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Volumes 1, 2, & 3*

*International Classification of Diseases
9th Revision
Clinical Modification*

Sixth Edition

Edited by:

Anita C. Hart, RHIA, CCS, CCS-P

Melinda S. Stegman, MBA, CCS

Beth Ford, RHIT, CCS

Ingenix 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, 2009, Ingenix will provide these code changes to you at no additional cost! Just check back at www.shopingenix.com/productalerts to review the latest information concerning any new code changes.

Codes Valid October 1, 2008, through September 30, 2009

Coding Guidelines

Effective October 1, 2007

Narrative changes appear in bold text. Items underlined have been moved within the guidelines since November 15, 2006. The guidelines include the updated V Code Table

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. 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:
2. Abbreviations
 - a. Index abbreviations
 - b. Tabular abbreviations
3. Punctuation
4. Includes and Excludes Notes and Inclusion terms
5. Other and Unspecified codes
 - a. "Other" codes
 - b. "Unspecified" codes
6. Etiology/manifestation convention ("code first", "use additional code" and "in diseases classified elsewhere" notes)
7. "And"
8. "With"
9. "See" and "See Also"

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 V89.09
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
- C. Chapter-Specific Coding Guidelines
1. Chapter 1: Infectious and Parasitic Diseases (001-139)
 - a. Human Immunodeficiency Virus (HIV) Infections
 - b. Septicemia, Systemic Inflammatory Response Syndrome (SIRS), Sepsis, Severe Sepsis and Septic Shock
 2. Chapter 2: Neoplasms (140-239)
 - a. Treatment directed at the malignancy
 - b. Treatment of secondary site
 - c. Coding and sequencing of complications
 - d. Primary malignancy previously excised
 - e. Admissions/Encounters involving chemotherapy, immunotherapy and radiation therapy
 - f. Admission/encounter to determine extent of malignancy
 - g. Symptoms, signs, and ill-defined conditions listed in Chapter 16 **associated with neoplasms**
 - h. Admission/encounter for pain control/management
 3. Chapter 3: Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240-279)
 - a. Diabetes mellitus
 4. Chapter 4: Diseases of Blood and Blood Forming Organs (280-289)
 - a. 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)
 - a. Pain - Category 338
 7. Chapter 7: Diseases of Circulatory System (390-459)
 - a. Hypertension
 - b. Cerebral infarction/stroke/cerebrovascular accident (CVA)
 - c. Postoperative cerebrovascular accident
 - d. Late Effects of Cerebrovascular Disease
 - e. Acute myocardial infarction (AMI)
 8. Chapter 8: Diseases of Respiratory System (460-519)
 - a. Chronic Obstructive Pulmonary Disease [COPD] and Asthma
 - b. Chronic Obstructive Pulmonary Disease [COPD] and Bronchitis
 - c. Acute Respiratory Failure
 - d. **Influenza due to identified avian influenza virus (avian influenza)**
 9. Chapter 9: Diseases of Digestive System (520-579)
Reserved for future guideline expansion
 10. Chapter 10: Diseases of Genitourinary System (580-629)
 - a. Chronic kidney disease
 11. Chapter 11: Complications of Pregnancy, Childbirth, and the Puerperium (630-677)
 - a. General Rules for Obstetric Cases
 - b. Selection of OB Principal or First-listed Diagnosis
 - c. Fetal Conditions Affecting the Management of the Mother
 - d. HIV Infection in Pregnancy, Childbirth and the Puerperium
 - e. Current Conditions Complicating Pregnancy
 - f. Diabetes mellitus in pregnancy
 - g. Gestational diabetes
 - h. Normal Delivery, Code 650
 - i. The Postpartum and Peripartum Periods
 - j. Code 677, Late effect of complication of pregnancy
 - k. Abortions
 12. Chapter 12: Diseases Skin and Subcutaneous Tissue (680-709)
Reserved for future guideline expansion
 13. Chapter 13: Diseases of Musculoskeletal and Connective Tissue (710-739)
 - a. Coding of Pathologic Fractures
 14. Chapter 14: Congenital Anomalies (740-759)
 - a. Codes in categories 740-759, Congenital Anomalies
 15. Chapter 15: Newborn (Perinatal) Guidelines (760-779)
 - a. General Perinatal Rules

- ✓5th **478.3 Paralysis of vocal cords or larynx**
 DEF: Loss of motor ability of vocal cords or larynx; due to nerve or muscle damage.

