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November 8, 2018

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 September 11-12.

Alcohol Use Unspecified with Withdrawal & Cocaine Use Unspecified with Withdrawal

AHIMA supports the proposed codes for alcohol use with withdrawal and cocaine use with withdrawal.

In addition to adding codes for “with withdrawal” to subcategories F10.9, Alcohol use, unspecified, and F14.9, Cocaine use, unspecified, we recommend codes for “with withdrawal” also be added to subcategories F10.1, Alcohol abuse, and F14.1, Cocaine abuse.

Since withdrawal can occur in patients who do not have a diagnosis of alcohol or cocaine dependence, it seems reasonable that withdrawal could occur with abuse as well as unspecified use.

Atrial Fibrillation

We support the proposed modifications for atrial fibrillation.

Per a recommendation made during the September C&M meeting, an Excludes1 note should be added for “chronic persistent atrial fibrillation (I48.19)” under proposed new code I48.20, Chronic atrial fibrillation, unspecified.

It was noted during the C&M meeting that the codes for persistent and permanent atrial fibrillation should not be reported together. We recommend that Excludes1 notes be added under the subcategory for persistent atrial fibrillation and the proposed new code for permanent atrial fibrillation to facilitate accurate coding of these conditions.

BRCA

AHIMA supports the proposed codes for BRCA1 and BRCA2 genetic susceptibility to malignancy of breast and ovary.

Breast Lump in Overlapping Quadrants

We support the creation of new codes for unspecified lump in overlapping quadrants in the left and right breast.

Congenital Deformities of Feet

We support the expansion of codes in category Q66, Congenital deformities of feet, to capture laterality.

As suggested during the September C&M meeting, codes for bilateral conditions should also be created.

Cyclical Vomiting Syndrome

AHIMA supports the proposed changes to distinguish cyclical vomiting in migraine from cyclical vomiting syndrome unrelated to migraine.

We also agree with the suggestion made at the September C&M meeting to add “persistent vomiting” as an inclusion term under the proposed new code R11.15, Cyclical vomiting syndrome unrelated to migraine.

The proposed changes include the addition of an Excludes2 note for diabetes mellitus due to underlying condition under proposed code R11.15. Since diabetes is a completely unrelated condition, we do not believe this Excludes2 note is appropriate.

Deficiency of Adenosine Deaminase 2

We support the proposed expansion of code D81.3, Adenosine deaminase [ADA] deficiency.

We recommend that the abbreviation “SCID” be added to the title of proposed new code D81.31, so that this abbreviation is spelled out at least once within subcategory D81.3. The abbreviation is listed in inclusion terms under some of the new codes. The revised title of code D81.31 would be “Severe combined immunodeficiency [SCID] due to adenosine deaminase deficiency.”

Deep Vein Thrombosis

We support the proposed modifications in categories I80, Phlebitis and thrombophlebitis, and I82, Other venous embolism and thrombosis.

Dravet Syndrome

AHIMA supports the creation of new codes for Dravet syndrome, with one modification. Instead of creating code G40.839, Dravet syndrome, unspecified, code G40.832, Dravet syndrome, intractable, without status epilepticus, should be designated as the default when status epilepticus is not specified.

Ehlers-Danlos Syndromes (EDS)

We support the proposed new codes for Ehlers-Danlos Syndromes. This proposal is a significant improvement over the proposal presented at the March 2018 C&M meeting.

Fetal Anomalies

AHIMA **opposes** the proposed extensive expansion of category O35, Maternal care for known or suspected fetal abnormality and damage, as we believe this level of detail is excessive.

We also disagree with the proposed deletion of the 7th characters identifying the affected fetus, as this change would undermine the structure of chapter 15.

Fetal Number

We **oppose** the proposal to add a category for fetus number affected by fetal anomalies. This proposal would undermine the classification structure and would create multiple ways to identify the fetus affected by conditions classified in chapter 15.

