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Introduction

When it comes to medical coding, change is certain. The most fundamental change—to the codes themselves—occurs at the same season each year. The new, revised, and deleted ICD-9-CM codes discussed in this workbook are effective October 1, 2010. Hopefully, your office already has a plan to implement the annual code revisions. At AAPC, our goal is to provide you with vital information to make implementation easier.

This workbook provides educational materials for learning about the most significant 2011 ICD-9-CM code changes, but is not intended to replace a current, complete ICD-9-CM code book. Additional ICD-9-CM changes released as addenda or errata subsequent to publication of this workbook will be posted on the AAPC website, www.aapc.com.

The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM also is posted on CDC’s webpage: www.cdc.gov/nchs/icd.htm. The addenda may be found at: www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm#addenda. Scroll to the bottom of the page to find the 2010 Addenda, which are available as downloadable .pdf files in either tabular or index form.

Checklist For Updating Your Codes

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<th>Task</th>
<th>ICD-9-CM</th>
<th>CPT®</th>
<th>HCPCS Level II</th>
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<tr>
<td>Order 2011 code books</td>
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<tr>
<td>Review all changes to guidelines, notes, and instructions in your book.</td>
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<td>Highlight changes in the book’s index pertinent to your specialty, and review those changes.</td>
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<td>Highlight changes in the book’s tabular (numeric) section pertinent to your specialty, and review those changes.</td>
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<td>Create a documentation “cheat sheet” of 2011 updates that must be documented differently for coders to capture the information needed. Distribute to clinicians.</td>
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<td>Review and update superbills, chargemasters, etc.</td>
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<td>Upload software change.</td>
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<td>Train coding and billing staff on changes.</td>
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<tr>
<td>Check regularly for addenda or errata to the 2011 code set, and if addenda are issued, communicate the contents to coding and clinical staff.</td>
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<tr>
<td>Review PQRI changes, if you are participating in PQRI, and educate and make adjustments in processes to accommodate the new reporting measures.</td>
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<tr>
<td>Communicate with payer/provider reps regarding reimbursement and coverage issues</td>
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<td>Archive last year’s books within three months of the new code implementation dates.</td>
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### Documentation Tips for 2011

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<th>Notes and Examples</th>
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<td>Indicate whether with hemolytic transfusion reaction; and, if so, whether acute or delayed</td>
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<tr>
<td><strong>BMI</strong></td>
<td>Document precise body mass index; codes are more precise for BMI of 40 or greater</td>
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<td><strong>Cognitive deficits</strong></td>
<td>Document precise manifestation; e.g., attention or concentration deficit, cognitive communication deficit, visuospatial deficit, psychomotor deficit, frontal lobe and executive function deficit, other</td>
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<td><strong>Ectasia, aortic</strong></td>
<td>Specify site; e.g., thoracic aorta, abdominal aorta, thoracoabdominal aorta</td>
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<td><strong>Fluid overload</strong></td>
<td>Indicate if related to transfusion or otherwise</td>
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<td><strong>Hemochromatosis</strong></td>
<td>Document whether due to hereditary, repeated red blood cell transfusion, other</td>
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<tr>
<td><strong>Hemolytic transfusion reaction</strong></td>
<td>Indicate whether acute or delayed, type of incompatibility (ABO, non-ABO, Rh)</td>
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<td><strong>Intrauterine device</strong></td>
<td>Must specify whether encounter occurred for insertion, removal, or removal and insertion.</td>
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<td><strong>Multiple gestations</strong></td>
<td>Note the precise number of placenta and amniotic sacs present during fetal development</td>
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<td><strong>Personal history of congenital anomaly</strong></td>
<td>Documentation should specify whether condition has been corrected</td>
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<td><strong>Personal history of hypospadias</strong></td>
<td>Documentation should specify whether condition has been corrected</td>
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<td><strong>Purpura</strong></td>
<td>Indicate whether post-transfusion or otherwise</td>
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<td><strong>Retained foreign bodies</strong></td>
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<tr>
<td><strong>Rh incompatibility</strong></td>
<td>Indicate whether with hemolytic transfusion reaction; and, if so, whether acute or delayed</td>
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<tr>
<td><strong>Spinal stenosis (lumbar)</strong></td>
<td>Indicate with or without neurogenic claudication</td>
</tr>
<tr>
<td><strong>Uterus, anomalies</strong></td>
<td>Document precise manifestation; e.g., agenesis, hypoplasia, unicorneate, bicornate, septate, arcuate, other</td>
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</table>
New Acronyms/Abbreviations for 2011 Codes

