

INGENIX®

Coders' Desk Reference
for Diagnoses

2009

Contents

Introduction	1		
ICD-9-CM Codes and Descriptions	1		
Additional Descriptors	2		
Narrative	2		
Coding Clinic References	2		
Documentation Issues	2		
Coding Clarification	2		
Coding Scenarios	2		
Illustrations	2		
ICD-9-CM Conventions	3		
Three Volume Set	3		
Supplemental Classifications	3		
Approaches to ICD-9-CM Coding	3		
Rules of ICD-9-CM Reference	3		
Format	4		
Typeface	4		
Punctuation	4		
Notes	4		
Instructional Notes	4		
Modifiers	5		
Abbreviations	5		
Cross-references	5		
Official ICD-9-CM Coding Guidelines	7		
Syndromes	77		
Prefixes and Suffixes	131		
Prefixes	131		
Suffixes	134		
Abbreviations, Acronyms, and Symbols	135		
Anatomy Charts	149		
Skeletal System	149		
Lymphatic System	150		
Endocrine System	151		
Digestive System	152		
Nervous System	153		
Circulatory System: Arterial	154		
Circulatory System: Venous	155		
Urogenital Tracts	156		
Respiratory System	157		
001-139 Infectious and Parasitic Diseases	159		
001-009 Intestinal Infectious Diseases	159		
010-018 Tuberculosis	164		
020-027 Zoonotic Bacterial Diseases	166		
030-041 Other Bacterial Diseases	169		
042 Human Immunodeficiency Virus (HIV) Infection	177		
045-049 Poliomyelitis and Other Non-arthropod-borne Viral Diseases and Prion Diseases of Central Nervous System	178		
050-059 Viral Diseases Accompanied by Exanthem	180		
060-066 Arthropod-borne Viral Diseases	186		
070-079 Other Diseases Due to Viruses and Chlamydiae	188		
080-088 Rickettsioses and Other Arthropod-borne Diseases	194		
090-099 Syphilis and Other Venereal Diseases	196		
100-104 Other Spirochetal Diseases	200		
110-118 Mycoses	201		
120-129 Helminthiases	204		
130-136 Other Infectious and Parasitic Diseases	206		
137-139 Late Effects of Infectious and Parasitic Diseases	208		
140-239 Neoplasms	211		
140-149 Malignant Neoplasm of Lip, Oral Cavity, and Pharynx	212		
150-159 Malignant Neoplasm of Digestive Organs and Peritoneum	216		
160-165 Malignant Neoplasm of Respiratory and Intrathoracic Organs	220		
170-176 Malignant Neoplasm of Bone, Connective Tissue, Skin, and Breast	223		
179-189 Malignant Neoplasm of Genitourinary Organs	227		
190-195 Malignant Neoplasm of Other and Unspecified Sites	231		
196-199 Secondary and Unspecified Malignant Neoplasms	234		
200-208 Malignant Neoplasm of Lymphatic and Hematopoietic Tissue	237		
209 Neuroendocrine Tumors	244		
210-212 Benign Neoplasms of Digestive and Respiratory System and Intrathoracic Organs	245		
213-215 Benign Neoplasms of Bone, Connective, and Soft Tissues	246		
216-217 Benign Neoplasms of Integumentary System	247		
218-223 Benign Neoplasms of Genital Organs	248		
224-225 Benign Neoplasms of Nervous System	249		

Syndromes

The term syndrome is commonly misused by the lay public to embrace a very broad spectrum of diseases and illnesses, many of which are not accepted by the traditional western medical fraternity. A syndrome is the composite of signs and symptoms that give a picture of the disease process. In genetics, a syndrome constitutes a pattern of related abnormalities that may be genetically related.

Syndromes may be eponymic — named for an individual, or several individuals (e.g., Tourette's, Ostrum-Furst). Others may be simply descriptive (e.g., cat-cry, acquired immune deficiency); some names are associated with several unrelated syndromes (see Weber). Other syndromes may be referenced by either description or eponym (e.g., bruising syndrome, or Diamond-Gardner syndrome).

