American Health Information Management Association®

December 1, 2006

VIA ELECTRONIC MAIL

Donna Pickett, MPH, RHIA
Medical Classification Administrator
National Center for Health Statistics
3311 Toledo Road
Room 2402
Hyattsville, Maryland 20782

Dear Donna:

The American Health Information Management Association (AHIMA) welcomes the opportunity to provide comments on the proposed diagnosis code modifications presented at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting held on September 28-29.

Hearing Loss, Speech, Language, and Swallowing Disorders

AHIMA does **not** support the creation of unique codes for the different phases of dysphagia. While we acknowledge the importance of these distinctions to speech-language pathologists, code assignment is dependent on physician documentation and we do not believe physicians will typically document this information. We believe that this level of detail is best captured by a terminology, not a classification system.

We do support the creation of new codes for speech and language developmental delay due to hearing loss, acquired auditory processing disorder, hearing loss, dual sensory impairment, and disability examination. We also support the revision of code 389.7.

We recommend that the new code for dual sensory impairment **not** be placed in the V code section. This is an inappropriate location as other codes for vision and hearing loss are not located in this section. We believe dual sensory impairment belongs in chapter 6 with other diseases of the sense organs. We also recommend that the new code for dual sensory impairment should have a code description that specifies combined vision and hearing loss in order to clarify the intended use of this code.

An inclusion term for "central auditory processing disorder" should be added under code 315.32.

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A note indicating that an additional code should be assigned to specify the type of hearing loss should be added under the proposed new code for speech and language developmental delay due to hearing loss.

The proposed code for disability examination should be in subcategory V70.3, Other medical examination for administrative purposes, or V68.0, Issue of medical certificates. Once the new code has been created under one of these subcategories, an Excludes note should be created under the other subcategory. We do not believe it fits under V70.4, Examination for medicolegal reasons. The new code should be the first-listed diagnosis code whenever the reason for the encounter is a disability examination, with any impairments or health problems reported as secondary diagnosis codes.

Urinary Risk Factors for Bladder Cancer

AHIMA is opposed to the creation of a "use additional code" note under code 599.7, Hematuria, for risk factors for bladder cancer. We do not believe this note is appropriate for inclusion in ICD-9-CM. Currently, in the absence of this note, the conditions and circumstances listed in the proposed note can be coded when documented. However, the determination that the assignment of a code for a personal history or other factor represents an increased risk for cancer is outside the scope of ICD-9-CM. It is not appropriate to identify certain codes in ICD-9-CM as cancer risk factors.

We support the creation of new codes for exposure to potentially hazardous chemicals and family history of bladder cancer.

We also support the recommendation made during the meeting that unique codes for gross and microscopic hematuria be created.

We do not support the addition of "and other potentially hazardous metals" to code V15.86. This change to the code title would significantly alter the meaning of the code. We believe a separate code should be created and the title of code V15.86 should remain "Exposure to lead."

Chronic Total Occlusion of Artery of Extremities

AHIMA supports option 1 for the proposal for a new code for chronic total occlusion of artery of extremities. We agree with the recommendation that the structure of this new code should be the same as the proposed code for chronic total occlusion of coronary artery. We also agree that both code proposals should be implemented simultaneously.

We recommend that the proposed new code for chronic total arterial occlusion be designated the default when an arterial occlusion is not specified as acute or chronic.

The "code first" note under the proposed new code should include codes 440.30-440.32, since these codes could also be used with this code.

Osteonecrosis of Jaw

AHIMA supports creation of a unique code for aseptic necrosis of jaw and an external cause code for bisphosphonates causing adverse effects in therapeutic use. However, in the interest of conserving space in ICD-9-CM, we recommend that only one external cause code be created, rather than separate codes for oral and intravenous bisphosphonates.

Intraoperative Floppy Iris Syndrome

We support the creation of a new code for intraoperative floppy iris syndrome and agree with the recommendation that "intraoperative" should be a non-essential modifier in order to avoid the implication that this condition is a complication of the surgery.

