

**ICD-9-CM Coordination and Maintenance Committee Meeting
Summary of Volumes 1 and 2, Diagnosis Presentations
March 10, 2010**

Donna Pickett, co-chair of the ICD-9-CM Coordination and Maintenance Committee (C&M), welcomed the audience to the diagnosis portion of the meeting and provided an overview of the schedule for the day. Ms. Pickett introduced the members of the National Center for Health Statistics (NCHS) staff, including new staff member Charlotte Bowers, and indicated contact information for NCHS staff is provided in the timeline of the topic packet which also includes links to the NCHS website.

Ms. Pickett reviewed the ICD-9-CM 2010 timeline. She indicated that two proposals and several addenda items being presented at this meeting have been requested to be fast tracked for implementation on October 1, 2010. Comments regarding these topics and addenda items must be received by NCHS staff by April 2, 2010. Ms. Pickett encouraged attendees to submit their written comments by e-mail, fax or express mail to ensure timely delivery.

All remaining diagnosis topics and addenda issues presented at this meeting are being proposed for implementation on October 1, 2011. Written comments for these proposals are due to NCHS by June 11, 2010. Written comments should be submitted by e-mail, fax or express mail to ensure timely delivery. Ms. Pickett reiterated new diagnosis code proposals for presentation at the September 16, 2010 C&M meeting must be submitted to NCHS by July 16, 2010. Online registration for the September 16, 2010 C&M meeting will open on August 13, 2010. No registration is possible prior to that date.

Ms. Pickett acknowledged the availability of participation via telephone conference call for this meeting. She encouraged participants attending this meeting to speak into the microphone when offering comments or asking questions to allow call-in participants to clearly hear audience feedback. It is unclear if call-in lines will be available for the September 16, 2010 C&M meeting. Additional information will be available on both the CDC and CMS websites if the dial-in feature will be available for the September 15-16, 2010 C&M meeting.

Ms. Pickett announced the availability of the 2010 ICD-10-CM addenda for the Index to Diseases and Tabular List. While it was hoped to have this posted to the NCHS Classifications website, those needing this sooner may request it from Ms. Pickett or the NCHS Classification staff listed on the Contact Information page of today's meeting packet.

Lastly, Ms. Pickett reminded attendees that continuing education (CE) credits are available for reporting to professional organizations using the CDC's diagnosis agenda that is included in the topic package at the diagnosis portion of the C&M meeting. She instructed attendees to contact their professional association for any additional guidance for documentation required for CE reporting. CE certificates are no longer available for distribution at the C&M meeting.

The following comments were offered for the diagnosis topics:

Influenza with Pneumonia

This topic is being considered for expedited review for October 1, 2010 implementation. Written comments are due to NCHS by April 2, 2010.

Dr. Jeffrey Linzer, representing the American Academy of Pediatrics (AAP), indicated his practice has seen an increase in H1N1 cases with staphylococcal pneumonia. He agreed that removing the excludes note may make it clearer for coders to know that it is acceptable to code both conditions.

Fluency Disorder

This topic is being considered for expedited review for October 1, 2010 implementation. Written comments are due to NCHS by April 2, 2010.

Dr. Laura Powers, representing the American Academy of Neurology (AAN), indicated support of the proposal and said her specialty society will educate neurologists on correct documentation of the terminology to ensure they are not using the term stuttering loosely if it is not the origin of the problem.

Dr. Darrel Regier, representing the American Psychiatric Association (APA), indicated that they have worked with the American Speech-Language-Hearing Association (ASHA) on this proposal and provided support of the changes presented today.

One commenter noted the proposed revised index entry for cluttering should be modified to identify proposed new code 315.35, rather than the current code 307.0. Nelly Leon-Chisen, representing the American Hospital Association (AHA), concurred that the default code will be the proposed new code 315.35. NCHS indicated that the proposal should have indicated that change in the default, from 307.0 to 315.35, on those index entries. The proposal will be corrected and posted to the NCHS Classifications website.

Exposure to Uranium

Dr. Jeffrey Linzer, AAP, asked if this change overlaps, or could be incorporated in, the new V codes for retained depleted uranium fragments which are being implemented October 1, 2010. NCHS will review and evaluate code placement further.

E. coli Infection – Expansion for 0157:H7 strain

To identify coding issues for *E. coli* 0157:H7 gastrointestinal infections, NCHS will explore further breakout of codes at Category 008 Intestinal infections due to other organisms. Additional information will be presented in September 2010.

Dr. Linzer, AAP, thanked the CDC's Enteric Division on making the background description and proposed coding recommendations clear and straightforward. He indicated several inclusion terms represented in the proposed new codes will be seen in the medical record, including microbiology laboratory results. The 0157:H7 condition is a devastating disease in the pediatric population. He recommended that NCHS consider adding verotoxin (VTEC) as an inclusion term at proposed new code 041.41, Shigatoxin-producing *Escherichia coli* [*E. coli*].

One commenter questioned how this condition would be documented in the medical record and how this particular strain differs from the regular *E. coli* infection. Dr. Linzer

stated that his clinical society is responsible for on-going education of pediatricians for appropriate documentation in clinical practice. He indicated the *E. coli* 0157:H7 strain is much more virulent and likely to lead to permanent renal damage including hemolytic uremic syndrome.

Sue Bowman, representing the American Health Information Management Association (AHIMA), questioned if the proposed new code, 041.49 Other *Escherichia coli*, would be assigned for unspecified *E. coli*. If so, the code may need to be modified to say Other and unspecified *Escherichia coli*. NCHS will review appropriate titling and proper default code assignment for *E. coli* NOS.

