American Health Information Management Association®

April 10, 2008

VIA ELECTRONIC MAIL

Donna Pickett, MPH, RHIA
Medical Classification Administrator
National Center for Health Statistics
3311 Toledo Road
Room 2402
Hyattsville, Maryland 20782

Dear Donna:

The American Health Information Management Association (AHIMA) welcomes the opportunity to provide comments on the proposed diagnosis code modifications presented at the March 19th and 20th ICD-9-CM Coordination and Maintenance (C&M) Committee meeting that are slated for October 2008 implementation. Comments on the diagnosis code proposals slated for October 2009 implementation will be sent at a later date.

Status of tPA for Stroke

AHIMA supports the creation of a new code to identify patients who have received tPA at another hospital's emergency department within 24 hours prior to admission at this hospital. We recommend that the code title be very specific in order to ensure that reporting of this code is limited to the desired situations. We also recommend that the diagnosis of acute ischemic stroke not be included in the code title, since this information will be captured in the diagnosis code for the acute condition. The presenter's suggestion of a code title that says "personal history of receiving tPA at another hospital's emergency department within the last 24 hours" would need to be changed to clarify the 24 hour time frame. We recommend that the code title say "within 24 hours prior to admission to hospital."

We recommend that the new code be located in the "status" section. After reviewing the description of status codes in the ICD-9-CM Official Guidelines for Coding and Reporting, we believe a status code might be a better choice than a "personal history" code. We do **not** agree with the suggestion made during the meeting that perhaps this code should be located in the "aftercare" section. This situation does not meet the definition of aftercare. Aftercare codes "cover situations when the initial treatment of a disease

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or injury has been performed and the patient requires continued care during the healing or recovery phase, or for the long-term consequences of the disease." In the case of a patient who has just been transferred to a hospital after receiving tPA for a stroke at another hospital's emergency department, the initial treatment of the acute disease has not been completed, so "aftercare" would not apply.

Methicillin-Resistant *Staphylococcus Aureus* (MRSA)

AHIMA supports the proposal to create new codes for methicillin resistant and methicillin susceptible Staphylococcus aureus infections and colonization, and a code for personal history of methicillin resistant Staphylococcus aureus. Notes need to be added to indicate that staphylococcus should still be included at code V02.59, for carriers of other staphylococcus besides methicillin susceptible and methicillin resistant S. aureus

The presenter indicated that a positive nasal culture equates to colonization. Therefore, an Excludes note should be added under code 795.39, Other nonspecific positive culture findings, to ensure that this code is not used for MSSA or MRSA colonization (since positive nasal culture is currently indexed to code 795.39).

We do **not** support the proposal to create a new code for methicillin resistant Staphylococcus aureus in category V09, Infection with drug-resistant microorganisms. This proposed code is redundant, since the proposed new codes for specific methicillin resistant Staphylococcus aureus infections capture this information. We recommend that code V09.0 be retained as it currently exists and be used to capture infection with microorganisms resistant to penicillins other than methicillin, since this code is not specific for methicillin. An instructional note under this code should be added to clarify that this code should no longer be assigned for methicillin resistant Staphylococcus aureus.

Fever and Other Physiologic Disturbances of Temperature Regulation

AHIMA supports the proposal to expand code 780.6, Fever, to create codes for specific types of fever and other physiologic disturbances of temperature regulation.

We recommend the Excludes note indicating that fever associated with confirmed infection should be coded to infection be located under subcategory 780.6, Fever and other physiologic disturbances of temperature regulation, instead of under code 780.62, Postprocedural fever, since this instructional note applies to several of the proposed new codes.

Disruption of Operation Wound

We support the proposed modifications to clarify the appropriate use of the codes for disruption of internal and external operation wounds and to create a new code for disruption or dehiscence of traumatic injury wound repair.

We recommend that the proposed inclusion term under subcategory 998.3, Disruption of wound, be modified, since "disruption of any suture materials or method" doesn't sound accurate (how do you

disrupt a method?). "Disruption of any wound, regardless of method used to originally repair the wound," or something similar, would be better wording.

Activity Codes

While we recognize the importance of the proposed Activity codes to the Department of Defense, this proposal is much too extensive for an expedited implementation of 10/1/08. This timeline does not allow sufficient time for all of the stakeholders to review and comment on the details of this proposal. Given the number of states and other entities that use external cause codes, it is important that the finalized codes be clear, non-overlapping, and meet the needs of all users. Also, it would be very difficult for systems vendors to implement this many new codes in such a short time frame.

