ICD-9-CM Coordination and Maintenance Committee Meeting

Volumes 1 and 2, Diagnosis Presentations

March 22-23, 2007

SUMMARY

Below is a summary of the diagnosis presentations from the March 22-23, 2007, ICD-9-CM Coordination and Maintenance Committee (C&M) Meeting.

Except where noted all proposals presented at this meeting are for consideration for implementation on October 1, 2008. Comments for those proposals requested for October 1, 2007, implementation must be received in writing (either via U.S. mail or e-mail) by April 13, 2007. Comments for remaining proposals must be received in writing (either via U.S. mail or e-mail) by December 3, 2007. Both the National Center for Health Statistics (NCHS) mailing address and e-mail addresses of NCHS Classifications staff are listed below. The Centers for Medicare and Medicaid Services (CMS) prepares a separate summary of the meeting for procedures issues.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is scheduled for Thursday and Friday, September 27-28, 2007, at the CMS building, Baltimore, MD. Modification proposals for the September 28, 2007, meeting must be received no later than July 27, 2007.

C&M Visitor List Notice

Because of increased security requirements, those who wish to attend a specific ICD-9-CM Coordination and Maintenance Committee meeting in the CMS auditorium must register using the on-line events registration on the CMS website at: http://www.cms.hhs.gov/events/. On-line registration for the September 27-28, 2007 meeting will open on August 16, 2007, and participants must register by September 21, 2007. The registration will allow participants to register once for both days of meetings. A visitor list will be generated from this registration website and will be at the front desk of the Centers for Medicare and Medicaid Services (CMS) and used by the guards to admit visitors to the meeting. Those who attended previous ICD-9-CM Coordination and Maintenance Committee meetings will no longer be automatically added to the visitor list. You must register prior to each meeting you attend.

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

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NCHS Classifications of Diseases and Functioning & Disability web page:
http://www.cdc.gov/nchs/icd9.htm

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Welcome and Announcements

Donna Pickett welcomed all in attendance to the diagnosis portion of the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting.

The time line for diagnosis changes, included in the proposal packet, was reviewed. Important dates of note are April 13, 2007, the deadline for receipt of public comments on proposals presented today and indicated as being considered for implementation on October 1, 2007. Also of note was December 3, 2007, the deadline for receipt of public comments on proposed code revisions presented and discussed at this meeting, that are being considered for October 1, 2008, implementation. It was strongly recommended, to ensure timely delivery, that comments be submitted via email or express mail. No updates to ICD-9-CM are to take effect April 1, 2007. Proposals for consideration at the September 28, 2007 meeting must be received by July 27, 2007. Registration for the September 27-28, 2007 ICD-9-CM Coordination and Maintenance Committee meeting will open on August 16, 2007, and close on September 21, 2007.

A summary of this meeting as well as related presentations will be posted to the NCHS Classifications of Diseases and Functioning & Disability web site within a couple of weeks.

Continuing Education certificates were made available at the conclusion of the meeting. There were 5 hours of continuing education awarded for each day of the two day meeting.

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SUMMARY OF COMMENTS AND DISCUSSION OF VOLUMES 1 AND 2 TOPICS
The following topics were presented at the meeting. (See separate topic packet):

Migraines and other headache syndromes
Stephen Silberstein, M.D., Director of the Jefferson Headache Center, Philadelphia, Pennsylvania, and the Past-President of and representing the American Headache Society, presented clinical information for this topic. The PowerPoint file is posted separately for this presentation. Following presentation of the proposed coding changes the following questions and comments were made:

