

ICD-9-CM Coordination and Maintenance Committee Meeting

Volumes 1 and 2, Diagnosis Presentations

November 12, 1999

SUMMARY

Below is a summary of the diagnosis presentations from the November 12, 1999 ICD-9-CM Coordination and Maintenance Committee Meeting. Comments on this meeting's topics must be received in writing or via e-mail by January 7, 2000. Both the NCHS address and e-mail addresses of C&M staff are listed below. HCFA prepares a separate summary of the meeting for procedures issues.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is scheduled to be held Thursday and Friday, May 11-12, 2000 at the Health Care Financing Administration building, Baltimore, MD. Modification proposals for the May 2000 meeting must be received no later than March 11, 2000.

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

ICD-9-CM Volume 1 and 2, Diagnosis Coding Issues

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Welcome and Announcements

Donna Pickett welcomed all in attendance to the diagnosis portion of the C&M meeting. She made a brief statement on the status of the ICD-10-CM, that it is still under development and said a detailed update will be given at the May 2000 meeting.

Since Continuing Education certificates were not available at the conclusion of the meeting Donna asked that participants in need of a CE certificate indicate "CE" on the sign-in log. These will be mailed from NCHS.

## SUMMARY OF COMMENTS AND DISCUSSION OF VOLUMES 1 AND 2 TOPICS

The following topics were presented at the meeting. (see attached topic packet):

### Irritable bowel syndrome

Dr. G. F. Longstreth from Kaiser Permanente, San Diego, CA, representing the Multinational Working Team to Develop Criteria for Functional gastrointestinal Disorders (ROME Committee), gave an overview of irritable bowel syndrome and the ROME Committee's work defining this syndrome. Overheads used for this presentation are in the attached file [PDF file, ICD1199A.PDF]. Following the presentation and review of the coding proposal audience members had questions about what to do with the current inclusion terms that are proposed to be deleted from code 564.1. Should these terms be indexed to 564.9, elsewhere or deleted from the index? Dr Longstreth said they are outdated terms. Some audience participants felt that the terms may still be in use by some of the medical community, to mean irritable bowel syndrome and should be left in the index. It was also noted that the term "spastic colon" should have been added to the proposal at 564.1.

### Dementia with behavioral disturbances

Dr. Michael First, representing the American Psychiatric Association, presented this topic. There was a suggestion to add inclusion terms, to the proposed code 294.11, for those conditions considered to be a behavioral disturbance (such as wandering, aggressive behavior). Similarly, it was also suggested to have an excludes note for those conditions not considered a behavioral disturbance (such as delusions).

### Acute transverse myelitis

There were no comments on this topic.

### Plica syndrome

One audience member asked whether plica syndrome only occurs in the knee joint.

### Postmenopausal status

Cynthia Lowe, NYHIMA, presented background information regarding the need for this new code. It was suggested that inclusion terms for "artificial" and "natural" be added to the proposed new code. There was also discussion of how this code differs from the osteoporosis screening code which was discussed at the November 1998 meeting. The newly proposed code is not intended to be used only for postmenopausal women who present for screening for osteoporosis since there may be other reasons an asymptomatic postmenopausal woman presents for an encounter.

#### Post sterilization reversal encounters

Cynthia Lowe, NYHIMA, also presented background information regarding the need for this new code. The audience suggested adding excludes notes to V58.49, Other specified aftercare following surgery and V67.0, Follow-up examination following surgery, to direct coders to the newly proposed code V26.22, Aftercare following sterilization reversal.

#### Perpetrator E codes

There was discussion on this topic regarding the use of the E967.0-E967.9 codes for alleged vs. confirmed cases. NCHS noted that at present time these codes are to be used only for confirmed cases of abuse. It was also suggested, by the audience, to reverse the current code titles and proposed inclusion notes for codes E967.0 and E967.2. There was concern that you cannot identify if the perpetrator was the parent or the step-parent when these codes are used.

#### Conjunctivochalasis

There were no comments on this topic.

#### Prolonged pregnancy

The audience favored the proposed concept. Audience members had questions regarding prolonged vs. post term pregnancy. The American College of Obstetricians and Gynecologists (ACOG) was contacted after the meeting regarding this proposal, current definitions and use of these terms. Their recommendations have been incorporated into the revised topic package.

#### Acute exacerbation of chronic obstructive asthma and bronchiectasis

There were questions on the differences between exacerbation of asthma vs. status asthmaticus. Status asthmaticus is usually defined as asthma which is unresponsive to medication.

#### Addenda

There was general agreement on the addenda items.