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November 20, 2014

VIA ELECTRONIC MAIL

Donna Pickett, MPH, RHIA
Medical Classification Administrator
National Center for Health Statistics
3311 Toledo Road
Room 2402
Hyattsville, Maryland 20782

Dear Ms. Pickett:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the proposed diagnosis code modifications presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on September 23-24.

AHIMA does not support the implementation of any of the code proposals below on October 1, 2015. We recommend that implementation of all new codes approved at the September C&M Committee meeting be delayed until October 1, 2016, after the code set freeze ends. Since October 1, 2015 is the ICD-10-CM/PCS compliance date, any new codes implemented on that date would complicate the transition process and add risks and challenges to the healthcare industry's successful transition.

Castleman Disease

AHIMA supports option 2. We're concerned that medical record documentation won't support the level of specificity in option 1.

National Institutes of Health Stroke Scale

Based on the discussion at the C&M meeting, we support option 1, with a couple of modifications. The word "initial" that appears in the code descriptions in option 2 should be added to the code descriptors in option 1. Also, the "use additional code" note under I63, Cerebral Infarction, that appears in option 2 should be incorporated into option 1.

Guidelines on the appropriate use of the stroke scale codes should be added to the *ICD-10-CM Official Guidelines for Coding and Reporting*.

Cryopyrin-Associated Periodic Syndromes and Other Autoinflammatory Syndromes

We support the proposed creation of new codes for Cryopyrin-Associated Periodic Syndromes and other autoinflammatory syndromes.

Dental Terms

Regarding the proposed addition of an inclusion term for pregnancy-associated gingivitis under code K05.1, Chronic gingivitis, consideration should be given to creating a code for pregnancy-associated gingivitis to the Obstetrics chapter. Currently, “Pregnancy, complicated by, dental problems” is indexed to O99.61-.

If it is decided to classify pregnancy-associated gingivitis to subcategory K05.1 rather than creating a code in the Obstetrics chapter, a “use additional code” note should be added under subcategory O99.61. It would also be useful to indicate under subcategory K05.1 that for pregnancy-associated gingivitis, a code from subcategory O99.61 should be sequenced first.

AHIMA supports the other proposed dental code modifications.

Mastocytosis and Certain Other Mast Cell Disorders

AHIMA is concerned about the proposed expansion of codes for mastocytosis and certain other mast cell disorders. The proposed code expansion is quite extensive, and it is not clear why this level of detail is needed in a classification system. This level of detail may not typically be documented in medical records, resulting in the non-specific codes being used much of the time.

Dyspareunia

Although we do not object to the proposed new codes for dyspareunia, we do have some concerns that medical record documentation will not typically support this level of detail.

Incontinence

We support the proposed new codes for urinary incontinence and the addition of an inclusion term under code N39.42, Incontinence without sensory awareness. We agree with the suggestion made at the C&M meeting to remove the parentheses around the word “urinary” in proposed code N39.492 and in the inclusion term under code N39.42. We further support the suggestion that an Excludes note be added under code F98.0, Enuresis not due to a substance or known physiological condition.

Difficulties with Micturition

AHIMA supports the proposed code expansion for difficulties with micturition.

Irritable Bowel Syndrome with Constipation

We support the creation of new codes for irritable bowel syndrome, along with a unique code for “mixed,” as was suggested during the C&M meeting.

We also recommend that, if this proposal is approved, the title of code K58.9 be changed to “Irritable bowel syndrome, unspecified.” Or, if there are types of irritable bowel syndrome that would still fall in an “other” category, perhaps the title of code K58.9 should be “Other and unspecified irritable bowel syndrome.”

Chronic Idiopathic Constipation

We support the creation of a code for chronic idiopathic constipation. We agree with the suggestion made during the C&M meeting to add “functional constipation” as an inclusion term under the new code.

How should a diagnosis of chronic constipation be coded? This diagnosis should be addressed in the index and through appropriate instructional notes to ensure accurate coding of chronic constipation without further specification.

