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June 11, 2015

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 ICD-10-CM code modifications presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on March 18-19.

Postprocedural Hemorrhage and/or Hematoma

AHIMA supports the creation of new codes to distinguish postprocedural hemorrhage and hematoma. This is a useful distinction that currently exists in ICD-9-CM.

Swan-Ganz Catheters and Blood Stream Infection

We support the proposed modifications to clarify the appropriate coding of infections associated with Swan-Ganz catheters. We also agree with the suggestion made during the meeting that an inclusion term for pulmonary artery catheters, with specific reference to Swan-Ganz catheters, should be added under subcategory T80.21, Infection due to central venous catheter.

Congenital Malformations of Aorta

AHIMA supports the proposed expansion of Q25.4, Other congenital malformations of aorta, to capture specific types of malformations. An additional code should be created in this subcategory for unspecified congenital malformation of aorta.

Interruption of Aortic Arch

We support creation of a unique code for interruption of aortic arch. A specific code currently exists in ICD-9-CM.

Low Birth Weight with 2,500 Grams

While we agree with creating codes for newborn light for gestation age, 2500 grams and over, and newborn small for gestational age, 2500 grams and over, we recommend that consideration be given to including the birth weight in the title (2500 grams and over) rather than titling the codes “other.” All of the other code titles in these subcategories specifically describe birth weights, and it’s not clear what “other” circumstances would be classified to the proposed new codes.

Exocrine Pancreatic Insufficiency

Although we do not object to creation of a unique code for exocrine pancreatic insufficiency, especially since the presenter noted there is a specific treatment for this condition, it is not clear if the relevant medical specialty societies support the proposal. We recommend confirming medical specialty society support before final approval of a new code.

We agree with the recommendation made during the meeting that the proposed “use additional code” notes under existing codes for associated underlying conditions should be changed to “code also” notes in order to allow either the underlying condition or the exocrine pancreatic insufficiency to be sequenced as the principal diagnosis, depending on the circumstances of admission.

Observation and Evaluation of Newborns for Suspected Conditions Ruled Out

AHIMA appreciates the efforts that have been made to clarify the use of the codes in categories P00-P04, but we believe more work still needs to be done to provide further clarification. In addition to the proposed modification to the note above categories P00-P04, we suggest adding language to this note to clarify that these codes are for conditions that have not been ruled out at the conclusion of the outpatient encounter or inpatient hospitalization. This language would help to better distinguish these codes from proposed category Z05.

We fully support the creation of category Z05, Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out. Currently P00-P04 is being used even if the condition is ruled out, so the creation of a Z05 category that would equate to the current ICD-9-CM V29 codes and clearly differentiate the two code categories would improve the accuracy of the codes assigned.

We recommend that the proposed Excludes2 note under category Z05 be modified to clarify that categories P00-P04 are for suspected conditions related to exposure from the mother or birth process that have not been ruled out.

It would be helpful if *Coding Clinic for ICD-10-CM/PCS* would publish examples of the appropriate use of the P00-P04 categories and the new category Z05.

Postprocedural Spinal Deformities

AHIMA **opposes** the proposal to create new codes for postprocedural kyphosis, lordosis, and scoliosis. This proposal is very confusing, inconsistent, and not ready for implementation. For

example, proposed M96.841 excludes postradiation and postlaminectomy kyphosis, whereas M96.842 includes postradiation lordosis but not postsurgical lordosis, and M96.843 includes postsurgical scoliosis but not postradiation scoliosis. It is confusing to have some codes include both postprocedural and postsurgical conditions and other codes separate postprocedural and postsurgical concepts. It is not clear how “postprocedural” and “postsurgical” are defined.

Also, the title of proposed code M96.842 is “other” postprocedural lordosis, but since the only existing code for lordosis in category M96 is “postsurgical lordosis,” it’s not clear what “other” is referring to.

Further consideration needs to be given to the best approach for addressing these conditions in the most consistent and clear manner possible, given the confines of the existing code structure. For the sake of consistency and to lessen confusion, we recommend that “postprocedural” and “postsurgical” concepts be combined into the same codes rather than attempting to distinguish them (especially since the original intent seems to be to make this distinction for only some of these conditions).

Childhood Asymmetric Labium Majus Enlargement (CALME)

We support the creation of a unique code for childhood asymmetric labium majus enlargement.

Longitudinal Vaginal Septum

We support creation of unique codes for the various types of longitudinal vaginal septum, but we question how important it is to capture laterality. The proposal provided a clear rationale for differentiating the type of vaginal septum, but not for the need to capture laterality.

Also, the proposed codes provide only a single code for “unspecified” longitudinal vaginal septum. Presumably this code would be assigned if either the type of longitudinal vaginal septum or the affected side is not known. But it may possible for the affected side to be known but not the type, and vice versa. However, before considering whether additional “unspecified” codes are needed, we recommend re-considering how important it is to capture laterality for this condition at all.

Pre-Pubertal Vaginal Bleeding

AHIMA supports the proposal to create a unique code for pre-pubertal vaginal bleeding.

Acute Pancreatitis

While we don’t object to the proposed code expansion for acute pancreatitis, clear medical record documentation will be essential for these codes to be properly used. Rather than designating a default code, we recommend that consideration be given to creating “unspecified” codes to clearly indicate that it is not known whether there is infection or necrosis.

If the designation of default codes is approved rather than creating unspecified codes, it is important for Index entries and inclusion terms to make it clear that the code in each subcategory for “without necrosis or infection” is the default when necrosis and infection aren’t documented, and the code for “with uninfected necrosis” is the default when necrosis is documented but not infection.

We agree with the suggestion made during the meeting that the inclusion terms under K85, Acute pancreatitis being proposed for deletion should be moved to the appropriate subcategories.

We also agree with the recommendation to add “acute pancreatitis” NOS as an inclusion term under proposed new code K85.90.

In addition to the proposed modifications to inclusion terms under code K86.8, Other specified diseases of pancreas, we also recommend adding an Excludes1 note for pancreatic necrosis related to acute pancreatitis.

Contact with Knife, Sword, or Dagger

AHIMA supports the proposed modifications to categories W25, Contact with sharp glass, W26, Contact with knife, sword, or dagger, and W45, Foreign body or object entering through skin.

We agree with the suggestion made during the meeting that paper cuts should be separated from cuts from much sharper and more dangerous objects, such as tin can lids.

Dengue Fever

We **oppose** distinguishing dengue fever by that with and without warning signs. In the absence of medical record documentation specifically stating “with warning signs,” proposed new code A97.1, Dengue with warning signs, could not be assigned. Coding professionals should not be expected to determine whether or not the patient’s signs and symptoms constitute the warning signs intended to be included in this code.

We support creating a unique code for severe dengue fever.

Excessive and Redundant Skin and Subcutaneous Tissue

AHIMA supports creation of a new code for excessive and redundant skin and subcutaneous tissue.

Arterial Tortuosity Syndrome

While we have no objection to creating a unique code for arterial tortuosity syndrome, it is not clear whether any medical specialty society was consulted regarding this proposal or if the medical community supports creation of a new code. We recommend that support from an appropriate medical specialty society be sought prior to final approval of a new code.

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". The signature is written in black ink and is positioned below the word "Sincerely,".

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