



Summary of March 2013 ICD-9-CM Coordination and Maintenance Committee Meeting

The ICD-9-CM Coordination and Maintenance (C&M) Committee, cosponsored by the National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS), met on March 5, 2013 in Baltimore, MD. Donna Pickett, RHIA (NCHS) and Patricia Brooks, RHIA (CMS) cochaired the meeting.

For complete details regarding code proposals and other proposed code revisions, review the meeting materials posted on the CMS and NCHS websites. Meeting materials pertaining to diagnosis code issues can be accessed on the NCHS website: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm. Meeting materials pertaining to procedure code issues, as well as a video recording of the meeting, can be accessed on the CMS website: <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html>.

Some of the proposed code modifications would, if approved, go into effect on October 1, 2013, whereas others would go into effect after the code freeze ends, on October 1, 2015.

Suggestions for procedure code proposals to be considered at a future Coordination and Maintenance Committee may be emailed to Pat Brooks at Patricia.brooks2@cms.hhs.gov or mailed to: Centers for Medicare & Medicaid Services, CMM, HAPG, Division of Acute Care, Mail Stop C4-08-06, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Suggestions for diagnosis code proposals for consideration at a future Coordination and Maintenance Committee may be emailed to NCHS at nchsicd9CM@cdc.gov or mailed to: National Center for Health Statistics, ICD-9-CM Coordination and Maintenance Committee, 3311 Toledo Road, room 2402, Hyattsville, Maryland 20782.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is scheduled for September 18-19, 2013 and will be held at the CMS building in Baltimore, MD. The meetings are open to the public. Proposed procedure and diagnosis code modifications submitted for discussion at this meeting must be received by CMS and NCHS by July 12, 2013.

ICD-10 Topics

ICD-10 MS-DRG v30.0 Software Update

ICD-10 MS-DRG version 30 software is now available through the National Technical Information Service. The pilot MS-DRG ICD-10 software is released for purposes of review and evaluation.

The official MS-DRG ICD-10 software to be used to determine Fiscal Year (FY) 2015 inpatient payments will be subject to formal rulemaking. The FY 2015 software (version 32) will not be available until the hospital inpatient prospective payment system final rule for FY 2015 is issued.

ICD-10 Conversion of National Coverage Determinations

After identifying the National Coverage Determinations (NCDs) that would need to be translated to ICD-10-CM/PCS codes, CMS began translating them, and the conversion process is nearly complete. CMS welcomes feedback on the ICD-10 translation of NCDs. CMS transmittals and MLN Matters® Articles are the vehicles used to communicate information regarding NCD translations. Inquiries related to NCD translations can be sent to CAGinquiries@cms.hhs.gov (“ICD-10” should be entered in the subject line).

Estimating the Impact of the Transition to ICD-10 on Medicare Inpatient Hospital Payments

A report of an updated analysis of the impact of the transition to ICD-10-CM/PCS on Medicare inpatient hospital payments, using MS-DRG v30 and FY2013 weights, was presented. Ninety-nine percent (99%) of the cases showed no change in MS-DRG when coded in ICD-10-CM/PCS. Of the 1% of the cases with MS-DRG shifts, 45% of those shifted to higher weight MS-DRGs and 55% shifted to lower weight MS-DRGs. Payment increases and decreases due to a change in DRG assignment are estimated to essentially net out. Aggregate payments to hospitals are estimated to change by -0.04 percent. The estimates are sensitive to case mix and to the rules used to translate ICD-9-CM coded records to ICD-10-CM/PCS. MS-DRG shifts due to re-coding in ICD-10 are caused by unavoidable differences between the two classification systems. The complete report can be accessed at:

<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/Downloads/March5-ICD9-CM.pdf>.

ICD-10 Hospital Acquired Conditions (HACs) and Present on Admission (POA) Exempt List

Information on the version 30 HAC conversion to ICD-10-CM/PCS can be found in the ICD-10 MS-DRG Conversion Project section of the CMS ICD-10 web page, in Appendix I under the link for the Definitions Manual. An ICD-10-CM/PCS HAC Translation Feedback Mailbox has been set up for receiving comments. The feedback link is titled “CMS HAC Feedback” and is located on the CMS HAC webpage: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html.

The FY 2013 ICD-10 POA Exempt List is posted on the CMS website at <http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html>.

Changes to ICD-10-PCS Addenda Format

In response to public comments, CMS is undertaking the development of a more detailed set of addenda files for future ICD-10-PCS updates.

Diagnoses

No ICD-9-CM diagnosis code proposals were presented.

ICD-10-CM Proposals

None of the proposals for new ICD-10-CM codes discussed at the March C&M Committee meeting is being considered for implementation until after the code freeze ends, on October 1, 2015.

