Subject: Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)

I. SUMMARY OF CHANGES: This instruction is CMS’s annual reminder to the Medicare contractors of the ICD-9-CM update that is effective for the dates of service on and after October 1, 2008. The initial release of this Recurring Update Notification can be found in Pub.100-04, Chapter 23, Section 10.2 of the internet-only manual.

New / Revised Material
Effective Date: October 1, 2008
Implementation Date: October 6, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<table>
<thead>
<tr>
<th>R/N/D</th>
<th>Chapter / Section / Subsection / Title</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
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</tbody>
</table>

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.*
SUBJECT: Medicare Contractor Annual Update of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)

Effective Date: October 1, 2008

Implementation Date: October 6, 2008

I. GENERAL INFORMATION

A. Background:

In 1979, use of ICD-9-CM codes became mandatory for reporting provider services on Form CMS-1450. On April 1, 1989, use of ICD-9-CM codes became mandatory for all physician services submitted on Form CMS-1500. Effective October 1, 2003 an ICD-9-CM code is required on all paper and electronic claims billed to Medicare carriers with the exception of ambulance claims (specialty type 59).

The ICD-9-CM codes are updated annually as stated in Pub. 100-04, Chapter 23, Section 10.2. The CMS sends the ICD-9-CM Addendum out to the regional offices and Medicare contractors annually.

B. Policy:

This instruction serves as a reminder to contractors regarding the annual ICD-9-CM coding update to be effective for dates of service on or after October 1, 2008 (effective for discharges on or after October 1, 2008 for institutional providers).

An ICD-9-CM code is required for all professional claims, e.g., physicians, non-physician practitioners, independent clinical diagnostic laboratories, occupational and physical therapists, independent diagnostic testing facilities, audiologist, ambulatory surgical centers (ASCs), and for all institutional claims. However, an ICD-9-CM code is not required for ambulance supplier claims.

The CMS posts the new, revised, and discontinued ICD-9-CM diagnosis codes on the CMS Web site at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage on an annual basis. The updated diagnosis codes are effective for dates of service/discharges on and after October 1. Providers can view the new updated codes at this site in June. Providers can also visit the National Center for Health Statistics (NCHS) Web site at www.cdc.gov/nchs/icd9.htm. The NCHS will post the new ICD-9-CM Addendum on their web in June. Providers are also encouraged to purchase a new ICD-9-CM book or CD-ROM on an annual basis.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility (place an “X” in each applicable column)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>A  D  F  C  R  SHARED-SYSTEM MAINTAINERS OTHER</td>
</tr>
</tbody>
</table>

CMS / CMM / MCMG / DCOM
Change Request Form: Last updated 08 November 2007
Page 1
6107.1 Contractors shall install and accept the new and revised 2009 ICD-9-CM codes in order to process claims with dates of service on or after October 1, 2008.

6107.2 For institutional providers, FIs shall accept the new and revised codes for claims with discharges on or after October 1, 2008.

6107.3 Contractors shall review reasons code and local edits that contain ICD-9-CM codes and update if necessary.

6107.4 Contractors shall review local edits that contain ICD-9-CM codes and update if necessary.

### III. PROVIDER EDUCATION TABLE

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility (place an “X” in each applicable column)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>A / B</td>
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<tr>
<td>6107.5</td>
<td>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established &quot;MLN Matters&quot; listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</td>
<td>X</td>
</tr>
</tbody>
</table>

### IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

*Use "Should" to denote a recommendation.*

<table>
<thead>
<tr>
<th>X-Ref Requirement Number</th>
<th>Recommendations or other supporting information:</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Section B: For all other recommendations and supporting information, use this space:
Grouper 26, Medicare Code Editor v25, and Integrated Outpatient Code Editor v9.3.

Dependencies: Two attachments: the table and the Addendum.

V. CONTACTS

Pre-Implementation Contact(s): April Billingsley, april.billingsley@cms.hhs.gov, 410-786-0140 (carrier), and Valeri Ritter, valeri.ritter@cms.hhs.gov, 410-786-8652 (FIs)

Post-Implementation Contact(s): Appropriate Project Officer

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs) use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs), use the following statement:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.
Tabular

00.3  Computer assisted surgery [CAS]
Add inclusion term  That without the use of robotic(s) technology
Add exclusion term  Excludes: robotic assisted procedures (17.41-17.49)

New code  00.49  SuperSaturated oxygen therapy
           Aqueous oxygen (AO) therapy
           SSO₂
           SuperOxygenation infusion therapy
Code also any:  injection or infusion of thrombolytic agent (99.10)
               insertion of coronary artery stent(s) (36.06-36.07)
               intracoronary artery thrombolytic infusion (36.04)
               number of vascular stents inserted (00.45-00.48)
               number of vessels treated (00.40-00.43)
               open chest coronary artery angioplasty (36.03)
               other removal of coronary obstruction (36.09)
               percutaneous transluminal coronary angioplasty [PTCA] (00.66)
               procedure on vessel bifurcation (00.44)
Excludes:  other oxygen enrichment (93.96)
           other perfusion (39.97)

New Code  00.58  Insertion of intra-aneurysm sac pressure monitoring device
           (intraoperative)
           Insertion of pressure sensor during endovascular repair of
           abdominal or thoracic aortic aneurysm(s)

New code  00.59  Intravascular pressure measurement of coronary arteries
           Includes: fractional flow reserve (FFR)
Code also any synchronous diagnostic or therapeutic procedures
Excludes:  intravascular pressure measurement of intrathoracic
           arteries (00.67)

00.66  Percutaneous transluminal coronary angioplasty [PTCA] or
       coronary atherectomy
Add code also note  Code also any:  SuperSaturated oxygen therapy (00.49)
New code 00.67 Intravascular pressure measurement of intrathoracic arteries
Assessment of:
aorta and aortic arch
carotid
Code also any synchronous diagnostic or therapeutic procedures

New code 00.68 Intravascular pressure measurement of peripheral arteries
Assessment of:
other peripheral vessels
vessels of arm(s)
vessels of leg(s)
Code also any synchronous diagnostic or therapeutic procedures

New code 00.69 Intravascular pressure measurement, other specified and unspecified vessels
iliac vessels
intra-abdominal vessels
mesenteric vessels
renal vessels
Code also any synchronous diagnostic or therapeutic procedures
Excludes: intravascular pressure measurement of:
coronary arteries (00.59)
intrathoracic arteries (00.67)
 peripheral arteries (00.68)

03.53 Repair of vertebral fracture
Revise exclusion term
Excludes: kyphoplasty percutaneous vertebral augmentation (81.66)
Revise exclusion term percutaneous vertebroplasty (81.65)

New chapter 3A Other miscellaneous diagnostic and therapeutic procedures
New category 17 Other miscellaneous procedures
New subcategory 17.1 Laparoscopic unilateral repair of inguinal hernia
Excludes: other and open unilateral repair of hernia (53.00 – 53.05)
New code 17.11 Laparoscopic repair of direct inguinal hernia with graft or prosthesis
Laparoscopic repair of direct and indirect inguinal hernia with graft or prosthesis
New code  17.12  Laparoscopic repair of indirect inguinal hernia with graft or prosthesis

New code  17.13  Laparoscopic repair of inguinal hernia with graft or prosthesis, not otherwise specified

New subcategory  17.2  Laparoscopic bilateral repair of inguinal hernia
Excludes:  other and open bilateral repair of hernia (53.10 – 53.17)

New code  17.21  Laparoscopic bilateral repair of direct inguinal hernia with graft or prosthesis

New code  17.22  Laparoscopic bilateral repair of indirect inguinal hernia with graft or prosthesis

New code  17.23  Laparoscopic bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis

New code  17.24  Laparoscopic bilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified

New subcategory  17.3  Laparoscopic partial excision of large intestine
Excludes:  other and open partial excision of large intestine (45.71-45.79)

New code  17.31  Laparoscopic multiple segmental resection of large intestine

New code  17.32  Laparoscopic cecectomy

New code  17.33  Laparoscopic right hemicolecotomy

New code  17.34  Laparoscopic resection of transverse colon

New code  17.35  Laparoscopic left hemicolecotomy

New code  17.36  Laparoscopic sigmoidectomy

New code  17.39  Other laparoscopic partial excision of large intestine
New subcategory 17.4 Robotic assisted procedures
   Computer assisted robotic surgery
   Computer-enhanced robotic surgery
   Robotic procedure with computer assistance
   Surgeon-controlled robotic surgery
Code first primary procedure
Excludes: computer assisted surgery (00.31-00.35, 00.39)

Note: This category includes use of a computer console with (3-D) imaging, software, camera(s), visualization and instrumentation combined with the use of robotic arms, device(s), or system(s) at the time of the procedure.

New code 17.41 Open robotic assisted procedure
   Robotic assistance in open procedure

New code 17.42 Laparoscopic robotic assisted procedure
   Robotic assistance in laparoscopic procedure

New code 17.43 Percutaneous robotic assisted procedure
   Robotic assistance in percutaneous procedure

New code 17.44 Endoscopic robotic assisted procedure
   Robotic assistance in endoscopic procedure

New code 17.45 Thoracoscopic robotic assisted procedure
   Robotic assistance in thoracoscopic procedure

New code 17.49 Other and unspecified robotic assisted procedure
   Robotic assistance in other and unspecified procedure
Excludes: endoscopic robotic assisted procedure (17.44)
   laparoscopic robotic assisted procedure (17.42)
   open robotic assisted procedure (17.41)
   percutaneous robotic assisted procedure (17.43)
   thoracoscopic robotic assisted procedure (17.45)

Add inclusion term Temporal percutaneous dilatational tracheostomy [PDT]
Add code also note Code also any synchronous bronchoscopy, if performed (33.21 – 33.24, 33.27)

Add inclusion term Permanent percutaneous dilatational tracheostomy [PDT]
Add code also note Code also any synchronous bronchoscopy, if performed (33.21 –
33.29 Other diagnostic procedures on lung and bronchus
Add exclusion term Excludes: endoscopic pulmonary airway flow measurement
(33.72)

Revise subcategory title 33.7 Other & endoscopic insertion, replacement, and removal of
therapeutic device or substances procedures in bronchus or
lung
Delete inclusion term Biologic lung volume reduction (BLVR)

New Code 33.72 Endoscopic pulmonary airway flow measurement
Assessment of pulmonary airway flow
Code also any diagnostic or therapeutic procedure if performed

36.33 Endoscopic transmyocardial revascularization
Delete inclusion term Robotic-assisted transmyocardial revascularization

37.33 Excision or destruction of other lesion or tissue of heart,
open approach
Add exclusion term Excludes: excision or destruction of left atrial appendage (LAA)
(37.36)

New Code 37.36 Excision or destruction of left atrial appendage (LAA)
Includes: Thoracoscopic approach, minithoracotomy
approach
Clipping of left atrial appendage
Exclusion of left atrial appendage
Oversewing of left atrial appendage
Stapling of left atrial appendage
Code also any concomitant procedure performed
Excludes: ablation, excision or destruction of lesion or tissue of
heart, endovascular approach (37.34)

Revise code title 37.52 Implantation of total internal biventricular heart
replacement heart system
Delete inclusion term Implantation of fully implantable total replacement heart
system, including ventriculectomy
Revise exclusion term Excludes: implantation of heart assist system [VAD] (37.62,
37.65, 37.66, 37.68)
Add note  Note: This procedure includes substantial removal of part or all of the biological heart. Both ventricles are resected, and the native heart is no longer intact. Ventriculectomy is included in this procedure; do not code separately.

Revise code title  37.53 Replacement or repair of thoracic unit of (total) replacement heart system

Revise code title  37.54 Replacement or repair of other implantable component of (total) replacement heart system

Revise exclusion term  Excludes: replacement or repair of thoracic unit of (total) replacement heart system (37.53)

New code  37.55 Removal of internal biventricular heart replacement system
            Explantation of artificial heart
Code also any concomitant procedure, such as:
            combined heart-lung transplantation (33.6)
            heart transplantation (37.51)
            implantation of internal biventricular heart replacement system (37.52)

Excludes:
            explantation [removal] of external heart assist system (37.64)
            explantation [removal] of percutaneous external heart assist device (97.44)
            nonoperative removal of heart assist system (97.44)
            that with replacement or repair of heart replacement system (37.53, 37.54)

Revise subcategory title  37.6 Implantation of heart and circulatory assist system(s)

New code  37.60 Implantation or insertion of biventricular external heart assist system
            Temporary cardiac support for both left and right ventricles, inserted in the same operative episode

            Includes: open chest (sternotomy) procedure for cannulae attachments
Note: Device (outside the body but connected to heart) with external circulation pump. Ventriculotomy is included; do not code separately.

Excludes: implantation of internal biventricular heart replacement system (artificial heart) (37.52)
implant of pulsation balloon (37.61)
insertion of percutaneous external heart assist device (37.68)
insertion of temporary non-implantable extracorporeal circulatory assist device (37.62)

Revise code title 37.62 Insertion of temporary non-implantable extracorporeal heart circulatory assist system
Add inclusion term Acute circulatory support device
Add inclusion term Short-term circulatory support (up to six hours)

Excludes:
Revise exclusion term implantation of total internal biventricular heart replacement system [artificial heart] (37.52)
Add exclusion term implant of external heart assist system (37.65)
Add exclusion term insertion of implantable extracorporeal heart assist system (37.66)
Add exclusion term removal of heart assist system (37.64)

Add note Note: Includes explantation of this device; do not code separately.

37.63 Repair of heart assist system
Revise exclusion term Excludes: replacement or repair of other implantable component of (total) replacement heart system [artificial heart] (37.54)
Revise exclusion term replacement or repair of thoracic unit of (total) replacement heart system [artificial heart] (37.53)

Revise code title 37.64 Removal of external heart assist system(s) or device(s) or device(s)
Add inclusion term Explantation of external device(s) providing left and right ventricular support
Add inclusion term Explantation of single external device and cannulae
Add exclusion term Excludes: temporary non-implantable extracorporeal circulatory assist device (37.62)

Revise code title 37.65 Implant of single ventricular (extracorporeal) external heart assist system
Add inclusion term  
Insertion of one device into one ventricle

Revise exclusion term  
Excludes: implantation of total internal biventricular heart replacement system (37.52)

Add exclusion term  
insertion of implantable heart assist system (37.66)

Add exclusion term  
insertion or implantation of two external VADs for simultaneous right and left heart support (37.60)

Add exclusion term  
that without sternotomy (37.62)

Add note  
Note: Insertion or implantation of one external VAD for left or right heart support.

37.66 Insertion of implantable heart assist system

Revise exclusion term  
Excludes: implantation of total internal biventricular heart replacement system [artificial heart] (37.52)

New code  
38.23 Intravascular spectroscopy
  Includes: imaging of both coronary and peripheral vessels
  Intravascular chemography
  Near infrared (NIR) spectroscopy

Excludes: intravascular imaging of:
  coronary vessels (00.24)
  peripheral vessels (00.23)

38.99 Other puncture of vein

Excludes: that for:

Revise exclusion term  
angiography of veins (88.60-88.69 88.68)

Revise exclusion term  
phlebography (88.60-88.69 88.68)

Revise exclusion term  
39 Other operations on vessels
Excludes: those on coronary vessels (36.00-36.03-36.99)

Add code also note  
Code also intra-aneurysm sac pressure monitoring (intraoperative) (00.58)

39.71 Endovascular implantation of graft in abdominal aorta

Add code also note  
Code also intra-aneurysm sac pressure monitoring (intraoperative) (00.58)

39.73 Endovascular implantation of graft in thoracic aorta
Add exclusion note
39.97 Other perfusion
Excludes: SuperSaturated oxygen therapy (00.49)

44.32 Percutaneous [endoscopic] gastrojejunostomy
Delete inclusion term
Add inclusion term
Endoscopic conversion of gastrostomy to jejunostomy
Add inclusion term
Bypass:
gastroduodenostomy
PEG PEGJJ
Revise inclusion term
Add exclusion term
Excludes: percutaneous (endoscopic) feeding jejunostomy (46.32)

Revise exclusion term
45.41 Excision of lesion or tissue of large intestine
Excludes: multiple segmental resection (17.31, 45.71)

Revise exclusion term
45.6 Other excision of small intestine
Excludes: cecectomy (17.32, 45.72)
enterocelecotomy (17.39, 45.79)
ileocectomy (17.33, 45.73)

Revise subcategory
45.7 Open and other partial excision of large intestine
Excludes: laparoscopic partial excision of large intestine (17.31 – 17.39)

Revise code title
45.71 Open and other multiple segmental resection of large intestine

Revise code title
45.72 Open and other cCecectomy

Revise code title
45.73 Open and other right hemicolecetomy

Revise code title
45.74 Open and other resection of transverse colon

Revise code title
45.75 Open and other left hemicolecetomy
Revise code title 45.76 Open and other sigmoidectomy

Revise code title 45.79 Other and unspecified partial excision of large intestine

New subcategory 45.8 Total intra-abdominal colectomy
   Excision of cecum, colon, and sigmoid
   Excludes: coloproctectomy (48.41-48.69)

New code 45.81 Laparoscopic total intra-abdominal colectomy
New code 45.82 Open total intra-abdominal colectomy
New code 45.83 Other and unspecified total intra-abdominal colectomy

Add inclusion term 46.32 Percutaneous (endoscopic) jejunostomy [PEJ]
Add inclusion term Endoscopic conversion of gastrostomy to jejunostomy
Add inclusion term Percutaneous (endoscopic) feeding enterostomy
Add exclusion term Excludes: percutaneous [endoscopic] gastrojejunal bypass (44.32)

New code 48.40 Pull-through resection of rectum, not otherwise specified
   Pull-through resection NOS
   Excludes: abdominoperineal pull-through NOS (48.50)
New code 48.42 Laparoscopic pull-through resection of rectum
New code 48.43 Open pull-through resection of rectum

Add exclusion term 48.49 Other pull-through resection of rectum
Add exclusion term Excludes: laparoscopic pull-through resection of rectum (48.42)
    open pull-through resection of rectum (48.43)
    pull-through resection of rectum, not otherwise specified (48.40)

New subcategory 48.5 Abdominoperineal resection of rectum
   Includes: with synchronous colostomy
   Combined abdominoendorectal resection
   Complete proctectomy
   Code also any synchronous anastomosis other than end-to-end
   (45.90, 45.92-45.95)
Excludes: Duhamel abdominoperineal pull-through (48.65) that as part of pelvic exenteration (68.8)

New code 48.50 Abdominoperineal resection of the rectum, not otherwise specified

New code 48.51 Laparoscopic abdominoperineal resection of the rectum

New code 48.52 Open abdominoperineal resection of the rectum

New code 48.59 Other abdominoperineal resection of the rectum
Excludes: abdominoperineal resection of the rectum, NOS (48.50) laparoscopic abdominoperineal resection of the rectum (48.51) open abdominoperineal resection of the rectum (48.52)

48.7 Repair of rectum
Excludes: repair of:
Revise exclusion term vaginal rectocele (70.50, 70.52, 70.53, 70.55)

Revise subcategory title 53.0 Other unilateral repair of inguinal hernia
Add exclusion term Excludes: laparoscopic unilateral repair of inguinal hernia (17.11-17.13)

Revise code title 53.01 Other and open repair of direct inguinal hernia
Add inclusion term Direct and indirect inguinal hernia

Revise code title 53.02 Other and open repair of indirect inguinal hernia

Revise code title 53.03 Other and open repair of direct inguinal hernia with graft or prosthesis

Revise code title 53.04 Other and open repair of indirect inguinal hernia with graft or prosthesis

Revise subcategory title 53.1 Other bilateral repair of inguinal hernia
Add exclusion term Excludes: laparoscopic bilateral repair of inguinal hernia (17.21 – 17.24)
Revise code title 53.11  Other and open bilateral repair of direct inguinal hernia

Revise code title 53.12  Other and open bilateral repair of indirect inguinal hernia

Revise code title 53.13  Other and open bilateral repair of inguinal hernia, one direct and one indirect

Revise code title 53.14  Other and open bilateral repair of direct inguinal hernia with graft or prosthesis

Revise code title 53.15  Other and open bilateral repair of indirect inguinal hernia with graft or prosthesis

Revise code title 53.16  Other and open bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis

Revise code title 53.41  Other and open repair of umbilical hernia with graft or prosthesis

New code 53.42  Laparoscopic repair of umbilical hernia with graft or prosthesis

New code 53.43  Other laparoscopic umbilical herniorrhaphy

Revise code title 53.49  Other open umbilical herniorrhaphy
Excludes: other laparoscopic umbilical herniorrhaphy (53.43) repair of umbilical hernia with graft or prosthesis (53.41, 53.42)

Revise code title 53.61  Other open incisional hernia repair with graft or prosthesis
Add exclusion term Excludes: laparoscopic incisional hernia repair with graft or prosthesis (53.62)

New code 53.62  Laparoscopic incisional hernia repair with graft or prosthesis

New code 53.63  Other laparoscopic repair of other hernia of anterior abdominal wall with graft or prosthesis

Revise code title 53.69  Other and open repair of other hernia of anterior abdominal wall with graft or prosthesis
Add exclusion term Excludes: other laparoscopic repair of other hernia of anterior abdominal wall with graft or prosthesis (53.63)
New subcategory 53.7  Repair of diaphragmatic hernia, abdominal approach

New code  53.71  Laparoscopic repair of diaphragmatic hernia, abdominal approach

New code  53.72  Other and open repair of diaphragmatic hernia, abdominal approach

New code  53.75  Repair of diaphragmatic hernia, abdominal approach, not otherwise specified

Excludes:  laparoscopic repair of diaphragmatic hernia (53.71)
other and open repair of diaphragmatic hernia (53.72)

New code  53.83  Laparoscopic repair of diaphragmatic hernia, with thoracic approach

New code  53.84  Other and open repair of diaphragmatic hernia, with thoracic approach

Excludes:  repair of diaphragmatic hernia with thoracic approach,
NOS (53.80)

Revise exclusion term
Excludes:  lysis of periureteral adhesions (59.01–59.02) (59.02–59.03)

Revise exclusion term
ureterolysis (59.01–59.02) (59.02–59.03)

70.50  Repair of cystocele and rectocele

Add exclusion term  Excludes:  repair of cystocele and rectocele with graft or prosthesis (70.53)

70.51  Repair of cystocele

Add exclusion term  Excludes:  repair of cystocele and rectocele with graft or prosthesis (70.53)

Add exclusion term  repair of cystocele with graft or prosthesis (70.54)

70.52  Repair of rectocele

Add exclusion term  Excludes:  repair of cystocele and rectocele with graft or prosthesis (70.53)

Add exclusion term  repair of rectocele with graft or prosthesis (70.55)

75.6  Repair of other current obstetric laceration

Add code also note  Code also episiotomy, if performed (73.6)
75.69 Repair of other current obstetric laceration
Delete exclusion term
Excludes: repair of routine episiotomy (73.6)

77.8 Other partial ostectomy
Excludes: excision of bone ends associated with:
Revise exclusion term arthrodesis (81.00-81.239, 81.62-81.66)
Revise exclusion term arthroplasty (81.31-81.87, 81.40-81.59, 81.71-81.85)

Revise subcategory title 80.5 Excision, or destruction and other repair of intervertebral disc

Add code also note Code also any repair of the anulus fibrosus (80.53-80.54)

New code 80.53 Repair of the anulus fibrosus with graft or prosthesis
- Anular disc repair
- Closure (sealing) of the anulus fibrosus defect
- Includes:
  - microsurgical suture repair with fascial autograft
  - soft tissue re-approximation repair with tension bands
  - surgical mesh repair

Code also any:
- application or administration of adhesion barrier substance, if performed (99.77)
- intervertebral discectomy, if performed (80.51)
- locally harvested fascia for graft (83.43)

New code 80.54 Other and unspecified repair of the anulus fibrosus
- Anular disc repair
- Closure (sealing) of the anulus fibrosus defect
- Microsurgical suture repair without fascial autograft
- Percutaneous repair of the anulus fibrosus

Code also any:
- application or administration of adhesion barrier substance, if performed (99.77)
- intervertebral discectomy, if performed (80.51)

Revise code title 81.65 Percutaneous vertebraloplasty
Add exclusion term Excludes: percutaneous vertebral augmentation (81.66)
Revise code title 81.66 Kyphoplasty Percutaneous vertebral augmentation

Revise inclusion term Insertion of inflatable balloon, bone tamp, or other device displacing (removing) (compacting) bone to create a space (cavity) (void) for partial restoration of height of diseased or fractured vertebral body prior to the injection of bone void filler (cement) (polymethylmethacrylate) (PMMA) or other substance

Add inclusion term Arcuplasty
Add inclusion term Kyphoplasty
Add inclusion term SKyphoplasty
Add inclusion term Spineoplasty

Revise exclusion term Excludes: percutaneous vertebroplasty (81.65)

84.55 Insertion of bone void filler

Revise exclusion term Excludes: that with kyphoplasty percutaneous vertebral augmentation (81.66)
Revise exclusion term that with percutaneous vertebroplasty (81.65)

Revise title 84.56 Insertion or replacement of (cement) spacer
Revise inclusion term Insertion or replacement of joint (methylmethacrylate) spacer

New subcategory 85.7 Total reconstruction of breast

New code 85.70 Total reconstruction of breast, not otherwise specified
Perforator flap, free

New code 85.71 Latissimus dorsi myocutaneous flap

New code 85.72 Transverse rectus abdominis myocutaneous (TRAM) flap, pedicled
Excludes: transverse rectus abdominis myocutaneous (TRAM) flap, free (85.73)

New code 85.73 Transverse rectus abdominis myocutaneous (TRAM) flap, free
Excludes: transverse rectus abdominis myocutaneous (TRAM) flap, pedicled (85.72)
New code 85.74 Deep inferior epigastric artery perforator (DIEP) flap, free

New code 85.75 Superficial inferior epigastric artery (SIEA) flap, free

New code 85.76 Gluteal artery perforator (GAP) flap, free

New code 85.79 Other total reconstruction of breast
Excludes: deep inferior epigastric artery perforator (DIEP) flap, free (85.74)
gluteal artery perforator (GAP) flap, free (85.76)
latissimus dorsi myocutaneous flap (85.71)
perforator flap, free (85.70)
superficial inferior epigastric artery (SIEA) flap, free (85.75)
total reconstruction of breast, not otherwise specified (85.70)
transverse rectus abdominis myocutaneous (TRAM) flap, free (85.73)
transverse rectus abdominis myocutaneous (TRAM) flap, pedicled (85.72)

85.8 Other repair and plastic operations on breast
Excludes: that for:
Revise exclusion term reconstruction (85.70-85.76, 85.79)

86.09 Other incision of skin and subcutaneous tissue
Add exclusion term Excludes: that for drainage (86.04)

87.41 Computerized axial tomography of thorax
Add inclusion term C.A.T. scan of heart

87.42 Other tomography of thorax
Add exclusion term Excludes: C.A.T. scan of heart (87.41)

88.38 Other computerized axial tomography
Add exclusion term Excludes: C.A.T. scan of:
heart (87.41)
89.37 Vital capacity determination
Add exclusion term Excludes: endoscopic pulmonary airway flow measurement (33.72)

89.38 Other nonoperative respiratory measurements
Add exclusion term Excludes: endoscopic pulmonary airway flow measurement (33.72)

89.61 Systemic arterial pressure monitoring
Add exclusion term Excludes: intra-aneurysm sac pressure monitoring (intraoperative) (00.58)
Add exclusion term intravascular pressure measurement of intrathoracic arteries (00.67)
Add exclusion term intravascular pressure measurement of peripheral arteries (00.68)

89.62 Central venous pressure monitoring
Add exclusion term Excludes: intravascular pressure measurement, other specified and unspecified vessels (00.69)

89.69 Monitoring of coronary blood flow
Add exclusion term Excludes: intravascular pressure measurement of coronary arteries (00.59)

91.6 Microscopic examination of specimen from skin and other integument
Revise exclusion term Excludes: mucous membrane – code to organ site that of operative wound
Revise exclusion term that of operative wound (91.70-91.79)

93.9 Respiratory therapy
Revise exclusion term Excludes: other continuous invasive (through endotracheal tube or tracheostomy) mechanical ventilation (96.70-96.72)

Revise code title 93.90 Continuous positive airway pressure [CPAP] Non-invasive mechanical ventilation
Add inclusion term BiPAP without (delivery through) endotracheal tube
or tracheostomy

Add inclusion term CPAP without (delivery through) endotracheal tube or tracheostomy

Add inclusion term Mechanical ventilation NOS

Add inclusion term Non-invasive PPV

Add inclusion term NPPV

Add inclusion term That delivered by non-invasive interface:

Add inclusion term face mask

Add inclusion term nasal mask

Add inclusion term nasal pillow

Add inclusion term oral mouthpiece

Add inclusion term oronasal mask

Add exclusion term Excludes: invasive (through endotracheal tube or tracheostomy) continuous mechanical ventilation (96.70-96.72)

Add note Note: Patients admitted on non-invasive mechanical ventilation that subsequently require invasive mechanical ventilation; code both types of mechanical ventilation.

93.96 Other oxygen enrichment

Add exclusion term Excludes: SuperSaturated oxygen therapy (00.49)

Revise subcategory 96.7 Other continuous invasive mechanical ventilation
title

Delete inclusion term Intermittent mandatory ventilation (IMV)

Delete inclusion term Positive end expiratory pressure [PEEP]

Delete inclusion term Pressure support ventilation [PSV]

Add inclusion term BiPAP delivered through endotracheal tube or tracheostomy (invasive interface)

Add inclusion term CPAP delivered through endotracheal tube or tracheostomy (invasive interface)

Add inclusion term Invasive positive pressure ventilation [IPPV]

Add inclusion term Mechanical ventilation through invasive interface

Revise exclusion Excludes: non-invasive bi-level positive airway pressure [BiPAP] (93.90)

Revise exclusion term non-invasive continuous positive airway pressure [CPAP] (93.90)

Revise code title 96.70 Continuous invasive mechanical ventilation of unspecified duration

Revise inclusion term Invasive mechanical ventilation NOS
Revise code title  96.71 Continuous invasive mechanical ventilation for less than 96 consecutive hours

Revise code title  96.72 Continuous invasive mechanical ventilation for 96 consecutive hours or more

97.14 Replacement of other device for musculoskeletal immobilization
Add inclusion term  Splinting
Add inclusion term  Strapping

99.10 Injection or infusion of thrombolytic agent
Add exclusion term Excludes: SuperSaturated oxygen therapy (00.49)

99.2 Injection or infusion of other therapeutic or prophylactic substance
Add exclusion term Excludes: SuperSaturated oxygen therapy (00.49)
Index
Add term AbioCor® total replacement heart 37.52

Administration (of) - see also Injection
Add subterm Proleukin® (low-dose) 99.28
Add subterm high-dose 00.15

Add term AESOP® (Automated Endoscopic System for Optimal Positioning)
- see category 17.4

Aneurysmectomy 38.60
with
  graft replacement (interposition) 38.40
  abdominal
Revise subterm aorta 38.44
Add subterm endovascular approach 39.71
Add subterm open approach 38.44
Add subterm Zenith® Renu™ AAA graft 39.71

Angiography (arterial) - see also Arteriography 88.40
Add subterm by C.A.T. – see Scan, C.A.T., by site
Add subterm by computed tomography – see Scan, C.A.T., by site

Add term Arcuplasty 81.66

Arthrodesis (compression) (extra-articular) (intra-articular) (with bone graft) (with fixation device) 81.20
Revise subterm plantar pantalar 81.11

Artificial
Add subterm heart 37.52
Add subterm AbioCor® 37.52
Add subterm CardioWest™ (TAH-t) 37.52

BiPAP 93.90
Add subterm delivered by
Add subterm endotracheal tube - see category 96.7
Add subterm tracheostomy – see category 96.7
Bypass
gastroduodenostomy (Jaboulay's) 44.39
Add subterm        percutaneous [endoscopic] 44.32

Add term        CardioWest™ Total Temporary Artificial Heart (TAH-t) 37.52

Revise term        Cecectomy (with resection of terminal ileum) 45.72
Add subterm        laparoscopic 17.32
Add subterm        open and other 45.72

Add term        CentriMag® acute circulatory support device 37.62

Change – see also Replacement
Add subterm        splint 97.14

Clipping
Add subterm        left atrial appendage 37.36

Closure - see also Repair
Add subterm        anular disc 80.54
Add subterm        with graft or prosthesis 80.53
Add subterm        anulus fibrosus 80.54
Add subterm        with graft or prosthesis 80.53

Revise term        Colectomy (partial) (segmental) (subtotal) 45.79
Revise subterm        cecum (with terminal ileum) 45.72
Add subterm        laparoscopic 17.32
Add subterm        open and other 45.72
Add subterm        laparoscopic 17.39
Revise subterm        left (Hartmann) (lower) (radical) 45.75
Add subterm        laparoscopic 17.35
Add subterm        open and other 45.75
Revise subterm        multiple segmental 45.74
Add subterm        laparoscopic 17.31
Add subterm        open and other 45.71
Add subterm        open and other 45.79
Revise subterm        right (radical) 45.73
Add subterm        laparoscopic 17.33
Add subterm        open and other 45.73
Revise subterm sigmoid 45.76
Add subterm laparoscopic 17.36
Add subterm open and other 45.76
Revise subterm terminal ileum with cecum 45.72
Add subterm laparoscopic 17.32
Add subterm open and other 45.72
Revise subterm total 45.8
Add subterm laparoscopic 45.81
Add subterm open 45.82
Add subterm other 45.83
Add subterm unspecified 45.83
Revise subterm transverse 45.74
Add subterm laparoscopic 17.34
Add subterm open and other 45.74

Revise term Continuous positive airway pressure (CPAP) (non-invasive) 93.90
Add subterm delivered by
Add subterm endotracheal tube – see category 96.7
Add subterm tracheostomy – see category 96.7

Conversion
Revise subterm gastrostomy to jejunostomy (endoscopic) 44.32
Add subterm for feeding tube placement 46.32

CPAP (continuous positive airway pressure) 93.90
Add subterm delivered by
Add subterm endotracheal tube – see category 96.7
Add subterm tracheostomy – see category 96.7

Add term da Vinci® (S HD) Surgical System – see category 17.4

Debridement
Add subterm tendon 83.39

Destruction
Add subterm LAA 37.36
Add subterm left atrial appendage 37.36
lesion (local)
Revise subterm heart 37.33
Add subterm by endovascular approach 37.34
Add subterm by open approach 37.33
Add subterm left atrial appendage 37.36

Add term Downstream® System (AO therapy) (aqueous oxygen) 00.49

Episiorrhaphy 71.71
Revise subterm following routine episiotomy - see Episiotomy

Excision
Add subterm appendage, left atrial 37.36
Revise subterm intestine - see also Resection, intestine 45.8
Revise subterm large (total) 45.8
Add subterm laparoscopic 45.81
Add subterm open 45.82
Add subterm other 45.83
Revise subterm segmental 45.79
Add subterm laparoscopic 17.39
Revise subterm multiple 45.74
Add subterm laparoscopic 17.31
Add subterm open and other 45.71
Add subterm open and other 45.79
Add subterm unspecified 45.83

Add subterm LAA 37.36
Add subterm left atrial appendage 37.36

Revise subterm Exclusion, pyloric 44.39
Add subterm left atrial appendage 37.36
Add subterm pyloric, open 44.39

Gastrojejunostomy (bypass) 44.39
Revise subterm percutaneous (endoscopic) 44.32
Add subterm for bypass 44.32
Add subterm for feeding tube placement 46.32

Graft, grafting
skin (partial-thickness)(split –thickness) 86.69
pedicle (flap)(tube) 86.70
breast 85.84
Add subterm deep inferior epigastric artery perforator (DIEP)
| Add subterm | flap, free 85.74 |
| Add subterm | gluteal artery perforator (GAP) flap, free 85.76 |
| Add subterm | latissimus dorsi myocutaneous flap 85.71 |
| Add subterm | superficial inferior epigastric artery (SIEA) flap, free 85.75 |
| Revised subterm | transverse rectus abdominis musculocutaneous (TRAM) flap, free 85.73 |
| Add subterm | transverse rectus abdominis myocutaneous (TRAM) flap, pedicled 85.72 |

| Revise term | Gross operation (herniorrhaphy) 53.49 |
| Add subterm | laparoscopic 53.43 |
| Add subterm | with graft or prosthesis 53.42 |
| Add subterm | other and open with graft or prosthesis 53.41 |
| Add subterm | other open 53.49 |

| Add subterm | HeartMate® implantable heart assist system 37.66 |
| Add subterm | HeartMate® II left ventricular assist system [LVAS] 37.66 |

| Revise term | Hemicolecotomy 45.75 |
| Add subterm | left 45.75 |
| Add subterm | laparoscopic 17.35 |
| Add subterm | open and other 45.75 |
| Revise subterm | right (extended) 45.73 |
| Add subterm | laparoscopic 17.33 |
| Add subterm | open and other 45.73 |

| Revise term | Ileocectomy 45.73 |
| Add subterm | laparoscopic 17.33 |
| Add subterm | open and other 45.73 |

| Revise term | Ileectomy (partial) 45.62 |
| Add subterm | with cecectomy 45.72 |
| Add subterm | laparoscopic 17.32 |
| Add subterm | open and other 45.72 |

| Implant, implantation bone void filler 84.55 |
| Revise subterm | that with kyphoplasty percutaneous vertebral augmentation 81.66 |
Revise subterm that with **percutaneous** vertebroplasty 81.65

Delete subterm **half-heart** 37.62

heart

Revise subterm **artificial** 37.52

Add subterm total **internal biventricular replacement system** 37.52

Add subterm **AbioCor**® 37.52

Add subterm **CardioWest**¹™ (TAH-t) 37.52

Revise subterm assist system NEC 37.62

Add subterm **CentriMag**® – see Insertion, circulatory support device

Add subterm external heart assist device, percutaneous – see Insertion, circulatory support device

