

2009 ADDENDUM HIGHLIGHTS

The following is a list of significant Addendum Highlights to ICD-9-CM for the 2009 Versions becoming effective October 1, 2008.

DISEASE TABULAR

- Code 038.11** – This code title was revised to read “Methicillin susceptible *Staphylococcus aureus* septicemia.”
- Code 038.12** – This new code was added to separately identify “Methicillin resistant *Staphylococcus aureus* septicemia.”
- Code 041.12** – This new code was added to separately identify “Methicillin resistant *Staphylococcus aureus*.”
- Code 046.1** – This code was re-classified as a new subcategory “Jakob-Creutzfeldt disease” and includes codes:
046.11 – Variant Creutzfeldt-Jakob disease
046.19 – Other and unspecified Creutzfeldt-Jakob disease
- Code 046.7** – This new subcategory code was added to separately identify “Other specified prion diseases of central nervous system” and includes codes:
046.71 – Gerstmann-Sträussler-Scheinker syndrome
046.72 – Fatal familial insomnia
046.79 – Other and unspecified prion disease of central nervous system
- Code 051.0** – This code was re-classified as a new subcategory and revised to read “Cowpox and vaccinia not from vaccination” and includes codes:
051.01 – Cowpox
051.02 – Vaccinia not from vaccination
- Code 059** – This new code category was added to separately identify “Other poxvirus infections.”
- Code 059.0** – This new subcategory code was added to separately identify “Other orthopoxvirus infections” and includes codes:
059.00 – Orthopoxvirus infection, unspecified
059.01 – Monkeypox
059.09 – Other orthopoxvirus infection
- Code 059.1** – This new subcategory code was added to separately identify “Other parapoxvirus infections” and includes codes:
059.10 – Parapoxvirus infection, unspecified
059.11 – Bovine stomatitis
059.12 – Sealpox
059.19 – Other parapoxvirus infections
- Code 059.2** – This new subcategory code was added to separately identify “Yatapoxvirus infections” and includes codes:
059.20 – Yatapoxvirus infection, unspecified
059.21 – Tanapox
059.22 – Yaba monkey tumor virus
- Code 078.12** – This new code was added to separately identify “Plantar wart.”
- Code 136.2** – This code was re-classified as a new subcategory “Specific infections by free-living amebae” and includes codes:
136.21 – Specific infection due to *acanthamoeba*
136.29 – Other specific infections by free-living amebae
- Code 199.2** – This new code was added to separately identify “Malignant neoplasm associated with transplanted organ.”
- Code categories 203, 204, 205, 206, 207 & 208** – The new fifth digit “2 – In relapse” was added.
- Code 209** – This new code category was added to separately identify “Neuroendocrine tumors” and includes the subcategory codes:
209.0 – Malignant carcinoid tumors of the small intestine
209.1 – Malignant carcinoid tumors of the appendix, large intestine, and rectum
209.2 – Malignant carcinoid tumors of other and unspecified sites
209.3 – Malignant poorly differentiated neuroendocrine tumors
209.4 – Benign carcinoid tumors of the small intestine
209.5 – Benign carcinoid tumors of the appendix, large intestine, and rectum
209.6 – Benign carcinoid tumors of other and unspecified sites
- Code 238.77** – This new code was added to separately identify “Post-transplant lymphoproliferative disorder (PTLD).”
- Code 249** – This new code category was added to separately identify “Secondary diabetes mellitus” and includes the subcategory codes:
249.0 – Secondary diabetes mellitus without mention of complication
249.1 – Secondary diabetes mellitus with ketoacidosis
249.2 – Secondary diabetes mellitus with hyperosmolarity
249.3 – Secondary diabetes mellitus with other coma
249.4 – Secondary diabetes mellitus with renal manifestations
249.5 – Secondary diabetes mellitus with ophthalmic manifestations
249.6 – Secondary diabetes mellitus with neurological manifestations
249.7 – Secondary diabetes mellitus with peripheral circulatory disorders
249.8 – Secondary diabetes mellitus with other specified manifestations
249.9 – Secondary diabetes mellitus with unspecified complication
- Code 259.5** – This code was re-classified as a new subcategory “Androgen insensitivity syndrome” and includes codes:
259.50 – Androgen insensitivity, unspecified
259.51 – Androgen insensitivity syndrome
259.52 – Partial androgen insensitivity
- Code 275.5** – This new code was added to separately identify “Hungry bone syndrome.”
