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AHIMA
American Health Information Management Association®

November 13, 2017

VIA ELECTRONIC MAIL

Donna Pickett, MPH, RHIA
ICD-10 Coordination and Maintenance Committee
National Center for Health Statistics
3311 Toledo Road
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 September 12-13.

## Abscess of Anal and Rectal Regions

AHIMA supports the proposed new codes for anal and rectal abscesses.

The title of proposed subcategory K61.3, Ischiorectal abscess, should be revised so that it is broad enough to encompass both new codes in this subcategory rather than matching the title of one of the proposed new codes in this subcategory.

## Abnormal Findings on Diagnostic Imaging of Testis

We support the proposed codes for abnormal radiologic findings on diagnostic imaging of testis.

Rather than stating "testis, testes" in the title of subcategory R93.81, we recommend stating "testis(es)" to represent the singular and plural forms.

## Abnormal Levels in Urine Collection

We support creation of unique codes for specific types of abnormal findings in urine collection.

## Anemia due to Myelosuppressive Antineoplastic Chemotherapy

AHIMA is concerned that medical record documentation may often not specify the mechanism causing anemia due to antineoplastic chemotherapy, resulting in underutilization of the proposed new codes and frequent use of the unspecified codes instead of the proposed codes. This concern also applies to the proposed expansion of subcategory T45.1, Poisoning by, adverse effect of and underdosing of antineoplastic and immunosuppressive drugs.

We do support creation of a new sub-subcategory for poisoning by, adverse effect of and underdosing of erythropoiesis-stimulating agents.

## Angelman Syndrome

We support creation of a unique code for Angelman syndrome. We prefer option #1 (creation of one code for this syndrome), as we do not believe medical record documentation would support the level of detail included in option #2.

Based on the discussion at the C&M meeting regarding the fact that a chromosomal deletion is not always the cause of this syndrome, consideration should be given as to the most appropriate location for the new code.

## Brow Ptosis

AHIMA supports the proposed new codes for brow ptosis. We also agree with the suggestion made at the C&M meeting to change "eye" to "side" in the code titles.

## Cannabis Withdrawal

We support the proposed new codes for cannabis dependence with withdrawal and cannabis use, unspecified with withdrawal.

We recommend that "medical use of cannabis" be added as an inclusion term under proposed code F12.93, Cannabis use, unspecified with withdrawal. We also recommend that there should be a clear default code when the medical record documentation is not clear as to whether medical cannabis is being used correctly as prescribed.

## Central Obesity

We support creation of a unique code for central obesity. Instructional notes should be added clarifying whether codes from categories E66, Overweight and obesity, and Z68, Body mass index (BMI), can be assigned in conjunction with the new code.

## Coma Scale, Best Motor Response, Abnormal Flexion

AHIMA supports the proposed modifications of the coma scale codes.

## Cyclical Vomiting Syndrome

While we support distinguishing cyclical vomiting related from migraines from that unrelated to migraines, it might make more sense to classify cyclical vomiting syndrome to subcategory G43.A and cyclical vomiting NOS to proposed new code R11.15, rather than the other way around.

Alternatively, perhaps the code titles might be revised or inclusion terms added to make it clearer that cyclical vomiting related to migraines is classified to subcategory G43.A and cyclical vomiting unrelated to migraines is classified to code R11.15.

## Deep Vein Thrombosis

We support Option 1.

## Duchenne Muscular Dystrophy

We support the expansion of code G71.0, Muscular dystrophy, to create unique codes for specific types of muscular dystrophy.

## Ecstasy Poisoning

We support the creation of a new subcategory for poisoning by ecstasy.

## Elevated Lipoprotein(a)

AHIMA supports creation of new codes for elevated lipoprotein(a) and family history of elevated lipoprotein(a).

We recommend that "elevated Lp(a)" and "family history of Lp(a)" be added as inclusion terms under the respective new codes.

## Encounter for Screening for Certain Developmental Disorders in Childhood

If there are clinical circumstances when patients would truly be "screened" for the developmental disorders in childhood described by the proposed new codes, we would support this proposal. However, based on the situations described during the C&M meeting, it sounded like there would typically be a sign or symptom that would trigger the testing or evaluation for these developmental disorders. Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, "The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test." Therefore, if the patient has a sign or symptom that is the reason for testing the child for autism or another developmental disorder, such as delayed speech or a behavioral problem, a screening code would not be assigned. The appropriate code for the sign or symptom would be assigned instead.