However, as noted below, some of the proposed revisions that don't involve the creation of new codes are being considered for implementation during the code freeze.

Salter-Harris Fractures and Other Physeal Fractures

A number of new ICD-10-CM codes for physeal fractures of calcaneus, metatarsals, and phalanges have been proposed, for implementation on October 1, 2015. Fractures through the growth plate in growing young people are called physeal fractures, which are classified into Salter-Harris fracture types.

Salter-Harris type I fractures follow the growth plate, separating the epiphysis from the metaphysis in long bones. This type is more common in younger children. Salter-Harris type II fractures go through the growth plate and metaphysis, but do not affect the epiphysis. This type is more common in children older than 10 years of age. Salter-Harris type III fractures go through the growth plate and epiphysis, but do not involve the metaphysis. This type usually occurs after the age of 10 and when the growth plate is partially fused. This fracture type often causes chronic disability, affecting the articular surface of the bone, and often requires surgery. Salter-Harris type IV fractures go across the growth plate and affect both the metaphysis and epiphysis. These may occur at any age. Growth may be affected, chronic disability may occur, and surgery may be needed. Other physeal fractures are less common. A Salter-Harris type V fracture involves compression of the growth plate, which can destroy growth potential and lead to unequal limb lengths or abnormal limb angles.

Meeting attendees suggested adding the description of each Salter-Harris fracture type either in the code titles or as an inclusion term, since the fracture description may be documented in the medical record rather than the type number.

Reactions to Gluten and Gluten Sensitivity

A new code has been proposed for non-celiac gluten sensitivity, which would go into effect October 1, 2015. Other proposed changes involving instructional notes and index entries would take effect before that time.

Gluten is a protein complex found in wheat and other grains that can cause reactions in some people. A well-known type of gluten reaction is celiac disease, which is an autoimmune disease and can cause diarrhea, weight loss, anemia, osteoporosis, and neurological problems. In some cases, celiac disease is clinically silent, but detected on screening tests. Other autoimmune reactions to gluten include gluten ataxia and dermatitis herpetiformis, both of which may occur together with celiac disease and associated autoimmune findings, or may occur without celiac disease. Gluten ataxia is a cerebellar ataxia, which may occur by itself or with other symptoms such

as myoclonus, palatal tremor, or opsoclonus myoclonus. In dermatitis herpetiformis, a rash with small blisters, affecting the elbows and upper forearm over ninety percent (90%) of the time, will develop. The knees, face, scalp, neck, shoulders, trunk, buttocks, and sacrum may also be affected. Wheat allergy is another type of gluten reaction, which may affect the skin, gastrointestinal tract, or respiratory system.

Injuries Involving the Spinal Cord in the Lumbar and Sacral Regions

The addition of instructional notes and inclusion terms has been proposed under category S34, Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level. These changes are proposed to go into effect during the code freeze in order to provide clarification on the use of the codes in this category.

The spinal cord ends in the conus medullaris, which most often is located in the upper lumbar region, around L1 to L2. The nerve roots for the lower lumbar and sacral nerves make up the cauda equina, and travel through the spinal canal below the conus medullaris. Injuries and disorders involving the lower spinal cord may be identified based on the neurological level affected, involving characteristic localized sensory and motor findings, such as the L5 neurological level affecting neurological function at and below where the L5 nerve roots leave the spinal cord. The proposed additional instructional notes are intended to clarify that reference to the sacral spinal cord refers to the neurological level, not the bony level. A question was raised at the meeting as to whether this clarification should also be added under category S24, Injury of nerves and spinal cord at thorax level. NCHS agreed to consider this suggestion.

ICD-10-CM Addenda

Proposed ICD-10-CM addenda changes were reviewed. All of these changes are being considered for implementation during the code freeze, since they either involve correction of errors or clarification for proper coding. The proposed changes include:

- Change of certain Excludes1 notes to Excludes2 notes;
- Correction of code numbers or code ranges in instructional notes and Index entries;
- Deletion of inclusion term for “renal disease NOS” under code N18.9, Chronic kidney disease, unspecified;
- Addition of Index entry for Cracked nipple, associated with puerperium (O92.12);
- Addition of Index entry for Injury, kidney, acute (nontraumatic) (N17.9);
- Addition of Index entry for Injury, peritoneum, laceration (S36.893);
- Addition of Index entry for Perforation, vagina, obstetrical trauma (O71.4);
- Addition of entry in Index of External Causes of Injury for Foreign body, aspiration (see Index to Diseases and Injuries, Foreign body, respiratory tract).

Procedures

ICD-9-CM/ICD-10-PCS Proposals

All of the proposed procedure code modifications discussed at the March C&M Committee meeting were requested to go into effect on October 1, 2013.