**ABO**—A, B, and O are the three major blood types. ABO incompatibility is a reaction of the immune system that occurs if two different and not compatible blood types are mixed together.

**AHTR**—Acute hemolytic transfusion reaction

**AIPHI**—Acute idiopathic pulmonary hemorrhage in infants

**BMI**—Body mass index

**DHTR**—Delayed hemolytic transfusion reaction

**FNHTR**—Febrile nonhemolytic transfusion reaction

**HPA**—Human platelet antigen

**HTR**—Hemolytic transfusion reaction

**NF**—Neurofibromatosis

**OHS**—Obesity hypoventilation syndrome

**PTP**—Post transfusion purpura

**Rh**—Refers strictly to the most immunogenic D antigen of the Rh blood group system: may be Rh positive (does have the D antigen) or Rh negative (does not have the D antigen). Rh incompatibility is a condition that develops when a pregnant woman has Rh-negative blood and the baby in her womb has Rh-positive blood. Rh incompatibility can cause symptoms ranging from mild to serious. At its mildest, Rh incompatibility causes destruction of red blood cells.

**TACO**—Transfusion-associated circulatory overload

**TRALI**—Transfusion associated lung injury
Neoplasms: Neoplasm of uncertain behavior of endocrine glands and nervous system

- 237.73 Schwannomatosis
- 237.78 Other neurofibromatosis

**Rationale:**
Neurofibromatosis (NF) describes a set of distinct genetic disorders that cause tumors to grow along various types of nerves. NF also can affect the development of non-nervous tissues such as bones and skin. Neurofibromatosis is recognized in ICD-9-CM by subcategory 237.7. There is fifth digit specification for type 1 (von Recklinghausen's disease) and type 2 (acoustic neurofibromatosis).

Schwannomatosis recently has been recognized as a distinct (although rare) form of NF in which patients have multiple Schwannomas on cranial, spinal, and peripheral nerves; however, they do not develop vestibular tumors and do not go deaf as in the type 2 NF.

The American Academy of Neurology also recommended a new code for “other” neurofibromatosis.

**Endocrine, Nutritional and Metabolic, Immunity: Disorders of mineral metabolism**

- 275.0 Disorders of iron metabolism
  - 275.01 Hereditary hemochromatosis
  - 275.02 Hemochromatosis due to repeated red blood cell transfusion
  - 275.03 Other hemochromatosis
  - 275.09 Other disorders of iron metabolism

**Rationale:**
Hemochromatosis is only one form of an iron metabolic disorder. Hemochromatosis may result in organ damage, including heart, renal, and liver dysfunction.

New codes establish why the iron isn’t metabolizing, or the results of the faulty metabolism. Fifth digit specificity in this category now recognizes that some hemochromatosis disorders are hereditary, while others are due to iatrogenic effects of other treatments. Transfusion-associated hemochromatosis, or iron overload, may occur following repeated red blood cell transfusions.

