ICD-10 Coordination and Maintenance Committee Meeting
September 12-13, 2017
Diagnosis Agenda

Part II

Welcome and announcements
Donna Pickett, MPH, RHIA
Co-Chair, ICD-10 Coordination and Maintenance Committee

Diagnosis Topics:

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ICD-10 TIMELINE

A timeline of important dates in the ICD-10 process is described below:

September 12-13, 2017  ICD-10 Coordination and Maintenance Committee Meeting.

Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting must have registered for the meeting online by September 1, 2017. You must bring an official form of picture identification (such as a driver’s license) in order to be admitted to the building.

In compliance to The Real ID Act, enacted in 2005, the following states/territories: Maine, Minnesota, Missouri, Montana and Washington State will not gain access into any Federal Agencies using the above states driver’s license or ID. This means CMS visitors from these states/territories will need to provide alternative proof of identification (such as a passport) to gain entrance into Baltimore-based and Bethesda CMS buildings, as well as the Humphrey Building in Washington.

September 2017  Webcast of the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html

October 1, 2017  New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum available on web pages as follows:
Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd10cm.htm

October 2017  There were not any new procedure codes discussed at the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2018.

November 13, 2017  Deadline for receipt of public comments on proposed new codes and revisions discussed at the September 12-13, 2017
ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2018.

January 8, 2018  Deadline for requestors: Those members of the public requesting that topics be discussed at the March 6–7, 2018 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses by this date.

February 2018  Tentative agenda for the Procedure part of the March 6, 2018 ICD-10 Coordination and Maintenance Committee meeting posted on CMS webpage as follows:

Tentative agenda for the Diagnosis part of the March 7, 2018 ICD-10 Coordination and Maintenance Committee meeting posted on NCHS homepage as follows:
http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm

Federal Register notice of March 6–7, 2018 ICD-10 Coordination and Maintenance Committee Meeting will be published.

February 2, 2018  On-line registration opens for the March 6–7, 2018 ICD-10 Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp

March 2018  Because of increased security requirements, those wishing to attend the March 6–7, 2018 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at: https://www.cms.gov/apps/events/default.asp

Attendees must register online by February 2, 2018; failure to do so may result in lack of access to the meeting.

March 6 – 7, 2018  ICD-10 Coordination and Maintenance Committee meeting.

March 2018  Webcast of the March 6-7, 2018 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:

April 1, 2018  Any new ICD-10 codes to capture new diseases or technology on April 1, 2018, will be implemented.
April 6, 2018  
**Deadline for receipt of public comments on proposed new codes and revisions discussed at the March 6–7, 2018 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2018.**

April 2018  
Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include references to the finalized FY 2019 ICD-10-CM diagnosis and ICD-10-PCS procedure codes to date. It will also include proposed revisions to the MS-DRG system based on ICD-10-CM/PCS codes on which the public may comment. The proposed rule can be accessed at:  
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPSS/list.asp

June 2018  
Final addendum posted on web pages as follows:  
Diagnosis addendum – http://www.cdc.gov/nchs/icd/icd10cm.htm  
Procedure addendum -  
http://cms.hhs.gov/Medicare/Coding/ICD10/index.html

July 13, 2018  
**Deadline for requestors: Those members of the public requesting that topics be discussed at the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses.**

August 1, 2018  
Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include links to all the final codes to be implemented on October 1, 2018. This rule can be accessed at:  
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPSS/list.asp

August 2018  
Tentative agenda for the Procedure part of the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage at –  
Tentative agenda for the Diagnosis part of the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at -
http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm

Federal Register notice for the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.

**August 3, 2018**

On-line registration opens for the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meeting at:
https://www.cms.gov/apps/events/default.asp

**September 3, 2018**

Because of increased security requirements, those wishing to attend the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at:
https://www.cms.gov/apps/events/default.asp

Attendees must register online by September 3, 2018; failure to do so may result in lack of access to the meeting.