The symptoms that comprise a syndrome may be singular or plural, specific, or broadly outlined. Syndromes may be physical or behavioral, congenital, or found later in life; and while syndromes are not diseases, they are used to describe diseases seen daily by health care givers. Commonly known diseases may be known by their accompanying syndromes, which complicates proper coding of ICD-9-CM codes.

ICD-9-CM contains a list of nearly 1,500 syndromes cross-referenced under its numeric system. The following list contains most of those syndromes, explained and cross-referenced by number and name. Many syndromes carry a number of names, which are noted within parenthesis in each entry. Similar syndromes with negligible differences are also grouped together to ease use.

5q minus

(238.74) The most commonly observed structural chromosome abnormality in patients with myeloid disorders, in which a portion of the long arm of chromosome 5 is missing.

13

(758.1) (Patau's, trisomy D, D1) Variable symptoms of newborns with an extra chromosome in group D. Condition is usually fatal within two years and includes mental retardation and malformed ears, cardiac defects, convulsions, and others.

16-18 or E

(758.2) (Edward's, trisomy E, E3) Congenital malformations in which extra chromosome is group E. Includes mental retardation, abnormal skull shape, malformed ears, small mandible, cardiac defects, short sternum, and other symptoms.

21 or 22

(758.0) (Down, G, mongolism) Retardation with numerous markers varying from one person to another. Symptoms include retarded growth, flat face with short nose, epicanthic skin folds, protruding lower lip, rounded ears, thickened tongue, pelvic dysplasia, broad hands and feet, stubby fingers, and absence of Moro reflex.

Abercrombie's

(277.39) One of a group of syndromes characterized by accumulation of insoluble fibrillar proteins (amyloid) in various organs and tissues of the body, compromising vital functions.

Achard-Thiers

(255.2) Aranodactyly with small, receding mandible, broad skull, and laxity of joints in hands and feet.

Acid pulmonary aspiration

(997.39) (Mendelson's) Pulmonary disorder resulting from aspirating the contents of stomach following vomiting or regurgitation.

Acquired immune deficiency

(042) (AIDS) A contagious retroviral disease resulting from infection with human immunodeficiency virus (HIV) that can, in severe cases, suppress vital immunity. Several opportunistic infections, such as Kaposi's sarcoma and pneumocystitis pneumonia, are associated with this syndrome.

Acrocephalosyndactylism

(755.55) (Apert's) A chromosomal condition with webbing of digits and a pointed head and variety of defects. Often associated with other chromosomal abnormalities.

Acute brain syndrome with transient delirium

(293.0) Metabolic encephalopathy with altered state of consciousness or acute confusional state due to an underlying disease or condition.

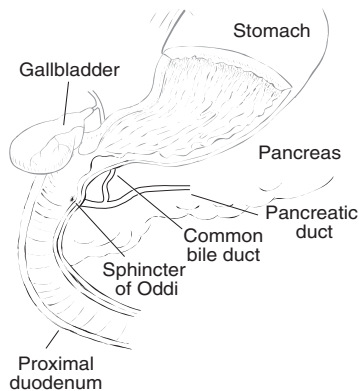
Acute chest

(282.62) Sickle cell anemia complication with acute bony and soft tissue chest pain with pulmonary infiltrates present on x-ray, due to impaired breathing secondary to pain.

Acute coronary

(411.1) (intermediate coronary) Unstable angina pectoris that has not yet developed into an acute myocardial infarction but requires immediate treatment.

