



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

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

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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 10-11.

AHIMA is the national nonprofit association of health information management (HIM) professionals. Serving 52 affiliated component state associations including the District of Columbia and Puerto Rico, AHIMA represents over 103,000 health information management professionals with the mission of empowering people to impact health. AHIMA's credentialed and certified HIM members can be found in more than 40 different employer settings in 120 different job functions—consistently ensuring that health information is accurate, timely, complete, and available to patients and providers.

Abnormal Neonatal Screening

AHIMA supports the proposed new codes for abnormal findings on neonatal screening, with the exception of code P09.6, Abnormal findings for infectious organisms. We are concerned that this code has the potential to be inappropriately assigned for any type of abnormal culture results, not just mandated screening tests. **We recommend that either this code be omitted, or that the code title be revised to clearly limit its use to mandated screening tests for infectious organisms.**

We propose that “and conditions” be deleted from the existing instructional note under category P09 that states “Use additional code to identify signs, symptoms and conditions associated with the screening.” If an associated definitive diagnosis is confirmed, only the definitive diagnosis—not the abnormal finding—should be coded. For example, if cystic fibrosis has been confirmed, proposed new code P09.4, Abnormal findings for cystic fibrosis, should not be assigned.

Aromatic L-Amino Acid Decarboxylase (AADC) Deficiency

We support creation of a unique code for AADC deficiency.

Chimeric Antigen Receptor T-Cell Therapy (CAR-T) Status

While we support creation of a code for CAR-T status, we recommend that a new code be created in subcategory Z92.8, Personal history of other medical treatment, rather than in sub-subcategory Z98.89, Other specified postprocedural states, since this therapy isn't a surgical procedure.

Cyclin-Dependent Kinase-Like 5 (CDKL5) Deficiency Disorder

AHIMA supports creation of a unique code for CDKL5 deficiency disorder, and we agree with NCHS' decision to align code placement with that in ICD-11.

We recommend that instructional notes be added indicating that any associated conditions should also be coded.

Fetal Anomalies

We support the proposed expansion of codes for fetal anomalies.

It is not clear why the proposed title of new subcategory O35.88 is "Maternal care for other (suspected) fetal abnormality and damage, other non-central nervous system fetal markers or anomalies." **We recommend that the title of subcategory O35.88 be changed to "Maternal care for other (suspected) fetal abnormality and damage,"** since it appears that the intent is for this subcategory to be a residual "other" subcategory.

AHIMA proposes that NCHS consider deleting the 7th characters identifying fetus number for all categories in chapter 15 where these 7th characters are used. This 7th character has caused confusion and been applied inconsistently (fetus number may not match across encounters), and it seems to be less useful than originally envisioned. In fact, in the previous version of the proposal for expanded codes for fetal anomalies, the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) proposed deletion of the 7th characters for fetus number at category O35, Maternal care for known or suspected fetal abnormality and damage, and proposed a separate Z category for the fetus number instead. While that proposal appeared to suggest a preference to exclude identification of the fetus number from the category for the obstetric conditions, a separate Z code would provide even less useful information because it would not be clearly linked to a specific condition. And the same challenges regarding selection of the fetus number and consistent application across encounters would exist.

If the NCHS decides not to delete the 7th characters for fetus number throughout chapter 15, these 7th characters should also be maintained in category O35 in order to preserve a consistent structure across the chapter.

Identification of Specific Synthetic Opioids

AHIMA supports the proposed expansion of subcategory T40.4, Poisoning by, adverse effect of and underdosing of other synthetic narcotics, to differentiate fentanyl or fentanyl analogs from tramadol.

Irregular Eye Movement

We support the proposed revision of code H55.81, Saccadic eye movements, and the creation of a new ICD-10-CM code for deficient smooth pursuit eye movements.

Isthmocele

While we support a new code for isthmocele, the proposed code title overlaps with the conditions classified to subcategory O34.21-, Maternal care for scar from previous cesarean delivery. **We recommend that the title of the proposed new code be changed to “Maternal care for cesarean scar isthmocele”** in order to clearly distinguish this code from existing codes. **We also recommend that an Excludes1 note referencing the new code be added under sub-subcategory O34.21-.**

Juvenile Osteochondrosis of Tibia and Fibula

AHIMA supports the proposed modifications in subcategory M92.5-, Juvenile osteochondrosis of tibia and fibula.

