

REVISED DIAGNOSIS CODES

Effective October 1, 2008

The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM is posted on CDC's webpage at: www.cdc.gov/nchs/icd9.htm

Diagnosis Code	Description
203.00	Multiple myeloma, without mention of having achieved remission
203.10	Plasma cell leukemia, without mention of having achieved remission
203.80	Other immunoproliferative neoplasms, without mention of having achieved remission
204.00	Acute lymphoid leukemia, without mention of having achieved remission
204.10	Chronic lymphoid leukemia, without mention of having achieved remission
204.20	Subacute lymphoid leukemia, without mention of having achieved remission
204.80	Other lymphoid leukemia, without mention of having achieved remission
204.90	Unspecified lymphoid leukemia, without mention of having achieved remission
205.00	Acute myeloid leukemia, without mention of having achieved remission
205.10	Chronic myeloid leukemia, without mention of having achieved remission
205.20	Subacute myeloid leukemia, without mention of having achieved remission
205.30	Myeloid sarcoma, without mention of having achieved remission
205.80	Other myeloid leukemia, without mention of having achieved remission
205.90	Unspecified myeloid leukemia, without mention of having achieved remission
206.00	Acute monocytic leukemia, without mention of having achieved remission
206.10	Chronic monocytic leukemia, without mention of having achieved remission
206.20	Subacute monocytic leukemia, without mention of having achieved remission
206.80	Other monocytic leukemia, without mention of having achieved remission
206.90	Unspecified monocytic leukemia, without mention of having achieved remission
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission
207.10	Chronic erythremia, without mention of having achieved remission
207.20	Megakaryocytic leukemia, without mention of having achieved remission
207.80	Other specified leukemia, without mention of having achieved remission
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission
208.10	Chronic leukemia of unspecified cell type, without mention of having achieved remission
208.20	Subacute leukemia of unspecified cell type, without mention of having achieved remission
208.80	Other leukemia of unspecified cell type, without mention of having achieved remission
208.90	Unspecified leukemia, without mention of having achieved remission
346.00	Migraine with aura, without mention of intractable migraine without mention of status migrainosus
346.01	Migraine with aura, with intractable migraine, so stated, without mention of status migrainosus
346.10	Migraine without aura, without mention of intractable migraine without mention of status migrainosus

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Diagnosis Code	Description
346.11	Migraine without aura, with intractable migraine, so stated, without mention of status migrainosus
346.20	Variants of migraine, not elsewhere classified, without mention of intractable migraine without mention of status migrainosus
346.21	Variants of migraine, not elsewhere classified, with intractable migraine, so stated, without mention of status migrainosus
346.80	Other forms of migraine, without mention of intractable migraine without mention of status migrainosus
346.81	Other forms of migraine, with intractable migraine, so stated, without mention of status migrainosus
386.00	Ménière's disease, unspecified
386.01	Active Ménière's disease, cochleovestibular
386.02	Active Ménière's disease, cochlear
386.03	Active Ménière's disease, vestibular
386.04	Inactive Ménière's disease
707.00	Pressure ulcer, unspecified site
707.01	Pressure ulcer, elbow
707.02	Pressure ulcer, upper back
707.03	Pressure ulcer, lower back
707.04	Pressure ulcer, hip
707.05	Pressure ulcer, buttock
707.06	Pressure ulcer, ankle
707.07	Pressure ulcer, heel
707.09	Pressure ulcer, other site
776.9	Unspecified hematological disorder specific to newborn
795.08	Unsatisfactory cervical cytology smear
998.31	Disruption of internal operation (surgical) wound
V28.3	Encounter for routine screening for malformation using ultrasonics
V45.71	Acquired absence of breast and nipple