**Endocrine, Nutritional and Metabolic, Immunity: Disorders of fluid, electrolyte, and acid-base balance**

- 276.6 Fluid overload
  - 276.61 Transfusion associated circulatory overload
  - 276.69 Other fluid overload

**Rationale:**
Transfusion-Associated Circulatory Overload (TACO) is a circulatory overload following transfusion of blood or blood components, which may be due either to:
1. the high rates and large volumes of infusion that cannot be effectively processed by the recipient, or
2. underlying cardiac or pulmonary pathology.
TACO is characterized by acute respiratory distress (e.g., dyspnea, orthopnea), increased blood pressure, pulmonary edema secondary to congestive heart failure, and positive fluid balance, during or within 6 hours of transfusion. Elderly and infants are at an increased risk for TACO occurrence even with small transfusion volumes.

Occurrence of TACO is likely to be underreported due to a variety of differential diagnoses that present as acute respiratory distress in the transfused persons, including Transfusion Associated Lung Injury (TRALI) and anaphylaxis.

Code 276.6 has been deleted and two new five-digit codes have been added for greater specificity as to why the fluid overload has occurred. Blood transfusion and the standards of care associated with it have attracted scrutiny recently. Fluid overload is a challenge with some patients when blood is administered. Injections of Bumex® and Lasix® are common orders.

**Endocrine, Nutritional and Metabolic, Immunity: Overweight, Pbesity and Other hyperalimentation**

- 278.03 Obesity hypoventilation syndrome

**Rationale:**
In obesity hypoventilation syndrome (OHS)—also called Pickwickian syndrome—breathing problems during sleep cause chronic hyperventilation that manifests with decreased oxygen levels and elevated carbon dioxide levels. The breathing problems may be related both to obesity and to neurological issues.

This new fifth digit code was added to explain better the cause of hypoventilation (in this case, excess body fat).

**Blood and Blood-Forming Organs: Purpura and other hemorrhagic conditions**

- 287.4 Secondary thrombocytopenia
  - 287.41 Post transfusion purpura
  - 287.49 Other secondary thrombocytopenia

**Rationale:**
Post transfusion purpura (PTP) is characterized by sudden severe thrombocytopenia (low blood platelet count), usually arising five to 12 days following transfusion of blood components (e.g., whole blood, RBCs, plasma, or platelets). This reaction is associated with presence of antibodies directed against the Human Platelet Antigen (HPA) system. Previously, there was no specific ICD-9-CM diagnosis code for
Diagnosis

Complete 2011 Coding Updates

PTP. Four-digit code 287.4 has been deleted, and there are now five-digit codes to specify PTP and other secondary thrombocytopenia.

Circulatory System:
Other disorders of arteries and arterioles
- 447.70 Aortic ectasia, unspecified site
- 447.71 Thoracic aortic ectasia
- 447.72 Abdominal aortic ectasia
- 447.73 Thoracoabdominal aortic ectasia

Rationale:
“Ectasia” is defined as a swelling of a hollow tube of the body. Applied specifically in this case, ectasia is weakening of the wall of the aorta with some dilation. It is not an aneurysm, but may lead to aneurysm over time, as well as to dissection of the aorta or other complications. Previously, this would have been reported using code 441.9 Aortic aneurysm, unspecified.

Digestive System—Other Diseases and Intestines and Peritoneum: Intestinal obstruction without mention of hernia
- 560.32 Fecal impaction

Rationale:
Problems with the rectum and anal sphincter (for instance, rectoceles) may result in fecal incontinence. The incontinence may present as problematic symptoms such as fecal smearing, fecal urgency, and incomplete defecation. Incomplete defecation is distinct from constipation and fecal impaction.

A unique code for fecal impaction has been created. A fifth digit was assigned to show the difference between constipation (treated with drugs, diet, or exercise) and fecal impaction (which would require manual or surgical intervention). New instructional notes further distinguish the new symptom codes from the codes for fecal impaction and constipation. Previously, fecal impaction would have been reported using 560.39 Other impaction of intestine.

Genitourinary System: Other specified disorders of female genital organs
- 629.81 Recurrent pregnancy loss, habitual aborter without current pregnancy

Rationale:
The wording in the preceding codes was changed from “habitual aborter” to “recurrent pregnancy loss.” The term “habitual aborter” holds negative connotations for a woman, and can increase the anxiety that comes with the medical reality of not being able to carry a fetus to term.

