

REVISED ICD-9-CM CODING GUIDELINES FY 2010

SUMMARY of CHANGES

Effective October 1, 2009

On September 1, 2009, the Centers for Medicare and Medicaid Services (CMS) released a revision to the *Official ICD-9-CM Guidelines for Coding and Reporting*. The following is a summary of the changes made to the guidelines. Many of the revisions were made to clarify the use of the new codes created for 2010. **Bold type** indicates the revised text of each of the sections below. Please review the complete *Official ICD-9-CM Guidelines for Coding and Reporting*.

A **Discussion Point** is included for each guideline revision.

Introduction

The instructions and conventions of the classification take precedence over guidelines.

Discussion Point: Coding clarification included in other sections of the guidelines.

Sec I. B. General Coding Guidelines

Sec I. B.17. Syndromes

Follow the Alphabetic Index guidance when coding syndromes. In the absence of index guidance, assign codes for the documented manifestations of the syndrome.

Discussion Point: Coding clarification.

Sec I.C. Chapter-Specific Coding Guidelines

Sec I.C.2. Chapter 2: Neoplasms

c. Coding and sequencing of complications

1) Anemia associated with malignancy

Code 285.22, **Anemia in neoplastic disease**, and code 285.3, **Antineoplastic chemotherapy induced anemia**, may both be assigned if anemia in neoplastic disease and anemia due to antineoplastic chemotherapy are both documented.

Discussion Points: New codes created FY 2010; clarification of the excludes note included under 285.22 and 285.3.

Sec I.C.3. Chapter 3: Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders

7) Secondary Diabetes Mellitus

(d) Assigning and sequencing secondary diabetes codes and its causes

(i) **Secondary diabetes mellitus due to pancreatectomy**

For postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code 251.3, **Postsurgical hypoinsulinemia**. **Assign a code from subcategory 249 and code V45.79, Other acquired absence of organ, as additional codes**. Code also any diabetic manifestations (e.g., diabetic nephrosis 581.81).

Discussion Point: This is an instructional note with code 251.3.

Sec I.C.4. Chapter 4: Diseases of Blood and Blood Forming Organs

a. Anemia of chronic disease

2) Anemia in neoplastic disease

When assigning code 285.22, Anemia in neoplastic disease, it is also necessary to assign the neoplasm code that is responsible for the anemia. Code 285.22 is for use for anemia that is due to the malignancy, not for anemia due to antineoplastic chemotherapy drugs. **Assign code 285.3 for anemia due to antineoplastic chemotherapy.**

Discussion Point: New code created FY 2010; clarification of the excludes note included under 285.22 and 285.3.

Sec I.C.8. Chapter 8: Diseases of Respiratory System

d. Influenza due to *certain* identified viruses

Code only confirmed cases of avian influenza (code 488.0, Influenza due to identified avian influenza virus) or novel H1N1 influenza virus (H1N1 or swine flu, code 488.1). This is an exception to the hospital inpatient guideline Section II, H. (Uncertain Diagnosis).

In this context, “confirmation” does not require documentation of positive laboratory testing specific for avian or novel H1N1 influenza. However, coding should be based on the provider’s diagnostic statement that the patient has avian or novel H1N1 (H1N1 or swine flu) influenza.

If the provider records “suspected or possible or probable avian or novel H1N1 influenza (H1N1 or swine flu),” the appropriate influenza code from category 487 should be assigned. A code from category 488, Influenza due to certain identified influenza viruses, should not be assigned.

Discussion Point: New code created FY 2010; expansion of coding guideline for category 488 code to include the new codes.

Sec I.C.11. Chapter 11: Complications of Pregnancy, Childbirth, and the Puerperium

b. Selection of OB Principal or First-listed Diagnosis

4) When a delivery occurs

When a delivery occurs, the principal diagnosis should correspond to the main circumstances or complication of the delivery. In cases of cesarean delivery, the selection of the principal diagnosis **should be the condition established after study that was responsible for the patient’s admission. If the patient was admitted with a condition that resulted in the performance of a cesarean procedure, that condition should be selected as the principal diagnosis. If the reason for the admission/encounter was unrelated to the condition resulting in the cesarean delivery, the condition related to the reason for the admission/encounter should be selected as the principal diagnosis, even if a cesarean was performed.**

Discussion Point: Coding clarification.

i. The Postpartum and Peripartum Periods

7) Puerperal sepsis

Code 670.2x, Puerperal sepsis, should be assigned with a secondary code to identify the causal organism (e.g., for a bacterial infection, assign a code from category 041, Bacterial infections in conditions classified elsewhere and of unspecified site). A code from category 038, Septicemia, should not be used for puerperal sepsis. Do not assign code 995.91, Sepsis, as code 670.2x describes the sepsis. If applicable, use additional codes to identify severe sepsis (995.92) and any associated acute organ dysfunction.

Discussion Point: Coding guidance for new code created FY 2010; clarification for guideline I.C. 1.b.7.

k. Abortions

1) Fifth-digits required for abortion categories

Fifth-digits are required for abortion categories 634-637. **Fifth digit assignment is based on the status of the patient at the beginning (or start) of the encounter.** Fifth-digit 1, incomplete, indicates that all of the products of conception have not been expelled from the uterus. Fifth-digit 2, complete, indicates that all products of conception have been expelled from the uterus.

Discussion Point: Coding clarification.

Sec I.C.18. Classification of Factors Influencing Health Status and Contact with Health Service

e. V Codes That May Only be Principal/First-Listed Diagnosis

The list of V codes/categories below may only be reported as the principal/first-listed diagnosis, except when there are multiple encounters on the same day and the medical records for the encounters are combined or when there is more than one V code that meets the definition of principal diagnosis (e.g., a patient is admitted to home healthcare for both aftercare and rehabilitation and they equally meet the definition of principal diagnosis). These codes should not be reported if they do not meet the definition of principal or first-listed diagnosis.

V26.82 Encounter for fertility preservation procedure

Discussion Point: The V Code Table has been deleted and a list of principal/first-listed V codes replaces the Table. No Additional only or Nonspecific designations are defined.

V26.82 is the only new code added to the list (indicated as such in the Ingenix code books).

Caution: Inpatient Admissions: The Medicare Code Edit (MCE) for Unacceptable Principal Diagnoses is often in conflict with this list.

Sec I.C.19. Supplemental Classification of External Causes of Injury and Poisoning

External causes of injury and poisoning codes (categories E000 and E800–E999) are intended to provide data for injury research and evaluation of injury prevention strategies. Activity codes (categories E001–E030) are intended to be used to describe the activity of a person seeking care for injuries as well as other health conditions, when the injury or other health condition resulted from an activity or the activity contributed to a condition. E codes capture how the injury, poisoning, or adverse effect happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the person's status (e.g., civilian, military), the associated activity and the place where the event occurred.

a. General E Code Coding Guidelines

1) Used with any code in the range of 001–V89

An activity E code (categories E001–E030) may be used with any code in the range of 001–V89 that indicates an injury, or other health condition that resulted from an activity, or the activity contributed to a condition.

Discussion Point: This is an instructional note at the beginning of the Activity code section.

8) Multiple Cause E Code Coding Guidelines

More than one E-code is required to fully describe the external cause of an illness, injury or poisoning. The assignment of E-codes should be sequenced in the following priority:

- If two or more events cause separate injuries, an E code should be assigned for each cause. The first listed E code will be selected in the following order:
E codes for child and adult abuse take priority over all other E codes.
See Section I.C.19.e., Child and Adult abuse guidelines.
- E codes for terrorism events take priority over all other E codes except child and adult abuse.
- E codes for cataclysmic events take priority over all other E codes except child and adult abuse and terrorism.
- E codes for transport accidents take priority over all other E codes except cataclysmic events, child and adult abuse and terrorism.
- **Activity and external cause status codes are assigned following all causal (intent) E codes.**

Discussion Point: Expansion of the reporting sequencing clarification for the new codes.

9) If the reporting format limits the number of E codes

If the reporting format limits the number of E codes that can be used in reporting clinical data, report the code for the cause/intent most related to the principal diagnosis. If the format permits capture of additional E codes, the cause/intent, including medical misadventures, of the additional events should be reported rather than the codes for place, activity or external status.

Discussion Point: Reporting sequencing clarification only.

j. Activity Code Guidelines

Assign a code from category E001–E030 to describe the activity that caused or contributed to the injury or other health condition.

Unlike other E codes, activity E codes may be assigned to indicate a health condition (not just injuries) resulted from an activity, or the activity contributed to the condition.

The activity codes are not applicable to poisonings, adverse effects, misadventures or late effects.

Discussion Point: Coding clarification; reiteration of instructional notes at the beginning of the section.

k. External cause status

A code from category E000, External cause status, should be assigned whenever any other E code is assigned for an encounter, including an Activity E code, except for the events noted below. Assign a code from category E000, External cause status, to indicate the work status of the person at the time the event occurred. The status code indicates whether the event occurred during military activity, whether a non-military person was at work, whether an individual including a student or volunteer was involved in a non-work activity at the time of the causal event.

A code from E000, External cause status, should be assigned, when applicable, with other external cause codes, such as transport accidents and falls. The external cause status codes are not applicable to poisonings, adverse effects, misadventures or late effects.

Do not assign a code from category E000 if no other E codes (cause, activity) are applicable for the encounter.

Do not assign code E000.9, Unspecified external cause status, if the status is not stated.

Discussion Point: This is an instructional note at the beginning of the External Cause Status section.

Appendix I Present on Admission Reporting Guidelines

Categories and Codes Exempt from Diagnosis Present on Admission Requirement

V15.80	Other personal history, History of failed moderate sedation
V15.83	Other personal history, Underimmunization status
V15.84	Other personal history, Contact with and (suspected) exposure to asbestos
V15.85	Other personal history, Contact with and (suspected) exposure to potentially hazardous body fluids
V15.86	Other personal history, Contact with and (suspected) exposure to lead
V87.32	Contact with and (suspected) exposure to algae bloom
E000	External cause status
E001–E030	Activity

Discussion Point: New codes FY 2010 added to the list.