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December 3, 2008

VIA ELECTRONIC MAIL

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Dear Donna:

The American Health Information Management Association (AHIMA) welcomes the opportunity to provide comments on the proposed diagnosis code modifications presented at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting held on September 24-25.

Traumatic Brain Injury (TBI)

For proposal 1, AHIMA **opposes** option 1 for the TBI code proposal. This option would involve significant changes to the meaning of existing section and category titles and would not accurately represent all of the injuries currently classified to these sections and categories. We support option 2 for proposal 1, with the exception of the proposed addition of "or TBI" to the description of the fifth digit for "with concussion." The inclusion of "or TBI" in the fifth digit description significantly changes the meaning and affects longitudinal data. Also, it is not clear whether the injury community would still consider it important to separately identify those intracranial injuries involving concussion.

For proposal 2, we support option 2, which is the NCHS recommendation to follow established coding guidelines for coding manifestations rather than creating a new code for acute manifestation of traumatic brain injury.

For proposal 3, we agree with the NCHS recommendation that careful review of the terms represented by the proposed codes would need to be done in order to address potential overlaps with existing codes. For example, existing code 780.93 describes memory loss. It is not clear how proposed code 349.52, Memory deficit, would be distinct from the existing code.

The proposed Excludes note in Proposal 3 is unclear. It states "Excludes conditions classifiable to non-psychotic mental health conditions due to," but there are no conditions indented

underneath this Excludes note. Also, the proposal indicates that late effects of cerebrovascular disease are excluded from the proposed codes, but it is not clear whether these codes could be used to identify manifestations of an acute stroke (as opposed to a late effect). And there are many existing codes that would need to be clearly excluded from the proposed codes, such as development delays in speech and language.

For proposals 4 and 5, we support option 2

In proposal 6, we **oppose** the proposed modification of the title of code V57.3. This proposed modification is inconsistent with the structure of the V57 codes. We also **oppose** the proposed codes for screening for traumatic brain injury and swallowing and feeding. Creation of these codes would be inconsistent with the proper use of screening codes. Evaluation for a traumatic brain injury or swallowing and feeding difficulties would more likely require the coding of a sign or symptom or the use of an observation code. Per the official coding guidelines, "screening is the testing for disease or disease precursor in seemingly well individuals so that early detection and treatment can be provided for those who test positive. … 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, we do not believe that evaluation of a patient for traumatic brain injury or swallowing and feeding problems would fall within the screening guidelines. Typically, there would be a sign or symptom that should be coded. If there is no sign or symptom, category V71, Observation and evaluation for suspected conditions not found, would likely apply. The note under this category states that codes in this category are to be used "when a person without a diagnosis is suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist." There are codes in category V71 specifically for observation following accident.

We support the other proposed modifications in proposal 6.

External Cause Status

We support the proposal for a new category for external cause status.

Activity Codes

We support the proposal to create new codes for "activity" in the External Cause chapter. **However, we recommend that the proposed note at the beginning of this proposed new section be modified to limit the use of these codes for injuries rather than expanding their use to other health conditions.** We recognize that in ICD-10-CM, the external cause codes, including activity codes, can be used in conjunction with health conditions other than injuries. However, this change in the use of the external cause codes should not be implemented until

ICD-10-CM is implemented. To introduce such a significant change in ICD-9-CM would be confusing and would impact data trends. Also, more widespread modifications would need to be made in ICD-9-CM to allow the use of external cause codes with codes for health conditions other than injuries, poisoning, and adverse effects. For example, the title of the external cause section of ICD-9-CM is "Supplementary Classification of External Causes of Injury and Poisoning," whereas the title of this section in ICD-10-CM is "External Causes of Morbidity." The ICD-9-CM official coding guidelines for the external cause codes also only address the use of these codes for injuries, poisonings, and adverse effects.

We agree with the comment made during the C&M Committee meeting that default codes are needed for those instances when there are multiple codes describing variations of the same activity.

External Cause Codes for Military Operations

AHIMA supports the proposed new external cause codes for military related injuries.