Encounter for Observation and Evaluation of Newborn for Suspected Diseases and Conditions Ruled Out

Although AHIMA supports creation of category Z05, we do not agree with the proposed instructional notes that limit the use of these codes to abnormal conditions unrelated to exposure from the mother or the birth process. In order to avoid confusion with the use of the Z05 codes versus codes in categories P00-P04, we recommend that the instructional note for categories P00-P04 be revised to eliminate the use of the P00-P04 codes for suspected conditions that have been ruled out. All suspected conditions in newborns that have been ruled out, regardless of whether or not the condition is related to exposure from the mother or birth process, should be classified to the proposed new category Z05.

Gestational Carrier

We support the proposed new codes for gestational carrier. Since “surrogate” is the term commonly used for this situation, we recommend adding it as an inclusion term.

Is the intent to use proposed new code Z33.3, Pregnant state, gestational carrier, in conjunction with codes from the Obstetrics chapter? If so, we recommend that a “code first, if applicable” note be added under code Z33.3. If this code should not be used with complication of pregnancy codes, an Excludes1 note similar to the note under code Z33.1, Pregnant state, incidental, should be added under code Z33.3.

Minimally Invasive Surgical Procedures Converted to Open

AHIMA supports option 2, with one modification. We recommend that the phrase “minimally invasive” not be used in the subcategory or code titles, as there is no clear, uniform definition of “minimally invasive.” The code titles should just focus on the fact that the procedure was converted from one approach to another.

We also recommend that consideration be given to revising the title of category Z53. Currently, this title suggests that a procedure or treatment was not carried out at all, and the existing codes in this category are consistent with this description. Conversion to another surgical approach is not the same as failure to carry out a procedure or treatment at all. So, in order to add this concept to category Z53, we believe a modification of the title of category Z53 would be appropriate.

Third Degree Laceration during Delivery

We support the creation of new codes for third degree perineal lacerations during delivery.

Ectopic Pregnancy

We support the expansion of ectopic pregnancy codes to capture multiple gestation pregnancy with co-existing ectopic and intrauterine pregnancies.

Contraceptive Initial Encounter and Surveillance Codes

AHIMA supports the proposed modifications of codes for initial encounter and surveillance for contraceptive devices.

Ovarian Cyst Laterality

We support the expansion of the ovarian cyst codes to capture laterality.

Supervision of Pregnancy with History of Ectopic or Molar Pregnancy

We support the proposal to separate supervision of pregnancy with history of ectopic or molar pregnancy into two separate subcategories in order to distinguish history of ectopic pregnancy from history of molar pregnancy.

Sarcopenia

We oppose creation of a new code for sarcopenia without the input of relevant medical specialty societies. Based on the discussion at the C&M meeting, the definition of this condition seems unclear and more clinical input is needed before approving a new code.

We agree with the comment made during the C&M meeting that if a new code is approved, the Excludes1 note proposed under code R53.1, Weakness, should be an Excludes2 note.

Similarly, the proposed Excludes1 note under code R54, Age-related physical disability, should also be an Excludes2 note, as it is possible to have other age-related physical disabilities in addition to sarcopenia.

ICD-10-CM Addenda

AHIMA opposes the proposed indexing of “use of alcohol” to code Z72.89. The title of code Z72.89 is “Other problems related to lifestyle.” The mere use of alcohol without other factors is not a “problem.” Use of alcohol without any documented issues is not a concept that should be classified in ICD-10-CM. If use of alcohol is causing problems related to lifestyle or other issues, the appropriate code(s) should be assigned based on the medical record documentation.

We support the remaining proposed ICD-10-CM Addenda modifications.

Thank you for the opportunity to comment on the proposed ICD-10-CM code revisions. If you have any questions, please feel free to contact me at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

A handwritten signature in cursive script that reads "Sue Bowman".

Sue Bowman, MJ, RHIA, CCS, FAHIMA
Senior Director, Coding Policy and Compliance