling, and jumping off
E005.0  Activities involving dancing
E005.1  Activities involving yoga
E005.2  Activities involving gymnastics
E005.3  Activities involving trampoline
E005.4  Activities involving cheerleading
E005.9  Other activity involving dancing and other rhythmic movements
E006.0  Activities involving roller skating (inline) and skateboarding
E006.1  Activities involving horseback riding
E006.2  Activities involving golf
E006.3  Activities involving bowling
E006.4  Activities involving bike riding
E006.5  Activities involving jumping rope
E006.6  Activities involving non-running track and field events
E006.9  Other activity involving other sports and athletics played individually
E007.0  Activities involving American tackle football
E007.1  Activities involving American flag or touch football
E007.2  Activities involving rugby
E007.3  Activities involving baseball
E007.4  Activities involving lacrosse and field hockey
E007.5  Activities involving soccer
E007.6  Activities involving basketball
E007.7  Activities involving volleyball (beach) (court)
E007.8  Activities involving physical games generally associated with school recess, summer camp, and children
E007.9  Other activity involving other sports and athletics played as a team or group
E008.0  Activities involving boxing
E008.1  Activities involving wrestling
E008.2  Activities involving racquet and hand sports
E008.3  Activities involving frisbee
E008.4  Activities involving martial arts
E008.9  Other specified sports and athletics activities
E009.0  Activity involving exercise machines primarily for cardiorespiratory conditioning
E009.1  Activity involving calisthenics
E009.2  Activity involving aerobic and step exercise
E009.3  Activity involving circuit training
E009.4  Activity involving obstacle course
E009.5  Activity involving grass drills
E009.9  Other activity involving cardiorespiratory exercise
E010.0  Activity involving exercise machines primarily for muscle strengthening
E010.1  Activity involving push-ups, pull-ups, sit-ups
E010.2  Activity involving free weights
E010.3  Activity involving pilates
E010.9  Other activity involving other muscle strengthening exercises
E011.0  Activities involving computer keyboarding
E011.1  Activities involving handheld interactive electronic device
E011.9  Other activity involving computer technology and electronic devices
E012.0  Activities involving knitting and crocheting
E012.1  Activities involving sewing
E012.2  Activities involving furniture building and finishing
E012.9  Activity involving other arts and handcrafts
E013.0  Activities involving personal bathing and showering
E013.1  Activities involving laundry
E013.2  Activities involving vacuuming
E013.3  Activities involving ironing
E013.4  Activities involving floor mopping and cleaning
E013.5  Activities involving residential relocation
E013.8  Other personal hygiene activity
E013.9  Other household maintenance
E014.0  Caregiving involving bathing
E014.1  Caregiving involving lifting
E014.9  Other activity involving person providing caregiving
E015.0  Activities involving food preparation and cleanup
E015.1  Activities involving grilling and smoking food
E015.2  Activities involving cooking and baking
E015.9  Other activity involving cooking and grilling
E016.0  Activities involving digging, shoveling, and raking
E016.1  Activities involving gardening and landscaping
E016.2  Activities involving building and construction
E016.9  Other activity involving property and land maintenance, building, and construction
E017.0  Activities involving roller-coaster riding
E017.9  Other activity involving external motion
E018.0  Activities involving piano playing
E018.1  Activities involving drum and other percussion instrument playing
E018.2  Activities involving string instrument playing
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E018.3</td>
<td>Activities involving winds and brass instrument playing</td>
</tr>
<tr>
<td>E019.0</td>
<td>Activities involving walking an animal</td>
</tr>
<tr>
<td>E019.1</td>
<td>Activities involving milking an animal</td>
</tr>
<tr>
<td>E019.2</td>
<td>Activities involving grooming and shearing an animal</td>
</tr>
<tr>
<td>E019.9</td>
<td>Other activity involving animal care</td>
</tr>
<tr>
<td>E029.0</td>
<td>Refereeing a sports activity</td>
</tr>
<tr>
<td>E029.1</td>
<td>Spectator at an event</td>
</tr>
<tr>
<td>E029.2</td>
<td>Rough-housing and horseplay</td>
</tr>
<tr>
<td>E029.9</td>
<td>Other activity</td>
</tr>
<tr>
<td>E030</td>
<td>Unspecified activity</td>
</tr>
<tr>
<td>E830.7</td>
<td>Accident to watercraft causing submersion, occupant of military watercraft, any type</td>
</tr>
<tr>
<td>E831.7</td>
<td>Accident to watercraft causing other injury, occupant of military watercraft, any type</td>
</tr>
<tr>
<td>E832.7</td>
<td>Other accidental submersion or drowning in water transport accident, occupant of military watercraft, any type</td>
</tr>
<tr>
<td>E833.7</td>
<td>Fall on stairs or ladders in water transport, occupant of military watercraft, any type</td>
</tr>
<tr>
<td>E834.7</td>
<td>Other fall from one level to another in water transport, occupant of military watercraft, any type</td>
</tr>
<tr>
<td>E835.7</td>
<td>Other and unspecified fall in water transport, occupant of military watercraft, any type</td>
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<tr>
<td>E836.7</td>