Revise subterm external heart assist system, open approach 37.65

Add subterm **HeartMate**® implantable heart assist system 37.66

Add subterm **HeartMate**® II left ventricular assist system [LVAS] 37.66

Revise subterm non-implantable 37.62 – see Insertion, circulatory support device

Revise subterm percutaneous external 37.68 circulatory assist device – see Insertion, circulatory support device

Add subterm **pulsation balloon** 37.61

Revise subterm **pVAD (percutaneous VAD)** 37.68 – see Insertion, circulatory support device

Add subterm **TandemHeart**® - see Insertion, circulatory support device

Add subterm temporary non-implantable circulatory assist device - see Insertion, circulatory support device

Add subterm that for destination therapy (DT) 37.66

Revise subterm total **internal biventricular replacement system** 37.52

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Incision (and drainage)

abscess - see also Incision, by site

Add subterm **antecubital fossa** 86.04

Add subterm **axilla** 86.04

Add subterm **cheek** 86.04

Add subterm **face** 86.04

Add subterm **gluteal** 86.04

Add subterm groin region (abdominal wall) (inguinal) 54.0

Add subterm skin 86.04

Add subterm subcutaneous tissue 86.04

Add subterm hair follicle 86.04

Add subterm nailbed or nailfold 86.04

Add subterm neck 86.04

Add subterm paronychia 86.04

Add subterm perineum (female) 71.09

Add subterm male 86.04
Add subterm  popliteal space 86.04
Add subterm  submaxillary 86.04
Add subterm  supraclavicular fossa 86.04

Infusion (intra-arterial) (intravenous)
Add subterm  interleukin-2
Add subterm  high-dose 00.15
Add subterm  low-dose 99.28

Insertion
bone void filler 84.55
Revise subterm  that with kyphoplasty percutaneous vertebral augmentation 81.66
Revise subterm  that with percutaneous vertebroplasty 81.65

Add subterm  circulatory support device
Add subterm  CentriMag® 37.62
Add subterm  external heart assist device
Add subterm  biventricular 37.60
Add subterm  percutaneous 37.68
Add subterm  temporary 37.62
Add subterm  non-implantable 37.62
Add subterm  pVAD (percutaneous VAD) 37.68
Add subterm  TandemHeart® 37.68
Add subterm  temporary non-implantable circulatory assist device 37.62

sensor (lead)
Add subterm  intra-aneurysm sac pressure monitoring device 00.58

spine
bone void filler 84.55
Revise subterm  that with kyphoplasty percutaneous vertebral augmentation 81.66
Revise subterm  that with percutaneous vertebroplasty 81.65

Add term  Interleukin-2, infusion
Add subterm  high-dose 00.15
Add subterm  low-dose 99.28

Revise term  Lloyd-Davies operation (abdominoperineal resection), NOS 48.50
Add subterm  laparoscopic 48.51
Add subterm  open 48.52
Add subterm  other 48.59
Add term  Mako Tactile Guidance System™ [TSG] – see category 17.4

Mayo operation
Revise subterm herniorrhaphy 53.49
Add subterm laparoscopic 53.43
Add subterm with graft or prosthesis 53.42
Add subterm other and open with graft or prosthesis 53.41
Add subterm other open 53.49

Measurement
coronary blood flow 89.69
Add subterm fractional flow reserve (FFR) 00.59
Add subterm intravascular pressure measurement 00.59
Add subterm intravascular pressure 00.69
Add subterm coronary 00.59
Add subterm iliac 00.69
Add subterm intra-abdominal 00.69
Add subterm intrathoracic 00.67
Add subterm aorta 00.67
Add subterm aortic arch 00.67
Add subterm carotid 00.67
Add subterm mesenteric 00.69
Add subterm peripheral 00.68
Add subterm renal 00.69
Add subterm pulmonary airway flow, endoscopic 33.72

Revise term Miles operation (proctectomy), NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59

Monitoring
coronary blood flow (coincidence counting technique) 89.69
Add subterm fractional flow reserve (FFR) 00.59
Add subterm intravascular pressure measurement 00.59
Add subterm intra-aneurysm sac pressure 00.58
Add subterm intravascular pressure 00.69
Add subterm coronary 00.59
Add subterm iliac 00.69
Add subterm intra-abdominal 00.69
Add subterm intrathoracic 00.67
Add subterm                          aorta  00.67
Add subterm                          aortic arch  00.67
Add subterm                          carotid  00.67
Add subterm                          mesenteric 00.69
Add subterm                          peripheral  00.68
Add subterm                          renal  00.69

Add subterm                          systemic arterial pressure  89.61
Add subterm                          intra-aneursym sac pressure 00.58

Operation
Revise subterm    abdominoperineal, NOS NEC 48.50
Add subterm                          laparoscopic 48.51
Add subterm                          open 48.52
Add subterm                          other 48.59

Revise subterm    Gabriel (abdominoperineal resection of rectum), NOS 48.50
Add subterm                          laparoscopic 48.51
Add subterm                          open 48.52
Add subterm                          other 48.59

Revise subterm    Gross (herniorrhaphy) 53.49
Add subterm                          laparoscopic 53.43
Add subterm                          with graft or prosthesis 53.42
Add subterm                          other and open with graft or prosthesis 53.41
Add subterm                          other open 53.49

Add subterm                          Halsted mastectomy 85.45

Revise subterm    Lloyd-Davies (abdominoperineal resection), NOS 48.50
Add subterm                          laparoscopic 48.51
Add subterm                          open 48.52
Add subterm                          other 48.59

Mayo
Revise subterm    herniorrhaphy 53.49
Add subterm                          laparoscopic 53.43
Add subterm                          with graft or prosthesis 53.42
Add subterm                          other and open with graft or prosthesis 53.41
Add subterm                          other open 53.49

Revise subterm    Miles (complete proctectomy), NOS 48.50
Add subterm                          laparoscopic 48.51
Add subterm                          open 48.52
Add subterm                          other 48.59
Rankin

Revise subterm proctectomy (complete), NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59

Revise subterm Sauer-Bacon (abdominoperineal resection), NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59

Oversewing
Add subterm left atrial appendage (LAA) 37.36

Oxygenation 93.96
Add subterm infusion therapy, Super 00.49

Oxygen therapy (catalytic) (pump) 93.96
Add subterm SuperSaturated 00.49

Add term PDT (percutaneous dilatational tracheostomy) – see Tracheostomy

Add term PEGJJ (percutaneous [endoscopic] gastrojejunostomy) 44.32
Delete term Pressure support
Delete subterm ventilation [PSV] – see category 96.7

Proctectomy (partial) - see also Resection, rectum 48.69
Revise subterm abdominoperineal, NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59
Revise subterm complete (Miles) (Rankin), NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59
Revise subterm pull-through 48.49
Add subterm laparoscopic 48.42
Add subterm not otherwise specified 48.40
Add subterm open 48.43
Add subterm other 48.49
### Rankin operation

<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
<td>Add subterm laparoscopic</td>
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<tr>
<td>Add subterm open</td>
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<td>Add subterm other</td>
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### Reconstruction (plastic) - see also Construction and Repair, by site

<table>
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<tr>
<td>Revise subterm breast, total, NOS</td>
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<td>Add subterm deep inferior epigastric artery perforator (DIEP) flap, free</td>
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<td>Add subterm gluteal artery perforator (GAP) flap, free</td>
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<td>85.71</td>
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<tr>
<td>Add subterm superficial inferior epigastric artery (SIEA) flap, free</td>
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<td>Add subterm transverse rectus abdominis musculocutaneous (TRAM) flap, free</td>
<td>85.73</td>
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<tr>
<td>Add subterm transverse rectus abdominis myocutaneous (TRAM) flap, pedicled</td>
<td>85.72</td>
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<td>Revise subterm umbilicus</td>
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<td>53.43</td>
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<td>Add subterm with graft or prosthesis</td>
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<tr>
<td>Add subterm other and open with graft or prosthesis</td>
<td>53.41</td>
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<tr>
<td>Add subterm other open</td>
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### Removal - see also Excision

<table>
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<tr>
<td>Add subterm internal biventricular heart replacement system 37.55</td>
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### Repair

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<td>Add subterm with graft or prosthesis</td>
<td>80.53</td>
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<td>Revise subterm total internal biventricular replacement system</td>
<td>37.52</td>
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<tr>
<td>hernia NEC</td>
<td>53.9</td>
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</table>
anterior abdominal wall NEC 53.59
Revise subterm with prosthesis or graft 53.69
Add subterm laparoscopic 53.63
Add subterm other and open 53.69
diaphragmatic
Revise subterm abdominal approach 53.7
Add subterm laparoscopic 53.71
Add subterm other and open 53.72
Add subterm unspecified 53.75
thoracic, thoracoabdominal approach 53.80
Add subterm laparoscopic 53.83
Add subterm other and open 53.84
esophageal hiatus
Revise subterm abdominal approach 53.7
Add subterm laparoscopic 53.71
Add subterm other and open 53.72
Add subterm unspecified 53.75
incisional 53.51
Add subterm laparoscopic with prosthesis or graft 53.62
Revise subterm other open with prosthesis or graft 53.61
inguinal (unilateral) 53.00
with prosthesis or graft 53.05
bilateral 53.10
with prosthesis or graft 53.17
Add subterm laparoscopic 17.24
Revise subterm direct 53.44
Add subterm laparoscopic with graft or prosthesis 17.21
Add subterm other and open 53.11
Revise indent with prosthesis or graft 53.14
Revise subterm direct and indirect 53.13
Add subterm laparoscopic with graft or prosthesis 17.23
Add subterm other and open 53.12
Revise indent with prosthesis or graft 53.16
Revise subterm indirect 53.12
Add subterm laparoscopic with graft or prosthesis 17.22
Add subterm other and open 53.12
Revise indent with prosthesis or graft 53.15
Revise subterm direct (unilateral) 53.04
Revise subterm and indirect (unilateral) 53.04
Add subterm laparoscopic with graft or prosthesis 17.11
Add subterm other and open 53.01
Revise indent with prosthesis or graft 53.03
Delete subterm bilateral 53.13
Delete subterm with prosthesis or graft 53.16
Delete subterm bilateral 53.14
Delete subterm with prosthesis or graft 53.14
Add subterm laparoscopic with graft or prosthesis 17.11
Add subterm other and open 53.01
Revise indent with prosthesis or graft 53.03

Revise subterm indirect (unilateral) §3.02
Add subterm laparoscopic with graft or prosthesis 17.12
Add subterm other and open 53.02
Revise indent with prosthesis or graft 53.04
Delete subterm and direct (unilateral) 53.04
Delete subterm with prosthesis or graft 53.03
Delete subterm bilateral 53.13
Delete subterm with prosthesis or graft 53.16
Delete subterm bilateral 53.12
Delete subterm with prosthesis or graft 53.15

Add subterm laparoscopic with graft or prosthesis, NOS 17.13

Revise subterm paraesophageal §3.7
Add subterm laparoscopic 53.71
Add subterm other and open 53.72
Add subterm unspecified 53.75

Revise subterm parahiatal §3.2
Add subterm laparoscopic 53.71
Add subterm other and open 53.72
Add subterm unspecified 53.75

Revise subterm paraumbilical §3.49
Add subterm laparoscopic 53.43
Add subterm with graft or prosthesis 53.42
Revise subterm other and open with graft or prosthesis 53.41
Add subterm other open 53.49
Revise subterm umbilical §3.49
Add subterm laparoscopic 53.43
Add subterm with graft or prosthesis 53.42
Revise subterm other and open with graft or prosthesis 53.41
Add subterm other open 53.49

ventral 53.59
Add subterm with prosthesis or graft
Add subterm laparoscopic 53.63
Add subterm other and open 53.69
Incisional 53.51
Revise subterm other open with prosthesis or graft 53.61

Revise subterm omphalocele §3.49
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<th>Operation Type</th>
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<td>Add subterm</td>
<td>laparoscopic</td>
<td>53.43</td>
</tr>
<tr>
<td>Add subterm</td>
<td>with graft or prosthesis</td>
<td>53.42</td>
</tr>
<tr>
<td>Revise subterm</td>
<td>other and open with graft or prosthesis</td>
<td>53.41</td>
</tr>
<tr>
<td>Add subterm</td>
<td>other open</td>
<td>53.49</td>
</tr>
</tbody>
</table>

Replacement
- **Heart**
- **Artificial**
- **Total internal biventricular replacement system** 37.52

Add subterm | spacer (cement) (joint) (methylmethacrylate) | 84.56 |

Add subterm | splint | 97.14 |

Resection - *see also* Excision, by site
- **Abdominoendorectal (combined), NOS** 48.50
- **Abdominoperineal (rectum), NOS** 48.50
  - **Pull-through (Altmeier) (Swenson) NEC** 48.49
  - **Laparoscopic** 48.42
  - **Open** 48.43
- **Cecum (and terminal ileum)** 45.72
  - **Laparoscopic** 17.32
  - **Open and other** 45.72
  - **Colon (partial) (segmental)** 45.79
  - **Ascending (cecum and terminal ileum)** 45.72
    - **Laparoscopic** 17.32
    - **Open and other** 45.72
  - **Cecum (and terminal ileum)** 45.72
    - **Laparoscopic** 17.32
    - **Open and other** 45.72
  - **Complete** 45.8
    - **Laparoscopic** 45.81
    - **Open** 45.82
    - **Other** 45.83
    - **Unspecified** 45.83
  - **Descending (sigmoid)** 45.76
    - **Laparoscopic** 17.36
    - **Open and other** 45.76
Revise subterm    Hartmann 45.75
Add subterm        laparoscopic 17.35
Add subterm        open and other 45.75
Revise subterm    hepatic flexure 45.73
Add subterm        laparoscopic 17.33
Add subterm        open and other 45.73
Add subterm        laparoscopic 17.39
Revise subterm    left radical (hemicolon) 45.75
Add subterm        laparoscopic 17.35
Add subterm        open and other 45.75
Revise subterm    multiple segmental 45.71
Add subterm        laparoscopic 17.31
Add subterm        open and other 45.71
Add subterm        open and other 45.79
Revise subterm    right radical (hemicolon) (ileocolectomy) 45.73
Add subterm        laparoscopic 17.33
Add subterm        open and other 45.73
Revise subterm    segmental NEC 45.79
Add subterm        laparoscopic 17.39
Revise subterm    multiple 45.71
Add subterm        laparoscopic 17.31
Add subterm        open and other 45.71
Add subterm        open and other 45.79
Revise subterm    sigmoid 45.76
Add subterm        laparoscopic 17.36
Add subterm        open and other 45.76
Revise subterm    splenic flexure 45.75
Add subterm        laparoscopic 17.35
Add subterm        open and other 45.75
Revise subterm    total 45.8
Add subterm        laparoscopic 45.81
Add subterm        open 45.82
Add subterm        other 45.83
Add subterm        unspecified 45.83
Revise subterm    transverse 45.74
Add subterm        laparoscopic 17.34
Add subterm        open and other 45.74
Add subterm        endorectal (pull-through) (Soave) 48.41
Revise subterm    combined abdominal, NOS 48.50
Add subterm        laparoscopic 48.51
Add subterm        open 48.52
Add subterm        other 48.59

Revise subterm    hepatic
Add subterm        flexure (colon) 45.73
Add subterm        laparoscopic 17.33
Add subterm open and other 45.73
Revise subterm intestine (partial) NEC 45.79
Revise subterm cecum (with terminal ileum) 45.72
Add subterm laparoscopic 17.32
Add subterm open and other 45.72
Revise subterm hepatic flexure 45.73
Add subterm laparoscopic 17.33
Add subterm open and other 45.73
ileum 45.62
Revise subterm with cecum 45.72
Add subterm laparoscopic 17.32
Add subterm open and other 45.72
Add subterm laparoscopic 17.39
Revise subterm large (partial) (segmental) NEC 45.79
Add subterm laparoscopic 17.39
Revise subterm multiple segmental 45.74
Add subterm laparoscopic 17.31
Add subterm open and other 45.71
Add subterm other 45.79
Revise subterm total 45.8
Add subterm laparoscopic 45.81
Add subterm open 45.82
Add subterm other 45.83
Add subterm unspecified 45.83
Add subterm unspecified 45.79
Revise subterm left hemicolon 45.75
Add subterm laparoscopic 17.35
Add subterm open and other 45.75
Revise subterm multiple segmental (large intestine) 45.71
Add subterm laparoscopic 17.31
Add subterm open and other 45.71
Add subterm open and other 45.79
Revise subterm right hemicolon 45.73
Add subterm laparoscopic 17.33
Add subterm open and other 45.73
Revise subterm segmental (large intestine) 45.79
Add subterm laparoscopic 17.39
Revise subterm multiple 45.74
Add subterm laparoscopic 17.31
Add subterm open and other 45.71
Add subterm open and other 45.79
Revise subterm sigmoid 45.76
Add subterm laparoscopic 17.36
Add subterm open and other 45.76
total
Revise subterm large intestine 45.8
Add subterm laparoscopic 45.81
Add subterm open 45.82
Add subterm other 45.83
Add subterm unspecified 45.83
rectum (partial) NEC 48.69
Revise subterm abdominooendorectal (combined), NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59
Revise subterm abdominoperineal, NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59
pull-through NEC 48.49
Add subterm laparoscopic 48.42
Add subterm not otherwise specified 48.40
Add subterm open 48.43
endorectal 48.41
Revise subterm combined abdominal, NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59
pull-through NEC 48.49
endorectal 48.41
Add subterm laparoscopic 48.42
Add subterm not otherwise specified 48.40
Add subterm open 48.43
submucosal (Soave) 48.41
Revise subterm combined abdominal, NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59
Revise subterm transverse colon 45.74
Add subterm laparoscopic 17.34
Add subterm open and other 45.74
Revise subterm Robotic assisted surgery—see specific procedure (surgery), by site
Add subterm endoscopic 17.44
Add subterm laparoscopic 17.42
Add subterm open 17.41
Add subterm other and unspecified 17.49
Add subterm percutaneous 17.43
Add subterm thoracoscopic 17.45

Revises term Sauer-Bacon operation (abdominoperineal resection), NOS 48.50
Add subterm laparoscopic 48.51
Add subterm open 48.52
Add subterm other 48.59

Scan, scanning
C.A.T. (computerized axial tomography) 88.38
Add subterm cardiac 87.41
Add subterm coronary 87.41

Revise term Sigmoidectomy 45.76
Add subterm laparoscopic 17.36
Add subterm open and other 45.76

Sigmoidosigmoidostomy 45.94
Revise subterm proximal to distal segment 45.76
Add subterm laparoscopic 17.36
Add subterm open and other 45.76

Add term SKyphoplasty 81.66
Add term Spectroscopy
Add subterm intravascular 38.23
Add subterm near infrared (NIR) 38.23
Add term Spineoplasty 81.66

Stapling
Add subterm left atrial appendage 37.36

Add term StaXx® FX Structural Kyphoplasty System 81.66
Revise subterm pulmonary function—see categories 89.37-89.38
Add subterm airway flow measurement, endoscopic 33.72
Add subterm function - see categories 89.37-89.38

Study

Surgery
computer assisted (CAS) 00.39
Add subterm with robotics – see category 17.4
Add subterm robotic assisted – see category 17.4
Add term Tactile Guidance System™ [TGS] – see category 17.4

Add subterm aqueous oxygen (AO) 00.49
continuous positive airway pressure (CPAP) 93.90
Add subterm delivered by
Add subterm endotracheal tube - see category 96.7
Add subterm tracheostomy – see category 96.7
Add subterm Downstream® system 00.49
Add subterm oxygen 93.96
Add subterm aqueous 00.49
Add subterm SuperSaturated 00.49
Add subterm respiratory NEC 93.99
bi-level positive airway pressure [BiPAP] 93.90
Add subterm delivered by
Add subterm endotracheal tube - see category 96.7
Add subterm tracheostomy – see category 96.7
Add subterm continuous positive airway pressure [CPAP] 93.90
Add subterm delivered by
Add subterm endotracheal tube - see category 96.7
Add subterm tracheostomy – see category 96.7
Add subterm endotracheal respiratory assistance - see category 96.7
Delete subterm intermittent mandatory ventilation [IMV] – see category 96.7
Revise subterm other continuous invasive (unspecified duration) 96.70
Revise indent for less than 96 consecutive hours 96.71
Revise indent for 96 consecutive hours or more 96.72
Revise subterm positive end expiratory pressure [PEEP] - see category 96.7
Add subterm invasive - see category 96.7
Add subterm non-invasive 93.90
Delete subterm pressure support ventilation [PSV]—see category 96.7

Add subterm SuperOxygenation (SSO₂) 00.49

Add subterm SuperSaturated oxygen 00.49

Add term Thoratec® implantable ventricular assist device (IVAD™) 37.66

Add term Thoratec® ventricular assist device (VAD) system 37.66

Tomography - see also Radiography
computerized axial NEC 88.38
Add subterm cardiac 87.41
Add subterm coronary 87.41

Tracheostomy (emergency) (temporary) (for assistance in breathing) 31.1
Add subterm percutaneous dilatational
Add subterm other permanent 31.29
Add subterm temporary 31.1

Tracheotomy (emergency) (temporary) (for assistance in breathing) 31.1
Add subterm percutaneous dilatational
Add subterm other permanent 31.29
Add subterm temporary 31.1

Revise term TRAM (transverse rectus abdominis musculocutaneous) flap of breast 85.7
Add subterm free 85.73
Add subterm pedicled 85.72

Revise term VAD (vascular access device) — see Implant, heart assist system
Add subterm vascular access device - see Vascular access device,
totally implantable
Add subterm ventricular assist device – see Implant, heart assist system

Add term Vascular access device, totally implantable 86.07
Add term  Vectra® vascular access graft 86.07

Ventilation
  bi-level positive airway pressure [BiPAP] 93.90
  delivered by
  endotracheal tube — see category 96.7
  tracheostomy — see category 96.7

continuous positive airway pressure [CPAP] 93.90
  delivered by
  endotracheal tube — see category 96.7
  tracheostomy — see category 96.7

Delete subterm intermittent mandatory ventilation [IMV] — see category 96.7
Revise subterm mechanical, NOS 93.90
  by endotracheal tube — see category 96.7
  by tracheostomy — see category 96.7
Delete subterm intermittent mandatory ventilation [IMV] — see category 96.7

Add subterm invasive - see category 96.7
Add subterm non-invasive [NIPPV] 93.90
Revise subterm other continuous invasive (unspecified duration) 96.70
Revise indent for less than 96 consecutive hours 96.71
Revise indent for 96 consecutive hours or more 96.72
Revise subterm positive end expiratory pressure [PEEP] — see category 96.7
  invasive - see category 96.7
  non-invasive 93.90
Delete subterm pressure support ventilation [PSV] — see category 96.7

Revise term  Vertebroplasty, (percutaneous) 81.65

Add term  Zeus® Robotic Surgical System — see category 17.4
### REVISED PROCEDURE CODE TITLES
**Effective October 1, 2008**

The final addendum which describes all changes to the procedure part of ICD-9-CM is posted on CMS’ webpage at: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>37.52*</td>
<td>Implantation of total internal biventricular heart replacement system</td>
</tr>
<tr>
<td>37.53</td>
<td>Replacement or repair of thoracic unit of (total) replacement heart system</td>
</tr>
<tr>
<td>37.54</td>
<td>Replacement or repair of other implantable component of (total) replacement heart system</td>
</tr>
<tr>
<td>37.62*</td>
<td>Insertion of temporary non-implantable extracorporeal circulatory assist device</td>
</tr>
<tr>
<td>37.64*</td>
<td>Removal of external heart assist system(s) or device(s)</td>
</tr>
<tr>
<td>37.65*</td>
<td>Implant of single ventricular (extracorporeal) external heart assist system</td>
</tr>
<tr>
<td>45.71</td>
<td>Open and other multiple segmental resection of large intestine</td>
</tr>
<tr>
<td>45.72</td>
<td>Open and other cecectomy</td>
</tr>
<tr>
<td>45.73</td>
<td>Open and other right hemicolecotomy</td>
</tr>
<tr>
<td>45.74</td>
<td>Open and other resection of transverse colon</td>
</tr>
<tr>
<td>45.75</td>
<td>Open and other left hemicolecotomy</td>
</tr>
<tr>
<td>45.76</td>
<td>Open and other sigmoidectomy</td>
</tr>
<tr>
<td>45.79</td>
<td>Other and unspecified partial excision of large intestine</td>
</tr>
<tr>
<td>53.01</td>
<td>Other and open repair of direct inguinal hernia</td>
</tr>
<tr>
<td>53.02</td>
<td>Other and open repair of indirect inguinal hernia</td>
</tr>
<tr>
<td>53.03</td>
<td>Other and open repair of direct inguinal hernia with graft or prosthesis</td>
</tr>
<tr>
<td>53.04</td>
<td>Other and open repair of indirect inguinal hernia with graft or prosthesis</td>
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<tr>
<td>53.11</td>
<td>Other and open bilateral repair of direct inguinal hernia</td>
</tr>
<tr>
<td>53.12</td>
<td>Other and open bilateral repair of indirect inguinal hernia</td>
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<td>Other and open bilateral repair of inguinal hernia, one direct and one indirect</td>
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<tr>
<td>53.14</td>
<td>Other and open bilateral repair of direct inguinal hernia with graft or prosthesis</td>
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<tr>
<td>53.15</td>
<td>Other and open bilateral repair of indirect inguinal hernia with graft or prosthesis</td>
</tr>
<tr>
<td>53.16</td>
<td>Other and open bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis</td>
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<tr>
<td>53.41</td>
<td>Other and open repair of umbilical hernia with graft or prosthesis</td>
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<tr>
<td>53.49</td>
<td>Other open umbilical herniorrhaphy</td>
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<tr>
<td>53.61</td>
<td>Other open incisional hernia repair with graft or prosthesis</td>
</tr>
<tr>
<td>53.69</td>
<td>Other and open repair of other hernia of anterior abdominal wall with graft or prosthesis</td>
</tr>
<tr>
<td>81.65</td>
<td>Percutaneous vertebroplasty</td>
</tr>
<tr>
<td>81.66</td>
<td>Percutaneous vertebral augmentation</td>
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<tr>
<td>84.56*</td>
<td>Insertion or replacement of (cement) spacer</td>
</tr>
<tr>
<td>93.90*</td>
<td>Non-invasive mechanical ventilation</td>
</tr>
<tr>
<td>96.70*</td>
<td>Continuous invasive mechanical ventilation of unspecified duration</td>
</tr>
<tr>
<td>96.71*</td>
<td>Continuous invasive mechanical ventilation for less than 96 consecutive hours</td>
</tr>
<tr>
<td>96.72*</td>
<td>Continuous invasive mechanical ventilation for 96 consecutive hours or more</td>
</tr>
</tbody>
</table>

**Notes:**
REVISED PROCEDURE CODE TITLES
Effective October 1, 2008

* These procedure codes were discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. They will be implemented on October 1, 2008. The code title for procedure code 37.52 was revised after the proposed rule.
The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM is posted on CDC’s webpage at: www.cdc.gov/nchs/icd9.htm

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>038.11*</td>
<td>Methicillin susceptible Staphylococcus aureus septicemia</td>
</tr>
<tr>
<td>041.11*</td>
<td>Methicillin susceptible Staphylococcus aureus in conditions classified elsewhere and of unspecified site</td>
</tr>
<tr>
<td>203.00</td>
<td>Multiple myeloma, without mention of having achieved remission</td>
</tr>
<tr>
<td>203.10</td>
<td>Plasma cell leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>203.80</td>
<td>Other immunoproliferative neoplasms, without mention of having achieved remission</td>
</tr>
<tr>
<td>204.00</td>
<td>Acute lymphoid leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>204.10</td>
<td>Chronic lymphoid leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>204.20</td>
<td>Subacute lymphoid leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>204.80</td>
<td>Other lymphoid leukemia, without mention of having achieved remission</td>
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<tr>
<td>204.90</td>
<td>Unspecified lymphoid leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>205.00</td>
<td>Acute myeloid leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>205.10</td>
<td>Chronic myeloid leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>205.20</td>
<td>Subacute myeloid leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>205.30</td>
<td>Myeloid sarcoma, without mention of having achieved remission</td>
</tr>
<tr>
<td>205.80</td>
<td>Other myeloid leukemia, without mention of having achieved remission</td>
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<tr>
<td>205.90</td>
<td>Unspecified myeloid leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>206.00</td>
<td>Acute monocytic leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>206.10</td>
<td>Chronic monocytic leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>206.20</td>
<td>Subacute monocytic leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>206.80</td>
<td>Other monocytic leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>206.90</td>
<td>Unspecified monocytic leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>207.00</td>
<td>Acute erythremia and erythroleukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>207.10</td>
<td>Chronic erythremia, without mention of having achieved remission</td>
</tr>
<tr>
<td>207.20</td>
<td>Megakaryocytic leukemia, without mention of having achieved remission</td>
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<tr>
<td>207.80</td>
<td>Other specified leukemia, without mention of having achieved remission</td>
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<tr>
<td>208.00</td>
<td>Acute leukemia of unspecified cell type, without mention of having achieved remission</td>
</tr>
<tr>
<td>208.10</td>
<td>Chronic leukemia of unspecified cell type, without mention of having achieved remission</td>
</tr>
<tr>
<td>208.20</td>
<td>Subacute leukemia of unspecified cell type, without mention of having achieved remission</td>
</tr>
<tr>
<td>208.80</td>
<td>Other leukemia of unspecified cell type, without mention of having achieved remission</td>
</tr>
<tr>
<td>208.90</td>
<td>Unspecified leukemia, without mention of having achieved remission</td>
</tr>
<tr>
<td>346.00</td>
<td>Migraine with aura, without mention of intractable migraine without mention of status migrainosus</td>
</tr>
<tr>
<td>346.01</td>
<td>Migraine with aura, with intractable migraine, so stated, without mention of status</td>
</tr>
<tr>
<td>Diagnosis Code</td>
<td>Description</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
</tr>
<tr>
<td>346.10</td>
<td>Migraine without aura, without mention of intractable migraine without mention of status migrainosus</td>
</tr>
<tr>
<td>346.11</td>
<td>Migraine without aura, with intractable migraine, so stated, without mention of status migrainosus</td>
</tr>
<tr>
<td>346.20</td>
<td>Variants of migraine, not elsewhere classified, without mention of intractable migraine without mention of status migrainosus</td>
</tr>
<tr>
<td>346.21</td>
<td>Variants of migraine, not elsewhere classified, with intractable migraine, so stated, without mention of status migrainosus</td>
</tr>
<tr>
<td>346.80</td>
<td>Other forms of migraine, without mention of intractable migraine without mention of status migrainosus</td>
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<tr>
<td>346.81</td>
<td>Other forms of migraine, with intractable migraine, so stated, without mention of status migrainosus</td>
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<tr>
<td>346.90*</td>
<td>Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus</td>
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<tr>
<td>346.91*</td>
<td>Migraine, unspecified, with intractable migraine, so stated, without mention of status migrainosus</td>
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<tr>
<td>386.00</td>
<td>Ménière's disease, unspecified</td>
</tr>
<tr>
<td>386.01</td>
<td>Active Ménière's disease, cochleovestibular</td>
</tr>
<tr>
<td>386.02</td>
<td>Active Ménière's disease, cochlear</td>
</tr>
<tr>
<td>386.03</td>
<td>Active Ménière's disease, vestibular</td>
</tr>
<tr>
<td>386.04</td>
<td>Inactive Ménière's disease</td>
</tr>
<tr>
<td>482.41*</td>
<td>Methicillin susceptible pneumonia due to Staphylococcus aureus</td>
</tr>
<tr>
<td>707.00</td>
<td>Pressure ulcer, unspecified site</td>
</tr>
<tr>
<td>707.01</td>
<td>Pressure ulcer, elbow</td>
</tr>
<tr>
<td>707.02</td>
<td>Pressure ulcer, upper back</td>
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<td>707.03</td>
<td>Pressure ulcer, lower back</td>
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<tr>
<td>707.04</td>
<td>Pressure ulcer, hip</td>
</tr>
<tr>
<td>707.05</td>
<td>Pressure ulcer, buttock</td>
</tr>
<tr>
<td>707.06</td>
<td>Pressure ulcer, ankle</td>
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<tr>
<td>707.07</td>
<td>Pressure ulcer, heel</td>
</tr>
<tr>
<td>707.09</td>
<td>Pressure ulcer, other site</td>
</tr>
<tr>
<td>795.08</td>
<td>Unsatisfactory cervical cytology smear</td>
</tr>
<tr>
<td>998.31</td>
<td>Disruption of internal operation (surgical) wound</td>
</tr>
<tr>
<td>998.32*</td>
<td>Disruption of external operation (surgical) wound</td>
</tr>
<tr>
<td>V28.3</td>
<td>Encounter for routine screening for malformation using ultrasonics</td>
</tr>
<tr>
<td>V45.71</td>
<td>Acquired absence of breast and nipple</td>
</tr>
</tbody>
</table>

**Notes:**
* These diagnosis codes were discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. They will be implemented on October 1, 2008.

