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 pulmonary heart disease

415.0 Acute cor pulmonale
   - See code: 416.9
   - A heart lung disease marked by dilation and failure of the right side of heart, due to pulmonary embolism; ventilatory function is impaired and pulmonary hypertension results.
   - ICD-10: 11-415.1, 416.2

415.1 Pulmonary embolism and infarction
   - Use additional code for associated septic pulmonary embolism, if applicable: 415.12
   - ICD-10: 11-415.1, 416.2, 444.01-444.00, 450.89-450.9
   - CC Excl: 11-415.12
   - AHA: 11-415.1, 416.2
   - See code: 415.11

415.11 Septic pulmonary embolism and infarction
   - Use additional code for associated septic pulmonary embolism, if applicable: 415.12
   - ICD-10: 11-415.1, 416.2, 444.01-444.00, 450.89-450.9
   - CC Excl: 11-415.12
   - AHA: 11-415.1, 416.2
   - See code: 415.11

415.12 Saddle embolus of pulmonary artery
   - ICD-10: 11-415.1, 416.2, 444.01-444.00, 450.89-450.9

415.13 Other emboli of pulmonary artery
   - ICD-10: 11-415.1, 416.2, 444.01-444.00, 450.89-450.9

415.19 Other
   - ICD-10: 11-415.1, 416.2, 444.01-444.00, 450.89-450.9

416 Chronic pulmonary heart disease

416.0 Primary pulmonary hypertension
   - Idiopathic pulmonary arteriolesclerosis
   - Pulmonary hypertension (essential) (idiopathic) (primary)
   - Pulmonary hypertension NOS (416.0
   - Secondary pulmonary hypertension (416.0
   - AHA: 2Q, '09, 84-86
   - See code: 420.0

416.1 Hypersplenic heart disease
   - High blood pressure within the large as a result of curvature of the spine.
   - ICD-10: 278.03, 415.1, 416.4, 416.4-416.5, 416.8, 416.8-416.9, 458.89-458.99

416.2 Chronic pulmonary embolism
   - Use additional code, if applicable, for associated long-term (current) use of anticoagulants (V08.61)
   - See code: 415.11
   - AHA: 3Q, '10, 10; 4Q, '89, 12

416.8 Other chronic pulmonary heart diseases
   - Pulmonary hypertension NOS
   - Pulmonary hypertension, secondary
   - AHA: 1Q, '12, 17; 4Q, '11, 10; 4Q, '09, 20; 1Q, '12
   - See code: 416.8

416.9 Other unspecified chronic heart diseases
   - Chronic cardiopulmonary disease
   - Cor pulmonale (chronic) NOS
   - AHA: 4Q, '95, 58

417 Other diseases of the pulmonary circulation

417.0 Arteriovenous fistulas of pulmonary vessels
   - Other arteriovenous fistulas of pulmonary vessels
   - Abnormal communications between blood vessels within lung.
   - ICD-10: 417.0-417.9

417.1 Anomaly of pulmonary artery
   - See code: 417.0

417.2 Other specified diseases of pulmonary circulation
   - Pulmonary arteritis endarteritis
   - Rupture of pulmonary vessel

417.9 Unspecified disease of pulmonary circulation

420 Acute pericarditis

420.0 Acute pericarditis
   - See code: 420.0
   - Mediastinal/pericardial/pericarditis
   - Pericardial effusion
   - Pleuritis/pericarditis
   - Pericardial effusion
   - Other specified diseases of pulmonary circulation
   - Pulmonary artery disease
   - Pulmonary vessels
   - Other unspecified disease of pulmonary circulation

420.9 Other forms of heart disease (420-429)

420.30 Acute pericarditis
   - See code: 420.30
   - Mediastinal/pericardial/pericarditis
   - Pericarditis (acute)
   - Pericarditis (acute) NOS
   - Inflammatory disease

420.91 Other unspecified acute pericarditis
   - See code: 420.91

420.92 Other unspecified acute diseases of the heart
   - Other unspecified diseases of the heart

420.93 Other unspecified diseases of the heart
   - Other unspecified diseases of the heart

420.94 Other specified diseases of the heart
   - Other specified diseases of the heart

420.95 Other specified diseases of the heart
   - Other specified diseases of the heart

420.96 Other specified diseases of the heart
   - Other specified diseases of the heart

420.97 Other specified diseases of the heart
   - Other specified diseases of the heart

420.98 Other specified diseases of the heart
   - Other specified diseases of the heart

420.99 Other specified diseases of the heart
   - Other specified diseases of the heart

420.999 Other specified diseases of the heart
   - Other specified diseases of the heart
421 Acute and subacute endocarditis

Acute and subacute bacterial endocarditis

Endocarditis (acute/chronic) (subacute): bacterial

- infective NOS
- malignant
- purulent
- ulcerative
- vegetative

Subacute bacterial endocarditis (SBE)

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

CC Excl: disease classified elsewhere

Acute or subacute infective endocarditis

Code first underlying disease as:

- acute or subacute endocarditis (in):
  - typhoid fever (002.0)
  - blastomycosis (116.0)
  - meningococcal infection (036.42)
  - Fiedler’s disease (112.81)
  - meningitis (granulomatous) (393)
  - Fiedler’s disease (112.81)
  - meningitis (granulomatous) (393)
- acute or subacute endocarditis (in):
  - typhoid fever (002.0)
  - blastomycosis (116.0)
  - meningococcal infection (036.42)
  - Fiedler’s disease (112.81)
  - meningitis (granulomatous) (393)
- acute or subacute endocarditis (in):
  - typhoid fever (002.0)
  - blastomycosis (116.0)
  - meningococcal infection (036.42)
  - Fiedler’s disease (112.81)
  - meningitis (granulomatous) (393)

DEF:

- Acute inflammation of the muscular walls of the heart (myocardium).