<td>Machinery accident in water transport, occupant of military watercraft, any type</td>
</tr>
<tr>
<td>E837.7</td>
<td>Explosion, fire, or burning in watercraft, occupant of military watercraft, any type</td>
</tr>
<tr>
<td>E838.7</td>
<td>Other and unspecified water transport accident, occupant of military watercraft, any type</td>
</tr>
<tr>
<td>E876.6</td>
<td>Performance of operation (procedure) on patient not scheduled for surgery</td>
</tr>
<tr>
<td>E876.7</td>
<td>Performance of correct operation (procedure) on wrong side/body part</td>
</tr>
<tr>
<td>E928.7</td>
<td>Environmental and accidental causes, mechanism or component of firearm and air gun</td>
</tr>
<tr>
<td>E990.1</td>
<td>Injury due to war operations from flamethrower</td>
</tr>
<tr>
<td>E990.2</td>
<td>Injury due to war operations from incendiary bullet</td>
</tr>
<tr>
<td>E990.3</td>
<td>Injury due to war operations from fire caused indirectly from conventional weapon</td>
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<tr>
<td>E991.4</td>
<td>Injury due to war operations by fragments from munitions</td>
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<td>Injury due to war operations by fragments from person-borne improvised explosive device (IED)</td>
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<td>Injury due to war operations by fragments from vehicle-borne improvised explosive device (IED)</td>
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<td>Injury due to war operations by fragments from other improvised explosive device (IED)</td>
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<td>Injury due to war operations by fragments from weapons</td>
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<td>Injury due to depth charge</td>
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<td>E992.2</td>
<td>Injury due to marine mines</td>
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<td>Injury due to sea-based artillery shell</td>
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<tr>
<td>E992.8</td>
<td>Injury due to war operations by other marine weapons</td>
</tr>
<tr>
<td>E992.9</td>
<td>Injury due to war operations by unspecified marine weapon</td>
</tr>
<tr>
<td>E993.0</td>
<td>Injury due to war operations by aerial bomb</td>
</tr>
</tbody>
</table>
E993.1 Injury due to war operations by guided missile
E993.2 Injury due to war operations by mortar
E993.3 Injury due to war operations by person-borne improvised explosive device (IED)
E993.4 Injury due to war operations by vehicle-borne improvised explosive device (IED)
E993.5 Injury due to war operations by other improvised explosive device (IED)
E993.6 Injury due to war operations by unintentional detonation of own munitions
E993.7 Injury due to war operations by unintentional discharge of own munitions launch device
E993.8 Injury due to war operations by other specified explosion
E993.9 Injury due to war operations by unspecified explosion
E994.0 Injury due to war operations by destruction of aircraft due to enemy fire or explosives
E994.1 Injury due to war operations by unintentional destruction of aircraft due to own onboard explosives
E994.2 Injury due to war operations by destruction of aircraft due to collision with other aircraft
E994.3 Injury due to war operations by destruction of aircraft due to onboard fire
E994.4 Injury due to war operations by other destruction of aircraft
E994.5 Injury due to war operations by unspecified destruction of aircraft
E995.0 Injury due to war operations by unarmed hand-to-hand combat
E995.1 Injury due to war operations, struck by blunt object
E995.2 Injury due to war operations by piercing object
E995.3 Injury due to war operations by intentional restriction of air and airway
E995.4 Injury due to war operations by unintentional drowning due to inability to surface or obtain air
E995.8 Injury due to war operations by other forms of conventional warfare
E995.9 Injury due to war operations by unspecified form of conventional warfare
E996.0 Injury due to war operations by direct blast effect of nuclear weapon
E996.1 Injury due to war operations by indirect blast effect of nuclear weapon
E996.2 Injury due to war operations by thermal radiation effect of nuclear weapon
E996.3 Injury due to war operations by nuclear radiation effects
E996.8 Injury due to war operations by other effects of nuclear weapons
E996.9 Injury due to war operations by unspecified effect of nuclear weapon
E997.3 Injury due to war operations by weapon of mass destruction (WMD), unspecified
E998.0 Injury due to war operations but occurring after cessation of hostilities by explosion of mines
E998.1 Injury due to war operations but occurring after cessation of hostilities by explosion of bombs
E998.8 Injury due to other war operations but occurring after cessation of hostilities
E998.9 Injury due to unspecified war operations but occurring after cessation of hostilities
New procedure codes

17.51 Implantation of rechargeable cardiac contractility modulation (CCM), total system
17.52 Implantation or replacement of CCM rechargeable pulse generator only
17.61 Laser interstitial thermal therapy (LITT) of lesion or tissue of brain under guidance
17.62 LITT of lesion or tissue of head and neck under guidance
17.63 LITT of lesion or tissue of liver under guidance
17.69 LITT of lesion or tissue of other and unspecified site under guidance
17.70 Intravenous infusion of clofarabine