- The question was raised of how to default tension headache to proposed code 339.1, tension type headache, if there is already a code 307.81 titled tension headache in the classification. It was noted that the term "tension headache" usually refers to "tension type headache". This will need to be carefully reviewed at the time of indexing the codes. NCHS will contact The American Psychiatric Association to discuss a possible modification to the code title for code 307.81 to better distinguish tension headache from tension type headache.
- It was pointed out that headache brought on by spinal fluid leak is currently indexed to code 349.0, Reaction to spinal or lumbar puncture.
- One participant asked for clarification of intractable migraine vs. status migrainosus. The presenter stated that intractable headaches are defined as headaches with duration greater than 72 hours. Status migrainosus is debilitating and incapacitating, with symptoms that typically leave the patient restricted to bed.
- What should be done with facial pain which is no indexed to 784.0, Headache? Dr. Silberstein indicated that this is the next step in classifying headaches.
- One person asked how physicians will be educated on the documentation for these codes. Laura Powers, M.D., representing the American Academy of Neurology (AAN), indicated that they can help with this through the distribution of education publications to their members.
- A participant asked whether nasal septum migraines are included in this proposal. Dr. Silberstein indicated that it is still controversial if this causes migraine headaches. It was recommended to code the cause, and then code the headache.
- It was recommended that the title of proposed category 339, Other headache syndromes, should match the proposed excludes note changes at code 307.81.
- A participant was concerned that the record documentation will not match what is in the classification, and therefore the codes will not be used.
- There was a discussion regarding the suggestion to change the "use additional code" note at proposed new code 346.6 to be a "code first note" so as to identify the cerebral infarction associated with persistent migraine aura.

- The question was raised as to how "premenstrual headache" should be coded, whether to headache NOS, tension type headache, or elsewhere. This issue will be reviewed further.
- There was discussion of cyclical vomiting, and how this is related to certain variants of migraine particularly in children. As the term "cyclical vomiting" now is indexed to the gastrointestinal section, it might be appropriate to specify that the variant of migraine code would just be used for cyclical vomiting associated with migraine.
- At 346.0, with proposed title change to Migraine with aura, the use additional code note for any migraine related seizure could instead be a code first note. This issue will be reviewed further.
- The question was raised as to whether nausea and vomiting would be considered intrinsic to a migraine headache. It was confirmed that these symptoms would be intrinsic to a migraine headache.

Exposure to toxic metals and chemicals

This topic had been presented at the September 2006 C&M Committee meeting. The proposal has been revised based on comments received as shown in the topic packet and is being presented again for additional comments. Joseph Jacobs, M.D., Associate Medical Director at Abbott Molecular provided verbal background to this proposal as well. He said it is not the intent to burden the coder with having to unnecessarily code multiple exposure or history codes. The burden is on the physician to document these factors. The purpose of the proposal is to provide clinical information for epidemiological use of the codes. Currently there is no way to capture certain environmental factors associated with risk for bladder cancer.

- There were two participants who commented that adding the statement about risk factors for bladder cancer to the "use additional code" note would introduce a new concept to ICD-9-CM and open up the possibility for similar requests throughout the classification. It was felt that coders are trained to code all relevant history/exposure codes if they are documented and do not need prompting by these types of coding notes. The use of "such as" in the note would also imply that additional things should also be coded, that are not enumerated. There was concern about putting this connection on the coder. These two participants expressed a preference not to have this note.
- One person wanted to know if code 596.59, Other functional disorder of bladder, should be used with one of these proposed hematuria codes. Coding guidelines and past coding advice would need to be evaluated.

Central venous catheter infections

Joe Kelly, M.D., presented the clinical background for this proposal. Following his presentation the following comments were made:

- The inclusion term at code 996.62, Infection...Due to vascular device, implant and graft, for "vascular catheter" with venous as a nonessential modifier should be reviewed and modified to clarify the excludes note sending central venous catheter to the newly proposed code of 999.31. It was recommended the inclusion note under code 996.62 be modified to better distinguish this code from the newly proposed code.

- One person asked whether the new proposed code 999.31, Infection due to central venous catheter, implies the presence of a catheter as the source of infection and the answer given was yes.
- This proposal is being considered for an October 1, 2007 implementation.

Myotonic disorders

NOTE: This topic was presented on Thursday, March 22, 2007. This proposal was originally presented in September 2006. It has been revised and is being presented for further comment on the revisions. It is being considered for an October 1, 2007, implementation. There were no comments following presentation of this revised topic.