Other Specified Diseases and Conditions Complicating Pregnancy, Childbirth and the Puerperium

We support the proposed expansion of code O99.89, Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium, to identify the obstetric-related stage of the patient.

Powassan Virus Disease

We support the creation of a unique code for Powassan virus disease.

We recommend that a “Code first, if applicable” note be added under the new code referencing code T80.2- for transfusion-associated forms of the disease.

Problems Related to Upbringing

We support the proposed modifications in subcategory Z62.2-, Upbringing away from parents, and sub-subcategory Z62.82-, Parent-child conflict, with a few suggested revisions.

The instructional note is missing for the addition of “child living in group home (Z62.22)” under code Z62.822, Parent-foster child conflict.

Since the proposed changes to sub-subcategory Z62.82, Parent-child conflict, involve inclusion of other guardian relationships in addition to parents, we recommend that the title of this sub-subcategory be revised to encompass guardians other than parents (since the current title is specific to a parent). Alternatively, a separate sub-subcategory for conflicts between a child and a guardian other than a parent could be created.

Instructional notes should be clear and consistent as to whether a code from subcategory Z62.2- should be assigned in conjunction with a code from sub-subcategory Z62.82 when applicable. For example, a “Code also” note is being proposed under code Z62.822, but not under code Z62.824, Non-parental guardian-child conflict.

As noted during the C&M meeting, the proposed deletion under category Z63, Other problems related to primary support group, including family circumstances, is not clear. We do not believe any of these Excludes2 notes should be deleted or changed to an Excludes1 note.

Pulp Polyp

AHIMA supports creation of unique codes for symptomatic and asymptomatic irreversible pulpitis, with additional modifications. **We recommend that new codes also be created for pulpitis, unspecified, and irreversible pulpitis, unspecified.**

Recurrent Caries

We support the creation of a unique code for recurrent dental caries.

Refractory Gastro-Esophageal Reflux Disease

We support the proposed modifications to identify patients with refractory gastro-esophageal reflux disease. Since the presenter noted at the C&M meeting that alternative terms of “intractable” or “treatment-resistant” might be used in the medical record documentation, **we recommend that these terms be added as inclusion terms under the new codes for refractory gastro-esophageal reflux disease.**

Superficial Injury of Thorax: Bilateral and Middle

AHIMA supports the proposed expansion of codes for superficial injury of thorax to identify bilateral and middle anatomical locations.

Therapeutic and Rehabilitative Ophthalmic Devices

While we support the creation of a new external cause code for contact lens associated with adverse incidents, **we recommend that NCHS consider creating two separate codes for rigid gas permeable and soft contact lenses** in order to identify adverse events associated with each of these distinct types of contact lenses.

Cytokine Release Syndrome

We support Option #2 for the Cytokine Release Syndrome (CRS) proposal. While we acknowledge the concerns expressed at the C&M meeting regarding the creation of grade-specific CRS codes, we were persuaded by the presenter’s explanation of the merit in capturing the CRS grade and the limited usefulness of a single code that would encompass all grades.

We recommend adding “hematologic malignancies” under the “Code first underlying cause” note under the new subcategory.

Electric Scooter and Other Micro-Mobility Devices

We support the creation of new external cause codes electric scooters and other micro-mobility pedestrian conveyances.

We recommend that consistent terminology be used throughout the subcategory and code titles. For example, all of the proposed new subcategory titles and some of the code titles use the term “standing micro-mobility pedestrian conveyance,” but codes V01.038, V01.138, V01.938, V02.938, V03.938, V04.938, V05.938, and V06.938 use the term “standing pedestrian conveyance” (the term “micro-mobility” is omitted). The terminology should be consistent.

Friedreich Ataxia

AHIMA supports the creation of a unique code for Friedreich ataxia.