Revised code 776.9 that was listed in the proposed rule has been deleted. There will be no changes to code 776.9.
REVISED DIAGNOSIS CODE TITLES
Effective October 1, 2008
NEW PROCEDURE CODES  
Effective October 1, 2008

The final addendum which describes all changes to the procedure part of ICD-9-CM is posted on CMS’ webpage at: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>00.49</td>
<td>SuperSaturated oxygen therapy</td>
</tr>
<tr>
<td>00.58</td>
<td>Insertion of intra-aneurysm sac pressure monitoring device (intraoperative)</td>
</tr>
<tr>
<td>00.59</td>
<td>Intravascular pressure measurement of coronary arteries</td>
</tr>
<tr>
<td>00.67</td>
<td>Intravascular pressure measurement of intrathoracic arteries</td>
</tr>
<tr>
<td>00.68</td>
<td>Intravascular pressure measurement of peripheral arteries</td>
</tr>
<tr>
<td>00.69</td>
<td>Intravascular pressure measurement, other specified and unspecified vessels</td>
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<tr>
<td>17.11</td>
<td>Laparoscopic repair of direct inguinal hernia with graft or prosthesis</td>
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<tr>
<td>17.12</td>
<td>Laparoscopic repair of indirect inguinal hernia with graft or prosthesis</td>
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<td>Laparoscopic repair of inguinal hernia with graft or prosthesis, not otherwise specified</td>
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<td>17.21</td>
<td>Laparoscopic bilateral repair of direct inguinal hernia with graft or prosthesis</td>
</tr>
<tr>
<td>17.22</td>
<td>Laparoscopic bilateral repair of indirect inguinal hernia with graft or prosthesis</td>
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<td>17.23</td>
<td>Laparoscopic bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis</td>
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<td>Laparoscopic bilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified</td>
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<td>17.34</td>
<td>Laparoscopic resection of transverse colon</td>
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<td>Laparoscopic left hemicolectomy</td>
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<td>Laparoscopic robotic assisted procedure</td>
</tr>
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<td>Thoracoscopic robotic assisted procedure</td>
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<td>Other and unspecified robotic assisted procedure</td>
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<td>Implantation or insertion of biventricular external heart assist system</td>
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<td>Intravascular spectroscopy</td>
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<td>45.81</td>
<td>Laparoscopic total intra-abdominal colectomy</td>
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<tr>
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<td>Other and unspecified total intra-abdominal colectomy</td>
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<td>Pull-through resection of rectum, not otherwise specified</td>
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<td>Laparoscopic pull-through resection of rectum</td>
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<tr>
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<td>Open pull-through resection of rectum</td>
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## NEW PROCEDURE CODES
**Effective October 1, 2008**

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<td>Abdominoperineal resection of the rectum, not otherwise specified</td>
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<td>Open abdominoperineal resection of the rectum</td>
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<td>Other abdominoperineal resection of the rectum</td>
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<td>53.62</td>
<td>Laparoscopic incisional hernia repair with graft or prosthesis</td>
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<td>Other laparoscopic repair of other hernia of anterior abdominal wall with graft or prosthesis</td>
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<td>Laparoscopic repair of diaphragmatic hernia, abdominal approach</td>
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<td>53.72</td>
<td>Other and open repair of diaphragmatic hernia, abdominal approach</td>
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<tr>
<td>53.75</td>
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<td>Laparoscopic repair of diaphragmatic hernia, with thoracic approach</td>
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<td>53.84</td>
<td>Other and open repair of diaphragmatic hernia, with thoracic approach</td>
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<td>Repair of the anulus fibrosus with graft or prosthesis</td>
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<td>85.71*</td>
<td>Latissimus dorsi myocutaneous flap</td>
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<tr>
<td>85.72*</td>
<td>Transverse rectus abdominis myocutaneous (TRAM) flap, pedicled</td>
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<tr>
<td>85.73*</td>
<td>Transverse rectus abdominis myocutaneous (TRAM) flap, free</td>
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<td>85.74*</td>
<td>Deep inferior epigastric artery perforator (DIEP) flap, free</td>
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<td>85.75*</td>
<td>Superficial inferior epigastric artery (SIEA) flap, free</td>
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<td>85.76*</td>
<td>Gluteal artery perforator (GAP) flap, free</td>
</tr>
<tr>
<td>85.79*</td>
<td>Other total reconstruction of breast</td>
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### Notes:
* These procedure codes were discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. They will be implemented on October 1, 2008.
NEW DIAGNOSIS CODES
Effective October 1, 2008

The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM is posted on CDC’s webpage at: www.cdc.gov/nchs/icd9.htm

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>038.12*</td>
<td>Methicillin resistant Staphylococcus aureus septicemia</td>
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<td>041.12*</td>
<td>Methicillin resistant Staphylococcus aureus in conditions classified elsewhere and of unspecified site</td>
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<td>Gerstmann-Sträussler-Scheinker syndrome</td>
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<td>Other and unspecified prion disease of central nervous system</td>
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<td>Vaccinia not from vaccination</td>
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<td>Orthopoxvirus infection, unspecified</td>
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<tr>
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<td>Monkeypox</td>
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<td>059.09</td>
<td>Other orthopoxvirus infections</td>
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<td>Parapoxvirus infection, unspecified</td>
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<td>Bovine stomatitis</td>
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<td>Yatapoxvirus infection, unspecified</td>
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<td>Tanapox</td>
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<td>Yaba monkey tumor virus</td>
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<tr>
<td>059.8</td>
<td>Other poxvirus infections</td>
</tr>
<tr>
<td>059.9</td>
<td>Poxvirus infections, unspecified</td>
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<tr>
<td>078.12</td>
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<td>Specific infection due to acanthamoeba</td>
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<td>Other specific infections by free-living amebae</td>
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<td>199.2</td>
<td>Malignant neoplasm associated with transplant organ</td>
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<td>203.02</td>
<td>Multiple myeloma, in relapse</td>
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<tr>
<td>203.12</td>
<td>Plasma cell leukemia, in relapse</td>
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<tr>
<td>203.82</td>
<td>Other immunoproliferative neoplasms, in relapse</td>
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<td>Acute lymphoid leukemia, in relapse</td>
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<td>Chronic lymphoid leukemia, in relapse</td>
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<td>204.82</td>
<td>Other lymphoid leukemia, in relapse</td>
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<tr>
<td>204.92</td>
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<td>205.02</td>
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<td>Chronic myeloid leukemia, in relapse</td>
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<td>Subacute myeloid leukemia, in relapse</td>
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<td>Myeloid sarcoma, in relapse</td>
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<td>205.82</td>
<td>Other myeloid leukemia, in relapse</td>
</tr>
<tr>
<td>205.92</td>
<td>Unspecified myeloid leukemia, in relapse</td>
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# NEW DIAGNOSIS CODES

**Effective October 1, 2008**

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<tr>
<th>Diagnosis Code</th>
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<tbody>
<tr>
<td>206.02</td>
<td>Acute monocytic leukemia, in relapse</td>
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<td>Chronic monocytic leukemia, in relapse</td>
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<td>206.22</td>
<td>Subacute monocytic leukemia, in relapse</td>
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<tr>
<td>206.82</td>
<td>Other monocytic leukemia, in relapse</td>
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<tr>
<td>206.92</td>
<td>Unspecified monocytic leukemia, in relapse</td>
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<tr>
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<td>Acute erythremia and erythroleukemia, in relapse</td>
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<tr>
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<td>Chronic erythremia, in relapse</td>
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<tr>
<td>207.22</td>
<td>Megakaryocytic leukemia, in relapse</td>
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<td>207.82</td>
<td>Other specified leukemia, in relapse</td>
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<td>Acute leukemia of unspecified cell type, in relapse</td>
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<tr>
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<td>Chronic leukemia of unspecified cell type, in relapse</td>
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<tr>
<td>208.22</td>
<td>Subacute leukemia of unspecified cell type, in relapse</td>
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<tr>
<td>208.82</td>
<td>Other leukemia of unspecified cell type, in relapse</td>
</tr>
<tr>
<td>208.92</td>
<td>Unspecified leukemia, in relapse</td>
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<tr>
<td>209.00</td>
<td>Malignant carcinoid tumor of the small intestine, unspecified portion</td>
</tr>
<tr>
<td>209.01</td>
<td>Malignant carcinoid tumor of the duodenum</td>
</tr>
<tr>
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<td>Malignant carcinoid tumor of the jejunum</td>
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<tr>
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<td>Malignant carcinoid tumor of the ileum</td>
</tr>
<tr>
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<td>Malignant carcinoid tumor of the large intestine, unspecified portion</td>
</tr>
<tr>
<td>209.11</td>
<td>Malignant carcinoid tumor of the appendix</td>
</tr>
<tr>
<td>209.12</td>
<td>Malignant carcinoid tumor of the cecum</td>
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<tr>
<td>209.13</td>
<td>Malignant carcinoid tumor of the ascending colon</td>
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<td>Malignant carcinoid tumor of the transverse colon</td>
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<td>Malignant carcinoid tumor of the descending colon</td>
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<td>Malignant carcinoid tumor of unknown primary site</td>
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<td>209.21</td>
<td>Malignant carcinoid tumor of the bronchus and lung</td>
</tr>
<tr>
<td>209.22</td>
<td>Malignant carcinoid tumor of the thymus</td>
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<td>Malignant carcinoid tumor of the stomach</td>
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<td>Malignant carcinoid tumor of the kidney</td>
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<tr>
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<td>Malignant carcinoid tumor of foregut, not otherwise specified</td>
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<tr>
<td>209.26</td>
<td>Malignant carcinoid tumor of midgut, not otherwise specified</td>
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<td>209.27</td>
<td>Malignant carcinoid tumor of hindgut, not otherwise specified</td>
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<tr>
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<td>Malignant carcinoid tumor of other sites</td>
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<td>Benign carcinoid tumor of the descending colon</td>
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<td>209.56</td>
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<td>Benign carcinoid tumor of the bronchus and lung</td>
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<td>Benign carcinoid tumor of the thymus</td>
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<td>Benign carcinoid tumor of the stomach</td>
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<td>Benign carcinoid tumor of foregut, not otherwise specified</td>
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<td>339.43</td>
<td>Primary thunderclap headache</td>
</tr>
<tr>
<td>339.44</td>
<td>Other complicated headache syndrome</td>
</tr>
<tr>
<td>339.81</td>
<td>Hypnic headache</td>
</tr>
<tr>
<td>339.82</td>
<td>Headache associated with sexual activity</td>
</tr>
<tr>
<td>339.83</td>
<td>Primary cough headache</td>
</tr>
<tr>
<td>339.84</td>
<td>Primary exertional headache</td>
</tr>
<tr>
<td>339.85</td>
<td>Primary stabbing headache</td>
</tr>
<tr>
<td>339.89</td>
<td>Other headache syndromes</td>
</tr>
<tr>
<td>346.02</td>
<td>Migraine with aura, without mention of intractable migraine with status migrainosus</td>
</tr>
<tr>
<td>346.03</td>
<td>Migraine with aura, with intractable migraine, so stated, with status migrainosus</td>
</tr>
<tr>
<td>346.12</td>
<td>Migraine without aura, without mention of intractable migraine with status</td>
</tr>
<tr>
<td>Diagnosis Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>346.13</td>
<td>Migraine without aura, with intractable migraine, so stated, with status migrainosus</td>
</tr>
<tr>
<td>346.22</td>
<td>Variants of migraine, not elsewhere classified, without mention of intractable migraine with status migrainosus</td>
</tr>
<tr>
<td>346.23</td>
<td>Variants of migraine, not elsewhere classified, with intractable migraine, so stated, with status migrainosus</td>
</tr>
<tr>
<td>346.30</td>
<td>Hemiplegic migraine, without mention of intractable migraine without mention of status migrainosus</td>
</tr>
<tr>
<td>346.31</td>
<td>Hemiplegic migraine, with intractable migraine, so stated, without mention of status migrainosus</td>
</tr>
<tr>
<td>346.32</td>
<td>Hemiplegic migraine, without mention of intractable migraine with status migrainosus</td>
</tr>
<tr>
<td>346.33</td>
<td>Hemiplegic migraine, with intractable migraine, so stated, with status migrainosus</td>
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<tr>
<td>346.40</td>
<td>Menstrual migraine, without mention of intractable migraine without mention of status migrainosus</td>
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<td>346.41</td>
<td>Menstrual migraine, with intractable migraine, so stated, without mention of status migrainosus</td>
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<td>346.42</td>
<td>Menstrual migraine, without mention of intractable migraine with status migrainosus</td>
</tr>
<tr>
<td>346.43</td>
<td>Menstrual migraine, with intractable migraine, so stated, with status migrainosus</td>
</tr>
<tr>
<td>346.50</td>
<td>Persistent migraine aura without cerebral infarction, without mention of intractable migraine without mention of status migrainosus</td>
</tr>
<tr>
<td>346.51</td>
<td>Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus</td>
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<tr>
<td>346.52</td>
<td>Persistent migraine aura without cerebral infarction, without mention of intractable migraine with status migrainosus</td>
</tr>
<tr>
<td>346.53</td>
<td>Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, with status migrainosus</td>
</tr>
<tr>
<td>346.60</td>
<td>Persistent migraine aura with cerebral infarction, without mention of intractable migraine without mention of status migrainosus</td>
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<td>346.61</td>
<td>Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus</td>
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<td>346.62</td>
<td>Persistent migraine aura with cerebral infarction, without mention of intractable migraine with status migrainosus</td>
</tr>
<tr>
<td>346.63</td>
<td>Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, with status migrainosus</td>
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<tr>
<td>346.70</td>
<td>Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus</td>
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<td>346.71</td>
<td>Chronic migraine without aura, with intractable migraine, so stated, without mention of status migrainosus</td>
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<td>346.72</td>
<td>Chronic migraine without aura, without mention of intractable migraine with status migrainosus</td>
</tr>
<tr>
<td>346.73</td>
<td>Chronic migraine without aura, with intractable migraine, so stated, with status migrainosus</td>
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<tr>
<td>Diagnosis Code</td>
<td>Description</td>
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<tr>
<td>346.82</td>
<td>Other forms of migraine, without mention of intractable migraine with status migrainosus</td>
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<tr>
<td>346.83</td>
<td>Other forms of migraine, with intractable migraine, so stated, with status migrainosus</td>
</tr>
<tr>
<td>346.92*</td>
<td>Migraine, unspecified, without mention of intractable migraine with status migrainosus</td>
</tr>
<tr>
<td>346.93*</td>
<td>Migraine, unspecified, with intractable migraine, so stated, with status migrainosus</td>
</tr>
<tr>
<td>349.31*</td>
<td>Accidental puncture or laceration of dura during a procedure</td>
</tr>
<tr>
<td>349.39*</td>
<td>Other dural tear</td>
</tr>
<tr>
<td>362.20</td>
<td>Retinopathy of prematurity, unspecified</td>
</tr>
<tr>
<td>362.22</td>
<td>Retinopathy of prematurity, stage 0</td>
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<tr>
<td>362.23</td>
<td>Retinopathy of prematurity, stage 1</td>
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<tr>
<td>362.24</td>
<td>Retinopathy of prematurity, stage 2</td>
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<tr>
<td>362.25</td>
<td>Retinopathy of prematurity, stage 3</td>
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<tr>
<td>362.26</td>
<td>Retinopathy of prematurity, stage 4</td>
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<tr>
<td>362.27</td>
<td>Retinopathy of prematurity, stage 5</td>
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<tr>
<td>364.82</td>
<td>Plateau iris syndrome</td>
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<tr>
<td>372.34</td>
<td>Pingueculitis</td>
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<tr>
<td>414.3</td>
<td>Coronary atherosclerosis due to lipid rich plaque</td>
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<td>482.42*</td>
<td>Methicillin resistant pneumonia due to Staphylococcus aureus</td>
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<tr>
<td>511.81</td>
<td>Malignant pleural effusion</td>
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<tr>
<td>511.89</td>
<td>Other specified forms of effusion, except tuberculous</td>
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<tr>
<td>530.13*</td>
<td>Eosinophilic esophagitis</td>
</tr>
<tr>
<td>535.70*</td>
<td>Eosinophilic gastritis, without mention of hemorrhage</td>
</tr>
<tr>
<td>535.71*</td>
<td>Eosinophilic gastritis, with hemorrhage</td>
</tr>
<tr>
<td>558.41*</td>
<td>Eosinophilic gastroenteritis</td>
</tr>
<tr>
<td>558.42*</td>
<td>Eosinophilic colitis</td>
</tr>
<tr>
<td>569.44</td>
<td>Dysplasia of anus</td>
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<tr>
<td>571.42</td>
<td>Autoimmune hepatitis</td>
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<td>599.70</td>
<td>Hematuria, unspecified</td>
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<tr>
<td>599.71</td>
<td>Gross hematuria</td>
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<tr>
<td>599.72</td>
<td>Microscopic hematuria</td>
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<tr>
<td>611.81</td>
<td>Ptosis of breast</td>
</tr>
<tr>
<td>611.82</td>
<td>Hypoplasia of breast</td>
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<tr>
<td>611.83</td>
<td>Capsular contracture of breast implant</td>
</tr>
<tr>
<td>611.89</td>
<td>Other specified disorders of breast</td>
</tr>
<tr>
<td>612.0</td>
<td>Deformity of reconstructed breast</td>
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<tr>
<td>612.1</td>
<td>Disproportion of reconstructed breast</td>
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<td>625.70</td>
<td>Vulvodynia, unspecified</td>
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<tr>
<td>625.71</td>
<td>Vulvar vestibulitis</td>
</tr>
<tr>
<td>625.79</td>
<td>Other vulvodynia</td>
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<tr>
<td>649.70</td>
<td>Cervical shortening, unspecified as to episode of care or not applicable</td>
</tr>
<tr>
<td>649.71</td>
<td>Cervical shortening, delivered, with or without mention of antepartum condition</td>
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<td>Diagnosis Code</td>
<td>Description</td>
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<tr>
<td>649.73</td>
<td>Cervical shortening, antepartum condition or complication</td>
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<tr>
<td>678.00</td>
<td>Fetal hematologic conditions, unspecified as to episode of care or not applicable</td>
</tr>
<tr>
<td>678.01</td>
<td>Fetal hematologic conditions, delivered, with or without mention of antepartum condition</td>
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<tr>
<td>678.03</td>
<td>Fetal hematologic conditions, antepartum condition or complication</td>
</tr>
<tr>
<td>678.10</td>
<td>Fetal conjoined twins, unspecified as to episode of care or not applicable</td>
</tr>
<tr>
<td>678.11</td>
<td>Fetal conjoined twins, delivered, with or without mention of antepartum condition</td>
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<tr>
<td>678.13</td>
<td>Fetal conjoined twins, antepartum condition or complication</td>
</tr>
<tr>
<td>679.00</td>
<td>Maternal complications from in utero procedure, unspecified as to episode of care or not applicable</td>
</tr>
<tr>
<td>679.01</td>
<td>Maternal complications from in utero procedure, delivered, with or without mention of antepartum condition</td>
</tr>
<tr>
<td>679.02</td>
<td>Maternal complications from in utero procedure, delivered, with mention of postpartum complication</td>
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<tr>
<td>679.03</td>
<td>Maternal complications from in utero procedure, antepartum condition or complication</td>
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<tr>
<td>679.04</td>
<td>Maternal complications from in utero procedure, postpartum condition or complication</td>
</tr>
<tr>
<td>679.10</td>
<td>Fetal complications from in utero procedures, unspecified as to episode of care or not applicable</td>
</tr>
<tr>
<td>679.11</td>
<td>Fetal complications from in utero procedures, delivered, with or without mention of antepartum condition</td>
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<tr>
<td>679.12</td>
<td>Fetal complications from in utero procedures, delivered, with mention of postpartum complication</td>
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<tr>
<td>679.13</td>
<td>Fetal complications from in utero procedures, antepartum condition or complication</td>
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<tr>
<td>679.14</td>
<td>Fetal complications from in utero procedures, postpartum condition or complication</td>
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<td>695.10</td>
<td>Erythema multiforme, unspecified</td>
</tr>
<tr>
<td>695.11</td>
<td>Erythema multiforme minor</td>
</tr>
<tr>
<td>695.12</td>
<td>Erythema multiforme major</td>
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<tr>
<td>695.13</td>
<td>Stevens-Johnson syndrome</td>
</tr>
<tr>
<td>695.14</td>
<td>Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome</td>
</tr>
<tr>
<td>695.15</td>
<td>Toxic epidermal necrolysis</td>
</tr>
<tr>
<td>695.19</td>
<td>Other erythema multiforme</td>
</tr>
<tr>
<td>695.50</td>
<td>Exfoliation due to erythematous condition involving less than 10 percent of body surface</td>
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<tr>
<td>695.51</td>
<td>Exfoliation due to erythematous condition involving 10-19 percent of body surface</td>
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<tr>
<td>695.52</td>
<td>Exfoliation due to erythematous condition involving 20-29 percent of body surface</td>
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<tr>
<td>695.53</td>
<td>Exfoliation due to erythematous condition involving 30-39 percent of body surface</td>
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<tr>
<td>695.54</td>
<td>Exfoliation due to erythematous condition involving 40-49 percent of body surface</td>
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<tr>
<td>695.55</td>
<td>Exfoliation due to erythematous condition involving 50-59 percent of body surface</td>
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<tr>
<td>695.56</td>
<td>Exfoliation due to erythematous condition involving 60-69 percent of body surface</td>
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<td>Diagnosis Code</td>
<td>Description</td>
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<tr>
<td>695.57</td>
<td>Exfoliation due to erythematous condition involving 70-79 percent of body surface</td>
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<td>695.58</td>
<td>Exfoliation due to erythematous condition involving 80-89 percent of body surface</td>
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<td>695.59</td>
<td>Exfoliation due to erythematous condition involving 90 percent or more of body surface</td>
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<td>707.20</td>
<td>Pressure ulcer, unspecified stage</td>
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<tr>
<td>707.21</td>
<td>Pressure ulcer, stage I</td>
</tr>
<tr>
<td>707.22</td>
<td>Pressure ulcer, stage II</td>
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<tr>
<td>707.23</td>
<td>Pressure ulcer, stage III</td>
</tr>
<tr>
<td>707.24</td>
<td>Pressure ulcer, stage IV</td>
</tr>
<tr>
<td>707.25*</td>
<td>Pressure ulcer, unstageable</td>
</tr>
<tr>
<td>729.90</td>
<td>Disorders of soft tissue, unspecified</td>
</tr>
<tr>
<td>729.91</td>
<td>Post-traumatic seroma</td>
</tr>
<tr>
<td>729.92</td>
<td>Nontraumatic hematoma of soft tissue</td>
</tr>
<tr>
<td>729.99</td>
<td>Other disorders of soft tissue</td>
</tr>
<tr>
<td>733.96*</td>
<td>Stress fracture of femoral neck</td>
</tr>
<tr>
<td>733.97*</td>
<td>Stress fracture of shaft of femur</td>
</tr>
<tr>
<td>733.98*</td>
<td>Stress fracture of pelvis</td>
</tr>
<tr>
<td>760.61</td>
<td>Newborn affected by amniocentesis</td>
</tr>
<tr>
<td>760.62</td>
<td>Newborn affected by other in utero procedure</td>
</tr>
<tr>
<td>760.63</td>
<td>Newborn affected by other surgical operations on mother during pregnancy</td>
</tr>
<tr>
<td>760.64</td>
<td>Newborn affected by previous surgical procedure on mother not associated with pregnancy</td>
</tr>
<tr>
<td>777.50</td>
<td>Necrotizing enterocolitis in newborn, unspecified</td>
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<tr>
<td>777.51</td>
<td>Stage I necrotizing enterocolitis in newborn</td>
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<tr>
<td>777.52</td>
<td>Stage II necrotizing enterocolitis in newborn</td>
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<tr>
<td>777.53</td>
<td>Stage III necrotizing enterocolitis in newborn</td>
</tr>
<tr>
<td>780.60*</td>
<td>Fever, unspecified</td>
</tr>
<tr>
<td>780.61*</td>
<td>Fever presenting with conditions classified elsewhere</td>
</tr>
<tr>
<td>780.62*</td>
<td>Postprocedural fever</td>
</tr>
<tr>
<td>780.63*</td>
<td>Postvaccination fever</td>
</tr>
<tr>
<td>780.64*</td>
<td>Chills (without fever)</td>
</tr>
<tr>
<td>780.65*</td>
<td>Hypothermia not associated with low environmental temperature</td>
</tr>
<tr>
<td>780.72</td>
<td>Functional quadriplegia</td>
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<tr>
<td>788.91</td>
<td>Functional urinary incontinence</td>
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<tr>
<td>788.99</td>
<td>Other symptoms involving urinary system</td>
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<tr>
<td>795.07</td>
<td>Satisfactory cervical smear but lacking transformation zone</td>
</tr>
<tr>
<td>795.10</td>
<td>Abnormal glandular Papanicolaou smear of vagina</td>
</tr>
<tr>
<td>795.11</td>
<td>Papanicolaou smear of vagina with atypical squamous cells of undetermined significance (ASC-US)</td>
</tr>
<tr>
<td>795.12</td>
<td>Papanicolaou smear of vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)</td>
</tr>
<tr>
<td>795.13</td>
<td>Papanicolaou smear of vagina with low grade squamous intraepithelial lesion (LGSIL)</td>
</tr>
<tr>
<td>Diagnosis Code</td>
<td>Description</td>
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<td>---------------</td>
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</tr>
<tr>
<td>795.14</td>
<td>Papanicolaou smear of vagina with high grade squamous intraepithelial lesion (HGSIL)</td>
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<tr>
<td>795.15</td>
<td>Vaginal high risk human papillomavirus (HPV) DNA test positive</td>
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<tr>
<td>795.16</td>
<td>Papanicolaou smear of vagina with cytologic evidence of malignancy</td>
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<tr>
<td>795.18</td>
<td>Unsatisfactory vaginal cytology smear</td>
</tr>
<tr>
<td>795.19</td>
<td>Other abnormal Papanicolaou smear of vagina and vaginal HPV</td>
</tr>
<tr>
<td>796.70</td>
<td>Abnormal glandular Papanicolaou smear of anus</td>
</tr>
<tr>
<td>796.71</td>
<td>Papanicolaou smear of anus with atypical squamous cells of undetermined significance (ASC-US)</td>
</tr>
<tr>
<td>796.72</td>
<td>Papanicolaou smear of anus with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)</td>
</tr>
<tr>
<td>796.73</td>
<td>Papanicolaou smear of anus with low grade squamous intraepithelial lesion (LGSIL)</td>
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<td>796.74</td>
<td>Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HGSIL)</td>
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<tr>
<td>796.75</td>
<td>Anal high risk human papillomavirus (HPV) DNA test positive</td>
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<tr>
<td>796.76</td>
<td>Papanicolaou smear of anus with cytologic evidence of malignancy</td>
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<tr>
<td>796.77</td>
<td>Satisfactory anal smear but lacking transformation zone</td>
</tr>
<tr>
<td>796.78</td>
<td>Unsatisfactory anal cytology smear</td>
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<tr>
<td>796.79</td>
<td>Other abnormal Papanicolaou smear of anus and anal HPV</td>
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<tr>
<td>997.31</td>
<td>Ventilator associated pneumonia</td>
</tr>
<tr>
<td>997.39</td>
<td>Other respiratory complications</td>
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<tr>
<td>998.30</td>
<td>Disruption of wound, unspecified</td>
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<tr>
<td>998.33*</td>
<td>Disruption of traumatic injury wound repair</td>
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<tr>
<td>999.81</td>
<td>Extravasation of vesicant chemotherapy</td>
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<tr>
<td>999.82</td>
<td>Extravasation of other vesicant agent</td>
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<tr>
<td>999.88</td>
<td>Other infusion reaction</td>
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<td>999.89</td>
<td>Other transfusion reaction</td>
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<tr>
<td>V02.53*</td>
<td>Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus</td>
</tr>
<tr>
<td>V02.54*</td>
<td>Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus</td>
</tr>
<tr>
<td>V07.51</td>
<td>Prophylactic use of selective estrogen receptor modulators (SERMs)</td>
</tr>
<tr>
<td>V07.52</td>
<td>Prophylactic use of aromatase inhibitors</td>
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<tr>
<td>V07.59</td>
<td>Prophylactic use of other agents affecting estrogen receptors and estrogen levels</td>
</tr>
<tr>
<td>V12.04*</td>
<td>Personal history of Methicillin resistant Staphylococcus aureus</td>
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<tr>
<td>V13.51</td>
<td>Personal history of pathologic fracture</td>
</tr>
<tr>
<td>V13.52</td>
<td>Personal history of stress fracture</td>
</tr>
<tr>
<td>V13.59</td>
<td>Personal history of other musculoskeletal disorders</td>
</tr>
<tr>
<td>V15.21</td>
<td>Personal history of undergoing in utero procedure during pregnancy</td>
</tr>
<tr>
<td>V15.22</td>
<td>Personal history of undergoing in utero procedure while a fetus</td>
</tr>
<tr>
<td>V15.29</td>
<td>Personal history of surgery to other organs</td>
</tr>
<tr>
<td>V15.51</td>
<td>Personal history of traumatic fracture</td>
</tr>
<tr>
<td>V15.59</td>
<td>Personal history of other injury</td>
</tr>
<tr>
<td>V23.85</td>
<td>Pregnancy resulting from assisted reproductive technology</td>
</tr>
<tr>
<td>Diagnosis Code</td>
<td>Description</td>
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<td>----------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>V23.86</td>
<td>Pregnancy with history of in utero procedure during previous pregnancy</td>
</tr>
<tr>
<td>V28.81</td>
<td>Encounter for fetal anatomic survey</td>
</tr>
<tr>
<td>V28.82</td>
<td>Encounter for screening for risk of pre-term labor</td>
</tr>
<tr>
<td>V28.89</td>
<td>Other specified antenatal screening</td>
</tr>
<tr>
<td>V45.11</td>
<td>Renal dialysis status</td>
</tr>
<tr>
<td>V45.12</td>
<td>Noncompliance with renal dialysis</td>
</tr>
<tr>
<td>V45.87</td>
<td>Transplanted organ removal status</td>
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<tr>
<td>V45.88*</td>
<td>Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility</td>
</tr>
<tr>
<td>V46.3</td>
<td>Wheelchair dependence</td>
</tr>
<tr>
<td>V51.0</td>
<td>Encounter for breast reconstruction following mastectomy</td>
</tr>
<tr>
<td>V51.8</td>
<td>Other aftercare involving the use of plastic surgery</td>
</tr>
<tr>
<td>V61.01*</td>
<td>Family disruption due to family member on military deployment</td>
</tr>
<tr>
<td>V61.02*</td>
<td>Family disruption due to return of family member from military deployment</td>
</tr>
<tr>
<td>V61.03*</td>
<td>Family disruption due to divorce or legal separation</td>
</tr>
<tr>
<td>V61.04*</td>
<td>Family disruption due to parent-child estrangement</td>
</tr>
<tr>
<td>V61.05*</td>
<td>Family disruption due to child in welfare custody</td>
</tr>
<tr>
<td>V61.06*</td>
<td>Family disruption due to child in foster care or in care of non-parental family member</td>
</tr>
<tr>
<td>V61.09*</td>
<td>Other family disruption</td>
</tr>
<tr>
<td>V62.21*</td>
<td>Personal current military deployment</td>
</tr>
<tr>
<td>V62.22*</td>
<td>Personal history of return from military deployment</td>
</tr>
<tr>
<td>V62.29*</td>
<td>Other occupational circumstances or maladjustment</td>
</tr>
<tr>
<td>V87.01</td>
<td>Contact with and (suspected) exposure to arsenic</td>
</tr>
<tr>
<td>V87.09</td>
<td>Contact with and (suspected) exposure to other hazardous metals</td>
</tr>
<tr>
<td>V87.11</td>
<td>Contact with and (suspected) exposure to aromatic amines</td>
</tr>
<tr>
<td>V87.12</td>
<td>Contact with and (suspected) exposure to benzene</td>
</tr>
<tr>
<td>V87.19</td>
<td>Contact with and (suspected) exposure to other hazardous aromatic compounds</td>
</tr>
<tr>
<td>V87.2</td>
<td>Contact with and (suspected) exposure to other potentially hazardous chemicals</td>
</tr>
<tr>
<td>V87.31</td>
<td>Contact with and (suspected) exposure to mold</td>
</tr>
<tr>
<td>V87.39</td>
<td>Contact with and (suspected) exposure to other potentially hazardous substances</td>
</tr>
<tr>
<td>V87.41</td>
<td>Personal history of antineoplastic chemotherapy</td>
</tr>
<tr>
<td>V87.42</td>
<td>Personal history of monoclonal drug therapy</td>
</tr>
<tr>
<td>V87.49</td>
<td>Personal history of other drug therapy</td>
</tr>
<tr>
<td>V88.01</td>
<td>Acquired absence of both cervix and uterus</td>
</tr>
<tr>
<td>V88.02</td>
<td>Acquired absence of uterus with remaining cervical stump</td>
</tr>
<tr>
<td>V88.03</td>
<td>Acquired absence of cervix with remaining uterus</td>
</tr>
<tr>
<td>V89.01</td>
<td>Suspected problem with amniotic cavity and membrane not found</td>
</tr>
<tr>
<td>V89.02</td>
<td>Suspected placental problem not found</td>
</tr>
<tr>
<td>V89.03</td>
<td>Suspected fetal anomaly not found</td>
</tr>
<tr>
<td>V89.04</td>
<td>Suspected problem with fetal growth not found</td>
</tr>
<tr>
<td>V89.05</td>
<td>Suspected cervical shortening not found</td>
</tr>
<tr>
<td>V89.09</td>
<td>Other suspected maternal and fetal condition not found</td>
</tr>
</tbody>
</table>
NEW DIAGNOSIS CODES
Effective October 1, 2008

Notes:
* These diagnosis codes were discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. They will be implemented on October 1, 2008.

New code 059.29 that was listed in the proposed rule has been deleted. It has been replaced with new code 059.20.

The title for new code 998.33 that was listed in the proposed rule has been revised for the final rule.
INVALID PROCEDURE CODES
Effective October 1, 2008

The final addendum which describes all changes to the procedure part of ICD-9-CM is posted on CMS’ webpage at: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.8</td>
<td>Total intra-abdominal colectomy</td>
</tr>
<tr>
<td>48.5</td>
<td>Abdominoperineal resection of rectum</td>
</tr>
<tr>
<td>53.7</td>
<td>Repair of diaphragmatic hernia, abdominal approach</td>
</tr>
<tr>
<td>85.7*</td>
<td>Total reconstruction of breast</td>
</tr>
</tbody>
</table>

Notes:
* This procedure code was discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meeting and was not finalized in time to include in the proposed rule. It will be deleted on October 1, 2008.
The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM is posted on CDC’s webpage at: www.cdc.gov/nchs/icd9.htm

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>046.1</td>
<td>Jakob-Creutzfeldt disease</td>
</tr>
<tr>
<td>051.0</td>
<td>Cowpox</td>
</tr>
<tr>
<td>136.2</td>
<td>Specific infections by free-living amebae</td>
</tr>
<tr>
<td>259.5</td>
<td>Androgen insensitivity syndrome</td>
</tr>
<tr>
<td>337.0</td>
<td>Idiopathic peripheral autonomic neuropathy</td>
</tr>
<tr>
<td>511.8</td>
<td>Other specified forms of pleural effusion, except tuberculous</td>
</tr>
<tr>
<td>599.7</td>
<td>Hematuria</td>
</tr>
<tr>
<td>611.8</td>
<td>Other specified disorders of breast</td>
</tr>
<tr>
<td>695.1</td>
<td>Erythema multiforme</td>
</tr>
<tr>
<td>729.9</td>
<td>Other and unspecified disorders of soft tissue</td>
</tr>
<tr>
<td>760.6</td>
<td>Surgical operation on mother</td>
</tr>
<tr>
<td>777.5</td>
<td>Necrotizing enterocolitis in fetus or newborn</td>
</tr>
<tr>
<td>780.6*</td>
<td>Fever</td>
</tr>
<tr>
<td>788.9</td>
<td>Other symptoms involving urinary system</td>
</tr>
<tr>
<td>795.1</td>
<td>Nonspecific abnormal Papanicolaou smear of other site</td>
</tr>
<tr>
<td>997.3</td>
<td>Respiratory complications</td>
</tr>
<tr>
<td>999.8</td>
<td>Other transfusion reaction</td>
</tr>
<tr>
<td>V13.5</td>
<td>Personal history of other musculoskeletal disorders</td>
</tr>
<tr>
<td>V15.2</td>
<td>Personal history of surgery to other major organs</td>
</tr>
<tr>
<td>V15.5</td>
<td>Personal history of injury</td>
</tr>
<tr>
<td>V28.8</td>
<td>Encounter for other specified antenatal screening</td>
</tr>
<tr>
<td>V45.1</td>
<td>Renal dialysis status</td>
</tr>
<tr>
<td>V51</td>
<td>Aftercare involving the use of plastic surgery</td>
</tr>
<tr>
<td>V61.0*</td>
<td>Family disruption</td>
</tr>
<tr>
<td>V62.2*</td>
<td>Other occupational circumstances or maladjustment</td>
</tr>
</tbody>
</table>

**Notes:**
* These diagnosis codes were discussed at the March 19-20, 2008 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. They will be deleted on October 1, 2008.
The official version of ICD-9-CM on CD-ROM has been modified to indicate which codes have a required fifth-digit. The applicable fifth-digits are included in brackets below the code. An addenda of these changes is in a separate PDF file, available via a link from the NCHS web page related to the ICD-9-CM addenda, below.


