

New ICD-9-CM Diagnosis Codes for FY 2011

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The new ICD-9-CM diagnosis codes go into effect October 1, 2010. This article highlights new codes for fiscal year 2011.

The complete 2010 addenda with the changes to the ICD-9-CM tabular list and alphabetic index (volumes 1 and 2) are located on the National Center for Health Statistics Web site at www.cdc.gov/nchs/icd.htm. New, deleted, and revised ICD-9-CM codes are available in summary tables at www.cms.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp. The files include codes and their associated descriptions.

Schwannomatosis

Code 237.73 was added to subcategory 237.7, Neurofibromatosis, to recognize Schwannomatosis, a genetic disorder that causes multiple tumors to grow on cranial, spinal, and peripheral nerves. Code 237.79 was also added to capture other neurofibromatosis conditions.

Blood and Blood Products Transfusion Related Conditions

Several codes were added to capture different blood transfusion-related conditions. Code 275.02, Hemochromatosis due to repeated red blood cell transfusions, was added to recognize iron overload caused by repeated red blood cell transfusions. In addition, codes 275.01, Hereditary hemochromatosis; 275.03, Other hemochromatosis; and 275.09, Other disorders of iron metabolism were created to identify patients with hemochromatosis that may result in organ damage, including heart, kidney, and liver dysfunction.

A new code for transfusion-associated circulatory overload, or TACO (276.61), identifies patients with circulatory overload following a blood or blood component transfusion. The circulatory overload may follow large volumes of infusion that cannot be processed by the recipient or underlying cardiac or pulmonary pathology. Elderly patients and infants are at an increased risk for TACO, even with small transfusion volumes.

Code 287.41 was added to identify post-transfusion purpura (PTP), which produces a sudden severe thrombocytopenia (platelet count less than 10,000/ μ L) usually five to 12 days following transfusion of blood components. This reaction is associated with the presence of antibodies directed against the human platelet antigen system. Code 287.49 was also added to subcategory 287.4, Secondary thrombocytopenia, for other secondary thrombocytopenia conditions, such as those due to massive blood transfusions.

Code 780.66 was added for febrile nonhemolytic transfusion reaction (FNHTR), which may be referred to as a "post-transfusion fever." This condition, which can occur within four hours of a transfusion, includes fever, chills, and rigors. It may be a reaction between recipient antibodies and transfused leukocytes.

Numerous codes were created to classify hemolytic transfusion reactions (HTRs), an increased destruction of red blood cells due to incompatibility between blood donor and recipient. It can be acute or chronic depending on the timing of the occurrence. HTRs can be caused by either ABO or non-ABO incompatibility and can be fatal.

New codes were created in the following ranges:

- 999.60–999.69, ABO incompatibility reaction due to transfusion of blood or blood products
- 999.70–999.79, Rh and other non-ABO incompatibility reaction due to transfusion of blood or blood products
- 999.80–999.89, Other and unspecified infusion and transfusion reaction

A simple diagnosis of "transfusion reaction" is coded to 999.80; however, requesting more specific information from the physician will produce more accurate coding and provide better information to report transfusion-related complications.

The Food and Drug Administration, Center for Biologics Evaluation and Research, requested the new codes for better tracking to decrease transfusion complications.

Obesity Hypoventilation Syndrome

Code 278.03 was added for obesity hypoventilation syndrome (OHS), also called Pickwickian Syndrome. OHS is a breathing problem that causes hypoventilation and produces decreased oxygen levels and elevated carbon dioxide.

Fluency Disorders

Code titles have been modified and new codes added to distinguish childhood onset fluency disorder, adult onset fluency disorder, and fluency disorder subsequent to brain lesion or disease.

The title of code 307.0 was changed from "stuttering" to "adult onset fluency disorder." Code 315.35 was added for reporting childhood onset fluency disorder. New code 784.52, Fluency disorders in conditions classified elsewhere, is used as an additional code with conditions such as Parkinson's disease that produce the fluency problem.

Aortic Ectasia

New codes were created to classify aortic ectasia at different sites, including thoracic aortic ectasis (447.71), abdominal aortic ectasia (447.72), thoracoabdominal aortic ectasia (447.73), and ectasia of unspecified site of aorta (447.70). Aortic ectasia is a dilation of the aorta that may develop into an aneurysm over time.

Influenza Due to Certain Influenza Viruses

Subcategories 488.0, Influenza due to identified avian influenza virus, and 488.1, Influenza due to novel H1N1 influenza virus, were expanded to the fifth-digit level to identify pneumonia, other respiratory manifestations, and other manifestations that occur as a result of the virus infection. Codes 488.01, Influenza due to identified avian influenza virus with pneumonia, and 488.11, Influenza due to identified novel H1N1 influenza virus with pneumonia, require an additional code to identify the type of pneumonia.

Fecal Incontinence

Fecal incontinence can be caused by problems with the rectal and anal sphincters. It may first present with symptoms like fecal smearing, urgency, and incomplete defecation. Incomplete defecation is not synonymous with fecal impaction.

New codes were created for fecal impaction (560.32), fecal incontinence (787.60), incomplete defecation (787.61), fecal smearing (787.62), and fecal urgency (787.63).

Neurogenic Claudication

Neurogenic claudication is associated with significant lumbar spinal stenosis, leading to compression of the cauda equine or lumbar nerves. It may require corrective surgery. Patients can have lumbar spinal stenosis without neurogenic claudication.

Code 724.03, Spinal stenosis, lumbar region, with neurogenic claudication, was created. Code 724.02, Spinal stenosis, lumbar region, without neurogenic claudication, was revised to distinguish between patients with and without neurogenic claudication.