Embedded Fragments Status

While we support the intent of the new V codes for embedded fragments status, we are concerned about the potential overlap with existing codes. For example, the following existing codes also describe retained foreign bodies:

360.50-360.59, Retained (old) intraocular foreign body, magnetic;
360.60-360.69, Retained (old) intraocular foreign body, nonmagnetic;
374.86, Retained foreign body of eyelid;
376.6, Retained (old) foreign body following penetrating wound of orbit;
709.4, Foreign body granuloma of skin and subcutaneous tissue;
728.82, Foreign body granuloma of muscle;
729.6, Residual foreign body in soft tissue.

Also, as noted during the meeting, foreign bodies inadvertently left in a patient during a surgical procedure are currently classified to the complication codes. Therefore, to ensure no overlap with existing codes or confusion as to which code to assign, appropriate instructional notes would need to be added, and consideration should also be given to revising the title of the proposed new V code category to be more descriptive of the types of embedded foreign bodies that are intended to be classified to the new codes.

The proposal would create 10 new V codes for embedded fragments status. Consideration should be given as to whether this level of specificity is really needed, or whether some of the types of embedded fragments could be consolidated, resulting in the creation of fewer new

codes. Also, since an implementation date for ICD-10-CM is still unknown, and we don't know how much longer the US will have to continue using ICD-9-CM, we recommend that NCHS consider a different structure for the creation of embedded fragment status codes. We are concerned about using up category V90 for this single type of status. Perhaps V90 should be given a more generic title and a subcategory should be created for the embedded fragment status codes. This approach would allow other subcategories in V90 to be used for unrelated coding needs in the future.

Venous Thrombosis and Embolism

AHIMA recommends a modified version of option 1 for the proposed changes to the codes for venous thrombosis and embolism. We are concerned that the acuity of the venous thrombosis and embolism will not always be clearly and consistently documented. We are also concerned that creation of new codes for chronic thrombosis and embolism may increase confusion and not necessarily improve the quality of the coding. The proposal notes that the problem the Agency for Healthcare Research and Quality (AHRQ) is trying to solve is the ability to distinguish a new thrombus from an old or chronic thrombus. We believe this can be accomplished without creating new codes for chronic venous thrombosis and embolism.

We support all of the proposed modifications in option 1 **except** the creation of new codes for chronic embolism and thrombosis. Specifically, we recommend that the titles of the existing codes in subcategory 453.4, Venous embolism and thrombosis of deep vessels of lower extremity, be modified to include the word "acute." We support the creation of a new code (453.6) for venous embolism and thrombosis of superficial vessels of lower extremities. We also support the expansion of code 453.8, Other venous embolism and thrombosis of other specified veins, to create codes for specific veins and the proposed addition of the word "acute" to these code titles. We also support the proposed modifications to the pregnancy codes for thrombophlebitis and venous thrombosis and the proposed addition to the instructional note under subcategory 996.7, Other complications of internal (biological) (synthetic" prosthetic device, implant, and graft. Codes V12.51, Personal history of venous thrombosis and embolism, and V12.52, Personal history of thrombophlebitis, should be assigned whenever the condition is not acute.

Epilepsy versus Seizure

AHIMA supports the proposed addenda changes for the epilepsy codes.

Insomnia, Initiating versus Maintaining Sleep

Due to lack of support for the proposal by the American Academy of Neurology and the American Academy of Sleep Medicine, we **oppose** the proposed modifications to subcategory

327.0, Organic disorders of initiating and maintaining sleep [Organic insomnia]. In addition to requiring further consideration by these organizations prior to finalizing and approving the proposal, we also recommend the need for any changes to subcategory 307.4, Specific disorders of sleep of nonorganic origin, be given additional consideration. For example, currently, there are inclusion terms for hypersomnia, insomnia, or sleeplessness associated with anxiety, depression, and psychosis under code 307.42, Persistent disorder of initiating or maintaining sleep, and an inclusion term for hypersomnia associated with depression under code 307.44, Persistent disorder of initiating or maintaining wakefulness. It is not clear how existing code 327.02, Insomnia due to mental disorder, and proposed new code 327.05, Disorder of maintaining sleep due to mental disorder, relate to the existing codes in subcategory 307.4. Also, if distinct codes are created for organic disorders of initiating and maintaining sleep, perhaps the nonorganic sleep disorder codes should be modified so that they have the same distinction.

