ICD-9-CM
for Hospitals – Volumes 1, 2 & 3

2015 Professional

International Classification of Diseases
9th Revision
Clinical Modification
Sixth Edition

Edited by:
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Beth Ford, RHIT, CCS

Optum is committed to providing you with the ICD-9-CM code update information you need to code accurately and to be in compliance with HIPAA regulations. In case of adoption of additional ICD-9-CM code changes effective April 1, 2015, Optum will provide these code changes to you at no additional cost! Just check back at www.optumcoding.com/productalerts to review the latest information concerning any new code changes.

Codes Valid October 1, 2014, through September 30, 2015
415–420.91 Diseases of the Circulatory System

415 Acute cor pulmonale

415.0 Chronic pulmonary embolism

415.1 Pulmonary embolism and infarction

415.2 Other chronic pulmonary heart disease

416 Primary pulmonary hypertension

416.0 Primary pulmonary hypertension

416.1 Pulmonary hypertension of congenital heart disease

416.2 Pulmonary arterial hypertension

416.3 Pulmonary hypertension other

416.4 Pulmonary hypertension due to organic disease in other organ system

416.5 Other specified chronic pulmonary heart diseases

416.6 Other chronic pulmonary heart diseases

416.7 Pulmonary hypertension of unknown cause

416.8 Other chronic pulmonary heart diseases

417 Other diseases of the circulatory system

417.0 Arteriosclerotic heart disease

417.1 Coronary artery disease

417.2 Cardiovascular disorders complicating other conditions

417.3 Heart failure

417.4 Other forms of heart disease

420 Acute pericarditis

420.0 Acute pericarditis

420.1 Pericardial effusion

420.2 Pericarditis, acute:

420.3 Pericarditis, chronic:

420.4 Pericardial tamponade

420.5 Pericarditis, chronic:

420.6 Other specified chronic pericarditis

420.7 Other chronic pericarditis

420.8 Primary pericardial disease

420.9 Other pericarditis

420.90 Pericarditis, unspecified

420.91 Acute idiopathic pericarditis

420.92 Pericarditis, acute:

420.93 Pericarditis, acute:

420.94 Pericarditis, acute:

420.95 Pericarditis, acute:

420.96 Pericarditis, acute:

420.97 Pericarditis, acute:

420.98 Pericarditis, acute:

420.99 Other pericarditis

Table of Diseases

416.0 Other chronic pulmonary heart diseases

416.1 Congenital heart disease

416.2 Chronic pulmonary embolism

416.3 Pulmonary hypertension

416.4 Pulmonary hypertension other

416.5 Other specified chronic pulmonary heart diseases

416.6 Other chronic pulmonary heart diseases

416.7 Pulmonary hypertension of unknown cause

416.8 Other chronic pulmonary heart diseases

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420.93 Pericarditis, acute:

420.94 Pericarditis, acute:

420.95 Pericarditis, acute:

420.96 Pericarditis, acute:

420.97 Pericarditis, acute:

420.98 Pericarditis, acute:

420.99 Other pericarditis
420.09 Other

Pericarditis (acute):
- Bacterial
- Viral
- Malignant
- Pulmonary
- Septic
- Ubiquitous
- Vegetative

Adhesive pericarditis
- Pericarditis in diseases classified elsewhere

CC Excl:
- pericarditis in diseases classified elsewhere

421 Acute and subacute endocarditis

Endocarditis (acute/chronic) (subacute): bacterial
- infective NOS
- acute
- malignant
- purulent
- septic
- ubiquitous
- vegetative
- infective amurosis

Subacute bacterial endocarditis (SBE)
Use additional code to identify infectious organism (e.g., Streptococcus 041.0, Staphylococcus 041.1)

CC Excl:
- acute infective endocarditis
- acute or subacute endocarditis

421.9 Acute endocarditis, unspecified

Endocarditis
Periendocarditis
- acute or subacute

Acute or subacute endocarditis (SBE)
CC Excl:
- acute rheumatic endocarditis (391.1)

422 Acute myocarditis

Myocarditis
Periendocarditis
- acute or subacute

Acute or subacute myocarditis
CC Excl:
- acute rheumatic myocarditis (391.2)

422.9 Other and unspecified acute myocarditis

CC Excl:
- acute myocarditis, unspecified

422.91 Idiopathic myocarditis

Myocarditis
- acute or subacute

CC Excl:
- acute myocarditis, unspecified

422.92 Septic myocarditis

Myocarditis
- acute or subacute

CC Excl:
- acute or subacute myocarditis

422.93 Toxic myocarditis

Myocarditis
- acute or subacute

CC Excl:
- acute or subacute myocarditis

422.95 Acute myocarditis, unspecified

Acute or subacute myocarditis

CC Excl:
- acute myocarditis, unspecified

421.0 Acute and subacute bacterial endocarditis

Endocarditis (acute/chronic) (subacute): bacterial
- infective NOS
- acute
- malignant
- purulent
- septic
- ubiquitous
- vegetative