Acquired Absence of Joint

Sue Bowman, AHIMA, noted that the inclusion term “Aftercare following explantation of joint prosthesis, staged procedure” for proposed new code, V54.82 Aftercare following explantation of joint prosthesis, may need to be reworded to ensure coders do not think V54.82 should be assigned for both stages.

Brain Death

One commenter offered strong support for a new code for brain death and stated it will be helpful for analysis of hospital data. Dr. Linzer, AAP, indicated they have not had an opportunity to fully review the proposal and will conduct a closer review with appropriate commentary. He questioned how this code would impact donor codes V59.9 and V70.8. He understands the intent of the proposed code but questioned if a patient dies from cardiopulmonary arrest or other complications will they be missed and coded as brain death? He realizes this code is more specific for categorizing cases such as brain trauma, etc. and wondered if an excludes note might be needed to ensure correct coding.

Dr. Carmela Tardo, representing the AAN, and also speaking on behalf of the Child Neurology Society Practice Committee, indicated that their organization supports the proposed new code. She stated examination for organ transplant is a discrete issue and does not affect the proposed new code.

Lambert-Eaton myasthenic syndrome (LEMS)

No comments were offered for this proposal.

Saddle Embolus of Pulmonary Artery

Nelly Leon-Chisen, AHA, recommended modifying the Index entry for Embolism/saddle which now has the term aorta included as a non-essential modifier.

Personal History of Pulmonary Embolism and Anaphylactic Shock

Dr. Linzer, AAP, stated the term anaphylactic shock is archaic and out of date. He indicated the allergy societies currently refer to the condition as anaphylaxis and recommended changing the terminology in the proposed code description to be consistent with current clinical practice. Anaphylaxis reflects presentation of at least 2 body systems, typically skin and respiratory issues. Dr. Linzer said it is acceptable to use the term anaphylactic shock as an inclusion term.

Sue Bowman, AHIMA, inquired if proposed new code, V12.56 Anaphylactic shock, is appropriately located. Based on Dr. Linzer’s comments it does not seem to be a

circulatory system disorder. She wondered if the proposed code should be placed elsewhere?

One commenter recommended the Index may also require modification, based on Dr. Linzer's comments on appropriate clinical terminology, since the current main term is Anaphylactic shock or reaction.

NCHS welcomes written comment on this topic, including recommendations on placement of anaphylaxis within the classification.

Postoperative Aspiration Pneumonia

Nelly Leon-Chisen, AHA, recommended clarification of the note at Category 997, Complications affecting specified body systems, not elsewhere classified and the note at proposed new code, 997.39 Other respiratory complications, to avoid redundancy and confusion on using an additional code for associated complications.

Dr. Linzer, AAP, stated an excludes note for subcategory 770.1, Fetal and newborn aspiration may be warranted to ensure coders do not think aspiration for baby falls under the proposed 997.3X codes.

One commenter stated that the code titles already include the additional code and perhaps it may be best to only consider the use additional code reference if it is not included above since people want to know: a) a complication wasn't expected and b) what is the complication so it can be prevented in the future. The commenter suggested appropriate inclusion terms will provide greater clarification.

It was noted that ICD-10-CM offers greater specificity for complication coding.

Nelly Leon-Chisen, AHA, offered possible review of coding guidelines to code a complication except where a single code already includes both pieces.

Pilar Cyst/Trichilemmal Cyst

No comments were offered for this proposal.

Retained Gallstones following Cholecystectomy

No comments were offered for this proposal.

Pelvic Fracture with Disruption of Pelvic Circle

Dr. Linzer, AAP, recommended NCHS make the appropriate index modifications for proposed codes 808.44, 808.53, and 808.54.

Cystostomy Complications

No comments were offered for this proposal.

Smoke Inhalation

No comments were offered for this proposal.

Complications of Weight Loss Procedure

No comments were offered for this proposal.

Biochemical Pregnancy

Nelly Leon-Chisen, AHA, questioned how this condition would be documented in the medical record and if it will be written as false positive pregnancy? If so, the index should be modified to reflect how to correctly code false positive pregnancy when it means biochemical pregnancy so another code is not assigned.

Dr. Linzer, AAP, inquired if an excludes note is needed for cases with increased HCG in nonpregnancy related conditions.

Addenda

No comments were offered for Tabular List Addenda or Index to Diseases Addenda changes proposed for October 1, 2010 implementation.

The following comments were made regarding Tabular List Addenda changes proposed for October 1, 2011 implementation:

Sue Bowman, AHIMA, recommended adding “if applicable” to the code first note for HIV at code 042, Human immunodeficiency virus [HIV] disease. One commenter disagreed with the proposed recommendation and stated the code first instruction is not necessary since the HIV would be treated, not the complication. Nellie Leon-Chisen, AHA, stated the HIV guidelines have been more important and that reporting code 042 first would change years of reported data. NCHS responded that the modification to code 042 is a component of a larger issue on transfusion related infections and further review will be conducted to ensure overall continuity and consistency for coding complications or late effect.

The following comments were made regarding the Index to Diseases Addenda changes proposed for October 1, 2011 implementation:

One commenter recommended an excludes note may be needed at code 285.29, Anemia of other chronic disease and code 285.9, Anemia, unspecified to support the index modification for chronic anemia.

One commenter recommended adding several additional devices under the proposed main term Interrogation to provide broader classification of various types of device interrogation and to not limit the index subterm solely to pacemaker. The recommended additional device subterms include: defibrillator, neurostimulator, and cardiac event recorder (loop recorder).

Dr. Linzer, AAP, stated saddle injury may also be a laceration or open wound. He recommended changing the proposed index entry to “Saddle, injury – see Injury, by type” and to remove the term “Contusion”.

The meeting was adjourned at 11:30 a.m.