



Summary of March 2012 ICD-9-CM Coordination and Maintenance Committee Meeting

The ICD-9-CM Coordination and Maintenance (C&M) Committee, cosponsored by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS), met on March 5, 2012 in Baltimore, MD. Donna Pickett, RHIA, from CDC, and Patricia Brooks, RHIA, from CMS, cochaired the meeting.

This summary does not include all of the details of the code proposals or all of the recommendations made at the meeting. For complete details, review the summary reports, audio transcripts, and topic packets posted on the CMS and NCHS websites. Information from the diagnosis portion of the meeting is posted on the CDC website and can be accessed at the following link: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm. Information from the procedure portion of the meeting can be found at the CMS website and can be accessed at the following link: <http://www.cms.gov/ICD9ProviderDiagnosticCodes/ICD9/list.asp>.

The proposed ICD-9-CM modifications, if approved by CMS and CDC for implementation during the partial code freeze, would go into effect with discharges on or after October 1, 2012. The proposed ICD-10-CM/PCS modifications, if approved by CMS and CDC, would not go into effect until after the code freeze, unless they are requested to be implemented during the code freeze period and are determined to meet the criteria for going into effect during the freeze (i.e., proposed code is needed to capture new technology or disease).

Suggestions for procedure code proposals to be considered at a future Coordination and Maintenance Committee may be emailed to Pat Brooks at Patricia.brooks2@cms.hhs.gov or mailed to: Centers for Medicare & Medicaid Services, CMM, HAPG, Division of Acute Care, Mail Stop C4-08-06, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Suggestions for diagnosis code proposals for consideration at a future Coordination and Maintenance Committee may be emailed to Donna Pickett at dfp4@cdc.gov or mailed to: Donna Pickett, National Center for Health Statistics, 3311 Toledo Road, room 2402, Hyattsville, Maryland 20782.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is scheduled for September 19-20, 2012 and will be held at the CMS building in Baltimore, MD. New code proposals for inclusion on this agenda must be received by **July 13, 2012**.

ICD-10 Topics

HHS' Intent to Delay ICD-10 Compliance Date

CMS announced the recent decision of Health and Human Services Secretary Kathleen Sebelius to initiate a process to postpone the date by which certain healthcare entities have to comply with ICD-10-CM/PCS codes. A new compliance date will be announced moving forward. CMS' Office of E-Health Standards and Services (OESS) is looking at all options for implementing a delay and is currently gathering data to help inform that decision. OESS is also working to determine the most appropriate, expeditious and legal vehicle through which to effect a change in the ICD-10 compliance date. There will be more discussion on the issue of delaying ICD-10 and the impact this might have on code updates at future C&M meetings.

ICD-10 MS-DRG Update

An overview of the v29.0 update to the ICD-10 MS-DRG Definitions Manual was provided. Changes were made to replicate ICD-9-CM MS-DRG v29.0 changes. These changes included: new, deleted, and redefined DRGs; new and deleted diagnoses and procedures; procedure DRG assignment changes; additions and deletions to the CC exclusion lists; and changes to the Hospital Acquired Conditions. Changes to the ICD-10 MS-DRG Definitions Manual were also made as the result of additions and deletions to the ICD-10 code set for fiscal year 2012 and in response to public comments. "Summary of changes" documents will be available on the CMS web site that highlight the changes made in v29.0 of the ICD-10 MS-DRG Definitions Manual.

Translation of HAC List to ICD-10 Codes

In anticipation of the implementation of ICD-10-CM/PCS, CMS has begun the process of translating the ICD-9-CM Hospital Acquired Condition (HAC) List to ICD-10-CM and ICD-10-PCS codes. CMS encourages the public to review the list of ICD-10-CM/PCS code translations of the current selected HACs available on the CMS web site:

http://www.cms.gov/ICD10/17_ICD10_MS_DRG_Conversion_Project.asp. The translations can be found under the link titled "ICD-10 MS-DRG v28 R1 Definitions Manual (updated October 4, 2011) – HTML Version" in Appendix I, "Hospital Acquired Conditions (HACs) List." A CMS ICD-10-CM/PCS HAC Translation Feedback Mailbox has been set up for submission of public comments. The final HAC List translation from ICD-9-CM to ICD-10-CM/PCS will be subject to formal rulemaking.

Impact of ICD-10 MS-DRGs Implementation

An overview was provided of the process used to simulate the payment impact of the translation to ICD-10. Payments based on the MS-DRGs assigned with ICD-9-CM coded data using the ICD-9-CM version of the MS-DRGs were compared to:

1. Payments based on the MS-DRGs assigned with ICD-10 coded data using the ICD-10 version of the MS-DRGs
2. Payments based on the MS-DRGs assigned with ICD-10 coded data converted back to ICD-9-CM using the Reimbursement Map and using the ICD-9-CM version of the MS-DRGs.