- Code 279.5** – This new subcategory code was added to separately identify “Graft-versus-host disease” and includes codes:
279.50 – Graft-versus-host disease, unspecified
279.51 – Acute graft-versus-host disease
279.52 – Chronic graft-versus-host disease
279.53 – Acute on chronic graft-versus-host disease
- Code 289.84** – This new code was added to separately identify “Heparin-induced thrombocytopenia (HIT).”
- Code 337.0** – This code was re-classified as a new subcategory “Idiopathic peripheral autonomic neuropathy” and includes codes:
337.00 – Idiopathic peripheral autonomic neuropathy, unspecified
337.01 – Carotid sinus syndrome
337.09 – Other idiopathic peripheral autonomic neuropathy
- Code 339** – This new code category was added to separately identify “Other headache syndromes” and includes the subcategory codes:
339.0 – Cluster headaches and other trigeminal autonomic cephalgias
339.1 – Tension type headache
339.2 – Post-traumatic headache
339.3 – Drug induced headache, not elsewhere classified
339.4 – Complicated headache syndromes
339.8 – Other specified headache syndromes
- Code 346** – This category’s fifth-digit subclassification was revised to read:
0 – Without mention of intractable migraine without mention of status migrainosus
1 – With intractable migraine, so stated, without mention of status migrainosus
2 – Without mention of intractable migraine with status migrainosus
3 – With intractable migraine, so stated, with status migrainosus
- Code 346.0** – This subcategory title was revised to read “Migraine with aura.”
- Code 346.1** – This subcategory title was revised to read “Migraine without aura.”
- Code 346.2** – This subcategory title was revised to read “Variants of migraine, not elsewhere classified.”
- Code 346.3** – This new code category was added to separately identify “Hemiplegic migraine.”
- Code 346.4** – This new code category was added to separately identify “Menstrual migraine.”
- Code 346.5** – This new code category was added to separately identify “Persistent migraine aura without cerebral infarction.”
- Code 346.6** – This new code category was added to separately identify “Persistent migraine aura with cerebral infarction.”
- Code 346.7** – This new code category was added to separately identify “Chronic migraine without aura.”
- Code 349.31** – This new code category was added to separately identify “Dural tear” and includes codes:
349.31 – Accidental puncture or laceration of dura during a procedure
349.39 – Other dural tear
- Codes 362.20, 362.22, 262.23, 362.24, 362.25, 362.26 & 362.27** – These new codes were added to separately identify the various stages of “Retinopathy of prematurity.”
- Code 364.82** – This new code was added to separately identify “Plateau iris syndrome.”
- Code 372.34** – This new code was added to separately identify “Pingueculitis.”
- Code 414.3** – This new code was added to separately identify “Coronary atherosclerosis due to lipid rich plaque.”
- Code 482.41** – This code title was revised to read “Methicillin susceptible pneumonia due to *Staphylococcus aureus*.”
- Code 482.42** – This new code was added to separately identify “Methicillin resistant pneumonia due to *Staphylococcus aureus*.”

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- Code 511.8** – This code was re-classified as a new subcategory “Other specified forms of effusion, except tuberculous” and includes codes:
511.81 – Malignant pleural effusion
511.89 – Other specified forms of effusion, except tuberculous
- Code 530.13** – This new code was added to separately identify “Eosinophilic esophagitis.”
- Code 535.7** – This new code was added to separately identify “Eosinophilic gastritis.”
