

**ICD-9-CM Coordination and Maintenance Committee Meeting
Summary of Volumes 1 and 2, Diagnosis Presentations
September 14, 2011**

Donna Pickett, co-chair of the committee, welcomed the members of the audience to the diagnosis portion of the meeting. She 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. All diagnosis topics presented during the meeting are being considered for October 1, 2013 implementation.

Written comments must be received by NCHS staff by November 18, 2011. Ms. Pickett requested that comments be sent via electronic mail to the following email address nchsid9CM@cdc.gov since regular mail is often delayed. 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. The PowerPoint presentations from this meeting will be posted to the NCHS website shortly after the meeting, if they meet with the Federal Government's 508 compliance requirements. New proposals for the March 5-6, 2012 meeting must be received by January 6, 2012.

Ms. Pickett announced that the diagnosis topics will be re-posted to include the information about the partial freeze of revisions to ICD-9-CM and ICD-10-CM. This information is also currently posted on the NCHS Classifications website. She also clarified that the FY2012 ICD-10-CM addenda, due to be posted in December 2011, will include much more than is being presented at this meeting. There are many revisions being made to correct errors that have been reported to CDC since the posting of the FY2011 ICD-10-CM files. The only addenda items being presented at today's meeting are those requests for reclassification or expansion of existing classification.

Ms. Pickett also announced the following:

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. Attendees are eligible for 3 CE hours for attending the Wednesday, September 14, 2011 meeting.

Reminder for those wishing to attend the March 5-6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting, you must register for the meeting online at: <http://www.cms.hhs.gov/apps/events> by February 3, 2012. Failure to do so may result in lack of access to the meeting.

Today's call-in number was available for "listen only", no transcript will be available.

Comments and discussion on the topics presented on September 14, 2011 were as follows:

Chronic Fatigue Syndrome

Mary Dimmock representing the Coalition 4 ME/CFS gave a presentation on the Coalition's understanding of myalgic encephalomyelitis (ME) and chronic fatigue syndrome (CFS) as well as their proposal. They presented additional options for coding of these two diagnoses. NCHS responded that since they were not aware of this additional option, until today's meeting, the proposal would remain with the two options offered (one from NCHS and one from the requestor).

There were many comments from the audience including the following:

- There was general support for NCHS proposed option 2, moving CFS to ICD-10-CM Chapter 6, Diseases of the Nervous System but retaining separate codes for CFS vs. ME. Reasons given for retaining separate codes included agreement that it is important to retain ability to do data extraction on the two conditions separately vs. combining them if desired. In addition, the CFS may not always be able to be identified as postviral.
- **Though the requestor had asked to have the term “benign” deleted from inclusion term “benign myalgic encephalomyelitis,” NCHS indicated it should remain somewhere at G93.3 to maintain compatibility with WHO ICD-10. Comments on this indicated that it should be added to proposed new code G93.31 with benign as a nonessential modifier.**
- It was recommended to change the excludes2 note, at proposed new code G93.32, to an excludes1 since it is not likely that one would have both chronic fatigue syndrome and a chronic fatigue, NOS from some other condition. There is no need to code chronic fatigue NOS separate from the CFS.
- There was a general question asked about how this request can be considered for October 1, 2012 since it is not a new disease. There was also general support that if the change is approved to move CFS from Chapter 18, code R53.82, to a code within Chapter 6 it should occur in time for the October 1, 2013 implementation of ICD-10-CM.
- There was general agreement, by those in the audience, that the term “myalgic encephalomyelitis” is not seen in medical records.
- One commenter, representing Coalition4 ME/CFS indicated that ME and CFS should not be separated since it goes against the definition of the 2011 ME ICC (an international committee). Her opinion was that treatment is the same for both conditions, literature refers to ME and CFS together, and that the U.S. is behind the international recognition of these two conditions being the same.

Gingival Recession

There were no comments on this proposal.

Aggressive Periodontitis

There were no comments on this proposal.

Chronic Periodontitis

There was a comment made that NCHS should not make these changes prior to October 1, 2014. There are codes present to capture these periodontal condition conditions, in general, it is just that there is more detail being requested here. The commenter indicated that this change should wait until after ICD-10-CM is implemented and general updating resumes.

Pain in joints of hand

There were no comments on this proposal.

ICD-10-CM Tabular Addenda

There were no comments on this proposal.

ICD-10-CM Index Addenda

There were no comments on this proposal.

ICD-10-CM 2012 update

Donna Pickett presented an overview of what will be released in the upcoming ICD-10-CM update. The update is scheduled to be posted in early December 2011. It will be similar to the update posted last year. The source of the updates come from those made by the WHO ICD-10 activities, ICD-10-CM topics that were presented at the ICD-9-CM Coordination and Maintenance Committee meetings, ICD-9-CM addenda as well as revisions made based on errors reported to CDC during the past year. Both an addenda as well as full ICD-10-CM files will be posted. The full ICD-10-CM files will again be posted in both XML and PDF formats. In addition the updated GEMs and updated lists of codes and descriptions will be provided.

The audience was asked to carefully review the proposals following the meeting and to submit written comments by the November 18, 2011 deadline.