American Health Information Management Association®

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Donna Pickett, MPH, RHIA
ICD-10 Coordination and Maintenance Committee
National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Ms. Pickett:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on proposed ICD-10-CM code modifications presented at the March ICD-10 Coordination and Maintenance (C&M) Committee meeting.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

Anal Fistula

AHIMA supports the proposed code expansion for anal fistulas.

We recommend that a "Code first, if applicable" note for Crohn's disease (K50.-) and ulcerative colitis (K51.-) be added under proposed new subcategory K60.3, Anal fistula. Corresponding "Use additional code" notes referring to the new anal fistula codes should be added under the appropriate codes for Crohn's disease with fistula in category K50, Crohn's disease [regional enteritis] and under the appropriate codes for ulcerative colitis with fistula in category K51, Ulcerative colitis. The underlying condition of Crohn's disease or ulcerative colitis with fistula should be sequenced first, and codes identifying the type and site of the fistula should be reported as additional diagnosis codes.

Appendicitis with Generalized Peritonitis with or without Perforation

We support the expansion of codes for appendicitis with generalized peritonitis to identify the presence of a perforation.

Bardet-Biedl Syndrome and Laurence-Moon Syndrome

We support the creation of new codes for Bardet-Biedl syndrome and Laurence-Moon syndrome, with one correction. The proposed "Code also" note under the code for Bardet-Biedl syndrome should be a "Use additional code" note to be consistent with the instructional note at the category level (category Q87) which states ""Use additional code(s) to identify all associated manifestations." However, an instructional note is not actually needed under the proposed new code at all, since there is already an instructional note regarding the use of additional codes for associated manifestations at the category level, and additional instructional notes are not generally included under existing syndrome codes in this category. Therefore, **we recommend deleting the instructional note under the proposed new code for Bardet-Biedl syndrome.**

Crohn's Disease

AHIMA supports the expansion of codes for Crohn's disease. As suggested during the C&M meeting, the word "rectal" should be deleted from the titles of proposed new codes K50.211, K50.311, and K50.411, and the word "intestinal" should be deleted from the titles of proposed new codes K50.212, K50.312, and K50.412.

Coma Due to Underlying Condition

We support the proposal for a new code for coma due to underlying condition, but recommend that "known" be added to the code title ("coma due to **known** underlying condition") in order to clarify that existing code R40.20, Unspecified coma, should be assigned when the underlying condition is unknown or not documented.

Craniosynostosis and Other Congenital Deformities of Skull, Face and Jaw

We support the proposed expansion of codes for craniosynostosis.

Desmoid Tumors

AHIMA supports the creation of a new subcategory for desmoid tumors.

Encounter for Follow-Up Examination after Completed Treatment for Malignant Neoplasm

We do **not** support the proposed expansion of code Z08, Encounter for follow-up examination after completed treatment for malignant neoplasm. Expansion of code Z08 is unnecessary, as the current code is adequate and is appropriately assigned for any encounter for follow-up examination after completed treatment for malignant neoplasm, regardless of treatment modality(ies).

We recognize that the modifications to the proposal are intended to provide clarity regarding the proper use of the proposed codes, but we believe there will still be confusion regarding the meaning of the term "completed" when there are different codes identifying specific treatment modalities, and thus there will be potential for misuse of these codes.

Any concerns regarding misinterpretation of the existing code can be addressed through additional guidance in *Coding Clinic for ICD-10-CM/PCS* and the *Official ICD-10-CM Guidelines for Coding and Reporting*.

Maintaining a single code for encounter for follow-up examination after completed treatment for malignant neoplasm would be consistent with ICD-11.

Encounter for Observation for Suspected Newborn Problem

AHIMA supports the creation of a new code for observation and evaluation of newborn for suspected condition related to home physiologic monitoring device ruled out.

Extraocular Muscle Entrapment

We support creating new codes for extraocular muscle entrapment.

The word "unspecified" should be added to the title of proposed new sub-subcategory H50.68, Extraocular muscle entrapment.