006 Amebiasis

006.8 Amebic infection of other sites

Revise Excludes: specific infections by free-living amebae (136.21-136.29)

Revise POLIOMYEITIS AND OTHER NON-ARTHROPOD-BORNE VIRAL DISEASES AND PRION DISEASES OF CENTRAL NERVOUS SYSTEM (045-049)

038 Septicemia

038.1 Staphylococcal septicemia

Revise 038.11 Methicillin susceptible Staphylococcus aureus septicemia
Add MSSA septicemia
Add Staphylococcus aureus septicemia NOS

New code 038.12 Methicillin resistant Staphylococcus aureus septicemia

041 Bacterial infection in conditions classified elsewhere and of unspecified site

041.1 Staphylococcus

Revise 041.11 Methicillin susceptible Staphylococcus aureus
Add MSSA
Add Staphylococcus aureus NOS

New code 041.12 Methicillin resistant Staphylococcus aureus
Methicillin-resistant staphylococcus aureus (MRSA)
Revise 046 Slow virus infections and prion diseases of central nervous system

046.1 Jakob-Creutzfeldt disease

Delete Subacute spongiform encephalopathy

New code 046.11 Variant Creutzfeldt-Jakob disease vCJD

New code 046.19 Other and unspecified Creutzfeldt-Jakob disease CJD
  Familial Creutzfeldt-Jakob disease
  Iatrogenic Creutzfeldt-Jakob disease
  Jakob-Creutzfeldt disease, unspecified
  Sporadic Creutzfeldt-Jakob disease
  Subacute spongiform encephalopathy

Excludes: variant Creutzfeldt-Jakob disease (vCJD) (046.11)

New subcategory 046.7 Other specified prion diseases of central nervous system

Excludes: Creutzfeldt-Jakob disease (046.11-046.19)
  Jakob-Creutzfeldt disease (046.11-046.19)
  kuru (046.0)
  variant Creutzfeldt-Jakob disease (vCJD) (046.11)

New code 046.71 Gerstmann-Sträussler-Scheinker syndrome GSS syndrome

New code 046.72 Fatal familial insomnia FFI

New code 046.79 Other and unspecified prion disease of central nervous system

Revise VIRAL DISEASES ACCOMPANIED BY EXANTHEM (050-059)

051 Cowpox and paravaccinia

Revise 051.0 Cowpox and vaccinia not from vaccination
Delete Vaccinia not from vaccination

Delete Excludes: vaccinia (generalized) (from vaccination) (999.0)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>051.01</td>
<td>Cowpox</td>
</tr>
<tr>
<td>051.02</td>
<td>Vaccinia not from vaccination</td>
</tr>
</tbody>
</table>

Add: Excludes: vaccinia (generalized) (from vaccination) (999.0)

Delete: OTHER HUMAN HERPESVIRUSES (058)

New Category 059 Other poxvirus infections

Excludes: contagious pustular dermatitis (051.2)
cowpox (051.01)
ecchyma contagiosum (051.2)
milker’s nodule (051.1)
orf (051.2)
paravaccinia NOS (051.9)
pseudocowpox (051.1)
smallpox (050.0-050.9)
vaccinia (generalized) (from vaccination) (999.0)
vaccinia not from vaccination (051.02)

New subcategory 059.0 Other orthopoxvirus infections

New code 059.00 Orthopoxvirus infection, unspecified
New code 059.01 Monkeypox
New code 059.09 Other orthopoxvirus infection

New subcategory 059.1 Other parapoxvirus infections

New code 059.10 Parapoxvirus infection, unspecified
New code 059.11 Bovine stomatitis
New code 059.12 Sealpox
New code 059.19 Other parapoxvirus infections

New subcategory 059.2 Yatapoxvirus infections

New code 059.20 Yatapoxvirus infection, unspecified
New code 059.21 Tanapox
New code 059.22 Yaba monkey tumor virus

New code 059.8 Other poxvirus infections

New code 059.9 Poxvirus infections, unspecified

078 Other diseases due to viruses and Chlamydiae

078.1 Viral warts

Delete 078.10 Viral warts, unspecified
Revise Condyloma NOS
Revise Verruca NOS:

078.11 Condyloma acuminatum
Add Condyloma NOS
Add Genital warts NOS

New code 078.12 Plantar wart
Add Verruca plantaris

078.19 Other specified viral warts
Add Common wart
Add Flat wart
Delete Genital warts NOS
Revise Verruca plana
Delete plana
Delete plantaris

118 Opportunistic mycoses

Add Use additional code to identify manifestation, such as: keratitis (370.8)

136 Other and unspecified infectious and parasitic diseases

136.2 Specific infections by free-living amebae
Delete Meningoencephalitis due to Naegleria

New code 136.21 Specific infection due to acanthamoeba

Use additional code to identify manifestation, such as: keratitis (370.8)

New code 136.29 Other specific infections by free-living amebae
Meningoencephalitis due to Naegleria
2. NEOPLASMS (140-239)

1. Content:
This chapter contains the following broad groups:
Add 209 Neuroendocrine tumors

151 Malignant neoplasm of stomach
Add Excludes: benign carcinoid tumor of stomach (209.63)
malignant carcinoid tumor of stomach (209.23)
Delete malignant stromal tumor of stomach (171.5)

152 Malignant neoplasm of small intestine, including duodenum
Add Excludes: benign carcinoid tumor of small intestine and duodenum
(209.40-209.43)
malignant carcinoid tumor of small intestine and duodenum
(209.00-209.03)
Delete malignant stromal tumor of small intestine (171.5)

153 Malignant neoplasm of colon
Add Excludes: benign carcinoid tumor of colon (209.50-209.56)
malignant carcinoid tumor of colon (209.10-209.16)

154 Malignant neoplasm of rectum, rectosigmoid junction, and anus
Add Excludes: benign carcinoid tumor of rectum (209.57)
malignant carcinoid tumor of rectum (209.17)

162 Malignant neoplasm of trachea, bronchus, and lung
Add Excludes: benign carcinoid tumor of bronchus (209.61)
malignant carcinoid tumor of bronchus (209.21)

164 Malignant neoplasm of thymus, heart, and mediastinum
164.0 Thymus
Add Excludes: benign carcinoid tumor of the thymus (209.62)
malignant carcinoid tumor of the thymus (209.22)
171 Malignant neoplasm of connective and other soft tissue

Delete Includes: malignant stromal tumors

Excludes:…

Revise internal organs (except stromal tumors) – code to malignant neoplasm of the site [e.g., leiomyosarcoma of stomach, 151.9]

172 Malignant melanoma of skin

Add Includes: melanoma in situ of skin

189 Malignant neoplasm of kidney and other and unspecified urinary organs

Add Excludes: benign carcinoid tumor of kidney (209.64) malignant carcinoid tumor of kidney (209.24)

194 Malignant neoplasm of other endocrine glands and related structures

Delete Use additional code to identify any functional activity

Add Excludes: neuroendocrine tumors (209.00-209.69)

199 Malignant neoplasm without specification of site

Add Excludes: malignant carcinoid tumor of unknown primary site (209.20) malignant neuroendocrine tumor, any site (209.30) neuroendocrine carcinoma, any site (209.30)

New code 199.2 Malignant neoplasm associated with transplanted organ

Code first complication of transplanted organ (996.80-996.89)

Use additional code for specific malignancy site

203 Multiple myeloma and immunoproliferative neoplasms

The following fifth-digit subclassification is for use with category 203:

Revise 0 without mention of having achieved remission

Add failed remission

Add 1 in remission

Add 2 in relapse
204  Lymphoid leukemia

The following fifth-digit subclassification is for use with category 204:

- Revise 0 without mention of having achieved remission
- Add failed remission
- Add 1 in remission
- Add 2 in relapse

205  Myeloid leukemia

The following fifth-digit subclassification is for use with category 205:

- Revise 0 without mention of having achieved remission
- Add failed remission
- Add 1 in remission
- Add 2 in relapse

206  Monocytic leukemia

The following fifth-digit subclassification is for use with category 206:

- Revise 0 without mention of having achieved remission
- Add failed remission
- Add 1 in remission
- Add 2 in relapse

207  Other specified leukemia

The following fifth-digit subclassification is for use with category 207:

- Revise 0 without mention of having achieved remission
- Add failed remission
- Add 1 in remission
- Add 2 in relapse

208  Leukemia of unspecified cell type

The following fifth-digit subclassification is for use with category 208:

- Revise 0 without mention of having achieved remission
- Add failed remission
- Add 1 in remission
- Add 2 in relapse
New section  NEUROENDOCRINE TUMORS (209)

New category  209  Neuroendocrine tumors

Code first any associated multiple endocrine neoplasia syndrome (258.01 -258.03)

Use additional code to identify associated endocrine syndrome, such as:
carcinoid syndrome (259.2)

Excludes: pancreatic islet cell tumors (157.4)

New subcategory  209.0  Malignant carcinoid tumors of the small intestine

New code      209.00  Malignant carcinoid tumor of the small intestine, unspecified portion
New code      209.01  Malignant carcinoid tumor of the duodenum
New code      209.02  Malignant carcinoid tumor of the jejunum
New code      209.03  Malignant carcinoid tumor of the ileum

New subcategory  209.1  Malignant carcinoid tumors of the appendix, large intestine, and rectum

New code      209.10  Malignant carcinoid tumor of the large intestine, unspecified portion
New code      209.11  Malignant carcinoid tumor of the appendix
New code      209.12  Malignant carcinoid tumor of the cecum
New code      209.13  Malignant carcinoid tumor of the ascending colon
New code      209.14  Malignant carcinoid tumor of the transverse colon
New code      209.15  Malignant carcinoid tumor of the descending colon
New code      209.16  Malignant carcinoid tumor of the sigmoid colon
New code      209.17  Malignant carcinoid tumor of the rectum

New subcategory  209.2  Malignant carcinoid tumors of other and unspecified sites

New code      209.20  Malignant carcinoid tumor of unknown primary site
New code      209.21  Malignant carcinoid tumor of the bronchus and lung
New code      209.22  Malignant carcinoid tumor of the thymus
New code      209.23  Malignant carcinoid tumor of the stomach
New code      209.24  Malignant carcinoid tumor of the kidney
New code      209.25  Malignant carcinoid tumor of the foregut NOS
New code      209.26  Malignant carcinoid tumor of the midgut NOS
<table>
<thead>
<tr>
<th>New code</th>
<th>Number</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>209.27</td>
<td>New code</td>
<td>Malignant carcinoid tumor of the hindgut NOS</td>
</tr>
<tr>
<td>209.29</td>
<td>New code</td>
<td>Malignant carcinoid tumors of other sites</td>
</tr>
<tr>
<td>209.3</td>
<td>New subcategory</td>
<td>Malignant poorly differentiated neuroendocrine tumors</td>
</tr>
<tr>
<td>209.30</td>
<td>New code</td>
<td>Malignant poorly differentiated neuroendocrine carcinoma, any site</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High grade neuroendocrine carcinoma, any site</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Malignant poorly differentiated neuroendocrine tumor NOS</td>
</tr>
<tr>
<td>209.4</td>
<td>New subcategory</td>
<td>Benign carcinoid tumors of the small intestine</td>
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<tr>
<td>209.40</td>
<td>New code</td>
<td>Benign carcinoid tumor of the small intestine, unspecified portion</td>
</tr>
<tr>
<td>209.41</td>
<td>New code</td>
<td>Benign carcinoid tumor of the duodenum</td>
</tr>
<tr>
<td>209.42</td>
<td>New code</td>
<td>Benign carcinoid tumor of the jejunum</td>
</tr>
<tr>
<td>209.43</td>
<td>New code</td>
<td>Benign carcinoid tumor of the ileum</td>
</tr>
<tr>
<td>209.5</td>
<td>New subcategory</td>
<td>Benign carcinoid tumors of the appendix, large intestine, and rectum</td>
</tr>
<tr>
<td>209.50</td>
<td>New code</td>
<td>Benign carcinoid tumor of the large intestine, unspecified portion</td>
</tr>
<tr>
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<td></td>
<td>Benign carcinoid tumor of the colon NOS</td>
</tr>
<tr>
<td>209.51</td>
<td>New code</td>
<td>Benign carcinoid tumor of the appendix</td>
</tr>
<tr>
<td>209.52</td>
<td>New code</td>
<td>Benign carcinoid tumor of the cecum</td>
</tr>
<tr>
<td>209.53</td>
<td>New code</td>
<td>Benign carcinoid tumor of the ascending colon</td>
</tr>
<tr>
<td>209.54</td>
<td>New code</td>
<td>Benign carcinoid tumor of the transverse colon</td>
</tr>
<tr>
<td>209.55</td>
<td>New code</td>
<td>Benign carcinoid tumor of the descending colon</td>
</tr>
<tr>
<td>209.56</td>
<td>New code</td>
<td>Benign carcinoid tumor of the sigmoid colon</td>
</tr>
<tr>
<td>209.57</td>
<td>New code</td>
<td>Benign carcinoid tumor of the rectum</td>
</tr>
<tr>
<td>209.6</td>
<td>New subcategory</td>
<td>Benign carcinoid tumors of other and unspecified sites</td>
</tr>
<tr>
<td>209.60</td>
<td>New code</td>
<td>Benign carcinoid tumor of unknown primary site</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carcinoid tumor NOS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neuroendocrine tumor NOS</td>
</tr>
<tr>
<td>209.61</td>
<td>New code</td>
<td>Benign carcinoid tumor of the bronchus and lung</td>
</tr>
<tr>
<td>209.62</td>
<td>New code</td>
<td>Benign carcinoid tumor of the thymus</td>
</tr>
<tr>
<td>209.63</td>
<td>New code</td>
<td>Benign carcinoid tumor of the stomach</td>
</tr>
<tr>
<td>209.64</td>
<td>New code</td>
<td>Benign carcinoid tumor of the kidney</td>
</tr>
<tr>
<td>209.65</td>
<td>New code</td>
<td>Benign carcinoid tumor of the foregut NOS</td>
</tr>
<tr>
<td>209.66</td>
<td>New code</td>
<td>Benign carcinoid tumor of the midgut NOS</td>
</tr>
<tr>
<td>209.67</td>
<td>New code</td>
<td>Benign carcinoid tumor of the hindgut NOS</td>
</tr>
<tr>
<td>209.69</td>
<td>New code</td>
<td>Benign carcinoid tumors of other sites</td>
</tr>
</tbody>
</table>
211  Benign neoplasm of other parts of digestive system

211.1  Stomach

Add  Excludes: benign carcinoid tumors of the stomach (209.63)

211.2  Duodenum, jejunum, and ileum

Add  Excludes: benign carcinoid tumors of the small intestine (209.40-209.43)

211.3  Colon

Add  Excludes: benign carcinoid tumors of the large intestine (209.50-209.56)

211.4  Rectum and anal canal

Add  Excludes: benign carcinoid tumors of the rectum (209.57)

212  Benign neoplasm of respiratory and intrathoracic organs

212.3  Bronchus and lung

Add  Excludes: benign carcinoid tumors of bronchus and lung (209.61)

212.6  Thymus

Add  Excludes: benign carcinoid tumors of thymus (209.62)

223  Benign neoplasm of kidney and other urinary organs

223.0  Kidney, except pelvis

Add  Excludes: benign carcinoid tumors of kidney (209.64)

232  Carcinoma in situ of skin

Add  Excludes: melanoma in situ of skin (172.0-172.9)

233  Carcinoma in situ of breast and genitourinary system

233.1  Cervix uteri

Revise  Cervical intraepithelial glandular neoplasia, grade III
238  Neoplasm of uncertain behavior of other and unspecified sites and tissues

238.7  Other lymphatic and hematopoietic tissues

Delete

Excludes: myelofibrosis (289.83)

New code

238.77  Post-transplant lymphoproliferative disorder (PTLD)

Code first complications of transplant (996.80-996.89)

Revise

DISEASES OF OTHER ENDOCRINE GLANDS (249-259)

New

Category

249  Secondary diabetes mellitus

Includes: diabetes mellitus (due to) (in) (secondary) (with):
  drug-induced or chemical induced infection

Excludes: gestational diabetes (648.8)
  hyperglycemia NOS (790.29)
  neonatal diabetes mellitus (775.1)
  nonclinical diabetes (790.29)
  Type I diabetes – see category 250
  Type II diabetes – see category 250

The following fifth-digit subclassification is for use with category 249:
  0  not stated as uncontrolled, or unspecified
  1  uncontrolled

Use additional code to identify any associated insulin use (V58.67)

New subcategory

249.0  Secondary diabetes mellitus without mention of complication

[0-1]  Secondary diabetes mellitus without mention of complication or manifestation classifiable to 249.1-249.9

Secondary diabetes mellitus NOS

New subcategory

249.1  Secondary diabetes mellitus with ketoacidosis

[0-1]  Secondary diabetes mellitus with diabetic acidosis without mention of coma
  Secondary diabetes mellitus with diabetic ketosis without mention of coma
New subcategory 249.2 Secondary diabetes mellitus with hyperosmolarity
[0-1] Secondary diabetes mellitus with hyperosmolar (nonketotic) coma

New subcategory 249.3 Secondary diabetes mellitus with other coma
[0-1] Secondary diabetes mellitus with diabetic coma (with ketoacidosis)
Secondary diabetes mellitus with diabetic hypoglycemic coma
Secondary diabetes mellitus with insulin coma NOS

Excludes: secondary diabetes mellitus with hyperosmolar coma (249.2)

New subcategory 249.4 Secondary diabetes mellitus with renal manifestations
[0-1]
Use additional code to identify manifestation, as:
chronic kidney disease (585.1-585.9)
diabetic nephropathy NOS (583.81)
diabetic nephrosis (581.81)
tercapillary glomerulosclerosis (581.81)
Kimmelstiel-Wilson syndrome (581.81)

New subcategory 249.5 Secondary diabetes mellitus with ophthalmic manifestations
[0-1]
Use additional code to identify manifestation, as:
diabetic blindness (369.00-369.9)
diabetic cataract (366.41)
diabetic glaucoma (365.44)
diabetic macular edema (362.07)
diabetic retinal edema (362.07)
diabetic retinopathy (362.01-362.07)

New subcategory 249.6 Secondary diabetes mellitus with neurological manifestations
[0-1]
Use additional code to identify manifestation, as:
diabetic amyotrophy (353.5)
diabetic gastroparalysis (536.3)
diabetic gastroparesis (536.3)
diabetic mononeuropathy (354.0-355.9)
diabetic neurogenic arthropathy (713.5)
diabetic peripheral autonomic neuropathy (337.1)
diabetic polyneuropathy (357.2)
New subcategory 249.7 Secondary diabetes mellitus with peripheral circulatory disorders

Use additional code to identify manifestation, as:
- diabetic gangrene (785.4)
- diabetic peripheral angiopathy (443.81)

New subcategory 249.8 Secondary diabetes mellitus with other specified manifestations

Secondary diabetic hypoglycemia in diabetes mellitus
Secondary hypoglycemic shock in diabetes mellitus

Use additional code to identify manifestation, as:
- any associated ulceration (707.10-707.9)
- diabetic bone changes (731.8)

New subcategory 249.9 Secondary diabetes mellitus with unspecified complication

250 Diabetes mellitus

Add Excludes: secondary diabetes (249.0-249.9)

250.6 Diabetes with neurological manifestations

Use additional code to identify manifestation, as:
- diabetic amyotrophy (353.5)

Revise 250.8 Diabetes with other specified manifestations

Revise Diabetic hypoglycemia NOS
Revise Hypoglycemic shock NOS

Delete Use additional E code to identify cause, if drug-induced

251 Other disorders of pancreatic internal secretion

251.0 Hypoglycemic coma

Revise Excludes: hypoglycemic coma in diabetes mellitus (249.3, 250.3)

251.1 Other specified hypoglycemia

Revise Excludes: hypoglycemia in diabetes mellitus (249.8, 250.8)
251.2 Hypoglycemia, unspecified

Revise Excludes: hypoglycemia in diabetes mellitus (249.8, 250.8)

252 Disorders of parathyroid gland

Add Excludes: hungry bone syndrome (275.5)

257 Testicular dysfunction

257.8 Other testicular dysfunction

Revise Excludes: androgen insensitivity syndromes (259.50-259.52)

259 Other endocrine disorders

259.5 Androgen insensitivity syndrome

Delete Partial androgen insensitivity

Reifenstein syndrome

New code 259.50 Androgen insensitivity, unspecified

New code 259.51 Androgen insensitivity syndrome

Complete androgen insensitivity

de Quervain's syndrome

Goldberg-Maxwell Syndrome

New code 259.52 Partial androgen insensitivity

Partial androgen insensitivity syndrome

Reifenstein syndrome

271 Disorders of carbohydrate transport and metabolism

Revise Excludes: diabetes mellitus (249.0-249.9, 250.0-250.9)

275 Disorders of mineral metabolism

275.4 Disorders of calcium metabolism

Add Excludes: hungry bone syndrome (275.5)

New code 259.5 Hungry bone syndrome
276 Disorders of fluid, electrolyte, and acid-base balance

276.2 Acidosis

Revise Excludes: diabetic acidosis (249.1, 250.1)

279 Disorders involving the immune mechanism

New subcategory 279.5 Graft-versus-host disease

Code first underlying cause, such as:
complication of transplanted organ (bone marrow) (996.80-996.89)
complication of blood transfusion (999.8)

Use additional code to identify associated manifestations, such as:
desquamative dermatitis (695.89)
diarrhea (787.91)
elevated bilirubin (782.4)
hair loss (704.09)

New code 279.50 Graft-versus-host disease, unspecified
New code 279.51 Acute graft-versus-host disease
New code 279.52 Chronic graft-versus-host disease
New code 279.53 Acute on chronic graft-versus-host disease

287 Purpura and other hemorrhagic conditions

287.4 Secondary thrombocytopenia

Add Excludes: heparin-induced thrombocytopenia (HIT) (289.84)

288 Diseases of white blood cells

288.0 Neutropenia

Use additional code for any associated:
fever (780.61)
289 Other diseases of blood and blood-forming organs

289.8 Other specified diseases of blood and blood-forming organs

289.82 Secondary hypercoagulable state

Add Excludes: heparin-induced thrombocytopenia (HIT) (289.84)

289.83 Myelofibrosis

Add Use additional code for associated therapy-related myelodysplastic syndrome, if applicable (238.72, 238.73)

Add Use additional external cause code if due to anti-neoplastic chemotherapy (E933.1)

New code 289.84 Heparin-induced thrombocytopenia (HIT)

306 Physiological malfunction arising from mental factors

306.4 Gastrointestinal

Excludes: cyclical vomiting NOS (536.2)

Add associated with migraine (346.2)

307 Special symptoms or syndromes, not elsewhere classified

307.5 Other and unspecified disorders of eating

Excludes: vomiting:

Revise NOS (787.03)

cyclical (536.2)

Add associated with migraine (346.2)

307.8 Pain disorders related to psychological factors

307.81 Tension headache

Excludes: headache:

Add syndromes (339.00-339.89)

Add tension type (339.10-339.12)
310  Specific nonpsychotic mental disorders due to brain damage
    310.2  Postconcussion syndrome

Add  Use additional code to identify associated post-traumatic headache, if applicable (339.20-339.22)

315  Specific delays in development
    315.3  Developmental speech or language disorder
            315.34  Speech and language developmental delay due to hearing loss

Delete  Use additional code to identify type of hearing loss (389.00-389.9)

323  Encephalitis, myelitis, and encephalomyelitis
    323.4  Other encephalitis, myelitis, and encephalomyelitis due to infection classified elsewhere
            323.41  Other encephalitis and encephalomyelitis due to infection classified elsewhere

Revise  Excludes: meningoencephalitis due to free-living ameba [Naegleria] (136.29)

331  Other cerebral degenerations

Revise  Use additional code, where applicable, to identify dementia:

337  Disorders of the autonomic nervous system
    337.0  Idiopathic peripheral autonomic neuropathy

Delete  Carotid sinus syncope or syndrome
Delete  Cervical sympathetic dystrophy or paralysis

New code  337.00  Idiopathic peripheral autonomic neuropathy, unspecified

New code  337.01  Carotid sinus syndrome
            Carotid sinus syncope
New code  337.09  Other idiopathic peripheral autonomic neuropathy
            Cervical sympathetic dystrophy or paralysis

337.1  Peripheral autonomic neuropathy in disorders classified elsewhere

Code first underlying disease, as:

Revise  diabetes (249.6, 250.6)

337.2  Reflex sympathetic dystrophy

Add  337.20  Reflex sympathetic dystrophy, unspecified
     Complex regional pain syndrome type I, unspecified

Add  337.21  Reflex sympathetic dystrophy of the upper limb
     Complex regional pain syndrome type I of the upper limb

Add  337.22  Reflex sympathetic dystrophy of the lower limb
     Complex regional pain syndrome type I of the lower limb

Add  337.29  Reflex sympathetic dystrophy of other specified site
     Complex regional pain syndrome type I of other specified site

337.3  Autonomic dysreflexia

Use additional code to identify the cause, such as:

Revise  decubitus pressure ulcer (707.00-707.09)

338  Pain, not elsewhere classified

Add  Excludes: headache syndromes (339.00-339.89)
Add  migraines (346.0-346.9)
Add  vulvar vestibulitis (625.71)
Add  vulvodynia (625.70-625.79)
OTHER HEADACHE SYNDROMES (339)

Category 339 Other headache syndromes

Excludes: headache:
- NOS (784.0)
- due to lumbar puncture (349.0)
- migraine (346.0-346.9)

Subcategory 339.0 Cluster headaches and other trigeminal autonomic cephalgias

TACS

Code 339.00 Cluster headache syndrome, unspecified
- Ciliary neuralgia
- Cluster headache NOS
- Histamine cephalgia
- Lower half migraine
- Migrainous neuralgia

Code 339.01 Episodic cluster headache

Code 339.02 Chronic cluster headache

Code 339.03 Episodic paroxysmal hemicrania
- Paroxysmal hemicrania NOS

Code 339.04 Chronic paroxysmal hemicrania

Code 339.05 Short lasting unilateral neuralgiform headache with conjunctival injection and tearing
- SUNCT

Code 339.09 Other trigeminal autonomic cephalgias

Subcategory 339.1 Tension type headache

Excludes: tension headache NOS (307.81)
- tension headache related to psychological factors (307.81)

Code 339.10 Tension type headache, unspecified

Code 339.11 Episodic tension type headache

Code 339.12 Chronic tension type headache
New subcategory  339.2  Post-traumatic headache
New code      339.20  Post-traumatic headache, unspecified
New code      339.21  Acute post-traumatic headache
New code      339.22  Chronic post-traumatic headache
New code      339.3  Drug induced headache, not elsewhere classified
                      Medication overuse headache
                      Rebound headache
New subcategory  339.4  Complicated headache syndromes
New code      339.41  Hemicrania continua
New code      339.42  New daily persistent headache
                      NDPH
New code      339.43  Primary thunderclap headache
New code      339.44  Other complicated headache syndrome
New subcategory  339.8  Other specified headache syndromes
New code      339.81  Hypnic headache
New code      339.82  Headache associated with sexual activity
                      Orgasmic headache
                      Preorgasmic headache
New code      339.83  Primary cough headache
New code      339.84  Primary exertional headache
New code      339.85  Primary stabbing headache
New code      339.89  Other specified headache syndromes

346  Migraine
Add       Excludes: headache:
Add       NOS (784.0)
Add       syndromes (339.00-339.89)

The following fifth-digit subclassification is for use with category 346:
Revise  0 without mention of intractable migraine without mention of status
          migraine
          migrainosus
Revise 1 with intractable migraine, so stated, without mention of status migrainosus
Add 2 without mention of intractable migraine with status migrainosus
Add 3 with intractable migraine, so stated, with status migrainosus

Revise 346.0 Classical migraine Migraine with aura
Add [0-3] Migraine with aura
Add Basilar migraine
Add Classic migraine
Add Migraine triggered seizures
Add Migraine with acute-onset aura
Add Migraine with aura without headache (migraine equivalents)
Add Migraine with prolonged aura
Add Migraine with typical aura
Add Retinal migraine

Add Excludes: persistent migraine aura (346.5, 346.6)

Revise 346.1 Common migraine Migraine without aura
Add [0-3] Atypical migraine
Delete Sick headache
Add Common migraine

Revise 346.2 Variants of migraine, not elsewhere classified
Add [0-3] Cluster headache
Delete Histamine cephalgia
Delete Horton’s neuralgia
Delete Migraine:
  abdominal
Delete basilar
Delete lower half
Delete retinal
Delete Neuralgia:
  eiliary
Delete migrainous
Add Abdominal migraine
Add Cyclical vomiting associated with migraine
Add Ophthalmoplegic migraine
Add Periodic headache syndromes in child or adolescent

Add Excludes: cyclical vomiting NOS (536.2)
Add psychogenic cyclical vomiting (306.4)
New code 346.3 Hemiplegic migraine
[0-3] Familial migraine
Sporadic migraine

New code 346.4 Menstrual migraine
[0-3] Menstrual headache
Menstrually related migraine
Premenstrual headache
Premenstrual migraine
Pure menstrual migraine

New code 346.5 Persistent migraine aura without cerebral infarction
[0-3] Persistent migraine aura NOS

New code 346.6 Persistent migraine aura with cerebral infarction
[0-3]

New code 346.7 Chronic migraine without aura
[0-3] Transformed migraine without aura

346.8 Other forms of migraine
Add
Delete Migraine:
Delete hemiplegic
Delete ophthalmoplegic

346.9 Migraine, unspecified
Add

349 Other and unspecified disorders of the nervous system

New subcategory 349.3 Dural tear

New code 349.31 Accidental puncture or laceration of dura during a procedure
Incidental (inadvertent) durotomy

New code 349.39 Other dural tear

353 Nerve root and plexus disorders

353.1 Lumbosacral plexus lesions

Delete Code first, if applicable, associated diabetes mellitus (250.6)
353.5 Neuralgic amyotrophy
Add Code first any associated underlying disease, such as: diabetes mellitus (249.6, 250.6)

354 Mononeuritis of upper limb and mononeuritis multiplex

354.4 Causalgia of upper limb
Add Complex regional pain syndrome type II of the upper limb
Add Excludes: complex regional pain syndrome type II of the lower limb (355.71)

355 Mononeuritis of lower limb

355.7 Other mononeuritis of lower limb

355.71 Causalgia of lower limb
Add Excludes: complex regional pain syndrome of upper limb (354.4)

355.9 Mononeuritis of unspecified site
Add Complex regional pain syndrome NOS
Add Excludes: complex regional pain syndrome: lower limb (355.71)
Add upper limb (354.4)

357 Inflammatory and toxic neuropathy

357.2 Polyneuropathy in diabetes

Revise Code first underlying disease (249.6, 250.6)

358 Myoneural disorders

358.1 Myasthenic syndromes in diseases classified elsewhere

Code first underlying disease, as: botulism (005.1, 040.41-040.42)
DISORDERS OF THE EYE AND ADNEXA (360-379)

Add Use additional external cause code, if applicable, to identify the cause of the eye condition

362 Other retinal disorders

362.0 Diabetic retinopathy

Revise Code first diabetes (249.5, 250.5)

362.2 Other proliferative retinopathy

New code 362.20 Retinopathy of prematurity, unspecified
Retinopathy of prematurity NOS

Add 362.21 Retrolental fibroplasia
Cicatricial retinopathy of prematurity

New code 362.22 Retinopathy of prematurity, stage 0
New code 362.23 Retinopathy of prematurity, stage 1
New code 362.24 Retinopathy of prematurity, stage 2
New code 362.25 Retinopathy of prematurity, stage 3
New code 362.26 Retinopathy of prematurity, stage 4
New code 362.27 Retinopathy of prematurity, stage 5

364 Disorders of iris and ciliary body

364.8 Other disorders of iris and ciliary body

New code 364.82 Plateau iris syndrome
365  Glaucoma

365.4  Glaucoma associated with congenital anomalies, dystrophies, and systemic syndromes

365.41  Glaucoma associated with chamber angle anomalies

Delete  
Code first associated disorder, as:
 Axenfeld's anomaly (743.44)
 Rieger's anomaly or syndrome (743.44)

365.42  Glaucoma associated with anomalies of iris

Delete  
Code first associated disorder, as:
aniridia (743.45)
 essential iris atrophy (364.51)

365.43  Glaucoma associated with other anterior segment anomalies

Delete  
Code first associated disorder, as:
microcornea (743.41)

365.5  Glaucoma associated with disorders of the lens

365.51  Phacolytic glaucoma

Delete  
Use additional code for associated hypermature cataract (366.18)

365.52  Pseudoexfoliation glaucoma

Delete  
Use additional code for associated pseudoexfoliation of capsule (366.11)

365.59  Glaucoma associated with other lens disorders

Delete  
Use additional code for associated disorder, as:
 dislocation of lens (379.33-379.34)
 spherophakia (743.36)
365.6 Glaucoma associated with other ocular disorders

365.61 Glaucoma associated with pupillary block
Delete Use additional code for associated disorder, as:
seclusion of pupil [iris bombé] (364.74)

365.62 Glaucoma associated with ocular inflammations
Delete Use additional code for associated disorder, as:
glaucomatocyclitic crises (364.22)
iridocyclitis (364.0-364.3)

365.63 Glaucoma associated with vascular disorders
Delete Use additional code for associated disorder, as:
central retinal vein occlusion (362.35)
hyphema (364.41)

365.64 Glaucoma associated with tumors or cysts
Delete Use additional code for associated disorder, as:
benign neoplasm (224.0-224.9)
epithelial down-growth (364.61)
malignant neoplasm (190.0-190.9)

365.65 Glaucoma associated with ocular trauma
Delete Use additional code for associated condition, as:
contusion of globe (921.3)
recession of chamber angle (364.77)

366 Cataract

366.4 Cataract associated with other disorders

366.41 Diabetic cataract
Revise Code first diabetes (249.5, 250.5)

366.43 Myotonic cataract
Revise Code first underlying disorder (359.21, 359.23)
368 Visual disturbances

368.1 Subjective visual disturbances

368.16 Psychophysical visual disturbances

Add Prosopagnosia

Visual: object agnosia

370 Keratitis

370.8 Other forms of keratitis

Add Code first underlying condition, such as:
Add Acanthamoeba (136.21)
Add Fusarium (118)

372 Disorders of conjunctiva

372.3 Other and unspecified conjunctivitis

372.33 Conjunctivitis in mucocutaneous disease

Revise Code first underlying disease as:

erythema multiforme (695.10-695.19)

New code 372.34 Pingueculitis

DISEASES OF THE EAR AND MASTOID PROCESS (380-389)

Add Use additional external cause code, if applicable, to identify the cause of the ear condition

386 Vertiginous syndromes and other disorders of vestibular system

Revise 386.0 Ménière's disease
Revise Ménière's syndrome or vertigo

Revise 386.00 Ménière's disease, unspecified
Revise Ménière's disease (active)

Revise 386.01 Active Ménière's disease, cochleovestibular

Revise 386.02 Active Ménière's disease, cochlear
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise</td>
<td>386.03 Active Ménière's disease, vestibular</td>
</tr>
<tr>
<td>Revise</td>
<td>386.04 Inactive Ménière's disease</td>
</tr>
<tr>
<td>Revise</td>
<td>Ménière's disease in remission</td>
</tr>
<tr>
<td></td>
<td>391 Rheumatic fever with heart involvement</td>
</tr>
<tr>
<td>Revise</td>
<td>Excludes: chronic heart diseases of rheumatic origin (393.0-398.9) (393-398.99) unless rheumatic fever is also present or there is evidence of recrudescence or activity of the rheumatic process</td>
</tr>
<tr>
<td></td>
<td>403 Hypertensive chronic kidney disease</td>
</tr>
<tr>
<td>Revise</td>
<td>Includes: any condition classifiable to 585, 586, or 587 with any condition classifiable to 401</td>
</tr>
<tr>
<td></td>
<td>411 Other acute and subacute forms of ischemic heart disease</td>
</tr>
<tr>
<td></td>
<td>411.1 Intermediate coronary syndrome</td>
</tr>
<tr>
<td>Delete</td>
<td>Excludes: angina (pectoris) (413.9)</td>
</tr>
<tr>
<td>Add</td>
<td>decubitus (413.0)</td>
</tr>
<tr>
<td></td>
<td>414 Other forms of chronic ischemic heart disease</td>
</tr>
<tr>
<td>New code</td>
<td>414.3 Coronary atherosclerosis due to lipid rich plaque</td>
</tr>
<tr>
<td></td>
<td>Code first coronary atherosclerosis (414.00-414.07)</td>
</tr>
<tr>
<td></td>
<td>415 Acute pulmonary heart disease</td>
</tr>
<tr>
<td></td>
<td>415.11 Iatrogenic pulmonary embolism and infarction</td>
</tr>
<tr>
<td>Add</td>
<td>Use additional code for associated septic pulmonary embolism, if applicable, 415.12</td>
</tr>
<tr>
<td></td>
<td>433 Occlusion and stenosis of precerebral arteries</td>
</tr>
<tr>
<td>Add</td>
<td>Use additional code, if applicable, to identify status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility (V45.88)</td>
</tr>
</tbody>
</table>
434 Occlusion of cerebral arteries

Add Use additional code, if applicable, to identify status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility (V45.88)

443 Other peripheral vascular disease

443.8 Other specified peripheral vascular diseases

443.81 Peripheral angiopathy in diseases classified elsewhere

Code first underlying disease, as:

Revise diabetes mellitus (249.7, 250.7)

447 Other disorders of arteries and arterioles

447.0 Arteriovenous fistula, acquired

Excludes: cerebrovascular (437.3) surgically created arteriovenous shunt or fistula:

Revise status or presence (V45.11)

459 Other disorders of circulatory system

459.0 Hemorrhage, unspecified

Add Excludes: nontraumatic hematoma of soft tissue (729.92)

PNEUMONIA AND INFLUENZA (480-488)

Excludes: pneumonia:

Add ventilator-associated (997.31)

482 Other bacterial pneumonia

482.4 Pneumonia due to Staphylococcus

Revise 482.41 Methicillin susceptible pneumonia due to Staphylococcus aureus MSSA pneumonia Pneumonia due to Staphylococcus aureus NOS
New code 482.42 Methicillin resistant pneumonia due to Staphylococcus aureus

511 Pleurisy

Delete Excludes: malignant pleural effusion (197.2)

511.8 Other specified forms of effusion, except tuberculous
Delete Encysted pleurisy Hemopneumothorax Hemorthorax Hydropneumothorax Hydrothorax

New code 511.81 Malignant pleural effusion
Code first malignant neoplasm, if known

New code 511.89 Other specified forms of effusion, except tuberculous
Encysted pleurisy Hemopneumothorax Hemorthorax Hydropneumothorax Hydrothorax

525 Other diseases and conditions of the teeth and supporting structures

525.7 Endosseous dental implant failure

525.71 Osseointegration failure of dental implant
Add Failure of dental implant due to infection
Add Failure of dental implant due to unintentional loading
Add Failure of dental implant osseointegration due to premature loading
Add Failure of dental implant to osseointegrate prior to intentional prosthetic loading

525.72 Post-osseointegration biological failure of dental implant
Add Failure of dental implant to osseointegrate following intentional prosthetic loading

525.73 Post-osseointegration mechanical failure of dental implant
Add Mechanical failure of dental implant NOS
528 Diseases of the oral soft tissues, excluding lesions specific for gingiva and tongue

528.0 Stomatitis and mucositis (ulcerative)

Add Excludes: Stevens-Johnson syndrome (695.13)

Delete

Stevens-Johnson syndrome (695.1)

530 Diseases of esophagus

530.1 Esophagitis

Delete Abscess of esophagus

Esophagitis:

NOS

Add 530.10 Esophagitis, unspecified

Esophagitis NOS

New code 530.13 Eosinophilic esophagitis

530.19 Other esophagitis

Add Abscess of esophagus

535 Gastritis and duodenitis

535.4 Other specified gastritis

Add Excludes: eosinophilic gastritis (535.7)

New code 535.7 Eosinophilic gastritis

[0-1]

536 Disorders of function of stomach

536.2 Persistent vomiting

Add Cyclical vomiting

Revise Excludes: vomiting NOS (787.03)

Add cyclical, associated with migraine (346.2)

536.3 Gastroparesis

Code first underlying disease, such as:

Diabetes mellitus (249.6, 250.6)
557  Vascular insufficiency of intestine

Revise  Excludes: necrotizing enterocolitis of the newborn (777.50-777.53)

558  Other and unspecified noninfectious gastroenteritis and colitis

New subcategory  558.4  Eosinophilic gastroenteritis and colitis

New code  558.41  Eosinophilic gastroenteritis
Eosinophilic enteritis

New code  558.42  Eosinophilic colitis

569  Other disorders of intestines

569.4  Other specified disorders of rectum and anus

New code  569.44  Dysplasia of anus
Anal intraepithelial neoplasia I and II (AIN I
and II) (histologically confirmed)
Dysplasia of anus NOS
Mild and moderate dysplasia of anus
(histologically confirmed)

Excludes: abnormal results from anal cytologic
examination without histologic confirmation
(796.70-796.79)
anal intraepithelial neoplasia III (230.5, 230.6)
carcinoma in situ of anus (230.5, 230.6)
HGSIL of anus (796.74)
severe dysplasia of anus (230.5, 230.6)

571  Chronic liver disease and cirrhosis

571.4  Chronic hepatitis

New Code  571.42  Autoimmune hepatitis

571.5  Cirrhosis of liver without mention of alcohol

Add  Code first, if applicable, viral hepatitis (acute) (chronic) (070.0-070.9)
581 Nephrotic syndrome

581.8 With other specified pathological lesion in kidney

581.81 Nephrotic syndrome in diseases classified elsewhere

Code first underlying disease, as:

Revise diabetes mellitus (249.4, 250.4)

583 Nephritis and nephropathy, not specified as acute or chronic

583.8 With other specified pathological lesion in kidney

583.81 Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere

Code first underlying disease, as:

Revise diabetes mellitus (249.4, 250.4)

584 Acute renal failure

584.9 Acute renal failure, unspecified

Add Acute kidney injury (nontraumatic)

Add Excludes: traumatic kidney injury (866.00-866.13)

586 Renal failure, unspecified

Delete Excludes: with any condition classifiable to 401 (403.0-403.9 with fifth-digit 1)

587 Renal sclerosis, unspecified

Delete Excludes: nephrosclerosis (arteriolar) (arteriosclerotic) (403.00-403.92) with hypertension (403.00-403.92)
599 Other disorders of urethra and urinary tract

599.7 Hematuria

New code 599.70 Hematuria, unspecified

New code 599.71 Gross hematuria

New code 599.72 Microscopic hematuria

Revise DISORDERS OF BREAST (610-612)

611 Other disorders of breast

611.1 Hypertrophy of breast

Add Excludes: breast engorgement in newborn (778.7) disproportion of reconstructed breast (612.1)

611.3 Fat necrosis of breast

Add Code first breast necrosis due to breast graft (996.79)

611.8 Other specified disorders of breast

Delete Hematoma (nontraumatic) of breast Infarction of breast Occlusion of breast duct Subinvolution of breast (postlactational) (postpartum)

New code 611.81 Ptosis of breast

Excludes: ptosis of native breast in relation to reconstructed breast (612.1)

New code 611.82 Hypoplasia of breast Micromastia

Excludes: hypoplasia of native breast in relation to reconstructed breast (612.1)

New code 611.83 Capsular contracture of breast implant
New code 611.89 Other specified disorders of breast
Hematoma (nontraumatic) of breast
Infarction of breast
Oclusion of breast duct
Subinvolution of breast (postlactational) (postpartum)

New code 612 Deformity and disproportion of reconstructed breast

New code 612.0 Deformity of reconstructed breast
Contour irregularity in reconstructed breast
Excess tissue in reconstructed breast
Misshapen reconstructed breast

New code 612.1 Disproportion of reconstructed breast
Breast asymmetry between native breast and reconstructed breast
Disproportion between native breast and reconstructed breast

616 Inflammatory disease of cervix, vagina, and vulva

616.1 Vaginitis and vulvovaginitis

Add Excludes: vulvar vestibulitis (625.71)

622 Noninflammatory disorders of cervix

622.1 Dysplasia of cervix (uteri)

Add Excludes: HGSIL of cervix (795.04)

623 Noninflammatory disorders of vagina

623.0 Dysplasia of vagina

Add Mild and moderate dysplasia of vagina

Add Excludes: abnormal results from vaginal cytological examination without histologic confirmation (795.10-795.19) HGSIL of vagina (795.14)
625  Pain and other symptoms associated with female genital organs

625.4  Premenstrual tension syndromes

Delete  Menstrual:
Delete  migraine
Delete  molimen
Add  Menstrual molimen

Add  Excludes: menstrual migraine (346.4)

New subcategory  625.7  Vulvodynia

New code  625.70  Vulvodynia, unspecified
           Vulvodynia NOS

New code  625.71  Vulvar vestibulitis

New code  625.79  Other vulvodynia

Revise  11. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE
        Puerperium (630-679)

640  Hemorrhage in early pregnancy

Revise  Requires fifth digit; valid digits are in [brackets] under each code. See
        beginning of section 640-649 for definitions.

