Request for an ICD-9 Code for Irritable Bowel Syndrome
Presented by

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Representing
The ROME Coordinating Committee

ROME Co-ordinating Committees’ objectives

Establish and co-ordinate multinational working teams to develop diagnostic criteria for functional gastrointestinal disorders (FGIDs) for the purpose of characterizing and classifying FGIDs of unknown pathophysiology.

C: Functional bowel disorders

• A functional bowel disorder is a functional gastrointestinal disorder with symptoms attributable to the mid or lower gastrointestinal tract not explained by identifiable structural or biochemical abnormalities and includes:
  – irritable bowel syndrome (IBS)
  – functional abdominal bloating
  – functional constipation
  – functional diarrhoea
  – unspecified functional bowel disorder.

Key facts about IBS

• IBS most common functional bowel disorder\(^1\) and affects up to 20% of the US population\(^2\)
• The most common GI diagnosis among gastroenterology practices in the US\(^3\)
• One of the top 10 reasons for PCP visits\(^4\)
• Affects predominantly females (~70% of sufferers)\(^5\)
IBS vs other important disease states

• US prevalence up to 20%¹
• US prevalence rates for other common diseases²:
  – diabetes 3%
  – asthma 4%
  – heart disease 8%
  – hypertension 11%

Direct and Indirect costs associated with IBS

• IBS results in an estimated $8 billion in direct medical costs annually¹
• IBS sufferers incur 74% more direct healthcare costs than non-IBS sufferers¹
  • IBS patients have more physician visits for both Gl and non-Gl complaints²
  • IBS has a substantial impact on time lost from main activities²

History of diagnostic approaches

• Pre 1980
  – Diagnosis made by exclusion¹
  – Failure to find a motility marker
• 1980-1999
  – Symptom-based criteria¹
    • Manning criteria (1978)
    • Rome criteria (1992)
• 1999
  • Rome II criteria²
Rome II criteria

Ten-fold increment in Medline citations for IBS

Why do we need to change the ICD-9-CM code for IBS

- Current code for IBS (564.1) lacks specificity
- Includes terms which are archaic, serve no useful purpose and are incorrect descriptors of IBS
- Terms currently indexed to 564.1 imply causes that are unproven and disproved or are used only in historical context

Benefits of making changes to the ICD-9-CM code for IBS

- Code fully describes IBS to ensure greater specificity in coding assignment
- Reduce the number of codes needed to fully describe IBS
- Permits studies of epidemiology and the cost of care of IBS
- Permits studies of ambulatory and managed care encounter
Terms which are obsolete and should not be indexed to ICD-9-CM code 564.1

- adaptive
- colitis
- enteritis
- enterospasm
- hypermobility
- hypermotility
- hypersensitivity
- hyperactive
- irritation
- mucous
- membranous
- pseudomucin
- spasm

Terms which are still in the vernacular and could be maintained with the ICD-9-CM code 546.1

- spastic colon
- irritable colon

Recommended changes to ICD-9-CM code 564.1

- 564.1 Irritable Bowel Syndrome Irritable colon
  - Colitis:
    - adaptive
    - membranous
    - mucous
  - Enterospasm
  - Irritable bowel syndrome colon
  - Spastic colon