



April 30, 2012

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 diagnosis code modifications presented at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting held on March 5.

ICD-10-CM Topics

Atypical Femoral Fracture

While we recognize the value in uniquely identifying the type of fracture described in the proposal, we do not support the creation of new codes titled “atypical femoral fracture.” We are concerned that the general medical community does not use this term consistently to only refer to the types of fracture described in the proposal. Therefore, creation of new codes would not have the intended result because they would likely be used for types of “atypical” fractures not intended by the requester, and thus the data would be meaningless.

It might be more useful to create codes for “bisphosphonate” fractures. We understand the requester’s concern that this term would miss some of the fractures intended to be captured by the new codes because not all of these fractures are due to the use of bisphosphonate, but at least there seems to be a more widely accepted and consistent understanding and use of the term bisphosphonate fracture, so this subset of atypical fractures could be captured accurately.

If the CDC does decide to create codes for atypical femoral fractures, option 2 is preferable over option 1, since it provides more detail about the fractures and also removes this type of fracture from the category of “stress fractures” (since the presenter indicated these fractures differ from common stress fractures).

For those instances when the patient may also have osteoporosis, guidance would need to be provided on the use of the new codes with the existing osteoporosis codes. As noted by an attendee at the C&M

meeting, there is potential for uncertainty as to the cause of the fracture, since patients taking bisphosphonates would be expected to be at risk for osteoporosis.

Choking Game

AHIMA supports creation of a unique Activity code for “choking game.” However, since the presenter indicated that this code is not intended to include autoerotic asphyxiation, which involves different demographics and intent, an instructional note indicating autoerotic asphyxiation is excluded should be added under the proposed new code. Consideration should be given to also creating a unique Activity code for autoerotic asphyxiation.

Cognitive Sequelae of Cerebrovascular Diseases

We support the proposed new codes for cognitive sequelae of cerebrovascular diseases.

Family History of SIDS

AHIMA supports the creation of unique code for family history of sudden infant death syndrome (SIDS), but agree with the suggestion that the code title should be modified to limit use of the code to biological siblings of an infant who died of SIDS. Unless the code title specifies biological siblings, the code could be potentially be used for any family member of an infant who died of SIDS, which doesn't seem to be the intent of the code nor would that have value.

ICD-10-CM Addenda

AHIMA agrees with the proposed ICD-10-CM Index and Tabular Addenda modifications, with the following exceptions:

The instructional notes at category I70, Atherosclerosis, that state “Use additional code to identify severity of ulcer (L97.-)” should be revised to state “Use additional code to identify **site and** severity of ulcer (L97.-).” Category L97 includes codes for both site and severity.

We recommend that the proposed revision to the inclusion note under subcategory Z85.8, Personal history of malignant neoplasms of other organs and systems, be reconsidered and the potential ramifications examined closely. We do not believe the code range C76-C79 should be included in this note. These categories include codes for secondary sites, which do not fit within the current description of subcategory Z85.8. In a previous version of ICD-10-CM, the title of subcategory Z85.8 was “Personal history of primary neoplasms or other organs and systems and secondary malignant neoplasms.” However, “and secondary malignant neoplasms” was subsequently deleted. All other codes in category Z85, Personal history of malignant neoplasm, are for history of primary malignancies. If subcategory Z85.8 is intended to capture personal history of secondary malignant neoplasms, the phrase “and secondary malignant neoplasms” should be added back into the title. Otherwise, categories C76-C79 should not be included in the note.

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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,

A handwritten signature in black ink that reads "Sue Bowman". The signature is written in a cursive style with a large, prominent "S" and "B".

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