

**ICD-9-CM Coordination and Maintenance Committee Meeting
Summary of Diagnosis Presentations
March 5, 2013**

Donna Pickett, co-chair of the committee, welcomed the members of the audience to the diagnosis portion of the meeting. Ms. Pickett reviewed the timeline included at the beginning of the topic packet informing the attendees of the deadline for written comments on topics presented at this meeting. There were no proposals for new diagnoses that met the criteria for implementation during the partial freeze. There will be no changes to ICD-9-CM for October 1, 2013. All diagnosis topics presented during the meeting are for ICD-10-CM and are being considered for October 1, 2015 implementation. Except where noted, the addenda items are being considered for implementation prior to October 1, 2014.

Written comments must be received by NCHS staff by April 6, 2013. Ms. Pickett requested that comments be sent via electronic mail to the following email address nchsicd9CM@cdc.gov, since regular mail is often delayed. Telephone contact information for all NCHS staff and the NCHS website are included in the topic packet. Attendees were also reminded that the full topic packet is currently posted on the NCHS website. New proposals for the September 18-19, 2013, meeting must be received by July 12, 2013.

Ms. Pickett announced that the final diagnosis addendum will be posted in June 2013 on the NCHS website. NCHS will use their list serve to be more transparent and timely in getting information out to the public.

Ms. Pickett also announced that the maintenance and standardization of the POA Exempt List will be transferred to NCHS. NCHS will be working with CMS for the transition. The POA Exempt List will not be a part of the Coding Guidelines; it will be a separate file.

NCHS will no longer provide a hard copy continuing education (CE) certificate for this meeting. Attendees were instructed to contact the respective professional association for further information on CE reporting details. NCHS will continue to report, in this summary, the number of hours for each day of the meeting. The meeting was adjourned at 3:00 pm; attendees may be eligible for 5 CE hours for attending the Tuesday, March 5, 2013 meeting.

Comments and discussion on the topics presented on March 5, 2013 were as follows:

Salter-Harris Fractures and Other Physeal Fractures

Dr. David Freedman, representing the American Podiatric Medical Association (APMA), provided clinical background on this topic. The APMA has recommended that additional codes be created to specifically represent fractures through the growth plate in growing

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young people, which are called physeal fractures. These are classified into Salter-Harris fracture types.

Specific codes exist for a number of physeal fracture types involving the long bones of the limbs. However, these types of fractures may also affect the growth plates of various bones in the foot, including the calcaneus, the metatarsals, and the phalanges.

The APMA suggested that it would be best for these codes to be added before implementation of ICD-10-CM on October 1, 2014. However, due to the freeze on updating, these codes will need to be added on October 1, 2015.

A comment was raised that documentation of the term “Salter-Harris fracture” is rarely seen in their health records. They more often see the actual type and site of the fracture such as “growth plate fracture” of a particular bone. The commenter suggested adding an inclusion note or modification of the code title to include the description of the fracture.

Dr. Freedman stated that the physician should be providing the fracture type, although the anatomical site is seen on X-ray findings.

Reactions to Gluten, and Gluten Sensitivity

A request was received from Dr. Bose Ravenel, for codes to differentiate gluten sensitivity from celiac disease. The term gluten sensitivity was previously used essentially as a synonym for celiac disease. However, gluten sensitivity has more recently come to refer to a gluten reaction that may have symptoms similar to celiac disease, but where autoimmune criteria for celiac disease are negative, and usual allergic tests are also negative. Certain addenda changes listed on page 15 of the diagnosis agenda are proposed to be effective before implementation on October 1, 2014.

There were no comments on this proposal.

Injuries Involving the Spinal Cord in the Lumbar and Sacral Regions

Injuries and disorders involving the lower spinal cord may be identified based on the neurological level affected, involving characteristic localized sensory and motor findings, such as the L5 neurological level affecting neurological function at and below where the L5 nerve roots leave the spinal cord. Reference to the sacral spinal cord implies the neurological level, not the bony level. Certain changes are proposed to the codes for injury of the lower spinal cord, to clarify this. These changes are proposed to be effective before implementation on October 1, 2014.

A recommendation to make changes to these codes (among others) was previously received from orthopedist Andelle Teng, MD, MS. The proposed changes have involved input from multiple sources, including the American Academy of Neurology (AAN).

NCHS received input from the American Academy of Orthopaedic Surgeons (AAOS) shortly before the meeting, suggesting changes to the proposed inclusion terms at category S34. For example, S34.101 (Unspecified injury to the L1 level of lumbar spinal

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cord) would be changed to read “Unspecified injury to L1 neurological level of lumbar spinal cord,” to help differentiate it was the neurological level not the bony level. Input from the public was also sought as to whether the term “neurological level” is commonly found in medical records related to spinal cord injuries.

One commenter raised the question of how multiple levels should be coded. The commenter also noted that documentation is often stated as L1-L5 for these types of injuries. Dr. Laura Powers, representing AAN, acknowledged that injuries may be reported as involving a range of levels. Participants were informed that there is an instructional note at category S34 that specifies coding to the highest level of lumbar cord injury.

Question was raised from one commenter of the practical effects to separate bony vs. neurological level.

Dr. David Berglund asked participants to submit comments on whether a similar note to the proposed note (see below) at the S34 category (Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level) should also be added at the S24 category (Injury of Nerves and Spinal Cord at Thoracic level).

Add Note: Injuries to the spinal cord (S34.0 and S34.1) refer to the cord level and not bone level injury, and can affect nerve roots at and below the level given.

ICD-10-CM Tabular Addenda

There were no comments on the ICD-10-CM Tabular Addenda.

ICD-10-CM Index Addenda

One commenter noted that a code for an obstetrical condition could not be located. Beth Fisher, NCHS staff, indicated that any tabular or index omissions or corrections (especially those errors that might lead users to incorrect codes) should be sent to the NCHS email address for further review. It was noted at the meeting that certain other errors in formatting or structuring of certain index entries would be corrected without all being specifically referenced and discussed at the meeting, although representative issues were shown.