Complications of Pregnancy, Childbirth & Puerperium: Other complications of pregnancy, not elsewhere classified
- 646.30 Recurrent pregnancy loss, pregnancy complication, habitual aborter unspecified as to episode of care or not applicable
- 646.31 Recurrent pregnancy loss, delivered, pregnancy complication, habitual aborter with or without mention of antepartum condition
- 646.33 Recurrent pregnancy loss, habitual aborter antepartum condition or complication

Rationale:
The wording in the preceding codes was changed from “habitual aborter” to “recurrent pregnancy loss.” The term “habitual aborter” holds negative connotations for a woman, and can increase the anxiety that comes with the medical reality of not being able to carry a fetus to term.

Musculoskeletal System and Connective Tissue: Other and unspecified disorders of back
- 724.02 Spinal stenosis, lumbar region, without neurogenic claudication
- 724.03 Spinal stenosis, lumbar region, with neurogenic claudication

Rationale:
Lumbar spinal stenosis is spinal canal narrowing. Neurogenic claudication is a commonly used term for a syndrome associated with significant lumbar spinal stenosis leading to compression of the cauda equina (lumbar nerves). Neurogenic claudication symptoms can be similar to vascular claudication symptoms but are due to multiple lumbar nerve root compression rather than vascular insufficiency.

Although there has been a code for lumbar spinal stenosis (724.02 Spinal stenosis, lumbar region), previously there was no unique ICD-9-CM code for neurogenic claudication. One can have lumbar stenosis without having neurogenic claudication. Code 724.02 has been revised, and 724.03 has been added, to clarify this distinction and provide a greater level of diagnostic specificity.

Congenital Anomalies: Congenital anomalies of genital organs
- 752.3 Other anomalies of the uterus
- 752.31 Agenesis of uterus
- 752.32 Hypoplasia of uterus
- 752.33 Unicornuate of uterus
- 752.34 Bicornate uterus
- 752.35 Septate uterus
Diagnosis

- 752.36 Arcuate uterus
- 752.39 Other anomalies of the uterus

**Rationale:**
Four-digit code 752.3 has been deleted and replaced with 752.39, while several new, five-digit codes have been added to provide greater diagnostic specificity for anomalies of the uterus.

  - Agenesis of uterus—A congenital defect in which the uterus is missing
  - Hypoplasia of uterus—Underdeveloped uterus
  - Unicornuate of uterus—The uterus normally is formed during embryogenesis by the fusion of the two Müllerian ducts; unicornuate uterus results if only a single Müllerian duct contributes to the uterine development
  - Bicornate uterus—During fetal development, the fusion process of the upper part of the Müllerian ducts is altered, resulting in malformation where two “horns” form at the upper part of the uterus
  - Septate uterus—The uterus forms with a septum, or wall, between the left and right portions
  - Arcuate uterus—Similar to a septate uterus. Normally, the fundus of the uterus is straight or convex on anterior-posterior imaging; in the arcuate uterus, the fundus of the uterus extends into the cavity and may form a small septation

So-called Müllerian duct abnormalities may cause infertility, but surgical correction sometimes is possible.

**Congenital Anomalies: Congenital anomalies of genital organs**
- 752.43 Cervical agenesis
- 752.44 Cervical duplication
- 752.45 Vaginal agenesis
- 752.46 Transverse vaginal septum
- 752.47 Longitudinal vaginal septum

**Rationale:**
New five-digit codes add specificity for cervical and vaginal anomalies. “Agenesis” means “absence of,” while a septum is a wall that divides a cavity. Previously, no specific codes described these conditions for the cervix or vagina.