478.30 Paralysis, unspecified
 Laryngoplegia
 Paralysis of glottis

478.31 Unilateral, partial

478.32 Unilateral, complete

478.33 Bilateral, partial

478.34 Bilateral, complete

- 478.4 Polyp of vocal cord or larynx**
EXCLUDES adenomatous polyps (212.1)

478.5 Other diseases of vocal cords

Abscess	} of vocal cords
Cellulitis	
Granuloma	
Leukoplakia	
Chorditis (fibrinous) (nodosa) (tuberosa)	
Singers' nodes	

478.6 Edema of larynx
 Edema (of):
 glottis
 subglottic
 supraglottic

- ✓5th **478.7 Other diseases of larynx, not elsewhere classified**

478.70 Unspecified disease of larynx

478.71 Cellulitis and perichondritis of larynx
 DEF: Inflammation of deep soft tissues or lining of bone of the larynx.

478.74 Stenosis of larynx

478.75 Laryngeal spasm
 Laryngismus (stridulus)
 DEF: Involuntary muscle contraction of the larynx.

478.79 Other

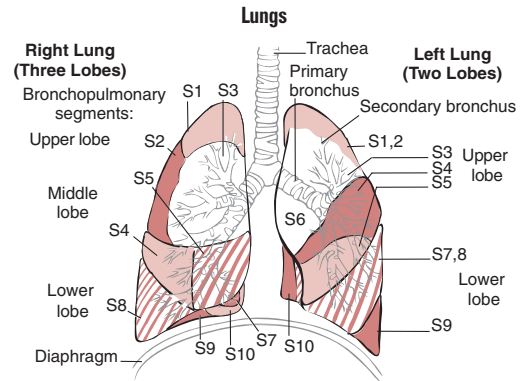
Abscess	} of larynx
Necrosis	
Obstruction	
Pachyderma	
Ulcer	
EXCLUDES ulcerative laryngitis (464.00-464.01)	

AHA:3Q, '91, 20

- 478.8 Upper respiratory tract hypersensitivity reaction, site unspecified**
EXCLUDES hypersensitivity reaction of lower respiratory tract, as:
 extrinsic allergic alveolitis (495.0-495.9)
 pneumoconiosis (500-505)

478.9 Other and unspecified diseases of upper respiratory tract

Abscess	} of trachea
Cicatrix	



PNEUMONIA AND INFLUENZA (480-488)

EXCLUDES pneumonia:
 allergic or eosinophilic (518.3)
 aspiration:
 NOS (507.0)
 newborn (770.18)
 solids and liquids (507.0-507.8)
 congenital (770.0)
 lipoid (507.1)
 passive (514)
 rheumatic (390)
 ▶ventilator-associated (997.31)◀

- ✓4th **480 Viral pneumonia**

480.0 Pneumonia due to adenovirus

480.1 Pneumonia due to respiratory syncytial virus

AHA: 4Q, '96, 28; 1Q, '88, 12

480.2 Pneumonia due to parainfluenza virus

480.3 Pneumonia due to SARS-associated coronavirus

AHA: 4Q, '03, 46-47

DEF: A severe adult respiratory syndrome caused by the coronavirus, specified as inflammation of the lungs with consolidation.