421.0 Acute and subacute bacterial endocarditis

Endocarditis (acute/chronic) (subacute): bacterial
- infective NOS
- acute
- malignant
- purulent
- septic
- ubiquitous
- vegetative

423 Other diseases of pericardium

CC Excl:
- acute or subacute myocarditis

423.0 Pericardial effusion

Pericardial effusion

CC Excl:
- acute or subacute myocarditis

423.1 Adhesive pericarditis

Pericarditis
- Flushing of pericardium
- adhesive
- inflammatory

CC Excl:
- acute or subacute myocarditis

423.2 Constrictive pericarditis

Pericarditis
- Constrictive disease
- Diffuse pericardial fibrosis

CC Excl:
- acute or subacute myocarditis

423.0 Pericardial effusion

CC Excl:
- acute or subacute myocarditis

423.1 Adhesive pericarditis

Pericarditis
- Flushing of pericardium
- adhesive
- inflammatory

CC Excl:
- acute or subacute myocarditis

423.2 Constrictive pericarditis

Pericarditis
- Constrictive disease
- Diffuse pericardial fibrosis

CC Excl:
- acute or subacute myocarditis
### Procedures and Interventions, Not Elsewhere Classified

#### Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>00.22</td>
<td>Intravascular imaging of intrathoracic vessels</td>
<td></td>
</tr>
<tr>
<td>00.23</td>
<td>Intravascular imaging of peripheral vessels</td>
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<td>00.24</td>
<td>Intravascular imaging of coronary vessels</td>
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<td>00.25</td>
<td>Intravascular imaging of renal vessels</td>
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<td>00.28</td>
<td>Intravascular imaging of other specified vessels</td>
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<td>00.29</td>
<td>Intravascular imaging, unspecified vessel(s)</td>
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<tr>
<td>00.30</td>
<td>Other computer assisted surgery (CAS)</td>
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<tr>
<td>00.31</td>
<td>Computer assisted surgery with CT/CTA</td>
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<tr>
<td>00.32</td>
<td>Computer assisted surgery with MRA/MRA</td>
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<td>00.33</td>
<td>Computer assisted surgery with fluoroscopy</td>
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<tr>
<td>00.34</td>
<td>Imageless computer assisted surgery</td>
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<tr>
<td>00.35</td>
<td>Computer assisted surgery with multiple datasets</td>
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<tr>
<td>00.36</td>
<td>Adjunct vascular system procedures</td>
<td></td>
</tr>
<tr>
<td>00.40</td>
<td>Procedure on single vessel</td>
<td></td>
</tr>
</tbody>
</table>

#### Stenting Techniques on Vessel Bifurcation

- **Double Barrel**
- **Y Stent**
- **Trouser**
- **X Stent**

### Revised Code Title

#### 00.41 Procedure on two vessels

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<tbody>
<tr>
<td>00.41</td>
<td>(aorto)coronary bypass (38.10-38.19) intravascular imaging of blood vessels</td>
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#### 00.42 Procedure on three vessels

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<td>(aorto)coronary bypass (38.10-38.19) intravascular imaging of blood vessels</td>
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#### 00.43 Procedure on four or more vessels

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<tr>
<td>00.43</td>
<td>(aorto)coronary bypass (38.10-38.19) intravascular imaging of blood vessels</td>
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</tr>
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</table>

#### 00.44 Procedure on vessel bifurcation

- **Note**: This code is to be used to identify the presence of a vessel bifurcation; it does not describe a specific bifurcation stent. Use this code only once per operative episode, irrespective of the number of bifurcations in vessels.

#### 00.45 Insertion of one vascular stent

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#### 00.46 Insertion of two vascular stents

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<tbody>
<tr>
<td>00.46</td>
<td>Number of vascular stents</td>
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#### 00.47 Insertion of three vascular stents

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<td>Insertion of three vascular stents</td>
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#### 00.48 Insertion of four or more vascular stents

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#### 00.49 SuperOxygenation oxygen therapy

- **Aqueous oxygen (A0) therapy**
- **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 (00.40-00.43) open chest coronary artery angioplasty (36.05) other removal of coronary artery obstruction (36.09) percutaneous transluminal coronary angioplasty (PTCA) (06.09) procedure on vessel bifurcation (00.44) transluminal coronary angioplasty (17.55)

#### Code also any:

- other oxygen enrichment (93.96)
- other percutaneous (38.9)

#### Methods of reducing myocardial tissue damage via infusion of super-oxygenated blood directly to oxygen-deprived myocardial tissue in MI patients, typically performed as an adjunct procedure during PTCA or stent insertion.

