ICD-9-CM Coordination and Maintenance Committee Meeting

Volumes 1 and 2, Diagnosis Presentations

March 24, 2006

SUMMARY

Below is a summary of the diagnosis presentations from the March 24, 2006 ICD-9-CM Coordination and Maintenance Committee (C&M) Meeting. Except where noted all proposals presented at today's meeting are for consideration for implementation on October 1, 2007. Comments for those proposals requested for October 1, 2006 implementation must be received in writing or via e-mail by April 14, 2006. Both the National Center for Health Statistics (NCHS) address and e-mail addresses of NCHS C&M staff are listed below. The Centers for Medicare and Medicaid Services (CMS) prepares a separate summary of the meeting for procedures issues.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is scheduled for Thursday and Friday, September 28-29, 2006 at the CMS building, Baltimore, MD. Modification proposals for the September 2006 meeting must be received no later than July 28, 2006.

C&M Visitor List Notice

Because of increased security requirements, those who wish to attend a specific ICD-9-CM Coordination and Maintenance Committee meeting in the CMS auditorium must register using the on-line events registration on the CMS website at: http://www.cms.hhs.gov/events/. On-line registration for the September 2006 meeting will open on June 29, 2006 and participants must register by September 24, 2006. The registration will allow participants to register once for both days of meetings. A visitor list will be generated from this registration website and will be at the front desk of the Centers for Medicare and Medicaid Services (CMS) and used by the guards to admit visitors to the meeting. Those who attended previous ICD-9-CM Coordination and Maintenance Committee meetings will no longer be automatically added to the visitor list. You must register prior to each meeting you attend.

Thank you for your participation in these public forums on the ICD-9-CM. Your comments help insure a more timely and accurate classification.

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ICD-9-CM Volume 1 and 2, Diagnosis Presentations
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Welcome and Announcements

Donna Pickett welcomed all in attendance to the diagnosis portion of the ICD-9-CM C&M meeting.

The time line for diagnosis changes, included in the proposal packet, was reviewed. Important dates of note are April 14, 2006, the deadline for comments on those proposals presented today, that are being considered for October 1, 2006 implementation. For all other proposals, being considered for October 1, 2007 implementation, the deadline for comments is December 4, 2006. It was strongly recommended, to ensure timely delivery, that they be submitted via email or express mail. Proposals for consideration at the September 29, 2006 meeting must be received by July 28, 2006.

A summary of today's meeting as well as related presentations and statements will be posted to the NCHS Classifications of Diseases and Functioning & Disability web site within a couple of weeks.

Continuing Education certificates were made available at the conclusion of the meeting. There were 5 hours of continuing education awarded for the diagnosis portion of the meeting. For those not receiving a CE certificate, the topics package may be used as validation of attendance.

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SUMMARY OF COMMENTS AND DISCUSSION OF VOLUMES 1 AND 2 TOPICS
The following topics were presented at the meeting. (See attached topic packet):

Chronic total occlusion of coronary artery
Kirk Garratt, M.D., of Lenox Hill Hospital in New York presented a clinical overview of chronic total occlusion (CTO) of coronary artery. His PowerPoint presentation is provided as a separate attachment to this summary. During his presentation he covered how it would be beneficial to be able to specifically track the diagnosis of chronic total coronary artery occlusion.

- > 99% blockage is equivalent to 100% total occlusion of coronary artery
- Nelly Leon-Chisen from AHA questioned if the medical documentation doesn't specify CTO, should it go to the unspecified code?
- Dr. Garratt suggested reviewing the cath lab report for the degree of blockage.
- It was suggested that chronic be used as a non essential modifier.
- Patient can have chronic and acute occlusion at the same time; therefore the percentage of the blockage needs to be documented.
- Dr. Garratt suggested that Option 1 would be easier to implement.
- It was suggested that for Option 1, the Use additional code note be modified to read "Use additional code to identify chronic total occlusion of coronary artery if present (414.2)."
- There was concern that with option 2 taking things out of current subcategory 414.0 and putting them in proposed subcategory 414.2x.

Non-Hodgkin's Lymphomas
Luis Fayad, M.D. of M.D. Anderson Cancer Center presented a clinical overview of Non-Hodgkin's lymphomas. His PowerPoint presentation is provided as a separate attachment to this summary. Dr. Fayad's presentation focused on the many different subtypes of non-Hodgkin's lymphomas and that the ICD-9-CM has not been updated to reflect the current classifications.

- A revision of the category title 200 was requested to include "and other specified malignant tumors of lymphatic tissue".
- New codes are proposed at 200.3 – 200.7.
- New code under 202 at the 202.7 Peripheral T cell lymphoma
- A participant asked where "large B Cell" would be indexed and whether the title for proposed code 200.7 should be "Large B cell" or whether an excludes note should be added to exclude large B cell.
- It was suggested to have an unspecified code in category 202, however it was noted that there are limited codes available here.

Normal pressure hydrocephalus (NPH)
Michael Williams, M.D. presented a clinical overview of normal pressure hydrocephalus (NPH). His PowerPoint presentation is provided as a separate attachment to this summary. Dr. Williams along with the American Academy of Neurology has requested a unique code be created for NPH, since it is difficult to track if no unique ICD-9-CM code is available.

- It was suggested that idiopathic be used as a non essential modifier.

- One participant suggested creating fifth digit codes at 331.3, Communicating hydrocephalus rather than the proposed new code at 331.5.