**September 11-12, 2018**

ICD-10 Coordination and Maintenance Committee meeting.

Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting must have registered for the meeting online by September 3, 2018. You must bring an official form of picture identification (such as a driver’s license) in order to be admitted to the building.

**September 2018**

Webcast of the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:
https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html

Summary report of the Diagnosis part of the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm

**October 1, 2018**

New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum available on web pages as follows:
Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd10cm.htm
Procedure addendum –
Deadline for receipt of public comments on proposed new codes discussed at the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2019.

Any new ICD-10 codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2019 will be posted on the following websites:

- [http://www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm)

Deadline for receipt of public comments on proposed new codes and revisions discussed at the September 11-12, 2018 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2019.
Webcast and Dial-In Information

- The meeting will begin promptly at 9am ET and will be webcast.
- Toll-free dial-in access is available for participants who cannot join the webcast:
  Phone: Tuesday, September 12, 2017: 1-844-396-8222; Meeting ID: 907 558 361
  Wednesday, September 13, 2017: 1-844-396-8222; Meeting ID: 902 209 427
- If participating via the webcast or dialing in you do NOT need to register on-line for the meeting.

This meeting is being webcast via CMS at http://www.cms.gov/live/. By your attendance, you are giving consent to the use and distribution of your name, likeness and voice during the meeting. You are also giving consent to the use and distribution of any personally identifiable information that you or others may disclose about you during the meeting. Please do not disclose personal health information.

NOTE: In compliance to The Real ID Act, enacted in 2005, the following states/territories: American Samoa, Louisiana, Minnesota, New Hampshire, and New York will not gain access into any Federal Agencies using the above states driver’s license or ID. This means CMS visitors from these states/territories will need to provide alternative proof of identification (such as a passport) to gain entrance into Baltimore-based CMS building.
Contact Information

Mailing address:

National Center for Health Statistics
ICD-9-CM Coordination and Maintenance Committee
3311 Toledo Road
Hyattsville, Maryland 20782
Fax: (301) 458-4022

Comments on the diagnosis proposals presented at the ICD Coordination and Maintenance Committee meeting should be sent to the following email address: nchsicd10CM@cdc.gov

Donna Pickett (301) 458-4434
David Berglund (301) 458-4095
Cheryl Bullock (301) 458-4297
Shannon McConnell-Lamptey (301) 458-4612
Traci Ramirez (301) 458-4454

NCHS Classifications of Diseases web page:
http://www.cdc.gov/nchs/icd.htm
Please consult this web page for updated information
Continuing Education Credits
Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS/NCHS ICD-10 Coordination and Maintenance (C&M) Committee Meeting.

Continuing Education Information for American Academy of Professional Coders (AAPC)
If you plan to attend or participate via telephone the ICD-10 Coordination and Maintenance (C&M) Committee Meeting, you should be aware that CMS/NCHS do not provide certificates of attendance for these calls. Instead, the AAPC will accept your printed topic packet as proof of participation. Please retain a your topic packet copy as the AAPC may request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information for American Health Information Management Association (AHIMA)
AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to NCHS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not NCHS.
Deep Vein Thrombosis

Calf vein thrombosis refers to any clot affecting the deep veins of the calf, also known as the distal portion of the lower extremity, without extending into the popliteal vein. The calf veins include three paired veins (posterior tibial, peroneal, and anterior tibial) and two sets of muscular veins (soleal and gastrocnemial).\(^1\) Compared to proximal deep vein thrombosis, the clinical significance of distal deep vein thrombosis remains controversial, and there is less consensus about preferred management approaches.\(^2\), \(^3\) However, evidence in the clinical literature suggests that calf vein thrombosis has many of the same risk factors as proximal deep vein thrombosis, and can be associated with an increased risk for pulmonary embolism in certain clinical settings.

