1730 M Street, NW, Suite 502
Washington, DC 20036

phone » (202) 659-9440
fax » (202) 659-9422
web » www.ahima.org

June 7, 2010

VIA ELECTRONIC MAIL

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

Dear Ms. Pickett:

The American Health Information Management Association (AHIMA) welcomes the opportunity to provide comments on the proposed diagnosis code modifications presented at the March 10th ICD-9-CM Coordination and Maintenance (C&M) Committee meeting that are slated for October 2011 implementation. Our comments pertaining to code proposals slated for October 2010 implementation were sent previously.

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E. coli Infection – Expansion for O157:H7 Strain

While AHIMA supports the proposed expansion of the E. coli infection codes, we are concerned that the medical record documentation will often not support the proposed level of specificity, resulting in the code for unspecified E. coli infection being the one most often assigned.

The title of proposed new code 041.49 should be modified to state "Other and unspecified Escherichia coli [E. coli]." Also, "E. coli NOS" should be added as an inclusion term under this code.

Acquired Absence of Joint

We support the proposed new codes for aftercare following explantation of joint prosthesis and acquired absence of joint.

We recommend that "staged procedure" be deleted from the inclusion term under proposed code V54.82, Aftercare following explantation of joint prosthesis, so as to avoid confusion as to whether this code should be assigned for both stages of the procedure (i.e., encounter for removal of the joint prosthesis as well as the encounter for subsequent joint prosthesis insertion).

Brain Death

AHIMA supports the proposed new code for brain death.

Lambert-Eaton Myasthenic Syndrome (LEMS)

AHIMA supports the creation of a new subcategory for Lambert-Eaton syndrome.

Pelvic Fracture without Disruption of Pelvic Circle

We support the creation of new codes for multiple pelvic fractures without disruption of pelvic circle. We also support the proposed inclusion of the term "pelvic ring" as a synonymous term for pelvic circle.

Exposure to Uranium

We support the proposed new code for contact with and (suspected) exposure to uranium. The new code for retained depleted uranium fragments that is going into effect on October 1, 2010 should be clearly excluded from the proposed exposure code.

Saddle Embolus

AHIMA supports the proposed codes for saddle embolus of pulmonary artery and abdominal aorta. It was noted at the C&M meeting that the aorta would remain the default site, so this default would need to be indicated in the index.

Cystostomy Complications

We support the creation of unique codes for cystostomy complications, including infection, mechanical complication, and other complication.

In addition to the proposed Excludes notes under codes 996.39, Mechanical complication of other genitourinary device, implant, and graft, and 997.5, Urinary complications, we also recommend that an Excludes note for the proposed code for infection of cystostomy be added under code 996.64, Infection and inflammatory reaction due to indwelling urinary catheter.

Smoke Inhalation

AHIMA agrees that the default for smoke inhalation NOS should be changed from code 987.9, Toxic effect of unspecified gas, fume, or vapor, to a code in category 506, Respiratory conditions due to chemical fumes and vapors, or 508, Respiratory conditions due to other and unspecified external agents. **We recommend that a unique code for smoke inhalation NOS be created in category 508.** Category 506 would not be appropriate for the default because this category is limited to respiratory conditions due to **chemical** fumes and vapors, and "smoke inhalation

NOS" does not identify the type of agent causing the smoke. The new code for smoke inhalation NOS should clearly exclude smoke inhalation from a chemical agent (category 506).

We agree that a "use additional code" note should be added under categories 506 and 508 indicating that an additional code should be assigned to identify the associated respiratory condition when the code in category 506 or 508 does not fully specify the condition. It should be clear that when the code in categories 506 and 508 fully specifies the respiratory condition, no additional code is necessary. For example, code 506.1 specifically identifies acute pulmonary edema in the code title, so no additional code for acute pulmonary edema is necessary.

"Asphyxia due to smoke inhalation" should be indexed to the new default code for smoke inhalation NOS, but not the general term "asphyxia" (since asphyxia can have other causes).

Personal History of Pulmonary Embolism and Anaphylactic Shock

We support creation of a new code for personal history of pulmonary embolism in subcategory V12.5, Personal history of diseases of circulatory system.

We disagree with creation of a code for personal history of anaphylactic shock in subcategory V12.5. While we support creating a new code for personal history of anaphylactic shock, we disagree with the proposal to locate the new code in subcategory V12.5. It does not properly fit in this subcategory. **We recommend either expanding code V13.8, Personal history of other specified diseases, to create a code for personal history of anaphylactic shock, or creating a new code in category V87, Other specified personal exposures and history presenting hazards to health.** We support the recommendation made at the C&M meeting to use the term "anaphylaxis" in the code title instead of "anaphylactic shock," since it was noted that anaphylactic shock is an outdated term.