641  Antepartum hemorrhage, abruptio placentae, and placenta previa

Revise  Requires fifth digit; valid digits are in [brackets] under each code. See
        beginning of section 640-649 for definitions.

642  Hypertension complicating pregnancy, childbirth, and the
        puerperium

Revise  Requires fifth digit; valid digits are in [brackets] under each code. See
        beginning of section 640-649 for definitions.

643  Excessive vomiting in pregnancy

Revise  Requires fifth digit; valid digits are in [brackets] under each code. See
        beginning of section 640-649 for definitions.
644 Early or threatened labor
Revise Requires fifth digit; valid digits are in [brackets] under each code. See beginning of section 640-649 for definitions.

645 Late pregnancy
Revise Requires fifth digit; valid digits are in [brackets] under each code. See beginning of section 640-649 for definitions.

646 Other complications of pregnancy, not elsewhere classified
Revise Requires fifth digit; valid digits are in [brackets] under each code. See beginning of section 640-649 for definitions.

647 Infectious and parasitic conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium
Revise Requires fifth digit; valid digits are in [brackets] under each code. See beginning of section 640-649 for definitions.

647.6 Other viral diseases
[0-4]
Delete Conditions classifiable to 042 and 050-079, except 056
Add Conditions classifiable to 042, 050-055, 057-079, 795.05, 795.15, 796.75

648 Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium
Revise Requires fifth digit; valid digits are in [brackets] under each code. See beginning of section 640-649 for definitions.

Revise Excludes: those conditions in the mother known or suspected to have affected the fetus (655.0-655.9)

648.0 Diabetes mellitus
Revise Conditions classifiable to 249, 250

648.9 Other current conditions classifiable elsewhere
Revise Conditions classifiable to 440-459, 795.01-795.04, 795.06, 795.10-795.14, 795.16, 796.70-796.74, 796.76
649 Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium

Add Requires fifth digit; valid digits are in [brackets] under each code. See beginning of section 640-649 for definitions.

649.6 Uterine size date discrepancy

Add Excludes: suspected problem with fetal growth not found (V89.04)

New code 649.7 Cervical shortening [0,1,3]

Excludes: suspected cervical shortening not found (V89.05)

651 Multiple gestation

651.0 Twin pregnancy

Add Excludes: fetal conjoined twins (678.1)

653 Disproportion

Delete 653.7 Other fetal abnormality causing disproportion

Add Excludes: conjoined twins causing disproportion (678.1)

Revise 656 Other known or suspected fetal and placental problems affecting management of mother

Add Excludes: fetal hematologic conditions (678.0) suspected placental problems not found (V89.02)

Add 656.8 Other specified fetal and placental problems

Add Subchorionic hematoma

657 Polyhydramnios

Add Excludes: suspected polyhydramnios not found (V89.01)

658 Other problems associated with amniotic cavity and membranes

Add Excludes: suspected problems with amniotic cavity and membranes not found (V89.01)
**New section** OTHER MATERNAL AND FETAL COMPLICATIONS (678-679)

The following fifth-digit subclassification is for use with categories 678-679 to denote the current episode of care:

- **0** unspecified as to episode of care or not applicable
- **1** delivered, with or without mention of antepartum condition
- **2** delivered, with mention of postpartum complication
- **3** antepartum condition or complication
- **4** postpartum condition or complication

**New Category**

**678** Other fetal conditions

Requires fifth digit; valid digits are in [brackets] under each code. See beginning of section 678-679 for definitions.

**New subcategory** 678.0 Fetal hematologic conditions

| [0,1,3] | Fetal anemia  
| Fetal thrombocytopenia  
| Fetal twin to twin transfusion

Excludes: fetal and neonatal hemorrhage (772.0-772.9)  
fetal hematologic disorders affecting newborn (776.0-776.9)  
fetal-maternal hemorrhage (656.00-656.03)  
isoimmunization incompatibility (656.10-656.13, 656.20-656.23)

**New subcategory** 678.1 Fetal conjoined twins

| [0,1,3] |

**New Category** 679 Complications of in utero procedures

Requires fifth digit; valid digits are in [brackets] under each code. See beginning of section 678-679 for definitions.

**New subcategory** 679.0 Maternal complications from in utero procedure

| [0-4] |

Excludes: maternal history of in utero procedure during previous pregnancy (V23.86)

**New subcategory** 679.1 Fetal complications from in utero procedure

| [0-4] | Fetal complications from amniocentesis

Excludes: newborn affected by in utero procedure (760.61-760.64)
695 Erythematous conditions

695.1 Erythema multiforme
   Erythema iridis
   Herpes iridis
   Lyell's syndrome
   Scalded skin syndrome
   Stevens-Johnson syndrome
   Toxic epidermal necrolysis

Add Use additional code to identify associated manifestations, such as:
   - arthropathy associated with dermatological disorders (713.3)
   - conjunctival edema (372.73)
   - conjunctivitis (372.04, 372.33)
   - corneal scars and opacities (371.00-371.05)
   - corneal ulcer (370.00-370.07)
   - edema of eyelid (374.82)
   - inflammation of eyelid (373.8)
   - keratoconjunctivitis sicca (370.33)
   - mechanical lagophthalmos (374.22)
   - mucositis (478.11, 528.00, 538, 616.81)
   - stomatitis (528.00)
   - symblepharon (372.63)

Add Use additional E-code to identify drug, if drug-induced

Add Use additional code to identify percentage of skin exfoliation (695.50-695.59)

Add Excludes: (staphylococcal) scalded skin syndrome (695.81)

New code 695.10 Erythema multiforme, unspecified
   Erythema iridis
   Herpes iridis

New code 695.11 Erythema multiforme minor

New code 695.12 Erythema multiforme major

New code 695.13 Stevens-Johnson syndrome

New code 695.14 Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
   SJS-TEN overlap syndrome
New code 695.15  Toxic epidermal necrolysis
Lyell's syndrome

New code 695.19  Other erythema multiforme

New subcategory 695.5  Exfoliation due to erythematous conditions according to extent of body surface involved

Code first erythematous condition causing exfoliation, such as:
Ritter’s disease (695.81)
(Staphylococcal) scalded skin syndrome (695.81)
Stevens-Johnson syndrome (695.13)
Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome (695.14)
toxic epidermal necrolysis (695.15)

New code 695.50  Exfoliation due to erythematous condition involving less than 10 percent of body surface
Exfoliation due to erythematous condition NOS

New code 695.51  Exfoliation due to erythematous condition involving 10-19 percent of body surface

New code 695.52  Exfoliation due to erythematous condition involving 20-29 percent of body surface

New code 695.53  Exfoliation due to erythematous condition involving 30-39 percent of body surface

New code 695.54  Exfoliation due to erythematous condition involving 40-49 percent of body surface

New code 695.55  Exfoliation due to erythematous condition involving 50-59 percent of body surface

New code 695.56  Exfoliation due to erythematous condition involving 60-69 percent of body surface

New code 695.57  Exfoliation due to erythematous condition involving 70-79 percent of body surface

New code 695.58  Exfoliation due to erythematous condition involving 80-89 percent of body surface
New code 695.59  Exfoliation due to erythematous condition involving 90 percent or more of body surface

695.8  Other specified erythematous conditions

695.81  Ritter's disease

(Staphylococcal) Scalded skin syndrome

Add  Use additional code to identify percentage of skin exfoliation (695.50-695.59)

707  Chronic ulcer of skin

Delete  Excludes: specific infections classified under “Infectious and parasitic diseases” (001.0-136.9)

Revise  707.0  Decubitus ulcer

Revise  Decubitus ulcer [any site]

Delete  Pressure ulcer

Add  Use additional code to identify pressure ulcer stage (707.20 - 707.25)

Revise  707.1  Ulcer of lower limbs, except decubitus pressure ulcer

Code, if applicable, any causal condition first:

Revise  diabetes mellitus (249.80-249.81, 250.80-250.83)

New subcategory  707.2  Pressure ulcer stages

Code first site of pressure ulcer (707.00-707.09)

New code  707.20  Pressure ulcer, unspecified stage

Healing pressure ulcer NOS

Healing pressure ulcer, unspecified stage

New code  707.21  Pressure ulcer stage I

Healing pressure ulcer, stage I

Pressure pre-ulcer skin changes limited to persistent focal erythema

New code  707.22  Pressure ulcer stage II

Healing pressure ulcer, stage II

Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis
New code  707.23  Pressure ulcer stage III
Healing pressure ulcer, stage III
Pressure ulcer with full thickness skin loss
involving damage or necrosis of subcutaneous tissue

New code  707.24  Pressure ulcer stage IV
Healing pressure ulcer, stage IV
Pressure ulcer with necrosis of soft tissues
through to underlying muscle, tendon, or bone

New code  707.25  Pressure ulcer, unstageable

13. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE (710-739)

Add  Use additional external cause code, if applicable, to identify the cause of the musculoskeletal condition

713  Arthropathy associated with other disorders classified elsewhere

713.3  Arthropathy associated with dermatological disorders

Code first underlying disease, as:
erythema multiforme (695.10-695.19)

713.5  Arthropathy associated with neurologic disorders

Code first underlying disease, as:
neuropathic joint disease [Charcots’s joints]:
diabetic (249.6, 250.6)

728  Disorders of muscle, ligament, and fascia

Add  Excludes: nontraumatic hematoma of muscle (729.92)

729  Other disorders of soft tissues

729.7  Nontraumatic compartment syndrome

Add  Code first, if applicable, postprocedural complication (998.89)

729.9  Other and unspecified disorders of soft tissue

Delete  Polyalgia
New code 729.90 Disorders of soft tissue, unspecified
New code 729.91 Post-traumatic seroma
Excludes: seroma complicating a procedure (998.13)
New code 729.92 Nontraumatic hematoma of soft tissue
Nontraumatic hematoma of muscle
New code 729.99 Other disorders of soft tissue
Polyalgia

731 Osteitis deformans and osteopathies associated with other disorders classified elsewhere

731.8 Other bone involvement in diseases classified elsewhere

Code first underlying disease, as:

Revise diabetes mellitus (249.8, 250.8)

733 Other disorders of bone and cartilage

733.0 Osteoporosis

Add Use additional code to identify personal history of pathologic (healed) fracture (V13.51)

733.8 Malunion and nonunion of fracture

Revise

733.82 Nonunion of fracture
Pseudoarthrosis (bone)

733.9 Other and unspecified disorders of bone and cartilage

733.93 Stress fracture of tibia or fibula

Add Use additional external cause code(s) to identify the cause of the stress fracture

733.94 Stress fracture of the metatarsals

Add Use additional external cause code(s) to identify the cause of the stress fracture
733.95  Stress fracture of other bone
Add Use additional external cause code(s) to identify the cause of the stress fracture
Add Excludes: stress fracture of:
femoral neck (733.96)
fibula (733.93)
metatarsals (733.94)
pelvis (733.98)
shaft of femur (733.97)
tibia (733.93)

New code 733.96  Stress fracture of femoral neck
Stress reaction of femoral neck
Add Use additional external cause code(s) to identify the cause of the stress fracture

New code 733.97  Stress fracture of shaft of femur
Stress reaction of shaft of femur
Add Use additional external cause code(s) to identify the cause of the stress fracture

New code 733.98  Stress fracture of pelvis
Stress reaction of pelvis
Add Use additional external cause code(s) to identify the cause of the stress fracture

746  Other congenital anomalies of heart

746.8  Other specified anomalies of heart
Add 746.84  Obstructive anomalies of heart, NEC
Shone’s syndrome
Add Use additional code for associated anomalies, such as:
Add coarctation of aorta (747.10)
Add congenital mitral stenosis (746.5)
Add subaortic stenosis (746.81)
751 Other congenital anomalies of digestive system

751.7 Anomalies of pancreas

Revised Excludes: diabetes mellitus: (249.0-249.9, 250.0-250.9)

Deleted congenital (250.0-250.9)

Deleted neonatal (775.1)

Added neonatal diabetes mellitus (775.1)

752 Congenital anomalies of genital organs

Deleted Excludes: testicular feminization syndrome (259.5)

752.7 Indeterminate sex and pseudohermaphroditism

Added Excludes: androgen insensitivity (259.50-259.52)

Deleted pseudohermaphroditism:

Added testicular feminization syndrome (259.5)

Deleted testicular feminization syndrome (259.5)

Added testicular feminization syndrome (259.50-259.52)

756 Other congenital musculoskeletal anomalies

Added Excludes: congenital myotonic chondrodystrophy (359.23)

757 Congenital anomalies of the integument

757.6 Specified anomalies of breast

Deleted Hypoplasia of breast

Added Excludes: hypoplasia of breast (611.82)

760 Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy

Revised 760.6 Surgical operation on mother and fetus

Deleted Excludes: previous surgery to uterus or pelvic organs (763.89)

New code 760.61 Newborn affected by amniocentesis

Excludes: fetal complications from amniocentesis (679.1)

New code 760.62 Newborn affected by other in utero procedure

Excludes: fetal complications of in utero procedure (679.1)
New code 760.63  Newborn affected by other surgical operations on mother during pregnancy

Excludes: newborn affected by previous surgical procedure on mother not associated with pregnancy (760.64)

New code 760.64  Newborn affected by previous surgical procedure on mother not associated with pregnancy

763 Fetus or newborn affected by other complications of labor and delivery

Add Excludes: newborn affected by surgical procedures on mother (760.61-760.64)

763.8 Other specified complications of labor and delivery affecting fetus or newborn

763.89 Other specified complications of labor and delivery affecting fetus or newborn

Fetus or newborn affected by:

Delete previous surgery to uterus or pelvic organs

771 Infections specific to the perinatal period

771.8 Other infections specific to the perinatal period

771.81 Septicemia [sepsis] of newborn

Add Use additional codes to identify severe sepsis (995.92) and any associated acute organ dysfunction, if applicable

Revise 776 Hematological disorders of fetus and newborn

Revise Includes: disorders specific to the fetus or newborn though possibly originating in utero

Add Excludes: fetal hematologic conditions (678.0)
777 Perinatal disorders of digestive system

Revise 777.5 Necrotizing enterocolitis in fetus or newborn

New code 777.50 Necrotizing enterocolitis in newborn, unspecified
Necrotizing enterocolitis in newborn, NOS

New code 777.51 Stage I necrotizing enterocolitis in newborn

New code 777.52 Stage II necrotizing enterocolitis in newborn
Necrotizing enterocolitis with pneumatosis, without perforation

New code 777.53 Stage III necrotizing enterocolitis in newborn
Necrotizing enterocolitis with perforation
Necrotizing enterocolitis with pneumatosis and perforation

780 General symptoms

780.0 Alteration of consciousness
Excludes: coma:

Revise diabetic (249.2-249.3, 250.2-250.3)

780.4 Dizziness and giddiness
Excludes: Ménière's disease and other specified vertiginous syndromes (386.0-386.9)

Revise 780.6 Fever and other physiologic disturbances of temperature regulation
Delete Chills with fever
Fever NOS
Fever of unknown origin (FUO)
Hyperpyrexia NOS
Pyrexia NOS
Pyrexia of unknown origin

Delete Code first underlying condition when associated fever is present, such as with:
leukemia (codes from categories 204, 205, 206, 207, 208)
neutropenia (288.00-288.09)
sickle cell disease (282.60-282.69)
Add

Excludes: effects of reduced environmental temperature (991.0-991.9)
effects of heat and light (992.0-992.9)
fever, chills or hypothermia associated with confirmed infection – code to infection

Delete

pyrexia of unknown origin (during):
in newborn (778.4)
labor (659.2)
the puerperium (672)

New code

780.60 Fever, unspecified
Chills with fever
Fever NOS
Fever of unknown origin (FUO)
Hyperpyrexia NOS
Pyrexia NOS
Pyrexia of unknown origin

Excludes: chills without fever (780.64)
neonatal fever (778.4)
pyrexia of unknown origin (during):
in newborn (778.4)
labor (659.2)
the puerperium (672)

New code

780.61 Fever presenting with conditions classified elsewhere

Code first underlying condition when associated fever is present, such as with:
leukemia (conditions classifiable to 204-208)
neutropenia (288.00-288.09)
sickle-cell disease (282.60-282.69)

New code

780.62 Postprocedural fever

Excludes: postvaccination fever (780.63)

New code

780.63 Postvaccination fever
Postimmunization fever

New code

780.64 Chills (without fever)
Chills NOS

Excludes: chills with fever (780.60)
New code  780.65  Hypothermia not associated with low environmental temperature

Excludes: hypothermia:  
associated with low environmental temperature (991.6) 
due to anesthesia (995.89) 
of newborn (778.2, 778.3)

780.7  Malaise and fatigue

New code  780.72  Functional quadriplegia  
Complete immobility due to severe physical disability or frailty

Excludes: hysterical paralysis (300.11)  
immobility syndrome (728.3)  
neurologic quadriplegia (344.00-344.09)  
quadriplegia NOS (344.00)

780.9  Other general symptoms

Excludes: hypothermia:  
memory disturbance as part of a pattern of mental disorder
Add  memory disturbance as part of a pattern of mental disorder

780.99  Other general symptoms
Delete  Chill(s) NOS
Delete  Hypothermia, not associated with low environmental temperature

782  Symptoms involving skin and other integumentary tissue

782.3  Edema

Revise  Excludes: hydrothorax (511.81-511.89)

787  Symptoms involving digestive system

787.0  Nausea and vomiting

Excludes: vomiting:  
cyclical (536.2)  
associated with migraine (346.2)
Add
788 Symptoms involving urinary system

Revise Excludes: hematuria (599.70-599.72)

788.3 Urinary incontinence

Add Excludes: functional urinary incontinence (788.91)
Add urinary incontinence associated with cognitive impairment (788.91)

788.9 Other symptoms involving urinary system

Delete Extrarenal uremia
Vesical:
  pain
  tenesmus

New code 788.91 Functional urinary incontinence
Urinary incontinence due to cognitive impairment, or severe physical disability or immobility

Excludes: urinary incontinence due to physiologic condition (788.30-788.39)

New code 788.99 Other symptoms involving urinary system
Extrarenal uremia
Vesical:
  pain
  tenesmus

790 Nonspecific findings on examination of blood

790.2 Abnormal glucose

Revise Excludes: diabetes mellitus (249.00-249.91, 250.00-250.93)

791 Nonspecific findings on examination of urine

Revise Excludes: hematuria NOS (599.70-599.72)
795  Other and nonspecific abnormal cytological, histological, immunological and DNA test findings

Add  Excludes: abnormal cytologic smear of anus and anal HPV (796.70-796.79)

795.0 Abnormal Papanicolaou smear of cervix and cervical HPV

Add  Excludes: abnormal cytologic smear of vagina and vaginal HPV (795.10-795.19)

Revise  carcinoma in situ of cervix (233.1)
Revise  mild cervical dysplasia (histologically confirmed) (622.11)
Revise  moderate cervical dysplasia (histologically confirmed) (622.12)
Revise  severe cervical dysplasia (histologically confirmed) (233.1)

795.00 Abnormal glandular Papanicolaou smear of cervix

Revise  Atypical cervical glandular cells NOS

New code  795.07 Satisfactory cervical smear but lacking transformation zone

Revise  795.08 Unsatisfactory cervical cytology smear
Revise  Inadequate cervical cytology sample

Revise  795.1 Nonspecific abnormal Papanicolaou smear of other site

Add  Abnormal Papanicolaou smear of vagina and vaginal HPV
Add  Abnormal thin preparation smear of vagina NOS
Add  Abnormal vaginal cytology NOS

Add  Use additional code to identify acquired absence of uterus and cervix, if applicable (V88.01-V88.03)

Add  Excludes: abnormal cytologic smear of cervix and cervical HPV (795.00-795.09)
carcinoma in situ of vagina (233.31)
carcinoma in situ of vulva (233.32)
dysplasia (histologically confirmed) of vagina NOS (623.0, 233.31)
dysplasia (histologically confirmed) of vulva NOS (624.01, 624.02, 233.32)
mild vaginal dysplasia (histologically confirmed) (623.0)
mild vulvar dysplasia (histologically confirmed) (624.01)
moderate vaginal dysplasia (histologically confirmed) (623.0)
moderate vulvar dysplasia (histologically confirmed) (624.02)
severe vaginal dysplasia (histologically confirmed) (233.31)
severe vulvar dysplasia (histologically confirmed) (233.32)
vaginal intraepithelial neoplasia I (VAIN I) (623.0)
vaginal intraepithelial neoplasia II (VAIN II) (623.0)
vaginal intraepithelial neoplasia III (VAIN III) (233.31)
vulvar intraepithelial neoplasia I (VIN I) (624.01)
vulvar intraepithelial neoplasia II (VIN II) (624.02)
vulvar intraepithelial neoplasia III (VIN III) (233.32)

New code 795.10 Abnormal glandular Papanicolaou smear of vagina
Atypical vaginal glandular cells NOS

New code 795.11 Papanicolaou smear of vagina with atypical squamous cells of undetermined significance (ASC-US)

New code 795.12 Papanicolaou smear of vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)

New code 795.13 Papanicolaou smear of vagina with low grade squamous intraepithelial lesion (LGSIL)

New code 795.14 Papanicolaou smear of vagina with high grade squamous intraepithelial lesion (HGSIL)

New code 795.15 Vaginal high risk human papillomavirus (HPV) DNA test positive

Excludes: condyloma acuminatum (078.11)
genital warts (078.11)

New code 795.16 Papanicolaou smear of vagina with cytologic evidence of malignancy

New code 795.18 Unsatisfactory vaginal cytology smear
Inadequate vaginal cytology sample
New code 795.19 Other abnormal Papanicolaou smear of vagina and vaginal HPV
Vaginal low risk human papillomavirus (HPV) DNA test positive

Use additional code for associated human papillomavirus (079.4)

796 Other nonspecific abnormal findings

New subcategory 796.7 Abnormal cytologic smear of anus and anal HPV

Excludes: abnormal cytologic smear of cervix and cervical HPV (795.00-795.09)
abnormal cytologic smear of vagina and vaginal HPV (795.10-795.19)
anal intraepithelial neoplasia I (AIN I) (569.44)
anal intraepithelial neoplasia II (AIN II) (569.44)
anal intraepithelial neoplasia III (AIN III) (230.5, 230.6)
carcinoma in situ of anus (230.5, 230.6)
dysplasia (histologically confirmed) of anus NOS (569.44)
mild anal dysplasia (histologically confirmed) (569.44)
moderate anal dysplasia (histologically confirmed) (569.44)
severe anal dysplasia (histologically confirmed) (569.44)

New code 796.70 Abnormal glandular Papanicolaou smear of anus
Atypical anal glandular cells NOS

New code 796.71 Papanicolaou smear of anus with atypical squamous cells of undetermined significance (ASC-US)

New code 796.72 Papanicolaou smear of anus with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)

New code 796.73 Papanicolaou smear of anus with low grade squamous intraepithelial lesion (LGSIL)
New code 796.74  Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HGSIL)
New code 796.75  Anal high risk human papillomavirus (HPV) DNA test positive
New code 796.76  Papanicolaou smear of anus with cytologic evidence of malignancy
New code 796.77  Satisfactory anal smear but lacking transformation zone
New code 796.78  Unsatisfactory anal cytology smear
Unsatisfactory anal cytology sample
New code 796.79  Other abnormal Papanicolaou smear of anus and anal HPV
Anal low risk human papillomavirus (HPV) DNA test positive

Use additional code for associated human papillomavirus (079.4)

797  Senility without mention of psychosis
Frailty
Add 850  Concussion
Revise 850.4  With prolonged loss of consciousness, without return to pre-existing conscious level
866  Injury to kidney
Add  Excludes: acute kidney injury (nontraumatic) (584.9)
958  Certain early complications of trauma
Add  Excludes: post-traumatic seroma (729.91)
991  Effects of reduced temperature
991.6  Hypothermia
Revise  Excludes: hypothermia not associated with low environmental temperature (780.65)
994  Effects of other external causes
994.5 Exhaustion due to excessive exertion
    Exhaustion due to overexertion

994.8 Electrocution and nonfatal effects of electric current
    Shock from electroshock gun (taser)

995 Certain adverse effects not elsewhere classified

995.6 Anaphylactic shock due to adverse food reaction
    Anaphylactic reaction due to food

996 Complications peculiar to certain specified procedures

Add Excludes: capsular contracture of breast implant (611.83)

996.4 Mechanical complication of internal orthopedic device,
    implant, and graft

996.49 Other mechanical complication of other internal
    orthopedic device, implant, and graft

Add Breakage of internal fixation device in bone
Add Dislocation of internal fixation device in bone

996.6 Infection and inflammatory reaction due to internal
    prosthetic device, implant, and graft

996.62 Due to vascular device, implant and graft

Excludes: infection due to:
Add portacath (port-a-cath) (999.31)
Add umbilical venous catheter (999.31)

996.7 Other complications of internal (biological) (synthetic)
    prosthetic device, implant, and graft

Add Excludes: disruption (dehiscence) of internal suture material
    (998.31)
996.8 Complications of transplanted organ

Use additional code to identify nature of complication, such as:
 Add  
  graft-versus-host disease (279.50-279.53)
 Add  
  malignancy associated with organ transplant (199.2)
 Add  
  post-transplant lymphoproliferative disorder (PTLD) (238.77)

996.85 Bone marrow

Delete  
  Graft-versus-host disease (acute) (chronic)

997 Complications affecting specified body systems, not elsewhere classified

997.3 Respiratory complications

Delete  
  Mendelson's syndrome resulting from a procedure
  Pneumonia (aspiration) resulting from a procedure

New code  
  997.31 Ventilator associated pneumonia

Use additional code to identify organism

New code  
  997.39 Other respiratory complications
   Mendelson's syndrome resulting from a procedure
   Pneumonia (aspiration) resulting from a procedure

998 Other complications of procedures, not elsewhere classified

998.2 Accidental puncture or laceration during a procedure

Excludes: specified complications classified elsewhere, such as:
 Add  
  dural tear (349.31)
 Add  
  incidental durotomy (349.31)

Revise  
  998.3 Disruption of operation wound
 Add  
  Disruption of any suture materials or other closure method

New code  
  998.30 Disruption of wound, unspecified
   Disruption of wound NOS
Revise 998.31 Disruption of internal operation (surgical) wound
Add Disruption or dehiscence of closure of:
Add fascia, superficial or muscular
Add internal organ
Add muscle or muscle flap
Add ribs or rib cage
Add skull or craniotomy
Add sternum or sternotomy
Add tendon or ligament
Add Deep disruption or dehiscence of operation wound NOS
Add Excludes: complications of internal anastomosis of:
gastrointestinal tract (997.4)
urinary tract (997.5)

Revise 998.32 Disruption of external operation (surgical) wound
Add Disruption or dehiscence of closure of:
Add cornea
Add mucosa
Add skin
Add subcutaneous tissue
Add Full-thickness skin disruption or dehiscence
Add Superficial disruption or dehiscence of operation wound

New code 998.33 Disruption of traumatic injury wound repair
Disruption or dehiscence of closure of traumatic laceration (external) (internal)

999 Complications of medical care, not elsewhere classified

999.0 Generalized vaccinia

Add Excludes: vaccinia not from vaccine (051.02)

999.2 Other vascular complications

Add Excludes: extravasation of vesicant drugs (999.81, 999.82)
999.3 Other infection

999.31 Infection due to central venous catheter
Catheter-related bloodstream infection
(CRBSI) NOS
Infection due to:
portacath (port-a-cath)
umbilical venous catheter

Revise
Add
Add

999.4 Anaphylactic shock due to serum
Add
Anaphylactic reaction due to serum

Revise
Delete
999.8 Other infusion and transfusion reaction
Septic shock due to transfusion
Transfusion reaction NOS

New code
New code
New code
New code

999.81 Extravasation of vesicant chemotherapy
Infiltration of vesicant chemotherapy

999.82 Extravasation of other vesicant agent
Infiltration of other vesicant agent

999.88 Other infusion reaction

999.89 Other transfusion reaction
Transfusion reaction NOS

Use additional code to identify graft-versus-host reaction
(279.5)

999.9 Other and unspecified complications of medical care, not elsewhere classified

Add
Excludes: ventilator associated pneumonia (997.31)

SUPPLEMENTARY CLASSIFICATION OF FACTORS
INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES
Revise
(V01-V89)

V02 Carrier or suspected carrier of infectious diseases
Add
Includes: Colonization status
V02.5 Other specified bacterial diseases

New code  V02.53  Methicillin susceptible Staphylococcus aureus MSSA colonization

New code  V02.54  Methicillin resistant Staphylococcus aureus MRSA colonization

V07 Need for isolation and other prophylactic measures

New subcategory  V07.5 Prophylactic use of agents affecting estrogen receptors and estrogen levels

Code first, if applicable:
- malignant neoplasm of breast (174.0-174.9, 175.0-175.9)
- malignant neoplasm of prostate (185)

Use additional code, if applicable, to identify:
- estrogen receptor positive status (V86.0)
- family history of breast cancer (V16.3)
- genetic susceptibility to cancer (V84.01-V84.09)
- personal history of breast cancer (V10.3)
- personal history of prostate cancer (V10.46)
- postmenopausal status (V49.81)

Excludes: hormone replacement therapy (postmenopausal) (V07.4)

New code  V07.51  Prophylactic use of selective estrogen receptor modulators (SERMs)
  Prophylactic use of:
  - raloxifene (Evista)
  - tamoxifen (Nolvadex)
  - toremifene (Fareston)

New code  V07.52  Prophylactic use of aromatase inhibitors
  Prophylactic use of:
  - anastrozole (Arimidex)
  - exemestra (Aromasin)
  - letrozole (Femara)
New code V07.59 Prophylactic use of other agents affecting estrogen receptors and estrogen levels
Prophylactic use of:
estrogen receptor downregulators
fulvestrant (Faslodex)
gonadotropin-releasing hormone (GnRH) agonist
goserelin acetate (Zoladex)
leuprolide acetate (leuprolin) (Lupron)
megestrol acetate (Megace)

Revise PERSONS WITH POTENTIAL HEALTH HAZARDS RELATED TO PERSONAL AND FAMILY HISTORY (V10-V19)

V09 Infection with drug-resistant microorganisms
V09.0 Infection with microorganisms resistant to penicillins
Delete Methicillin resistant Staphylococcus aureus (MRSA)

V10 Personal history of malignant neoplasm
Add Code first any continuing functional activity, such as:
carcinoid syndrome (259.2)

V12 Personal history of certain other diseases
V12.0 Infectious and parasitic diseases

New code V12.04 Methicillin resistant Staphylococcus aureus (MRSA)

V13 Personal history of other diseases
V13.5 Other musculoskeletal disorders

New code V13.51 Pathologic fracture
Healed pathologic fracture
Excludes: personal history of traumatic fracture (V15.51)

New code V13.52 Stress fracture
Healed stress fracture
Excludes: personal history of traumatic fracture (V15.51)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V13.59</td>
<td>Other musculoskeletal disorders</td>
</tr>
<tr>
<td>V15</td>
<td>Other personal history presenting hazards to health</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: personal history of drug therapy (V87.41-V87.49)</td>
</tr>
<tr>
<td>Revise</td>
<td>V15.2 Surgery to other major organs</td>
</tr>
<tr>
<td>New code</td>
<td>V15.21 Personal history of undergoing in utero procedure during pregnancy</td>
</tr>
<tr>
<td>New code</td>
<td>V15.22 Personal history of undergoing in utero procedure while a fetus</td>
</tr>
<tr>
<td>New code</td>
<td>V15.29 Surgery to other organs</td>
</tr>
<tr>
<td>V15.5</td>
<td>Injury</td>
</tr>
<tr>
<td>New code</td>
<td>V15.51 Traumatic fracture</td>
</tr>
<tr>
<td></td>
<td>Healed traumatic fracture</td>
</tr>
<tr>
<td></td>
<td>Excludes: personal history of pathologic and stress fracture (V13.51, V13.52)</td>
</tr>
<tr>
<td>New code</td>
<td>V15.59 Other injury</td>
</tr>
<tr>
<td>V15.8</td>
<td>Other specified personal history presenting hazards to health</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: contact with and (suspected) exposure to:</td>
</tr>
<tr>
<td></td>
<td>aromatic compounds and dyes (V87.11-V87.19)</td>
</tr>
<tr>
<td></td>
<td>arsenic and other metals (V87.01-V87.09)</td>
</tr>
<tr>
<td></td>
<td>molds (V87.31)</td>
</tr>
<tr>
<td></td>
<td>V15.81 Noncompliance with medical treatment</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: noncompliance with renal dialysis (V45.12)</td>
</tr>
<tr>
<td>V15.89</td>
<td>Other</td>
</tr>
<tr>
<td>Add</td>
<td>Excludes: contact with and (suspected) exposure to other potentially hazardous chemicals (V87.2)</td>
</tr>
<tr>
<td></td>
<td>contact with and (suspected) exposure to other potentially hazardous substances (V87.39)</td>
</tr>
</tbody>
</table>
V23  Supervision of high-risk pregnancy

V23.8  Other high-risk pregnancy

New code  V23.85  Pregnancy resulting from assisted reproductive technology
            Pregnancy resulting from in vitro fertilization

New code  V23.86  Pregnancy with history of in utero procedure during previous pregnancy

Excludes: management of pregnancy affected by in utero procedure during current pregnancy (678.0-678.1)

V28  Encounter for antenatal screening of mother

Add  Excludes: suspected fetal conditions affecting management of pregnancy
        (655.00-655.93, 656.00-656.93, 657.00-657.03, 658.00 - 658.93)

Add  suspected fetal conditions not found (V89.01-V89.09)

Revise  V28.3  Encounter for routine screening for malformation using ultrasonics

Add  Encounter for routine fetal ultrasound NOS

Add  Excludes: encounter for fetal anatomic survey (V28.81)
        genetic counseling and testing (V26.31- V26.39)

V28.8  Other specified antenatal screening

New code  V28.81  Encounter for fetal anatomic survey

New code  V28.82  Encounter for screening for risk of pre-term labor

New code  V28.89  Other specified antenatal screening
            Chorionic villus sampling
            Genomic screening
            Nuchal translucency testing
            Proteomic screening
V29  Observation and evaluation of newborns for suspected condition not found

Add  Excludes: suspected fetal conditions not found (V89.01-V89.09)

V43  Organ or tissue replaced by other means

Excludes: cardiac pacemaker in situ (V45.01)

Revise  renal dialysis status (V45.11)

V45  Other postprocedural states

V45.1 Renal dialysis status

Delete  Hemodialysis status
          Patient requiring intermittent renal dialysis
          Peritoneal dialysis status
          Presence of arterial-venous shunt (for dialysis)

New code  V45.11  Renal dialysis status
          Hemodialysis status
          Patient requiring intermittent renal dialysis
          Peritoneal dialysis status
          Presence of arterial-venous shunt (for dialysis)