Infusion of 4-Factor Prothrombin Complex Concentrate (4F-PCC)

New ICD-9-CM and ICD-10-PCS codes have been requested to identify a new blood clotting factor drug, 4-Factor Prothrombin Complex Concentrate (4F-PCC), that contains blood clotting Factors II, VII, IX, and X, and Proteins C and S. A new technology application for FY 2014 has been submitted for Kcentra™ 4F-PCC.

Although warfarin is highly effective at preventing blood clots, it significantly raises the risk of bleeding due to the development of coagulation factor deficiency. Plasma and vitamin K are the current standard treatments for patients on warfarin experiencing an acute major bleed, but there are several limitations, including: inability to rapidly reverse warfarin in bleeding patients, further complicating and possibly delaying necessary interventions; risk of pathogen transmission; transfusion-associated adverse reactions; and scant evidence of efficacy. Upon US Food and Drug Administration (FDA) approval, Kcentra™ will be the first and only 4F-PCC that is FDA-approved for rapid warfarin reversal in patients experiencing an acute major bleed.

New ICD-9-CM code 00.96, Infusion of 4-Factor Prothrombin Complex Concentrate, has been proposed. In ICD-10-PCS, creation of a new substance, B, 4-Factor Prothrombin Complex Concentrate, has been proposed under section 3 (Administration), body system 0 (Circulatory), and root operation 2 (Transfusion). It was suggested that the term “Kcentra™” be added to the index, since this term will typically be used to describe the infusion of 4F-PCC in medical record documentation.

Implantation of Transprostatic Struts

New ICD-9-CM and ICD-10-PCS codes have been requested for the implantation of transprostatic struts. A new technology application has not yet been submitted.

This procedure involves the permanent implantation of adjustable struts to reduce symptoms due to urinary outflow obstruction secondary to benign prostatic hypertrophy. An endoscopically guided delivery device is placed in the prostatic urethra and the encroaching prostate lobe is compressed, thereby opening the prostatic urethra. The transprostatic strut is then permanently implanted. The strut resists tension loading, thereby holding the urethra open.

CMS recommended not creating a unique ICD-9-CM code for implantation of transprostatic struts, since a code freeze is in effect and a new technology application has not been submitted. CMS advised the use of ICD-9-CM code 58.6, Dilation of urethra, for this procedure. Meeting attendees suggested that CMS consider whether code 60.99, Other operations on prostate, would be a better choice. For ICD-10-PCS coding, CMS suggested several different options, including root operations Supplement, Dilation, or Insertion, and body parts Urethra or Prostate.

Implantation of Epiretinal Prosthesis

New ICD-9-CM and ICD-10-PCS codes have been requested for the implantation of an epiretinal visual prosthesis. This procedure is currently being considered for a New Technology Add-On Payment for FY 2014.

The Argus[®] II System consists of an epiretinal implant that is fully implanted in and around the eye, a video camera mounted on a pair of glasses, and a control unit that is worn or carried by the patient. The system provides electrical stimulation of the retina to induce visual perception in patients that are profoundly blind due to retinitis pigmentosa. Electrical signals are employed to bypass dead photo-receptor cells and stimulate the overlying neurons according to a real-time video signal that is wirelessly transmitted from an externally worn video camera.

In ICD-9-CM, new subcategory 14.8, Implantation of epiretinal visual prosthesis, has been proposed. Unique codes for implantation, removal, and revision of epiretinal visual prosthesis would be created. A meeting attendee suggested that guidance be provided regarding the proper code assignment for replacement of this device. In ICD-10-PCS, a new device value for epiretinal visual prosthesis has been proposed in table 08H (Insertion, Eye).

ICD-10-PCS Addenda

- The following ICD-10-PCS codes are proposed for deletion, effective October 1, 2013:

02VW0DJ Restriction of Thoracic Aorta with Intraluminal Device, Temporary, Open Approach

02VW3DJ Restriction of Thoracic Aorta with Intraluminal Device, Temporary, Percutaneous Approach

02VW4DJ Restriction of Thoracic Aorta with Intraluminal Device, Temporary, Percutaneous Endoscopic Approach

- The following new ICD-10-PCS codes are proposed to replace the deleted codes above, effective October 1, 2013:

04V00DJ Restriction of Abdominal Aorta with Temporary Intraluminal Device, Open Approach

04V03DJ Restriction of Abdominal Aorta with Temporary Intraluminal Device, Percutaneous Approach

04V04DJ Restriction of Abdominal Aorta with Temporary Intraluminal Device, Percutaneous Endoscopic Approach

- A change in the title of Section D, from Radiation Oncology to Radiation Therapy, has been proposed, in order to allow codes in this section to be used for radiation therapy procedures regardless of the diagnosis for which they were performed. This change would go into effect on October 1, 2013.