**Symptoms, Signs, and Ill-Defined Conditions: General symptoms**
- 780.66 Febrile nonhemolytic transfusion reaction

**Rationale:**
Febrile nonhemolytic transfusion reaction (FNHTR) includes fever, chills, and rigors without hemolysis (destruction of red blood cells), occurring within 4 hours after transfusion. The two most common causes are passively transfused cytokines, and a reaction between recipient antibodies and transfused leukocytes. Previously, there was no specific ICD-9-CM diagnosis code for FNHTR.

**Symptoms, Signs, and Ill-Defined Conditions: Symptoms involving nervous and musculoskeletal systems**
- 781.8 Neurologic neglect syndrome

**Rationale:**
Neurologic neglect syndrome encompasses a number of disorders, including asomatognosia and sensory neglect, among many others. The code and descriptor remain unchanged from 2010, but a note has been added specifying that neurologic neglect syndrome now “excludes: visuospatial deficit (799.53).”

**Symptoms, Signs, and Ill-Defined Conditions: Symptoms involving head and neck**
- 784.92 Jaw pain

**Rationale:**
Previously, jaw pain had been lumped in with “unspecified diseases.” A request was received to re-index the term jaw pain from 526.9 Unspecified disease of the jaws to 784.99 Other symptoms involving head and neck. Instead, a new code for the symptom was created. Jaw pain may be an outpatient diagnosis for temporomandibular joint arthroscopy, for example.

**Symptoms, Signs, and Ill-Defined Conditions: Symptoms involving respiratory system and other chest symptoms**
- 786.3 Hemoptysis
  - 786.30 Hemoptysis, unspecified
  - 786.31 Acute idiopathic pulmonary hemorrhage in infants (AIPHI)
  - 786.39 Other Hemoptysis

**Rationale:**
Hemoptysis means coughing up blood. Four-digit code 786.3 has been deleted, to be replaced by three, more-specific five-digit codes, indicated unspecified or other hemoptysis, or AIPHI.
Although rare, a diagnosis of Acute Idiopathic Pulmonary Hemorrhage in Infants (AIPHI) will be useful for tracking purposes. The proposal to create a specific new code for AIPHI originated with Centers for Disease Control (CDC).

### Symptoms, Signs, and Ill-Defined Conditions: Symptoms involving digestive system

- **787.6** Incontinent of feces
  - **787.60** Full incontinence of feces
  - **787.61** Incomplete defecation
  - **787.62** Fecal smearing
  - **787.63** Fecal urgency

**Rationale:**
Problems with the rectum and anal sphincter (for instance, rectoceles) may result in fecal incontinence. The incontinence may present as problematic symptoms such as fecal smearing, fecal urgency, and incomplete defecation. Incomplete defecation is distinct from constipation and fecal impaction. The deletion of four-digit code 787.6, and the five-digit codes added to this category further explain exactly what the incontinence entails.

### Symptoms, Signs, and Ill-Defined Conditions: Other ill-defined and unknown causes of morbidity and mortality

- **799.50** Unspecified signs and symptoms involving cognition
- **799.51** Attention or concentration deficit
- **799.52** Cognitive communication deficit
- **799.53** Visuospatial deficit
- **799.54** Psychomotor deficit
- **799.55** Frontal lobe and executive function deficit
- **799.59** Other signs and symptoms involving cognition

**Rationale:**
Documentation very often showed exactly the signs and symptoms of the cognitive deficits, but the coding could not reflect it as accurately. This new subcategory allows for greater coding precision.

### Injury and Poisoning: Poisoning by central nervous system stimulants

- **970.8** Poisoning by other specified central nervous system stimulants
  - **970.81** Poisoning by cocaine
  - **970.89** Poisoning by other central nervous system stimulants

**Rationale:**
Four-digit code 970.8 has been deleted, to be replaced by more precise codes 970.81 for poisoning by cocaine and 970.89 for poisoning by all other central nervous system stimulants. This change allows for better data collection and greater diagnostic specificity.