We are concerned about classifying unspecified disorders of initiating or maintaining sleep to category 327, Organic sleep disorders. They are currently indexed to code 780.52, Insomnia, unspecified. It is not clear why the default should be moved away from this code. Also, this change would likely result in the same sleep disorder being coded two different ways, depending on whether the physician documented it as a disorder of initiating or maintaining sleep or just documented it as insomnia.

We believe the proposal needs to be revised, including any modifications needed to eliminate overlap between the codes in subcategories 307.4 and 327.0, before it is ready for implementation.

Endometrial Intraepithelial Hyperplasia [EIN]

AHIMA supports the proposed new codes for benign endometrial hyperplasia and endometrial intraepithelial neoplasia.

Dysphonia

We support the proposed modifications to subcategory 784.4, Voice disturbance, to create codes for specific types of voice and resonance disorders.

Fluency Problems

We support the proposed modifications for fluency disorders.

Wrong Site, Wrong Surgery, Wrong Patient

While we generally support the proposal to create new codes for certain "never events," clarification is needed on the use of these codes. Existing code E876.5, Performance of inappropriate operation, and proposed code E876.6, Performance of operation on wrong patient, overlap because performing an operation on the wrong patient would also be considered an inappropriate operation.

Also, it is not clear whether proposed code E876.6 is intended to be assigned for the patient on whom the operation was incorrectly performed or for the patient who was supposed to undergo the operation and didn't because it was performed on someone else. We believe there is value in identifying both patients. Therefore, we recommend that either an additional new code be created, so both the intended recipient of the surgery and the patient who actually underwent the procedure can be identified, or code E876.5 should be assigned for the patient who underwent the procedure and code E876.6 should be assigned for the patient who was supposed to undergo the procedure. In any case, the title of proposed code E876.6 should be modified to accurately reflect which patient this code is intended to describe (patient who underwent the procedure intended for someone else or the individual for whom the procedure was intended).

Tumor Lysis Syndrome

AHIMA supports the creation of a unique code for tumor lysis syndrome. A "code first" note should be added under code 584.8, Acute renal failure with other specified pathological lesion in kidney, since acute renal failure commonly occurs as a result of tumor lysis syndrome, and *Coding Clinic for ICD-9-CM* had advised the assignment of this code for tumor lysis syndrome in the past.

Fertility Preservation prior to Antineoplastic Therapy

We support the proposal for new codes for fertility preservation encounters.

Fitting/Adjustment of Gastric Lap Band

We support the proposed new code for fitting and adjustment of gastric lap band, and we agree with the recommendation made during the C&M Committee meeting that the title of subcategory V53.5, Other intestinal appliance or device, should be revised to accurately reflect the codes in this subcategory.

Failed Sedation

While we don't object to the proposed new codes for shock due to anesthesia, failed moderate sedation during procedure, and history of failed moderate sedation, guidance will need to be provided on the appropriate use of the proposed code for failed moderate sedation. Types of sedation included in this code will need to be identified, since, as noted by an attendee at the C&M Committee meeting, physicians may use terminology other than moderate or conscious sedation. Also, the official coding guidelines define a reportable additional diagnosis. There may be circumstances when the sedation failed, but it does not meet the definition of a reportable diagnosis and should not be coded because it did not affect patient care.

Transfusion Reaction

We recommend the alternative option that was presented at the meeting. This option involves indexing minor antigen reactions to existing code 999.89, Other transfusion reaction, instead of creating a new code.

Hypoxic-ischemic Encephalopathy (HIE)

AHIMA supports the proposed codes for mild, moderate, and severe hypoxic-ischemic encephalopathy.