Foreign Body Sensation

We support creating new codes for foreign body sensation in the eye, nose, and throat.

An Excludes2 note for the foreign body sensation of eye codes should be added under proposed new code R09.A9, Foreign body sensation, other site.

We also recommend adding a comma between the words "sensation" and "eye" in the title of proposed new subcategory H57.8A, Foreign body sensation eye (ocular).

Gadolinium Toxicity

We support the creation of new codes for toxic effect of gadolinium.

We recommend that an Excludes1 note be added under the proposed new subcategory directing coding professionals to code T50.8x5-, Adverse effect of diagnostic agents, for gadolinium toxicity due to gadolinium-based contrast agents.

Immunoglobulin G4-Related Disease

AHIMA supports the code proposal for a unique code describing IgG4-related disease, with one suggested modification. We recommend deleting the proposed Excludes2 note for chronic pancreatitis. This note is not necessary, and it could cause confusion, as IgG4-related disease manifests in multiple organs, not just the pancreas. We believe it is clear, without an instructional note, that associated diseases in various organs (including chronic pancreatitis) would be coded separately from the code for IgG4-related disease.

Impairing Emotional Outbursts

We are concerned that the proposed new code for impairing emotional outbursts is too ambiguous and confusing. The types of behaviors that would be classified to the new code are not clear, and the proposed code descriptor may not align with provider documentation. The background material and C&M presentation mentioned "severe tantrums" and "pathological trantrums" as examples of impairing emotional outbursts, but it was stated that the new code should not be assigned for "typical" tantrums.

Provider documentation may not clearly distinguish between a “typical” tantrum and a “severe” or “pathological” tantrum.

The background material indicates that impairing emotional outbursts occur in the context of a number of different mental disorders, but there are no proposed instructional notes indicating whether the proposed code for impairing emotional outbursts should always be coded separately from the underlying mental disorder, or if there are some underlying conditions for which impairing emotional outbursts would be considered inherent and not coded separately.

A C&M attendee suggested created an additional code for “aggressive behavior.” However, the definition of impairing emotional outbursts provided by the American Psychiatric Association (APA) included “physical aggression toward people, property, or self” as an example, so clarification is needed as to whether the proposed new code should be assigned when the provider documents “aggressive behavior.”

“Uncontrolled crying” is also an example in the APA definition of impairing emotional outbursts, but there is an existing ICD-10-CM code (R45.83) for “excessive crying of child, adolescent or adult.”

“Verbal rages” and “rage episodes” were also provided as examples, but there are existing codes for similar or related behaviors, such as “irritability and anger” (code R45.4) and “violent behavior” (R45.6), and it is not clear how the proposed new code fits with these existing codes. No instructional notes were included in the code proposal that would provide guidance to ensure consistent and non-duplicative coding.

The code proposal focused on children and adolescents, but adults may also experience behavior that might be described as impairing emotional outbursts. It is not clear if the proposed new code could appropriately be assigned for adults as well as children and adolescents.

If a new code for impairing emotional outbursts is approved, we recommend the addition of instructional notes for coding guidance. For mental disorders commonly associated with impairing emotional outbursts, and the impairing emotional outburst should be coded separately from the underlying mental disorder, “Code first, if applicable” notes should be added under the proposed new code, and “Use additional code, if applicable” notes should be added under the codes for the appropriate mental disorders. Instructional notes are also needed to clearly distinguish the new code from existing codes, such as category F91, Conduct disorders.

Inappropriate Sinus Tachycardia

We support creating a unique code for inappropriate sinus tachycardia, but recommend that “so stated” should be added to the code title to clarify that this a specific, defined clinical condition and not a general term.

The acronym “IST” should either be added in brackets in the code title or added as an inclusion term.

An Excludes1 note for this condition should be added under code R00.0, Tachycardia, unspecified. A corresponding Excludes1 note for unspecified tachycardia should also be added under the proposed new code.

Insulin Resistant Syndrome

We support the code proposal for insulin resistance syndrome.