Female Reproductive Organ Congenital Anomalies

Congenital anomalies of the uterus, cervix, and vagina are collectively known as Müllerian anomalies. Vaginal and cervical anomalies are less common than uterine anomalies.

Seven new codes in the 752.31–752.39 range were created to identify uterine anomalies of agenesis, hypoplasia, unicornuate, bicornuate, septate, arcuate, and other anomalies of the uterus. Codes 752.43–752.45 were created to identify cervical and vaginal anomalies, specifically cervical agenesis, cervical duplication, vaginal agenesis, transverse vaginal septum, and longitudinal vaginal septum.

Post-traumatic Seizures

New code 780.33 was created for post-traumatic seizures that are acute symptomatic seizures following a head injury. Post-traumatic seizures are not the same as post-traumatic epilepsy. Patients with post-traumatic seizures require follow-up to ensure complete resolution and prevent complications.

Jaw Pain

Jaw pain may be a symptom of a myocardial infarction. For this reason, new symptom code 784.92 was created for jaw pain to classify the patient who presents with this complaint.

Acute Idiopathic Pulmonary Hemorrhage in Infants

The Centers for Disease Control and Prevention requested a specific code for acute idiopathic pulmonary hemorrhage in infants (AIPHI). This condition causes pulmonary hemorrhage in a previously healthy infant with a gestational age over 32 weeks and no prior medical problems. Subcategory 786.3, Hemoptysis, was expanded to include unspecified hemoptysis (786.30), AIPHI (786.31), and other hemoptysis (786.39).

Cognitive Deficits Related to Traumatic Brain Injury and Neurological Conditions

Six new signs and symptoms codes involving cognition were created to better classify traumatic brain injury (TBI) and its associated conditions (799.51–799.59). These codes describe cognitive impairments such as memory, concentration, attention, communication, and executive function.

The new codes can also be used to classify patients presenting with the same symptoms due to a neurological condition. The codes can be used as additional codes when the cause is known, such as TBI, and before a definitive diagnosis is made.

Cocaine Poisoning

A unique code for poisoning by cocaine or crack cocaine (970.81) was added to the table of drugs and chemicals for FY 2011.

External Cause Status

A new code for volunteer activity (E000.2) was added to the category E000, External Cause Status, to identify the volunteer nature of the patient's activity when an event occurred that caused the patient to seek medical care.

New V Codes

A number of new V codes were added for FY 2011. "History" code V11.4, Combat and operational stress reaction (COSR), recognizes a past acute reaction to stress that might have been called combat fatigue or catastrophic stress in former years. It is used for patients who later have symptoms related to COSR.

The American College of Obstetricians and Gynecologists requested new codes for patients with dysplasia who required follow-up to verify resolution of the condition and the follow-up was the sole reason for the visit (usually outpatient). Codes V13.23, Personal history of vaginal dysplasia, and V13.24, Personal history of vulvar dysplasia, were created.

Codes V13.61–V13.69, Personal history of (corrected) congenital conditions, recognize that many congenital conditions can be repaired and leave no deficit or residual conditions. Past congenital conditions of various body systems such as genitourinary,

nervous, eye, ear, face and neck, heart and circulatory, respiratory, digestive, and musculoskeletal can be reported with these codes instead of reporting a congenital anomaly that no longer exists.

The American College of Obstetricians and Gynecologists also requested a better method of classifying encounters for intrauterine contraceptive device (IUD) insertion. Codes V25.11–V25.13, Encounter for insertion or removal or removal and reinsertion of intrauterine contraceptive device (IUD), were added. Existing code V25.42, Intrauterine contraceptive device (surveillance), is limited to checking the presence of the IUD.

The intent of new code V49.86, Do not resuscitate status, is to identify the patient who has a physician's order for "do not resuscitate" status.

Code V49.87, Physical restraint status, identifies patients who had restraints in place during their healthcare services. This code specifically excludes the use of restraints due to procedures.

Code V62.85 was created to identify homicidal ideation. Homicidal ideation is not a disease but a condition that results from psychosis or delirium. It is an important factor in identifying a person's risk for violence.

New codes V85.41–V85.45, Body mass index 40 and over, adult, were added to provide greater specificity regarding BMI 40 and over for adults.

Two new codes (V88.11–V88.12, Acquired absence of pancreas) provide information about the acquired total absence and acquired partial absence of the pancreas organ.

Specific codes (V90.01–V90.9, Retained foreign bodies) were created to identify patients who have retained foreign fragments within their bodies, such as radioactive, metal, magnetic, plastic, organic, and other and unspecified fragments. The Department of Defense requested new codes for embedded fragment status to identify the type of materials, usually acquired as the result of an explosive device injuring soldiers or civilians. These codes are not restricted to military or war injuries and can be used to describe a retained foreign body produced by any accident.

The Society for Maternal and Fetal Medicine requested new codes (V91.00–V91.99, Multiple gestation placenta status) for use with pregnancy codes for multiple gestations (twin, triplet, quadruplet, and other specified multiples) to indicate the number of placentas and amniotic sacs present.

The risk of complications and type of treatment depend on the number of gestations. Monochorionic and monoamniotic describe one placenta and one amniotic sac. Dichorionic and diamniotic means two placentae and two amniotic sacs.

The V91 category codes are used in addition to category 651 codes to describe the female's multiple gestation condition.

See also the web extra companion article "[New Procedure Codes for ICD-9-CM for FY 2011](#)".

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