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April 7, 2016

VIA ELECTRONIC MAIL

Donna Pickett, MPH, RHIA
ICD-10 Coordination and Maintenance Committee
National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Ms. Pickett:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the proposed ICD-10-CM code modifications presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on March 9-10 and requested for expedited October 1, 2016 implementation. Comments on the diagnosis code proposals slated for October 2017 implementation will be sent at a later date.

AHIMA is most appreciative that the National Center for Health Statistics has released a list of the new ICD-10-CM codes scheduled to go into effect October 1, 2016. We recognize that producing this list early was no small feat, but on behalf of AHIMA and our members, we thank you. Given the large volume of codes going into effect this October, this early release will provide the healthcare industry much-needed additional time for preparation and implementation.

Classification of Myocardial Infarction

AHIMA recommends that this proposal not be implemented on October 1, 2016, but rather, this topic should be brought back to the September C&M meeting for further discussion. This is a complex topic, and it was clear from the questions raised during the March C&M meeting that there are still outstanding questions and issues that need to be resolved. Implementing the proposed new codes without first addressing the issues that have been raised would result in confusion, inconsistent and inaccurate coding, and poor data. Therefore, we do not believe this proposal is ready for implementation.

More extensive review of related codes, existing index entries, and existing or proposed instructional notes is needed to ensure there are no overlaps or conflicts, or any confusion regarding sequencing or codes that can or cannot be used together. For example, how do the proposed codes fit with the subsequent myocardial infarction codes? Also, since the proposed code for “other myocardial infarction type” includes myocardial infarction with revascularization procedures, instructional notes will be needed to clarify how the existing codes for postprocedural myocardial infarctions (I97.190 and I97.191) will relate to the proposed codes. Since type 2 myocardial infarction is also referred to as “myocardial infarction due to demand ischemia,” modifications to

index entries and instructional notes may be needed, as “demand ischemia” is currently indexed to I24.8, Other forms of acute ischemic heart disease.

Since the classification is moving toward creation of specific codes for different types of myocardial infarctions, we **recommend that a unique code for “myocardial infarction, unspecified” be created** rather than classifying unspecified myocardial infarctions to the code for ST elevation (STEMI) myocardial infarction of unspecified site.

Also, notes under the proposed codes for “Myocardial infarction type 2” and “Other myocardial infarction type” state “code also,” which means either one of the conditions identified in the note or the myocardial infarction could be sequenced first. However, consideration should be given to whether these should be “code first” or “use additional code” notes in order to provide sequencing direction when appropriate.

Congenital Sacral Dimple

We **support the creation of a unique code for congenital sacral dimple**. We have no objection to expedited implementation of this code on October 1, 2016.

Postoperative Seroma

AHIMA **supports the creation of new codes to distinguish postoperative seroma from postoperative hemorrhage and hematoma**. Although we recognize this proposal involves the establishment of a large number of new codes, it is so interrelated with the previous proposal to separate postoperative hemorrhage from hematoma that it would be very confusing to implement the two proposals at different times. Therefore, we **recommend that either both proposals be implemented October 1, 2016, or if that is not feasible, they should both be implemented on October 1, 2017**.

Zika Virus

AHIMA **fully supports creation of a unique code for Zika virus disease, with an effective date of October 1, 2016**.

We recommend that future consideration be given to creating additional Zika-related codes, such as exposure to Zika and history of Zika infection, since the proposed new code would only capture patients with a current, active Zika infection.

Addenda

The proposed Tabular Addenda modifications include a minor editorial revision of an Excludes1 note for “symptoms referable to male genital organs (N48-N50). We **recommend that this note be changed to an Excludes2 note** as part of these Addenda revisions, since a patient could have a symptom in this code range along with an unrelated symptom in the section where this Excludes note is located.

We support the rest of the proposed Addenda modifications.

Thank you for the opportunity to comment on the proposed ICD-10-CM 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, FAHIMA
Senior Director, Coding Policy and Compliance