ICD-9-CM Coordination and Maintenance Committee Meeting

Volumes 1 and 2, Diagnosis Presentations

April 3, 2003

SUMMARY

Below is a summary of the diagnosis presentations from the
April 3, 2003 ICD-9-CM Coordination and Maintenance Committee (C&M) Meeting.
Comments on this meeting's diagnosis topics must be received in writing or
via e-mail by January 9, 2004. Both the NCHS address and e-mail addresses of
NCHS C&M staff are listed below. 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, December 4-5, 2003 at the Centers for
Medicare and Medicaid Services (CMS) building, Baltimore, MD. Modification
proposals for the December 2003 meeting must be received no later than
October 3, 2003.

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 submit their name and organization for addition to the
meeting visitor list. Those wishing to attend the December 4-5, 2003 meeting
must submit their name and organization by November 28, 2003 for inclusion on
the visitor list. This visitor list will be maintained 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 request inclusion of your
name prior to each meeting you attend.

Send your name and organization to one of the following by November 28, 2003
in order to attend the December 4-5, 2003 meeting:

Pat Brooks   pbrooks@cms.hhs.gov   410-786-5318
Ann Fagan   afagan@cms.hhs.gov   410-786-5662
Amy Gruber   agruber@cms.hhs.gov   410-786-1542

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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Mailing Address: National Center for Health Statistics
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                    Hyattsville, Maryland 20782
                    Fax: (301)458-4022

Donna Pickett: Room 2402   (301) 458-4200
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NCHS Classifications of Diseases web page: http://www.cdc.gov/nchs/icd9.htm

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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. Changes to ICD-9-CM resulting from the topics discussed today, if approved, would become effective on October 1, 2004. New proposals must be received at NCHS by October 3, 2003 to be considered for presentation at the December 2003 meeting.

The addenda containing the changes to ICD-9-CM, which will become effective on October 1, 2003, is expected to be posted to the NCHS web page in June.

Donna provided an update regarding the status of ICD-10-CM implementation. Changes have been made to the tabular and index to reflect the ICD-9-CM addenda changes through October 1, 2002. The updated files will be posted to the NCHS web page.

The American Health Information Management Association (AHIMA) and the American Hospital Association (AHA) will conduct a test of ICD-10-CM. Sue Prophet-Bowman, representing AHIMA, was introduced and provided details about the test. The testing will be performed using actual medical records. The results of this testing will be submitted to the National Center for Health Statistics for use in assessing the utility and functionality of ICD-10-CM and its related rules/guidelines. AHIMA has selected approximately 200 volunteer sites/participants. These volunteers, who are credentialed HIM professionals working in all types of healthcare settings, will assign ICD-10-CM codes to the medical records available at their own facilities. The data collection tool, for each record, will be submitted to AHIMA via a university based web page. This web page is currently under development and is expected to be completed soon. The training needed, prior to the testing, is pending receipt of the ICD-10-CM documentation from NCHS. The data collection, testing instructions, and support during the course of the project will be provided by AHIMA and AHA.

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

Continuing Education certificates were made available at the conclusion of the meeting.

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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):

Hepatitis C acute and unspecified
There was discussion regarding the placement of the proposed new codes for unspecified hepatitis C. It was suggested to place them in the 070.4 and 070.5 sub-categories (other specified viral hepatitis with and without hepatic coma) rather than in the unspecified sub-categories. Other types of hepatitis (A and B) are classified at 070.4 and 070.5. NCHS will consider this option.

Deep vein thrombosis of lower extremity
A participant suggested creating specific codes showing whether the deep venous thrombosis is of a proximal or distal vein. The topics package has been updated to reflect this. There was also some discussion on the use of "DVT" interchangeably to mean "deep vein thrombosis" and "deep vein thrombophlebitis". One commenter suggested a review of the codes at sub-category 451.1, Phlebitis and thrombophlebitis, of deep vessels of lower extremities, for consistency. A suggestion was also made to index the phrase "deep vein thrombosis" as it is currently difficult to find in the index. This change is currently in the addenda that will become effective October 1, 2003.

Aftercare following organ transplant
One participant asked for clarification on the terms "follow up" and "aftercare". Follow up codes are for use when treatment has been completed. Since the purpose of this proposed code is for a patient that requires ongoing testing for organ function and rejection, it belongs in the aftercare codes. Another participant asked to consider changing the use additional code notes to excludes notes. It was also suggested to place an excludes note at code V67.09, Follow up exam, following other surgery, excluding this new code.

Aftercare following abnormal Pap smear
One commenter suggested changing the title of the proposed code V72.32 to indicate the follow up test is for confirmatory purposes rather than a routine follow up Pap smear. The topics package has been updated to reflect a change to this code title.

Allergic dermatitis due to animal dander
It was suggested to have identical inclusion lists at both proposed new codes 477.2 and 692.84. The topics package has been updated to reflect this suggestion.

Genetic susceptibility to disease
It was suggested to change the title of the proposed codes to make a distinction that they are for those persons who have had specific genetic testing to confirm the presence of genetic mutations that are known to increase susceptibility to a given disease. This would avoid an overlap with the family history codes at V16. Another participant suggested adding a code for genetic susceptibility to malignant neoplasm of other site. The topics package has been updated to reflect these comments.

Endometrial hyperplasia with and without atypia
There were no comments on this proposal.

Mechanical complication of esophagostomy
There was a suggestion to review the use additional code notes for this
proposed code as well as those at the 569.61 and 569.62, especially where
septicemia is listed as an example for specifying the type of infection. One
commenter suggested locating this proposed code to chapter 17 with other
surgical complications. The urinary ostomy complication codes are in chapter
17 rather than in the body specific chapter. It was noted that all other
gastrointestinal ostomy complication codes are in the body system chapter
(chapter 9).

Female circumcision status
Several participants commented on this proposal suggesting to include the
type I, II and III terminology in the inclusion notes for both proposed new
codes. It was further suggested to look at the indexing of "absence, genital
organs, female, acquired". It was suggested to ask for input, on this
proposal, from the American College of Obstetrics and Gynecologists (ACOG).
This proposal could be brought back to the December 2003 Coordination and
Maintenance Committee meeting.

Hyperparathyroidism
There were no comments on this proposal.

Encounter for pregnancy test-negative result
There were no comments on this proposal.

Sleep deprivation
It was suggested to exclude insomnia from this code. The topics package has
been updated to reflect this change.

Elevated C-reactive protein
There were no comments on this proposal.

The Bethesda system 2001
One commenter was concerned as to how quickly physicians and labs will adopt
this terminology, and, whether the previous terminology should be left in the
classification for historical purposes. There was also a question about the
placement of human papillomavirus (HPV) in these codes. It was also
suggested to index the term "papillomavirus" as a main term in the index. It
was also suggested to spell out HPV in the inclusion list. This proposal
will be reviewed with the National Cancer Institute.

Addenda
There were several comments regarding the indexing of postoperative anemia.
Most felt that one cannot assume that postoperative anemia is due to blood
loss. Several suggestions were made to index this as anemia, postoperative
with separate entries for blood loss 285.1 and other 285.9. The proposed
addendum has been updated to reflect these comments.

There were concerns regarding the proposal to index "pregnancy complicated by

fetal reduction" to code 651.8, other specified multiple gestation. The general opinion was that this is not the best place to index this condition. The proposed addendum has been updated to reflect this suggestion.