- Code 558.4** – This new subcategory code was added to separately identify “Eosinophilic gastroenteritis and colitis” and includes codes:
558.41 – Eosinophilic gastroenteritis
558.42 – Eosinophilic colitis
- Code 569.44** – This new code was added to separately identify “Dysplasia of anus.”
- Code 571.42** – This new code was added to separately identify “Autoimmune hepatitis.”
- Code 599.7** – This code was re-classified as a new subcategory “Hematuria” and includes codes:
599.70 – Hematuria, unspecified
599.71 – Gross hematuria
599.72 – Microscopic hematuria
- Code 611.8** – This code was re-classified as a new subcategory “Other specified disorders of breast” and includes codes:
611.81 – Ptosis of breast
611.82 – Hypoplasia of breast
611.83 – Capsular contracture of breast implant
611.89 – Other specified disorders of breast
- Code 612.0** – This new code was added to separately identify “Deformity of reconstructed breast.”
- Code 612.1** – This new code was added to separately identify “Disproportion of reconstructed breast.”
- Code 625.7** – This new subcategory code was added to separately identify “Vulvodynia” and includes codes:
625.70 – Vulvodynia, unspecified
625.71 – Vulvar vestibulitis
625.79 – Other vulvodynia
- Code 649.7** – This new code was added to separately identify “Cervical shortening.”
- Code 678** – This new code category was added to separately identify “Other fetal conditions” and includes the subcategory codes:
678.0 – Fetal hematologic conditions
678.1 – Fetal conjoined twins
- Code 679** – This new code category was added to separately identify “Complications of in utero procedures” and includes the subcategory codes:
679.0 – Maternal complications from in utero procedure
679.1 – Fetal complications from in utero procedure
- Code 695.1** – This code was re-classified as a new subcategory “Erythema multiforme” and includes codes:
695.10 – Erythema multiforme, unspecified
695.11 – Erythema multiforme minor
695.12 – Erythema multiforme major
695.13 – Stevens-Johnson syndrome
695.14 – Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
695.15 – Toxic epidermal necrolysis
695.19 – Other erythema multiforme
- Code 695.5** – This new code category was added to separately identify “Exfoliation due to erythematous conditions according to extent of body surface involved.”
- Code 707.0** – This subcategory title was revised to read “Pressure ulcer.”
- Code 707.2** – This new subcategory code was added to separately identify “Pressure ulcer stages” and includes codes:
707.20 – Pressure ulcer, unspecified stage
707.21 – Pressure ulcer, stage I
707.22 – Pressure ulcer, stage II
707.23 – Pressure ulcer, stage III
707.24 – Pressure ulcer, stage IV
707.25 – Pressure ulcer, unstageable
- Code 729.9** – This code was re-classified as a new subcategory “Other and unspecified disorders of soft tissue” and includes codes:
729.90 – Disorders of soft tissue, unspecified
729.91 – Post-traumatic seroma
729.92 – Nontraumatic hematoma of soft tissue
729.99 – Other disorders of soft tissue
- Code 733.96** – This new code was added to separately identify “Stress fracture of femoral neck.”
- Code 733.97** – This new code was added to separately identify “Stress fracture of femur.”
- Code 733.98** – This new code was added to separately identify “Stress fracture of pelvis.”
- Code 760.6** – This code was re-classified as a new subcategory and revised to read “Surgical operation on mother and fetus” and includes codes:
760.61 – Newborn affected by amniocentesis
760.62 – Newborn affected by other in utero procedure
760.63 – Newborn affected by other surgical operations
760.64 – Newborn affected by previous surgical procedure
- Code 777.5** – This code was re-classified as a new subcategory “Necrotizing enterocolitis in newborn” and includes codes:
777.50 – Necrotizing enterocolitis in newborn, unspecified
777.51 – Stage I necrotizing enterocolitis in newborn
777.52 – Stage II necrotizing enterocolitis in newborn
777.53 – Stage III necrotizing enterocolitis in newborn
- Code 780.6** – This code was re-classified as a new subcategory and revised to read “Fever and other physiologic disturbances of temperature regulation” and includes codes:
780.60 – Fever, unspecified
780.61 – Fever presenting with conditions classified elsewhere
780.62 – Postprocedural fever
780.63 – Postvaccination fever
780.64 – Chills (without fever)
780.65 – Hypothermia not associated with low environmental temperature
- Code 780.72** – This new code was added to separately identify “Functional quadriplegia.”
