American Health Information Management Association®

April 6, 2007

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 March 23rd ICD-9-CM Coordination and Maintenance (C&M) Committee meeting that are slated for October 2007 implementation. Comments on the diagnosis code proposals slated for October 2008 implementation will be sent at a later date.

Central Venous Catheter Infections
We support the creation of a new code for infection due to central venous catheter. We also support the suggestion made by a meeting attendee that the parenthetical for "venous" next to the inclusion term for "vascular catheter" under code 996.62, Infection and inflammatory reaction due to vascular device, implant and graft, should be changed to "peripheral venous." In conjunction with the proposed Excludes note under code 996.62, this will help to clarify that infections due to central venous catheter are classified to a different code.

Myotonic Disorders
AHIMA supports the creation of new codes for myotonic disorders. We recommend that a new code for unspecified myotonic disorder be created. A code for "other specified myotonic disorder" was included as part of the proposal, but not a code for unspecified myotonic disorder.

Acquired Absence of Uterus
While we support the creation of new codes for acquired absence of uterus with and without cervix, we recommend that V codes be created instead of creating codes in subcategory 629.8, Other specified disorders of female genital organs. While we recognize that there is no space in subcategory V45.7, Acquired absence of organ, we do not feel that is sufficient reason for acquired absence of uterus to be

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classified to a category for "disorders" of female genital organs. Acquired absence of uterus represents a postprocedural state, not a genitourinary condition. Researchers and other data analysts could inadvertently include acquired absence of uterus when mining data at the category or subcategory level if this status was included in a category for disorders of female genital organs.

We believe that it would be preferable to start a new category in the V code chapter (which would essentially serve as an "overflow" category for subcategory V45.7) to capture additional types of acquired absence. Also, acquired absence of uterus is currently classified to code V45.77, Acquired absence of genital organs, so keeping it in the V code chapter would be preferable for data consistency purposes. We do not believe it is appropriate to create codes in the disease-specific chapters simply because there is insufficient space in the appropriate V code category.

We also recommend that a default code be identified for those instances when the presence of the cervix is not specified. Frequently, physicians will document "s/p hysterectomy" without indicating whether the cervix was also excised.

The dilemma of creating new codes for acquired absence of uterus in an appropriate category is an example of why we urgently need to adopt ICD-10-CM. Any further attempts at Band-Aid solutions to maintain a failing system will result in a complete breakdown of the coding system, leading to unacceptable consequences for the quality of our healthcare data and all of the purposes for which it is used. **We believe the ultimate solution in order to maintain the integrity and quality of national healthcare data is to implement ICD-10-CM as a replacement for the ICD-9-CM diagnostic coding system.**

Thank you for the opportunity to comment on the proposed diagnosis code revisions slated for implementation in October 2007. 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