# 2010 ICD-9-CM Volumes 1, 2 & 3
Professional edition, valid for use October 1, 2009-September 30, 2010

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996.61 Due to cardiac device, implant and graft
Cardiac pacemaker or defibrillator:
electrode(s), lead(s)
pulse generator
subcutaneous pocket
Coronary artery bypass (graft)
Heart valve prosthesis

996.62 Due to vascular device, implant and graft
Arterial graft
Arteriovenous fistula or shunt
Infusion pump
Vascular catheter (arterial) (dialysis) (peripheral venous)
Excludes infection due to:
central venous catheter (999.31)
Hickman catheter (999.31)
peripherally inserted central catheter (PICC) (999.31)
portacath (port-a-cath) (999.31)
triple lumen catheter (999.31)
umbilical venous catheter (999.31)

996.63 Due to nervous system device, implant and graft
Electrodes implanted in brain
Peripheral nerve graft
Spinal canal catheter
Ventricular (communicating) shunt (catheter)

996.64 Due to indwelling urinary catheter
Use additional code to identify specified infections, such as:
cystitis (595.0-595.9)
sepsis (038.0-038.9)

996.65 Due to other genitourinary device, implant and graft
Intrauterine contraceptive device

996.66 Due to internal joint prosthesis
Use additional code to identify infected prosthetic joint (V43.60-V43.69)

996.67 Due to other internal orthopedic device, implant and graft
Bone growth stimulator (electrode)
Internal fixation device (pin) (rod) (screw)
996.67 is only subject to non-payment if it is acquired during the same hospital stay as (yet after the performance of) one of the following procedures: 81.01, 81.02, 81.03, 81.04, 81.05, 81.06, 81.07, 81.08, 81.23, 81.24, 81.31, 81.32, 81.33, 81.34, 81.35, 81.36, 81.37, 81.38, 81.83, or 81.85.

996.68 Due to peritoneal dialysis catheter
Exit-site infection or inflammation

996.69 Due to other internal prosthetic device, implant, and graft
Breast prosthesis
Ocular lens prosthesis
Prosthetic orbital implant
796 – 799.1  SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS

Tabular List

4th 796 Other nonspecific abnormal findings

796.0 Nonspecific abnormal toxicological findings
Abnormal levels of heavy metals or drugs in blood, urine, or other tissue

Excludes excessive blood level of alcohol (790.3)

796.1 Abnormal reflex

796.2 Elevated blood pressure reading without diagnosis of hypertension

R03.0 Elevated blood-pressure reading, without diagnosis of hypertension

Note:  This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an incidental finding.

Layman’s: 796.2 is the appropriate code to submit for “white coat hypertension.”

796.3 Nonspecific low blood pressure reading

796.4 Other abnormal clinical findings

R68.89 Other general symptoms and signs

796.5 Abnormal finding on antenatal screening

Excludes nonspecific serologic evidence of human immunodeficiency virus [HIV] (795.71)

796.6 Abnormal findings on neonatal screening

Excludes nonspecific serologic evidence of human immunodeficiency virus [HIV] (795.71)

5th 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) (569.44)

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)

(230.5, 230.6)

796.70 Abnormal glandular cells of anus

Atypical anal glandular cells NOS

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

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

796.73 Papanicolaou smear of anus with low grade squamous intraepithelial lesion (LSIL)

796.74 Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HSIL)

796.75 Anal high risk human papillomavirus (HPV) DNA test positive

796.76 Papanicolaou smear of anus with cytologic evidence of malignancy

796.77 Satisfactory anal smear but lacking transformation zone

796.78 Unsatisfactory anal cytology smear

Inadequate anal cytology sample

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)

796.9 Other

Questionable and unacceptable principal diagnosis codes are backed with highlights to alert coders to potential filing errors

2nd 797 Senility

Excludes senile psychoses (290.0-290.9)

4th 798 Sudden death, cause unknown

798.0 Sudden infant death syndrome

Cot death

Crib death

Sudden death of nonspecific cause in infancy

798.1 Instantaneous death

798.2 Death occurring in less than 24 hours from onset of symptoms, not otherwise explained

Death known not to be violent or instantaneous, for which no cause could be discovered

Died without sign of disease

798.9 Unattended death

Death in circumstances where the body of the deceased was found and no cause could be discovered

Found dead

4th 799 Other ill-defined and unknown causes of morbidity and mortality

799.0 Asphyxia and hypoxemia

Excludes asphyxia and hypoxemia (due to):

carbon monoxide (986)

hypercapnia (786.09)

inhalation of food or foreign body (932-934.9)

hypercapnia (786.09)

carbon monoxide (986)

New Code

l s

Revised Code

Layman’s: Asphyxia is the cutting off of oxygen to the lungs by external sources, whereas hypoxemia (also called hypoxia or anoxia) is the same condition due to internal causes.

