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May 9, 2018

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 March 6-7.

Acne Vulgaris

AHIMA **does not support** the creation of unique codes for mild, moderate, and severe acne vulgaris. We do not believe this degree of specificity is necessary. Also, as stated during the C&M meeting, there are currently no standard clinical criteria defining mild, moderate, and severe acne vulgaris.

BRCA

While we support the creation of new codes to identify BRCA1 and BRCA2 mutations, based on the discussion at the C&M meeting, consideration should be given as to whether separate codes for breast and ovary are needed or whether the codes should omit any reference to a specific anatomic site.

Cyclical Vomiting Syndrome

AHIMA supports the proposed new code for cyclical vomiting syndrome unrelated to migraine. We recommend that “NOS” be added after the inclusion term “cyclical vomiting syndrome” under the proposed new code.

This proposal represents a significant improvement over the previous version.

Deficiency of Adenosine Deaminase 2

We support the establishment of unique codes to identify adenosine deaminase deficiency types 1 and 2. Consideration should be given as to whether there needs to be a “Code also any associated manifestations” note under the code for type 1. Coding instructions and possibly advice in *Coding Clinic for ICD-10-CM/PCS* will be needed to clarify those manifestations that are considered inherent vs. those that aren’t and should be coded separately.

Dravet Syndrome

AHIMA **does not support** the proposed new subcategory for Dravet syndrome. We believe this is an unnecessary level of detail which will likely not be supported by medical record documentation.

As an alternative, **consideration should be given to creating two codes for Dravet syndrome**, for Dravet syndrome with and without status epilepticus, so that it can be distinguished from other types of epilepsy, without differentiating the presence or absence of the SCN1A mutation.

Drowning/Submersion Occurring in Natural Bodies of Water

We **do not support** the proposed expansion of codes for accidental drowning and submersion while in natural water. We do not believe this level of detail is necessary or appropriate in ICD-10-CM. Also, the proposed distinctions may not always be clear in the medical record documentation – for example, whether the incident occurred in an ocean bay vs. oceanfront water. Additionally, the definitions of these natural water settings may not always be clearly and consistently understood.

If NCHS decides to move forward with a code expansion to distinguish accidental drowning and submersion in different water settings, AHIMA recommends that an “NOS” code be created.

Also, “pond” and “reservoir” should be added to the title of the code for “Accidental drowning and submersion while in lake” rather than being inclusion terms, as a pond or reservoir would not normally be considered synonymous with a lake.

If code W69 is expanded, should corresponding changes also be made to subcategory W16.1, Fall into natural body of water?

If these distinctions in natural bodies of water are important to capture in ICD-10-CM, we recommend that NCHS consider adding these codes to the “place of occurrence” codes rather than expanding code W69.

Ehlers-Danlos Syndromes

While we recognize the clinical distinctions among the 13 types of Ehlers-Danlos syndromes (EDS), we are not convinced it is necessary to create separate ICD-10-CM codes for each type. The presenter acknowledged that 80-90% of patients with EDS have the hypermobile type. If that is the case, the proposed codes for other types of EDS would rarely be assigned. Therefore, perhaps **a better option would be to create just three new codes – Hypermobile Ehlers-Danlos Syndrome, Other Type of Ehlers-Danlos Syndrome, and Ehler-Danlos Syndrome, unspecified.**

Encounter for Examination of Eyes and Vision with Abnormal Findings

AHIMA supports the proposed new codes for encounter for examination of eyes and vision following failed vision screening.

We recommend an Excludes1 note be added under the existing codes for encounter for examination eyes and vision (subcategory Z01.0).

Exertional Heat Stroke

We support the establishment of a unique code for exertional heat stroke. However, we recommend the following modifications to the code proposal:

The title of proposed new code T67.01, Heatstroke and Sunstroke, overlaps proposed new code T67.09, Other Heatstroke and Sunstroke. Modifications to one or both of these code titles are needed to eliminate this overlap.

A “Code also” note for the type of activity should be added under proposed new code T67.02, Exertional Heat Stroke.

Either an additional new code for “exertional heat illness” should be created or guidance should be provided in the Index as to the proper coding of this diagnosis. The presenter indicated that exertional heat illness is different from exertional heat stroke.