Gastric Intestinal Metaplasia

We support the creation of new subcategories for gastric intestinal metaplasia with and without dysplasia. However, instead of creating two separate subcategories in category K31, Other diseases of stomach and duodenum, **we recommend creating a single subcategory for gastric intestinal metaplasia with sub-subcategories for with and without dysplasia, and an additional code for unspecified gastric intestinal metaplasia:**

K31.A Gastric intestinal metaplasia

K31.A0 Gastric intestinal metaplasia without dysplasia

K31.A00 Gastric intestinal metaplasia without dysplasia, unspecified site

K31.A01 Gastric intestinal metaplasia without dysplasia, involving the antrum

K31.A02 Gastric intestinal metaplasia without dysplasia, involving the body (corpus)

K31.A03 Gastric intestinal metaplasia without dysplasia, involving the fundus

K31.A04 Gastric intestinal metaplasia without dysplasia, involving cardia

K31.A1 Gastric intestinal metaplasia with dysplasia

K31.A10 Gastric intestinal metaplasia with dysplasia, unspecified

K31.A01 Gastric intestinal metaplasia with dysplasia with low grade dysplasia

K31.A02 Gastric intestinal metaplasia with dysplasia with high grade dysplasia

K31.A9 Gastric intestinal metaplasia, unspecified

A code for “gastric intestinal metaplasia, unspecified” does not exist in the original proposal, but a code is needed for those situations when the presence or absence of dysplasia is not documented. Alternatively, the codes for “without dysplasia” could be designated as the default for unspecified gastric intestinal metaplasia.

Hypereosinophilic Syndromes and Other Eosinophil Diseases

We support the creation of new codes for hypereosinophilic syndromes and other eosinophil diseases, with a couple of modifications. **We recommend that the proposed note under code C93.1, Chronic myelomonocytic leukemia, to “Code also, if applicable, eosinophilia (D72.18)” be changed to a “Use additional code” note.** Since code D72.18 describes “eosinophilia in diseases classified elsewhere,” the underlying disease must be sequenced first, as indicated by an instructional note. Therefore, the note under code C93.1 referencing code D72.18 should be a “Use additional code” note.

We also recommend that an inclusion term for “chronic eosinophilic leukemia” be added under subcategory C94.8, Other specified leukemias.

Immunodeficiency Status

AHIMA supports the expansion of codes for immunodeficiencies. The proposal presented at the September C&M meeting represents a major improvement over previous versions of this proposal.

We recommend that the “Code also” note under proposed new code D84.822, Immunodeficiency due to external causes, be changed to a “Code also, **if applicable**” note.

Intracranial Hypotension and Cerebrospinal Fluid Leak

We support the proposed modifications to capture intracranial hypotension and types of cerebrospinal fluid leak.

Pediatric Feeding Disorder

While we support the creation of a unique code for pediatric feeding disorder, we do not agree with the placement of this code in category F98, Other behavioral and emotional disorders with onset usually in childhood and adolescence. As indicated in the background material, this disorder is not necessarily related to a behavioral or emotional problem. **We recommend that consideration be given to creating a code for pediatric feeding disorder in R63, Symptoms and signs concerning food and fluid intake**, since it can be due to a variety of causes, and “feeding difficulties” is already located in this category.

Instructional notes should be added to clarify that any associated medical conditions, such as malnutrition or gastro-esophageal reflux disease, should also be coded.

Pulmonary Eosinophilic Diseases

We support the proposed addition of codes for pulmonary eosinophilic diseases.

We recommend that instructional notes be added to indicate whether codes in category J45, Asthma, should be assigned in conjunction with proposed new code J82.83, Eosinophilic asthma, and if so, which code should be sequenced first.

Sickle Cell Disease

We support the proposed modifications for sickle cell disorders.

We recommend that the beta zero and beta plus symbols be shown in inclusion terms under every applicable code.

Instructional notes referencing I63, Cerebral infarction, and K80, Cholelithiasis, should state “K80.-” and I63.-.”

Stage 3 Chronic Kidney Disease

AHIMA supports the proposed expansion of code N18.3, Chronic kidney disease, stage 3 (moderate).

Tarlov Cyst

We support the creation of a unique code for Tarlov cyst.

X-Linked Myotubular Myopathy and Other Congenital Myopathies

We support the proposed expansion of code G71.2, Congenital myopathies, with the exception of an inclusion term. We believe that listing “fiber-type disproportion” as an inclusion term under new code G71.20, Congenital myopathy, unspecified, and “congenital fiber-type disproportion” as an inclusion term under new code FG71.29, Other congenital myopathy, will generate confusion. Although NCHS staff stated during the C&M meeting that these terms represent different clinical conditions, this distinction will not be clear to coding professionals because the terms sound very similar. It was noted that “fiber-type disproportion” is non-specific and may not always refer to a

congenital condition. However, this inclusion term appears under a code for congenital myopathy, adding to the confusion regarding the difference between this condition and “congenital fiber-type disproportion.” **We recommend that either a different term be used for one of the inclusion terms or that one of these inclusion terms be deleted**, so that similar-sounding inclusion terms do not appear under two different codes.

