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May 14, 2020

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 18.

AHIMA is a global nonprofit association of health information management (HIM) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HIM professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

Abnormal Neonatal Screening

AHIMA supports the revised code proposal for abnormal findings on neonatal screening.

We recommend that the word "critical" be deleted from the title of proposed new code P09.5, Abnormal findings on neonatal screening for critical congenital heart disease. While we understand that the state-mandated screen specifies "critical" congenital heart disease, the inclusion of this term in the code title could be confusing from a coding perspective. Questions may be raised as to which congenital heart diseases are critical vs. non-critical, and whether code P09.5 may be used for abnormal findings on neonatal screening for any congenital heart disease vs. only certain types of congenital heart disease that are felt to be critical. The medical record documentation may not specify that the screening was for "critical" congenital heart disease.

We also recommend that the inclusion term for "screening failure" proposed under code P09.5 be added at the P09 category level rather than only under code P09.5. All of the proposed new codes for abnormal findings on neonatal screening represent a failed screening for that particular screening test.

In addition, AHIMA recommends the Centers for Disease Control and Prevention (CDC) consider whether it would be useful to create additional Z codes for encounter for examination following a failed screening, similar to existing codes Z01.02-, Encounter for examination of eyes and vision

following failed vision screening, and Z01.110, Encounter for hearing examination following failed hearing screening. It was noted during the presentation at the March C&M meeting that follow-up examinations after a failed neonatal screening, such as a cardiac echo following a failed screening for congenital heart disease, are very important. Therefore, it would seem as though identification of these follow-up examinations would be beneficial.

The addition of a note under category P09 instructing that, if an associated definitive diagnosis is confirmed, code only the definitive diagnosis (and not the abnormal finding) would be helpful.

Anaplasmosis Infections

We support the creation of a unique code for Anaplasmosis. We recommend that an inclusion term be added under the proposed new code for “transfusion transmitted *A. phagocytophilum*.”

Cough

AHIMA supports the creation of new codes for cough.

Rather than adding “cough syncope” as an inclusion term under code R05.3, Chronic cough, we recommend that this term be indexed to code R55, Syncope and collapse, and added as an inclusion term under code R55.

An Excludes1 note for “paroxysmal cough due to *Bordetella pertussis* (A37.0-)” should be added under category R05, Cough.

The Excludes1 note for “cough with hemorrhage (R04.2)” under category R05, Cough, should be changed to an Excludes2 note to allow information about both the hemorrhage and acuity to be captured. For example, for an acute cough with hemorrhage, it would be useful to be able to assign both codes R05.1 and R04.2.

The CDC should consider whether an additional code for “other cough” is needed if there are types of cough that may not fall under one of the new codes.

Current and History of Nonsuicidal Self-Harm

We support the creation of a new code for nonsuicidal self-harm and a new subcategory for personal history of self-harm.

We recommend that inclusion terms be added under code R45.88, Nonsuicidal self-harm, to provide examples of the types of self-injurious actions (such as deliberately cutting or burning oneself or self-mutilation) that are intended to be classified to this code.

We also recommend that “nonsuicidal self-injury” and “self-inflicted injury without suicidal intent” be added as inclusion terms under code R45.88. Also, “personal history of nonsuicidal self-injury” and “personal history of self-inflicted injury without suicidal intent” should be added as inclusion terms under code Z91.52, Personal history of nonsuicidal self-harm.

An Excludes2 note for “suicide attempt (T14.91)” should be added under code R45.88, Nonsuicidal self-harm.

Gastric Intestinal Metaplasia

While AHIMA supports the creation of new codes for gastric intestinal metaplasia, we recommend creating a single subcategory for gastric intestinal metaplasia with sub-subcategories for with and without dysplasia, and also adding a code for unspecified gastric intestinal metaplasia, per the code structure shown below:

K31.A Gastric intestinal metaplasia**K31.A0 Gastric intestinal metaplasia without dysplasia**

K31.A00 Gastric intestinal metaplasia without dysplasia, unspecified site

K31.A01 Gastric intestinal metaplasia without dysplasia, involving the antrum

K31.A02 Gastric intestinal metaplasia without dysplasia, involving the body (corpus)

K31.A03 Gastric intestinal metaplasia without dysplasia, involving the fundus

K31.A04 Gastric intestinal metaplasia without dysplasia, involving the cardia

K31.A1 Gastric intestinal metaplasia with dysplasia

K31.A10 Gastric intestinal metaplasia with dysplasia, unspecified

K31.A01 Gastric intestinal metaplasia with dysplasia with low grade dysplasia

K31.A02 Gastric intestinal metaplasia with dysplasia with high grade dysplasia

K31.A9 Gastric intestinal metaplasia, unspecified

We believe this format is more logical than creating two separate subcategories, and it allows the inclusion of a unique code for “gastric intestinal metaplasia, unspecified” that can be assigned when the presence or absence of dysplasia is not documented.