## Factitious Disorder

AHIMA supports the proposed modifications of the factitious disorder codes. This proposal is much-improved over the previous versions.

## Forced Labor and Sexual Exploitation

We support the creation of new codes for forced sexual exploitation. However, per the suggestion made during the C&M meeting, **we recommend that these codes be created within the current subcategories for sexual abuse (T74.2, T76.2)** rather than creating new subcategories in T74 and T76.

We recommend that "human trafficking" be added as an inclusion term under the new codes to ensure that the intent of these codes is clear and there is no confusion regarding the distinction between the existing sexual abuse codes and the new codes.

We also recommend that new codes be created in the Obstetrics chapter as well.

## Gestational Diabetes Mellitus in Pregnancy, Poorly Controlled

Rather than creating new codes for "poorly controlled" gestational diabetes mellitus, AHIMA recommends consideration be given to creating codes for gestational diabetes mellitus with hypoglycemia and with hyperglycemia that would parallel the structure of the type 1 and type 2 diabetes mellitus codes. Since "poorly controlled" or "uncontrolled" has multiple meanings, ICD-10-CM codes for uncontrolled type 1 and type 2 diabetes mellitus were intentionally not created. We believe uncontrolled/poorly controlled diabetes mellitus should be handled similarly regardless of diabetes type.

We recommend that "use additional code" notes be added under new gestational diabetes mellitus codes to instruct coding professionals to also capture the long-term (current) use of insulin (Z79.4) or oral hypoglycemic drugs (Z79.84).

## Immunization Not Carried Out

We support creation of a unique code for immunization not carried out due to vaccine delivery issues.

We recommend revising the code title to state "Immunization not carried out due to unavailability of vaccine," or similar terminology, as "due to vaccine delivery" doesn't make sense or accurately describe the circumstances.

## Infection Following a Procedure

AHIMA supports the proposed modifications for infections following a procedure, with a couple of revisions. We recommend deletion of the proposed Excludes2 note under code K68.11, Postprocedural retroperitoneal abscess. This Excludes2 note is inappropriate and inconsistent with the Excludes1 note under T81.4, Infection following a procedure.

Also, since new codes are being proposed for infections of superficial incisional surgical site, deep incisional surgical site, and organ and space surgical site, what surgical sites would be classified to proposed new code T81.49, Infection following a procedure, other surgical site? It seems as though this code may not be necessary if all surgical sites are captured by the other proposed codes.

## Infection of Obstetric Surgical Wound

We support the proposed code expansion for infections of obstetric surgical wounds, with a couple of suggested revisions. Since new codes are being proposed for infections of obstetric surgical wound infections of superficial incisional site, deep incisional site, and organ and space site, what surgical sites would be classified to proposed new code O86.09, Infection of obstetric surgical wound infection, other surgical site? It seems as though this code may not be necessary if all surgical sites are captured by the other proposed codes.

We recommend that the title of proposed code O86.04 be changed to "Sepsis following **an obstetric** procedure."

## Intrauterine Exposure

AHIMA supports the proposed code expansion for newborn affected by other maternal medication and newborn affected by maternal use of drugs of addiction, with the exception of the proposed "code first" note under proposed subcategory P04.1, Newborn affected by other maternal medication. We do not believe a "code first" under subcategory P04.1 should include code P96.1, as subcategory P04.1 clearly refers only to maternal medications, whereas code P96.1 refers to withdrawal symptoms from maternal use of drugs of addiction. We do not believe codes for the effects of maternal medications should be mixed with codes for effects of drugs of addiction. It would be appropriate to use code P96.2, Withdrawal symptoms from therapeutic use of drugs in newborn, with codes from subcategory P04.1, but not code P96.1.

We also recommend that the word "cancer" in proposed code P04.11 be changed to "antineoplastic."

Consideration should be given to moving the Excludes2 note for "withdrawal symptoms from maternal use of drugs of addiction (P96.1)" from under code P04.49 to the P04.4 subcategory level, since this note would appear to be applicable to all of the P04.4 codes, not just code P04.49.