33.73 Endoscopic insertion or replacement of bronchial valve(s), multiple lobes
38.24 Intravascular imaging of coronary vessel(s) by optical coherence tomography (OCT)
38.25 Intravascular imaging of noncoronary vessel(s) by OCT
39.75 Endovascular embolization or occlusion of vessel(s) of head or neck using bare coils
39.76 Endovascular embolization or occlusion of vessel(s) of head or neck using bioactive coils
46.86 Endoscopic insertion of colonic stent(s)
46.87 Other insertion of colonic stent(s)
### Revised Diagnosis Code Titles

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>008.65</td>
<td>Enteritis due to calicivirus</td>
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<tr>
<td>041.3</td>
<td>Klebsiella pneumoniae</td>
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<tr>
<td>041.86</td>
<td>Helicobacter pylori (H. pylori)</td>
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<tr>
<td>453.2</td>
<td>Other venous embolism and thrombosis of inferior vena cava</td>
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<tr>
<td>453.40</td>
<td>Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity</td>
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<tr>
<td>453.41</td>
<td>Acute venous embolism and thrombosis of deep vessels of proximal lower extremity</td>
</tr>
<tr>
<td>453.42</td>
<td>Acute venous embolism and thrombosis of deep vessels of distal lower extremity</td>
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<td>572.2</td>
<td>Hepatic encephalopathy</td>
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<td>584.5</td>
<td>Acute kidney failure with lesion of tubular necrosis</td>
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<tr>
<td>584.6</td>
<td>Acute kidney failure with lesion of renal cortical necrosis</td>
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<tr>
<td>584.7</td>
<td>Acute kidney failure with lesion of renal medullary (papillary) necrosis</td>
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<tr>
<td>584.8</td>
<td>Acute kidney failure with other specified pathological lesion in kidney</td>
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<tr>
<td>584.9</td>
<td>Acute kidney failure, unspecified</td>
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<tr>
<td>639.3</td>
<td>Kidney failure following abortion and ectopic and molar pregnancies</td>
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<tr>
<td>669.30</td>
<td>Acute kidney failure following labor and delivery, unspecified as to episode of care or not applicable</td>
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<td>669.32</td>
<td>Acute kidney failure following labor and delivery, delivered, with mention of postpartum complication</td>
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<td>669.34</td>
<td>Acute kidney failure following labor and delivery, postpartum condition or complication</td>
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<td>670.00</td>
<td>Major puerperal infection, unspecified, unspecified as to episode of care or not applicable</td>
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<td>670.02</td>
<td>Major puerperal infection, unspecified, delivered, with mention of postpartum complication</td>
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<td>670.04</td>
<td>Major puerperal infection, unspecified, postpartum condition or complication</td>
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<td>757.6</td>
<td>Specified congenital anomalies of breast</td>
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<tr>
<td>772.0</td>
<td>Fetal blood loss affecting newborn</td>
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<tr>
<td>776.9</td>
<td>Unspecified hematological disorder specific to newborn</td>
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<td>784.40</td>
<td>Voice and resonance disorder, unspecified</td>
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<tr>
<td>784.49</td>
<td>Other voice and resonance disorders</td>
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<tr>
<td>793.0</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of skull and head</td>
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<tr>
<td>793.1</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of lung field</td>
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<tr>
<td>793.2</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of other intrathoracic organs</td>
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<tr>
<td>793.3</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of biliary tract</td>
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<td>793.4</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of gastrointestinal tract</td>
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<td>793.5</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of genitourinary organs</td>
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<tr>
<td>793.6</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of abdominal area, including retroperitoneum</td>
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<tr>
<td>793.7</td>
<td>Nonspecific (abnormal) findings on radiological and other examination of musculoskeletal system</td>
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<tr>
<td>793.89</td>
<td>Other (abnormal) findings on radiological examination of breast</td>
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### Revised Diagnosis Code Titles (cont.)