Immune Effector Cell Associated Neurotoxicity Syndrome (ICANS)

We support the creation of unique codes for immune effector cell associated neurotoxicity syndrome (ICANS).

AHIMA recommends that a “code also” note be added under subcategory G92.0- for associated signs and symptoms, such as seizures and cerebral edema.

The code number for the proposed new code for “other toxic encephalopathy” is incorrect, as code G92.09 places this code in the new subcategory for ICANS (G92.0). Code G92.8 is the correct code number for “other toxic encephalopathy.”

We recommend that an additional code, G92.9, be created for “unspecified toxic encephalopathy.”

The existing instructional note under category G92, Toxic encephalopathy, to “code first, if applicable, drug induced (T36-T50)” is problematic because categories T36-T50 include both adverse effects and poisonings; and for adverse effects, the nature of the adverse effect should be coded first rather than the T code. Individual instructional notes for poisonings and adverse effects appear under a number of other codes. Therefore, we recommend that the “code first” note under category G92 be replaced with two separate notes:

Code first poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)

Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

Immunization Counseling

While we recognize the value of identifying encounters for immunization counseling, we are concerned that the proposed code might be misinterpreted and incorrectly used for circumstances for which it was not intended, such as for the provision of general information regarding risks and potential side effects during routine encounters for the administration of vaccines. In order to clarify the appropriate use of the proposed code, AHIMA recommends that the CDC consider revising the code title to reflect the language in the inclusion term (“encounter for vaccine product safety counseling”).

An inclusion term for “encounter for vaccine education after refusal” should be added under the new code, as this is the terminology that would often be documented in the medical record.

An instructional note to “code also, if applicable, immunization not carried out (Z28.-)” should be added under the proposed new code, for an encounter for an immunization during which the parent or patient refuses the immunization after counseling.

An instructional note to “code also, if applicable, encounter for vaccine product safety counseling (Z71.85)” should be added under code Z23, Encounter for immunization.

Legal Intervention to Include Involving Other Specified Means, Unspecified Person Injured

We support the proposed new code for legal intervention involving other specified means, unspecified person injured.

Long-Term (Current) Drug Therapy

AHIMA supports the creation of a new subcategory for long-term (current) use of immunomodulators and suppressants.

Malignant Neoplasm of Bilateral Ovaries

We support the creation of a code for malignant neoplasm of bilateral ovaries.

Moisture-Associated Skin Damage

AHIMA supports the creation of a new subcategory for irritant contact dermatitis due to friction or contact with body fluids.

Two additional codes should be created for “other” and “unspecified” irritant contact dermatitis due to friction or contact with body fluids.

There is potential overlap between code L24.A4, Irritant contact dermatitis related to stoma or fistula secretions, and the other proposed codes. For example, digestive secretions may be leaking through a stoma or fistula. It seems as though it would be more important to capture the information that a stoma or fistula is involved than the type of secretion. Therefore, we recommend that an Excludes1 note be added under proposed new codes L24.A1, L24.A2, and L24.A3 indicating that only code L24.A4 should be assigned if the irritant contact dermatitis involves stoma or fistula secretions.

A “use additional code, if applicable” note should be added under code L24.A4 to indicate that an additional code should be assigned for artificial opening status (Z93.-), when the contact dermatitis involves stoma secretions.

Newborn Affected by Positive Group B Streptococcus

AHIMA **does not support** creation of a new code for newborn affected by (positive) maternal group B streptococcus (GBS) colonization. We do not believe that this situation should be classified to a code indicating the newborn is “affected by” a maternal condition. In this scenario, the newborn does not have a clinical condition and is asymptomatic. If GBS infection in the newborn is ruled out, the appropriate code to assign would be code Z05.1, Observation and evaluation of newborn for suspected infectious condition ruled out.

The CDC may wish to consider creating a code in sub-subcategory Z20.81 for contact with and (suspected) exposure to (maternal) group B streptococcus colonization.

