November 10, 2011

VIA ELECTRONIC MAIL

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

Dear Ms. Pickett:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the proposed diagnosis code modifications presented at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting held on September 14.

We recommend that all of the code proposals presented at the September 2011 C&M Committee meeting that are ultimately approved be held for implementation until October 1, 2014. As stated in the partial code freeze policy, on October 1, 2012 and October 1, 2013, there will be only limited code updates to the ICD-10 code sets to capture new technologies and diseases. None of the proposals presented at the September C&M Committee meeting meet this criteria.

**ICD-10-CM Proposals**

**Chronic Fatigue Syndrome**

AHIMA supports option 2 of the proposal for new codes for chronic fatigue syndrome. However, we are concerned about comments made during the C&M Committee meeting indicating that benign myalgic encephalomyelitis and chronic fatigue syndrome are not separate and distinct disease entities and therefore should not be classified to different codes. Before any new codes become effective, clinical consensus needs to be reached on whether these conditions should appropriately be classified together or separately, in order to avoid the potential creation of overlapping codes and resulting inaccurate and inconsistent use of the new codes.

New codes for chronic fatigue syndrome should not be implemented until after the partial code freeze has ended (October 1, 2014), since this condition is not a new disease or new technology and therefore does not meet the criteria for implementation during the partial code freeze.
Gingival Recession

We support the proposed expansion of the code for gingival recession, but recommend that new codes not be implemented until October 1, 2014 as this is not a new disease and therefore does not warrant implementation during the partial code freeze.

Aggressive Periodontitis

We support the proposed expansion of the codes for aggressive periodontitis, but recommend that new codes not be implemented until October 1, 2014 as this is not a new disease and therefore does not warrant implementation during the partial code freeze.

Chronic Periodontitis

We support the proposed expansion of the codes for chronic periodontitis, but recommends that new codes not be implemented until October 1, 2014 as this is not a new disease and therefore does not warrant implementation during the partial code freeze.

Pain in Joints of Hand

AHIMA supports creation of new codes for pain in joints of hand, but recommends that new codes not be implemented until October 1, 2014 as this is not a new disease and therefore does not warrant implementation during the partial code freeze.

ICD-10-CM Addenda

Since the proposed revision to the titles of the subcategory M25.57 and the codes in this subcategory is intended to clarify that pain in the foot that is not specified as in a joint is not classified to these codes, we suggest that the titles be modified as follows:

M25.57 Pain in ankle and joints of foot
   M25.571 Pain in right ankle and joints of right foot
   M25.572 Pain in left ankle and joints of left foot
   M25.579 Pain in unspecified ankle and joints of unspecified foot

This modification to the proposal would clarify the intent of adding the word “joints” to these codes, since the ankle is a joint and therefore the code title doesn’t need to reference “joints of” the ankle.

We support the remainder of the proposed ICD-10-CM addenda modifications.
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