Antineoplastic Chemotherapy Induced Anemia

We support the proposed code for antineoplastic chemotherapy induced anemia. Creation of a unique code will help to alleviate confusion as to the appropriate code for anemia due to chemotherapy. The new code should be excluded from code 285.22, Anemia in neoplastic disease. A "use additional code" note should be added under the new code to assign the external cause code for the drug.

Family Circumstances

We support the proposed new codes for family disruption due to death of family member, family disruption due to extended absence of family member, and counseling for specific types of parent-child problems. We recommend that the title of subcategory V61.2 be revised to state "Counseling for parent-child problems," in order to more accurately reflect the codes in this subcategory.

Personal History of Immunosuppression, Estrogen, and Steroid Therapy

We support the proposed new codes for personal history of immunosuppression therapy, estrogen therapy, and steroid therapy. An attendee at the C&M Committee meeting recommended that consideration be given to creating distinct codes for personal history of systemic steroid use and inhaled steroid use because the risks are different. However, our concern with this suggestion is that this level of detail (type of past steroid use) may not be documented in the medical record. If a decision is made to create separate codes, a default code to use when the type of steroid use is not specified will need to be designated.

Apparent Life Threatening Event (ALTE) in an Infant

AHIMA supports the proposed code for apparent life threatening event (ALTE) in infant. We recommend that this code be reported as the principal or first-listed diagnosis when the underlying cause has not been determined, with codes for the associated symptoms reported as secondary diagnoses. When the underlying cause has been determined, that condition should be reported as the principal or first-listed diagnosis rather than ALTE. Consideration should be given to allowing ALTE to be reported as a secondary diagnosis in this situation, when ALTE is specifically documented.

Newborn Post-Discharge Health Check

We support the proposal to create new subcategory V20.3 for newborn health supervision and two new codes for newborn health supervision under 8 days old and newborn health supervision 8 to 28 days old. We agree with the code titles recommended by the American Academy of Pediatrics during the C&M Committee meeting, which used the wording "newborn health supervision" instead of "routine health check for newborn." An Excludes note should be added under existing code V20.2, Routine infant or child health checks, to clarify that newborn health checks should be classified to one of the new codes. And perhaps an inclusion term could help to make it clear that code V20.2 is intended for routine health checks of infants and children older than 28 days, whereas the new codes are intended for infants up to and including 28 days old.

Torus Fracture

AHIMA supports the proposed new codes for torus fracture of ulna alone and torus fracture of radius and ulna. We recommend that the title of proposed code 813.46 be changed to "torus fracture of ulna alone" and that a note be added under this code to exclude that with radius (torus fracture of radius and ulna would be classified to the second proposed new code). A note should also be added under existing code 813.45, Torus fracture of radius, to exclude that with ulna.

Pouchitis

We support the creation of a new code for pouchitis. However, we are concerned about creating new subcategory 569.7 for complications of intestinal pouch. This is the last available subcategory number in category 569, Other disorders of intestine. Limiting subcategory 569.7 to complications of intestinal pouch severely limits the use of the available code numbers in this subcategory. In order to maximize the remaining available code numbers in category 569, we recommend that the code for pouchitis be created in subcategory 569.8, Other specified disorders of intestine, which would allow subcategory 569.7 to remain available for future expansion for other types of intestinal disorders. Another option would be to broaden the title of subcategory 569.7 so the available codes in this subcategory could be used for intestinal disorders other than complications of intestinal pouch.

Gout

We support the proposed new codes to differentiate the stages of gouty arthropathy. Based on the discussion at the C&M Committee meeting, we recommend that a new code also be created for hyperuricemia.

Colic

We support a new code for colic and agree with the suggestion made during the meeting that the title of the code should be "infantile colic" so that this code is not assigned for adult colic. Adult colic should be indexed to abdominal pain. An Excludes note for renal colic should be added under the new code.