480.8 Pneumonia due to other virus not elsewhere classified

EXCLUDES congenital rubella pneumonitis (771.0)
 influenza with pneumonia, any form (487.0)
 pneumonia complicating viral diseases classified elsewhere (484.1-484.8)

480.9 Viral pneumonia, unspecified

AHA: 3Q, '98, 5

481 Pneumococcal pneumonia [Streptococcus pneumoniae pneumonia]

Lobar pneumonia, organism unspecified

AHA: 2Q, '98, 7; 4Q, '92, 19; 1Q, '92, 18; 1Q, '91, 13; 1Q, '88, 13; M-A, '85, 6

- ✓4th **482 Other bacterial pneumonia**

AHA: 4Q, '93, 39

482.0 Pneumonia due to Klebsiella pneumoniae

482.1 Pneumonia due to Pseudomonas

482.2 Pneumonia due to Hemophilus influenzae [H. influenzae]

AHA: 2Q, '05, 19

- ✓5th **482.3 Pneumonia due to Streptococcus**

EXCLUDES Streptococcus pneumoniae (481)

AHA: 1Q, '88, 13

482.30 Streptococcus, unspecified

482.31 Group A

482.32 Group B

- 482.39 Other Streptococcus**
- ✓^{5th} **482.4 Pneumonia due to Staphylococcus**
AHA: 3Q, '91, 16
- 482.40 Pneumonia due to Staphylococcus, unspecified**
- ▲ **482.41 Methicillin susceptible pneumonia due to Staphylococcus aureus**
▶ Staphylococcus aureus
MSSA pneumonia
Pneumonia due to Staphylococcus aureus NOS ◀
- **482.42 Methicillin resistant pneumonia due to Staphylococcus aureus**
- 482.49 Other Staphylococcus pneumonia**
- ✓^{5th} **482.8 Pneumonia due to other specified bacteria**
EXCLUDES pneumonia, complicating infectious disease classified elsewhere (484.1-484.8)
AHA: 3Q, '88, 11
- 482.81 Anaerobes**
Bacteroides (melaninogenicus)
Gram-negative anaerobes
- 482.82 Escherichia coli [E. coli]**
- 482.83 Other gram-negative bacteria**
Gram-negative pneumonia NOS
Proteus
Serratia marcescens
EXCLUDES gram-negative anaerobes (482.81)
Legionnaires' disease (482.84)
AHA: 2Q, '98, 5; 3Q, '94, 9
- 482.84 Legionnaires' disease**
AHA: 4Q, '97, 38
DEF: Severe and often fatal infection by Legionella pneumophila; symptoms include high fever, gastrointestinal pain, headache, myalgia, dry cough, and pneumonia; transmitted airborne via air conditioning systems, humidifiers, water faucets, shower heads; not person-to-person contact.
- 482.89 Other specified bacteria**
AHA: 2Q, '97, 6
- 482.9 Bacterial pneumonia unspecified**
AHA: 2Q, '98, 6; 2Q, '97, 6; 1Q, '94, 17
- ✓^{4th} **483 Pneumonia due to other specified organism**
AHA: N-D, '87, 5
- 483.0 Mycoplasma pneumoniae**
Eaton's agent
Pleuropneumonia-like organism [PPLO]
- 483.1 Chlamydia**
AHA: 4Q, '96, 31