In ICD-9-CM, a single code (453.42) was created to capture “acute venous embolism and thrombosis of deep veins of the distal lower extremity,” and a parallel code (453.52) was created to capture “chronic venous embolism and thrombosis of deep veins of the distal lower extremity.” Indexing of these codes included numerous terms relevant to calf vein thromboses, including lower leg, distal, peroneal, and tibial. Coders were educated to use these codes for thromboses involving other specified deep veins of the distal lower extremity, such as the soleal and gastrocnemial branches, in the absence of specific indexing or inclusion terms for these veins. This approach allowed data users to identify all thromboembolic disease involving deep calf veins, and to distinguish this problem from thromboembolic disease involving proximal deep veins, which is a more serious condition associated with a higher risk of pulmonary embolism.

In ICD-10-CM, there are no specific codes to capture thrombophlebitis or thrombosis involving the peroneal vein or muscular branch veins. Coders are referred to nonspecific codes for “phlebitis and thrombophlebitis of other deep vessels of lower extremities” (I80.29-), “acute embolism and thrombosis of other specified deep vein of lower extremity” (I82.49-), and “chronic embolism and thrombosis of other specified deep vein of lower extremity” (I82.59-).” AHRQ believes these codes are not fully satisfactory because they do not distinguish whether the “other specified deep vein” is proximal or distal and has substantial clinical significance.

AHRQ notes that this situation is even more confusing because ICD-10-CM lacks any indexing of specific named veins, such as the peroneal, soleal, or gastrocnemial veins (all of which are in the calf), or the external iliac or deep femoral veins (both of which are in the thigh). As a result, users of ICD-10-CM coded data may not be able to distinguish acute thromboses involving deep veins of the proximal lower extremity, which are considered high-risk and thus represent the primary target for surveillance, from acute thromboses involving deep veins of the distal lower extremity, which are considered lower risk and are more likely to be detected on routine surveillance testing, without symptoms.

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AHRQ notes that there is not a single tibial vein, which makes the terminology in I80.23-, I82.44-, and I82.54- somewhat confusing. Instead, there are paired anterior tibial veins and posterior tibial veins in each leg.

Following careful review of latest literature on these issues, AHRQ believes that additional codes for specific vein thrombosis in the distal lower limb would enable improved capture of these diagnoses and avoid current limitations with capturing patient safety-related events. We also believe that adding specific codes for thromboses involving distal calf vein muscular branches would facilitate further research (using coded data) focused on better understanding their clinical significance and management options. AHRQ therefore proposes addition of new codes to identify these important vein categories.

AHRQ has proposed two options for consideration. Option 2 is a very limited option that would simply divide the existing codes for nonspecific codes for “phlebitis and thrombophlebitis of other deep vessels of lower extremities” (I80.29-), “acute embolism and thrombosis of other specified deep vein of lower extremity” (I82.49-), and “chronic embolism and thrombosis of other specified deep vein of lower extremity” (I82.59-)” according to whether the condition involves an “other specified deep vein of the proximal lower extremity” or an “other specified deep vein of the distal lower extremity.” This option restores the 453.41/453.42 and 453.51/453.52 distinctions that existed in ICD-9-CM, and solves the immediate problem of reliably distinguishing proximal from distal diseases, but it does not allow for additional surveillance and future research to understand the relative importance and consequences of thromboses involving different calf veins.

The AHRQ prefers Option 1 because they believe it offers a more complete classification of thromboses involving deep veins of the calf, to support additional surveillance and future research to understand the relative importance and consequences of thromboses involving different calf veins.