Acquired absence of uterus

NOTE: This topic was presented on Thursday, March 22, 2007. This proposal was originally presented in September 2006. It has been revised and is being presented for further comment on the revisions. It is being considered for an October 1, 2007, implementation. There were no comments following presentation of this revised topic.

Prophylactic use of agents affecting estrogen receptors

- Sue Bowman, RHIA, CCS, representing the American Health Information Management Association (AHIMA), stated that the Editorial Advisory Board (EAB) for *Coding Clinic for ICD-9-CM* is gathering input from the physicians on that board to better define the status of the cancer when Tamoxifen is being given. It was recommended by them to wait for their input prior to making a decision about implementing these new codes.
- One participant asked when does the use of these drugs indicate prophylaxis vs. active treatment.
- NCHS staff responded that the American College of Obstetricians and Gynecologists (ACOG) was consulted on this proposal. ACOG physicians recommend the use of the code for personal history of breast cancer, V10.3, based on the official coding guidelines definition of a personal history. NCHS staff clarified that the use of a prophylactic drug use code with either a malignancy code or personal history code is valid. The ability to classify breast cancer patients on hormone therapy is what is important.
- One person commented that the *Coding Clinic for ICD-9-CM* has previously advised that if the patient is taking tamoxifen then a neoplasm, by site, should be coded and not a code for history of neoplasm. Therefore, that advice as well as the "ICD-9-CM Official Guidelines for Coding and Reporting" will need to be reviewed and modified if these codes are approved. NCHS staff acknowledged that these changes would be necessary.

Autoimmune hepatitis

NOTE: This topic was presented on Thursday, March 22, 2007. One person commented in favor of creating a unique code for this condition.

Plateau iris syndrome and pingueculitis

NOTE: This topic was presented on Thursday, March 22, 2007. There were no comments following presentation of this topic.

Personal and family history of military deployment

Lt. Col. Jeanne Yoder, of Tricare Management Activity, was present to provide additional information about the need for and intended use of the codes in this proposal. The following comments/questions were made:

- Would this only be for deployment to war or for all deployment? The intent is only for deployment to armed conflict or war.
- It was recommended to have the titles of V15.83 (personal history) and V61.81 (family history) both reflect that it was deployment to armed conflict/war and to remove "military" if it is to include civilians deployed to these areas, or possibly to make "military" a non-essential modifier.
- One person recommended having a definition of "war" added as a coding note to assure appropriate use of the codes.
- The question was raised on family history, just how close of family, and how recently in time, would be considered significant. The answer was, if it did not affect the current episode of care, do not code it.
- Questions were raised about other types of deployment that may have significant effects, such as long tours of duty on submarines, or in places with exposure to unusual infectious diseases. It was noted that such things happen regularly, but war-like conditions are severe, and can have psychological impact.

Secondary diabetes

NCHS provided background on all proposals presented at previous ICD-9-CM C&M Committee meetings. The PowerPoint file used for the presentation is posted separately from this summary. It was noted that The Endocrine Society is also reviewing this proposal and will provide comments which will be used to present this topic again at the September 2007 ICD-9-CM C&M Committee meeting. Participants were encouraged to submit written comments on this proposal, which should be submitted by July 27 so as to have them addressed in the proposal that will be presented at the September meeting. Following the presentation the following comments were made:

- It was suggested that two separate categories, similar to ICD-10-CM as shown on slide 8 of the PowerPoint presentation, be considered for ICD-9-CM.
- Another participant commented that sequencing issues would be less confusing by separating diabetes due to drug vs. diabetes due to an underlying condition.
- A question was raised as to how to address post-transplant diabetic. Sometimes this is due to steroids being taken for immunosuppression, while other times it may be due to treatments received prior to a kidney transplant.
- It was requested to find out from the endocrinologists whether drug induced diabetes is considered a poisoning or late effect.
- There was a comment that using two categories for this is not a problem here, given how common secondary diabetes is. It is important to get good data.
- A comment was made that diabetes may be virally induced, as a cross reaction of the immune system may be involved in certain cases. The question was raised as to whether this should be considered secondary.

Genital and other warts
There were no comments regarding this proposal.

Erythema Multiforme and Other Erythematous Conditions
The following comments were made:

- One person wanted to know if a specific organism should be coded with these codes if they are induced by infection. This issue will be reviewed further.
- Another participant suggested including other erythematous conditions that can cause exfoliation such as scarlet fever.
- The low occurrence of Stevens-Johnson syndrome was noted, and because of that, whether or not it warranted a new unique code.
- One commenter recommended changing the title of 695.5 to "Exfoliation due to erythematous conditions according to extent of body surface involved," to match the conditions under it.
- It was suggested to add "and unspecified" to the code title for 695.50.
- Questions were raised about the terms "Herpes iris" and "Erythema iris," included at the code 695.10, Erythema multiforme, unspecified. It was clarified that these terms refer broadly to the type of skin lesion found, with a target or "bull's eye" appearance, rather than implying involvement of the eyes.
- One commenter stated that less than 10 percent of skin exfoliation in Stevens-Johnson syndrome seemed low.
- It was suggested to add "staphylococcal" as a non-essential modifier to the proposed "scalded skin syndrome" inclusion term, below code 695.81; this could also be considered for the excludes notes at 695.1 and 695.5.

Poxviruses
One person commented that though the proposal represents good granularity for these conditions, they are conditions that are rarely if ever seen in the United States, and questioned the need for all of the new unique codes being proposed.

NCHS staff mentioned that this same proposal will be presented at the World Health Organization (WHO) meeting of the Update Revision Committee later this year. This committee reviews proposals for revising ICD-10.

Prion Diseases
There were no comments following presentation of this topic.

Carotid Sinus Syndrome
NOTE: This topic was presented on Thursday, March 22, 2007. There were no comments following presentation of this topic.

Personal history of fracture

- The question was raised as to how to determine when a pathologic fracture is not healed, and when it is necessary to use the history code. It was pointed out that the last revision of the "ICD-9-CM Official Guidelines for Coding and Reporting" addressed history of vs.

current treatment of fractures. It was further noted that the guidelines would need to be reviewed further if this proposal is implemented.

- A participant asked how stress fractures would be handled. This will need to be further reviewed.

Noncompliance with renal dialysis

A commenter noted that sometimes a patient's noncompliance with renal dialysis may be related to inclement weather that prevents them from getting to the dialysis provider. It was acknowledged that noncompliance does not only indicate a patient refusing treatment.

Other complications of organ transplant and transplant status

Comments regarding this proposal included the following:

- There were concerns regarding sequencing of codes and whether to code the complication affecting the organ or the proposed code for graft-versus-host reaction as principal diagnosis.
- It was recommended to split the newly proposed code of 279.5, Graft-versus-host disease, to the 5th digit level, and have unique codes for acute and chronic forms of this, particularly since they have clinical differences.
- There was a comment for proposed new code 199.2, Malignant neoplasm associated with transplanted organ, that it would be appropriate to have a note to code first the complication. Also, it could be appropriate to have a note to use an additional V code to identify the transplanted organ.
- The question was raised as to how post-transplant lymphoma should be handled, if a post-transplant lymphoproliferative disorder were to progress to that stage.
- There was a comment recommending that the inclusion term at proposed new code V45.87, Transplanted organ removal status, be modified to also mention removal due to infection. Also, a question was raised as to how the specific organ removed could be identified, and whether an acquired absence code would be appropriate for this.

Vulvodynia

There were no comments following presentation of this topic.

Fetal medicine

The following comments were made following presentation of this topic:

- It was recommended to present indexing changes for such large proposals. In this case it was suggested to review the indexing for categories 655 vs. 679.
- It was asked if code V28.3 is allowed to be used multiple times for multiple types of screening, especially if they are done at different times during the pregnancy. One participant indicated they use V28.8 for subsequent screenings. NCHS staff indicated that code V28.3 may be used multiples times during the pregnancy.
- It was suggested to review how the guidelines would be impacted before making these coding changes.