Glucose-6-phosphate Dehydrogenase Deficiency Without Anemia

We support the creation of a unique code for glucose-6-phosphate dehydrogenase (G6PD) deficiency without anemia.

History of Prematurity (Perinatal) Problems

Rather than the vague code for “personal history of certain conditions arising in the perinatal period” that was presented at the C&M meeting, we recommend that codes for a personal history of prematurity, with distinctions for weeks of gestation, be created. These codes would provide more useful information than the general code that was proposed and more accurately reflect the intent of the code proposal.

Alternatively, consideration could be given to creating codes for a personal history of various perinatal conditions. If this approach is preferred, we recommend bringing the topic back to a future C&M meeting for further discussion and public input prior to implementation of new codes.

Immunocompromised Status

While we support the need to capture immunocompromised status, **we do not support the code proposal presented at the March C&M meeting.** We are concerned that the intent of the new codes is not clear and these codes may cause confusion. Coding professionals might not be able to distinguish immunosuppression occurring as an expected outcome and that resulting from an unintended adverse effect. It is not clear whether this code is intended to be used when immunodeficiency is an adverse effect of a drug, the expected outcome of a drug, or both. There are no proposed instructional notes pertaining to the use of this code for adverse effects.

The instructional note stating “Code first underlying disease” under proposed code D84.81, Immunodeficiency due to conditions classified elsewhere, is problematic. “Acquired absence of spleen (Z90.81)” does not belong in this note, as acquired absence of spleen is not a disease and would not appropriately be sequenced as the principal diagnosis. We are not sure “human

immunodeficiency virus (B20)” belongs in this note, either, as immunodeficiency is inherent in this disease and so assigning D84.81 as an additional code would not add any information.

The title of proposed code D84.89, Other specified immunodeficiencies, not elsewhere classified, should be modified to state “Other and unspecified immunodeficiencies,” since the inclusion terms include “NOS.”

Intracranial Hypotension

AHIMA supports the proposed modifications to capture more detail about cerebrospinal fluid leaks and intracranial hypotension.

We recommend that consideration be given as to whether the new code for “Headache with orthostatic or positional component, not elsewhere classified” should be located in the Symptom chapter rather than the Nervous System chapter.

Left Against Medical Advice

We do not support the proposed code to identify patients who leave against medical advice. **Rather than creating a code, we recommend deleting the Index entry for “left against medical advice.”**

While we agree that patients who leave against medical advice should not be classified to code Z53.21, Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider, we believe this concept is more appropriately captured by the discharge disposition codes and not by the ICD-10-CM classification.

Multiple Drugs Ingestion

We support creation of a new subcategory for poisoning by, adverse effect of and underdosing of multiple unspecified drugs, medicaments and biological substances.

The “Code also” note under the proposed new subcategory should be revised to clarify the intent, which is that additional codes should be assigned if some of the ingested drugs are known.

Orbital Roof and Wall Fracture

While we support creation of new codes to more specifically identify orbital fractures, we recommend that a new subcategory for “fracture of orbit” be created and that the new codes be located in this subcategory.

Personal History of In-Situ Neoplasms

AHIMA supports the expansion of codes for personal history of in-situ neoplasms to capture additional anatomic sites.

Post Endometrial Ablation Syndrome

We support establishment of a unique code for post endometrial ablation syndrome.

Prader-Willi Syndrome

We support creation of a unique code for Prader-Willi syndrome.

We recommend adding Prader-Willi-like syndrome as an inclusion term under proposed new code Q87.19, Other congenital malformation syndromes predominantly associated with short stature, instead of creating a unique code for this condition.

Presence of Other Specified Functional Implants

AHIMA supports the creation of a new code for presence of neurostimulator as well as the proposed modifications to code Z45.42.

Pyuria

We support creation of a unique code for pyuria.

An Excludes1 note should be added under code N39.0, Urinary tract infection, site not specified.

Since this proposal involves creation of a new subcategory for abnormal findings on cytological and histological examination of urine, we recommend that an additional code be created in this subcategory for “unspecified abnormal findings on cytological and histological examination of urine.”

Rheumatoid Arthritis in Remission

AHIMA supports creating new codes for rheumatoid arthritis in remission. Instructional notes regarding the reporting of these codes with existing rheumatoid arthritis codes will be needed.

Sickle Cell Disease

We support the proposed revisions to category D57, Sickle-cell disorders, with a few suggested changes. The proposed revision to the title of code D57.00 is confusing. What does “Hb-SS disease with crisis with unspecified complication” mean? This description seems to indicate there is a known complication, but the specific type of complication is unknown. It is very unlikely that the medical record documentation would indicate that a complication exists but not identify what the complication is. This code title could also overlap, or be confused with, proposed new code D57.04, Hb-SS disease without complication.

We recommend that the titles of proposed codes D57.03, D57.213, D57.413, and D57.813 be changed to state “with cerebral infarction” instead of “with cerebral vascular complication” or “with cerebral vascular involvement,” since the discussion at the C&M meeting indicated cerebral infarction is the most important cerebrovascular condition to capture. If NCHS decides not to specify “cerebral infarction” in these code titles, then “if applicable” should be added to the “Code also” notes under these codes (“Code also, **if applicable**, cerebral infarction (I63)).”

Code D57.814, Other sickle-cell disorders with crisis without other complications, should be deleted from the proposal, as this code duplicates existing code D57.819, Other sickle-cell disorders with crisis, unspecified.

Traumatic Brain Herniation

We **do not support** the proposed new subcategory for traumatic brain compression. We do not believe clinical documentation will support this level of detail. Also, while the proposal supported the value of distinguishing traumatic from nontraumatic brain herniation, we do not feel it described why the proposed level of detail is necessary.

We do recognize the value of identifying traumatic brain herniation. Therefore, **we would support creation of two codes for traumatic brain compression with and without herniation.**

Travel Counseling

While we support establishment of a unique code for travel counseling, **we recommend the code title be modified to clarify that this code is intended to be used for travel counseling related to health risks.**

The description of the use of counseling codes in the *ICD-10-CM Official Guidelines for Coding and Reporting* may need to be modified, as it is currently narrow in scope and does not cover the circumstances when travel counseling would be provided.

Vertigo of Central Origin

AHIMA supports the deletion of codes identifying laterality for vertigo of central origin, since these codes are not clinically valid.

Electronic Nicotine Delivery Systems

The NCHS requested that additional input regarding electronic nicotine delivery systems (ENDS) be provided before this topic is brought back to a future C&M meeting. We support the creation of new codes for the use of these products. Instructional notes would need to clarify that these codes are not intended for the use of ENDS in smoking cessation programs.

If code Z72.0 is expanded as proposed at the March 2017 C&M meeting, the title of this new subcategory should be changed to “Tobacco and nicotine use” to encompass the codes included in this subcategory.

Common terms such as e-cigarettes, electronic cigarettes, and ENDS should be added as inclusion terms under proposed code Z72.02, Electronic nicotine delivery system use.

The title of proposed code Z72.09 should be changed to “Tobacco and nicotine use, unspecified,” since the proposed title of “Tobacco use, unspecified” is duplicative of proposed code Z72.01, Tobacco use.

Possible inclusion of a code for ENDS in the Obstetrics chapter should be considered.

ICD-10-CM Addenda

AHIMA supports the proposed ICD-10-CM Tabular and Index Addenda modifications, with the following exceptions and suggested changes.

Excludes1 notes for RSV-related conditions (e.g., RSV pneumonia) should be added under code B97.4, Respiratory syncytial virus as the cause of diseases classified elsewhere.

The proposed modification to the inclusion term under code O99.34, Other mental disorders complicating pregnancy, childbirth, and the puerperium, does not make sense because the code range “F54-F99” is already included in the existing code range “F20-F99.”

We recommend that “complication of percutaneous coronary intervention (PCI) (I97.89)” in the “Code also” note under code I21.A9, Other myocardial infarction type, be changed to a “Code first” note. As indicated by the “Use additional code” note under code I97.89, the complication code should be sequenced first. This would also be consistent with the existing “Code first” note under code I21.A9, which states “Code first, if applicable, postprocedural myocardial infarction following cardiac surgery I97.190, or postprocedural myocardial infarction during cardiac surgery (I97.790).”

We support the suggestion made during the C&M meeting to add “respiratory syncytial virus” as a subterm under the main term “Virus, viral.”

Thank you for the opportunity to comment on the proposed ICD-10-CM modifications. 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