



June 17, 2014

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-10 Coordination and Maintenance (C&M) Committee meeting held on March 19-20.

Given the change in the ICD-10-CM/PCS compliance date to October 1, 2015, AHIMA recommends that none of the code proposals go into effect until October 1, 2016.

Opioid Induced Constipation

AHIMA supports the creation of a new code for drug induced constipation.

Severity of Coronary Calcification

At this time, we do not support the proposed expansion of diagnosis code I25.84, Coronary atherosclerosis due to calcified coronary lesion. It is not clear if standard clinical definitions exist for mild, moderate, and severe calcification, these distinctions are clinically relevant, clinical documentation would support this level of detail, or the American College of Cardiology supports the proposal.

Sesamoid Fractures

We support creation of a new subcategory for other fracture of foot, except ankle.

Familial Hypercholesterolemia

While AHIMA supports the creation of unique codes for familial hypercholesterolemia, clinical documentation may not typically support the proposed level of detail, particularly the distinction between heterozygous and homozygous familial hypercholesterolemia. Consideration should be given to creating a single code for familial hypercholesterolemia.

Bacteriuria

AHIMA supports the creation of a unique code for bacteriuria, as we believe it is important to distinguish urinary tract infection from bacteriuria.

Based on the discussion during the C&M meeting, we believe the proposed code for positive culture findings of urine needs further review and development. This proposed code would create confusion as to when it should be assigned and how it differs from other related codes, such as urinary tract infection and bacteriuria.

Mast Cell Activation Syndromes

We support establishing new codes for mast cell activation syndromes.

We recommend adding “if known” to the “code also underlying etiology” note under proposed code D89.43, Secondary mast cell activation, as the physician may document this condition as secondary without documenting the underlying cause.

Necrotizing Enterocolitis

AHIMA supports the proposed new subcategory for necrotizing enterocolitis.

Hypertensive Crisis, Urgency and Emergency

We support creation of a new category for hypertensive crisis. We agree with the suggestion made during the C&M meeting that the National Center for Health Statistics (NCHS) should consider how hypertensive crisis in pregnancy should be coded. Currently, an Excludes1 note at the beginning of the Hypertensive Diseases section precludes assignment of hypertension codes in chapter 9 with codes in chapter 15 for hypertensive disease complicating pregnancy, childbirth and the puerperium, and it is not clear whether this note would also apply to the proposed new category for hypertensive crisis. If the proposed new codes should not be used with codes in Chapter 15, either creation of new code(s) for hypertensive crisis in pregnancy should be considered or instructional notes should be added to indicate how this condition should be coded.

Abnormal Level of Advanced Glycation End Products in Tissues

AHIMA opposes creation of a new code for abnormal level of advanced glycation end products in tissues. The discussion during the C&M meeting did not clearly support the clinical significance of this information. It is also not clear if relevant medical specialty societies support this proposal.

Cryopyrin-Associated Periodic Syndromes and Other Autoinflammatory Syndromes

AHIMA recommends that NCHS seek additional input on the proposal regarding cryopyrin-associated periodic syndromes and other autoinflammatory syndromes before making a final decision concerning creation of these codes. The proposal is quite extensive for conditions that

are rare. Input is needed from medical specialty societies regarding the value of specific codes for all of these conditions.

We do support moving Familial Mediterranean Fever to a more clinically appropriate section of the classification. We agree with the suggestion to add a note under the proposed code for Familial Mediterranean Fever to also code amyloidosis if present.

Pulsatile Tinnitus

While we support creation of unique codes for pulsatile tinnitus, we recommend that consideration be given to placing these codes in the Symptom chapter rather than the Ear chapter, since it was stated during the C&M meeting that most cases are not caused by an ear disorder.

In-Stent Restenosis of Coronary and Peripheral Stent

AHIMA supports creation of unique codes for stenosis of coronary artery and peripheral vascular stents.

Encounter for Newborn, Infant and Child Health Examinations

The distinction between proposed codes Z13.41, Encounter for developmental screening of infant, and Z13.42, Encounter for developmental screening of child, is not clear. What is the age distinction between an infant and child? And is this distinction important in the context of the developmental screening codes? Within the classification, “newborn” is clearly defined as less than 29 days of age. However, “infant” vs. “child” is not clearly defined. We recommend that either “infant” and “child” be included in a single code, or if it is clinically important to distinguish them, a note should be added indicating the age parameters for an infant.

Prediabetes

AHIMA supports creation of a unique code for prediabetes.

Complications of Urinary Catheters, Devices and Implants

We support the proposed modifications of codes for complications of urinary catheters, devices and implants. We concur with the recommendation made during the C&M meeting to add an Excludes2 note for urinary stents at subcategory T83.0 and a corresponding Excludes2 note for urinary catheters at subcategory T83.1.