Sepsis

We generally support the sepsis code proposal, with several recommended modifications:

- Code R65.11, Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organ dysfunction, should be retained. Since code R65.10 specifies SIRS of non-infectious origin without acute organ dysfunction, there would be no way to code this condition with acute organ dysfunction if code R65.11 is deleted.
- A unique code or subcategory should be created for viral sepsis. We do not believe code A41.89, Other specified sepsis, should continue to be assigned for viral sepsis (as advised in *Coding Clinic for ICD-10-CM/PCS*) because category A41 is clearly in a section for bacterial diseases. We suggest category B33, Other viral diseases, not elsewhere classified, as a possible location for a new code or subcategory for viral sepsis.
- An instructional note to use an additional code for any septic shock should be added under category A41.
- An instructional note stating “Use additional code for any acute organ dysfunction” should also be added under category A41, along with the examples of acute organ dysfunction that are currently listed in the “Use additional code” note under subcategory R65.2, Severe sepsis. We believe this instructional note should state “any” acute organ dysfunction because not all providers may be applying the Sepsis-3 definitions for the diagnosis of sepsis. Since code assignment should be based on provider documentation of a diagnosis, irrespective of the clinical criteria the provider used to establish the diagnosis, the sepsis codes may be assigned in the absence of any organ dysfunction (as long as the provider has documented a diagnosis of sepsis).

An instructional note regarding acute organ dysfunction will help to reinforce that organ dysfunctions should be separately coded. Capture of the specific acute organ dysfunctions resulting from sepsis will help to differentiate levels of severity.

- Examples should be added for the “Code first underlying condition” note under proposed new code R57.2, Septic shock.
- Consideration should be given to deleting or modifying the “Use additional code” note under proposed new code R57.2, Septic shock. This note might create confusion when the infectious organism is included in the code for the underlying condition. For example, if the underlying condition is Staphylococcal sepsis, only a code from subcategory A41.0, Sepsis due to Staphylococcal aureus, should be assigned. An additional code to identify the infectious organism should not be assigned. If NCHS decides to modify the wording of the “Use additional code” note instead of deleting it, examples should be added.

- The proposed inclusion term for “Systemic Inflammatory Response Syndrome (SIRS) of infectious origin NOS” under code A41.9, Sepsis, unspecified organism, should be deleted. According to the background material, SIRS of infectious origin is no longer considered synonymous with sepsis. This is a non-specific term, and the provider should be queried when this term is documented without any mention of sepsis.

A thorough review of Index changes associated with this proposal should be undertaken before they are finalized. **We recommend that AHIMA be given the opportunity to review the Index changes prior to finalization.**

AHIMA received several comments expressing concern regarding the lack of unanimous agreement on the Sepsis-3 definitions within the US. As with any ICD-10-CM codes, it is important that the sepsis codes be able to be reported irrespective of the clinical definitions or criteria used by the provider in determining a medical diagnosis. Per the ICD-10-CM Official Guidelines for Coding and Reporting, the assignment of a diagnosis code is based on the provider’s documentation of a diagnosis and not on clinical criteria used by the provider to establish the diagnosis.

Proper coding of sepsis has been an area of confusion for coding professionals, as evidenced by the number of questions published in *Coding Clinic for ICD-10-CM/PCS*, email inquiries sent to the Cooperating Parties, online discussion forums addressing this topic, etc. AHIMA believes the proposed modifications to the sepsis codes, with the additional recommended modifications described above, will facilitate more accurate and consistent coding of sepsis.

ICD-10-CM Addenda

AHIMA supports the proposed ICD-10-CM Addenda changes, with two exceptions:

We **oppose** the addition of “Acute HIV infection syndrome” under code Z21, Asymptomatic human immunodeficiency virus [HIV] infection status. The title of code Z21 specifies “asymptomatic,” whereas patients with acute HIV infection syndrome are symptomatic.

Under “Thymoma” in the Index, we recommend that the default code and the nonessential modifier “benign” both be deleted, in addition to the other proposed Index changes related to this Index term. NCHS staff stated during the C&M meeting that most thymomas are malignant.

Thank you for the opportunity to comment on the proposed ICD-10-CM code modifications. If you have any questions, please feel free to contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,



Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer