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November 13, 2016

VIA ELECTRONIC MAIL

Donna Pickett, MPH, RHIA
ICD-10 Coordination and Maintenance Committee
National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Ms. Pickett:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the proposed ICD-10-CM code modifications presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on September 13-14 and being considered for October 2017 implementation.

Abnormality in Fetal Heart Rate or Rhythm

AHIMA supports the proposed subcategory for maternal care for abnormalities of the fetal heart rate or rhythm.

We do not believe “during the antepartum” should be included in the subcategory or code titles. Other obstetric complication codes do not include this phrase, and the identification of the trimester makes the inclusion of this phrase unnecessary.

Acute Appendicitis

AHIMA supports the proposed modifications for acute appendicitis.

Per a suggestion that was raised during the C&M meeting, we recommend that proposed new code K35.32, Acute appendicitis with perforation and localized peritonitis, without abscess, should be designated as the default for perforated appendix NOS and ruptured appendix NOS.

Acute Respiratory Distress

We support creation of a unique code for acute respiratory distress.

All-Terrain-Vehicles (ATVs) and Motor-Cross/Dirt Bikes

AHIMA supports the creation of new external cause codes for all-terrain-vehicles and motor-cross/dirt bikes.

Amyloidosis

We support the proposed modifications of the amyloidosis codes. However, we recommend that the Excludes1 note for Alzheimer's disease that is under category E85, Amyloidosis, be changed to an Excludes2 note, as a patient could have both Alzheimer's disease and amyloidosis.

Antenatal Screening

We support the proposed expansion of codes for antenatal screening.

We further recommend that the Excludes1 note for “abnormal findings on antenatal screening of mother” under code Z36, Encounter for antenatal screening of mother, be changed to an Excludes2 note. This Excludes1 note conflicts with the *ICD-10-CM Official Guidelines for Coding and Reporting*. According to the official coding guidelines, if the reason for the encounter is screening, the encounter for screening code should be listed first, with any codes for conditions discovered during the screening reported as secondary diagnoses. However, the Excludes1 note under code Z36 prohibits the use of Z36 with a code for abnormal findings on antenatal screening.

Atrial Fibrillation

We are concerned that medical record documentation will often not specify the terms necessary to assign one of the proposed codes for atrial fibrillation, resulting in a non-specific code being used much of the time.

We are also concerned that there may be overlap in some of the proposed codes. For example, the proposal indicates that the term “chronic” atrial fibrillation may refer to persistent, longstanding persistent, or permanent atrial fibrillation. However, all of these terms, including chronic atrial fibrillation, are classified to different codes in this proposal.

Avoidant/Restrictive Food Intake Disorder

AHIMA supports the creation of a unique code for avoidant/restrictive food intake disorder.

Body Integrity Dysphoria

We support the creation of a unique code for body integrity dysphoria.

Cholangitis with Cholecystitis in Cholelithiasis

We support the proposed modifications that would allow cholangitis to be reported in conjunction with cholecystitis with cholelithiasis.

Classification of Types of Myocardial Infarction

AHIMA supports the proposed modifications to allow the identification of different types of myocardial infarctions, with a couple of exceptions. **We recommend that a unique code be created for “Acute myocardial infarction, unspecified”** rather than designating code I21.4, Non-ST elevation (NSTEMI) myocardial infarction, as the default. Creation of a unique code would result in more accurate and meaningful healthcare data and would avoid the potential negative impact on data analysis and interpretation resulting from a change in the default for an unspecified myocardial infarction from a code for a STEMI myocardial infarction to a code for NSTEMI myocardial infarction.

We also recommend the proposed “code first” note under proposed new code I21.A1, **Myocardial infarction type 2**, be changed to a “code also” note. This would allow sequencing to be based on the circumstances of the admission.

Additionally, the inclusion term under category I22 for “acute myocardial infarction occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site” **should be revised** to state “acute **type 1** myocardial infarction occurring within four weeks (28 days) of a previous acute **type 1** myocardial infarction, regardless of site.” This modification is consistent with other notes being proposed under category I22 and will help to clarify the type of myocardial infarction included in this category.

Contact with Birds: Psittacines (Parrot)

We support the proposed modifications to category W61, Contact with birds (domestic) (wild).

Disorders of the Gallbladder and Biliary Tract

AHIMA supports option #2, which is the simpler of the two proposals and allows additional codes to be assigned for gangrene or perforation of the gallbladder. This approach achieves the goal of capturing information about disease severity without unnecessarily creating numerous combination codes.

Diverticular Disease of Intestine

We **oppose** the proposed creation of numerous combination codes to distinguish diverticulitis with and without generalized peritonitis.