With either option, additional inclusion terms and index terms should be considered, such as:
- “common iliac vein” and “external iliac vein” under I80.21-, I82.42-, and I82.52-
- “anterior tibial vein” and “posterior tibial vein” under I80.23-, I82.44-, and I82.54-
- “common femoral vein” and “deep femoral vein” under I82.41- and I82.51-
Option 1 (ADD I80.24-, I80.25-, I82.45-, I82.46-, I82.55-, and I82.56- codes):

I80 Phlebitis and thrombophlebitis
  I80.2 Phlebitis and thrombophlebitis of other and unspecified deep vessels of lower extremities
    I80.23 Phlebitis and thrombophlebitis of tibial vein
  Add Anterior tibial vein
  Add Posterior tibial vein

New subcategory I80.24 Phlebitis and thrombophlebitis of peroneal vein
New code I80.241 Phlebitis and thrombophlebitis of right peroneal vein
New code I80.242 Phlebitis and thrombophlebitis of left peroneal vein
New code I80.243 Phlebitis and thrombophlebitis of peroneal vein, bilateral
New code I80.249 Phlebitis and thrombophlebitis of unspecified peroneal vein

New subcategory I80.25 Phlebitis and thrombophlebitis of calf muscular vein
Add Phlebitis and thrombophlebitis of soleal vein
Add Phlebitis and thrombophlebitis of gastrocnemial vein
Add Phlebitis and thrombophlebitis of calf muscular vein, NOS
New code I80.251 Phlebitis and thrombophlebitis of right calf muscular vein
New code I80.252 Phlebitis and thrombophlebitis of left calf muscular vein
New code I80.253 Phlebitis and thrombophlebitis of calf muscular vein, bilateral
New code I80.254 Phlebitis and thrombophlebitis of unspecified calf muscular vein

New subcategory I80.28 Phlebitis and thrombophlebitis of other deep vessels of proximal lower extremities
New code I80.281 Phlebitis and thrombophlebitis of other deep vessels of right proximal lower extremity
New code I80.282 Phlebitis and thrombophlebitis of other deep vessels of left proximal lower extremity
New code I80.283 Phlebitis and thrombophlebitis of other deep vessels of lower proximal extremity, bilateral
New code  I80.284 Phlebitis and thrombophlebitis of other deep vessels of unspecified proximal lower extremity

Revise  I80.29 Phlebitis and thrombophlebitis of other deep vessels of distal lower extremity
Add  Peroneal vein
Add  Muscular veins: Soleal vein
Gastrocnemial vein
Revise  I80.291 Phlebitis and thrombophlebitis of other deep vessels of right distal lower extremity
Revise  I80.292 Phlebitis and thrombophlebitis of other deep vessels of left distal lower extremity
Revise  I80.293 Phlebitis and thrombophlebitis of other deep vessels of lower distal extremity, bilateral
Revise  I80.294 Phlebitis and thrombophlebitis of other deep vessels of unspecified distal lower extremity

I82.4 Acute embolism and thrombosis of deep veins of lower extremity

I82.44 Acute embolism and thrombosis of tibial vein
Add  Anterior tibial vein
Add  Posterior tibial Vein

New subcategory  I82.45 Acute embolism and thrombosis of peroneal vein
New code  I82.451 Acute embolism and thrombosis of right peroneal vein
New code  I82.452 Acute embolism and thrombosis of left peroneal vein
New code  I82.453 Acute embolism and thrombosis of peroneal vein, bilateral
New code  I82.459 Acute embolism and thrombosis of unspecified peroneal vein

New subcategory  I82.46 Acute embolism and thrombosis of calf muscular vein
Add  Acute embolism and thrombosis of soleal vein
Add  Acute embolism and thrombosis of gastrocnemial vein
Add  Acute embolism and thrombosis of calf muscular vein, NOS
New code   I82.461 Acute embolism and thrombosis of right calf muscular vein
New code   I82.462 Acute embolism and thrombosis of left calf muscular vein
New code   I82.463 Acute embolism and thrombosis of calf muscular vein, bilateral
New code   I82.469 Acute embolism and thrombosis of unspecified calf muscular vein

