ICD-9-CM

International Classification of Diseases
9TH REVISION
Clinical Modification

VOLUME

1

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service—Health Care Financing Administration

THE INTERNATIONAL CLASSIFICATION OF DISEASES
9TH REVISION
CLINICAL MODIFICATION

ICD•9•CM

Volume

1

DISEASES
TABULAR LIST

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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DISEASES
TABULAR LIST

Volume 1	Diseases: Tabular List
Volume 2	Diseases: Alphabetic Index
Volume 3	Procedures: Tabular List and Alphabetic Index

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FOREWORD

On behalf of the National Committee on Vital and Health Statistics, I am pleased to reaffirm the endorsement of the *ICD-9-CM* made by the National Committee at the time of the 1979 edition of that classification. The book has already proven useful in standardizing disease classification throughout the United States, and it stands as a significant achievement of the many clinicians, statisticians, epidemiologists, and nosologists who contributed to its development. The *ICD-9-CM* serves both to aid the clinical management of patients and to guide the formation of health care policy and priorities in the United States.

Lester Breslow, M.D., M.P.H.
Chairman
National Committee on
Vital and Health Statistics

PREFACE

This second edition of the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* is being published by the United States Government in recognition of its responsibility to promulgate this classification throughout the United States for morbidity coding. The *International Classification of Diseases, 9th Revision*, published by the World Health Organization (WHO) is the foundation of the *ICD-9-CM* and continues to be the classification employed in cause-of-death coding in the United States. The *ICD-9-CM* is completely compatible with the *ICD-9*. The WHO Center for Classification of Diseases for North America serves as liaison between the international obligations of comparable classifications and the national health data needs of the United States.

The *ICD-9-CM* is recommended for use in all clinical settings but is required for reporting diagnoses and diseases to all U.S. Public Health Service and Health Care Financing Administration programs. Guidance in the use of this classification can be found on pages xxv-xxvi.

ICD-9-CM extensions, condensed lists, interpretations, modifications, addenda, or errata other than those approved by the WHO Center for Classification of Diseases for North America are not to be considered official and should not be utilized. Continuous maintenance of *ICD-9-CM* is the responsibility of the Federal government. However, because the *ICD-9-CM* represents the best in contemporary thinking of clinicians, nosologists, epidemiologists, and statisticians from both the public and private sectors, no future modifications will be considered without extensive advice from the appropriate representatives of all major users.

ACKNOWLEDGMENTS

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Comments and suggestions in the preparation of the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* were provided to the National Center for Health Statistics by a Steering Committee. The committee was chaired by Robert A. Israel, and included the following representatives from participating organizations.

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INTRODUCTION

The *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* is based on the official version of the World Health Organization's 9th Revision, *International Classification of Diseases (ICD-9). ICD-9* is designed for the classification of morbidity and mortality information for statistical purposes, and for the indexing of hospital records by disease and operations, for data storage and retrieval. The historical background of the *International Classification of Diseases* may be found in the Introduction to *ICD-9.**

This modification of *ICD-9* supplants the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)* and the *Hospital Adaptation of ICDA (H-ICDA).*

The concept of extending the *International Classification of Diseases* for use in hospital indexing was originally developed in response to a need for a more efficient basis for storage and retrieval of diagnostic data. In 1950, the U.S. Public Health Service and the Veterans Administration began independent tests of the *International Classification of Diseases* for hospital indexing purposes. In the following year, the Columbia Presbyterian Medical Center in New York City adopted the *International Classification of Diseases, 6th Revision,* with some modifications for use in its medical record department. A few years later, the Commission on Professional and Hospital Activities adopted the *International Classification of Diseases* with similar modifications for use in hospitals participating in the Professional Activity Study.

The problem of adapting *ICD* for indexing hospital records was taken up by the U.S. National Committee on Vital and Health Statistics through its subcommittee on hospital statistics. This subcommittee reviewed the modifications made by the various users of *ICD* and proposed that uniform changes be made. This was done by a small working party.

In view of the growing interest in the use of the *International Classification of Diseases* for hospital indexing, a study was undertaken in 1956 by the American Hospital Association and the American Medical Record Association (then the American Association of Medical Record Librarians) of the relative efficiencies of coding systems for diagnostic indexing. This study indicated that the *International Classification of Diseases* provided a suitable and efficient framework for indexing hospital records. The major users of the *International Classification of Diseases* for hospital

*Manual of the International Classification of Diseases, Injuries, and Causes of Death, World Health Organization, Geneva, Switzerland, 1977.

indexing purposes then consolidated their experiences and an adaptation was first published in December 1959. A revision was issued in 1962 and the first "Classification of Operations and Treatments" was included.

