



November 12, 2013

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 18-19.

ICD-10-CM Topics

Gastrointestinal Stromal Tumors (GIST)

AHIMA supports the proposal to create a new subcategory for gastrointestinal stromal tumor (GIST). In keeping with the partial code freeze, new codes should not be implemented before October 1, 2015.

GIST should be specifically indexed so that it is clear that these tumors are classified to a malignancy category. Corresponding modifications should be made to the Neoplasm Table as well. An Excludes1 note should be added under code C49.4 to direct coders to the new subcategory if the diagnosis is GIST.

Periprosthetic Fractures

While AHIMA supports moving the periprosthetic fractures from chapter 19, Injury, Poisoning and Certain Other Consequences of External Causes, to chapter 13, Diseases of the Musculoskeletal System and Connective Tissue, we oppose making this change before October 1, 2015. Although waiting to implement these modifications until 2015 means a shift in periprosthetic fracture data trends just one year after implementation of ICD-10-CM, AHIMA believes no ICD-10-CM modifications should be made on October 1, 2014 so as not to unnecessarily complicate the transition to ICD-10-CM.

Consideration should be given to adding an instructional note indicating that the appropriate pathological fracture should also be assigned if the periprosthetic fracture is pathological. We

understand that the intent of the proposal was to simply move the T84 codes for periprosthetic fractures to chapter 13, and there is currently no distinction as to whether the fracture is

traumatic or pathological in the current T84 codes, but we believe the suggestion made during the C&M meeting to provide a mechanism for making this distinction has merit.

Periorbital (Preseptal) Cellulitis

AHIMA supports the proposed new code for periorbital cellulitis. A new code should not be implemented before October 1, 2015.

Observation and Evaluation of Newborns for Suspected Condition Not Found

We support the creation of a category for encounters for observation of newborn for suspected diseases and conditions ruled out. This category corresponds to ICD-9-CM category V29. Mixing cases of confirmed conditions with those of ruled out conditions in categories P00-P04, which the situation without the creation of the proposed new category, is confusing and would not produce sound data.

We agree with the commenter who suggested adding “ruled out” or found not to exist” at the end of each code title in the new category.

However, the proposed modifications do not fully resolve the problems with categories P00-P04. The instructional note and the code titles still indicate a code from categories P00-P04 can be assigned for suspected conditions. This creates a conflict with the *ICD-10-CM Official Guidelines for Coding and Reporting*, which state that for outpatient encounters, diagnoses documented as “probable,” “suspected,” “questionable,” “rule out,” or “working diagnosis” or other similar terms indicating uncertainty should not be coded. Rather, the condition(s) should be coded to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit. Even for inpatient admissions, diagnoses documented with these terms can only be coded if they are documented as such at the time of discharge. **We recommend that further modifications be made to categories P00-P04 to ensure there is no conflict with the official coding guidelines.**

No code modifications should be implemented prior to October 1, 2015.

Vaccine and Prophylactic Immunotherapy Administration

While we agree there is likely a need to capture a certain level of detail regarding encounters for immunizations, it is not clear that the extensive level of detail proposed at the C&M meeting is necessary. We recommend that the code proposal be discussed further with the American Academy of Pediatrics and other relevant organizations.

If new codes for immunization encounters are approved, the Excludes notes under these codes for other immunization encounter codes should be Excludes2 notes, not Excludes1 notes, in order to allow for circumstances when multiple types of immunizations are given at the same time.

No code modifications should be implemented prior to October 1, 2015.

Encounter for Prophylactic or Treatment Measures

AHIMA supports the code proposal to capture encounters for prophylactic measures and encounters for desensitization to allergens.

These code modifications should not be implemented prior to October 1, 2015.

Conductive and Sensorineural Hearing Loss

We support the proposal to create additional codes for conductive and sensorineural hearing loss, but oppose the proposal to implement these codes during the partial code freeze. This proposal does not meet the criteria for implementation during the partial code freeze, as they do not represent a new disease or new technology. We recommend these codes not be implemented until after the code freeze ends, on October 1, 2015.

Somnolence, Stupor and Coma

We support the proposal that subcategory R40.24-, Glasgow coma scale, total score, be added to the list requiring a 7th character. These modifications should not be implemented prior to October 1, 2015.

AHIMA agrees with the recommendation made during the C&M meeting that clarification as to the acceptable documentation of the Glasgow coma scale be added to the *ICD-10-CM Official Guidelines for Coding and Reporting*.

Oral and Maxillofacial Fractures

AHIMA supports the proposed modifications to capture bilateral oral and maxillofacial fractures. These modifications should not be implemented prior to October 1, 2015.

Temporomandibular Joint Disorders

We support the proposed modifications to capture laterality for temporomandibular joint disorders. These modifications should not be implemented prior to October 1, 2015.

Dislocation and Sprain of Joints and Ligaments – Jaw

We support the proposed modifications to capture laterality for dislocations and sprains of the temporomandibular joint. These modifications should not be implemented prior to October 1, 2015.

Binge Eating Disorder

AHIMA supports the addition of a unique code for binge eating disorder, effective October 1, 2015. We have no objection to adding this condition as an inclusion term under code F50.8,

Other eating disorders, on October 1, 2014, as well as adding the term to the index, since this part of the proposal represents a clarification of current coding rather than a code modification.