A new code should also be created in proposed new subcategory P04.8 for "newborn affected by other maternal noxious substances."

## Mental Health Screening: Depression and Other

We support the proposal regarding mental health screening, as long as these codes are only intended to be used when patients are truly being "screened" for these disorders. Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, "The testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom is a diagnostic examination, not a screening. In these cases, the sign or symptom is used to explain the reason for the test." Therefore, if the patient has a sign or symptom that is the reason for evaluating a patient for depression or another mental health disorder, the appropriate code for the sign or symptom code should be assigned rather than a screening code.

## Myalgia of Mastication and Auxiliary Muscles

AHIMA **does not support** the proposed new codes for myalgia of specific mastication and auxiliary muscles. We believe this level of anatomic detail is unnecessary and will typically not be documented.

We suggest consideration be given to creating more general codes for myalgia of mastication muscle(s) and myalgia of auxiliary muscle(s) of head and neck. This approach would provide more information than currently exists in ICD-10-CM without separately identifying each individual muscle.

## Neonatal Metabolic Disturbances

We support the addition of codes to capture specific neonatal metabolic disturbances, including the recommendation made at the C&M meeting to delete the proposed codes for other and unspecified disturbances of sodium and potassium balance of newborn.

## Neoplasm of Unspecified Behavior of Testis

AHIMA **does not support** the proposed new sub-subcategory for neoplasm of unspecified behavior of testes because it does not appear that this proposal will address the American Urological Association's issue. According to the proposal, the intent of the new codes is to describe the situation where tissue has not yet been obtained to make a diagnosis. However, a code for neoplasm of unspecified behavior would not be appropriate for this situation.

## Obsessive-Compulsive Disorder

Due to the impact on data analysis and trending, we **do not support** moving certain conditions currently classified to category F42, Obsessive-compulsive disorder, to entirely different categories.

We also think it would be extremely problematic to delete codes for "Other obsessive-compulsive disorder" and "Obsessive-compulsive disorder, unspecified" from category F42 and add inclusion terms for "Other obsessive-compulsive and related disorder" and "Unspecified obsessive-compulsive and related disorder" under code F48.8, Other specified nonpsychotic mental disorders. Since the title of category F42 is "Obsessive-compulsive disorder," these proposed changes would be very confusing.

## Osteoporosis Related Pathological Fracture of Jaw

While we support creating codes for age-related and other osteoporosis with current pathological fracture of the mandible and maxilla, **we do not support identification of laterality for these bones**.

## Osteoporosis Related Pathological Fracture of Rib and Pelvis

AHIMA supports creation of codes for osteoporosis with current pathological fracture of the rib(s) and pelvis, as well as codes for "other site."

## Other Doubling of Uterus

We support the expansion of code Q51.2, Other doubling of uterus.

Two different codes (Q51.20, Q51.29) are being proposed for "Other doubling of uterus, unspecified." We recommend that code Q51.29 be deleted from the proposal.

## Phlebitis and Thrombophlebitis

We support creating codes for phlebitis and thrombophlebitis of upper extremity, but recommend creating new subcategory I80.4, Phlebitis and thromboplebitis of upper extremity, rather than expanding I80.8, Phlebitis and thrombophlebitis of other sites.

## Plasminogen Deficiency

We support creation of a unique code for plasminogen deficiency.

We recommend adding type 1 and type II plasminogen deficiency as inclusion terms under the new code.

As noted during the C&M meeting, ligneous conjunctivitis should be deleted from the "use additional code" note under the proposed new code, as this condition is also listed in a "code also" note.

## Postpartum Depression & Postpartum Psychosis

We support the proposed changes for postpartum depression and puerperal psychosis.

Since the Excludes1 note under category F53 that references code O90.6 is being proposed to be changed to an Excludes2 note, the Excludes1 note under code O90.6, Postpartum mood disturbance, should also be changed to an Excludes2 note in order to be consistent (and this note should also be modified to reflect the new F53 codes, if these codes are approved).

## Pressure Ulcer of Mucosal Membrane by Site

AHIMA supports creation of new codes for pressure ulcers of mucosal membranes.

Since pressure ulcers of mucosal membranes are often due to the presence of a medical device (such as an endotracheal tube, nasogastric tube, etc), should an additional code be assigned for a complication associated with the device?

## Primary Sclerosing Cholangitis

We support creation of a unique code for primary sclerosing cholangitis.

Index entries and instructional notes should clarify which codes may be assigned when both biliary calculi and primary sclerosing cholangitis are present. Current instructional notes indicate that cholangitis should not be coded separately when the patient has biliary calculi. Also, the title of subcategory K80.3 is "Calculus of bile duct with cholangitis." There may be confusion as to whether subcategory K80.3 includes primary sclerosing cholangitis (when it occurs with bile duct calculi) or only other types of cholangitis.

## Tarlov Perineural Cyst

Rather than creating a new code for Tarlov perineural cyst in category G54, Nerve root and plexus disorders, we recommend expanding code G96.19, Other disorders of meninges, not elsewhere classified, to create a new code. The presenter stated that a Tarlov perineural cyst is a disorder of the meninges, so it would seem to fit best in subcategory G96.1, Disorders of meninges, not elsewhere classified.

If a perineural cyst is not documented as being a Tarlov cyst, where would it be classified? Index entries and instructional notes should clarify the appropriate code assignment for a perineural cyst not specified as a Tarlov cyst.

The proposal mentioned identification of Tarlov perineural cysts as incidental findings on magnetic resonance imaging. However, in ICD-10-CM, incidental findings would not be coded.

## Temporomandibular Joint Disorders

AHIMA **does not support** the proposed code expansion for temporomandibular joint disorders. We do not believe this degree of specificity is necessary.

## Transverse Vaginal Septum

While we support creating new codes for transverse vaginal septum, we **oppose** the proposed distinction of "simple" and "complex." Not only are these terms subjective and may not be documented, but they appear to relate primarily to differences in the complexity of the procedure to repair this condition, which should not be part of the diagnosis code.

Rather than creating new sub-subcategories in subcategory Z52.1, Doubling of vagina, we recommend that code Z52.11, Transverse vaginal septum, be expanded to include new codes for transverse vaginal septum.

We also recommend that additional new codes be created for unspecified types of transverse vaginal septum (for transverse vaginal septum that is not specified as low, mid, or high or as either obstructing or non-obstructing; that not specified as low, mid, or high but specified as obstructing or non-obstructing; that specified as low, mid, or high, but not specified as obstructing or non-obstructing).

## Williams Syndrome

We support creation of a unique code for Williams syndrome.

Since it may not be clear which manifestations are inherent to Williams syndrome and should not be coded separately, it would be helpful to add a "use additional code, if applicable" note for those manifestations that are not inherent and should be coded separately.

## Zika Virus Related Newborn Conditions

The difference between proposed new codes P00.21, Newborn affected by maternal infection with Zika virus, and P35.4, Congenital Zika virus infection, is not clear, nor is it clear if these codes can or should be used together. Without clarification regarding the distinction between these codes and the circumstances when each code should be used, confusion and inconsistency regarding the reporting of these codes are likely to occur.

Also, the proposed "use additional code, if applicable" note under code Q02, Microcephaly, conflicts with the "use additional code" note under proposed new code P35.4. We believe the note under code Q02 should be "code first, if applicable" so that the congenital Zika virus infection would be sequenced before its manifestations.

## ICD-10-CM Addenda

AHIMA supports the proposed ICD-10-CM Tabular Addenda changes.

We recommend the following revisions to the proposed ICD-10-CM Index Addenda changes:

Change "Vulvar" to "Vulva" in the proposed Index entry under "Lesion(s) (nontraumatic."

Add dashes after C92.0 in the proposed changes under "Leukemia, leukemic" for "acute myeloid , NOS" and "myeloid, acute" to indicate that C92.0 is a subcategory rather than a complete code number.

Revise the proposed new Index entry under Paraplegia as follows:

Paraplegia (lower) G82.20
-traumatic
--current injury – code to injury with seventh character A
--sequela of previous injury – code to injury with seventh character S

AHIMA supports the remaining proposed ICD-10-CM Index changes.

We recommend that consideration be given to not presenting Addenda changes involving only correction of typographical or formatting (e.g., capitalization) errors at future C&M meetings.

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

Sincerely,

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