ICD-9-CM Coordination and Maintenance Committee Meeting

Volumes 1 and 2, Diagnosis Presentations

April 2, 2004

SUMMARY

Below is a summary of the diagnosis presentations from the April 2, 2004 ICD-9-CM Coordination and Maintenance Committee (C&M) Meeting.

The proposals for acute bronchitis with COPD, the Bethesda System, stroke/CVA and psychalgia are being considered for implementation with the addenda for October 1, 2004. Therefore, comments on these proposals need to be received in writing or via e-mail no later than April 9, 2004. Comments on other proposals will be accepted until January 9, 2005. Both the NCHS address and e-mail addresses of NCHS C&M staff are listed below. CMS prepares a separate summary of the meeting for procedure issues.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is scheduled to be held Thursday and Friday, October 7-8, 2004 at the Centers for Medicare and Medicaid Services (CMS) building, Baltimore, MD. Modification proposals for the October 2004 meeting must be received no later than August 9, 2004.

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 submit their name and organization for addition to the meeting visitor list. Those wishing to attend the October 7-8, 2004 meeting must submit their name and organization by October 4, 2004 for inclusion on the visitor list. This visitor list will be maintained 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 request inclusion of your name prior to each meeting you attend.

Send your name and organization to one of the following by October 4, 2004 in order to attend the October 7-8, 2004 meeting.

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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

Please consult this web page for updated information.

Welcome and Announcements

Donna Pickett welcomed all in attendance to the diagnosis portion of the C&M meeting.

The time line for diagnosis changes, included in the proposal packet, was reviewed. It was noted that the December meeting date has been changed to October 7-8, 2004. As noted earlier, changes to ICD-9-CM resulting from most of the proposals discussed today, if approved, would become effective on October 1, 2005. Those few that are noted to be of urgent need will be considered for implementation on October 1, 2004. It was stressed that comments on the urgent proposals need to be received no later than April 9, 2004.

New proposals must be received at NCHS by August 7, 2004 to be considered for presentation at the October 2004 meeting.

A summary of today's meeting as well as an updated topics document and related presentations and statements will be posted to the NCHS Classifications of Diseases and Functioning & Disability web site within a few weeks.

As was noted at the December 2003 meeting, there was a provision in the Prescription Drug and Medicare Improvement Act of 2003, to update the ICD-9-CM twice yearly. Further details on this will be published in the Federal Register this spring. Instructions for providing any comments on this change will be included in the notice.

Continuing Education certificates were made available at the conclusion of the meeting.

SUMMARY OF COMMENTS AND DISCUSSION OF VOLUMES 1 AND 2 TOPICS

The following topics were presented at the meeting. (See attached topic packet):

Complete and partial edentulism

John Zarb, D.D.S., M.Sc. representing the University of Illinois College of Dentistry, presented details about the request for these codes. There were no comments made and a general poll of the audience showed they were in favor of the proposed codes.

Psychalgia

Michael First, M.D., representing the American Psychiatric Association (APA) presented information about the history of this code as well as background information on DSM and its relationship to ICD-9-CM. Psychalgia is considered an anachronistic term and it was suggested to change the title for subcategory 307.8 to "Pain disorders related to psychological factors". Additionally it was suggested to move the proposed code first note from the 307.8 subcategory to code 307.89, Other, as well as add excludes notes to that code related to whether the pain is exclusively attributed to psychological factors or not. The topics package has been updated to reflect these changes. A comment was also made that tension headache is coded to 307.81 of this subcategory. This is not considered a psychiatric condition and it was suggested to add an exclusion note to this code. Since there are a large number of other mental health tabular addenda changes taking affect on October 1, 2004, it was suggested to include this as well. Therefore, comments for this topic need to be received at NCHS no later than April 9, 2004 to be considered.

Stroke and Cerebrovascular Accident (CVA)

Following presenting of general information about this topic, Laura Powers, M.D., representing the American Academy of Neurology, presented data from the University of Cincinnati Stroke Program. This demonstrated use of the codes from the 433, 434 and 436 categories. Comments were favorable to this proposal and many stated that the proposed changes are urgently needed. Therefore, they should be considered for implementation on October 1, 2004. Comments for this topic need to be received at NCHS no later than April 9, 2004 to be considered. It was also noted that current guidelines for use of these codes would need to be modified and implemented with the changes.

Renal failure and renal insufficiency

There were several comments received on this topic. Some stated problems would be associated with trying to default many of these terms to a specific code since many of them are used

interchangeably and are viewed by some as synonymous. Many times you will see both renal insufficiency and renal failure on the same record. Many questions were asked regarding how to code when there is more than one of these terms used together on a chart. There was one comment regarding whether something could be done with the continuum of renal insufficiency and renal failure similar to the SIRS to septic shock continuum. A suggestion was also made to index renal insufficiency terms to the renal failure codes

Immune thrombocytopenic purpura (ITP)
There were no comments on this topic.

Vaccination not given
Since not all reasons, given in the proposed expansion to this subcategory, are contraindications, it was suggested to retitle subcategory V64.0 to "Vaccination not carried out". It was also suggested that proposed code V64.05 should be excluded from code V64.2, Surgical or other procedure not carried out because of patient's decision.

Personal history of illness
One commenter stated that it would be nice to have V codes to track patients who have had a personal history of rheumatic fever, chicken pox and concussion. One comment raised the question as to whether you would code a one time history of urinary tract infection, or wait until it had recurred. It was suggested to exclude code V12.01 Personal history of tuberculosis, from proposed code V12.04, personal history of infections of the central nervous system.

Screening for genetic carrier status
A suggestion was made to change the proposed code title V26.31 to "Screening for genetic disease carrier status" which would make it similar to proposed code V18.9, Carrier of genetic disease.

Retroperitoneal abscess
It was suggested to change the code title proposed for 567.22, to "Peritoneal abscess" (removing the word "other").

Fetal reduction status
A question was raised as to whether this proposed code overlaps with existing codes 651.3x-651.6x (for multiple gestations). It was suggested to add a term such as "involuntary" or "elective" to the code title and to exclude it from codes 651.3x-651.6x. A suggestion was made to add it to category V23, Supervision of high-risk pregnancy, rather than in the pregnancy chapter. NCHS will consult with the American College of Obstetricians and

Gynecologist (ACOG) regarding these suggested changes.

Overweight

Carol Vassar, M.D., a practicing physician, provided additional background information regarding this topic. She further suggested that instead of having codes with BMI ranges (in proposed category V85) to break the codes out further to provide specific BMI values. There were several comments and questions on this topic:

- Ranges of values are traditionally used in the ICD rather than actual values.
- Terms “overweight” and “obesity” are not commonly documented and therefore are not regularly coded.
- Would it be required to use a V code for the BMI if a code from category 278 was used?
- Coding a BMI value would be more meaningful than a range
- Should the BMI only be coded on admission since weight can change during the course of a hospital stay?
- If dieticians record BMI in the chart can that value be used for coding purposes even if though dieticians are not licensed physicians? It is less likely a physician will record BMI in the chart.

Family history of osteoporosis

There were no comments on this topic.

Egg donor

It was suggested to change the title to be “ovum donor” and to change the second occurrence of “donor” in the title to be “recipient”. It was also recommended to use the term “35 and over” rather than “over age 35”. One person commented that having the age breaks as part of these codes would help when doing data analysis on a dataset that did not break out age.

Acute bronchitis with COPD

Comments favored this proposal and there was general agreement that the proposed new code is urgently needed and should be implemented on October 1, 2004. One commenter asked how this proposed new code could be distinguished from patients in 491.21. If a patient has both conditions would you code both or just the most severe? This would need to be addressed as a guideline issue. Comments for this topic need to be received at NCHS no later than April 9, 2004, to be considered.

The Bethesda system

This topic was brought back to present changes that were made after it was presented in December. These changes are proposed to be implemented this October 1, 2004 and therefore comments

regarding this topic must be received no later than April 9, 2004 to be considered.
The following comments were made on this topic:

- Remove the word “nonspecific” from the subcategory title 795.0 since the findings associated with proposed codes 795.03-795.05 are specific.
- Add “thin prep smear” as an inclusion term for codes for Papanicolaou smear.
- Index the acronym VAIN (vaginal intraepithelial neoplasia).

Worn out joint prosthesis
One commenter asked whether this proposed V code will set a precedent since “fitting and adjustment” is used for other prosthetic attention codes where there is no complication or need for other care. Some comments reflected that this is similar to a pacemaker battery that needs to be replaced over time, which is coded to fitting and replacement. Other comments expressed that this condition should still be considered a complication of the joint prosthesis because mechanical complications occur as the prosthesis becomes worn.

Effects of Red tide
There were no comments made on this topic.

Erythromelalgia
There were no comments made on this topic.

Encounter for ventilator weaning
There were no comments made on this topic.

Encounter for blood typing
There were no comments made on this topic.

Secondary diabetes mellitus
In addition to presenting the topic in the packet, comments from CDC's Division of Diabetes Translation in Atlanta, and NIH's Diabetes Institute were shared with the audience. These comments reflected that this condition should not be given a new fifth digit in category 250, Diabetes Mellitus. Comments were made that this might be better placed in a separate category such as 251, Other disorders of pancreatic internal secretion, and perhaps the category title could be modified. Further comments were made about how this might change coding steroid induced diabetes, currently indexed to 251.8. There were further comments raised that the documentation on these records may not clearly reflect whether it is secondary diabetes (caused by an underlying condition) or diabetes mellitus occurring in conjunction with one of the conditions known to cause secondary

diabetes. This topic will need to be further reviewed and presented again at the October 2004 ICD-9-CM C&M meeting.

Addenda

No comments were made to the proposed tabular addenda.
Comments to the index addenda were as follows:

- Postnasal drip - rather than indexing it to “code to condition” it should probably be indexed to a symptom code.
- Injury, diffuse axonal - need to add an entry for “with open wound” since you can’t exclude an open wound with this.
- Lipodystrophy - a suggestion was made to also add an entry of “meaning local adiposity” and index it to code 278.1, Localized adiposity. The term “lipodystrophy” is used frequently for cosmetic surgery patients who do not have a metabolic related diagnosis. This appears to be a misnomer for such cases.