### Injury and Poisoning: Complications of medical care, not elsewhere classified

- **999.6** ABO incompatibility reaction
  - **999.60** ABO incompatibility reaction, unspecified
  - **999.61** ABO incompatibility with hemolytic transfusion reaction not specified as acute or delayed
  - **999.62** ABO incompatibility with acute hemolytic transfusion reaction
  - **999.63** ABO incompatibility with delayed hemolytic transfusion reaction
  - **999.69** Other ABO incompatibility reaction

- **999.7** Rh incompatibility reaction
  - **999.70** Rh incompatibility reaction, unspecified
  - **999.71** Rh incompatibility with hemolytic transfusion reaction not specified as acute or delayed
  - **999.72** Rh incompatibility with acute hemolytic transfusion reaction
  - **999.73** Rh incompatibility with delayed hemolytic transfusion reaction
  - **999.74** Other Rh incompatibility reaction
  - **999.75** Non-ABO incompatibility reaction, unspecified
  - **999.76** Non-ABO incompatibility with hemolytic transfusion reaction not specified as acute or delayed
  - **999.77** Non-ABO incompatibility with acute hemolytic transfusion reaction
  - **999.78** Non-ABO incompatibility with delayed hemolytic transfusion reaction
  - **999.79** Other non-ABO incompatibility reaction
  - **999.80** Transfusion reaction unspecified
  - **999.83** Hemolytic transfusion reaction, incompatibility unspecified
  - **999.84** Acute hemolytic transfusion reaction, incompatibility unspecified
  - **999.85** Delayed hemolytic transfusion reaction, incompatibility unspecified

**Rationale:**
A Hemolytic Transfusion Reaction (HTR) is a reaction of increased destruction of red blood cells due to incompatibility between blood donor and recipient. Hemolytic transfusion reactions can be either acute or delayed depending on the timing of their occurrence and can be due to either ABO or non-ABO incompatibility.

An Acute Hemolytic Transfusion Reaction (AHTTR) involves accelerated destruction of red blood cells immediately within 24 hours of a transfusion. A Delayed Hemolytic Transfusion reaction...
Reaction (DHTR) has accelerated destruction of red blood cells, which usually manifests between 24 hours and 28 days after a transfusion.

According to the Center for Biologics Evaluation and Research, in Fiscal Year 2008 HTRs were the leading cause of transfusion-related deaths reported. Previously, ICD-9-CM diagnosis coding did not distinguish between ABO and non-ABO HTRs, and between acute HTRs and delayed HTRs; providers only had 999.6 for ABO incompatibility and 999.7 for Rh incompatibility.

**E Codes: External cause status-Activity**
- **E000.2** Volunteer activity

**Rationale:**
A new code for volunteer activity was requested by the Bureau of Labor Statistics. With the many disasters and crises facing the world, there have been many volunteers who rush to do the work, and they sometimes suffer with injuries and threats to their health. Previously, this external cause would have been reported using E000.8 Other external cause status.

**E Codes: External cause status-Activities involving roller coasters and other types of external motion**
- **017.0** Roller coaster riding

**Rationale:**
External cause status codes are used along with external cause codes to indicate the status of the patient at the time the event occurred. Although listed in the ICD-9-CM Addenda as a revised code on October 1, 2010, there appear to be no differences from 2010. Neither the code number nor descriptor for E017.0 change, and the available Addenda do not describe any new notes or text added. Visit the AAPC website (www.aapc.com) for additional information on this code revision, as it becomes available.

**V Codes: Personal history of mental disorder**
- **V11.4** Personal history of combat and operational stress reaction

**Rationale:**
The Department of Defense (DoD) proposed a new code for history of combat and operational stress reaction (COSR) in 2008. The proposal was deferred pending further review and discussion with the American Psychiatric Association (APA) because there was concern about introducing a history code for a condition that had no equivalent code in Chapter 5, Mental Disorders.

For 2011, an inclusion term for combat and operational stress reaction has been added in category 308 Acute reaction to stress. With this change, a new V code for personal history of combat and operational stress reaction has been accommodated. The personal history code would provide the capability of tracking patients who later have symptoms related to having had COSR.