Gender Identity Disorder in Adolescence and Adulthood

We support the proposed modifications for gender identity disorder in adolescence and adulthood. However, we do not believe these changes should go into effect during the code freeze. These modifications should not be implemented until October 1, 2015.

Disruptive Mood Dysregulation Disorder

We support the proposed creation of a new code for disruptive mood dysregulation disorder, effective October 1, 2015. We do not object to adding this condition to the index and as an inclusion term under code F34.8, Other persistent mood [affective] disorders, effective October 1, 2014, since these changes represent clarification of current coding.

Social (Pragmatic) Communication Disorder

We support the proposed creation of a new code for social pragmatic communication disorder, effective October 1, 2015. We do not object to adding this condition to the index and as an inclusion term under code F80.89, Other developmental disorders of speech and language, effective October 1, 2014, since these changes represent clarification of current coding.

Hoarding Disorder

We support the proposed creation of new codes for hoarding disorder and mixed obsessional thoughts and acts, effective October 1, 2015. We do not object to adding hoarding disorder to the index and as an inclusion term under code F42, Obsessive compulsive disorder, effective October 1, 2014, since these changes represent clarification of current coding.

Excoriation (Skin-Picking) Disorder

We support the proposed creation of a new code for excoriation (skin-picking) disorder, effective October 1, 2015. However, we oppose the inclusion term and index entry proposed for October 1, 2014. In order to avoid interrupting trend data one year after ICD-10-CM implementation, this condition should be classified to a code from Chapter 5, Mental, Behavioral and Neurodevelopmental Disorders, until a unique code is created. Since the new code is proposed to be created under F42, Obsessive-compulsive disorder, we recommend that code F42 currently be assigned for excoriation (skin-picking) disorder until a unique code is implemented on October 1, 2015.

Premenstrual Dysphoric Disorder

We support the proposed creation of a new code for premenstrual dysphoric disorder, effective October 1, 2015. However, we oppose the inclusion term and index entry proposed for October 1, 2014. In order to avoid interrupting trend data, this condition should be classified to a code from Chapter 5, Mental, Behavioral and Neurodevelopmental Disorders, until a unique code is

created. Since the new code is proposed to be created under F32.8, Other depressive episodes, we recommend that code F32.8 currently be assigned for premenstrual dysphoric disorder until a unique code is implemented on October 1, 2015.

We question the appropriateness of the Excludes1 note under code N94.3, Premenstrual tension syndrome, and proposed new code F32.81, Premenstrual dysphoric disorder. Should this note be an Excludes2 note instead of Excludes1? It seems plausible that someone could have both premenstrual tension syndrome and premenstrual dysphoric disorder.

Additional Tabular List Inclusion Terms in Chapter 5

We support the proposed addition of certain inclusion terms in chapter 5.

Unintended Awareness Under General Anesthesia

AHIMA supports the proposed new codes for unintended awareness under general anesthesia during procedure and personal history of unintended awareness under general anesthesia. These modifications should not be implemented prior to October 1, 2015.

Intracranial Injury (TBI)

We have a few concerns about the proposed modifications to the intracranial injury codes. The American Academy of Neurology expressed a concern during the C&M meeting about the proposed addition of “mild traumatic brain injury” as an inclusion term under subcategory S06.0, Concussion. Based on their comments, we recommend that the addition of this inclusion term be re-considered.

The code proposal provides no mechanism for coding a concussion with loss of consciousness greater than 30 minutes. A physician may document a head injury as a concussion even though the loss of consciousness was greater than 30 minutes.

The proposed revision of the Excludes1 note under subcategory S06.0, Concussion, should include the entire S06.8- subcategory, not just S06.81- and S06.82-. It is not clear why this Excludes1 note omits S06.89-, whereas the proposed new Excludes1 note under code S06.9, Unspecified intracranial injury, includes S06.89-.

We oppose implementation of the proposed modifications to the intracranial injury codes during the partial code freeze. These modifications do not meet the criteria for implementation during the code freeze, as they do not represent a new disease or new technology. We also believe further modification of the proposal is needed prior to implementation.

Placenta Previa vs. Low Lying Placenta

We support the proposed modifications to the placenta previa codes. These modifications should not be implemented prior to October 1, 2015.

Dental Terms

We support the proposed addition of a number of dental terms as inclusion terms. In the dental caries terms, we recommend the acronym “DEJ” be spelled out.

We also support the proposed creation of new codes for reversible and irreversible pulpitis. These modifications should not be implemented prior to October 1, 2015.

ICD-10-CM Addenda

AHIMA supports the proposed ICD-10-CM Index and Tabular Addenda modifications. However, we recommend that any proposed Addenda modifications involving changes to code titles not be implemented until October 1, 2015, as these are significant changes that can require extensive system modifications and would increase the cost and complexity of the transition to ICD-10-CM.

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

Sincerely,

A handwritten signature in black ink that reads "Sue Bowman". The signature is written in a cursive, flowing style.

Sue Bowman, MJ, RHIA, CCS, FAHIMA
Senior Director, Coding Policy and Compliance