799.01 Asphyxia

799.02 Hypoxemia

799.1 Respiratory arrest

Cardiorespiratory failure

Excludes cardiac arrest (427.5)

failure of peripheral circulation (785.50)

respiratory distress:

NOS (786.09)

acute (518.82)

following trauma or surgery (518.5)

newborn (770.89)

syndrome (newborn) (768.5)

adult (following trauma or surgery) (518.5)

other (518.82)

respiratory failure (518.81, 518.83-518.84)

newborn (770.84)

respiratory insufficiency (786.09)

acute (518.82)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>51.98</td>
<td>Other percutaneous procedures on biliary tract</td>
</tr>
<tr>
<td>51.12-51.13</td>
<td>Percutaneous biliary tract procedures: dilation of bile duct or removal of stone(s) except common duct stone exploration (postoperative)</td>
</tr>
<tr>
<td>51.96</td>
<td>Percutaneous transhepatic biliary drainage</td>
</tr>
<tr>
<td>52.0</td>
<td>Pancreatotomy</td>
</tr>
<tr>
<td>52.01</td>
<td>Drainage of pancreatic cyst by catheter</td>
</tr>
<tr>
<td>52.09</td>
<td>Other pancreaticotony</td>
</tr>
<tr>
<td>52.11</td>
<td>Closed [aspiration] [needle] [percutaneous] biopsy of pancreas</td>
</tr>
<tr>
<td>52.12</td>
<td>Open biopsy of pancreas</td>
</tr>
<tr>
<td>52.13</td>
<td>Endoscopic retrograde pancreatography [ERP]</td>
</tr>
<tr>
<td>52.14</td>
<td>Closed [endoscopic] biopsy of pancreatic duct</td>
</tr>
<tr>
<td>52.19</td>
<td>Other diagnostic procedures on pancreas</td>
</tr>
<tr>
<td>52.21</td>
<td>Endoscopic excision or destruction of lesion or tissue of pancreatic duct</td>
</tr>
<tr>
<td>52.22</td>
<td>Other excision or destruction of lesion or tissue of pancreas or pancreatic duct</td>
</tr>
</tbody>
</table>

**Includes** operations on pancreatic duct

**Excludes**

- Percutaneous aspiration of gallbladder (51.01)
- Percutaneous biopsy and/or collection of specimen by brushing or washing (51.12)
- Percutaneous removal of common duct stone(s) (51.96)

**Medicare non-covered, limited coverage and bilateral procedures are flagged at the code-level**

**Valid OR and Non-OR procedures are highlighted with color bars to facilitate DRG selection**

**Volume 3-125**
12. OPERATIONS ON THE FEMALE GENITAL ORGANS (65-71)

4th 65  Operations on ovary

Code also any application or administration of an adhesion barrier substance (99.77)

4th 65.0  Oophorotomy

- 65.01  Laparoscopic oophorotomy ♂
- 65.09  Other oophorotomy ♂

4th 65.1  Diagnostic procedures on ovaries

- 65.11  Aspiration biopsy of ovary ♂
- 65.12  Other biopsy of ovary ♂
- 65.13  Laparoscopic biopsy of ovary ♂
- 65.14  Other laparoscopic diagnostic procedures on ovaries ♂

4th 65.19  Other diagnostic procedures on ovaries ♂

4th 65.2  Local excision or destruction of ovarian lesion or tissue

- 65.21  Marsupialization of ovarian cyst ♂
- 65.22  Wedge resection of ovary ♂
- 65.23  Laparoscopic marsupialization of ovarian cyst ♂
- 65.24  Laparoscopic wedge resection of ovary ♂
- 65.25  Other laparoscopic local excision or destruction of ovary ♂

4th 65.29  Other local excision or destruction of ovary ♂

4th 65.3  Unilateral oophorectomy

- 65.31  Laparoscopic unilateral oophorectomy ♂
- 65.39  Other unilateral oophorectomy ♂

4th 65.4  Unilateral salpingo-oophorectomy

- 65.41  Laparoscopic unilateral salpingo-oophorectomy ♂
- 65.49  Other unilateral salpingo-oophorectomy ♂

4th 65.5  Bilateral oophorectomy

- 65.51  Other removal of both ovaries at same operative episode ♂

4th 65.6  Bilateral salpingo-oophorectomy

- 65.61  Other removal of both ovaries and tubes at same operative episode ♂

4th 65.7  Other bilateral gynecologic procedures

- 65.71  Other bilateral gynecologic procedures ♂