Counseling for natural family planning

Joesph B. Stanford, M.D., MSPH representing the American Academy of Fertility Care Professionals presented the clinical information related to the request for new codes for encounters related to natural methods of birth regulation, including counseling and instruction; follow up surveillance and procreative management. Dr. Stanford's PowerPoint presentation is provided as a separate attachment to this summary on the NCHS website.

- Option 1: no comment.
- Option 2: it was sugessted that in V25.04, V25.44 and V26.41 the word method be deleted from what was on the current topic packet.
- The question was raised as to how an encounter for counseling where multiple options for birth regulation are being considered, would be coded.
- It was suggested that other relevant speciality organizations, inclduing ACOG, be contacted regarding this proposal.

Endosseous dental implant failure

- The American Dental Association (ADA) stated that they will study the porposal further and submit comment following this meeting but indicated that they would like to see consistency of this proposal with the language in the Systematized Nomenclature of Dentistry (SNODENT). This will need more study.

Hypoxia of newborn, Hypoxic ischemic encephalopathy [HIE] and related newborn issues

- No comment.
- It has been requested that these changes be considered for implementation on October 1; 2006; therefore comments must be received by April 14, 2006.

Family history of sudden cardiac death

- One participant stated that she sees this family history listed in charts as a reason for implant of a defibrillator.
- It was also suggested that the term "sudden cardiac death" (SCD) be used, since most physicans use this abbreviation.
- A code needed if a patient survives an episode of SCD.
- The Heart Rhythm Society and the American Heart Association will be contacted for comment.
- It was also suggested to contact the American College of Cardiology for their input on this request.

Human Herpesvirus Infections, including Human Herpesvirus 6 (HHV-6) Encephalitis

One person commented that this proposal is complex, and will need study before deciding what option to support.

Corticoadrenal Insufficiency Including Hypoaldosterinism

- There were no questions or comments regarding this request.

Bandemia

- It was suggested to add an excludes note for diagnosis of infection (meaning to just code the infection).
- A separate suggestion was made to add an inclusion note of "bandemia without diagnosis of infection".
- Though this proposal was presented for consideration for October 1, 2007 one attendee recommended consideration for implementing this proposal with the October 1, 2006 updates because it relates to other blood cell condition codes that are currently under consideration for October 2006 implementation. Comments are therefore encouraged by the April 14, 2006 deadline.
- One participant asked whether this condition would be more appropriately included in the signs and symptoms chapter (Chapter 16).

Stevens-Johnson syndrome

- It was suggested that the term erythema multiforme major be added as an inclusion term.
- One participant noted that if this is due to herpes simplex, guidelines would be needed to address sequencing the infection first.
- It was noted that this is a rare disorder.

Long term use of drugs

- The question was raised on how breast cancer still under treatment with antiestrogens would be coded. If this was clearly adjunctive therapy, this new proposed code would be appropriate. However, if the record was unclear, then the question was raised as to whether it should be coded as a current cancer.
- It was suggested to also consider expanding the code title to broaden the utility of the code and/or adding a unique code or index entry for the drug Leupron which is used to treat prostate cancer.
- There was a comment questioning if the drugs are used for treating or preventative needs, how this would affect coding.

Restless legs syndrome

- Dr. Laura Powers, representing the American Academy of Neurology (AAN) expressed support for this proposal and consideration for implementation for October 1, 2006. Comments for this proposal must be received by April 14, 2006.

Secondary diabetes mellitus

- It was requested and clarified that the complete proposal which notes all tabular and indexing changes would be posted on the NCHS web site.

- It was also suggested that the full proposal be presented at the September 2006 meeting.

Botulism not associated with food poisoning

- There were no questions or comments regarding this request.

Vulvar intraepithelial neoplasia I and II (VIN I and II)

- It was commented that an unspecified code (NOS) be added to the list of proposed new codes. This condition is important on outpatient records.
- ACOG will discuss mirroring these proposed codes to codes for vaginal intraepithelial neoplasia (VAIN).
- It was also suggested to review other body sites with dysplasia (e.g., esophagus, stomach, bladder and vocal cords) for similar coding needs.

Multiple endocrine neoplasia (MEN type I, type IIA, type IIB

- It was noted that there is a typographical error at subcategory V85.0, Genetic susceptibility to malignant neoplasm. This should be V84.0.
- One participant noted potential inconsistency between V18.1, Other endocrine and metabolic diseases, and these proposed codes at category V84, Genetic susceptibility to disease.

Anal Sphincter tear

- It was suggested to add a note to code any late effects of delivery.
- One participant asked why the proposed code for anal sphincter tear was in the subcategory for noninflammatory disorders of vulva. It was suggested to consider a subcategory title change to include the noninflammatory disorders of the anus.

Addenda comments:

- One participant suggested reviewing the change for Congestion, chest proposed to be indexed to code 460, acute nasopharyngitis. It was suggested that Congestion, nose, be indexed to code 460.
- Regarding the indexing of end stage liver disease to 572.8, consider an entry for due to hepatitis, to assure that is classified properly.
- One participant commented on the index proposed for Disorder, involuntary emotional expression (IEED) going to code 310.8, Other specified nonpsychotic mental disorders following organic brain damage. They had originally requested a unique code for this condition in Chapter 6, Nervous system. NCHS will confer with the American Psychiatric Association (APA) and the American Academy of Neurology (AAN). However, it was also observed that code 310.8 does involve organic brain damage, so this is consistent with the classification.
- There was a question as to whether the proposed index change for Grief be to code 309.0, Adjustment disorder with depressed mood or 307.9, Other and unspecified special symptoms or syndromes, not elsewhere classified.
- There was a comment on indexing of Gastropathy, portal hypertensive, questioning whether code 573.0 for portal hypertension would be coded first.