Non-Ischemic Myocardial Injury

We support creation of a new code for non-ischemic myocardial injury (non-traumatic). Unique codes should be created for acute, chronic, and unspecified non-ischemic myocardial injury rather than classifying them all to a single code.

Pediatric Feeding Disorder

We support the creation of codes for pediatric feeding disorder.

It is not clear from the proposal whether “malnutrition (E40-E46)” is being proposed to be added to the Excludes1 note under category R63, Symptoms and signs concerning food and fluid intake, since it is not flagged as a proposed addition, but it is not part of the existing Excludes1 note. We recommend that malnutrition **not** be added to the Excludes1 note, as this addition would conflict with the “code also” notes under codes R63.31, Pediatric feeding disorder, acute, and R63.32, Pediatric feeding disorder, chronic.

We recommend that gastroesophageal reflux disease be added to the “code also, if applicable” notes under codes R63.31 and R63.32.

Personal History of Chimeric Antigen Receptor T-Cell Therapy (CAR-T)

AHIMA supports the creation of new codes for personal history of Chimeric Antigen Receptor T-cell therapy, personal history of other cellular therapy, personal history of cellular therapy, unspecified, and personal history of gene therapy.

The addition of inclusion terms under code Z92.86, Personal history of gene therapy, would be helpful in providing examples of therapies that would be classified to this code.

Problems Related to Upbringing

Although this proposal represents an improvement over the September 2019 version, we believe some additional modifications are necessary.

The meaning of “parent caregiver” in the revised title of sub-subcategory Z62.82, Parent caregiver-child conflict, is unclear. “Parent caregiver” suggests parents that are in the role of caregiver, yet new codes proposed for this subcategory and proposed inclusion terms encompass types of

caregivers other than parents. If the intent is to expand this sub-subcategory beyond parents, a different title is needed, such as “parent or non-parental caregiver/guardian.”

Expanding sub-subcategory Z62.82 to include non-parental caregivers/guardians would change the meaning of this sub-subcategory, since the current title is “Parent-child conflict.” Rather than altering the current meaning of this sub-subcategory and mixing conflicts between parents and a child with conflicts between non-parental caregivers/guardians and a child, AHIMA recommends separating parents from non-parental caregivers/guardians into two separate sub-subcategories. As part of this approach, the current title of sub-subcategory Z62.82 should be retained, and only parent-child conflicts should be included in this sub-subcategory. A code for “other parent-child conflict” should be created. The inclusion terms of “legal guardian conflict” and “other relative conflict” should not be added under Z62.82 because only parent-child conflicts would be included in this sub-subcategory.

A separate sub-subcategory should be created for conflicts involving non-parental caregivers/guardians that would include the proposed codes for non-parental relative guardian-child conflict and group home staff-child conflict. A code for “other non-parental caregiver/guardian-child conflict” should be added in this sub-subcategory.

The inclusion terms under code Z62.824, Non-parental relative guardian-child conflict, should be deleted or revised to specify a guardian relationship. The title of code Z62.824 specifies a non-parental relative guardian, but the inclusion terms refer to conflicts between a grandparent and child or between another relative and a child without specifying a guardianship relationship between these individuals and the child.

“Institutional upbringing (Z62.22)” should be added to the Excludes1 note under code Z62.23, Child in custody of non-parental guardian.

Pseudoexfoliation

We support the proposed new sub-subcategory for pseudoexfoliation of lens.

Secondary Malignant Neoplasm of Bilateral Ovaries

We support the creation of a new code for secondary malignant neoplasm of bilateral ovaries.

Slipped Upper Femoral Epiphysis, Stable, Unstable

AHIMA supports the code proposal for new codes to identify stable and unstable slipped upper femoral epiphysis.

Rather than creating new subcategories for unstable slipped upper femoral epiphysis, we recommend that new codes be created within each of the existing subcategories for acute, chronic, and acute on chronic slipped upper femoral epiphysis. For example, instead of creating new subcategory M93.04, Acute slipped upper femoral epiphysis, unstable (nontraumatic), new codes for unstable acute slipped upper femoral epiphysis should be created under existing subcategory M93.01, Acute slipped upper femoral epiphysis (nontraumatic). The current title of subcategory M93.01 would be retained, since the codes within this subcategory would include both stable and unstable conditions. The same approach should be taken for unstable acute on chronic slipped upper femoral epiphysis (create new codes in existing subcategory M93.03 rather than creating new subcategory M93.06).