In 1966, the international conference for the revision of the *International Classification of Diseases* noted that the 8th revision of *ICD* has been constructed with hospital indexing in mind and considered that the revised classification would be suitable, in itself, for hospital use in some countries. However, it was recognized that the basic classification might provide inadequate detail for diagnostic indexing in other countries. A group of consultants was asked to study the 8th revision of *ICD (ICD-8)* for applicability to various users in the United States. This group recommended that further detail be provided for coding of hospital and morbidity data. The American Hospital Association was requested to develop the needed adaptation proposals. This was done by an advisory committee (the Advisory Committee to the Central Office on *ICDA).* In 1968 the United States Public Health Service published the product, *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (PHS publication 1693). This became commonly known as *ICDA-8,* and beginning in 1968 it served as the basis for coding diagnostic data for both official morbidity and mortality statistics in the United States.

OTHER ADAPTATIONS

In 1968, the Commission on Professional and Hospital Activities (CPHA) of Ann Arbor, Michigan, published the *Hospital Adaptation of ICDA (H-ICDA)* based on both the original *ICD-8* and *ICDA-8.* In 1973, CPHA published a revision of *H-ICDA,* referred to as *H-ICDA-2.* Hospitals throughout the United States have been divided in their usage of these classifications. Effective January 1979, *ICD-9-CM* provides a single classification intended primarily for use in the United States replacing these earlier related but somewhat dissimilar classifications.

ICD-9-CM BACKGROUND

In February 1977, a Steering Committee was convened by the National Center for Health Statistics to provide advice and counsel to the development of a clinical modification of the *ICD-9.* The organizations represented on the Steering Committee included:

American Association of Health Data Systems
American Hospital Association
American Medical Record Association
Association for Health Records
Council on Clinical Classifications
Health Care Financing Administration,
Department of Health and Human Services
WHO Center for Classification of Diseases for North America,
sponsored by the National Center for Health Statistics,
Department of Health and Human Services

The Council on Clinical Classifications is sponsored by:

American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Surgeons
American Psychiatric Association
Commission on Professional and Hospital Activities

The Steering Committee met periodically in 1977. Clinical guidance and technical input were provided by Task Forces on Classification from the Council on Clinical Classification's sponsoring organizations.

ICD-9-CM is a clinical modification of the World Health Organization's *International Classification of Diseases, 9th Revision (ICD-9).* The term "clinical" is used to emphasize the modification's intent: to serve as a useful tool in the area of classification of morbidity data for indexing of medical records, medical care review, and ambulatory and other medical care programs, as well as for basic health statistics. To describe the clinical picture of the patient, the codes must be more precise than those needed only for statistical groupings and trend analysis.

CHARACTERISTICS OF ICD-9-CM

ICD-9-CM is published as a three-volume set:

Volume 1	Diseases: Tabular List
Volume 2	Diseases: Alphabetic Index
Volume 3	Procedures: Tabular List and Alphabetic Index

ICD-9-CM far exceeds its predecessors in the number of codes provided. The disease classification has been expanded to include health-related conditions and to provide greater specificity at the fifth-digit level of

detail. These fifth digits are not optional; they are intended for use in recording the information substantiated in the clinical record.

Volume 1 of *ICD-9-CM* contains five appendices:

Appendix A	Morphology of Neoplasms
Appendix B	Glossary of Mental Disorders
Appendix C	Classification of Drugs by American Hospital Formulary Service List Number and Their *ICD-9-CM* Equivalents
Appendix D	Classification of Industrial Accidents According to Agency
Appendix E	List of Three-Digit Categories

These appendices are included as a reference to the user in order to provide further information about the patient's clinical picture, to further define a diagnostic statement, to aid in classifying new drugs, or to reference three-digit categories.

Volume 2 of *ICD-9-CM* contains many diagnostic terms which do not appear in Volume 1 since the index includes most diagnostic terms currently in use.

Volume 3 of *ICD-9-CM* also contains increased clinical detail over its predecessors, and this is accommodated by expansion of the rubrics from three to four digits.

The Disease Classification

ICD-9-CM is totally compatible with its parent system, *ICD-9*, thus meeting the need for comparability of morbidity and mortality statistics at the international level. A few fourth-digit codes were created in existing three-digit rubrics only when the necessary detail could not be accommodated by the use of a fifth-digit subclassification. In these few instances (28 three-digit categories) the special symbol □ to the left of the code indicates that the content of that category differs from its *ICD-9* counterpart, but even in such cases it is possible to recreate the original *ICD-9* rubrics through appropriate recombination of the *ICD-9-CM* categories. To ensure that each rubric of *ICD-9-CM* collapses back to its *ICD-9* counterpart the following specifications governed the *ICD-9-CM* disease classification: