



233 N. Michigan Ave., 21st Fl.
Chicago, IL 60601-5800

phone » (312) 233-1100
fax » (312) 233-1090
web » www.ahima.org

May 26, 2017

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 ICD-10-CM code proposals presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on March 7-8 and under consideration for implementation on October 1, 2018.

Acute Appendicitis

AHIMA supports the proposed code modifications for acute appendicitis.

Blepharitis

We support the proposed code modifications for blepharitis, but recommend that “upper and lower” be added to the code titles for blepharitis of both eyelids for clarity.

We also recommend that consideration be given to the suggestion made during the C&M meeting that existing codes for blepharitis of “upper” and “lower” eyelids be deleted because this condition typically involves both the upper and lower eyelids.

Breakthrough Pain

AHIMA supports the creation of a unique code for breakthrough pain.

We also recommend adding an instructional note under category G89, Pain, not elsewhere classified, indicating that an additional code should be assigned for long-term (current) use of medication, if applicable.

Brow Ptosis

We support the creation of new codes for left, right, and bilateral brow ptosis.

Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy

We support the proposal for a unique code for cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL).

Disorders of the Gallbladder and Biliary Tract

We support the addition of the phrase “if applicable” to the proposed “use additional code” notes.

Disorders of Metabolism of Gamma Aminobutyric Acid (GABA)

AHIMA supports the creation of a unique code for disorders of gamma aminobutyric acid metabolism. Per the suggestion made during the C&M meeting, we recommend that consideration be given to adding a “code also if applicable” note under the new code to instruct users to assign separate codes for commonly-associated conditions, such as epilepsy and autism.

Diverticular Disease of Intestine

We support the proposed modifications to instructional notes to allow the use of existing codes for peritonitis in conjunction with codes for diverticular disease.

Encounter for Rehabilitation Services

We do **not** support creation of a code for encounter for rehabilitation services, especially as a secondary diagnosis code. We agree with the NCHS that procedural concepts should not be introduced into ICD-10-CM and that other options for identifying admissions/encounters for rehabilitation should be explored.

While the proposal focused on the needs of hospitals and health systems, any new code would also have to be used in other healthcare settings where rehabilitative services are provided, such as skilled nursing facilities, inpatient rehabilitation facilities, and home health agencies. All of the patients admitted to a rehabilitation facility are admitted for rehabilitation, which means that the proposed code would be assigned for every admission (as the ICD-9-CM code was supposed to be). There is little value in assigning the same code for all of a facility’s admissions. Also, in many post-acute settings, the ICD-9-CM counterpart, category V57, was used inconsistently or incorrectly, resulting in data of questionable value. There were numerous coding inquiries involving the V57 codes as well as objections to their use. Some payers instructed healthcare facilities not to report the V57 codes. Adding a concept to ICD-10-CM that was so problematic in ICD-9-CM would cause confusion and undermine data integrity.

If NCHS does decide to move forward with a new code for encounter for rehabilitation services, we recommend that it be required to be reported as the principal/first-listed diagnosis code. This would be consistent with the way in which other ICD-10-CM codes describing the reason for admission/encounter are sequenced. Handling the proposed code differently would lead to confusion and possible misinterpretation. For example, *Coding Clinic for ICD-10-CM/PCS*

advised that code Z51.5, Encounter for palliative care, should be reported as the principal diagnosis when palliative care is documented as the reason for the patient's admission and reported as a secondary diagnosis when palliative care is provided during the admission, but was not the reason for admission. Reporting the proposed code for encounter for rehabilitation services as a secondary diagnosis could be interpreted to mean rehabilitation was provided during the admission, but was not the reason for admission.

Encounter for Screening for Certain Developmental Disorders in Childhood

We support the proposed tabular modifications to capture screening for certain developmental disorders in childhood separately from an encounter for a routine child health examination.

Epiphora

AHIMA supports the proposed tabular modifications for the codes for epiphora so that the code titles are clinically accurate. As was suggested during the C&M meeting, the word "side" should be added to the code titles where "lacrimal gland" is being deleted to improve clarity.

Eyelid Cancer

We support the proposed expansion of codes for malignant neoplasms of the eyelid to capture greater anatomic specificity.

Factitious Disorder

AHIMA **opposes** the proposed expansion of codes for factitious disorder. We are very concerned that the proposal would significantly change the meaning of existing codes F68.10 and F68.11. We do not believe this proposal is an improvement over the earlier proposal presented at the September 2016 C&M meeting.

Rather than completely disrupting the existing structure of subcategory F68.1, Factitious disorder, and changing the meaning of current codes, we recommend that consideration be given to simply expanding the existing codes and maintaining the current titles for the resulting subcategories. For example:

- F68.11 Factitious disorder with predominantly psychological signs and symptoms
 - F68.111 Factitious disorder imposed on self with predominantly psychological signs and symptoms
 - F68.112 Factitious disorder imposed on another with predominantly psychological signs and symptoms
- F68.12 Factitious disorder with predominantly physical signs and symptoms
 - F68.121 Factitious disorder imposed on self with predominantly physical signs and symptoms
 - F68.122 Factitious disorder imposed on another with predominantly physical signs and Symptoms
- F68.13 Factitious disorder with combined psychological and physical signs and symptoms
 - F68.131 Factitious disorder imposed on self with combined psychological and physical signs and symptoms

F68.132 Factitious disorder imposed on another with combined psychological and physical signs and symptoms

Fetal Inflammatory Response Syndrome

We support the creation of a new subcategory for newborn affected by chorioamnionitis and a unique code for fetal inflammatory response syndrome.

Hemifacial Spasm

We support the creation of new codes for clonic hemifacial spasm to capture laterality.

Immunization Not Carried Out

AHIMA does **not** support the proposal to add inclusion terms under code Z28.89, Immunization not carried out for other reason, because this proposal does not improve data reporting. The proposal indicates there is a need to identify that a delay in vaccine administration is related to non-delivery or insufficient supply of the vaccine. However, merely adding inclusion terms under code Z28.89 does not provide any information as to why the immunization was not carried out.

If there is a need to capture the fact that a vaccine was not administered due to a delay in delivery of the vaccine or lack of vaccine availability, then unique codes describing these circumstances should be created.

Immunocompromised Status

We generally support the creation of a new subcategory for immunocompromised status, with a couple of additional recommendations. The title of proposed new code Z78.22 should state “status” rather than “condition” in order to be consistent with the title of category Z78 and other codes in this category.

The “code also” note under proposed new code Z78.22 should state “code also, if applicable.”

Lacunar Infarction

We support creation of a unique code for cerebral infarction due to occlusion or stenosis of small artery.

The proposed index modification showed “Infarction, lacunar” being indexed to the proposed subcategory I63.8. Since lacunar infarction is proposed to be an inclusion term under code I63.81, Other cerebral infarction due to occlusion or stenosis of small artery, we recommend that “Infarction, lacunar” be indexed to this code, if the proposal for a new code is approved.

Lagophthalmos

AHIMA supports the proposed expansion of codes for lagophthalmos. For clarity, we agree with the suggestion made during the C&M meeting that “both” eyelids in the proposed new code titles should be changed to “upper and lower.”

Since the proposal indicated that this condition typically involves both eyelids, it is not clear when the existing codes for lagophthalmos for upper or lower eyelid only would be used.

Consideration should be given as to whether these codes should be deleted.

Meibomian Gland Dysfunction

We support the creation of new codes for meibomian gland dysfunction.

If both the upper and lower eyelids are commonly affected, consideration should be given to creating two additional codes for meibomian gland dysfunction of both the right upper and lower eyelids and left upper and lower eyelids.

Multiple Sulfatase Deficiency (MSD)

We support the creation of a unique code for sulfatase deficiency.

Non-Healing Traumatic Wounds and Surgical Wounds

While AHIMA supports the creation of new codes for non-healing traumatic wound and non-healing surgical wound, we recommend that consideration be given as to whether the proposed instructional notes referring to the fracture codes are necessary, and if so, what type of note they should be. There is confusion regarding the meaning of “delayed healing” in the seventh characters for the fracture codes. Does “delayed healing” refer specifically to the fractured bone, or to any part of the associated traumatic or surgical wound? If it is intended to refer to the healing of the bone only, then the proposed instructional notes pertaining to the fracture with delayed healing codes are inappropriate, as a non-healing wound does not necessarily mean the bone itself is not healing or is healing too slowly.

If the NCHS determines that “delayed healing” described in the fracture codes is intended to refer to not just the bone itself but also the associated traumatic or surgical wound, then the instructional notes under the two proposed codes should be consistent. According to the proposal, the instructional note referring to fracture with delayed healing under the proposed code for non-healing traumatic wound would be an Excludes2 note and the corresponding note under the proposed code for non-healing surgical wound would be a “code first” note. If these instructional notes are retained under these new codes, we recommend that they both be “code also if applicable” notes. This would allow the coding of both the non-healing wound and the fracture without mandating the sequencing. The fracture should not be required to be sequenced first, as the reason for the admission/encounter might be specifically to treat the non-healing wound rather than the fracture, especially in post-acute settings.

Nonprocreative Genetic Counseling

We support the creation of a code for encounter for nonprocreative genetic counseling, with a suggested wording change in the proposed Excludes1 note. We recommend that the proposed Excludes1 note be revised to state “counseling for procreative genetics” to be consistent with the proposed revision to the title of code Z31.5 and to clarify the distinction between the codes for procreative and nonprocreative genetic counseling.

Nonruptured Cerebral Aneurysm

While we support creating unique codes for nonruptured, saccular cerebral aneurysm and other nonruptured cerebral aneurysms, it is not clear to what extent a breakdown by size provides significant value or whether size-specific codes would be used consistently and produce accurate, useful data. **We recommend that consideration be given to creating just three new codes:** cerebral aneurysm, nonruptured, unspecified; cerebral aneurysm, nonruptured, saccular; and other nonruptured cerebral aneurysm.

If unique codes distinguished by aneurysm size are approved, we recommend deletion of the proposed inclusion terms that identify aneurysm size by diameter. As noted in the proposal, some organizations use different size parameters than the size classification from the National Institute of Neurological Disorders and Stroke. Also, the American Academy of Pediatrics pointed out during the C&M meeting that these sizes are not accurate for pediatric patients.

As suggested during the C&M meeting, we recommend that an inclusion term for “internal carotid artery aneurysm, saccular” be added under proposed subcategory I67.11, Cerebral aneurysm, nonruptured, saccular, and also that an index entry for this term be created.

Osteoporosis Related Pathological Fracture of Rib and Pelvis

While AHIMA supports the creation of new codes for osteoporosis-related pathological fractures of the ribs and pelvis, **we recommend that “thigh” be deleted from the titles of proposed codes M80.0A and M80.8A.** “Thigh” is not a bone and therefore cannot be fractured, and also the inclusion of this term in these proposed codes would result in overlap with existing codes for osteoporosis-related pathological fracture of the femur.

Paralytic Ectropion

We support the creation of a new sub-subcategory for paralytic ectropion.

Rosacea Conjunctivitis

We support the creation of a new sub-subcategory for rosacea conjunctivitis.

We recommend that the word “eye” be deleted from the title of the proposed code for bilateral rosacea conjunctivitis, so that it states “rosacea conjunctivitis, bilateral,” in order to be consistent with other bilateral codes in chapter 7.

Secondary Mesothelioma and Mesothelioma in Remission

We recommend that the topic of secondary mesothelioma and mesothelioma in remission be brought back to a future C&M meeting for further discussion. It is not clear based on the discussion at the March C&M meeting whether personal history of mesothelioma should be classified to mesothelioma in remission, or whether a code for personal history of mesothelioma is needed in addition to, or in place of, a code for mesothelioma in remission.

Thyroid Eye Disease

We support creation of a new sub-subcategory for exophthalmos associated with thyroid disease, but recommend that consideration be given to changing the proposed “code first” note to a “code also” note. This would allow either the exophthalmos or the underlying thyroid disease to be sequenced first, depending on the reason for the admission/encounter.

Urethral Stricture

We support the proposed expansion of the urethral stricture codes.

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