The results of this analysis revealed that the transition from the ICD-9-CM version of the MS-DRGs to the ICD-10 version of the MS-DRGs will have a minimal impact on aggregate payments to hospitals and on the distribution of payments across hospital types. Mapping ICD-10 data back to ICD-9-CM and using the ICD-9-CM version of MS-DRGs will have a modest impact on aggregate payments to hospitals (-.34 percent) and the distribution of payments across hospital types (-0.14 to -0.46 percent). Although the transition from the ICD-9-CM version of the MS-DRGs to the ICD-10 version resulted in 1.68 percent of the patients being assigned to different MS-DRGs, payment increases and decreases due to a change in MS-DRG assignment netted out. Mapping ICD-10 data back to ICD-9-CM using the Reimbursement Map and using the ICD-9-CM version of MS-DRGs resulted in 3.66 percent of the patients being assigned to different MS-DRGs with a bias toward lower-paying MS-DRGs.

In this project, ICD-10 MS-DRGs replicated ICD-9-CM MS-DRGs in order to make them consistent with the existing MS-DRG payment weights. ICD-10 MS-DRGs do not take advantage of the increased specificity in ICD-10-CM/PCS. The process of converting ICD-9-CM data to ICD-10-CM/PCS used in this project is sufficient for the purpose of comparing the impact of a replicated version of MS-DRGs, since additional ICD-10 specificity is not used in developing the ICD-10 MS-DRGs. It is not possible to reliably convert an ICD-9-CM database to an ICD-10 database that corresponds to the full specificity of ICD-10 because the necessary information is simply not available in ICD-9-CM.

The consistency achieved between the ICD-9-CM and ICD-10 versions of the MS-DRGs in this project demonstrates that the General Equivalence Mappings can provide an effective basis for converting ICD-9-CM-based applications to ICD-10. The use of mappings between ICD-10-CM/PCS and ICD-9-CM will produce less consistent results. There are potential biases and unintended results if payers rely on mapping in order to continue to use ICD-9-CM-based systems. This is especially true if a payer attempts to use a single uniform mapping across all systems.

More detailed information about the analysis of the impact of the transition to ICD-10 on Medicare inpatient hospital payments can be found on the CMS ICD-10 web page and in the C&M meeting materials.

Diagnoses

No ICD-9-CM diagnosis code proposals were presented.

ICD-10-CM Proposals

None of the ICD-10-CM proposals are being considered for implementation during the partial code freeze. If approved, they would go into effect after the code freeze (i.e., one year after ICD-10-CM/PCS implementation).

Atypical Femoral Fracture

New ICD-10-CM codes for atypical femoral fractures were proposed. One option would involve expansion of subcategory M84.35, Stress fracture, pelvis and femur to create new codes for atypical

femoral fracture of left, right, and unspecified leg. A second option would involve creation of a new subcategory for atypical femoral fractures in subcategory M84.7, Nontraumatic fracture, not elsewhere classified. This option also includes more specificity as to the type of atypical femoral fracture. The code requester, the American Society for Bone and Mineral Research, preferred the second option because it provides more detailed information about the fracture and also because atypical femoral fractures may differ from common stress fractures in some respects.

It was suggested that “bisphosphonate fracture” be added as a non-essential modifier or inclusion term under the proposed new codes, since bisphosphonate use is a common cause (but not the only cause) of these fractures. Meeting attendees expressed concern that while the term “atypical femoral fracture” may be widely understood and accepted in the academic community, it may not be consistently used in the general medical community to identify the type of fracture described in this code proposal.

Choking Game

A unique ICD-10-CM Activity code for “choking game” has been requested. The “choking game” is an activity among children and adolescents that involves choking themselves or each other, with the hands or a noose. Other terms include the pass out game, the fainting game, and the blackout game. The choking may produce a brief euphoria or high, related to hypoxia. Loss of consciousness may occur, with potential for injury from subsequent falling or hypoxic injury. Death can also occur. Findings that may be associated with the choking game include marks on the neck, headaches, disorientation, irritability, hostility, petechiae of the face, especially the eyelids or the conjunctiva, and bloodshot eyes. In more severe cases, coma and seizures may occur.

For cases where the choking game causes hypoxic injury or asphyxiation, a code would be assigned from subcategory T71.19, Asphyxiation due to mechanical threat to breathing due to other causes (unless another subcategory was appropriate, such as T71.16, Asphyxiation due to hanging). Codes for associated problems would also be assigned, such as for a fall and associated injuries.