Similar to option #2 for the preceding proposal regarding disorders of the gallbladder and biliary tract, **AHIMA recommends that the Excludes1 notes prohibiting the use of codes from K65, Peritonitis, with codes from K57, Diverticular disease of intestine, be deleted and appropriate instructional notes be added**, so that the presence of generalized peritonitis can be captured by assigning an additional code from category K65 rather than creating multiple combination codes.

Dyspnea Crisis

AHIMA supports the creation of a new code for dyspnea crisis.

It is unclear why a “code also” note for encounter for palliative care (Z51.5) is needed under the proposed code, since palliative care could be associated with numerous clinical conditions throughout the ICD-10-CM classification.

Factitious Disorder

While we support new codes to distinguish the subtypes of factitious disorder, we recommend structuring the codes such that there are separate sub-subcategories for factitious disorder imposed on self and factitious disorder imposed on someone else.

Gingival Recession

We support the proposed codes for gingival recession. This proposal is much improved over previous versions.

Heart Failure Classification

AHIMA supports to proposed modifications to the heart failure codes, with a few additional recommendations.

We recommend that a note stating “Code also end stage heart failure, if applicable (I50.84)” be added under codes I50.2, Systolic (congestive) heart failure, I50.3, Diastolic (congestive) heart failure, and I50.4, Combined systolic (congestive) heart failure.

“Right heart failure without mention of left heart failure” should be added as an inclusion term under proposed new code I50.810, Right heart failure, unspecified.

We recommend deleting the word “isolated” from the code title and adding it as an inclusion term under proposed codes I50.811, I50.812, and I50.813. Since the term “isolated” appears in the proposed code titles, it is not clear how acute, chronic, or acute on chronic right heart failure should be coded if the condition is not documented as “isolated.” Moving the word “isolated” from the code title to an inclusion term would address this issue.

We also recommend adding “stage D heart failure” as an inclusion term under proposed code I50.84, End stage heart failure.

Consideration should be given to creation of a unique code for stage A heart failure in subcategory Z91.8 rather than classifying it to an extremely vague code such as Z91.89, Other specified personal risk factors, not elsewhere classified.

Since there is more than one heart failure classification, any references to stages A-D should clarify that these stages refer to the American College of Cardiology/American Heart Association classification.

Hepatic Encephalopathy

As AHIMA previously recommended, the simplest approach would be to create a code for hepatic encephalopathy that could be reported as an additional code when appropriate. We continue to believe this approach would be preferable to creating numerous combination codes.

Hypoxic Ischemic Encephalopathy (HIE)

AHIMA supports the proposed modifications for hypoxic ischemic encephalopathy.

Infection Following a Procedure

While we support the proposed expansion of subcategory T81.4 to capture specific types of infections following a procedure, we are concerned about the proposed change to the Excludes1 notes. It is not clear whether changing these notes to Excludes2 notes is intended to allow multiple codes to be reported for the same postprocedural infection. It does not seem appropriate to assign both a T81.4- code in addition to code O86.0 or K68.11 to describe an obstetric surgical wound infection or postprocedural retroperitoneal abscess. However, changing the notes to Excludes2 notes may be interpreted as allowing this type of multiple code reporting.

It also does not seem appropriate to assign code R50.82, Postprocedural fever, as an additional code with a T81.4- code. There is also an Excludes1 note for “postprocedural infection (T81.4-) under code R50.82, and changing this note to an Excludes2 note was not included in this proposal.

We believe the Excludes1 note for “postprocedural fever NOS (R50.82)” under subcategory T81.4 should remain an Excludes1 note. We also recommend that the CDC re-evaluate the intent of changing the Excludes1 notes for obstetric surgical wound infection and postprocedural retroperitoneal abscess to Excludes2 notes and the need for any additional instructional notes to avoid possible unintended consequences from changing these notes.

Injury of Optic Tract and Visual Cortex

AHIMA supports the proposed modifications to codes for injury of optic tract and visual cortex.

Intestinal Obstruction

We support the proposed code modifications to distinguish the severity of intestinal obstruction.

Intracranial Injury

We support the proposed deletion of codes in S06, Intracranial injury, for subsequent encounters or sequela when the 6th character indicates the death of the patient.

Mastocytosis and Certain Other Mast Cell Disorders

AHIMA supports the proposed code modifications for mastocytosis and other mast cell disorders.

Multiple Pregnancy – Triplets and Above – Amnion and Chorion Equal to Fetus Number

We support the proposed expansion in multiple gestation codes to identify instances when the number of chorions is equal to the number of amnions or fetuses.

Myopic Choroidal Neovascularization

We support the creation of new codes for myopic choroidal neovascularization.

Obsessive-Compulsive Disorders

We support the proposed modifications to category F42, Obsessive-compulsive disorder.

The word “disorder” should be plural (“disorders”) in the titles of codes F42.8 and F42.9.

Post Endometrial Ablation Syndrome

While we support creation of a unique code for post endometrial ablation syndrome, **we recommend that this code be created in category N99, Intraoperative and postprocedural complications and disorders of genitourinary tract, not elsewhere classified**, rather than in category N94, Pain and other conditions associated with female genital organs and menstrual cycle.

Pulmonary Hypertension

AHIMA supports the proposed code expansion for pulmonary hypertension.

The Index modifications should take into account whether the link between pulmonary hypertension and an underlying condition can be presumed or whether the link will need to be specifically documented by the provider. Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, if the word “with” is used in the Index entries, the linkage can be assumed without specific provider documentation linking the two conditions.

The various types of pulmonary hypertension identified in the inclusion terms (e.g., group 3 pulmonary hypertension) should be included in the Index as well.

The “code also” note under proposed new code I27.83, Eisenmenger’s syndrome, should state “if known.”

Sickle Cell Without Acute Chest Syndrome or Splenic Sequestration

AHIMA generally supports the proposed modifications for sickle cell disorders, with a couple of suggested changes. Proposed code D57.09, HB-SS disease with crisis, unspecified, is unnecessary because it is redundant with existing code D57.00.

Consideration should be given as to whether an “unspecified” code is necessary in subcategories D57.0, D57.2, D57.4, or D57.8. A physician indicated during the C&M meeting that the default should be the codes for sickle cell disease without acute chest syndrome or splenic sequestration. If clinically appropriate, **we recommend that the default in each subcategory be designated as the code for “without acute chest syndrome or splenic sequestration,”** in which case unique “unspecified” codes would be unnecessary.

Spinal Stenosis with Neurogenic Claudication

We support the creation of codes for spinal stenosis with and without neurogenic claudication.

Umbilical Granuloma in the Perinatal Period

We support the proposed code for umbilical granuloma.

We recommend that the proposed Excludes1 notes under code L929.9, Granulomatous disorder of the skin and subcutaneous tissue, unspecified, and under proposed code P83.81, Umbilical granuloma, be changed to Excludes2 notes. This would allow the reporting of these codes together if a patient has both an umbilical granuloma and another granulomatous disorder of the skin and subcutaneous tissue.

ICD-10-CM Addenda

AHIMA supports the proposed Addenda changes, including the proposed changes to Chapter 5 (Mental, Behavioral and Neurodevelopmental Disorders), with the exceptions noted below.

The proposed Excludes1 note under category Z48, Encounter for other postprocedural aftercare, should be revised to include any 7th character describing a subsequent encounter, not just 7th character “D.” Similarly, **the existing Excludes1 note under category Z47, Orthopedic aftercare, should also be revised** to include any 7th character describing a subsequent encounter, since the 7th characters for “subsequent encounter” are not limited to “D.”

To be consistent with our recommended revisions to the Excludes1 note under category Z48, **we recommend that the proposed Index entries for “Checking (of), wound, due to injury – code to Injury, by site, with 7th character D” and “Wound check, due to injury – code to Injury, by site, with 7th character D” be revised** to reflect any 7th character describing a subsequent encounter rather than limiting the Index entry to 7th character D.

The proposed Index entry for “Diabetes, diabetic (mellitus) (sugar), with, osteomyelitis” already became effective on October 1, 2016. However, **we recommend that similar Index entries be added under each type of diabetes**, as the linkage between diabetes and osteomyelitis should be the same for specified types of diabetes and diabetes unspecified as to type.

AHIMA disagrees with the proposed Index entries that would change the default for osteoarthritis of hip and knee. The proposed changes still result in different defaults for osteoarthritis of these anatomic sites. Osteoarthritis of hip should not default to a code for unspecified osteoarthritis while osteoarthritis of knee defaults to primary osteoarthritis, or vice versa. **We recommend that the default for osteoarthritis of both the hip and knee should be primary osteoarthritis.** Therefore, the default for osteoarthritis of the hip should be M16.1- and the default for osteoarthritis of the knee should be M17.1-.

We also recommend that the Index entries for Arthritis be revised. Physicians do not always specify “osteoarthritis” in their documentation, but the anatomic site is typically documented. The default under the main term “Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute)” in the Index is code M19.90, Unspecified osteoarthritis, unspecified site. Thus, a diagnosis of arthritis of the knee results in assignment of the very non-specific code M19.90 and loss of information about the anatomic site. **We recommend that the Index entries for Arthritis be revised such that coding professionals are directed to the specific osteoarthritis codes rather than M19.9-.**

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,



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