- There was some concern that the proposed codes in category 678 for suspected fetal conditions not found would cause confusion with whether to code the suspected condition or not. There was also concern that the sign or symptom causing the condition to be suspected should be coded. NCHS staff responded that a ruled out condition is no longer suspected, possible or probable, so the inpatient guideline for coding suspected conditions would not apply. Also, the guidelines for coding of pregnancy cases, and the use of signs and symptom codes with codes from chapter 11 would still apply.
- There were comments that encounters for conditions not found or ruled out might be better handled using V codes, and that certain of the proposed codes (at 678.3) could instead be considered as V codes.
- One participant raised the issue of whether it would be correct to assign code new code 649.7, Pregnancy resulting from assisted reproductive technology with 650, Normal delivery, if there were no other complications at the time of delivery. NCHS staff noted that code 650 is never used with any other code from Chapter 11.
- The question was raised as to whether code 649.7 would be used with code V23.0, to show the history of infertility. It was also suggested to add the term "IVF" in parentheses to the inclusion term for code 649.7.
- It was also noted that the term "Nuchal translucency testing" at code V28.8 involves ultrasound. While it differs from a fetal anatomic survey, it might be considered at V28.3.

Malignant pleural effusion
The following comments were made following presentation of this topic:

- One participant asked if this new code (511.81) would include "metastatic pleural effusion" (as opposed to "malignant").
- It was suggested to add a code first note to code the neoplasm.

Abnormal Papanicolaou smear of vagina and vaginal HPV
There were no comments following presentation of this topic.

Addenda
NOTE: The proposed addenda changes were presented on Thursday, March 22, 2007 and the following comments were made:

- Regarding the new excludes note proposed for code 571.5, cirrhosis of liver without mention of alcohol, one participant asked whether viral hepatitis always caused cirrhosis and whether to code the hepatitis separately. It was further recommended to add a note under the hepatitis codes to also code cirrhosis if present.
- It was suggested to rephrase the note being proposed at code 647.6, other viral diseases in the mother. The range of codes proposed, with the exceptions, was suggested to be unclear.
- The note at 994.8 for shock due to electroshock gun does include if the shock is fatal. It was suggested to include law enforcement use of this in the External Cause of Injury codes (E codes).
- Laura Powers, M.D., representing the AAN, recommended considering assigning face blindness (prosopagnosia) to a symptom code rather than a vision code. It was noted that the code 368.16, Psychophysical

visual disturbances, is the current index entry for “Agnosia, visual.” On the other hand, “Agnosia, verbal, visual” is indexed to 784.69, Other symbolic dysfunction, Other.

- There were many comments regarding the indexing of diabetes mellitus with hyperglycemia. Some felt this will take away from the long history of having the physician clarify the controlled state of the diabetes. Others commented that the term hyperglycemia is not only used when the diabetes is uncontrolled, so it should not be assumed. It was suggested that if this note is added, then the term “poorly controlled” should also be better addressed.
- The question was raised regarding the proposed addition of the term “acute” below “Encephalopathy, necrotizing, hemorrhagic,” whether since it was being sent to the same code, it could just be added as a nonessential modifier.
- Regarding the note in the neoplasm table, about “cause of death coding”, one commenter stated that since ICD-9 is no longer used for mortality coding, that the entire line regarding “cause of death coding” should be deleted in ICD-9-CM rather than fixing the typographical error within the note.
- It was suggested to put an instruction code at code 998.89 as well as 729.7 regarding the need for two codes for post-surgical compartment syndrome.
- Many questions were raised regarding the intended use of the proposed index entry for Tear/surgical (incidental) to code 998.2. Some felt this should not always be required to be coded. Many felt this should be further reviewed and brought back to the September ICD-9-CM C&M Committee meeting.
- The proposal to the index to external causes of injury needs to have the code for legal intervention added.