- Code 788.9** – This code was re-classified as a new subcategory “Other symptoms involving urinary system” and includes codes:
788.91 – Functional urinary incontinence
788.99 – Other symptoms involving urinary system
- Code 795.07** – This new code was added to separately identify “Satisfactory cervical smear but lacking transformation zone.”
- Code 795.1** – This code was re-classified as a new subcategory and revised to read “Abnormal Papanicolaou smear of vagina and vaginal HPV” and includes codes:
795.10 – Abnormal glandular Papanicolaou smear of vagina
795.11 – Papanicolaou smear of vagina with atypical squamous cells of undetermined significance
795.12 – Papanicolaou smear of vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion
795.13 – Papanicolaou smear of vagina with low grade squamous intraepithelial lesion
795.14 – Papanicolaou smear of vagina with high grade squamous intraepithelial lesion
795.15 – Vaginal high risk human papillomavirus (HPV) DNA test positive
795.16 – Papanicolaou smear of vagina with cytologic evidence of malignancy
795.18 – Unsatisfactory vaginal cytology smear
795.19 – Other abnormal Papanicolaou smear of vagina and vaginal HPV
- Code 796.7** – This new subcategory code was added to separately identify “Abnormal cytologic smear of anus and anal HPV” and includes codes:
796.70 – Abnormal glandular Papanicolaou smear of anus
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 (LGSIL)
796.74 – Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HGSIL)

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- 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
- 796.79** – Other abnormal Papanicolaou smear of anus and anal HPV
- Code 997.3** – This code was re-classified as a new subcategory “Respiratory complications” and includes codes:
997.31 – Ventilator associated pneumonia
997.39 – Other respiratory complications
- Code 998.3** – This subcategory title was revised to read “Disruption of wound.”
- Code 998.30** – This new code was added to separately identify “Disruption of wound, unspecified.”
- Code 998.33** – This new code was added to separately identify “Disruption of traumatic wound repair.”
- Code 999.8** – This code was re-classified as a new subcategory and revised to read “Other infusion and transfusion reaction” and includes codes:
999.81 – Extravasation of vesicant chemotherapy
999.82 – Extravasation of other vesicant agent
999.88 – Other infusion reaction
999.89 – Other transfusion reaction
- Code V02.53** – This new code was added to separately identify “Methicillin susceptible Staphylococcal aureus MSSA colonization.”
- Code V02.54** – This new code was added to separately identify “Methicillin resistant Staphylococcal aureus MRSA colonization.”
- Code V07.5** – This new subcategory code was added to separately identify “Prophylactic use of agents affecting estrogen receptors and estrogen levels” and includes codes:
V07.51 – Prophylactic use of selective estrogen receptor modulators (SERMS)
V07.52 – Prophylactic use of aromatase inhibitors
V07.59 – Prophylactic use of other agents affecting estrogen receptors and estrogen levels
- Code V12.04** – This new code was added to separately identify “Methicillin resistant Staphylococcus aureus MRSA.”
- Code V13.5** – This code was re-classified as a new subcategory “Other musculoskeletal disorders” and includes codes:
V13.51 – Pathologic fracture
V13.52 – Stress fracture
V13.59 – Other musculoskeletal disorders
- Code V15.2** – This code was re-classified as a new subcategory and revised to read “Surgery to other organs” and includes codes:
V15.21 – Personal history of undergoing in utero procedure during pregnancy
V15.22 – Personal history of undergoing in utero procedure while a fetus
V15.29 – Surgery to other organs
- Code V15.5** – This code was re-classified as a new subcategory “Injury” and includes codes:
V15.51 – Traumatic fracture
V15.59 – Other injury
- Code V23.85** – This new code was added to separately identify “Pregnancy resulting from assisted reproductive technology.”