New subcategory I82.48 Acute embolism and thrombosis of other specified deep vein of proximal lower extremity
New code   I82.481 Acute embolism and thrombosis of other specified deep vein of right proximal lower extremity
New code   I82.482 Acute embolism and thrombosis of other specified deep vein of left proximal lower extremity
New code   I82.483 Acute embolism and thrombosis of other specified deep vein of lower proximal extremity, bilateral
New code   I82.489 Acute embolism and thrombosis of other specified deep vein of unspecified proximal lower extremity

Revise    I82.49 Acute embolism and thrombosis of other specified deep vein of distal lower extremity
Add       Peroneal vein
Add       Muscular veins: Soleal vein
                  Gastrocnemial vein
Revise    I82.491 Acute embolism and thrombosis of other specified deep vein of right distal lower extremity
Revise    I82.492 Acute embolism and thrombosis of other specified deep vein of left distal lower extremity
Revise    I82.493 Acute embolism and thrombosis of other specified deep vein of distal lower extremity, bilateral
Revise    I82.499 Acute embolism and thrombosis of other specified deep vein of unspecified distal lower extremity

I82.5 Chronic embolism and thrombosis of deep veins of lower extremity
   I82.54 Chronic embolism and thrombosis of tibial vein
Add       Anterior tibial vein
Add       Posterior tibial vein
<table>
<thead>
<tr>
<th>New subcategory</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>I82.55 Chronic embolism and thrombosis of peroneal vein</td>
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<td>I82.541 Chronic embolism and thrombosis of right peroneal vein</td>
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<td>I82.542 Chronic embolism and thrombosis of left peroneal vein</td>
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<td>I82.543 Chronic embolism and thrombosis of peroneal vein, bilateral</td>
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<tr>
<td>I82.549 Chronic embolism and thrombosis of unspecified peroneal vein</td>
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<tr>
<td>I82.56 Chronic embolism and thrombosis of calf muscular vein</td>
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<tr>
<td>I82.561 Chronic embolism and thrombosis of right calf muscular vein</td>
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<tr>
<td>I82.562 Chronic embolism and thrombosis of left calf muscular vein</td>
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<td>I82.563 Chronic embolism and thrombosis of calf muscular vein, bilateral</td>
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<tr>
<td>I82.569 Chronic embolism and thrombosis of unspecified calf muscular vein</td>
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<tr>
<td>I82.58 Chronic embolism and thrombosis of other specified deep vein of proximal lower extremity</td>
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<td>I82.581 Chronic embolism and thrombosis of other specified deep vein of right proximal lower extremity</td>
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<td>I82.582 Chronic embolism and thrombosis of other specified deep vein of left proximal lower extremity</td>
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<td>I82.583 Chronic embolism and thrombosis of other specified deep vein of proximal lower extremity, bilateral</td>
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<td>I82.589 Chronic embolism and thrombosis of other specified deep vein of unspecified proximal lower extremity</td>
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<tr>
<td>I82.59 Chronic embolism and thrombosis of other specified deep vein of distal lower extremity</td>
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<tr>
<td>Peroneal vein</td>
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<tr>
<td>Muscular veins: Soleal vein</td>
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<tr>
<td>Gastrocnemial vein</td>
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</tbody>
</table>
Revise  I82.591 Chronic embolism and thrombosis of other specified deep vein of right distal lower extremity
Revise  I82.592 Chronic embolism and thrombosis of other specified deep vein of left distal lower extremity
Revise  I82.593 Chronic embolism and thrombosis of other specified deep vein of distal lower extremity, bilateral
Revise  I82.599 Chronic embolism and thrombosis of other specified deep vein of unspecified distal lower extremity
Option 2 (SPLIT existing I80.29-, I82.49-, and I82.59- codes):

I80.2 Phlebitis and thrombophlebitis of other and unspecified deep vessels of lower extremities

New  I80.28 Phlebitis and thrombophlebitis of other deep vessels of proximal lower subcategory extremities

New code  I80.281 Phlebitis and thrombophlebitis of other deep vessels of right proximal lower extremity

New code  I80.282 Phlebitis and thrombophlebitis of other deep vessels of left proximal lower extremity

New code  I80.283 Phlebitis and thrombophlebitis of other deep vessels of lower proximal extremity, bilateral

New code  I80.284 Phlebitis and thrombophlebitis of other deep vessels of unspecified proximal lower extremity

Revise  I80.29 Phlebitis and thrombophlebitis of other deep vessels of distal lower extremity

Add  Peroneal vein

Add  Muscular veins: Soleal vein

Gastrocnemial vein

Revise  I80.291 Phlebitis and thrombophlebitis of other deep vessels of right distal lower extremity

Revise  I80.292 Phlebitis and thrombophlebitis of other deep vessels of left distal lower extremity

Revise  I80.293 Phlebitis and thrombophlebitis of other deep vessels of lower distal extremity, bilateral

Revise  I80.294 Phlebitis and thrombophlebitis of other deep vessels of unspecified distal lower extremity

I82 Other venous embolism and thrombosis

I82.4 Acute embolism and thrombosis of deep veins of lower extremity

New subcategory  I82.48  Acute embolism and thrombosis of other specified deep vein of proximal lower extremity
New code   I82.481 Acute embolism and thrombosis of other specified deep
vein of right proximal lower extremity
New code   I82.482 Acute embolism and thrombosis of other specified deep
vein of left proximal lower extremity
New code   I82.483 Acute embolism and thrombosis of other specified deep
vein of lower proximal extremity, bilateral
New code   I82.489 Acute embolism and thrombosis of other specified deep
vein of unspecified proximal lower extremity

Revise   I82.49  Acute embolism and thrombosis of other specified deep vein of
distal lower extremity
Add   Peroneal vein
Add   Muscular veins: Soleal vein
   Gastrocnemial vein
Revise   I82.491 Acute embolism and thrombosis of other specified deep
vein of right distal lower extremity
Revise   I82.492 Acute embolism and thrombosis of other specified deep
vein of left distal lower extremity
Revise   I82.493 Acute embolism and thrombosis of other specified deep
vein of distal lower extremity, bilateral
Revise   I82.499 Acute embolism and thrombosis of other specified deep
vein of unspecified distal lower extremity

I82.5 Chronic embolism and thrombosis of deep veins of lower extremity
New subcategory   I82.58  Chronic embolism and thrombosis of other specified deep vein
   of proximal lower extremity
New code   I82.581 Chronic embolism and thrombosis of other specified deep
vein of right proximal lower extremity
New code   I82.582 Chronic embolism and thrombosis of other specified deep
vein of left proximal lower extremity
New code   I82.583 Chronic embolism and thrombosis of other specified deep
vein of proximal lower extremity, bilateral
New code   I82.589 Chronic embolism and thrombosis of other specified deep
vein of unspecified proximal lower extremity
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<th>Code/Description</th>
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<td>Revise</td>
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<td>Add</td>
<td>Peroneal vein</td>
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<td>Add</td>
<td>Muscular veins: Soleal vein</td>
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<tr>
<td>Revise</td>
<td>I82.593 Chronic embolism and thrombosis of other specified deep vein of distal lower extremity, bilateral</td>
</tr>
<tr>
<td>Revise</td>
<td>I82.599 Chronic embolism and thrombosis of other specified deep vein of unspecified distal lower extremity</td>
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**Forced labor and sexual exploitation**

Massachusetts General Hospital Human Trafficking Initiative and Freedom Clinic, Catholic Health Initiatives (CHI) and the American Hospital Association (AHA) are proposing the creation of new codes for forced sexual exploitation and forced labor exploitation.