We also feel that a number of significant issues and challenges related to this proposal warrant further consideration before a decision is made to implement this proposal. Since activity codes are currently part of ICD-10-CM but are not part of ICD-9-CM, careful consideration should be given as to whether this new concept should wait for ICD-10-CM implementation rather than being incorporated into ICD-9-CM. Limitation on the number of codes that can be reported is another factor to consider.

We recommend that the proposal for new Activity codes be brought back to the September C&M Committee meeting for further discussion, and if supported by the industry, possible implementation on 10/1/09.

Injuries and External Cause Codes for Military Operations

AHIMA recommends that the "use additional code" notes being proposed for various chapters (to indicate that an additional external cause code should be assigned to identify the cause of the condition) should be limited to those conditions that represent injuries, poisonings, and adverse effects. As indicated by the language in the introductory section of the External Cause chapter in ICD-9-CM, external cause codes are only to be used for injuries, poisonings, and adverse effects. While we are aware that ICD-10-CM expands the use of external cause codes to any condition that has an external cause, we do not believe it would be appropriate to incorporate this concept in ICD-9-CM. This would be a major change in the way external cause codes are currently used and would require numerous other modifications in the classification and the official coding guidelines in addition to the "use additional code" notes described in this C&M proposal. We believe that such a major change in the use of external cause codes should wait until implementation of ICD-10-CM.

However, we recognize that codes for injuries are sometimes located in the body system chapters instead of the Injury and Poisoning chapter. Therefore, it would be appropriate to add "use additional code" notes in body system chapters to indicate that an additional external cause code should be assigned, if applicable, to identify the cause of the injury. But this note should specify "injury" rather than "condition."

Regarding the proposed new codes for stress fractures of femoral neck and shaft of femur, how would a stress fracture of an unspecified part of the femur be coded? The codes for traumatic femoral fractures

state "shaft or unspecified part." So, perhaps the title of proposed code 733.97 should be modeled after the traumatic fracture codes (i.e., "stress fracture of shaft or unspecified part of femur").

AHIMA supports the other modifications described in the proposal regarding injuries and external cause codes for military operations.

Exposure to Harmful Chemicals and Other Harmful Substances

AHIMA supports the proposed modifications to improve capture of information concerning exposure to harmful chemicals and other harmful substances. During the C&M Committee meeting, it was suggested that a code V87.8 also be created for exposure to other potentially hazardous substances (rather than using this title at the proposed code V87.39). However, since category V87 is broader than just exposure to potentially hazardous substances, this would not be an appropriate title for code V87.8. Code V87.8 should be titled "Other specified personal exposures and history presenting hazards to health" in order to accurately reflect all of the circumstances captured in category V87. Proposed code V87.39 represents a different concept than proposed code V87.8.

Incidental Dural Tear

We support the creation of a code for accidental dural tear during a procedure and recommend that this code be located in category 349, Other and unspecified disorders of the nervous system. However, we recommend that the title of the new code be changed from "dural tear" to "accidental puncture or laceration of dura during a procedure." It was noted during the C&M Committee meeting that non-surgical dural tears can occur. We do not believe it would be appropriate to classify surgical and non-surgical dural tears to the same code. Either another unique code should be created for non-surgical dural tears or non-surgical dural tears should be indexed to other appropriate existing codes.

We recommend that the term "incidental" be deleted from any inclusion term under the proposed new code and not be used in any of the index entries for dural tear due to potential confusion regarding other "incidental" tears that are not typically coded. The word "incidental" can also be confusing because it can have multiple interpretations (such as "unintended" vs. "inconsequential").

We also recommend that the proposed "use additional code" note be deleted. We do not believe it is appropriate to list possible risk factors in ICD-9-CM. Also, "use additional code" implies that these conditions should be reported as secondary diagnoses, but one of these conditions could qualify as the principal diagnosis.

Addenda

Further consideration should be given to the proposal to add "acute kidney injury" as an inclusion term under code 584.9, Acute renal failure, unspecified. During a discussion at the *Coding Clinic for ICD-9-CM* Editorial Advisory Board meeting, it was noted that this term can also be used to describe acute renal insufficiency.

Based on concerns raised at the meeting, we recommend that implementation of the proposed index entries for end of life of joint prosthesis and worn out joint prosthesis be delayed in order to allow time for additional discussion.

AHIMA supports the other proposed Addenda changes slated for October 1, 2008 implementation.

Thank you for the opportunity to comment on the proposed diagnosis code revisions slated for implementation on October 1, 2008. If you have any questions, please feel free to contact me at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

Sue Bowman
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Director, Coding Policy and Compliance