We do **not** agree with the suggestion made during the C&M meeting to change the note instructing to "Use additional code for associated manifestations" to a "Code also" note. Manifestations of insulin resistance syndrome, such as obesity, should be reported as secondary diagnosis codes. Also, this note must be a "Use additional code" note to be consistent with the "Use additional code" note at the category level (category E88).

The word "syndrome" should be added to the inclusion term under proposed new code E88.818, Other insulin resistance ("Insulin resistance **syndrome** Type B").

Intestinal Failure-Associated Liver Disease

AHIMA supports the creation of a new code for intestinal failure-associated liver disease, but recommend that the acronym "IFALD" be added in brackets in the code title or added as an inclusion term.

Lafora Body Disease

We support the proposal for a new code subcategory for Lafora progressive myoclonus epilepsy.

Leukodystrophies

We do **not** support the proposed new codes for leukodystrophies. This code proposal is much too extensive, and it is not clear that all of the proposed codes are necessary. We believe this code proposal should be scaled back.

Also, we do not recommend creating a new subcategory when only one code will be created in that subcategory, as is being proposed for Canavan disease.

Lumbar Degenerative Disc Disease With and Without Pain

We do **not** support the code proposal for lumbar degenerative disc disease with and without back and leg pain. We have several concerns regarding this code proposal. Some of the proposed new codes overlap with subcategory M51.1, Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy. Per current Index entries and the inclusion term under this subcategory, sciatica due to intervertebral disc disorders (including sciatica due to degenerative disc disease) is classified to subcategory M51.1, and no code would additionally be assigned from subcategory M51.3, Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration, when sciatica is present. Therefore, it is not clear how sciatica fits with this code proposal and when the proposed new codes for lumbar or lumbosacral intervertebral disc degeneration with leg pain would be assigned versus the existing M51.1- codes.

Also, the proposal does not encompass all anatomic sites for degenerative disc disease, nor does it include a comparable code expansion for intervertebral disc displacement (subcategory M51.2). It is not clear why it wouldn't also be beneficial to identify the presence of pain associated with intervertebral disc displacement, or pain with thoracic or thoracolumbar intervertebral disc degeneration.

Metabolic Acidemia in Newborn

We support the proposed modifications pertaining to metabolic acidemia in newborn.

Non-Traumatic Peritoneal Hemorrhage

AHIMA supports the proposed code modifications pertaining to peritoneal and retroperitoneal hemorrhage and hematoma and retroperitoneal fibrosis.

Parkinson's Disease with OFF Episodes

We support the creation of new subcategories for Parkinson's disease with and without dyskinesia and a new code for Parkinsonism, unspecified, with a couple of additional modifications. Since existing Index entries and inclusion terms have caused confusion and overlap regarding "Parkinson's disease" vs. "Parkinsonism," **we recommend adding "Parkinson's disease NOS (G20.A1)" to the Excludes1 note under proposed new code G20.C, Parkinsonism, unspecified. We also recommend adding a corresponding Excludes1 note for "Parkinsonism, NOS (G20.C)" under proposed new code G20.A1, Parkinson's disease without dyskinesia, without mention of fluctuations.**

Problems Related to Upbringing

We support the code proposal regarding problems related to upbringing.

Resistant Hypertension

We support creating a new code for resistant hypertension.

We recommend that "treatment resistant hypertension" be added as an inclusion term under the new code.

We also recommend that consideration be given to creating the new category for "Other hypertension" at category I17 or I18 rather than I1A. While we understand that these categories are generally reserved for use by the World Health Organization (WHO), ICD-10 is no longer being updated by the WHO. We believe category I17 or I18 would be a more logical and intuitive location for the new "Other hypertension" category.