- Code V23.86** – This new code was added to separately identify “Pregnancy with history of in utero procedure during previous pregnancy.”
- Code V28.8** – This code was re-classified as a new subcategory “Other specified antenatal screening” and includes codes:
V28.81 – Encounter for fetal anatomic survey
V28.82 – Encounter for screening for risk of pre-term labor
V28.89 – Other specified antenatal screening
- Code V45.1** – This code was re-classified as a new subcategory “Renal dialysis status” and includes codes:
V45.11 – Renal dialysis status
V45.12 – Noncompliance with renal dialysis
- Code V45.87** – This new code was added to separately identify “Transplanted organ removal status.”
- Code V45.88** – This new code was added to separately identify “Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility.”
- Code V46.3** – This new code was added to separately identify “Wheelchair dependence.”
- Code V51** – This code was re-classified as a new subcategory “Aftercare involving the use of plastic surgery” and includes codes:
V51.0 – Encounter for breast reconstruction following mastectomy
V51.8 – Other aftercare involving the use of plastic surgery
- Code V61.0** – This code was re-classified as a new subcategory “Family disruption” and includes codes:
V61.01 – Family disruption due to family member on military deployment
V61.02 – Family disruption due to return of family member from military deployment
V61.03 – Family disruption due to divorce or legal separation
V61.04 – Family disruption due to parent-child estrangement
V61.05 – Family disruption due to child in welfare custody
V61.06 – Family disruption due to child in foster care or in care of non-parental family member
V61.09 – Other family disruption
- Code V62.2** – This code was re-classified as a new subcategory “Other occupational circumstances or maladjustment” and includes codes:
V62.21 – Personal current military deployment status
V62.22 – Personal history of return from military deployment
V62.29 – Other occupational circumstances or maladjustment
- Code V87** – This new code category was added to separately identify “Other specified personal exposures and history presenting hazards to health” and includes subcategory codes and codes:
V87.0 – Contact with and (suspected) exposure to hazardous metals
V87.01 – Arsenic
V87.09 – Other hazardous metals
V87.1 – Contact with and (suspected) exposure to hazardous aromatic compounds
V87.11 – Aromatic amines
V87.12 – Benzene
V87.19 – Other hazardous aromatic compounds
V87.2 – Contact with and (suspected) exposure to other potentially hazardous chemicals
V87.3 – Contact with and (suspected) exposure to other potentially hazardous substances
V87.31 – Exposure to mold
V87.39 – Contact with and (suspected) exposure to other potentially hazardous substances
V87.4 – Personal history of drug therapy
V87.41 – Personal history of antineoplastic chemotherapy
V87.42 – Personal history of monoclonal drug therapy
V87.49 – Personal history of other drug therapy
- Code V88** – This new code category was added to separately identify “Acquired absence of other organs and tissue” and includes subcategory codes and codes:
V88.0 – Acquired absence of cervix and uterus
V88.01 – Acquired absence of both cervix and uterus
V88.02 – Acquired absence of uterus with remaining cervical stump
V88.03 – Acquired absence of cervix with remaining uterus
- Code V89** – This new code category was added to separately identify “Other suspected conditions not found” and includes subcategory codes and codes:
V89.0 – Suspected maternal and fetal conditions not found
V89.01 – Suspected problem with amniotic cavity and membrane not found
V89.02 – Suspected placental problem not found
V89.03 – Suspected fetal anomaly not found
V89.04 – Suspected problem with fetal growth not found
V89.05 – Suspected cervical shortening not found
V89.09 – Other suspected maternal and fetal condition not found
- Code E927** – This code was re-classified as a new subcategory and revised to read “Overexertion and strenuous and repetitive movements or loads” and includes codes:
E927.0 – Overexertion from sudden strenuous movement
E927.1 – Overexertion from prolonged static position
E927.2 – Excessive physical exertion from prolonged activity
E927.3 – Cumulative trauma from repetitive motion
E927.4 – Cumulative trauma from repetitive impact
E927.8 – Other overexertion and strenuous and repetitive movements or loads
E927.9 – Unspecified overexertion and strenuous and repetitive movements or loads

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PROCEDURE TABULAR

- Code 00.49** – This new code was added to separately identify “SuperSaturated oxygen therapy.”
- Code 00.58** – This new code was added to separately identify “Insertion of intra-aneurysm sac pressure monitoring device.”
- Code 00.59** – This new code was added to separately identify “Intravascular pressure measurement of coronary arteries.”
- Code 00.67** – This new code was added to separately identify “Intravascular pressure measurement of intrathoracic arteries.”
- Code 00.68** – This new code was added to separately identify “Intravascular pressure measurement of peripheral arteries.”
- Code 00.69** – This new code was added to separately identify “Intravascular pressure measurement, other specified and unspecified vessels.”
- Code 17** – This new code category was added to separately identify “Other miscellaneous procedures.”
- Code 17.1** – This new subcategory code was added to separately identify “Laparoscopic unilateral repair of inguinal hernia” and includes codes:
17.11 – Laparoscopic repair of direct inguinal hernia with graft or prosthesis
17.12 – Laparoscopic repair of indirect inguinal hernia with graft or prosthesis
17.13 – Laparoscopic repair of inguinal hernia with graft or prosthesis, not otherwise specified
- Code 17.2** – This new subcategory code was added to separately identify “Laparoscopic bilateral repair of inguinal hernia” and includes codes:
17.21 – Laparoscopic bilateral repair of direct inguinal hernia with graft or prosthesis
17.22 – Laparoscopic bilateral repair of indirect inguinal hernia with graft or prosthesis
17.23 – Laparoscopic bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis
17.24 – Laparoscopic bilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified
- Code 17.3** – This new subcategory code was added to separately identify “Laparoscopic partial excision of large intestine” and includes codes:
17.31 – Laparoscopic multiple segmental resection of large intestine
17.32 – Laparoscopic cecectomy
17.33 – Laparoscopic right hemicolectomy
17.34 – Laparoscopic resection of transverse colon
17.35 – Laparoscopic left hemicolectomy
17.36 – Laparoscopic sigmoidectomy
17.39 – Other laparoscopic partial excision of large intestine
- Code 17.4** – This new subcategory code was added to separately identify “Robotic assisted procedures” and includes codes:
17.41 – Open robotic assisted surgery
17.42 – Laparoscopic robotic assisted surgery
17.43 – Percutaneous robotic assisted surgery
17.44 – Endoscopic robotic assisted surgery
17.45 – Thoracoscopic robotic assisted surgery
17.49 – Other and unspecified robotic assisted surgery
- Code 33.7** – This subcategory title was revised to read “Other endoscopic procedures in bronchus or lung.”
- Code 33.72** – This new code was added to separately identify “Endoscopic pulmonary airway flow measurement.”
- Code 37.36** – This new code was added to separately identify “Excision or destruction of left atrial appendage (LAA).”
- Code 37.52** – This code title was revised to read “Implantation of total internal biventricular heart replacement system.”
- Code 37.55** – This new code was added to separately identify “Removal of internal biventricular heart replacement system.”
- Code 37.60** – This new code was added to separately identify “Implantation or insertion of biventricular external heart assist sytem.”
- Code 37.62** – This code title was revised to read “Insertion of temporary non-implantable extracorporeal circulatory assist device.”
- Code 37.64** – This code title was revised to read “Removal of external heart assist system(s) or device(s).”
- Code 37.65** – This code title was revised to read “Implant of single ventricular (extracorporeal) external heart assist system.”
- Code 38.23** – This new code was added to separately identify “Intravascular spectroscopy.”
- Code 45.7** – This subcategory title was revised to read “Open and other partial excision of large intestine.”