- 483.8 Other specified organism**
- ✓^{4th} **484 Pneumonia in infectious diseases classified elsewhere**
EXCLUDES influenza with pneumonia, any form (487.0)
- 484.1 Pneumonia in cytomegalic inclusion disease**
Code first underlying disease (078.5)
- 484.3 Pneumonia in whooping cough**
Code first underlying disease (033.0-033.9)
- 484.5 Pneumonia in anthrax**
Code first underlying disease (022.1)
- 484.6 Pneumonia in aspergillosis**
Code first underlying disease (117.3)
AHA: 4Q, '97, 40
- 484.7 Pneumonia in other systemic mycoses**
Code first underlying disease
EXCLUDES pneumonia in:
candidiasis (112.4)
coccidioidomycosis (114.0)
histoplasmosis (115.0-115.9 with fifth-digit 5)
- 484.8 Pneumonia in other infectious diseases classified elsewhere**
Code first underlying disease, as:
Q fever (083.0)
typhoid fever (002.0)
EXCLUDES pneumonia in:
actinomycosis (039.1)
measles (055.1)
nocardiosis (039.1)
ornithosis (073.0)
Pneumocystis carinii (136.3)
salmonellosis (003.22)
toxoplasmosis (130.4)
tuberculosis (011.6)
tularemia (021.2)
varicella (052.1)
- 485 Bronchitis, not specified as acute or chronic**
Bronchopneumonia:
hemorrhagic
terminal
Pleurobronchopneumonia
Pneumonia:
lobular
segmental
EXCLUDES bronchiolitis (acute) (466.11-466.19)
chronic (491.8)
lipoid pneumonia (507.1)
- 486 Pneumonia, organism unspecified**
EXCLUDES hypostatic or passive pneumonia (514)
influenza with pneumonia, any form (487.0)
inhalation or aspiration pneumonia due to foreign materials (507.0-507.8)
pneumonitis due to fumes and vapors (506.0)
AHA: 4Q, '99, 6; 3Q, '99, 9; 3Q, '98, 7; 2Q, '98, 4, 5; 1Q, '98, 8; 3Q, '97, 9; 3Q, '94, 10; 3Q, '88, 11
- ✓^{4th} **487 Influenza**
EXCLUDES Hemophilus influenzae [H. influenzae]:
infection NOS (041.5)
influenza due to identified avian influenza virus (488)
laryngitis (464.00-464.01)
meningitis (320.0)
- 487.0 With pneumonia**
Influenza with pneumonia, any form
Influenzal:
bronchopneumonia
pneumonia
Use additional code to identify the type of pneumonia (480.0-480.9, 481, 482.0-482.9, 483.0-483.8, 485)
AHA: 1Q, '06, 18; 2Q, '05, 18
- 487.1 With other respiratory manifestations**
Influenza NOS
Influenzal:
laryngitis
pharyngitis
respiratory infection (upper) (acute)
AHA: 1Q, '06, 18; 2Q, '05, 18; 4Q, '99, 26
- 487.8 With other manifestations**
Encephalopathy due to influenza
Influenza with involvement of gastrointestinal tract
EXCLUDES "intestinal flu" [viral gastroenteritis] (008.8)