Septic Embolism

We recommend that the code proposal for septic embolism be discussed again at the March C&M Committee meeting. Judging by the discussion at the meeting around the sequencing of the proposed septic embolism code when the underlying cause is a localized infection, how this proposal fits with the sepsis/SIRS codes, and whether it is necessary to create codes for all of the sites included in the code proposal, it would seem that this proposal would benefit from refinement and additional discussion prior to implementation. We also recommend that NCHS seek medical specialty society input on the proposal before it is brought back to the March meeting.

Parvovirus B19

AHIMA supports creation of a code for parvovirus B19.

Avian Influenza (Bird Flu)

AHIMA supports the creation of a code for avian influenza that mirrors the ICD-10 code. The proposed note under this code should be reviewed and possibly re-worded to improve clarity and simplicity.

Myotonic Disorders

We support the creation of new codes for myotonic disorders. We also support the suggestion that an additional code be created for drug-induced myotonia. The proposed code for myotonia congenita should be added to the Excludes note under category 756, Other congenital musculoskeletal anomalies.

Cardiac Tamponade

We support the creation of a new code for cardiac tamponade. We recommend that "if known" be added to the "code first" note under this code, as there may be times when the underlying cause is not known and, therefore, cannot be sequenced first.

Effects of Harmful Algal Bloom and Toxins

AHIMA supports the proposed new external cause code for environmental exposure to harmful algae and toxins. We also agree with the commenter who suggested that consideration be given to creating a code for health effects associated with environmental exposure to brevetoxin, such as breathing the air near red tides. Existing ICD-9-CM code 988.0, Toxic effect of fish and shellfish, eaten as food, only covers health problems from algal blooms that are due to ingestion of fish that have been exposed to these toxins.

Secondary Diabetes Mellitus

While we support the recommendation to create codes for secondary diabetes mellitus, **we oppose the code structure presented at the September C&M meeting**. If both diabetes mellitus due to an underlying condition and that due to a drug are to be included in the same code category**, the category description should be "secondary diabetes mellitus," not "diabetes due to underlying condition."** If the diabetes is due to a drug, there is no underlying condition.

It would be preferable to distinguish diabetes due to an underlying condition and diabetes due to a drug (adverse effect or poisoning) by creating separate code categories for each of these types of secondary diabetes. This would be consistent with the code structure in ICD-10-CM. We believe the code structure presented at the September C&M meeting would be very confusing because of the different sequencing instructions depending on whether the code is being used to describe diabetes due to an underlying condition or diabetes due to an adverse effect or poisoning.

The instructional notes under proposed category 249 seem to indicate that diabetes might develop as a result of a current poisoning or adverse effect. However, it seems more likely that diabetes would develop as a **late effect** of an adverse effect or poisoning, rather than immediately following the adverse effect or poisoning. Therefore, the instructional notes pertaining to the use of the proposed codes for diabetes mellitus due to an adverse effect or poisoning should be limited to late effects.

We have no objection to the omission of fifth digits to indicate controlled vs. uncontrolled diabetes mellitus, particularly since this approach is consistent with ICD-10-CM.

Fetal Medicine

While we support the creation of new codes for fetal medicine, we have a few concerns about the proposal. In particular, we are concerned about the intent to not use the fifth digits indicating episode of care with the proposed categories for fetal medicine. We believe this would cause a great deal of confusion and represents a significant departure from the structure of the codes in the Obstetrics chapter.