Also, in the case of multiple gestations, multiple fetal anomalies might affect different fetuses, and use of a separate code for the fetus number rather than a 7th character linked with a specific condition would make it impossible to tell which fetus is affected by each fetal anomaly.

Juvenile Osteochondrosis of Tibia and Fibula

While we support the creation of unique codes to identify Blount and Osgood-Schlatter diseases, we recommend that consideration be given to creating the new codes in subcategory M92.5, Juvenile osteochondrosis of tibia and fibula, instead of in subcategory M92.8, Other specified juvenile osteochondrosis. Blount and Osgood-Schlatter diseases are currently classified to subcategory M92.5, and since this subcategory classifies juvenile osteochondrosis of tibia and fibula, it seems reasonable to create unique codes for specific types of juvenile osteochondrosis of the tibia in this subcategory.

We also recommend that codes be created for bilateral forms of these diseases.

Latent Tuberculosis Infection

AHIMA supports creation of unique codes for latent tuberculosis and personal history of latent tuberculosis infection.

We recommend that the Excludes1 notes under proposed new code Z22.7, Latent tuberculosis, be revised to state “without active or latent tuberculosis.”

We also recommend that the title of existing code Z86.11 be revised to state “Personal history of active tuberculosis,” in order to clearly distinguish this code from the proposed new code for personal history of latent tuberculosis infection.

Legal Intervention

While we support the creation of a new sub-subcategory for legal intervention involving a conducted energy device, we do not support creation of a new sub-subcategory for legal intervention involving bodily force. We are concerned that the distinction between the existing codes for manhandling and the proposed codes for bodily force is not clear and will not be evident from the medical record documentation.

Legal Intervention Involving Injury of Unspecified Person

AHIMA supports the proposed expansion of category Y35, Legal intervention, to capture instances when the injured person is unspecified.

Neonatal Cerebral Infarction

We support creation of unique codes for neonatal cerebral infarction, but we recommend creating new subcategory P91.82, Neonatal cerebral infarction, rather than expanding code P91.88, Other specified disturbances of cerebral status of newborn.

We also recommend adding an Excludes1 note for neonatal cerebral infarction under category I63, Cerebral infarction.

Osteopenia of the Hip

We recommend creating specific codes for osteopenia rather than classifying this condition to “other specified disorders of bone density and structure.” Osteopenia is a common diagnosis, and we believe it is important to uniquely identify this condition. We also recommend that codes for osteopenia of other sites in addition to the hip be created.

Sjogren’s Syndrome

While we support the proposed modifications for Sjogren’s syndrome, we recommend that instructional notes be added under subcategory M35.0 to clarify that sicca symptoms not due to Sjogren’s syndrome should be assigned a code from the Symptom chapter (chapter 18).

Slipped Upper Femoral Epiphysis, Unstable

AHIMA supports the addition of new codes for acute and acute on chronic slipped upper femoral epiphysis, unstable (nontraumatic) as well as the proposed revision to the code numbers for “unspecified hip” in subcategory M93.0, Slipped upper femoral epiphysis (nontraumatic).

We recommend that “stable” be added to the titles of existing codes M93.01, M93.02, and M93.03, to clearly distinguish these codes from the proposed new codes for “unstable” slipped upper femoral epiphysis.

Modifications are needed to clarify whether “unspecified” in the title of existing subcategory M93.00, Unspecified slipped upper femoral epiphysis (nontraumatic), refers only to the acuity (acute, chronic, acute on chronic) being unspecified or whether it also refers to the stability being unspecified. If subcategory M93.00 is intended only to capture unspecified acuity, then default codes need to be identified to capture situations when the acuity is specified, but not the stability. For example, which code should be assigned for acute slipped upper femoral epiphysis

(nontraumatic) when the clinical documentation does not indicate if it is stable or unstable? A code from subcategory M93.00-, M93.01-, or M93.04-?