We request that CDC reconsider the creation of codes for unstable, chronic slipped upper femoral epiphysis. According to the code proposal, only acute or acute-on-chronic slips can be unstable, so the creation of codes for chronic, unstable seems unnecessary and clinically inappropriate.

The American Academy of Orthopedic Surgeons clarified that the term “unspecified” in existing subcategory M93.00, Unspecified slipped upper femoral epiphysis (nontraumatic), refers to the acuity being unspecified and not the stability. However, with the establishment of new codes for stable and unstable slips—and no codes to identify slips whose acuity is specified but not whether they are stable or unstable—the meaning of the term “unspecified” in subcategory M93.00 will be even less clear. We recommend that additional codes be created for situations when the acuity is specified but not the stability (e.g., acute slipped upper femoral epiphysis (nontraumatic), not specified as stable or unstable). If the CDC decides not to create additional codes for unspecified stability, then the M93.00 code titles should be revised to specify that “unspecified” only refers to the acuity (e.g., slipped upper femoral epiphysis (nontraumatic), unspecified acuity). In the latter case, a default (stable or unstable) would need to be determined for use when the medical record documentation does not specify the stability.

The acronyms “SCFE” (slipped capital femoral epiphysis) and “SUFE” (slipped upper femoral epiphysis) should be added as inclusion terms under subcategory M93.0, Slipped upper femoral epiphysis (nontraumatic).

Stargardt’s Disease

We support the creation of a new code for Stargardt’s disease.

SYNGAP1-Related Intellectual Disability, Other Genetic Related Intellectual Disability

We support a new code for SYNGAP1-related intellectual disability.

This condition is often referred to as “SYNGAP1 encephalopathy.” Is encephalopathy considered to be included in the proposed code, or should it be coded separately? If it should not be coded separately, then “SYNGAP1 encephalopathy” should be added as an inclusion term under the new code. If the encephalopathy should be coded separately, it should be added to the “code also” note under the new code.

Synthetic Cannabinoids

AHIMA supports the creation of unique codes for poisoning by, adverse effect of, and underdosing of synthetic cannabinoids.

The title of subcategory T40.7, Poisoning by, adverse effect of and underdosing of cannabis (derivatives), should be revised since this subcategory will include a new sub-subcategory for synthetic cannabinoids.

Inclusion terms for some of the common terms for synthetic cannabinoids should be added under the new sub-subcategory (e.g., K2, Spice, Serenity).

Since some of the synthetic cannabinoids are used in vaping products, instructional notes should be added to provide direction regarding the use of these new codes with code U07.0, Vaping-related disorder.

Thrombocytosis and Essential Thrombocytopenia

We support creation of a unique code for unspecified thrombocytosis. However, we recommend that an additional new code be created for secondary or reactive thrombocytosis rather than classifying this condition to the “unspecified” code. The code for secondary thrombocytosis should have an instructional note to code also the underlying condition, if known.

Traumatic Brain Compression and Herniation

We support the creation of a new subcategory for traumatic brain compression and herniation.

The “use additional code” notes being added under existing subcategories S06.2, S06.3, S06.5, and S06.6 should state “Use additional code, if applicable, for traumatic brain compression and/or herniation (S06.A-).”

Addenda

AHIMA supports the proposed ICD-10-CM Tabular and Index Addenda changes, with a few exceptions.

The “code first” note that is proposed to be added under category P04, Newborn affected by noxious substances transmitted via placenta or breast milk, should be revised to state “Code first any current condition in newborn, if applicable.”

The “code first” note that is proposed to be added under category Z3A, Weeks of gestation, should be modified because it refers to complications of pregnancy or childbirth, but not all of the codes in the given code ranges describe obstetric complications. For example, code O80 describes an encounter for full-term uncomplicated delivery and code O82 describes an encounter for cesarean delivery without indication. Perhaps the instructional note should state “Code first obstetric condition or encounter for delivery (O09-O60, O80-O82).”

We **do not support** changing the Excludes2 note under code Z79.84, Long-term (current) use of oral hypoglycemic drugs, to an Excludes1 note. Given anticipated changes to the *ICD-10-CM Official Guidelines for Coding and Reporting* regarding the reporting of multiple Z79 codes when the patient is receiving more than one type of antidiabetic drug, it would not be appropriate to change the Excludes note.

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 Sue Bowman, senior director of coding policy and compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,



Dr. Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer