



April 6, 2017

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 ICD-10-CM code proposals presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on March 7-8 and under consideration for implementation on October 1, 2017. **We support the implementation of these codes on October 1, 2017 (with one exception indicated below), assuming our additional recommendations outlined below can be incorporated in this time frame.**

Comments on the diagnosis code proposals being considered for October 2018 implementation will be sent at a later date.

### **Antenatal Screening**

AHIMA supports the proposed new codes and other modifications pertaining to antenatal screening. We appreciate the proposed change in the Excludes note under category Z36 (from an Excludes1 to an Excludes2 note).

### **Classification of Types of Myocardial Infarction**

We support the proposed new codes for additional types of myocardial infarction and other proposed modifications to the myocardial infarction codes, particularly the creation of a unique code for unspecified acute myocardial infarction.

Since “demand mediated AMI” is frequently documented, rather than demand “ischemia” with myocardial infarction, we recommend adding the following Index entry:

Infarct, infarction  
-myocardium, myocardial  
--demand I21.A

## **Electronic Nicotine Delivery Systems**

AHIMA **does not support** implementation of new codes for electronic nicotine delivery systems (ENDS) on October 1 of this year. We recommend that this code proposal be brought back to the September C&M meeting. Additional discussion is needed to address the issues raised during the meeting as well as the types of questions submitted to *Coding Clinic for ICD-10-CM/PCS*, such as the use of these products for smoking cessation (whereby the amount of nicotine is gradually decreased until there is no longer any nicotine in the ENDS product). We believe revisions to this proposal may be necessary, including the addition of proposed codes for ENDS in the Obstetrics chapter.

## **Heart Failure Classification**

AHIMA supports the proposed expansion of the heart failure codes.

As suggested during the C&M meeting, the proposed revision of Index entries for “Failure, heart, with, decompensation” and “Failure, heart, decompensated” should state “acute **on** chronic” in the parenthetical rather than “acute and chronic.”

We also recommend that the inclusion term under category I22 for “acute myocardial infarction occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site” be revised to state “acute **type 1** myocardial infarction occurring within four weeks (28 days) of a previous acute **type 1** myocardial infarction, regardless of site.”

## **Infection Following a Procedure**

We support the proposed expansion of subcategory T81.4, Infection following a procedure, and the proposed instructional notes, **with the exception of proposed code T81.49**, Infection following a procedure, other surgical site. This code seems unnecessary, as all possible surgical site infections appear to be captured by other proposed codes.

It would also be helpful to add some examples of organ and space surgical sites as inclusion terms under proposed code T81.43, to clarify the appropriate use of this code.

## **Infection of Obstetric Surgical Wound**

We support the proposed expansion of subcategory O86.0, Infection of obstetric surgical wound, and the proposed instructional notes, **with the exception of proposed code O86.09**, Infection of obstetric surgical wound infection, other site. This code seems unnecessary, as all possible obstetric surgical wound infection sites appear to be captured by other proposed codes.

We also recommend that the title of proposed code O86.04 be modified to state “Sepsis following **an obstetrical** procedure.”

In addition, it would be helpful to add examples of organ and space surgical sites as inclusion terms under proposed code O86.03, to clarify the appropriate use of this code.

## **Orbital Roof and Wall Fracture**

AHIMA supports the proposed creation of unique codes for orbital roof and wall fractures.

We recommend that creation of a code for multiple orbital roof and orbital wall fractures be considered in proposed new sub-categories S02.12, Fracture of orbital roof, and S02.A, Fracture of orbital wall, respectively, so that each site would not need to be coded separately when there are multiple fractures of the orbital roof or wall.

### **Pediatric Glasgow Coma Scale**

We support the proposed addition of inclusion terms under the coma scale codes to ensure these codes can be appropriately applied to pediatric patients.

### **Substance Use Disorders in Remission**

We support the proposed modifications of the substance use disorder codes to align ICD-10-CM with DSM-5.

### **Addenda**

We support the proposed ICD-10-CM Tabular and Index Addenda modifications, with the following comments and recommendations:

While we fully support changing the “use additional code” note under code J44.0, Chronic obstructive pulmonary disease with acute lower respiratory infection, to a “code also” note, the proposed wording of this note is grammatically awkward. **We recommend changing the note to state “Code also the type of infection.”**

While we appreciate the proposed revision of the Index entry for “Aspiration, bronchitis” so that that the various Index entries for aspiration bronchitis are consistent, it is not clear how aspiration bronchitis due to inhalation of food and vomit should be coded. Code J68.0 is specific for bronchitis and pneumonitis due to chemicals, gases, fumes and vapors. Aspiration bronchitis due to inhalation of food and vomit In ICD-9-CM, the default for aspiration pneumonitis was code 507.0, which is the counterpart for ICD-10-CM code J69.0, Pneumonitis due to inhalation of food and vomit. Since bronchitis and pneumonitis are separate conditions, we recommend that either the titles of category J69 and code J69.0 be expanded to encompass both bronchitis and pneumonitis so that aspiration bronchitis due to inhalation of food and vomit can appropriately be classified to code J69.0, or else consideration be given to creating a unique code for aspiration bronchitis due to inhalation of food and vomit.

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](mailto:sue.bowman@ahima.org).

Sincerely,



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Senior Director, Coding Policy and Compliance