Vomiting

We support the proposed new codes for bilious emesis and vomiting of fecal matter. However, we recommend that the code for vomiting of fecal matter be created in the Digestive System chapter instead of the Symptom chapter. Currently, vomiting of fecal matter is indexed to a code in the Digestive System chapter (code 569.89).

We also support the proposed expansion of code 779.3, Feeding problems in newborn, to create specific codes for feeding problems in newborn, bilious vomiting in newborn, other vomiting in newborn, and failure to thrive in newborn. We agree the title of subcategory 779.3 would need to change to include disorders of stomach function as well as feeding problems in newborn. We also agree with the recommendation made during the meeting that hematemesis should be excluded from proposed code 779.33, Other vomiting in newborn.

Merkel Cell Carcinoma

AHIMA supports the expansion of subcategory 209.3, Malignant poorly differentiated neuroendocrine tumors, to create codes for Merkel cell carcinoma of various specific sites. As noted during the C&M Committee meeting, a default code for Merkel cell carcinoma of unspecified site is also needed.

Secondary Neuroendocrine Tumors and Personal History of Neuroendocrine Tumors

We support the proposal to create new codes for secondary neuroendocrine tumors and personal history of malignant neuroendocrine tumor. While we recognize that there may be value in creating more than one personal history code in order to identify the site, we are concerned about using up too many available code numbers for personal history malignant neuroendocrine tumor, since ICD-9-CM must continue to be updated until ICD-10-CM is implemented. An implementation date for ICD-10-CM is still not known, but is likely at least a few years away. If site-specific codes for personal history of malignant neuroendocrine tumor are created, the number of available code numbers for other types of personal history of malignant neoplasm would be very limited. Therefore, we recommend that the suggestion to create site-specific codes for personal history of malignant neuroendocrine tumor be considered for ICD-10-CM rather than ICD-9-CM.

Inconclusive Mammogram

We support the proposed code for inconclusive mammogram. We agree that the title of category 793 would need to be modified so that the term "abnormal" is a non-essential modifier in order for the proposed code to be included in this category.

Addenda

We **oppose** the proposed revision of the index entry for administration of prophylactic antibiotics. Code V58.62, Long-term (current) use of antibiotics, is specifically for long-term drug use, and the index entry is not limited to long-term use of prophylactic antibiotics. It would be inappropriate to assign code V58.62 for short-term use of prophylactic antibiotics. Also, category V07 specifically includes prophylactic measures, including prophylactic drug administration, so it is unclear why this would not be the appropriate category for administration of prophylactic antibiotics.

We also **oppose** the proposed revision of the index entry for long-term (current) use of tamoxifen. As indicated by the code title, code V07.39, Other prophylactic chemotherapy, can only be used for prophylactic drug use. If tamoxifen is administered as part of cancer treatment, code V07.39 cannot be assigned. Code V58.69, Long-term (current) use of other medications

should be assigned in this instance. We recommend that the index entries be modified to indicate that prophylactic administration of tamoxifen should be assigned code V07.39 and administration of tamoxifen for cancer treatment should be assigned code V58.69.

For the proposed addition of a "use additional code" note for secondary diabetes mellitus under code 251.3, Postsurgical hypoinsulinemia, the official coding guidelines would have to be modified at the same time this change becomes effective, since the guidelines state that a secondary diabetes code should not be assigned in conjunction with code 251.3.

In conjunction with the proposed Excludes note for transient hyperglycemia post procedure under code 251.3, we recommend that corresponding Index changes also be made. Currently, "hyperglycemia, postpancreatectomy," is indexed to code 251.3, which appears to conflict with the proposed Excludes note. An additional index entry for "hyperglycemia, transient, postpancreatectomy," is needed to coincide with the proposed Excludes note.

Regarding the proposed Excludes notes under some of the aftercare codes that would only allow one aftercare code to be assigned, we recommend that "use additional code" notes be added instead, in order to allow the assignment of multiple aftercare codes. Assignment of multiple aftercare codes, as appropriate, would provide more detailed information about the patient encounter.

We support the rest of the proposed addenda changes, including the suggested changes made during the C&M Committee meeting.

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

Sincerely,

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