Sickle-Cell Dactylitis and Vaso-Occlusive Crisis

We support the creation of new codes for sickle-cell disease with dactylitis and other proposed modifications to the sickle-cell disease codes and instructional notes, with a few noted exceptions. "Priapism (N48.32)" should remain as part of a "Use additional code" note under codes D57.09, D57.418, D57.438, D57.458, and D57.818, rather than changing the instructional note for this condition to a "Code also" note. Code N48.32, Priapism due to diseases classified elsewhere, must be reported as a secondary diagnosis, and so it is appropriately included in a "Use additional code" note under the sickle-cell disease codes rather than a "Code also" note. It would be acceptable for cholelithiasis to be included in a "Code also" note, so we recommend that two separate instructional notes be added under the codes indicated above – a "Code also, if applicable" note listing cholelithiasis as an example and a "Use additional code" note for priapism.

We disagree with the suggestion made during the C&M meeting to add code R50.81, Fever presenting with conditions classified elsewhere, to a "Code also" note under some of the sickle-cell disease codes. Code R50.81 must be reported as a secondary diagnosis, so a "Code also" note is not appropriate. The appropriate instructional note would be a "Use additional code" note. However, no instructional note regarding fever under any of the specific sickle-cell disease codes is necessary because there is already an instructional note at the category level ("Use additional code for any associated fever (R50.81)").

Social Determinants of Health

We support the proposed new codes for social determinants of health, including the codes for intimate partner abuse shown in the corrected C&M materials. We believe it is appropriate for intimate partner abuse to be identified in category T74 rather than in Y07 because intimate partner abuse represents a specific type of abuse and does not simply describe adult or child abuse involving an intimate partner as the perpetrator.

We are concerned that "inadequate physical environment" in the title of proposed new code Z58.81, Material hardship, inadequate physical environment, will not be widely understood. We recommend that consideration be given to using an alternative term, such as "unavailable in physical environment," or that "unavailable in physical environment" be added as an inclusion term. Clearer examples in the inclusion terms that don't include "inadequate physical environment" in their description would also be helpful. For example, "Unable to obtain internet service due to unavailability in geographic area" would be clearer than "Unable to obtain internet service, due to inadequate physical environment."

We recommend that a new code also be created in subcategory Z91.4 to identify personal history of intimate partner abuse.

Shwachman-Diamond Syndrome

We support creation of a unique code for Shwachman-Diamond Syndrome.

Wasting Disease (Syndrome) Due to Underlying Condition

AHIMA supports the creation of a new code for wasting disease (syndrome) due to underlying condition, but additional modifications are needed in order to prevent overlap with existing codes and clarify the proper use of the proposed new code and existing, related codes. These suggested modifications are described below.

The inclusion of "wasting syndrome" under existing code R64, Cachexia, should be deleted in order to avoid overlap between this code and the proposed new code.

The instructional note to "Code first underlying condition, if known" under code R64 should also be deleted.

An Excludes1 note for "Cachexia NOS" should be added under the proposed new code.

Excludes2 notes for "failure to thrive" (R62.51, R62.7) should also be added under the new code.

Addenda

The proposed instructional note to "Code also, if applicable, underlying disease" under code G05.3, Encephalitis and encephalomyelitis in diseases classified elsewhere, is incorrect. When the phrase "in diseases classified elsewhere" appears in a code title, the underlying condition must be sequenced first, so the note should be a "Code first" note instead of a "Code also" note. However, no instructional note is needed under code G05.3 because a note instructing to "Code first underlying disease" already exists at the category level.

The proposed "Code also" note under code T81.83, Persistent postoperative fistula, should be a "Use additional code" note, and the note should indicate "if known" rather than "if applicable." As indicated by the "Use additional code" note at the beginning of the Complications of Medical and Surgical Care section in the Tabular section of ICD-10-CM, the complication code should be sequenced first, and additional codes should be assigned to identify the specified condition resulting from the complication. Also, it is clear from the title of code T81.83 that a fistula is present, so the phrase "if applicable" in the instructional note is not appropriate.

There is a typographical error in a code number in the proposed Index Addenda modifications. Code F11.228 for "Dependence, opioid, with opioid-associated amnestic syndrome" should be code F11.288.

We support the remaining proposed Addenda modifications.

Thank you for the opportunity to comment on the proposed ICD-10-CM modifications. If you have any questions, please feel free to contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer
AHIMA