- V54.81 Aftercare following joint replacement**
Use additional code to identify joint replacement site (V43.60-V43.69)
AHA: 3Q, '06, 4; 2Q, '04, 15; 4Q, '02, 80
- V54.89 Other orthopedic aftercare**
Aftercare for healing fracture NOS
- V54.9 Unspecified orthopedic aftercare**
- ✓4th V55 Attention to artificial openings**
- INCLUDES** adjustment or repositioning of catheter closure
passage of sounds or bougies
reforming
removal or replacement of catheter
toilet or cleansing
- EXCLUDES** complications of external stoma (519.00-519.09, 569.60-569.69, 997.4, 997.5)
status only, without need for care (V44.0-V44.9)
- V55.0 Tracheostomy** CD Dx
- V55.1 Gastrostomy**
AHA: 4Q, '99, 9; 3Q, '97, 7, 8; 1Q, '96, 14; 3Q, '95, 13
- V55.2 Ileostomy**
- V55.3 Colostomy**
AHA: 2Q, '05, 4; 3Q, '97, 9
- V55.4 Other artificial opening of digestive tract**
AHA: 2Q, '05, 14; 1Q, '03, 10
- V55.5 Cystostomy** CD Dx
- V55.6 Other artificial opening of urinary tract** CD Dx
Nephrostomy
Ureterostomy
Urethrostomy
- V55.7 Artificial vagina**
- V55.8 Other specified artificial opening**
- V55.9 Unspecified artificial opening**
- ✓4th V56 Encounter for dialysis and dialysis catheter care**
Use additional code to identify the associated condition
- EXCLUDES** dialysis preparation — code to condition
- AHA: 4Q, '98, 66; 1Q, '93, 29
- V56.0 Extracorporeal dialysis** PDX
Dialysis (renal) NOS
EXCLUDES dialysis status ▶(V45.11)◀
AHA: 4Q, '05, 79; 1Q, '04, 23; 4Q, '00, 40; 3Q, '98, 6; 2Q, '98, 20
- V56.1 Fitting and adjustment of extracorporeal dialysis catheter**
Removal or replacement of catheter
Toilet or cleansing
Use additional code for any concurrent extracorporeal dialysis (V56.0)
AHA: 2Q, '98, 20
- V56.2 Fitting and adjustment of peritoneal dialysis catheter**
Use additional code for any concurrent peritoneal dialysis (V56.8)
AHA: 4Q, '98, 55
- ✓5th V56.3 Encounter for adequacy testing for dialysis**
AHA: 4Q, '00, 55
- V56.31 Encounter for adequacy testing for hemodialysis**
- V56.32 Encounter for adequacy testing for peritoneal dialysis**
Peritoneal equilibration test
- V56.8 Other dialysis**
Peritoneal dialysis
AHA: 4Q, '98, 55
- ✓4th V57 Care involving use of rehabilitation procedures**
Use additional code to identify underlying condition
AHA: 3Q, '06, 3; 1Q, '02, 19; 3Q, '97, 12; 1Q, '90, 6; S-O, '86, 3
- V57.0 Breathing exercises** PDX
- V57.1 Other physical therapy** PDX
Therapeutic and remedial exercises, except breathing
AHA: 3Q, '06, 4; 2Q, '04, 15; 4Q, '02, 56; 4Q, '99, 5
- ✓5th V57.2 Occupational therapy and vocational rehabilitation**
- V57.21 Encounter for occupational therapy** PDX
AHA: 4Q, '99, 7
- V57.22 Encounter for vocational therapy** PDX
- V57.3 Speech therapy** PDX
AHA: 4Q, '97, 36
- V57.4 Orthoptic training** PDX
- ✓5th V57.8 Other specified rehabilitation procedure**
- V57.81 Orthotic training** PDX
Gait training in the use of artificial limbs
- V57.89 Other** PDX
Multiple training or therapy
AHA: 4Q, '07, 94; 3Q, '06, 6; 4Q, '03, 105-106, 108; 2Q, '03, 16; 1Q, '02, 16; 3Q, '01, 21; 3Q, '97, 11, 12; S-O, '86, 4
- V57.9 Unspecified rehabilitation procedure** PDX
- ✓4th V58 Encounter for other and unspecified procedures and aftercare**
- EXCLUDES** convalescence and palliative care (V66)
- V58.0 Radiotherapy** PDX
Encounter or admission for radiotherapy
EXCLUDES encounter for radioactive implant — code to condition
radioactive iodine therapy — code to condition
AHA: 3Q, '92, 5; 2Q, '90, 7; J-F, '87, 13
- ✓5th V58.1 Encounter for antineoplastic chemotherapy and immunotherapy**
Encounter or admission for chemotherapy
EXCLUDES chemotherapy and immunotherapy for nonneoplastic conditions — code to condition
AHA: 1Q, '04, 13; 2Q, '03, 16; 3Q, '93, 4; 2Q, '92, 6; 2Q, '91, 17; 2Q, '90, 7; S-O, '84, 5
- V58.11 Encounter for antineoplastic chemotherapy** PDX
AHA: 4Q, '07, 104; 2Q, '06, 20-21; 4Q, '05, 98
- V58.12 Encounter for antineoplastic immunotherapy** PDX
AHA: 4Q, '05, 98
- V58.2 Blood transfusion, without reported diagnosis**
- ✓5th V58.3 Attention to dressings and sutures**
Change or removal of wound packing
EXCLUDES attention to drains (V58.49)
planned postoperative wound closure (V58.41)
AHA: 4Q, '06, 117; 2Q, '05, 14
- V58.30 Encounter for change or removal of nonsurgical wound dressing**
Encounter for change or removal of wound dressing NOS
AHA: 4Q, '06, 117
- V58.31 Encounter for change or removal of surgical wound dressing**
AHA: 4Q, '06, 117