**V Codes: Personal history of other disease**
- **V13.23** Personal history of vaginal dysplasia
- **V13.24** Personal history of vulvar dysplasia

**Rationale:**
The American College of Obstetricians and Gynecologists (ACOG) requested new codes for personal history of vaginal and vulvar dysplasia. Patients who have had vaginal or vulvar dysplasia are seen every 4 to 6 months following treatment to verify that there has been no recurrence. This history may be the sole reason for the encounter. These codes are needed to explain the reason for these encounters.

**V Codes: Personal history of other disease**
- **V13.61** Personal history of (corrected) hypospadias

**Rationale:**
Due to advancement in medical science, many congenital conditions can be repaired and leave little or no residual condition. When corrected, Coding Guidelines directs that “a personal history code should be used to identify the history of the...
anomaly.” None of the conditions described by the new codes could have been identified easily using the previously-available codes for personal history of congenital malformations in subcategory V13.6. Note that code V13.69 has been revised to include other corrected congenital malformations.

**V Codes: Other personal history presenting hazards to health**
- **V15.53** Personal history of retained foreign body fully removed

**Rationale:**
Previously, codes describing retained foreign body were being used inconsistently, either for retained foreign bodies that could not be removed, or to mean those foreign bodies accidentally left in during a procedure. This code provides the necessary distinction to indicate the foreign body no longer is present. See new code category V90 for additional codes describing retained foreign bodies.

**V Codes: Encounter for contraceptive management**
- **V25.1** Encounter for insertion of intrauterine contraceptive device
- **V25.11** Encounter for insertion of intrauterine contraceptive device
- **V25.12** Encounter for removal of intrauterine contraceptive device
- **V25.13** Encounter for removal and reininsertion of intrauterine contraceptive device

**Rationale:**
Previously, an encounter for the insertion of an intrauterine contraceptive device (IUD) was coded V25.1, while the routine checking, removal, and any subsequent reininsertion of an IUD was coded V25.42 **Surveillance of intrauterine contraceptive device**. An expanded V25.1x code set allows the ability to capture both the removal and immediate reininsertion of an IUD. Code V25.42 is now limited to routine surveillance of an existing device.

**V Codes: Procreative management**
- **V26.35** Encounter for testing of male partner of habitual aborter female with recurrent pregnancy loss

**Rationale:**
The wording in the preceding codes was changed from “habitual aborter” to “recurrent pregnancy loss.” The term “habitual aborter” holds negative connotations for a woman, and can increase the anxiety that comes with the medical reality of not being able to carry a fetus to term.

**V Codes: Other conditions influencing health status**
- **V49.86** Do not resuscitate status

**Rationale:**
Patient care services during an encounter may change when a patient has a “do not resuscitate” order in the chart. This code will assist in identifying records for review if this status can be identified.

It would be recommended to code this only when there is an order in the current encounter for do not resuscitate. Previously, there was no unique code for this in ICD-9-CM.

**V Codes: Other psychosocial circumstances**
- **V62.85** Homicidal ideation

**Rationale:**
Ideation is not a disease itself, but results from other illnesses such as psychosis and delirium. Homicidal ideation is an important risk factor when trying to identify a person’s risk for violence. An ICD-9-CM code also exists for suicidal ideations (V62.84). Co-existing suicidal and homicidal ideations present jointly in many patients.