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<th>Code</th>
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<tr>
<td>793.99</td>
<td>Other nonspecific (abnormal) findings on radiological and other examination of body structure</td>
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<tr>
<td>813.45</td>
<td>Torus fracture of radius (alone)</td>
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<tr>
<td>996.43</td>
<td>Broken prosthetic joint implant</td>
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<tr>
<td>E876.5</td>
<td>Performance of wrong operation (procedure) on correct patient</td>
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<tr>
<td>V15.06</td>
<td>Allergy to insects and arachnids</td>
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<tr>
<td>V15.84</td>
<td>Personal history of contact with and (suspected) exposure to asbestos</td>
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<tr>
<td>V15.85</td>
<td>Personal history of contact with and (suspected) exposure to potentially hazardous body fluids</td>
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<tr>
<td>V15.86</td>
<td>Personal history of contact with and (suspected) exposure to lead</td>
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<tr>
<td>V57.3</td>
<td>Care involving speech-language therapy</td>
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<tr>
<td>V61.29</td>
<td>Other parent-child problems</td>
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<tr>
<td>V65.11</td>
<td>Pediatric pre-birth visit for expectant parent(s)</td>
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### Revised Procedure Code Titles

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<th>Code</th>
<th>Description</th>
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<tr>
<td>00.56</td>
<td>Insertion or replacement of implantable pressure sensor (lead) for intracardiac or great vessel hemodynamic monitoring</td>
</tr>
<tr>
<td>00.57</td>
<td>Implantation or replacement of subcutaneous device for intracardiac or great vessel hemodynamic monitoring</td>
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<tr>
<td>33.71</td>
<td>Endoscopic insertion or replacement of bronchial valve(s), single lobe</td>
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<tr>
<td>39.72</td>
<td>Endovascular embolization or occlusion of head and neck vessels</td>
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<tr>
<td>39.79</td>
<td>Other endovascular procedures on other vessels</td>
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<tr>
<td>39.90</td>
<td>Insertion of non-drug-eluting peripheral (noncoronary) vessel stent(s)</td>
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<td>80.00</td>
<td>Arthrotomy for removal of prosthesis without replacement, unspecified site</td>
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<tr>
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<td>Arthrotomy for removal of prosthesis without replacement, shoulder</td>
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<td>Arthrotomy for removal of prosthesis without replacement, elbow</td>
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<td>Arthrotomy for removal of prosthesis without replacement, hand and finger</td>
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<td>80.05</td>
<td>Arthrotomy for removal of prosthesis without replacement, hip</td>
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<td>80.06</td>
<td>Arthrotomy for removal of prosthesis without replacement, knee</td>
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<td>80.07</td>
<td>Arthrotomy for removal of prosthesis without replacement, ankle</td>
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<td>80.08</td>
<td>Arthrotomy for removal of prosthesis without replacement, foot and toe</td>
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<tr>
<td>80.09</td>
<td>Arthrotomy for removal of prosthesis without replacement, other specified sites</td>
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</table>