Human trafficking is a major concern for hospitals across the country, and leaders are preparing their staff to respond to this public health concern. As part of the Hospitals Against Violence initiative, the AHA has conducted webinars and highlighted member efforts and training resources into approaches that providers like CHI, Massachusetts General Hospital and Dignity Health have developed on caring for victims of human trafficking in both inpatient and outpatient hospital settings. While more and more providers are being trained to identify and document victims of forced sexual exploitation and forced labor exploitation, it is felt that the existing ICD-10-CM abuse codes fall short of differentiating these patients from other victims of abuse.

Human trafficking is modern day slavery, a human rights violation and criminal enterprise that impacts millions of people across the globe including the United States. The International Labour Organization (ILO) estimates that 20.9 million people are trafficked worldwide. However, this is only an estimation and the ILO acknowledges challenges in accurately accounting for the prevalence and incidence of human trafficking due to its subversive nature, with many occurrences concealed in work sectors where exploited labor is disguised as conventional employment or invisible altogether.

The most common purposes of human trafficking in the United States are for forced sexual exploitation and forced labor exploitation, including domestic servitude. The effects of both sex and labor trafficking can be devastating for individuals, families, communities and the greater society. Those effects can include consequences for immediate and long term health and well-being. Trafficked persons can experience physical, psychological and social trauma leading to a broad spectrum of needs.

Health care providers have a significant opportunity to identify and assist victims of human trafficking. Studies show that 50% - 87% of trafficking survivors reported being seen by a health care professional while they were being trafficked. Victims are treated in emergency departments, health clinics, physician offices, urgent care centers or other care settings.

Health care professionals need to be equipped with the education, resources and a multidisciplinary service network to assist these vulnerable individuals. There are efforts underway to train health care providers to identify and respond to victims of human trafficking who present for care. Providers will be made aware of the use of the terms “human trafficking” and “forced labor/sexual exploitation”.

The current International Classification of Diseases 10th Edition Clinical Modification (ICD-10-CM) used in the U.S. does not provide unique codes for this form of abuse. Additionally, the requestors note that the abuse codes currently available within the ICD-10-CM fail to capture fully the complexity of the trauma experienced by persons who are exploited and physically, sexually, psychologically and emotionally abused all at once by nearly everyone with whom they come into contact.
contact who strip them of their rights, undermine their self-determination, and commodity them as property that can be bought, sold, and disposed of. Trafficked persons experience a profound loss of autonomy and agency—hence the widespread recognition that human trafficking is a form of slavery—and research has found that the resultant mental health outcomes are paramount to those experienced by survivors of torture and other grave human rights violations.8,9

The complex sequelae associated with the abuse and exploitation experienced in human trafficking situations frequently requires long-term and specialized care planning and interventions. Without a unique code, there is no way for clinicians to adequately classify a diagnosis and to adequately plan for the resources necessary to provide appropriate treatment. The lack of a unique code also prevents critical tracking of the incidence and/or reoccurrence of labor or sexual exploitation of individuals.

This proposal represents a starting point to capture information needed in order to better understand this type of violence. This proposal has been slightly modified from the original submission to incorporate suggestions received from other organizations and healthcare facilities. As more research is carried out in the future, more specific codes may be needed. The proposed codes, while limited, provide an initial opportunity to identify clinical interactions of victims with the healthcare system. Tracking confirmed and suspected cases in the healthcare system provides another source for data collection that can assist in the development of public policy and prevention efforts, as well as support the systemic development of an infrastructure for services and resources. The need for unique codes is supported by several individuals and several organizations including South Shore Health Systems, Ascension, and Partners Healthcare. Additionally, the Office on Trafficking in Persons in the Administration for Children and Families and the Office of Women’s Health in the Office of the Assistant Secretary for Health support the addition of new ICD-10-CM codes for abuse to include forced commercial sexual exploitation and forced labor exploitation.