**V Codes: Body Mass Index**
- **V85.4** Body Mass Index 40 and over, adult
- **V85.41** Body Mass Index 40.0-44.9, adult
- **V85.42** Body Mass Index 45.0-49.9, adult
- **V85.43** Body Mass Index 50.0-59.9, adult
- **V85.44** Body Mass Index 60.0-69.9, adult
- **V85.45** Body Mass Index 70 and over, adult

**Rationale:**
Obesity is a serious health concern in the United States and worldwide. Body Mass Index (BMI) is a number calculated from a person’s weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. The American College of Obstetricians and Gynecologists (ACOG) requested an expansion of the BMI codes. Existing code V85.4 has been expanded at the fifth-digit level to create new codes to track BMI more precisely.
Diagnosis

V Codes: Acquired absence of other organs and tissue

- V88.11 Acquired total absence of pancreas
- V88.12 Acquired partial absence of pancreas

**Rationale:**

Previously there was no unique ICD-9-CM diagnosis code for acquired absence of the pancreas; rather it was indexed to V45.79 Other acquired absence of organ. New codes were requested to provide tracking and additional information about patients with postsurgical hypoinsulinemia (251.3). The new codes were added to category V88 because there was no available room in category V45.

V Codes: Retained foreign body status

- V90.01 Retained depleted uranium fragments
- V90.09 Other retained radioactive materials
- V90.10 Retained metal fragments, unspecified
- V90.11 Retained magnetic metal fragments
- V90.12 Retained nonmagnetic metal fragments
- V90.2 Retained plastic fragments
- V90.31 Retained animal quills or spines
- V90.32 Retained tooth
- V90.33 Retained wood fragments
- V90.39 Other retained organic fragments
- V90.81 Retained glass fragments
- V90.83 Retained stone or crystalline fragments
- V90.89 Other specified retained foreign body

**Rationale:**

Injuries from explosions often include fragments or splinters from the explosive device, which become embedded in the injured person. In some cases the fragments cannot be removed (for instance because of their number or their location in the body). Any embedded object has the potential to cause infection, due to the object itself or any organism present on it. An embedded magnetic object is a relative contraindication to an MRI exam. Some types of embedded fragments, such as those composed of lead, pose long-term health risks. Certain metal alloys, including some containing tungsten, may also be long-term toxicological hazards.

The Department of Defense (DoD) requested new codes for embedded fragment status to identify the type of embedded material. Though this category would be useful primarily for the military, the codes would also be applicable to any injury resulting in embedded fragments. The new codes are not applicable to nor do they overlap with internal medical devices.

V Codes: Multiple gestation placenta status

- V91.00 Twin gestation, unspecified number of placenta, unspecified number of amniotic sacs
- V91.01 Twin gestation, monochorionic/monoamniotic (one placenta, one amniotic sac)
- V91.02 Twin gestation, monochorionic/diamniotic (one placenta, two amniotic sacs)
- V91.03 Twin gestation, dichorionic/ diamniotic (two placenta, two amniotic sacs)
- V91.09 Twin gestation, unable to determine number of placenta and number of amniotic sacs
- V91.10 Triplet gestation, unspecified number of placenta and unspecified number of amniotic sacs
- V91.11 Triplet gestation, with two or more monochorionic fetuses
- V91.12 Triplet gestation, with two or more monoamniotic fetuses
- V91.19 Triplet gestation, unable to determine number of placenta and placenta and amniotic sacs
- V91.20 Quadruplet gestation, unspecified number of placenta and unspecified number of amniotic sacs
- V91.21 Quadruplet gestation, with two or more monochorionic fetuses
- V91.22 Quadruplet gestation, with two or more monoamniotic fetuses
- V91.29 Quadruplet gestation, unable to determine number of placenta and number of amniotic sacs
- V91.90 Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs
- V91.91 Other specified multiple gestation, with two or more monochorionic fetuses
- V91.92 Other specified multiple gestation, with two or more monoamniotic fetuses
- V91.99 Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs.

**Rationale:**

Birth defects and loss of fetuses have been closely linked to the number of placenta and amniotic sacs present during fetal development. The risk of complications is higher and the treatment plan differs, depending on the number of placentas and amniotic sacs.

Codes under category 651 Multiple gestation could not be expanded because all codes in the OB chapter of the ICD-9-CM have fifth digits for episode of care. New V code category V91 was created to allow for the coding of the number of placentas and amniotic sacs.