- Myocarditis, acute or subacute: bacterial
  - staphylococcal
  - pneumococcal

CC Excl:

- acute or subacute myocarditis (due to):
  - typhoid (fever) (002.0)
  - blastomycosis (116.0)
  - meningococcal infection (036.42)
  - Fiedler’s disease (112.81)
  - meningitis (granulomatous) (393)

- acute or subacute myocarditis (due to):
  - typhoid (fever) (002.0)
  - blastomycosis (116.0)
  - meningococcal infection (036.42)
  - Fiedler’s disease (112.81)
  - meningitis (granulomatous) (393)

- acute or subacute myocarditis (due to):
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- acute or subacute myocarditis (due to):
  - typhoid (fever) (002.0)
  - blastomycosis (116.0)
  - meningococcal infection (036.42)
  - Fiedler’s disease (112.81)
  - meningitis (granulomatous) (393)
### Procedures and Interventions, Not Elsewhere Classified

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00.22</td>
<td>Intravascular imaging of intrathoracic vessels</td>
</tr>
<tr>
<td>00.23</td>
<td>Intravascular imaging of peripheral vessels</td>
</tr>
<tr>
<td>00.24</td>
<td>Intravascular imaging of coronary vessels</td>
</tr>
<tr>
<td>00.25</td>
<td>Intravascular imaging of renal vessels</td>
</tr>
<tr>
<td>00.28</td>
<td>Intravascular imaging of blood vessels</td>
</tr>
<tr>
<td>00.29</td>
<td>Intravascular imaging, unspecified vessel(s)</td>
</tr>
<tr>
<td>00.3</td>
<td>Computer assisted surgery (CAS)</td>
</tr>
<tr>
<td>00.31</td>
<td>Computer assisted surgery with CTA/CTA</td>
</tr>
<tr>
<td>00.32</td>
<td>Computer assisted surgery with MRA/MRA</td>
</tr>
<tr>
<td>00.33</td>
<td>Computer assisted surgery with fluoroscopy</td>
</tr>
<tr>
<td>00.35</td>
<td>Computer assisted surgery with multi-dataset</td>
</tr>
<tr>
<td>00.39</td>
<td>Computer assisted surgery NOS</td>
</tr>
</tbody>
</table>

#### 00.4 Adjunct vascular system procedures

- These codes can apply to both coronary and peripheral vessels. These codes are to be used in conjunction with other therapeutic procedure codes to provide additional information on the number of vessels upon which a procedure was performed and/or the number of stents inserted. As appropriate, code both the number of vessels operated on (00.40-00.43), and the number of vascular stents inserted (00.45-00.48).
- Code also any:
  - SuperOxygenation infusion therapy
  - SuperOxygenation therapy
  - Aqueous oxygen (AO) therapy
  - 

#### 00.42 Procedure on two vessels

- Intravascular imaging of intrathoracic vessels
- Intravascular imaging of peripheral vessels
- Intravascular imaging of coronary vessels
- Intravascular imaging of renal vessels
- Intravascular imaging of blood vessels

#### 00.43 Procedure on four or more vessels

- Intravascular imaging of intrathoracic vessels
- Intravascular imaging of peripheral vessels
- Intravascular imaging of coronary vessels
- Intravascular imaging of renal vessels
- Intravascular imaging of blood vessels

#### 00.44 Procedure on vessel bifurcation

- 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 operation episode, irrespective of the number of bifurcations in vessels.
### Tabular List

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

#### Operations on the Digestive System

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.32</td>
<td>Percutaneous (endoscopic) jejunostomy [PEJ]</td>
</tr>
<tr>
<td>46.31</td>
<td>Delayed opening of other enterostomy</td>
</tr>
<tr>
<td>46.24</td>
<td>Delayed opening of ileostomy</td>
</tr>
<tr>
<td>46.39</td>
<td>Other enterostomy</td>
</tr>
<tr>
<td>46.40</td>
<td>Revision of intestinal stoma, not otherwise specified</td>
</tr>
<tr>
<td>46.41</td>
<td>Revision of stoma of small intestine</td>
</tr>
<tr>
<td>46.42</td>
<td>Repair of pericoloectomy hernia</td>
</tr>
<tr>
<td>46.50</td>
<td>Closure of intestinal stoma, not otherwise specified</td>
</tr>
<tr>
<td>46.51</td>
<td>Closure of stoma of small intestine</td>
</tr>
</tbody>
</table>

#### Notes
- Code also any synchronous resection (45.49, 45.41-45.79, 45.41-45.8) if with abdominopерineal resection of rectum (45.41-45.8) or with abdominal wall resection (45.41-45.8).
- Code also any synchronous resection (45.61-45.8) if with abdominal wall resection (45.61-45.8).
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 complement 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.

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   b. Tabular abbreviations
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9. “See” and “See Also”
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