New code  V45.12  Noncompliance with renal dialysis

V45.7 Acquired absence of organ

Revise  V45.71  Acquired absence of breast and nipple

V45.77  Genital organs

Add  Excludes: acquired absence of cervix and uterus (V88.01-V88.03)

V45.8 Other postprocedural status

New code  V45.87  Transplanted organ removal status
          Transplanted organ previously removed due to complication, failure, rejection or infection

Excludes: encounter for removal of transplanted organ – code to complication of transplanted organ (996.80-996.89)

ICD-9-CM Tabular Addenda  Key: Underline: added text
October 1, 2008 (FY09)  Strikeout: deleted text
64
New code V45.88 Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility

Code first condition requiring tPA administration, such as:
- acute cerebral infarction (433.0-433.9 with fifth-digit 1, 434.0-434.9 with fifth digit 1)
- acute myocardial infarction (410.00-410.92)

Revise V46 Other dependence on machines and devices

New code V46.3 Wheelchair dependence

Wheelchair confinement status

Code first cause of dependence, such as:
- muscular dystrophy (359.1)
- obesity (278.00, 278.01)

V46.8 Other enabling machines

Excludes: cardiac pacemaker (V45.0)

Revise kidney dialysis machine (V45.11)

Add plastic surgery for unacceptable cosmetic appearance (V51.0-V51.8)

Revise Excludes: plastic surgery as treatment for current condition or injury – code to condition or injury

New code V51.0 Encounter for breast reconstruction following mastectomy

Excludes: deformity and disproportion of reconstructed breast (612.0-612.1)

New code V51.8 Other aftercare involving the use of plastic surgery
V52 Fitting and adjustment of prosthetic device and implant

V52.4 Breast prosthesis and implant

Add Elective implant exchange (different material)
(different size)

Add Removal of tissue expander without synchronous
insertion of permanent implant

Revise Excludes: admission for initial breast implant insertion for
breast augmentation (V50.1)

Add complications of breast implant (996.54, 996.69,
996.79)

Add encounter for breast reconstruction following
mastectomy (V51.0)

V56 Encounter for dialysis and dialysis catheter care

V56.0 Extracorporeal dialysis

Revise Excludes: dialysis status (V45.11)

V58 Encounter for other and unspecified procedures and aftercare

V58.1 Encounter for chemotherapy and immunotherapy for
neoplastic conditions

Delete Excludes: prophylactic chemotherapy against disease which has
never been present (V03.0-V07.9)

V58.4 Other aftercare following surgery

V58.41 Encounter for planned post-operative wound
closure

Revise Excludes: disruption of operative wound (998.31-998.32)

V58.6 Long-term (current) drug use

Add Excludes: drug abuse and dependence complicating pregnancy
(648.3-648.4)
prophylactic use of agents affecting estrogen receptors
and estrogen levels (V07.51-V07.59)

Add Long-term (current) use of other medications

V58.69 Long-term (current) use of methadone
Long term current use of opiate analgesic

ICD-9-CM Tabular Addenda  Key: Underline: added text
October 1, 2008 (FY09)  Strikeout: deleted text
V61 Other family circumstances

V61.0 Family disruption

Delete

Divorce
Estrangement

New code V61.01 Family disruption due to family member on military deployment
Individual or family affected by other family member being on deployment

New code V61.02 Family disruption due to return of family member from military deployment
Individual or family affected by other family member having returned from deployment (current or past conflict)

New code V61.03 Family disruption due to divorce or legal separation

New code V61.04 Family disruption due to parent-child estrangement

Excludes: other family estrangement (V61.09)

New code V61.05 Family disruption due to child in welfare custody

New code V61.06 Family disruption due to child in foster care or in care of non-parental family member

New code V61.09 Other family disruption
Family estrangement NOS

V62 Other psychosocial circumstances

V62.2 Other occupational circumstances or maladjustment

Delete

Career choice problem
Dissatisfaction with employment
Occupational problem

New code V62.21 Personal current military deployment status
Individual (civilian or military) currently deployed in theater or in support of military war, peacekeeping and humanitarian operations
New code V62.22  Personal history of return from military deployment
Individual (civilian or military) with past history of military war, peacekeeping and humanitarian deployment (current or past conflict)

New code V62.29  Other occupational circumstances or maladjustment
Career choice problem
Dissatisfaction with employment
Occupational problem

V64  Persons encountering health services for specific procedures, not carried out

V64.0 Vaccination not carried out

V64.05 Vaccination not carried out because of caregiver refusal

Add Excludes: vaccination not carried out because of caregiver refusal for religious reasons (V64.07)

V67  Follow-up examination

V67.0 Following surgery

V67.01 Follow-up vaginal pap smear

Use additional code to identify:
acquired absence of uterus (V45.77 V88.01-V88.03)

Revise

V71  Observation and evaluation for suspected conditions not found

Add Excludes: suspected maternal and fetal conditions not found (V89.01-V89.09)

V71.8 Observation and evaluation for other specified suspected conditions

Add Excludes: contact with and (suspected) exposure to (potentially) hazardous substances (V15.84-V15.86, V87.0-V87.31)
V76 Special screening for malignant neoplasms

V76.4 Other sites

V76.47 Vagina

Revise Use additional code to identify acquired absence of uterus (V45.77 V88.01-V88.03)

New section OTHER SPECIFIED PERSONAL EXPOSURES AND HISTORY PRESENTING HAZARDS TO HEALTH (V87)

New Category V87 Other specified personal exposures and history presenting hazards to health

New subcategory V87.0 Contact with and (suspected) exposure to hazardous metals

Excludes: exposure to lead (V15.86)
   toxic effect of metals (984.0-985.9)

New code V87.01 Arsenic

New code V87.09 Other hazardous metals
   Chromium compounds
   Nickel dust

New subcategory V87.1 Contact with and (suspected) exposure to hazardous aromatic compounds

Excludes: toxic effects of aromatic compounds (982.0, 983.0)

New code V87.11 Aromatic amines

New code V87.12 Benzene

New code V87.19 Other hazardous aromatic compounds
   Aromatic dyes NOS
   Polycyclic aromatic hydrocarbons

New code V87.2 Contact with and (suspected) exposure to other potentially hazardous chemicals
   Dyes NOS

Excludes: exposure to asbestos (V15.84)
   toxic effect of chemicals (980-989)
New subcategory  V87.3 Contact with and (suspected) exposure to other potentially hazardous substances

Excludes: contact with and (suspected) exposure to potentially hazardous body fluids (V15.85) toxic effect of substances (980-989)

New code      V87.31  Exposure to mold

New code      V87.39  Contact with and (suspected) exposure to other potentially hazardous substances

New subcategory  V87.4 Personal history of drug therapy

Excludes: long-term (current) drug use (V58.61-V58.69)

New code      V87.41  Personal history of antineoplastic chemotherapy

New code      V87.42  Personal history of monoclonal drug therapy

New code      V87.49  Personal history of other drug therapy

New section ACQUIRED ABSENCE OF OTHER ORGANS AND TISSUE (V88)

New Category V88 Acquired absence of other organs and tissue

New subcategory  V88.0 Acquired absence of cervix and uterus

New code      V88.01  Acquired absence of both cervix and uterus

Acquired absence of uterus NOS

Status post total hysterectomy

New code      V88.02  Acquired absence of uterus with remaining cervical stump

Status post partial hysterectomy with remaining cervical stump

New code      V88.03  Acquired absence of cervix with remaining uterus
New section  OTHER SUSPECTED CONDITIONS NOT FOUND (V89)

New Category  V89  Other suspected conditions not found
New subcategory  V89.0  Suspected maternal and fetal conditions not found

Excludes:  known or suspected fetal anomalies affecting  
management of mother, not ruled out (655.00  
655.93, 656.00-656.93, 657.00-657.03, 658.00-  
658.93)
newborn and perinatal conditions – code to condition

New code  V89.01  Suspected problem with amniotic cavity and  
membrane not found  
Suspected oligohydramnios not found  
Suspected polyhydramnios not found

New code  V89.02  Suspected placental problem not found
New code  V89.03  Suspected fetal anomaly not found
New code  V89.04  Suspected problem with fetal growth not found
New code  V89.05  Suspected cervical shortening not found
New code  V89.09  Other suspected maternal and fetal condition not  
found

EXTERNAL CAUSE TABULAR

SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND  
POISONING (E800-E999)

(q) A pedestrian conveyance is any human powered device by which a  
pedestrian may move other than by walking or by which a walking  
person may move another pedestrian.

Add   Includes:  heelies, wheelies

E885  Fall on same level from slipping, tripping, or stumbling

Add  E885.1  Fall from roller skates
Add  Heelies
Add  Wheelies

ICD-9-CM Tabular Addenda  
October 1, 2008 (FY09)  

Key:  Underline:  added text  
Strikeout:  deleted text
Revise E927 Overexertion and strenuous and repetitive movements or loads

Delete Excessive physical exercise

Overexertion (from):
  - lifting
  - pulling
  - pushing

Strenuous movements in:
  - recreational activities
  - other activities

New code E927.0 Overexertion from sudden strenuous movement
                Sudden trauma from strenuous movement

New code E927.1 Overexertion from prolonged static position
                Overexertion from maintaining prolonged positions, such as:
                - holding
                - sitting
                - standing

New code E927.2 Excessive physical exertion from prolonged activity

New code E927.3 Cumulative trauma from repetitive motion
                Cumulative trauma from repetitive movements

New code E927.4 Cumulative trauma from repetitive impact

New code E927.8 Other overexertion and strenuous and repetitive movements or loads

New code E927.9 Unspecified overexertion and strenuous and repetitive movements or loads

E928 Other and unspecified environmental and accidental causes

Revise E928.6 Environmental exposure to harmful algae and toxins
            Pfiesteria piscicida
INDEX TO DISEASES AND INJURIES

Abnormal, abnormality, abnormalities - see also Anomaly
  creatinine clearance 794.4
  liver function test 790.6
  Papanicolaou (smear)
    anus 796.70
    with
      atypical squamous cells
        cannot exclude high grade squamous intraepithelial lesion (ASC-H) 796.72
        of undetermined significance (ASC-US) 796.71
        cytologic evidence of malignancy 796.76
        high grade squamous intraepithelial lesion (HGSIL) 796.74
        low grade squamous intraepithelial lesion (LGSIL) 796.73
        glandular 796.70
        specified finding NEC 796.79
      other site 796.9
    vagina 795.10
      with
        atypical squamous cells
          cannot exclude high grade squamous intraepithelial lesion (ASC-H) 795.12
          of undetermined significance (ASC-US) 795.11
          cytologic evidence of malignancy 795.16
          high grade squamous intraepithelial lesion (HGSIL) 795.14
          low grade squamous intraepithelial lesion (LGSIL) 795.13
          glandular 795.10
          specified finding NEC 795.19

Absence (organ or part) (complete or partial)
  cervix (acquired) (uteri) V88.01
    with remaining uterus V88.03
    and uterus V88.01
  nipple (congenital) 757.6
    acquired V45.71
    with remaining cervical stump V88.02
    and cervix V88.01
  Acetonemia 790.6
    diabetic 250.1
      due to secondary diabetes 249.1
  Acidosis 276.2
    diabetic 250.1
      due to secondary diabetes 249.1
  Admission (encounter)
    for
      adjustment (of)
        breast
          implant V52.4
          exchange (different material) (different size) V52.4
        breast
          implant exchange (different material) (different size) V52.4
          reconstruction following mastectomy V51.0
          removal, prophylactic V50.44
          prophylactic V50.41
          tissue expander without synchronous insertion of permanent implant V52.4

Key:  Bold – Add;  Bold Strikeout – Delete;  Bold Underline Italic – Revise
Admission (encounter) (cont.)
for (cont.)
cosmetic surgery NEC V50.1
breast reconstruction following mastectomy V51.0
following healed injury or operation V51.8
elective surgery
breast
reconstruction following mastectomy V51.0
cosmetic NEC V50.1
breast reconstruction following mastectomy V51.0
following healed injury or operation V51.8
plastic
breast reconstruction following mastectomy V51.0
following healed injury or operation V51.8
repair of scarred tissue (following healed injury or operation) V51.8
fitting (of)
portacath V58.81
observation (without need for further medical care) (see also Observation) V71.9
suspected disorder V71.9
maternal and fetal problem not found
amniotic cavity and membrane V89.01
cervical shortening V89.05
fetal anomaly V89.03
fetal growth V89.04
oligohydramnios V89.01
other specified NEC V89.09
placenta V89.02
polyhydramnios V89.01
plastic surgery
breast reconstruction following mastectomy V51.0
following healed injury or operation V51.8
reconstruction following mastectomy V51.0
removal of
breast tissue expander without synchronous insertion of permanent implant V52.4
repair of scarred tissue (following healed injury or operation) V51.8
therapy
long-term (current) drug use NEC V58.69
methadone V58.69
opiate analgesic V58.69
ultrasound, routine fetal V28.3
Agnosia (body image) (tactile) 784.69
verbal 784.69
visual 784.69
developmental 315.8
secondary to organic lesion 784.69
visual 368.16
object 368.16
developmental 315.31
AIN I [anal intraepithelial neoplasia I] (histologically confirmed) 569.44
AIN II [anal intraepithelial neoplasia II] (histologically confirmed) 569.44
AIN III [anal intraepithelial neoplasia III] 230.6
anal canal 230.5
Allergy, allergic (reaction) 995.3
migraine 339.00
Amastia (see also Absence, breast) 611.89
Ameba, amebic (histolytica) - see also Amebiasis
meningoencephalitis
due to Naegleria (gruberi) 136.29
primary 136.29
Amyloidosis (familial) (general) (generalized) (genetic) (primary) 277.30
Amyotrophia, amyotrophy, amyotrophic 728.2
diabetic 250.6 [353.5]
due to secondary diabetes 249.6 [353.5]
Anemia 285.9
aplastic 284.9
aquired (secondary) 284.89
due to
antineoplastic chemotherapy 284.89
due to
drug - see Anemia, by type (see also Table of Drugs and Chemicals)
fetal, following blood loss 776.5 678.0
following blood loss, affecting newborn 776.5
refractory (primary) 238.72
due to
drug 285.0
myelodysplastic syndrome 238.72
toxin 285.0
hereditary 285.0
idiopathic 238.72
sideroblastic 238.72
hereditary 285.0
sideroblastic (acquired) (any type) (congenital) (drug-induced) (due to disease) (hereditary)
(secondary) (sex-linked hypochromic) (vitamin B6 responsive) 285.0
refractory 238.72
congenital 285.0
drug-induced 285.0
hereditary 285.0
sex-linked hypochromic 285.0
vitamin B6-responsive 285.0
Aneurysm (anastomotic) (artery) (cirsoid) (diffuse) (false) (fusiform) (multiple) (ruptured)
saccular) (varicose) 442.9
retinal (acquired) 362.17
diabetic 250.5 [362.01]
due to secondary diabetes 249.5 [362.01]
Angiopathia, angiopathy 459.9
diabetic (peripheral) 250.7 [443.81]
due to secondary diabetes 249.7 [443.81]
peripheral 443.9
diabetic 250.7 [443.81]
due to secondary diabetes 249.7 [443.81]
retinalis (juvenilis) 362.18
diabetic 250.5 [362.01]
due to secondary diabetes 249.5 [362.01]
Anomaly, anomalous (congenital) (unspecified type) 759.9
venous - see Anomaly, vein
Antenatal
sampling
chorionic villus V28.89
Antenatal (cont.)
screening of mother (for) V28.9
   genomic V28.89
   proteomic V28.89
   risk
   pre-term labor V28.82
   specified condition NEC V28.89
   survey
   fetal anatomic V28.81
testing
   nuchal translucency V28.89
Anus, anal - see also condition
   high risk human papillomavirus (HPV) DNA test positive 796.75
   low risk human papillomavirus (HPV) DNA test positive 796.79
Arteriosclerosis, arteriosclerotic (artery) (deformans) (diffuse) (disease) (endarteritis) (general)
   (obliterans) (obliterative) (occlusive) (senile) (with calcification) 440.9
coronary (artery) 414.00
   due to lipid rich plaque 414.3
Arthritis, arthritic (acute) (chronic) (subacute) 716.9
Charcôt's 094.0 [713.5]
diabetic 250.6 [713.5]
   due to secondary diabetes 249.6 [713.5]
due to or associated with
cowpox 051.01 [711.5]
diabetes 250.6 [713.5]
   due to secondary diabetes 249.6 [713.5]
erythema
   multiforme 695.10 [713.3]
neuropathic (Charcôt's) 094.0 [713.5]
diabetic 250.6 [713.5]
   due to secondary diabetes 249.6 [713.5]
Arthropathy (see also Arthritis) 716.9
Charcôt's 094.0 [713.5]
diabetic 250.6 [713.5]
   due to secondary diabetes 249.6 [713.5]
neurogenic, neuropathic (Charcôt's) (tabetic) 094.0 [713.5]
diabetic 250.6 [713.5]
   due to secondary diabetes 249.6 [713.5]
ASC-US (atypical squamous cells of undetermined significance) 795.04
   anus 796.71
   cervix 795.01
   vagina 795.11
ASC-H (atypical squamous cells cannot exclude high grade squamous intraepithelial lesion)
795.02
   anus 796.72
   cervix 795.02
   vagina 795.12
Aspiration
   acid pulmonary (syndrome) 997.39
Asymmetry - see also Distortion
   breast, between native and reconstructed 612.1
Ataxia, ataxy, ataxic 781.3
   locomotor (progressive) 094.0
   diabetic 250.6 [337.1]
   due to secondary diabetes 249.6 [337.1]
Atypical - see also condition
cells
glandular 795.00
anus 796.70
cervical 795.00
vaginal 795.10
Aura, jacksonian (see also Epilepsy) 345.5
jacksonian (see also Epilepsy) 345.5
persistent migraine 346.5
    with cerebral infarction 346.6
    without cerebral infarction 346.5
Baader's syndrome (erythema multiforme exudativum) 695.19
Bedbugs bite(s) - see Injury, superficial, by site
Bedsores (see also Ulcer, pressure) 707.00
Bing-Horton syndrome (histamine cephalgia) 339.00
Birt-Hogg-Dube syndrome 759.89
Bite(s)
    bedbug - see Injury, superficial, by site
Blindness (acquired) (congenital) (both eyes) 369.00
    face 368.16
Blood
in
urine (see also Hematuria) 599.70
BOOP (bronchiolitis obliterans organized pneumonia) 516.8
Borderline
    osteopenia 733.90
Bradycardia 427.89
    reflex 337.09
Breast - see also condition
    buds 259.1
        in newborn 779.89
    dense - omit code
    nodule 793.89
Bronchiolitis (acute) (infectious) (subacute) 466.19
    obliterans 491.8
        with organizing pneumonia (BOOP) 516.8
Bronchitis (diffuse) (hypostatic) (infectious) (inflammatory) (simple) 490
    acute or subacute 466.0
        with
            bronchiectasis 494.1
Buds
    breast 259.1
        in newborn 779.89
Burst stitches or sutures (complication of surgery) (external) (see also Dehiscence) 998.32
Carcinoid (tumor) (M8240/1) - see Tumor, carcinoid
    also Neoplasm, by site, uncertain behavior
Carcinoma (M8010/3) - see also Neoplasm, by site, malignant neuroendocrine
    high grade (M8240/3) 209.30
    malignant poorly differentiated (M8240/3) 209.30
Carotid body or sinus syndrome 337.01
Carotidynia 337.01
Carrier (suspected) of Staphylococcus NEC V02.59
    resistant Staphylococcus aureus V02.54
Carrier … (cont.)
   Staphylococcus … (cont.)
      methicillin (cont)
         susceptible Staphylococcus aureus V02.53
Cataract (anterior cortical) (anterior polar) (black) (capsular) (central) (cortical) (hypermature) (immature) (incipient) (mature) 366.9
diabetic 250.5 [366.41]
   due to secondary diabetes 249.5 [366.41]
snowflake 250.5 [366.41]
   due to secondary diabetes 249.5 [366.41]
Cataracta 366.10
diabetic 250.5 [366.41]
   due to secondary diabetes 249.5 [366.41]
Cementoperiostitis 523.40
   acute 523.33
   apical 523.40
Cephalgia, cephalagia (see also Headache) 784.0
   histamine 339.00
   other trigeminal autonomic (TACS) 339.09
Cervical - see also condition
   shortening - see Short, cervical
Change(s) (of) - see also Removal of
   bone 733.90
      diabetic 250.8 [731.8]
   due to secondary diabetes 249.8 [731.8]
Charcot’s
   joint (disease) 094.0 [713.5]
diabetic 250.6 [713.5]
   due to secondary diabetes 249.6 [713.5]
Chill(s) 780.64
   with fever 780.60
   without fever 780.64
CJD (Creutzfeldt-Jakob disease) 046.19
   variant (vCJD) 046.11
Colitis (acute) (catarrhal) (croupous) (cystica superficialis) (exudative) (hemorrhagic) (noninfectious) (phlegmonous) (presumed noninfectious) 558.9
   eosinophilic 558.41
Colonization
   MRSA (methicillin resistant Staphylococcus aureus) V02.54
   MSSA (methicillin susceptible Staphylococcus aureus) V02.53
Coma 780.01
   diabetic (with ketoacidosis) 250.3
      due to secondary diabetes 249.3
      hyperosmolar .250.2
         due to secondary diabetes 249.2
   hyperglycemic 250.2
      due to secondary diabetes 249.2
   hyperosmolar (diabetic) (nonketotic) 250.2
      due to secondary diabetes 249.2
   hypoglycemic 251.0
      diabetic 250.3
         due to secondary diabetes 249.3
   insulin 250.3
      due to secondary diabetes 249.3
      hyperosmolar 250.2
         due to secondary diabetes 249.2
Coma … (cont.)
  Kussmaul’s (diabetic) 250.3
    due to secondary diabetes 249.3
  prediabetic 250.2
    due to secondary diabetes 249.2

Complex
  regional pain syndrome 355.9
    type I 337.20
      lower limb 337.22
      specified site NEC 337.29
      upper limb 337.21
    type II
      lower limb 355.71
      upper limb 354.4

Complications
  amniocentesis, fetal 679.1
  fetal, from amniocentesis 679.1
  infection and inflammation
due to (presence of) any device, implant or graft classified to 996.0-996.5 NEC 996.60
catheter NEC 996.69
  portacath (port-a-cath) 999.31
  umbilical venous 999.31
  portacath (port-a-cath) 999.31
  umbilical venous catheter 999.31
  infusion (procedure) 999.88
  in utero procedure
    fetal 679.1
    maternal 679.0
  medical care NEC 999.9
    respiratory NEC 997.39
  respiratory 519.9
    postoperative NEC 997.39
  surgical procedures 998.9
    burst stitches or sutures (external) (see also Dehiscence) 998.32
    dehiscence (of incision) (external) (see also Dehiscence) 998.32
    disruption (see also Dehiscence)
      respiratory NEC 997.39
    transfusion (blood) (lymphocytes) (plasma) NEC 999.89
      hemolysis NEC 999.89
      shock or reaction NEC 999.89

Condition - see also Disease
  fetal hematologic 678.0
Condyoma NEC 078.11
Conflict
  marital V61.10
    involving divorce or estrangement V61.0
      divorce V61.03
      estrangement V61.09
Conjoined twins 759.4
  causing disproportion (fetopelvic) 678.1
  fetal 678.1
Conjugal maladjustment V61.10
  involving divorce or estrangement V61.0
    divorce V61.03
    estrangement V61.09
Conjunctivitis (exposure) (infectious) (nondiphtheritic) (pneumococcal) (pustular) (staphylococcal) (streptococcal) NEC 372.30
due to
erthyema multiforme 695.10 [372.33]
Contraction, contracture, contracted
axilla 729.90
breast implant, capsular 611.83
capsular, of breast implant 611.83
face 729.90
**Cotia virus** 059.8
Cowpox (abortive) 051.01
eyelid 051.01 [373.5]
Creutzfeldt-Jakob disease **(CJD)** (syndrome) (new variant) 046.19
with dementia
with behavioral disturbance 046.19 [294.11]
without behavioral disturbance 046.19 [294.10]
familial 046.19
iatrogenic 046.19
specified NEC 046.19
sporadic 046.19
variant (vCJD) 046.11
with dementia
with behavioral disturbance 046.11 [294.11]
without behavioral disturbance 046.11 [294.10]
Cryofibrinogenemia 273.2
Cyclical vomiting 536.2
associated with migraine 346.2
Cyst (mucus) (retention) (serous) (simple)
fallopian tube 620.8
congenital 752.11
**Müllerian** duct 752.89
appendix testis 608.89
cervix (embryonal) 752.41
fallopian tube 752.11
prostatic utricle 599.89
vagina (embryonal) 752.41
paralabral
hip 718.85
shoulder 840.7
paramesonephric duct - see Cyst, Müllerian duct
Decubital gangrene **(see also Ulcer, pressure)** 707.00 [785.4]
Decubiti (see also **Ulcer, pressure**) 707.00
Decubitus (ulcer) **(see also Ulcer, pressure)** 707.00
Deformity 738.9
breast (acquired) 611.89
reconstructed 612.0
nipple (congenital) 757.9
acquired 611.89
Degeneration, degenerative
anterior labral 840.8

Key: Bold – Add; Bold Strikeout – Delete; Bold Underline Italic – Revise
Dehiscence

closure of
  cornea 998.32
  fascia, superficial or muscular 998.31
  internal organ 998.31
  mucosa 998.32
  muscle or muscle flap 998.31
  ribs or rib cage 998.31
  skin 998.32
  skull or craniotomy 998.31
  sternum or sternotomy 998.31
  subcutaneous tissue 998.32
  tendon or ligament 998.31
  traumatic laceration (external) (internal) 998.33
operation wound 998.32
  deep 998.31
  external 998.32
  superficial 998.32
traumatic injury wound repair 998.33

Delay, delayed
  vaccination V64.00

Delivery

Note: Use the following fifth-digit subclassification with categories 640-649, 651-676:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>unspecified as to episode of care</td>
</tr>
<tr>
<td>1</td>
<td>delivered, with or without mention of antepartum condition</td>
</tr>
<tr>
<td>2</td>
<td>delivered, with mention of postpartum complication</td>
</tr>
<tr>
<td>3</td>
<td>antepartum condition or complication</td>
</tr>
<tr>
<td>4</td>
<td>postpartum condition or complication</td>
</tr>
</tbody>
</table>

cesarean (for) 669.7
  maternal
  diabetes mellitus *(conditions classifiable to 249 and 250)* 648.0
complicated (by) NEC 669.9
  Siamese twins 653.7 678.1

Dementia 294.8
  due to or associated with condition(s) classified elsewhere
  Jakob-Creutzfeldt disease *(CJD) (new variant)*
    with behavioral disturbance 046.19 [294.11]
    without behavioral disturbance 046.19 [294.10]
  variant (vCJD) 046.11
    with dementia
      with behavioral disturbance 046.11 [294.11]
      without behavioral disturbance 046.11 [294.10]

Dense
  breast(s) - omit code
Dependence
  on
    hemodialysis V45.11
    peritoneal dialysis V45.11
    renal dialysis machine V45.11
    wheelchair V46.3

dé Quervain's
  syndrome 259.51
Dermatitis (allergic) (contact) (occupational) (venenata) 692.9
  eyelid 373.31
    infective 373.5
    due to vaccinia 051.09 [373.5]
  stasis 454.1

Dermopathy
  nephrogenic fibrosing 701.8

Diabetes, diabetic (brittle) (congenital) (familial) (mellitus) (poorly controlled) (severe)... 250.0 with
  coma (with ketoacidosis) 250.3
    due to secondary diabetes 249.3
  hyperosmolar (nonketotic) 250.2
    due to secondary diabetes 249.2
  complication NEC 250.9
    due to secondary diabetes 249.9
  specified NEC 250.8
    due to secondary diabetes 249.8
  gangrene 250.7 [785.4]
    due to secondary diabetes 249.7 [785.4]
  hyperglycemia - code to Diabetes, by type, with 5th digit for not stated as uncontrolled
  hyperosmolarity 250.2
    due to secondary diabetes 249.2
  ketosis, ketoacidosis 250.1
    due to secondary diabetes 249.1
  osteomyelitis 250.8 [731.8]
    due to secondary diabetes 249.8 [731.8]
  specified manifestations NEC 250.8
    due to secondary diabetes 249.8
  acetonemia 250.1
    due to secondary diabetes 249.1
  acidosis 250.1
    due to secondary diabetes 249.1
  myotrophy 250.6 [353.5]
    due to secondary diabetes 249.6 [353.5]
  angiopathy, peripheral 250.7 [443.81]
    due to secondary diabetes 249.7 [443.81]
  autonomic neuropathy (peripheral) 250.6 [337.1]
    due to secondary diabetes 249.6 [337.1]
  bone change 250.8 [731.8]
    due to secondary diabetes 249.8 [731.8]
  cataract 250.5 [366.41]
    due to secondary diabetes 249.5 [366.41]
  chemical induced - see Diabetes, secondary 790.29
    complicating pregnancy, childbirth, or puerperium 648.0
  coma (with ketoacidosis) 250.3
    due to secondary diabetes 249.3
  hyperglycemic 250.3
    due to secondary diabetes 249.3
  hyperosmolar (nonketotic) 250.2
    due to secondary diabetes 249.2
  hypoglycemic 250.3
    due to secondary diabetes 249.3
  insulin 250.3
    due to secondary diabetes 249.3
Diabetes, diabetic... (cont.)
complicating pregnancy, childbirth, or puerperium (maternal) *(conditions classifiable to 249 and 250)* 648.0
complication NEC 250.9
*due to secondary diabetes* 249.9
specified NEC 250.8
*due to secondary diabetes* 249.8
dorsal sclerosis 250.6 [340]
*due to secondary diabetes* 249.6 [340]
drug-induced - see also Diabetes, secondary
dose or wrong substance given or taken - see Table of Drugs and Chemicals
due to:
cystic fibrosis - see Diabetes, secondary
infection - see Diabetes, secondary
gangrene 250.7 [785.4]
*due to secondary diabetes* 249.7 [785.4]
gastroparesis 250.6 [536.3]
*due to secondary diabetes* 249.6 [536.3]
glaucoma 250.5 [365.44]
*due to secondary diabetes* 249.5 [365.44]
glomerulosclerosis (intercapillary) 250.4 [581.81]
*due to secondary diabetes* 249.4 [581.81]
glycogenosis, secondary 250.8 [259.8]
*due to secondary diabetes* 249.8 [259.8]
hypercromic coma 250.2
*due to secondary diabetes* 249.2
hypermoticary 250.2
*due to secondary diabetes* 249.2
hypertension-nephrosis syndrome 250.4 [581.81]
*due to secondary diabetes* 249.4 [581.81]
hypoglycemia 250.8
*due to secondary diabetes* 249.8
hypoglycemic shock 250.8
*due to secondary diabetes* 249.8
inadequately controlled - code to Diabetes, by type, with 5th digit for not stated as
uncontrolled
intercapillary glomerulosclerosis 250.4 [581.81]
*due to secondary diabetes* 249.4 [581.81]
iritis 250.5 [364.42]
*due to secondary diabetes* 249.5 [364.42]
ketosis, ketoacidosis 250.1
*due to secondary diabetes* 249.1
Kimmelstiel (-Wilson) disease or syndrome (intercapillary glomerulosclerosis) 250.4 [581.81]
*due to secondary diabetes* 249.4 [581.81]
Lancereaux's (diabetes mellitus with marked emaciation) 250.8 [261]
*due to secondary diabetes* 249.8 [261]
laten (chemical) - see Diabetes, secondary 790.29
compliying pregnancy, childbirth, or puerperium 648.0
lipoidosis 250.8 [272.7]
*due to secondary diabetes* 249.8 [272.7]
macular edema 250.5 [362.07]
*due to secondary diabetes* 249.5 [362.07]
microaneurysms, retinal 250.5 [362.01]
*due to secondary diabetes* 249.5 [362.01]
mononeuropathy 250.6 [355.9]
*due to secondary diabetes* 249.6 [355.9]
Diabetes, diabetic... (cont.)
  nephropathy 250.4 [583.81]
    due to secondary diabetes 249.4 [581.81]
  nephrosis (syndrome) 250.4 [581.81]
    due to secondary diabetes 249.4 [581.81]
  neuralgia 250.6 [357.2]
    due to secondary diabetes 249.6 [357.2]
  neuritis 250.6 [357.2]
    due to secondary diabetes 249.6 [357.2]
  nephrosis (syndrome) 250.6 [581.81]
    due to secondary diabetes 249.4 [581.81]
  neuropathy 250.6 [357.2]
    due to secondary diabetes 249.6 [357.2]
  neuropathy 250.6 [713.5]
    due to secondary diabetes 249.6 [713.5]
  neuropathy 250.6 [357.2]
    due to secondary diabetes 249.6 [357.2]
  osteomyelitis 250.8 [731.8]
    due to secondary diabetes 249.8 [731.8]
  out of control - code to Diabetes, by type, with 5th digit for uncontrolled
  peripheral autonomic neuropathy 250.6 [337.1]
    due to secondary diabetes 249.6 [337.1]
  polyneuropathy 250.6 [357.2]
    due to secondary diabetes 249.6 [357.2]
  poorly controlled - code to Diabetes, by type, with 5th digit for not stated as
  uncontrolled
  retinal
    edema 250.5 [362.07]
      due to secondary diabetes 249.5 [362.07]
    hemorrhage 250.5 [362.01]
      due to secondary diabetes 249.5 [362.01]
    microaneurysms 250.5 [362.01]
      due to secondary diabetes 249.5 [362.01]
  retinitis 250.5 [362.01]
    due to secondary diabetes 249.5 [362.01]
  retinopathy 250.5 [362.01]
    due to secondary diabetes 249.5 [362.01]
  background 250.5 [362.01]
    due to secondary diabetes 249.5 [362.01]
  nonproliferative 250.5 [362.03]
    due to secondary diabetes 249.5 [362.03]
  mild 250.5 [362.04]
    due to secondary diabetes 249.5 [362.04]
  moderate 250.5 [362.05]
    due to secondary diabetes 249.5 [362.05]
  severe 250.5 [362.06]
    due to secondary diabetes 249.5 [362.06]
  proliferative 250.5 [362.02]
    due to secondary diabetes 249.5 [362.02]
  secondary (chemical-induced) (due to chronic condition) (due to infection) (drug-
  induced) 249.0
  with
    coma (with ketoacidosis) 249.3
    hyperosmolar (nonketotic) 249.2
    complication NEC 249.9
    specified NEC 249.8
    gangrene 249.7 [785.4]
    hyperosmolarity 249.2
    ketosis, ketoacidosis 249.1
    osteomyelitis 249.8 [731.8]
Diabetes, diabetic… (cont.)
secondary … (cont.)
with (cont.)
  specified manifestations NEC 249.8
acetonemia 249.1
acidosis 249.1
amyotrophy 249.6 [353.5]
angiopathy, peripheral 249.7 [443.81]
autonomic neuropathy (peripheral) 249.6 [337.1]
bone change 249.8 [731.8]
cataract 249.5 [366.41]
coma (with ketoacidosis) 249.3
  hyperglycemic 249.3
  hyperosmolar (nonketotic) 249.2
  hypoglycemic 249.3
  insulin 249.3
complicating pregnancy, childbirth, or puerperium (maternal) 648.0
  affecting fetus or newborn 775.0
complication NEC 249.9
  specified NEC 249.8
dorsal sclerosis 249.6 [340]
due to overdose or wrong substance given or taken - see Table of Drugs and
  Chemicals
gangrene 249.7 [785.4]
gastroparesis 249.6 [536.3]
glaucoma 249.5 [365.44]
glomerulosclerosis (intercapillary) 249.4 [581.81]
glycogenosis, secondary 249.8 [259.8]
hyperosmolar coma 249.2
hyperosmolarity 249.2
hypertension-nephrosis syndrome 249.4 [581.81]
hypoglycemia 249.8
hypoglycemic shock 249.8
intercapillary glomerulosclerosis 249.4 [581.81]
iritis 249.5 [364.42]
ketosis, ketoacidosis 249.1
Kimmelstiel (-Wilson) disease or syndrome (intercapillary glomerulosclerosis)
  249.4 [581.81]
Lancereaux's (diabetes mellitus with marked emaciation) 249.8 [261]
lipoidosis 249.8 [272.7]
macular edema 249.5 [362.07]
maternal
  with manifest disease in the infant 775.1
  affecting fetus or newborn 775.0
microaneurysms, retinal 249.5 [362.01]
ononeuropathy 249.6 [355.9]
nepholathy 249.4 [581.81]
nephrosis (syndrome) 249.4 [581.81]
neuralgia 249.6 [357.2]
neuritis 249.6 [357.2]
neuropathy 249.6 [357.2]
neuropathy 249.6 [357.2]
osteomyelitis 249.8 [731.8]
peripheral autonomic neuropathy 249.6 [337.1]
polyneuropathy 249.6 [357.2]
Diabetes, diabetic… (cont.)
  secondary … (cont.)
  retinal
    edema 249.5 [362.07]
    hemorrhage 249.5 [362.01]
    microaneurysms 249.5 [362.01]
  retinitis 249.5 [362.01]
  retinopathy 249.5 [362.01]
    background 249.5 [362.01]
    nonproliferative 249.5 [362.03]
      mild 249.5 [362.04]
      moderate 249.5 [362.05]
      severe 249.5 [362.06]
    proliferative 249.5 [362.02]
  ulcer (skin) 249.8 [707.9]
    lower extremity 249.8 [707.10]
      ankle 249.8 [707.13]
      calf 249.8 [707.12]
      foot 249.8 [707.15]
      heel 249.8 [707.14]
      knee 249.8 [707.19]
      specified site NEC 249.8 [707.19]
    thigh 249.8 [707.11]
    toes 249.8 [707.15]
    specified site NEC 249.8 [707.8]
  xanthoma 249.8 [272.2]
    steroid induced - see also Diabetes, secondary
    correct substance properly administered 251.8
  ulcer (skin) 250.8 [707.9]
    due to secondary diabetes 249.8 [707.9]
    lower extremity 250.8 [707.10]
      due to secondary diabetes 249.8 [707.10]
      ankle 250.8 [707.13]
      due to secondary diabetes 249.8 [707.13]
      calf 250.8 [707.12]
      due to secondary diabetes 249.8 [707.12]
      foot 250.8 [707.15]
      due to secondary diabetes 249.8 [707.15]
      heel 250.8 [707.14]
      due to secondary diabetes 249.8 [707.14]
      knee 250.8 [707.19]
      due to secondary diabetes 249.8 [707.19]
      specified site NEC 250.8 [707.19]
      due to secondary diabetes 249.8 [707.19]
      thigh 250.8 [707.11]
      due to secondary diabetes 249.8 [707.11]
      toes 250.8 [707.15]
      due to secondary diabetes 249.8 [707.15]
      specified site NEC 250.8 [707.8]
      due to secondary diabetes 249.8 [707.8]
    xanthoma 250.8 [272.2]
      due to secondary diabetes 249.8 [272.2]
    Dialysis (intermittent) (treatment)
      hemodialysis V56.0
      status only V45.11
Dialysis … (cont.)
  peritoneal V56.8
    status only **V45.11**
  renal V56.0
    status only **V45.11**