Subsegmental Pulmonary Embolism

AHIMA supports the creation of new codes for subsegmental pulmonary emboli.

Travel Health Counseling

We support the addition of a unique code for encounter for health counseling related to travel.

We also support the suggestion made during the September C&M meeting to add a “code also, if applicable” note for encounter for immunization (Z23) under the proposed new code.

Chronic Fatigue Syndrome

AHIMA supports the proposed modifications for chronic fatigue syndrome. While we recognize there may be some overlap among the use of the proposed new codes for systemic exertion intolerance disease, myalgic encephalomyelitis, and chronic fatigue syndrome, we believe this proposal is a reasonable approach until more information is known about this disorder (or disorders) and the underlying cause(s).

If multiple terms are documented by the provider, such as “ME/CFS,” would it be appropriate to assign two codes? If that would not be appropriate, instructional notes will be needed to prohibit the assignment of multiple codes from subcategory G93.3, Postviral and related fatigue syndromes.

Deep Pressure-Induced Tissue Damage

We support the addition of new codes for pressure-induced deep tissue damage. These new codes will help to alleviate confusion around the proper coding of deep tissue injuries and result in more accurate data on pressure ulcers.

Electronic Nicotine Delivery Systems

AHIMA supports the proposed modifications for electronic nicotine delivery systems, with the following suggested additional changes:

- Revise the title of subcategory Z72.0 to state “Tobacco and nicotine use;”
- Revise the title of subcategory O99.33 to state “Tobacco and nicotine use disorder complicating pregnancy, childbirth, and the puerperium;”
- Revise the title of code Z72.09 to state “Tobacco or nicotine use, unspecified.”

It will also be important to ensure all appropriate terms are added to the Index.

We question the need for proposed code F17.239, Nicotine dependence, electronic nicotine delivery system, with unspecified nicotine-induced disorder. While we recognize that the inclusion of this code is consistent with the structure of category F17, Nicotine dependence, it is unclear how the presence of a nicotine-induced disorder would be documented without specifying the type of disorder.

Orbital Roof and Wall Fracture

We support the proposed addition of codes for orbital roof and wall fracture.

Polyps and Angiodysplasia of Jejunum and Ileum

While we support the creation of new codes for benign neoplasm and angiodysplasia of jejunum and ileum, we recommend that new codes for polyp of jejunum and ileum also be created in category K63, Other diseases of intestine.

According to the Second Quarter 2015 issue of *Coding Clinic for ICD-10-CM/PCS*, ICD-10- CM does not classify adenomatous polyps the same as hyperplastic polyps and thus, benign neoplasm codes are not assigned for hyperplastic polyps. Based on this information, it would seem as though the proposed new codes for benign neoplasm of jejunum and ileum should not be assigned for non-adenomatous polyps.

Pressure Ulcer of Mucosal Membrane by Site

AHIMA supports the proposed new codes for pressure ulcers of mucosal membranes.

We recommend that the title of proposed new subcategory J34.0, Abscess, furuncle, and carbuncle of nose, be revised to encompass pressure ulcer of nasal mucosa. The title of one of the proposed codes in this subcategory matches the subcategory title.


ICD-10-CM Addenda

AHIMA supports the proposed ICD-10-CM Addenda changes, with one exception.

We **do not** support changing the Index entry for “Disease, lung, obstructive (chronic)” from J44.9 to J43.9. The title of code J44.9 is “Chronic obstructive pulmonary disease, unspecified,” so this code is the correct default for unspecified chronic obstructive lung disease. Also, there are other, related Index entries (such as “Disease, pulmonary, chronic obstructive”) that direct users to code J44.9. There are also inclusion terms for “Chronic obstructive airway disease NOS” and “Chronic obstructive lung disease NOS” under code J44.9.

Thank you for the opportunity to comment on the proposed ICD-10-CM code modifications. If you have any questions, please feel free to contact me at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,



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Senior Director, Coding Policy and Compliance