Complications of Nervous System Devices

We support the proposed modifications of codes for complications of nervous system devices and agree with the suggestion that titles of the mechanical complication codes should be modified to reflect “mechanical or electronic,” since some of the devices included in these codes are not technically mechanical.

Mechanical Complication of Graft of Urinary Organ

AHIMA supports the creation of new codes for erosion and exposure of graft of urinary organ.

Mechanical Complication of Prosthetic Devices, Implants and Grafts of Genital Tract

We support the proposed modifications of codes for mechanical complication of devices, prosthetics, implants and grafts of genital tract.

Infection and Inflammatory Reaction Due to Prosthetic Device, Implant and Graft in Urinary System

We support the proposed modifications of codes for infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system, with corrections to proposed codes T83.517 and T83.518 that were pointed out during the C&M meeting.

Complications Due to Implanted Mesh and Other Prosthetic Material to Surrounding Organ or Tissue

AHIMA supports the proposed modifications of codes for complications due to implanted mesh and other prosthetic material to surrounding organ or tissue.

Malignant Neoplasm of Prostate

We support the proposed codes pertaining to malignant neoplasm of prostate.

Neoplasm of Unspecified Behavior of Kidney

We support the creation of a new subcategory for neoplasm of unspecified behavior of kidney.

Acquired Ureteropelvic (UPJ) Obstruction

AHIMA supports reactivating the ICD-10 code for hydronephrosis with ureteropelvic junction obstruction.

Atypical Small Acinar Proliferation

We support creation of unique codes for prostatic intraepithelial neoplasia and atypical small acinar proliferation of prostate, but recommend that consideration be given to creating code N42.38 for other dysplasia of prostate rather than N42.30 (in order to classify “other” to the .8 code).

Testicular Pain/Scrotal Pain

We support creation of new codes for testicular and scrotal pain.

Erectile Dysfunction (ED) Due to Radiation Therapy and Ablative Therapies

AHIMA supports the expansion of codes for postprocedural erectile dysfunction, and further recommends that consideration be given to revising the title of code N52.39 to state “Other and unspecified postprocedural erectile dysfunction.” The term “post-surgical” needs to be changed to “postprocedural” in this code title to be consistent with proposed modifications to the title of subcategory N52.3, and while unspecified postoperative erectile dysfunction is currently classified to code N52.39, “unspecified” is not currently part of the code title.

Postprocedural Urethral Stricture

We support the proposed modifications to the codes for postprocedural urethral stricture, male.

Complications of Stoma of Urinary Tract

While we support the proposed revisions to subcategory N99.5, Complications of stoma of urinary tract, to distinguish complications associated with an incontinent vs. continent stoma, we recommend that a default be identified through index entries and inclusion terms for those instances when the type of stoma is not documented.

Asymptomatic Microscopic Hematuria

We support establishment of a unique code for asymptomatic microscopic hematuria.

Chronic Bladder Pain

AHIMA supports creation of a unique code for chronic bladder pain.

Abnormal Radiologic Finding Kidney

We support expansion of code R93.4, Abnormal findings on diagnostic imaging of urinary organs, in order to distinguish the kidney from other urinary organs.

Urology Related Addenda Items

We support the proposed title changes for code N10, Acute tubule-interstitial nephritis and category N40, Enlarged prostate.

Diabetes Mellitus Controlled Using Oral Medications

AHIMA supports the addition of codes to identify diabetes mellitus controlled with oral medication.

The “use additional code” notes to identify the type of diabetic control shown under category E08, Diabetes mellitus due to underlying condition, in the proposal need to be added under all diabetes mellitus categories, not just E08.

Chapter 5 Addenda

AHIMA supports the proposed revisions to Chapter 5, with the additional recommendation that the title of subcategory F10.9, Alcohol use, unspecified, be changed and an instructional note added. The title of this subcategory has created confusion because “alcohol use” could potentially apply to anyone who occasionally has an alcoholic beverage, without an associated disorder. We recommend that the title of this subcategory be changed to “Alcohol use, unspecified, with alcohol-induced disorder” and that an instructional note be added either under subcategory F10.9 or under code F10.99, Alcohol use, unspecified with unspecified alcohol-induced disorder, to indicate that no code should be assigned for alcohol use without any alcohol-induced disorder.


ICD-10-CM Addenda

AHIMA supports the proposed ICD-10-CM Index and Tabular Addenda modifications.

We recommend that Addenda modifications not become effective until October 1, 2016, due to the scheduled implementation of ICD-10-CM/PCS on October 1, 2015. There should be no code set update on the ICD-10-CM/PCS compliance date. We believe allowing even relatively minor code set modifications to go into effect on the ICD-10-CM/PCS implementation date would unnecessarily complicate the transition.

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 cursive script that reads "Sue Bowman".

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