Complications of Weight Loss Procedures

AHIMA supports the proposed codes for infection and other complications due to bariatric surgery and gastric band procedures.

Postoperative Aspiration Pneumonia

We support the proposal to create a unique code for postprocedural aspiration pneumonia and delete the inclusion terms under code 997.39, Other respiratory complications.

We disagree with the proposal to add a "use additional code" note under code 997.39. A "use additional code" note already exists under category 997 and, therefore, applies to all codes in this category. Adding a "use additional code" note under code 997.39 or any other code in category 997 would be redundant and create confusion as to the meaning and intent of instructional notes at the category level versus the individual code level.

We recommend that consideration be given to modifying the "use additional code" note under category 997 to indicate "if applicable" or "if the additional code would provide further information." If the code in category 997 fully describes the complication, then it should not be necessary to assign an additional code.

Pilar Cyst/Trichilemmal Cyst

We support the proposed codes for pilar and trichilemmal cysts.

Retained Gallstones following Cholecystectomy

We support the proposed code for retained cholelithiasis following cholecystectomy.

Biochemical Pregnancy

AHIMA supports the proposed code for biochemical pregnancy. If this is the commonly-used term for this condition, it should be the code title rather than an inclusion term. As noted by commenters at the C&M meeting, appropriate index modifications would be needed to ensure all of the terms used to describe a biochemical pregnancy are indexed to the new code and that this code is not inadvertently assigned for similar terms that are not intended to refer to this condition.

Addenda Items for Consideration for October 1, 2011

AHIMA supports the proposed Addenda items being considered for October 1, 2011 with the following exceptions:

- **We oppose the proposal to add a "code first" note code 042, Human immunodeficiency virus [HIV] disease, and a "use additional code" note under code 999.39, Infection following other infusion, injection, transfusion, or vaccination**, requiring code 999.39 to be sequenced first when the HIV disease is due to a blood transfusion. The HIV sequencing guidelines have always taken precedence, and we believe the HIV disease should continue to be sequenced first. A drastic change to long-standing sequencing rules would significantly alter HIV trend data. Also, the proposed note would create confusion as to how long code 999.39 should be sequenced before the HIV code – for the rest of the patient's life?

  To capture data on HIV due to blood transfusion, rather than disrupt the HIV sequencing guidelines, consideration should be given to creating a unique code for HIV due to blood transfusion.

  If the proposed "code first" note under code 042 is approved, "if applicable" should be added to the end of this note. As currently worded in the proposal, code 999.39 would always have to be sequenced before code 042, but not all HIV disease is due to a blood transfusion.

- While we support the addition of an index entry indicating that code 285.9, Anemia, unspecified, should be assigned for chronic anemia, we recommend that Excludes notes be added under codes 281.9, Unspecified deficiency anemia, and 285.29. Anemia of other chronic disease.

- We support the addition of an index entry for interrogation of a cardiac pacemaker and agree with the suggestion made at the C&M meeting that index entries should be added for interrogation of other devices, including defibrillator, neurostimulator, and cardiac event recorder (loop recorder).

- **We oppose the proposal to delete a number of outdated nonessential modifiers for the main term "pneumonia."** There does not appear to be a critical reason for making these changes. And since ICD-9-CM will be replaced by ICD-10-CM in just a few years, we do not think it is necessary to delete these terms at this time, or spend any time or resources on other non-essential ICD-9-CM modifications.

- We agree with the suggestion made at the C&M meeting to revise the proposed index entry for saddle injury to state "see Injury, by type."

Other Comments

Now that ICD-10-CM/PCS implementation is only three years away, we urge NCHS to limit ICD-9-CM modifications to essential changes so that available time and resources can be spent on maintenance of ICD-10-CM. At this point, ensuring all necessary modifications are made to ICD-10-CM prior to a code set freeze is more important than addressing minor ICD-9-CM modifications (such as the deletion of some of the nonessential modifiers for the main term "Pneumonia" that is noted above).

ICD-10-CM Revisions

AHIMA recommends that proposals for new codes in ICD-10-CM, and other ICD-10-CM revisions, be brought to the C&M meetings for public discussion and comment, beginning with the September 2010 C&M Committee meeting.

Thank you for the opportunity to comment on the proposed diagnosis code revisions slated for October 2011 implementation. If you have any questions, please feel free to contact me at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

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