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<td>46.1</td>
<td>Colostomy</td>
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<tr>
<td>46.2</td>
<td>Ileostomy</td>
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<td>46.3</td>
<td>Other enterostomy</td>
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<tr>
<td>46.4</td>
<td>Revision of intestinal stoma</td>
</tr>
<tr>
<td>46.5</td>
<td>Closure of intestinal stoma</td>
</tr>
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</table>

Operations on the Digestive System

46.1–46.80

46.1 Colostomy
- Code also any synchronous resection (45.49, 45.71-45.79).

46.2 Ileostomy
- Code also any synchronous resection (45.34, 45.41-45.63).

46.3 Other enterostomy
- Code also any synchronous resection (45.61-45.68).

46.4 Revision of intestinal stoma
- Revision of opening surgically created from intestine through abdominal wall, to skin surface.

46.5 Closure of intestinal stoma
- Code also any synchronous resection (45.14, 45.49, 45.61-45.63).
Official ICD-9-CM Guidelines for Coding and Reporting

Effective October 1, 2011

Note: Since no official ICD-9-CM addendum to the guidelines was released in 2012, the guidelines included in this book stand as the official guidelines effective October 1, 2012, through September 30, 2013.

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government’s Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). These guidelines should be used as a companion document to the official version of the ICD-9-CM as published on CD-ROM by the U.S. Government Printing Office (GPO).

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-9-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS. These guidelines are included on the official government version of the ICD-9-CM, and also appear in “Coding Clinic for ICD-9-CM” published by the AHA.

These guidelines are a set of rules that have been developed to accompany and supplement the official conventions and instructions provided within the ICD-9-CM itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in Volumes I, II and III of ICD-9-CM, but provide additional instruction. Adherence to these guidelines when assigning ICD-9-CM diagnosis and procedure codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Volumes 1-2) have been adopted under HIPAA for all healthcare settings. Volume 3 procedure codes have been adopted for inpatient procedures reported by hospitals. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses and procedures that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

The term encounter is used for all settings, including hospital admissions. In the context of these guidelines, the term provider is used throughout the guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient’s diagnosis. Only this set of guidelines, approved by the Cooperating Parties, is official.

The guidelines are organized into sections. Section I includes the structure and conventions of the classification and general guidelines that apply to the entire classification, and chapter-specific guidelines that correspond to the chapters as they are arranged in the classification. Section II includes guidelines for selection of principal diagnosis for non-outpatient settings. Section III includes guidelines for reporting additional diagnoses in non-outpatient settings. Section IV is for outpatient coding and reporting.

Section I. Conventions, general coding guidelines and chapter specific guidelines

A. Conventions for the ICD-9-CM

1. Format:
   - Abbreviations
     a. Index abbreviations
     b. Tabular abbreviations
   - Punctuation
   - Includes and Excludes Notes and Inclusion terms
   - Other and Unspecified codes
     a. “Other” codes
     b. “Unspecified” codes

B. General Coding Guidelines

1. Use of Both Alphabetic Index and Tabular List
2. Locate each term in the Alphabetic Index
3. Level of Detail in Coding
4. Code or codes from 001.0 through V91.99
5. Selection of codes 001.0 through 999.9
6. Signs and symptoms
7. Conditions that are an integral part of a disease process
8. Conditions that are not an integral part of a disease process
9. Multiple coding for a single condition
10. Acute and Chronic Conditions
11. Combination Code
12. Late Effects
13. Impending or Threatened Condition
14. Reporting Same Diagnosis Code More than Once
15. Admissions/Encounters for Rehabilitation
16. Documentation for BMI and Pressure Ulcer Stages
17. Syndromes
18. Documentation of Complications of Care

C. Chapter-Specific Coding Guidelines

1. Chapter 1: Infectious and Parasitic Diseases (001-139)
   - Human Immunodeficiency Virus (HIV) Infections
   - Septicemia, Systemic Inflammatory Response Syndrome (SIRS), Sepsis, Severe Sepsis and Septic Shock
   - Methicillin Resistant Staphylococcus aureus (MRSA) Conditions

2. Chapter 2: Neoplasms (140-239)
   - Treatment directed at the malignancy
   - Treatment of secondary site
   - Coding and sequencing of complications
   - Primary malignancy previously excised
   - Admissions/Encounters involving chemotherapy, immunotherapy and radiation therapy
   - Admission/encounter to determine extent of malignancy
   - Symptoms, signs, and ill-defined conditions listed in Chapter 16 associated with neoplasms

h. Admission/encounter for pain control/management
   i. Malignant neoplasm associated with transplanted organ

3. Chapter 3: Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240-279)
   - Diabetes mellitus

4. Chapter 4: Diseases of Blood and Blood Forming Organs (280-289)
   - Anemia of chronic disease

5. Chapter 5: Mental Disorders (290-319)
   - Reserved for future guideline expansion

6. Chapter 6: Diseases of Nervous System and Sense Organs (320-389)
   - Pain - Category 338
   - Glaucoma

7. Chapter 7: Diseases of Circulatory System (390-459)
   - Hypertension