Disease, diseased - see also Syndrome
  breast 611.9
    specified NEC **611.89**

Creutzfeldt-Jakob (CJD) (new variant) **046.19**
  with dementia
    with behavioral disturbance **046.19** [294.11]
    without behavioral disturbance **046.19** [294.10]
  familial 046.19
  iatrogenic 046.19
  specified NEC 046.19
  sporadic 046.19
  variant (vCJD) 046.11
    with dementia
      with behavioral disturbance 046.11 [294.11]
      without behavioral disturbance 046.11 [294.10]

Ebstein’s
  meaning diabetes 250.4 [581.81]
  due to secondary diabetes 249.4 [581.81]
  gastroesophageal reflux (GERD) 530.81
  graft-versus-host (bone marrow) **279.50**
    due to organ transplant NEC - see Complications, transplant, organ
    acute 279.51
    on chronic 279.53
    chronic 279.52

Hebra’s
  erythema multiforme exudativum **695.19**

Hirschfeld’s (acute diabetes mellitus) (see also Diabetes) 250.0
  due to secondary diabetes 249.0
  host-versus-graft (immune or nonimmune cause) **279.50**
    bone marrow 996.85
    heart 996.83
    intestines 996.87
    kidney 996.84
    liver 996.82
    lung 996.84
    pancreas 996.86
    specified NEC 996.89

Jakob-Creutzfeldt (CJD) (new variant) **046.19**
  with dementia
    with behavioral disturbance **046.19** [294.11]
    without behavioral disturbance **046.19** [294.10]
  familial 046.19
  iatrogenic 046.19
  specified NEC 046.19
  sporadic 046.19
  variant (vCJD) 046.11
    with dementia
      with behavioral disturbance 046.11 [294.11]
      without behavioral disturbance 046.11 [294.10]

Johnson-Stevens (erythema multiforme exudativum) **695.13**
Disease, diseased (cont.)
Kimmelstiel (-Wilson) (intercapillary glomerulosclerosis) 250.4 [581.81]
  due to secondary diabetes 249.4 [581.81]
Leyll's (toxic epidermal necrolysis) 695.15
due to drug
  correct substance properly administered 695.15
Möbius', Moebius' 346.2
musculoskeletal system 729.90
nervous system (central) 349.9
  prion NEC 046.79
Oppenheim-Urbach (necrobiosis lipoidica diabeticorum) 250.8 [709.3]
  due to secondary diabetes 249.8 [709.3]
Profichet's 729.90
renal (functional) (pelvis) (see also Disease, kidney) 593.9
diabetic 250.4 [583.81]
  due to secondary diabetes 249.4 [581.81]
due to diabetes mellitus 250.4 [583.81]
  due to secondary diabetes 249.4 [581.81]
Stevens-Johnson (erythema multiforme exudativum) 695.13
Still's (juvenile rheumatoid arthritis) 714.30
  adult onset 714.2
Tommaselli's
  correct substance properly administered 599.70
Urbach-Oppenheim (necrobiosis lipoidica diabeticorum) 250.8 [709.3]
  due to secondary diabetes 249.8 [709.3]
valve, valvular - see also Endocarditis
  congenital NEC (see also Anomaly, heart, valve) 746.9
  pulmonary 746.00
  specified type NEC 746.89
vascular 459.9
  peripheral (occlusive) 443.9
in diabetes mellitus 250.7 [443.81]
  due to secondary diabetes 249.7 [443.81]
Willis' (diabetes mellitus) (see also Diabetes) 250.0
  due to secondary diabetes 249.0
Disorder - see also Disease
breast 611.9
  specified NEC 611.89
limb NEC 729.90
lymphoproliferative (chronic) NEC (M9970/1) 238.79
  post-transplant (PTLD) 238.77
musculoskeletal system NEC 729.90
post-transplant lymphoproliferative (PTLD) 238.77
semantic pragmatic 315.39
  with autism 299.0
soft tissue 729.90
  specified type NEC 729.99
Disproportion 653.9
  breast, reconstructed 612.1
  between native and reconstructed 612.1
caused by
  conjoined twins 653.7 678.1
Disruption

family \textit{V61.09} due to

- child in care of non-parental family member V61.06
- foster care V61.06
- welfare custody V61.05
- divorce V61.03
- estrangement V61.09
- parent-child V61.04

family member

- on military deployment V61.01
- return from military deployment V61.02
- legal separation V61.03

marital V61.10 involving divorce or estrangement V61.0

- divorce V61.03
- estrangement V61.09

operation wound (external) \textit{(see also Dehiscence)} 998.32

- suture line (external) \textit{(see also Dehiscence)} 998.32

wound \textit{998.30}

- operation \textit{(surgical)} 998.32

Dissatisfaction with employment \textit{V62.29}

Disturbance - see also Disease metabolism (acquired) (congenital) (see also Disorder, metabolism) 277.9

- nitrogen \textit{788.99}

Divorce \textit{V61.03}

Droop

- Cooper’s \textit{611.81}

Drowned, drowning \textit{(near)} 994.1

Drug - see also condition therapy (maintenance) status NEC

- long-term (current) use V58.69

- methadone V58.69

- opiate analgesic V58.69

Durotomy, incidental (inadvertent) (see also Tear, dural) 349.31

Dysplasia - see also Anomaly

- anus 569.44

  - intraepithelial neoplasia I [AIN I] (histologically confirmed) 569.44
  - intraepithelial neoplasia II [AIN II] (histologically confirmed) 569.44
  - intraepithelial neoplasia III [AIN III] 230.6

  - anal canal 230.5

  - mild (histologically confirmed) 569.44
  - moderate (histologically confirmed) 569.44

  - severe 230.6

  - anal canal 230.5

retrolental \textit{(see also Retinopathy of prematurity)} 362.21

- skin 709.8

  - vagina 623.0

  - mild 623.0

  - moderate 623.0

Dystrophy, dystrophia 783.9

- cervical (sympathetic) NEC \textit{337.09}

- reflex neuromuscular - see Dystrophy, sympathetic
Ebstein’s
disease (diabetes) 250.4 [581.81]
   due to secondary diabetes 249.4 [581.81]
Ectodermosis erosiva pluriorificialis 695.19
Edema, edematous 782.3
   macula 362.83
      due to secondary diabetes 249.5 [362.07]
      retina (localized) (macular) (peripheral) 362.83
      diabetic 250.5 [362.07]
   due to secondary diabetes 249.5 [362.07]
Effusion
   pleura, pleurisy, pleuritic, pleuropericardial 511.9
      malignant 511.81
Electric
   shock from electroshock gun (taser) 994.8
Elevation
   body temperature (of unknown origin) (see also Pyrexia) 780.60
   cholesterol 272.0
      with high triglycerides 272.2
   triglycerides 272.1
      with high cholesterol 272.2
Emboli
   sion, pleurisy, pleuritic, pleuropericardial 511.9
      malignant 511.81
Electric
   shock from electroshock gun (taser) 994.8
Elevation
   body temperature (of unknown origin) (see also Pyrexia) 780.60
   cholesterol 272.0
      with high triglycerides 272.2
   triglycerides 272.1
      with high cholesterol 272.2
Emboli
   sion, pleurisy, pleuritic, pleuropericardial 511.9
      malignant 511.81
Electric
   shock from electroshock gun (taser) 994.8
Effusion
   pleura, pleurisy, pleuritic, pleuropericardial 511.9
      malignant 511.81
Enterocolitis … (cont.)
   necrotizing (acute) (membranous) 557.0
   **newborn 777.50**
      with
      perforation 777.53
      pneumatosis without perforation 777.52
      pneumatosis and perforation 777.53
   stage I 777.51
   stage II 777.52
   stage III 777.53
   primary necrotizing *(see also Enterocolitis, necrotizing, newborn) 777.50*
   radiation 558.1
   **newborn (see also Enterocolitis, necrotizing, newborn) 777.50**

Ephemeral fever *(see also Pyrexia)* **780.60**

Epidermolysis
   acuta (combustiformis) (toxica) **695.15**
   necroticans combustiformis **695.15**
      due to drug
      correct substance properly administered **695.15**

Erythema, erythematous (generalized) 695.9
   bullosum **695.19**
   circinatum **695.19**
   gyratum (perstans) (repens) **695.19**
   iris **695.10**
   multiforme **695.10**
      bullosum **695.19**
      conjunctiva **695.19**
      exudativum (Hebra) **695.19**
      major **695.12**
      minor **695.11**
   nummular, nummulare **695.19**

Esophagitis (alkaline) (chemical) (chronic) (infectional) (necrotic) (peptic) (postoperative) (regurgitant) 530.10
   **eosinophilic 530.13**

Estrangement **V61.09**

Evidence
   of malignancy
cytoplogic
      without histologic confirmation **795.06**
      **anu 796.76**
      cervix 795.06
      **vagina 795.16**

Excess, excessive, excessively
   **tissue in reconstructed breast 612.0**

Exfoliation, teeth due to systemic causes **525.0**

   skin
due to erythematous condition 695.50
   involving (percent of body surface)
      less than 10 percent 695.50
      10-19 percent 695.51
      20-29 percent 695.52
      30-39 percent 695.53
      40-49 percent 695.54
      50-59 percent 695.55
      60-69 percent 695.56
      70-79 percent 695.57
Exfoliation (cont.)
skin (cont.)
   due to erythematous condition ... (cont.)
      involving (percent of body surface) (cont.)
         80-89 percent 695.58
         90 percent or more 695.59

teeth
   due to systemic causes 525.0
Exhaustion, exhaustive (physical NEC) 780.79
due to
   overexertion 994.5
Exposure 994.9
to
   aromatic
      amines V87.11
      dyes V87.19
      arsenic V87.01
      benzene V87.12
      chromium compounds V87.09
      dyes V87.2
   aromatic V87.19
hazardous body fluids V15.85
   aromatic compounds NEC V87.19
   body fluids V15.85
   chemicals NEC V87.2
   metals V87.09
   substances V87.39
   mold V87.31
   nickel dust V87.09
   polycyclic aromatic hydrocarbons V87.19
Extravasation
   chemotherapy, vesicant 998.81
   vesicant
      agent NEC 998.82
      chemotherapy 998.81
Failure, failed
dental implant 525.79
due to
   infection 525.71
   unintentional loading 525.71
   mechanical 525.73
   osseointegration 525.71
      due to
         premature loading 525.71
         following intentional prosthetic loading 525.72
         prior to intentional prosthetic loading 525.71
extrarenal 788.99
prerenal 788.99
Family, familial - see also condition
affected by
   family member
      currently on deployment (military) V61.01
      returned from deployment (military) (current or past conflict) V61.02
   disruption (see also Disruption, family) V61.09
   estrangement V61.09
Fatal familial insomnia (FFI) 046.72
Febricula (continued) (simple) (see also Pyrexia) 780.60
Febrile (see also Pyrexia) 780.60
Febris (see also Fever) 780.60
Feminization, testicular 259.51
    with pseudohermaphroditism, male 259.51
Fetal alcohol syndrome 760.71
    alcohol syndrome 760.71
    anemia 678.0
    thrombocytopenia 678.0
    twin to twin transfusion 678.0
Fever 780.60
    with chills 780.60
    continued 780.60
    ephemeral (of unknown origin) (see also Pyrexia) 780.60
    in conditions classified elsewhere 780.61
    intermittent (bilious) (see also Malaria) 084.6
    of unknown origin (see also Pyrexia) 780.60
    iodide
        correct substance properly administered 780.60
    newborn (environmentally-induced) 778.4
    persistent (of unknown origin) (see also Pyrexia) 780.60
    postimmunization 780.63
    postoperative 780.62
    postvaccination 780.63
    steroid
        correct substance properly administered 780.60
    unknown origin (see also Pyrexia) 780.60
Fibroplasia, retrolental (see also Retinopathy of prematurity) 362.21
Fiessinger-Rendu syndrome (erythema muliforme exudativum) 695.19
Findings, abnormal, without diagnosis (examination) (laboratory test) 796.4
    creatinine clearance 794.4
    culture, positive NEC 795.39
    nose 795.39
    Staphylococcus - see Carrier (suspected) of, Staphylococcus
    hematuria 599.70
    Papanicolaou (smear) 796.9
        anus 796.70
            with
                atypical squamous cells
                cannot exclude high grade squamous intraepithelial lesion (ASC-H)
                    796.72
                of undetermined significance (ASC-US) 796.71
                cytologic evidence of malignancy 796.76
                high grade squamous intraepithelial lesion (HGSIL) 796.74
                low grade squamous intraepithelial lesion (LGSIL) 796.73
                glandular 796.70
                specified finding NEC 796.79
                other site 796.9
                vagina 795.10
                    with
                        atypical squamous cells
                        cannot exclude high grade squamous intraepithelial lesion (ASC-H)
                            795.12
                        of undetermined significance (ASC-US) 795.11
Findings, abnormal, without diagnosis … (cont.)
Papanicolaou … (cont.)
vagina … (cont.)
with (cont.)
  cytologic evidence of malignancy 795.16
  high grade squamous intraepithelial lesion (HGSIL) 795.14
  low grade squamous intraepithelial lesion (LGSIL) 795.13
  glandular 795.10
  specified NEC 795.19
urine, urinary constituents 791.9
  blood 599.70
  vaginal fluid 792.9
  fluid 792.9
  high risk human papillomavirus (HPV) DNA test positive 795.15
  low risk human papillomavirus (HPV) DNA test positive 795.19
Fistula (sinus) 686.9
  arteriovenous (acquired) 447.0
  surgically created (for dialysis) V45.11
Fitting (of)
  artificial
  breast V52.4
  implant exchange (different material) (different size) V52.4
  prosthesis V52.9
  breast V52.4
  implant exchange (different material) (different size) V52.4
Fluid
  lung - see also Edema, lung
  encysted 511.89
Fracture (abduction) (adduction) (avulsion) (compression) (crush) (dislocation) (oblique)
  (separation) (closed) 829.0
  Hill-Sachs 812.09
Frailty 797
FUO (see also Pyrexia) 780.60
Gangrene, gangrenous (anemia) (artery) (cellulitis) (dermatitis) (dry) (infective) (moist)
  (pemphigus) (septic) (skin) (stasis) (ulcer) 785.4
  with diabetes (mellitus) 250.7 [785.4]
  due to secondary diabetes 249.7 [785.4]
  decubital (see also Ulcer, pressure) 707.00 [785.4]
  diabetic (any site) 250.7 [785.4]
  due to secondary diabetes 249.7 [785.4]
Gastritis 535.5
  eosinophilic 535.7
  Gastroenteritis (acute) (catarrhal) (congestive) (hemorrhagic) (noninfectious) (see also Enteritis)
  558.9
  due to antineoplastic chemotherapy 558.9
  eosinophilic 558.41
Gastroparesis 536.3
  diabetic 250.6 [536.3]
  due to secondary diabetes 249.6 [536.3]
  Gastroenteritis (acute) (catarrhal) (congestive) (hemorrhagic) (noninfectious) (see also Enteritis)
  558.9
  due to antineoplastic chemotherapy 558.9
  eosinophilic 558.41
Genital - see condition
  warts 078.11
GERD (gastroesophageal reflux disease) 530.81
Gerstmann-Sträussler-Scheinker syndrome (GSS) 046.71
Glaucoma (capsular) (inflammatory) (noninflammatory) (primary) 365.9
in or with
- aniridia 743.45 [365.42]
- Axenfeld's anomaly 743.44 [365.41]
- concussion of globe 921.3 [365.65]
- dislocation of lens
  - anterior 379.33 [365.59]
  - posterior 379.34 [365.59]
- epithelial down-growth 364.61 [365.64]
- glaucomatocyclitic crisis 364.22 [365.62]
- hypermature cataract 366.18 [365.51]
- hyphema 364.41 [365.63]
- inflammation, ocular 365.62
- iridocyclitis 364.3 [365.62]
- iris
  - anomalies NEC 743.46 [365.42]
  - atrophy, essential 364.51 [365.42]
  - bombé 364.74 [365.61]
  - rubeosis 364.42 [365.63]
- microcornea 743.41 [365.43]
- postdislocation of lens
  - anterior 379.33 [365.59]
  - posterior 379.34 [365.59]
- pseudoexfoliation of capsule 366.11 [365.52]
- pupillary block or seclusion 364.74 [365.61]
- recession of chamber angle 364.77 [365.65]
- retinal vein occlusion 362.35 [365.63]
- Rieger's anomaly or syndrome 743.44 [365.41]
- rubeosis of iris 364.42 [365.63]
- seclusion of pupil 364.74 [365.61]
- spherophakia 743.36 [365.59]
- phacolytic 365.51
  - with hypermature cataract 366.18 [365.51]
- pseudoexfoliation 365.52
  - with pseudoexfoliation of capsule 366.11 [365.52]
- tuberculous (see also Tuberculosis) 017.3 [365.62]

Glomerulonephritis (see also Nephritis) 583.9
due to or associated with
diabetes mellitus 250.4 [583.81]
  - due to secondary diabetes 249.4 [581.81]
  - with nephrotic syndrome 250.4 [581.81]
  - due to secondary diabetes 249.4 [581.81]
Glomerulosclerosis (see also Sclerosis, renal) 587
intercapillary (nodular) (with diabetes) 250.4 [581.81]
  - due to secondary diabetes 249.4 [581.81]
Glycogenosis (see also Disease, glycogen storage) 271.0
diabetic, secondary 250.8 [259.8]
  - due to secondary diabetes 249.8 [259.8]
Goldberg (-Maxwell) (-Morris) syndrome (testicular feminization) 259.51
Graft-versus-host disease (bone marrow) 279.50
  - bone marrow 996.85
GSS (Gerstmann-Sträussler-Scheinker syndrome) 046.71
Headache 784.0
  allergic 339.00
  associated with sexual activity 339.82
  cluster 339.00
    chronic 339.02
    episodic 339.01
  daily
    chronic 784.0
    new persistent (NPDH) 339.42
  drug induced 339.3
  histamine 339.00
  hypnic 339.81
  medication overuse 339.3
  menstrual 346.4
  nasal septum 784.0
  orgasmic 339.82
  post-traumatic 339.20
    acute 339.21
    chronic 339.22
  premenstrual 346.4
  preorgasmic 339.82
  primary
    cough 339.83
    exertional 339.84
    stabbing 339.85
    thunderclap 339.43
  rebound 339.3
  short lasting unilateral neuralgiform with conjunctival injection and tearing (SUNCT) 339.05
  sick 346.9
  syndrome
    cluster 339.00
    complicated NEC 339.44
    periodic in child or adolescent 346.2
    specified NEC 339.89
  tension 307.81
    type 339.10
      chronic 339.11
      episodic 339.12

Hebra’s disease
  erythema multiforme exudativum 695.19

Hematoma (skin surface intact) (traumatic) - see also Contusion
  breast (nontraumatic) 611.89
  muscle (traumatic) – see Contusion, by site
    nontraumatic 729.92
  soft tissue 729.92

Hematopneumothorax (see also Hemothorax) 511.89

Hematothorax (see also Hemothorax) 511.89

Hematuria (benign) (essential) (idiopathic) 599.70
  gross 599.71
  intermittent 599.70
  microscopic 599.72
  paroxysmal 599.70
  sulfonamide
    correct substance properly administered 599.70

Key: Bold – Add; Bold Strikeout – Delete; Bold Underline Italic – Revise
Hemicrania 346.9
- continua 339.41
- paroxysmal 339.03
- chronic 339.04
- episodic 339.03

Hemoglobinemia 283.2
due to blood transfusion NEC 999.89

Hemolyis
transfusion NEC 999.89

Hemopneumothorax (see also Hemothorax) 511.89

Hemorrhage, hemorrhagic (nontraumatic) 459.0
- retina, retinal (deep) (superficial) (vessels) 362.81
diabetic 250.5 [362.01]
  due to secondary diabetes 249.5 [362.01]

Hemosterosis 275.0
transfusion NEC 999.89

Hemorrhage, hemorrhagic (nontraumatic) 459.0
- retina, retinal (deep) (superficial) (vessels) 362.81
diabetic 250.5 [362.01]
  due to secondary diabetes 249.5 [362.01]

Hepatitis 573.3
- autoimmune 571.42
- due to secondary diabetes 249.0

Hepatitis 573.3
- autoimmune 571.42

Herpes, herpetic 054.9
- iris (any site) 695.10

HGSIL (high grade squamous intraepithelial lesion) (cytologic finding) (Pap smear finding) 795.04
- anus 796.74
  biopsy finding - code to CIN II or CIN III
- cervix 795.04
  biopsy finding - code to CIN II or CIN III
- vagina 795.14

High risk
- cervical, human papillomavirus (HPV) DNA test positive 795.05
- human papillomavirus (HPV) DNA test positive
  - anal 796.75
  - cervical 795.05
  - vaginal 795.15
- due to secondary diabetes 249.0

Hilger's syndrome 337.09

Hirshfeld's disease (acute diabetes mellitus) (see also Diabetes) 250.0
due to secondary diabetes 249.0

Histamine cephalgia 339.00

History (personal) of
- chemotherapy, antineoplastic V87.41
- disease (of) V13.9
  - infectious V12.00
    - methicillin resistant Staphylococcus aureus (MRSA) V12.04
    - MRSA (methicillin resistant Staphylococcus aureus) V12.04
- disorder (of) V13.9
  - musculoskeletal NEC V13.59
- family
  - monoclonal drug therapy V87.42
- fracture, healed
  - pathologic V13.51
  - stress V13.52
  - traumatic V15.51
- infectious disease V12.00
methicillin resistant Staphylococcus aureus (MRSA) V12.04
MRSA (methicillin resistant Staphylococcus aureus) V12.04

injury NEC V15.59
in utero procedure
during pregnancy V15.21
while a fetus V15.22
methicillin resistant Staphylococcus aureus (MRSA) V12.04
MRSA (methicillin resistant Staphylococcus aureus) V12.04
musculoskeletal disorder NEC V13.59
return from military deployment V62.22
surgery (major) to
in utero
during pregnancy V15.21
while a fetus V15.22
major organs NEC V15.29
therapy
antineoplastic drug V87.41
drug NEC V87.49
monoclonal drug V87.42

HIT (heparin-induced thrombocytopenia) 289.84
Horton's headache or neuralgia 339.00
Human papillomavirus 079.4
cervical
high risk, DNA test positive 795.05
low risk, DNA test positive 795.09

high risk, DNA test positive
anal 796.75
cervical 795.05
vaginal 795.15

low risk, DNA test positive
anal 796.79
cervical 795.09
vaginal 795.19

Hungry bone syndrome 275.5
Hydrohematopneumothorax (see also Hemothorax) 511.89
Hydropneumohemothorax (see also Hemothorax) 511.89
Hydropneumothorax 511.89
nontuberculous 511.89
Hydrops 782.3
pleura (see also Hydrothorax) 511.89
Hydrothorax (double) (pleural) 511.89
nontuberculous 511.89
Hyperplasia, hyperplastic epithelial 709.8
nipple 611.89
Hyperpyrexia 780.60
unknown origin (see also Pyrexia) 780.60
Hypersensitive, hypersensitiveness, hypersensitivity - see also Allergy
carotid sinus 337.01
Hypertension Table --------------------------------------------------------Malignant ------ Benign ------- Unspecified
Hypertension, hypertensive
pancreatic duct - code to underlying condition
with
chronic pancreatitis ----------------------------------------------- 577.1

Key:  Bold – Add;  Bold Strikeout – Delete;  Bold Underline Italic – Revise
Hyperthermia (of unknown origin) (see also Pyrexia) **780.60**
Hyperglycemia (spontaneous) 251.2
  coma 251.0
    due to secondary diabetes 249.3
  diabetic 250.3
    due to secondary diabetes 249.3
  due to secondary diabetes 249.8
Hypoglycemic shock 251.0
  diabetic 250.8
    due to secondary diabetes 249.8
Hypogonadism
  male 257.2
    hereditary familial (Reifenstein's syndrome) **259.52**
Hypomastia (congenital) **611.82**
Hypoplasia, hypoplasis 759.89
  breast (areola) **611.82**
  mammary (areolar) **611.82**
Hypothermia (accidental) 991.6
  associated with low environmental temperature 991.6
  not associated with low environmental temperature **780.65**
Imbalance 781.2
  posture **729.90**
Immobile, immobility
  complete
    due to severe physical disability or frailty **780.72**
Imperfect
  poise **729.90**
Inadequate, inadequacy
  sample
    Papanicolaou smear **795.08**
      cytology
        anal 796.78
        cervical 795.08
        vaginal 795.18
Inanition 263.9
  fever **780.60**
Incompatibility
  marital V61.10
    involving divorce or estrangement V61.0
      divorce V61.03
      estrangement V61.09
Incompetency, incompetence, incompetent
  chronotropic **426.89**
    with
      autonomic dysfunction 337.9
      ischemic heart disease 414.9
      left ventricular dysfunction 337.9
      sinus node dysfunction 427.81
Incontinence 788.30
  urine 788.30
    due to
      cognitive impairment 788.91
      severe physical disability 788.91
      immobility 788.91
      functional 788.91
Infarct, infarction
  breast **611.89**
Infection, infected, infective (opportunistic) 136.9

- **acanthamoeba** 136.21
- ameba, amebic (histolytica) (see also Amebiasis) 006.9
  - free-living 136.29
- **bovine stomatitis** 059.11
- **cotia virus** 059.8
- **methylcillin**
  - resistant **Staphylococcus aureus (MRSA)** 041.12
  - susceptible **Staphylococcus aureus (MSSA)** 041.11

**monkeypox** 059.01
- **MRSA** (methylcillin resistant **Staphylococcus aureus**) 041.12
- **MSSA** (methylcillin susceptible **Staphylococcus aureus**) 041.11
- **orthopoxvirus** 059.00
  - specified NEC 059.09
- **parapoxvirus** 059.10
  - specified NEC 059.19
- **poxvirus** 059.9
  - specified NEC 059.8
- **sealpox** 059.12
- **staphylococcal NEC** 041.10
  - **aureus** 041.11
    - **methylcillin**
      - resistant (MRSA) 041.12
      - susceptible MSSA) 041.11
    - generalized (purulent) 038.10
      - **aureus** 038.11
    - **methylcillin**
      - resistant 038.12
      - susceptible 038.11
    - pneumonia 482.40
      - **aureus** 482.41
    - **methylcillin**
      - resistant (MRSA) 482.42
      - susceptible (MSSA) 482.41
    - **MRSA** (methylcillin resistant **staphylococcus aureus**) 482.42
    - **MSSA** (methylcillin susceptible **staphylococcus aureus**) 482.41
    - septicemia 038.10
      - **aureus** 038.11
    - **methylcillin**
      - resistant (MRSA) 038.12
      - susceptible (MSSA) 038.11
    - **MRSA** (methylcillin resistant **staphylococcus aureus**) 038.12
    - **MSSA** (methylcillin susceptible **staphylococcus aureus**) 038.11
- **tanapox** 059.21
- **TORCH - see Infection, congenital NEC**
  - without active infection 760.2
- **virus, viral** 079.99
  - **warts** NEC 078.10
    - specified NEC 078.19
  - **yaba monkey tumor** 059.22
  - **yaba monkey tumor virus** 059.22
  - **yatapoxvirus** 059.20

Infiltrate, infiltration
- **chemotherapy, vesicant** 998.81
- **vesicant**
  - **agent NEC** 998.82
Infiltrate, infiltration (cont.)
  vesicant (cont.)
    chemotherapy 998.81

Injury 959.9
  deep tissue - see Contusion, by site
  meaning pressure ulcer 707.25
  kidney - see Injury, internal, kidney
    acute (nontraumatic) 584.9

Insensitivity
  androgen 259.50
    complete 259.51
    partial 259.52

Insomnia, unspecified 780.52
  fatal familial (FFI) 046.72

Iridis rubeosis 364.42
  diabetic 250.5 [364.42]
    due to secondary diabetes 249.5 [364.42]

Iritis 364.3
  diabetic 250.5 [364.42]
    due to secondary diabetes 249.5 [364.42]

Irregular, irregularity
  contour of cornea 743.41
    acquired 371.70
    reconstructed breast 612.0

Jakob-Creutzfeldt disease (CJD) (syndrome) (new variant) 046.19
  with dementia
    with behavioral disturbance 046.19 [294.11]
    without behavioral disturbance 046.19 [294.10]
  familial 046.19
  iatrogenic 046.19
  specified NEC 046.19
  sporadic 046.19
  variant (vCJD) 046.11
    with dementia
      with behavioral disturbance 046.11 [294.11]
      without behavioral disturbance 046.11 [294.10]

Johnson-Stevens disease (erythema multiforme exudativum) 695.13

Ketoacidosis 276.2
  diabetic 250.1
    due to secondary diabetes 249.1

Ketosis 276.2
  diabetic 250.1
    due to secondary diabetes 249.1

Kimmelstiel (-Wilson) disease or syndrome (intercapillary glomerulosclerosis) 250.4 [581.81]
  due to secondary diabetes 249.4 [581.81]

Klaunder's syndrome (erythema multiforme exudativum) 695.19

Kussmaul's
  coma (diabetic) 250.3
    due to secondary diabetes 249.3

Lancereaux's diabetes (diabetes mellitus with marked emaciation) 250.8 [261]
  due to secondary diabetes 249.8 [261]

Landau-Kleffner syndrome 345.8
Leukemia, leukemic (congenital) (M9800/3) 208.9

**Note**  Use the following fifth-digit subclassification for categories 203-208:

<table>
<thead>
<tr>
<th>Digit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>without mention of <strong>having achieved</strong> remission</td>
</tr>
<tr>
<td></td>
<td><strong>failed remission</strong></td>
</tr>
<tr>
<td>1</td>
<td>with remission</td>
</tr>
<tr>
<td>2</td>
<td><strong>in relapse</strong></td>
</tr>
</tbody>
</table>

Leukoencephalopathy (see also Encephalitis) 323.9

- reversible, posterior 348.5

LGSIL (low grade squamous intraepithelial lesion) 795.03

- anus 796.73
- cervix 795.03
- vagina 795.13

Lipidosis 272.7

- diabetic 250.8 [272.7]
  - due to secondary diabetes 249.8 [272.7]

Long-term (current) drug use V58.69

- methadone V58.69
- opiate analgesic V58.69

Low risk

- cervical, human papillomavirus (HPV) DNA test positive 795.09
- human papillomavirus (HPV) DNA test positive
  - anal 796.79
  - cervical 795.09
  - vaginal 795.19

Lyell's disease or syndrome (toxic epidermal necrolysis) 695.15

- due to drug
  - correct substance properly administered 695.15

Maladjustment

- conjugal V61.10
  - involving divorce or estrangement V61.0
    - divorce V61.03
    - estrangement V61.09
  - marital V61.10
    - involving divorce or estrangement V61.0
      - divorce V61.03
      - estrangement V61.09
  - occupational V62.29
    - current military deployment status V62.21

Malformation (congenital) - see also Anomaly

- venous - see Anomaly, vein

Malposition 729.90

Mastopathy, mastopathia 611.9

- estrogenic 611.89
  - ovarian origin 611.89

Maternal condition, affecting fetus or newborn

- operation unrelated to current delivery (see also Newborn, affected by) 760.64
- surgery unrelated to current delivery (see also Newborn, affected by) 760.64
  - to uterus or pelvic organs 760.64

Melanoma (malignant) (M8720/3) 172.9

- in situ - see Melanoma, by site
  - skin 172.9
  - skin NEC 172.8
  - in situ 172.9
Mendelson's syndrome (resulting from a procedure) **997.39**
Meningoencephalitis (see also Encephalitis) 323.9
due to
  free-living amebae **136.29**
  Naegleria (amebae) (gruberi) (organisms) **136.29**
  primary amebic **136.29**
toxic NEC 989.9 [323.71]
due to
carbon tetrachloride (vapor) 987.8 [323.71]

Metaplasia
  breast **611.89**

Methadone use 304.00

Methicillin-resistant staphylococcus aureus (MRSA) V09.0
  resistant staphylococcus aureus (MRSA) 041.12
  colonization V02.54
  personal history of V12.04
  susceptible staphylococcus aureus (MSSA) 041.11
  colonization V02.53

Microaneurysm, retina 362.14
diabetic 250.5 [362.01]
due to secondary diabetes 249.5 [362.01]

Microangiopathy 443.9
diabetic (peripheral) 250.7 [443.81]
due to secondary diabetes 249.7 [443.81]
retinal 250.5 [362.01]
due to secondary diabetes 249.5 [362.01]
peripheral 443.9
diabetic 250.7 [443.81]
due to secondary diabetes 249.7 [443.81]
retinal 362.18
diabetic 250.5 [362.01]
due to secondary diabetes 249.5 [362.01]

Micromastia **611.82**

Migraine (idiopathic) 346.9

Note  The following fifth digit subclassification is for use with category 346:

<table>
<thead>
<tr>
<th>Digit</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>without mention of intractable migraine without mention of status migrainosus</td>
</tr>
<tr>
<td>1</td>
<td>with intractable migraine, so stated, without mention of status migrainosus</td>
</tr>
<tr>
<td>2</td>
<td>without mention of intractable migraine with status migrainosus</td>
</tr>
<tr>
<td>3</td>
<td>with intractable migraine, so stated, with status migrainosus</td>
</tr>
</tbody>
</table>

with aura (acute-onset) (without headache) (prolonged) (typical) **346.0**
without aura **346.1**
  chronic **346.7**
  transformed **346.7**
atypical **346.8**
basilar **346.0**
chronic without aura **346.7**
classic (al) **346.0**
hemiplegic **346.3**
familial **346.3**
sporadic **346.3**
lower-half **339.00**
mensural **346.4**
menstrually related **346.4**
ophthalmoplegic **346.2**
Migraine … (cont.)
  premenstrual 346.4
  pure menstrual 346.4
  retinal 346.0
  specified form NEC 346.8
  transformed without aura 346.7

Misshapen reconstructed breast 612.0

Möbius' disease 346.2
  ophthalmoplegic migraine 346.2

Monkeypox 059.01

Mononeuropathy (see also Mononeuritis) 355.9
  diabetic NEC 250.6 [355.9]
    due to secondary diabetes 249.6 [355.9]
    lower limb 250.6 [355.8]
      due to secondary diabetes 249.6 [355.8]
    upper limb 250.6 [354.9]
      due to secondary diabetes 249.6 [354.9]

Morris syndrome (testicular feminization) 259.51

MRSA (methicillin resistant staphylococcus aureus) 041.12
  colonization V02.54
    personal history of V12.04

MSSA (methicillin susceptible staphylococcus aureus) 041.11
  colonization V02.53

Müllerian mixed tumor (M8950/3) - see Neoplasm, by site, malignant

Myasthenia 358.00
  syndrome in diabetes mellitus 250.6 [358.1]
    due to secondary diabetes 249.6 [358.1]

Myelopathy (spinal cord) 336.9
  diabetic 250.6 [336.3]
    due to secondary diabetes 249.6 [336.3]

Near drowning 994.1

Necrobiosis 799.89
  lipoidica 709.3
    diabeticorum 250.8 [709.3]
    due to secondary diabetes 249.8 [709.3]

Necrodermolysis 695.15

Necrolysis, toxic epidermal 695.15
  due to drug
    correct substance properly administered 695.15

Stevens-Johnson syndrome overlap (SJS-TEN overlap syndrome) 695.14

Neoplasia
  anal intraepithelial I [AIN I] (histologically confirmed) 569.44
  anal intraepithelial II [AIN II] (histologically confirmed) 569.44
  anal intraepithelial III [AIN III] 230.6
    anal canal 230.5
Neoplasm, neoplastic

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic associated with transplanted organ</th>
<th>Malignant</th>
<th>Malignant</th>
<th>Malignant</th>
<th>Benign</th>
<th>Uncertain</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>bone (periosteum)</td>
<td>199.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>170.9</td>
<td>198.5</td>
<td>-</td>
<td>213.9</td>
<td>238.0</td>
<td>239.2</td>
</tr>
</tbody>
</table>

**Note** - Carcinomas and adenocarcinomas, of any type other than intraosseous or odontogenic, of the sites listed under "Neoplasm, bone" should be considered as constituting metastatic spread from an unspecified primary site and coded to 198.5 for morbidity coding and to 199.1 for underlying cause of death coding.

<table>
<thead>
<tr>
<th>mandible alveolar mucosa</th>
<th>Malignant</th>
<th>Malignant</th>
<th>Malignant</th>
<th>Benign</th>
<th>Uncertain</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>170.1</td>
<td>198.5</td>
<td>-</td>
<td>213.1</td>
<td>238.0</td>
<td>239.2</td>
</tr>
<tr>
<td>vaginovesical septum</td>
<td>184.9</td>
<td>198.82</td>
<td>233.39</td>
<td>221.9</td>
<td>236.3</td>
<td>239.5</td>
</tr>
</tbody>
</table>
Nephritis, nephritic (albuminuric) (azotemic) (congenital) (degenerative) (diffuse) (disseminated)
(epithelial) (familial) (focal) (granulomatous) (hemorrhagic) (infantile)
(nonsuppurative, excretory) (uremic) 583.9

due to
diabetes mellitus 250.4 [583.81]
  **due to secondary diabetes** 249.4 [581.81]
  with nephrotic syndrome 250.4 [581.81]
  **due to secondary diabetes** 249.4 [581.81]
Nephropathy (see also Nephritis) 583.9
diabetic 250.4 [583.81]
  **due to secondary diabetes** 249.4 [581.81]
Nephrosis, nephrotic (Epstein's) (syndrome) 581.9
diabetic 250.4 [581.81]
  **due to secondary diabetes** 249.4 [581.81]
in
diabetes mellitus 250.4 [581.81]
  **due to secondary diabetes** 249.4 [581.81]
Neuralgia, neuralgic (acute) (see also Neuritis) 729.2
ciliary 339.00
  Horton's 339.00
migrainous 339.00
  sluder's 337.09
  sphenopalatine (ganglion) 337.09
Neuritis (see also Neuralgia) 729.2
diabetic 250.6 [357.2]
  **due to secondary diabetes** 249.6 [357.2]
Neuroendocrine tumor - see Tumor, neuroendocrine
Neuropathy, neuropathic (see also Disorder, nerve) 355.9
diabetic 250.6 [357.2]
  **due to secondary diabetes** 249.6 [357.2]
  peripheral (nerve) (see also Polyneuropathy) 356.9
  autonomic 337.9
  idiopathic **337.00**
in
  diabetes (mellitus) 250.6 [337.1]
  **due to secondary diabetes** 249.6 [337.1]
Neurophthisis - see also Disorder, nerve
diabetic 250.6 [357.2]
  **due to secondary diabetes** 249.6 [357.2]
Newborn (infant) (liveborn)
affected by
  maternal abuse of drugs (gestational) (via placenta) (via breast milk) (see also Noxious, substances transmitted through placenta or breast milk (affecting fetus or newborn)) 760.70
  amniocentesis 760.61
  maternal abuse of drugs (gestational) (via placenta) (via breast milk) (see also Noxious, substances transmitted through placenta or breast milk (affecting fetus or newborn)) 760.70
methamphetamine(s) 760.72
  amniocentesis 760.61
procedure
  amniocentesis 760.61
  in utero NEC 760.62
  surgical on mother
    during pregnancy NEC 760.63
    previous not associated with pregnancy 760.64
breast buds 779.89
fever (environmentally-induced) 778.4
Nitrogen retention, extrarenal 788.99
Nodule(s), nodular
breast 793.89
retrocardiac 785.9
Noncompliance with medical treatment V15.81
renal dialysis V45.12
NPDH (new persistent daily headache) 339.42
Observation (for) V71.9
suspected (undiagnosed) (unproven)
condition NEC V71.89
maternal and fetal
amniotic cavity and membrane problem V89.01
cervical shortening V89.05
fetal anomaly V89.03
fetal growth problem V89.04
oligohydramnios V89.01
other specified problem NEC V89.09
placental problem V89.02
polyhydramnios V89.01
Occlusion
breast (duct) 611.89
mammary duct 611.89
Occupational
problems NEC V62.29
Operation
maternal, unrelated to current delivery, affecting fetus or newborn (see also Newborn, affected by) 760.64
Ophthalmoplegia (see also Strabismus) 378.9
diabetic 250.5 [378.86]
due to secondary diabetes 249.5 [378.86]
migraine 346.2
Oppenheim-Urbach disease or syndrome (necrobiosis lipoidica diabeticorum) 250.8 [709.3]
due to secondary diabetes 249.8 [709.3]
Osteomyelitis (general) (infective) (localized) (neonatal) (purulent) (pyogenic) (septic)
staphylococcal) (streptococcal) (suppurative) (with periostitis) 730.2
due to or associated with

diabetes mellitus 250.8 [731.8]
due to secondary diabetes 249.8 [731.8]
Osteopenia 733.90
borderline 733.90
Pain(s) (see also Painful) 780.96
bladder 788.99
vesical 788.99
Papanicolaou smear
anus 796.70
with
atypical squamous cells
cannot exclude high grade squamous intraepithelial lesion (ASC-H) 796.72
of undetermined significance (ASC-US) 796.71
cytologic evidence of malignancy 796.76
high grade squamous intraepithelial lesion (HGSIL) 796.74
low grade squamous intraepithelial lesion (LGSIL) 796.73
glandular 796.70
specified finding NEC 796.79
unsatisfactory cytology 796.78

Key: Bold – Add; Bold Strikeout – Delete; Bold Underline Italic – Revise
Papanicolaou smear (cont.)
  cervix (screening test) V76.2
    inadequate cytology sample 795.08
    satisfactory smear but lacking transformation zone 795.07
    unsatisfactory cervical cytology 795.08
  other specified site - see also Screening, malignant neoplasm
  nonspecific abnormal finding 796.9
vagina V76.47
  with
      atypical squamous cells
      cannot exclude high grade squamous intraepithelial lesion (ASC-H) 795.12
      of undetermined significance (ASC-US) 795.11
      cytologic evidence of malignancy 795.16
      high grade squamous intraepithelial lesion (HGSIL) 795.14
      low grade squamous intraepithelial lesion (LGSIL) 795.13
      abnormal NEC 795.19
      inadequate cytology sample 795.18
      unsatisfactory cytology 795.18
Paralysis, paralytic (complete) (incomplete) 344.9
cervical
  sympathetic NEC 337.09
stomach 536.3
  diabetic 250.6 [536.3]
  due to secondary diabetes 249.6 [536.3]
sympathetic cervical NEC 337.09
Paresis (see also Paralysis) 344.9
cervical NEC 337.09
stomach 536.3
  diabetic 250.6 [536.3]
  due to secondary diabetes 249.6 [536.3]
Pendulous breast 611.89
Pericoronitis (chronic) 523.40
  acute 523.33
Periodic - see also condition
  headache syndromes in child or adolescent 346.2
Person (with)
  affected by
    family member
      currently on deployment (military) V61.01
      returned from deployment (military) (current or past conflict) V61.02
      currently deployed in theater or in support of military war, peacekeeping and humanitar
      history of military war, peacekeeping and humanitarian deployment (current or past conflict) V62.22
Pingueculitis 372.34
Plaster ulcer (see also Ulcer, pressure) 707.00
Plateau iris syndrome 364.82
Pleurisy (acute) (adhesive) (chronic) (costal) (diaphragmatic) (double) (dry) (fetid) (fibrous)
  (fibrous) (interlobar) (latent) (lung) (old) (plastic) (primary) (residual) (sicca) (sterile)
  (subacute) (unresolved) (with adherent pleura) 511.0
  with
    effusion (without mention of cause) 511.9
    specified type NEC 511.89
    encysted 511.89
    hemorrhagic 511.89
Pleurorrhea (see also Hydrothorax) **511.89**
Pneumohemothorax (see also Hemothorax) **511.89**
Pneumohydrothorax (see also Hydrothorax) **511.89**

**bronchiolitis obliterans organized (BOOP) 516.8**
broncho-, bronchial (confluent) (croupous) (diffuse) (disseminated) (hemorrhagic) (involving lobes) (lobar) (terminal) 485
staphylococcal 482.40
aureus 482.41
methicillin
resistant (MRSA) 482.42
susceptible (MSSA) 482.41
due to
Staphylococcus 482.40
aureus 482.41
methicillin
resistant (MRSA) 482.42
susceptible (MSSA) 482.41
lobar (diplococcal) (disseminated) (double) (interstitial) (pneumococcal, any type) 481
staphylococcal 482.40
aureus 482.41
methicillin
resistant (MRSA) 482.42
susceptible (MSSA) 482.41
methicillin resistant Staphylococcus aureus (MRSA) 482.42
methicillin susceptible Staphylococcus aureus (MSSA) 482.41
MRSA (methicillin resistant Staphylococcus aureus) 482.42
MSSA (methicillin susceptible Staphylococcus aureus) 482.41
postoperative **997.39**
resulting from a procedure **997.39**
staphylococcal (broncho) (lobar) 482.40
aureus 482.41
methicillin
resistant 482.42
susceptible (MSSA) 482.41
ventilator associated **997.31**
postoperative **997.39**

Poise imperfect **729.90**
Polyalgia **729.90**
Polyneuritis, polyneuritic (see also Polyneuropathy) 356.9
diabetic 250.6 [357.2]

due to secondary diabetes 249.6 [357.2]

Polyneuropathy (peripheral) 356.9
diabetic 250.6 [357.2]

due to secondary diabetes 249.6 [357.2]
in
diabetes 250.6 [357.2]

due to secondary diabetes 249.6 [357.2]
Positive

culture (nonspecific) 795.39
nose 795.39

**Staphylococcus** - see Carrier (suspected) of, Staphylococcus

Postperfusion syndrome NEC **999.89**

Post-transplant lymphoproliferative disorder (PTLD) **238.77**

Pregnancy (single) (uterine) (without sickness) **V22.2**

**Note** Use the following fifth-digit subclassification with categories 640-649, 651-676:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<tr>
<td>1</td>
<td>delivered, with or without mention of antepartum condition</td>
</tr>
<tr>
<td>2</td>
<td>delivered, with mention of postpartum complication</td>
</tr>
<tr>
<td>3</td>
<td>antepartum condition or complication</td>
</tr>
<tr>
<td>4</td>
<td>postpartum condition or complication</td>
</tr>
</tbody>
</table>

complicated (by) 646.9

**conjoined twins 678.1**
current disease or condition (nonobstetric)

*diabetes (conditions classifiable to 249 and 250) 648.0*
diabetes (mellitus) (conditions classifiable to 249 and 250) 648.0

fetal

**conjoined twins 678.1**
maternal drug abuse 648.4

previous

in utero procedure during previous pregnancy **V23.86**
viral disease NEC (conditions classifiable to 042, 050-055, 057-079, **795.05, 795.15, 796.75**) 647.6

management affected by

fetal (suspected)

abnormality 655.9

abdominal 655.8

cardiovascular 655.8

facial 655.8

gastrointestinal 655.8

genitourinary 655.8

limb 655.8

aneuploidy 655.1

previous

in utero procedure during previous pregnancy **V23.86**
suspected conditions not found

amniotic cavity and membrane problem **V89.01**
cervical shortening **V89.05**
fetal anomaly **V89.03**
fetal growth problem **V89.04**
oligohydramnios **V89.01**
other specified problem NEC **V89.09**
placental problem **V89.02**
polyhydranmios **V89.01**

resulting from

assisted reproductive technology **V23.85**
in vitro fertilization **V23.85**

twin NEC 651.0

conjoined 678.1
Pressure
  area, skin ulcer (see also \textit{Ulcer, pressure}) 707.00
  pre-ulcer skin changes limited to persistent focal erythema (see also Ulcer, pressure) 707.21
  sore (chronic) (see also \textit{Ulcer, pressure}) 707.00
  ulcer (chronic) (see also \textit{Ulcer, pressure}) 707.00

Problem (with) V49.9
  career choice \textbf{V62.29}
  marital V61.10
    involving
      divorce \textbf{V61.03}
      estrangement \textbf{V61.09}
  occupational \textbf{V62.29}

Profichet's disease or syndrome \textbf{729.90}

Prophylactic administration of
  agents affecting estrogen receptors and estrogen levels NEC V07.59
    anastrozole (Arimidex) V07.52
    aromatase inhibitors V07.52
    estrogen receptor downregulators V07.59
    exemestan (Aromasin) V07.52
    fulvestrant (Faslodex) V07.59
    gonadotropin-releasing hormone (GnRH) agonist V07.59
    goserelin acetate (Zoladex) V07.59
    letrozole (Femara) V07.52
    leuprolide acetate (leuprorelin) (Lupron) V07.59
    megestrol acetate (Megace) V07.59
    raloxifene (Evista) V07.51
    selective estrogen receptor modulators (SERMs) V07.51
    tamoxifen (Nolvadex) V07.51
    toremifene (Fareston) V07.51

Protopagnosia \textbf{368.16}

Pseudohermaphroditism 752.7
  male (without gonadal disorder) 752.7
    with
      feminizing testis \textbf{259.51}

Pseudosclerosis (brain)
  Jakob's \textbf{046.19}
  spastic \textbf{046.19}
    with dementia
      with behavioral disturbance \textbf{046.19} [294.11]
      without behavioral disturbance \textbf{046.19} [294.10]

Pseudotabes 799.89
  diabetic 250.6 [337.1]
    due to secondary diabetes 249.6 [337.1]

Psychosis 298.9
  organic NEC 294.9
    due to or associated with
      disease
        Jakob-Creutzfeldt (new variant) \textbf{046.19}
          with behavioral disturbance \textbf{046.19} [294.11]
          without behavioral disturbance \textbf{046.19} [294.10]
        familial 046.19
        iatrogenic 046.19
        specified NEC 046.19
        sporadic 046.19
Psychosis (cont.)
  organic … (cont.)
    due to or associated with (cont.)
      disease (cont.)
        Jakob-Creutzfeldt … (cont.)
          variant 046.11
            with dementia
              with behavioral disturbance 046.11 [294.11]
              without behavioral disturbance 046.11 [294.10]
        Jakob-Creutzfeldt disease (syndrome) (new variant) 046.19
          with behavioral disturbance 046.19 [294.11]
          without behavioral disturbance 046.19 [294.10]
          variant 046.11
            with dementia
              with behavioral disturbance 046.11 [294.11]
              without behavioral disturbance 046.11 [294.10]
PTLD (post-transplant lymphoproliferative disorder) 238.77
  Plosis (adiposa) 374.30
    breast 611.81
Puerperal
  diabetes (mellitus) (conditions classifiable to 249 and 250) 648.0
  Pyemia, pyemic (purulent) (see also Septicemia) 038.9
    staphylococcal 038.10
    aureus 038.11
      methicillin
        resistant 038.12
        susceptible 038.11
Pyrexia (of unknown origin) (P.U.O.) 780.60
  Quadriplegia 344.00
    functional 780.72
  Reaction
    graft-versus-host (GVH) 279.50
  Reflux 530.81
    acid 530.81
  Reifenstein's syndrome (hereditary familial hypogonadism, male) 259.52
Relaxation
  posture 729.90
Renal - see also condition
  glomerulohyalinosis-diabetic syndrome 250.4 [581.81]
    due to secondary diabetes 249.4 [581.81]
Repair
  scarred tissue V51.8
Resistance, resistant (to)
  drugs by microorganisms V09.90
    Methicillin - see Infection, Methicillin
Retention, retained
  cholelithiasis 997.4
  gallstones 997.4
  nitrogen, extrarenal 788.99
Retinitis (see also Chorioretinitis) 363.20
  diabetic 250.5 [362.01]
    due to secondary diabetes 249.5 [362.01]
Retinopathy (background) 362.10
diabetic 250.5 [362.01]
  due to secondary diabetes 249.5 [362.01]
  nonproliferative 250.5 [362.03]
    due to secondary diabetes 249.5 [362.03]
      mild 250.5 [362.04]
    due to secondary diabetes 249.5 [362.05]
    due to secondary diabetes 249.5 [362.06]
    proliferative 250.5 [362.02]
  due to secondary diabetes 249.5 [362.02]
  due to secondary diabetes 249.5 [362.02]
due to secondary diabetes 249.5 [362.01]
  due to secondary diabetes 249.5 [362.01]
  due to secondary diabetes 249.5 [362.01]
nonproliferative
diabetic 250.5 [362.03]
  due to secondary diabetes 249.5 [362.03]
  mild 250.5 [362.04]
  due to secondary diabetes 249.5 [362.05]
  due to secondary diabetes 249.5 [362.06]
  proliferative 362.29
diabetic 250.5 [362.02]
  due to secondary diabetes 249.5 [362.02]
Rubeosis iridis 364.42
diabetica 250.5 [364.42]
  due to secondary diabetes 249.5 [364.42]
Rupture, ruptured 553.9
operation wound (see also Dehiscence) 998.32
Sampling
chorionic villus V28.89
Satisfactory smear but lacking transformation zone
anal 796.77
cervical 795.07
Scald, scalded - see also Burn, by site
skin syndrome 695.81
Screening (for) V82.9
antenatal, of mother V28.9
genomic V28.89
proteomic V28.89
risk
pre-term labor V28.82
specified condition NEC V28.89
elevated titer V82.9
Sealpox 059.12
Seizure(s) 780.39
migraine triggered 346.0
Sensitivity, sensitization - see also Allergy
carotid sinus 337.01
Septicemia, septicemic (generalized) (suppurative) 038.9
mecillin
resistant Staphylococcus aureus (MRSA) 038.12
susceptible Staphylococcus aureus (MSSA) 038.11
MRSA (mecillin resistant Staphylococcus aureus) 038.12
MSSA (mecillin susceptible Staphylococcus aureus) 038.11
staphylococcal 038.10
aureus 038.11
mecillin
resistant (MRSA) 038.12
susceptible (MSSA) 038.11
Seroma - (postoperative) (non-infected) 998.13
post-traumatic 729.91
Shock 785.50
electric 994.8
from electroshock gun (taser) 994.8
Short, shortening, shortness
cervical, cervix 649.7
gravid uterus 649.7
non-gravid uterus 622.5
acquired 622.5
congenital 752.49
Shunt (status)
arterial-venous (dialysis) V45.11
Siamese twin 759.4
complicating pregnancy 678.1
Sinusitis (accessory) (nasal) (hyperplastic) (nonpurulent) (purulent) (chronic) 473.9
influenzal 487.1
SJS-TEN (Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome) 695.14
Sluder's neuralgia or syndrome 337.09
Sore
pressure (see also Ulcer, pressure) 707.00
with gangrene (see also Ulcer, pressure) 707.00 [785.4]
Sphenopalatine ganglion neuralgia 337.09
Spots, spotting
of pregnancy 649.5
Status (post)
administration of tPA (rtPA) in a different institution within the last 24 hours prior to admission to facility V45.88
breast
implant removal V45.83
correction V43.82
implant removal V45.83
reconstruction V43.82
colonization - see Carrier (suspected) of current military deployment status V62.21
dialysis (hemo) (peritoneal) V45.11
hemodialysis V45.11
Status … (cont.)

- **hysterectomy V88.01**
  - partial with remaining cervical stump V88.02
  - total V88.01
- peritoneal dialysis **V45.11**
- renal dialysis **V45.11**
- noncompliance V45.12
- shunt arteriovenous (for dialysis) **V45.11**
- transplant organ V42.9
- removal (due to complication, failure, rejection or infection) V45.87
- wheelchair confinement V46.3

Steroid effects (adverse) (iatrogenic)
- diabetes - see Diabetes, secondary
- fever correct substance properly administered **780.60**
  
  Stevens-Johnson disease or syndrome (erythema multiforme exudativum) **695.13**
  - toxic epidermal necrolysis overlap (SJS-TEN overlap syndrome) 695.14

Still's disease or syndrome 714.30
- adult onset 714.2

Stitch
- burst (in external operation wound) (see also Dehiscence) 998.32

Stomatitis 528.00
- bovine 059.11

Strain - see also Sprain, by site
- postural **729.90**

Subinvolution (uterus) 621.1
- breast (postlactational) (postpartum) **611.89**

**SUNCT** (short lasting unilateral neuralgiform headache with conjunctival injection and tearing) 339.05

Surgery cosmetic NEC V50.1
- breast reconstruction following mastectomy V51.0
  - following healed injury or operation **V51.8**
  - elective V50.9
- breast augmentation or reduction V50.1
  - augmentation or reduction V50.1
  - reconstruction following mastectomy V51.0
  - following healed injury or operation **V51.8**
- plastic
  - breast augmentation or reduction V50.4
  - augmentation or reduction V50.1
  - reconstruction following mastectomy V51.0
  - following healed injury or operation **V51.8**
  - repair of scarred tissue (following healed injury or operation) **V51.8**
  - previous, in pregnancy or childbirth
cervix 654.6
  - affecting fetus or newborn (see also Newborn, affected by) 760.63
  - pelvic soft tissues NEC 654.9
  - affecting fetus or newborn (see also Newborn, affected by) 760.63
  - uterus NEC 654.9
  - affecting fetus or newborn (see also Newborn, affected by) 760.63

Survey
- fetal anatomic V28.81

Key: Bold – Add; Bold Strikeout – Delete; Bold Underline Italic – Revise
Suture
  burst (in external operation wound) *(see also Dehiscence)* 998.32
Symptoms, specified (general) NEC 780.99
  urinary system NEC 788.99
Syncope (near) (pre-) 780.2
carotid sinus 337.01
Syndrome - see also Disease
  acid pulmonary aspiration 997.39
  alien hand 781.8
    androgen insensitivity 259.51
      partial 259.52
    anticoagulant antibody 289.81
    antiphospholipid antibody 289.81
    Baader's (erythema multiforme exudativum) 695.19
    Bing-Horton's 339.00
    Birt-Hogg-Dube 759.89
carotid body or sinus 337.01
  cervical (root) (spine) NEC 723.8
    sympathetic paralysis 337.09
Charcot-Weiss-Baker 337.01
  compartment(al) (anterior) (deep) (posterior) 958.8
  post-surgical (see also Syndrome, compartment, non-traumatic) 998.89
complex regional pain - see also, Dystrophy, sympathetic
  type I - see Dystrophy, sympathetic (posttraumatic) (reflex)
  type II - see Causalgia
Creutzfeldt-Jakob (new variant) 046.19
  with dementia
    with behavioral disturbance 046.19 [294.11]
    without behavioral disturbance 046.19 [294.10]
variant 046.11
  with dementia
    with behavioral disturbance 046.11 [294.11]
    without behavioral disturbance 046.11 [294.10]
de Quervain's 259.51
  diabetes mellitus-hypertension-nephrosis 250.4 [581.81]
    due to secondary diabetes 249.4 [581.81]
  diabetes-nephrosis 250.4 [581.81]
    due to secondary diabetes 249.4 [581.81]
  diabetic amyotrophy 250.6 [353.5]
    due to secondary diabetes 249.6 [353.5]
Fiessinger-Rendu (erythema multiforme exudativum) 695.19
flat back
  acquired 737.29
  postprocedural 738.5
Gerstmann-Sträussler-Scheinker (GSS) 046.71
  Goldberg (-Maxwell) (-Morris) (testicular feminization) 259.51
GSS (Gerstmann-Sträussler-Scheinker) 046.71
headache - see Headache, syndrome
Hilger's 337.09
hungry bone 275.5
Jakob-Creutzfeldt (new variant) 046.19
  with dementia
    with behavioral disturbance 046.19 [294.11]
    without behavioral disturbance 046.19 [294.10]
Syndrome (cont.)
Jakob-Creutzfeldt … (cont.)

variant 046.11
  with dementia
    with behavioral disturbance 046.11 [294.11]
    without behavioral disturbance 046.11 [294.10]

Kimmelstiel-Wilson (intercapillary glomerulosclerosis) 250.4 [581.81]

due to secondary diabetes 249.4 [581.81]
Klauder's (erythema multiforme exudativum) 695.19
Landau-Kleffner 345.8
leukoencephalopathy, reversible, posterior 348.5
Lyell's (toxic epidermal necrolysis) 695.15
  due to drug
    correct substance properly administered 695.15
Mendelson's (resulting from a procedure) 997.39
Möbius' ophthalmoplegic migraine 346.2
Morris (testicular feminization) 259.51
myelodysplastic 238.75
  therapy-related 289.83
nephrotic (see also Nephrosis) 581.9
  diabetic 250.4 [581.81]
  due to secondary diabetes 249.4 [581.81]
Oppenheim-Urbach (necrobiosis lipoidica diabeticorum) 250.8 [709.3]
  due to secondary diabetes 249.8 [709.3]

os trigonum 755.69
pain - see also Pain
  complex regional 355.9
    type I 337.20
      lower limb 337.22
      specified site NEC 337.29
      upper limb 337.21
    type II
      lower limb 355.71
      upper limb 354.4
plateau iris 364.82
postperfusion NEC 999.89
Profichet's 729.90
Reifenstein's (hereditary familial hypogonadism, male) 259.52
renal glomerulohyalinosis-diabetic 250.4 [581.81]
  due to secondary diabetes 249.4 [581.81]
scalded skin 695.81
Shone's 746.84
SJS-TEN (Stevens-Johnson syndrome-toxic epidermal necrolysis overlap) 695.14
Sluder's 337.09
staphylococcal scalded skin 695.81
Stevens-Johnson (erythema multiforme exudativum) 695.13
  toxic epidermal necrolysis overlap (SJS-TEN overlap syndrome) 695.14
Susac 348.39
sympathetic
cervical paralysis 337.09
Terry's (see also Retinopathy of prematurity) 362.21
testicular feminization 259.51
Twiddler's (due to)
  automatic implantable defibrillator 996.04
  pacemaker 996.01
Syndrome (cont.)
Urbach-Oppenheim (necrobiosis lipoidica diabetorum) 250.8 [709.3]
   due to secondary diabetes 249.8 [709.3]
Weiss-Baker (carotid sinus syncope) 337.01
Synovitis (see also Tenosynovitis) 727.00
   specified NEC 727.09
Tachycardia 785.0
   nonsustained 427.2
   sustained 427.2
      supraventricular 427.0
      ventricular 427.1
Tanapox 059.21
Tear, torn (traumatic) - see also Wound, open, by site
dural 349.31
   accidental puncture or laceration during a procedure 349.31
   incidental (inadvertent) 349.31
   nontraumatic NEC 349.39
Temperature
   body, high (of unknown origin) (see also Pyrexia) 780.60
   high
   body (of unknown origin) (see also Pyrexia) 780.60
Tenesmus 787.99
   vesical 788.99
Tenosynovitis (see also Synovitis) 727.00
   specified NEC 727.09
Terry’s syndrome (see also Retinopathy of prematurity) 362.21
Test(s)
   nuchal translucency V28.89
Testicle, testicular, testis - see also condition
   feminization (syndrome) 259.51
Thrombocytopenia, thrombocytopenic 287.5
   fetal 678.0
   heparin-induced (HIT) 289.84
Tommaselli’s disease
   correct substance properly administered 599.70
TORCH infection - (see also Infection, congenital) 760.2
Transfusion, blood
   fetal twin to twin 678.0
   twin to twin fetal 678.0
Transplant (ed)
   complication - see also Complications, due to (presence of) any device, implant, or graft
classified to 996.0-996.5 NEC
   previously removed due to complication, failure, rejection or infection V45.87
   removal status V45.87
Tuberculosis, tubercular, tuberculous (calcification) (calcified) (caseous) (chromogenic acid-fast
cilli) (congenital) (degeneration) (disease) (fibrocaseous) (fistula) (gangrene)
(interstitial) (isolated circumscribed lesions) (necrosis) (parenchymatous) (ulcerative)
   011.9
   eye 017.3
      glaucoma 017.3 [365.62]
Tumor (M8000/1) - see also Neoplasm, by site, unspecified nature
carcinoid (M8240/1) - see Carcinoid 209.60
   benign 209.60
      appendix 209.51
      ascending colon 209.53
      bronchus 209.61
Tumor … (cont.)
carcinoid … (cont.)
benign … (cont.)
  cecum 209.52
  colon 209.50
  descending colon 209.55
  duodenum 209.41
  foregut 209.65
  hindgut 209.67
  ileum 209.43
  jejunum 209.42
  kidney 209.64
  large intestine 209.50
  lung 209.61
  midgut 209.66
  rectum 209.57
  sigmoid colon 209.56
  small intestine 209.40
  specified NEC 209.69
  stomach 209.63
  thymus 209.62
  transverse colon 209.54
malignant (of) 209.20
  appendix 209.11
  ascending colon 209.13
  bronchus 209.21
  cecum 209.12
  colon 209.10
  descending colon 209.15
  duodenum 209.01
  foregut 209.25
  hindgut 209.27
  ileum 209.03
  jejunum 209.02
  kidney 209.24
  large intestine 209.10
  lung 209.21
  midgut 209.26
  rectum 209.17
  sigmoid colon 209.16
  small intestine 209.00
  specified NEC 209.29
  stomach 209.23
  thymus 209.22
  transverse colon 209.14
neuroendocrine 209.60
  malignant poorly differentiated 209.30
  Müllarian, mixed (M8950/3) - see Neoplasm, by site, malignant
  stromal
    abdomen
    malignant NEC 171.5
    digestive system 238.1
    malignant NEC 171.5
    gastric 238.1
    malignant 151.9
Tumor … (cont.)
  stromal (cont.)
    gastrointestinal 238.1
      malignant NEC 171.5
    intestine (small). (large) 238.1
      malignant 152.9
    stomach 238.1
      malignant 151.9
Twiddler's syndrome (due to)
  automatic implantable defibrillator 996.04
  pacemaker 996.01
Twin
  conjoined 759.4
    fetal 678.1
  pregnancy (complicating delivery) NEC 651.0
    conjoined 678.1
Ulcer, ulcerated, ulcerating, ulceration, ulcerative 707.9
  buttoc (see also Ulcer, skin) 707.8
  decubitus (see also Ulcer, pressure) 707.00
  decubitus (unspecified site) (see also Ulcer, pressure) 707.00
  diabetes, diabetic (mellitus) 250.8 [707.9]
    due to secondary diabetes 249.8 [707.9]
    lower limb 250.8 [707.10]
      due to secondary diabetes 249.8 [707.10]
      ankle 250.8 [707.13]
      decubitus (see also Ulcer, pressure) 707.07
      calf 250.8 [707.12]
        due to secondary diabetes 249.8 [707.12]
      foot 250.8 [707.15]
        due to secondary diabetes 249.8 [707.15]
      heel 250.8 [707.14]
        due to secondary diabetes 249.8 [707.14]
      knee 250.8 [707.19]
        due to secondary diabetes 249.8 [707.19]
      specified site NEC 250.8 [707.19]
        due to secondary diabetes 249.8 [707.19]
      thigh 250.8 [707.11]
        due to secondary diabetes 249.8 [707.11]
      toes 250.8 [707.15]
        due to secondary diabetes 249.8 [707.15]
      specified site NEC 250.8 [707.8]
    due to secondary diabetes 249.8 [707.8]
    heel (see also Ulcer, lower extremity) 707.14
    decubitus (see also Ulcer, pressure) 707.07
    hip (see also Ulcer, skin) 707.8
    decubitus (see also Ulcer, pressure) 707.04
    lower extremity (atrophic) (chronic) (neurogenic) (perforating) (pyogenic) (trophic) (tropical) 707.10
    decubitus (see also Ulcer, pressure) 707.00
    plaster (see also Ulcer, pressure) 707.00
    pressure (see also Ulcer, decubitus) 707.00
      with gangrene 707.00 [785.4]
        abrasion, blister, partial thickness skin loss involving epidermis and/or dermis 707.22
        full thickness skin loss involving damage or necrosis of subcutaneous tissue 707.23

Key:  Bold – Add;  Bold Strikeout – Delete;  Bold Underline Italic – Revise
Ulcer, ulcerated, ulcerating, ulceration, ulcerative … (cont.)
pressure … (cont.)
with … (cont.)
gangrene 707.00 [785.4]
necrosis of soft tissues through to underlying muscle, tendon, or bone 707.24
ankle 707.06
back
  lower 707.03
  upper 707.02
buttock 707.05
elbow 707.01
head 707.09
healed - omit code
healing - code to Ulcer, pressure, by stage
heel 707.07
hip 707.04
other site 707.09
sacrum 707.03
shoulder blades 707.02
stage
  I (healing) 707.21
  II (healing) 707.22
  III (healing) 707.23
  IV (healing) 707.24
  unspecified (healing) 707.20
unstageable 707.25
skin (atrophic) (chronic) (neurogenic) (non-healing) (perforating) (pyogenic) (trophic) 707.9
decubitus (see also Ulcer, pressure) 707.00
Unilateral - see also condition
development, breast 611.89
Unsatisfactory
cytology smear
anal 796.78
  cervical 795.08
vaginal 795.18
  smear 795.08
Urbach-Oppenheim disease or syndrome (necrobiosis lipoidica diabetorum) 250.8 [709.3]
due to secondary diabetes 249.8 [709.3]
Uremia, uremic (absorption) (amaurosis) (amblyopia) (aphasia) (apoplexy) (coma) (delirium)
  (dementia) (dropsy) (dyspnea) (fever) (intoxication) (mania) (paralysis) (poisoning)
  (toxemia) (vomiting) 586
  extrarenal 788.99
  prerenal 788.99
Urethralgia 788.99
Urine, urinary - see also condition
  blood in (see also Hematuria) 599.70
Use of
  methadone 304.00
Vaccination
delayed V64.00
Vaccinia (generalized) 999.0
  not from vaccination 051.09
  eyelid 051.09 [373.5]
  sine vaccinatione 051.09
  without vaccination 051.09
Vagina, vaginal - see also condition
  high risk human papillomavirus (HPV) DNA test positive 795.15
  low risk human papillomavirus (HPV) DNA test positive 795.19
vCJD (variant Creutzfeldt-Jakob disease) 046.11
Venereal
  warts 078.11
Verruca (filiformis) 078.10
  plantaris 078.12
  venereal 078.11
  vulgaris 078.10
  viral NEC 078.10
  specified NEC 078.19
Vestibulitis (ear) (see also Labyrinthitis) 386.30
  vulvar 625.71
Virus, viral - see also condition
  yaba monkey tumor 059.22
Vomiting 787.03
  cyclical 536.2
    associated with migraine 346.2
Vulvodynia 625.70
  specified NEC 625.79
Wart (common) (digitate) (filiform) (infectious) (viral) 078.10
  common 078.19
  external genital organs (venereal) 078.11
  flat 078.19
  genital 078.11
  plantar 078.12
  venereal (female) (male) 078.11
Water
  on chest 511.89
Weiss-Baker syndrome (carotid sinus syncope) 337.01
Wheelchair confinement status V46.3
Willis’ disease (diabetes mellitus) (see also Diabetes) 250.0
  due to secondary diabetes 249.0
Worn out (see also Exhaustion) 780.79
  joint prosthesis (see also Complications, mechanical, device NEC, prosthetic NEC, joint) 996.46
Xanthoma(s), xanthomatosis 272.2
  diabeticorum 250.8 [272.2]
    due to secondary diabetes 249.8 [272.7]
Yaba monkey tumor virus 059.22
ALPHABETIC INDEX TO EXTERNAL CAUSES OF INJURY

Bending, injury in \textbf{E927.8}

Electric shock, electrocution \ldots \textbf{E925.9}
  electroshock gun (taser) (stun gun) \textbf{E925.8}
    caused by other person \textbf{E968.8}
    legal intervention \textbf{E975}
    stated as accidental \textbf{E925.8}
    stated as intentional \textbf{E968.8}
    due to legal intervention \textbf{E975}
    stated as intentional self-harm (suicidal (attempt)) \textbf{E958.4}
    stated as undetermined whether accidental or intentional \textbf{E988.4}
    suicide (attempt) \textbf{E958.4}

Exertion, excessive physical, from prolonged activity \textbf{E927.2}

Exhaustion
  due to excessive exertion \textbf{E927.8}

Exposure (weather) (conditions) (rain) (wind) \textbf{E904.3}
  environmental
    to \textit{pfiesteria} piscicida \textbf{E928.6}

Fall, falling (accidental) \textbf{E888.9}
  from, off
    heelies \textbf{E885.1}
    wheelies \textbf{E885.1}

Injury, injured (accidental(ly)) NEC \textbf{E928.9}
  by, caused by, from
    bending \textbf{E927.8}
    straining \textbf{E927.8}
    twisting \textbf{E927.8}

Lifting, injury in \textbf{E927.8}

Overexertion
  (lifting) (pulling) (pushing) \textbf{E927.9}
  from
    lifting \textbf{E927.8}
    maintaining prolonged positions \textbf{E927.1}
      holding \textbf{E927.1}
      sitting \textbf{E927.1}
      standing \textbf{E927.1}
    prolonged static position \textbf{E927.1}
    pulling \textbf{E927.8}
    pushing \textbf{E927.8}
    sudden strenuous movement \textbf{E927.0}

Pulling, injury in \textbf{E927.8}

Pushing (injury in) (overexertion) \textbf{E927.8}

Straining, injury in \textbf{E927.8}

Strenuous movements (in recreational or other activities) \textbf{E927.8}

Trauma
  cumulative
    from
      repetitive
        impact \textbf{E927.4}
        motion or movements \textbf{E927.3}
      sudden from strenuous movement \textbf{E927.0}

Twisting, Injury in \textbf{E927.8}
<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning</th>
<th>Accident</th>
<th>Therapeutic Use</th>
<th>Suicide Attempt</th>
<th>Assault</th>
<th>Undetermined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand sanitizer</td>
<td>976.0</td>
<td>E858.7</td>
<td>E946.0</td>
<td>E950.4</td>
<td>E962.0</td>
<td>E980.4</td>
</tr>
</tbody>
</table>