We are also concerned that there may be confusion regarding the use of proposed new subcategory 679.3, Suspected conditions during pregnancy not found, and existing category 655, Known or suspected fetal abnormality affecting management of mother. In fact, the proposed Excludes notes under category 655 for "fetal anomalies and other fetal conditions" (proposed new category 678) and "suspected fetal anomalies not found" (proposed new code 679.33) highlights the potential confusion. Category 655 also includes certain types of fetal anomalies (for example, the title of code 655.0x is "central nervous system malformation in fetus"). Also, shouldn't "suspected conditions during pregnancy not found" be in a V

code category? If there is no actual condition, it would seem as though a V code would be most appropriate. For example, category V71 is "Observation and evaluation for suspected conditions not found." In addition to the confusion between proposed subcategory 679.3 and existing category 655, there could also be confusion between the use of the proposed new subcategory and category V71.

Multiple gestations in which a fetus is affected by an in utero procedure performed on a different fetus need to be addressed in the proposal.

The titles of proposed codes V15.21 and V15.22 need to more clearly indicate that code V15.21 is intended for the mother who underwent the surgery and V15.22 is intended for the individual who was operated on, in utero, as a fetus.

Antenatal Screening

AHIMA supports the proposed revisions to codes in category V28, Antenatal screening. We also recommend that procedure information ("using ultrasonics") be deleted from the titles of codes V28.3 and V28.4.

In response to a suggestion at the meeting that the phrase "in amniotic fluid" should be removed from code V28.1 to allow the use of this code for raised alpha-fetoprotein levels in serum, concerns would raise that this revision would change the meaning of the code. We would note that the proposed removal of the phrase "by amniocentesis" in the title of code V28.0 changes the meaning of this code as well.

Personal History of Cervical Dysplasia

We support the creation of a new code for personal history of cervical dysplasia.

Acquired Absence of Cervix/Uterus

We support the creation of new codes for acquired absence with and without cervix. However, it is unfortunate that lack of space does not allow the new codes to be located in subcategory V45.7, Acquired absence of organ, which is where they belong. **It is imperative that the US implement ICD-10-CM as a replacement for the ICD-9-CM diagnosis coding system soon in order to maintain the integrity and quality of national healthcare data.**

Screening for Human Papillomavirus (HPV) and Sexually Transmitted Diseases

AHIMA supports creation of a unique code for human papillomavirus.

Vulvar and Vaginal Intraepithelial Neoplasia

We support the proposed codes for carcinoma in situ of the vagina and vulva and vulvar intraepithelial neoplasia I and II.

Malignant Ascites

We support creation of a unique code for malignant ascites and recommend that this code be created in the Neoplasm chapter rather than the Symptom chapter. Code 197.6, Secondary neoplasm of retroperitoneum and peritoneum should be expanded to create this new code. We agree that the underlying malignancy should be sequenced first and that code 199.1, Other malignant neoplasm without specification of site, should be assigned if the site of the malignancy is unknown.

Assisted Reproductive Fertility Procedure Status

We support the creation of a unique code for assisted reproductive fertility procedure status and agree with the recommendation that "in vitro fertilization" be added as an inclusion term. An instructional code should also be added to explain the use of an infertility code with this proposed new code.

Personal History of Sudden Cardiac Arrest and TIA/Cerebral Infarction without Residual Deficits

AHIMA supports the creation of new codes for sudden cardiac arrest and transient ischemic attack/cerebral infarction without residual effects. The American Academy of Neurology should be consulted concerning the proposed index entries for PRIND (prolonged reversible ischemic neurologic deficit) and RIND (reversible ischemic neurologic deficit) to ensure they are accurate.

Acquired Red Cell Aplasia

AHIMA supports the creation of a unique code for acquired red cell aplasia.

Addenda

We support the proposed addenda revisions, including the recommendations made during the meeting:

- "Postpartum atony of uterus with hemorrhage" should be added as an inclusion term under code 666.1, Other immediate postpartum hemorrhage;
- A default should be provided in the index for watermelon stomach not specified as with or without hemorrhage;
- "Pap smear finding" should be added as a nonessential modifier for the proposed index entry for HGSIL.

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

Sincerely,

Sue Bowman, RHIA, CCS
Director, Coding Policy and Compliance