- Code 45.8** – This code was re-classified as a new subcategory “Total intra-abdominal colectomy” and includes codes:
45.81 – Laparoscopic total intra-abdominal colectomy
45.82 – Open total intra-abdominal colectomy
45.83 – Other and unspecified total intra-abdominal colectomy
- Code 48.40** – This new code was added to separately identify “Pull-through resection of rectum, not otherwise specified.”
- Code 48.42** – This new code was added to separately identify “Laparoscopic pull-through resection of rectum.”
- Code 48.43** – This new code was added to separately identify “Open pull-through resection of rectum.”
- Code 48.5** – This code was re-classified as a new subcategory “Abdominoperineal resection of rectum” and includes codes:
48.50 – Abdominoperineal resection of the rectum, not otherwise specified
48.51 – Laparoscopic abdominoperineal resection of the rectum
48.52 – Open abdominoperineal resection of the rectum
48.59 – Other abdominoperineal resection of the rectum
- Code 53.0** – This subcategory title was revised to read “Other unilateral repair of inguinal hernia.”
- Code 53.1** – This subcategory title was revised to read “Other bilateral repair of inguinal hernia.”
- Code 53.42** – This new code was added to separately identify “Laparoscopic repair of umbilical hernia with graft or prosthesis.”
- Code 53.43** – This new code was added to separately identify “Other laparoscopic umbilical herniorrhaphy.”
- Code 53.62** – This new code was added to separately identify “Laparoscopic incisional hernia repair with graft or prosthesis.”
- Code 53.63** – This new code was added to separately identify “Other laparoscopic repair of other hernia of anterior abdominal wall with graft or prosthesis.”
- Code 53.71** – This new code was added to separately identify “Laparoscopic repair of diaphragmatic hernia, abdominal approach.”
- Code 53.72** – This new code was added to separately identify “Other and open repair of diaphragmatic hernia, abdominal approach.”
- Code 53.75** – This new code was added to separately identify “Repair of diaphragmatic hernia, abdominal approach, not otherwise specified.”
- Code 53.83** – This new code was added to separately identify “Laparoscopic repair of diaphragmatic hernia, with thoracic approach.”
- Code 53.84** – This new code was added to separately identify “Other and open repair of diaphragmatic hernia, with thoracic approach.”
- Code 80.5** – This subcategory title was revised to read “Excision, destruction and other repair of intervertebral disc.”
- Code 80.53** – This new code was added to separately identify “Repair of the anulus fibrosus with graft or prosthesis.”
- Code 80.54** – This new code was added to separately identify “Other and unspecified repair of the anulus fibrosus.”
- Code 81.65** – This code title was revised to read “Percutaneous vertebroplasty.”
- Code 81.66** – This code title was revised to read “Percutaneous vertebral augmentation.”
- Code 85.7** – This code was re-classified as a new subcategory “Total reconstruction of breast” and includes codes:
85.70 – Total reconstruction of breast, not otherwise specified
85.71 – Latissimus dorsi myocutaneous flap
85.72 – Transverse rectus abdominis myocutaneous (TRAM) flap, pedicled
85.73 – Transverse rectus abdominis myocutaneous (TRAM) flap, free
85.74 – Deep inferior epigastric artery perforator (DIEP) flap, free
85.75 – Superficial inferior epigastric artery perforator (SIEA) flap, free
85.76 – Gluteal artery perforator (GAP) flap, free
85.79 – Other total reconstruction of breast
- Code 93.90** – This code title was revised to read “Non-invasive mechanical ventilation.”
- Code 96.7** – This subcategory code title was revised to read “Other continuous invasive mechanical ventilation.”
- Code 96.70** – This code title was revised to read “Continuous invasive mechanical ventilation of unspecified duration.”
- Code 96.71** – This code title was revised to read “Continuous invasive mechanical ventilation for less than 96 consecutive hours.”
- Code 96.72** – This code title was revised to read “Continuous invasive mechanical ventilation for 96 consecutive hours or more.”