98.59 Extracorporeal shockwave lithotripsy of other sites

✓3rd 99 Other nonoperative procedures

✓4th 99.0 Transfusion of blood and blood components
Use additional code for that done via catheter or cutdown (38.92-38.94)

99.00 Perioperative autologous transfusion of whole blood or blood components

Intraoperative blood collection
Postoperative blood collection
Salvage

AHA: 4Q, '95, 69

DEF: Salvaging patient blood with reinfusion during perioperative period.

99.01 Exchange transfusion

Transfusion:
exsanguination
replacement

AHA: 2Q, '89, 15

DEF: Repetitive withdrawal of blood, replaced by donor blood.

99.02 Transfusion of previously collected autologous blood

Blood component

AHA: 4Q, '95, 69; 1Q, '90, 10; J-A, '85, 16

DEF: Transfusion with patient's own previously withdrawn and stored blood.

99.03 Other transfusion of whole blood

Transfusion:
blood NOS
hemodilution
NOS

99.04 Transfusion of packed cells

99.05 Transfusion of platelets

Transfusion of thrombocytes

99.06 Transfusion of coagulation factors

Transfusion of antihemophilic factor

99.07 Transfusion of other serum

Transfusion of plasma

EXCLUDES injection [transfusion] of:
antivenin (99.16)
gamma globulin (99.14)

99.08 Transfusion of blood expander

Transfusion of Dextran

99.09 Transfusion of other substance

Transfusion of:
blood surrogate
granulocytes

EXCLUDES transplantation [transfusion] of bone marrow (41.0)

✓4th 99.1 Injection or infusion of therapeutic or prophylactic substance

INCLUDES injection or infusion given:
hypodermically } acting locally or
intramuscularly } systemically
intravenously }

99.10 Injection or infusion of thrombolytic agent

Alteplase
Anistreplase
Retepase
Streptokinase
Tenecteplase
Tissue plasminogen activator (TPA)
Urokinase

EXCLUDES aspirin — omit code
GP IIb/IIIa platelet inhibitors (99.20)
heparin (99.19)
▶ SuperSaturated oxygen therapy (00.49)◀
warfarin — omit code

AHA: 2Q, '06, 22; 4Q, '05, 101-103; 2Q, '01, 7-9, 23; 4Q, '98, 83

99.11 Injection of Rh immune globulin

Injection of:
Anti-D (Rhesus) globulin
RhoGAM

99.12 Immunization for allergy

Desensitization

99.13 Immunization for autoimmune disease

99.14 Injection or infusion of gamma globulin

Injection of immune sera

99.15 Preteral infusion of concentrated nutritional substances

Hyperalimentation
Total parenteral nutrition [TPN]
Peripheral parenteral nutrition [PPN]

AHA: 4Q, '03, 104

DEF: Administration of greater than necessary amount of nutrients via other than the alimentary canal (e.g., infusion).

99.16 Injection of antidote

Injection of:
antivenin
heavy metal antagonist

² **99.17 Injection of insulin**

² **99.18 Injection or infusion of electrolytes**

² **99.19 Injection of anticoagulant**

EXCLUDES infusion of drotrecogin alfa (activated) (00.11)

✓4th 99.2 Injection or infusion of other therapeutic or prophylactic substance

INCLUDES injection or infusion given:
hypodermically } acting locally or
intramuscularly } systemically
intravenously }

Use additional code for:

injection (into):
breast (85.92)
bursa (82.94, 83.96)
intraabdominal (cavity) (54.97)
intrathecal (03.92)
joint (76.96, 81.92)
kidney (55.96)
liver (50.94)
orbit (16.91)
other sites — see Alphabetic Index

perfusion:
NOS (39.97)
intestine (46.95, 46.96)
kidney (55.95)
liver (50.93)
total body (39.96)

EXCLUDES ▶ SuperSaturated oxygen therapy (00.49)◀

² Reported with Rehab Procedures = Rehab plus Extensive Services Group