- 575.8** Other specified disorder of gallbladder — adhesions, atrophy, cyst, hypertrophy, ulcer, calcification, infarct, sepsis, torsion, Hartmann's pouch, Rokitansky-Aschoff sinuses
AHA: Q2, 1989, 13; Q4, 1990, 26
- 575.9** Unspecified disorder of gallbladder — pain in gallbladder for unknown cause



Location of the biliary tract

576 Other disorders of biliary tract

- 576.0** Postcholecystectomy syndrome — jaundice or abnormal pain following cholecystectomy
AHA: Q1, 1988, 10
- 576.1** Cholangitis — inflammation of bile duct; recurrent, secondary, chronic, primary, acute, suppurative, sclerosing
AHA: Q2, 1999, 13
- 576.2** Obstruction of bile duct — occlusion, stenosis, stricture; Mirizzi's syndrome
AHA: Q2, 1999, 13; Q1, 2001, 8; Q3, 2003, 17-18
- 576.3** Perforation of bile duct — hole in the wall of bile duct
- 576.4** Fistula of bile duct — abnormal communication between bile duct and other tissue
- 576.5** Spasm of sphincter of Oddi — abnormal contraction in muscle of the threshold between bile duct and duodenum
- 576.8** Other specified disorders of biliary tract — adhesions, atrophy, cyst, hypertrophy, stasis, ulcer, cicatrix, obliteration, torsion of bile duct; abscess or inflammation of hepatic duct
AHA: Q2, 1999, 14; Q3, 2003, 17
- 576.9** Unspecified disorder of biliary tract

Coding Clarification

Excluded from this rubric are disorders of the biliary tract involving the cystic duct or gallbladder (575.0-575.9).

577 Diseases of pancreas

Signs and symptoms of diseases of the pancreas include abdominal pain, weakness, dizziness, somnolence, grossly bloody or "coffee ground" vomitus, grossly bloody or black and tarry stools, and a history of bleeding diathesis. Other signs and symptoms include chronic conditions such as

diverticulosis, fall in blood pressure of more than 10 mm Hg or rise in pulse rate of more than 20 beats per minute between supine and standing positions, altered level of consciousness, pallor, diaphoresis, and peripheral vasoconstriction.

- 577.0** Acute pancreatitis — severe inflammation; necrotic, acute, hemorrhagic, subacute, suppurative, infective; including Fitz's syndrome
AHA: Q2, 1989, 9; Q2, 1996, 13; Q2, 1998, 19; Q3, 1999, 9
- 577.1** Chronic pancreatitis — persistent inflammation; infectious, interstitial, painless, recurrent, relapsing
AHA: Q3, 1994, 11; Q2, 1996, 13; Q1, 2001, 8
- 577.2** Cyst and pseudocyst of pancreas
- 577.8** Other specified disease of pancreas — atrophy, calculus, cirrhosis, fibrosis, necrosis, fistula, hyperfunction, insufficiency, sclerosis, nontraumatic rupture, duct obstruction; Hadfield-Clarke or Burke's syndrome
AHA: Q1, 2001, 8
- 577.9** Unspecified disease of pancreas

Coding Clarification

Excluded from this rubric are mumps pancreatitis (072.3), islet cell tumor of pancreas (211.7), and pancreatic steatorrhea (579.4).

578 Gastrointestinal hemorrhage

AHA: Q4, 1990, 20; Q2, 1992, 9

Use this rubric to report bleeding of the stomach, ileum, jejunum, duodenum, and/or colon. The condition may be described as acute or chronic and involve a grossly bloody (visible) appearance or be detected by laboratory examination only (occult bleeding). GI bleeding is classified as either hematemesis (vomiting of blood), blood in stool which includes melena (partially digested blood showing as dark tarry stools) and hematochezia (passage of red blood in stools), and GI bleeding not specified as hematemesis or blood in stool.

Diagnostic tests may include a CBC to reveal normal hematocrit and hemoglobin for the first six hours of acute bleeding (the body can compensate for acute blood loss by vasoconstriction, delaying the intravascular fluids from entering the bloodstream). A peripheral blood smear in an acute hemorrhage longer than six hours often demonstrates normochromic and normocytic blood loss anemia. In chronic GI hemorrhage (acute exacerbation of chronic GI hemorrhage), a peripheral blood smear is characteristic of chronic blood loss showing microcytic, hypochromic anemia with marked increase in reticulocyte count. Abnormal BUN and creatinine levels suggest bleeding in the upper GI tract, and elevated liver enzymes indicate hypoperfusion of the liver following a bleeding episode. Nasogastric aspiration may be performed to confirm an upper GI bleed and an upper or lower