References:
TABULAR MODIFICATIONS

T74  Adult and child abuse, neglect and other maltreatment, confirmed

Use additional code, if applicable, to identify any associated current injury
Use additional external cause code to identify perpetrator, if known (Y07.)
Excludes1: abuse and maltreatment in pregnancy (O9A.3-, O9A.4-, O9A.5-)
adult and child maltreatment, suspected (T76.-)

The appropriate 7th character is to be added to each code from category T74
A initial encounter
D subsequent encounter
S sequela

New subcategory T74.5 Forced sexual exploitation, confirmed
New code T74.51 Adult forced sexual exploitation, confirmed
New code T74.52 Child forced sexual exploitation, confirmed

New subcategory T74.6 Forced labor exploitation, confirmed
New code T74.61 Adult forced labor exploitation, confirmed
New code T74.62 Child forced labor exploitation, confirmed

T76  Adult and child abuse, neglect and other maltreatment, suspected

Use additional code, if applicable, to identify any associated current injury
Excludes1: adult and child maltreatment, confirmed (T74.-)
suspected abuse and maltreatment in pregnancy (O9A.3-, O9A.4-, O9A.5-)
suspected adult physical abuse, ruled out (Z04.71)
suspected adult sexual abuse, ruled out (Z04.41)
suspected child physical abuse, ruled out (Z04.72)
suspected child sexual abuse, ruled out (Z04.42)

The appropriate 7th character is to be added to each code from category T76
A initial encounter
D subsequent encounter
S sequela
T76.0 Neglect or abandonment, suspected
  T76.01 Adult neglect or abandonment, suspected
  T76.02 Child neglect or abandonment, suspected
T76.1 Physical abuse, suspected
  T76.11 Adult physical abuse, suspected
  T76.12 Child physical abuse, suspected
T76.2 Sexual abuse, suspected
  Excludes1: alleged abuse, ruled out (Z04.7)
  Rape, suspected
Revise Sexual abuse assault, suspected
Add Sexual assault, suspected
  T76.21 Adult sexual abuse, suspected
  T76.22 Child sexual abuse, suspected
T76.3 Psychological abuse, suspected
  T76.31 Adult psychological abuse, suspected
  T76.32 Child psychological abuse, suspected
New subcategory T76.5 Forced sexual exploitation, suspected
New code T76.51 Adult forced sexual exploitation, suspected
New code T76.52 Child forced sexual exploitation, suspected
New subcategory T76.6 Forced labor exploitation, suspected
New code T76.61 Adult forced labor exploitation, suspected
New code T76.62 Child forced labor exploitation, suspected

Y07 Perpetrator of assault, maltreatment and neglect
Note: Codes from this category are for use only in cases of
confirmed abuse (T74.-)
Selection of the correct perpetrator code is based on the relationship
between the perpetrator and the victim
New code Y07.6 Multiple, repeated, perpetrators of maltreatment and neglect

Z04 Encounter for examination and observation for other reasons
Z04.4 Encounter for examination and observation following alleged rape
  Encounter for examination and observation of victim following alleged rape
  Encounter for examination and observation of victim following alleged sexual abuse
Z04.41 Encounter for examination and observation following alleged adult rape
Suspected adult rape, ruled out
Suspected adult sexual abuse, ruled out

Z04.42 Encounter for examination and observation following alleged child rape
Suspected child rape, ruled out
Suspected child sexual abuse, ruled out

New code Z04.43 Encounter for examination and observation of victim following forced sexual exploitation
Suspected forced sexual exploitation or sex trafficking, ruled out

New code Z04.44 Encounter for examination and observation of victim following forced labor exploitation
Suspected forced labor exploitation or labor trafficking, ruled out

Z62 Problems related to upbringing

Z62.8 Other specified problems related to upbringing

Z62.81 Personal history of abuse in childhood

New code Z62.813 Personal history of forced labor or sexual exploitation in childhood

Z91 Personal risk factors, not elsewhere classified

Z91.4 Personal history of psychological trauma, not elsewhere classified

New code Z91.42 Personal history of forced labor or sexual exploitation