Meeting attendees expressed concern that autoerotic asphyxiation is not explicitly excluded from the proposed code for the choking game, although the intent of this code is not to also cover autoerotic asphyxiation, since the demographics and intent of the two activities are very different. It was suggested that instructional notes would need to be added to make it clear that the proposed code should not be assigned for autoerotic asphyxiation.

Cognitive Sequelae of Cerebrovascular Diseases

The American Academy of Neurology proposed new ICD-10-CM codes for cognitive sequelae of cerebrovascular diseases, including attention and concentration deficit, memory deficit, visuospatial deficit, psychomotor deficit, frontal lobe and executive function deficit, and cognitive social or emotional deficit.

Family History of SIDS

A new ICD-10-CM code has been proposed for family history of sudden infant death syndrome (SIDS). Meeting attendees raised concern that the proposed code was too broad because it covered any family member. The greatest risk is among siblings of an infant who died of SIDS. It

was suggested that the code title be revised to limit use of the code to biological siblings of a SIDS victim.

ICD-10-CM Diagnosis Addenda

Proposed ICD-10-CM diagnosis addenda changes were reviewed. These proposed changes include:

- Revision of instructional note that appears under a number of codes in category I70 Atherosclerosis, and advises users to “use additional code to identify severity of ulcer (L97.-); (it was suggested that this note be revised further, since L97 codes are not limited to describing severity)
- Addition of instructional note under code J47.0, Bronchiectasis with acute lower respiratory infection, that directs users to “use additional code to identify the infection;”
- Revision of note at the beginning of the section titled “Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery (P00-P04),” involving deletion of text after the first sentence;
- Change of Excludes1 note for “inborn errors of metabolism (E70-E88) at beginning of chapter 17, Congenital malformations, deformations and chromosomal abnormalities, to an Excludes2 note;
- Revision of definitions related to transport accidents;
- Revision of note under subcategory Z85.8, Personal history of malignant neoplasms of other organs and systems, to state “Conditions classifiable to C00-C14, C40-C49, C69-C75, C7A.098, C76-C79;”
- Revision of Index entry for Derangement, knee meniscus, cystic, lateral (M23.00-);
- Revision of Index entry for Enterocolitis, necrotizing (K55.0);
- Revision of Index entry for Headache, vascular NEC (G44.1);
- Addition of Index entry for Shock liver (K72.00);
- Addition of Index entry for Tuberculosis, latent (R76.11);
- Revision of several Index entries pertaining to excessive straining (see category Y93).

A meeting attendee noted that since some of the codes included in the note under subcategory Z85.8 are for secondary neoplasms, it isn’t clear whether the codes in category Z85 are limited to primary neoplasms. Also, the title of subcategory Z85.8, Personal history of malignant neoplasms of other organs and systems, doesn’t encompass malignant neoplasms of secondary sites. The CDC indicated that the note is consistent with the international version of ICD-10, but they agreed to review category Z85 and the use of the codes in this category further.

Procedures

No ICD-10-PCS procedure code proposals were presented.

ICD-9-CM Proposals

If approved, the ICD-9-CM procedure code proposals would go into effect on October, 1, 2012.

Administration of Fidaxomicin

A new ICD-9-CM code has been requested for administration of fidaxomicin. This drug is a new generation antibacterial agent to treat *Clostridium difficile* diarrhea. Use of vancomycin is compromised by high rates of disease recurrence as well as the risk of patients developing vancomycin-resistant enterococcus. Fidaxomicin has been proven superior in achieving sustained clinical response with higher rates of complete clinical cure. This drug is supplied as a tablet and is administered orally over the course of 10 days.

CMS recommended that a new code not be created because coding oral medications is not currently performed in ICD-9-CM. One meeting attendee agreed with CMS because administration of an oral medication is not a “procedure” and has not historically been captured with ICD-9-CM, whereas another attendee spoke in favor of creating a new code of the need to capture new technology.

Injection of Infusion of Glucarpidase

A new code for the injection or infusion of glucarpidase has been proposed. Glucarpidase is the only approved pharmaceutical treatment option for patients with toxic methotrexate concentrations due to renal impairment. Methotrexate is one of the most widely used anti-cancer agents. One of the side effects of administering high dose methotrexate is renal dysfunction. Renal dysfunction impairs the elimination of methotrexate, and the levels of methotrexate rise to the point of life-threatening toxicity. Glucarpidase causes a rapid and sustained reduction of toxic methotrexate concentrations in those patients suffering from impaired renal function. It works by breaking down methotrexate into its inactive metabolites which are then eliminated from the body by routes other than the kidney (primarily the liver). CMS recommended creating a new code to capture the injection or infusion of glucarpidase.