



April 1, 2009

VIA ELECTRONIC MAIL

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

Dear Donna:

The American Health Information Management Association (AHIMA) welcomes the opportunity to provide comments on the proposed diagnosis code modifications presented at the March 11th and 12th ICD-9-CM Coordination and Maintenance (C&M) Committee meeting that are slated for October 2009 implementation. Our comments pertaining to code proposals slated for October 2010 implementation will be sent at a later date.

Addenda

We support the proposed Addenda changes slated for implementation in October 2009, with the following exceptions:

Category 209, Neuroendocrine Tumors

It is not clear what the rationale is for deleting code 209.37, Merkel cell carcinoma, unknown primary site, and creating a new code with the same description in subcategory 209.7, Secondary neuroendocrine tumors. It does not seem appropriate to create a code for unknown primary site in a subcategory for secondary sites. The proposed code in subcategory 209.7 should be titled "Secondary Merkel cell carcinoma without specification of site" because it is in a subcategory for secondary neuroendocrine tumors.

It is also not clear which code should be assigned for Merkel cell carcinoma, not otherwise specified, since it would not be appropriate to use a code from a subcategory for secondary neuroendocrine tumors.

We recommend either creating code 209.37 or creating a code in subcategory 209.8 with a title of "Merkel cell carcinoma without specification of site." This descriptor would parallel

category 199, Malignant neoplasm without specification of site, and would allow both a primary or secondary Merkel cell carcinoma of unknown site to be assigned to this code.

Category V10, Personal history of malignant neoplasm

Neither the title nor inclusion terms make it clear how code V10.90, Personal history of unspecified type of malignant neoplasm, is intended to be used. Is it intended that this code be assigned whenever the histologic type is not known, even if the site is known? For example, if personal history of breast cancer is documented but not the histologic type, should code V10.90 be assigned in addition to code V10.3, Personal history of malignant neoplasm, breast? If that is how this code is to be used, it will appear on practically every record involving a history of malignant neoplasm, since physicians often don't document the histologic type for a personal history of cancer. If that is not how the code is intended to be used, further revision of the code title, and perhaps the addition of Excludes notes, is necessary in order to prevent overuse of code V10.90.

The addition of the inclusion term for "personal history of malignant neoplasm of unspecified site and unspecified histology" does not provide sufficient clarification for the use of code V10.90 because it is not clear if both of these circumstances (unspecified site and unspecified histology) must be present in order to meet the intent of the code or if only one of these circumstances (i.e., specified site and unspecified histology or unspecified site and specified histology) needs to be present. Also, "unspecified type" in the code title implies that a personal history of cancer of unspecified histology would be classified to this code regardless of whether the site is specified.

Adding to the confusion is the fact that except for neuroendocrine tumors, there are no codes for personal history of specific histologic types. It is confusing to have a code for personal history of unspecified type of malignant neoplasm when codes do not exist for specified types (other than neuroendocrine tumors).

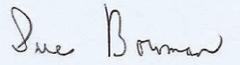
We recommend that the descriptor of code V10.90 be re-titled to state "Personal history of malignant neoplasm, unspecified" and that its use be limited to situations when the only information available is that the patient has a history of cancer, with no documentation of the site or whether or not it was neuroendocrine.

We also recommend that instructional notes be added to better clarify whether new code V10.91, Personal history of malignant neuroendocrine tumor, should be assigned alone or in conjunction with one of the other codes in category V10 to identify the site. The proposed Excludes notes under the site-specific codes in category V10 do not provide adequate clarification because the meaning of these Excludes notes is not clear (i.e., "not coded here" vs. "not included here").

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Thank you for the opportunity to comment on the proposed diagnosis code revisions slated for October 2009 implementation. 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 on a light blue rectangular background.

Sue Bowman, RHIA, CCS
Director, Coding Policy and Compliance