ICD-10 Coordination and Maintenance Committee Meeting
Summary of Diagnosis Presentations
March 19, 2015

Donna Pickett, co-chair of the committee, welcomed the members of the audience to the diagnosis portion of the meeting. Ms. Pickett reviewed the timeline and went over key dates and information from the beginning of the topic packet informing the attendees of the deadline for written comments on topics presented at this meeting. All topics are being considered for implementation on October 1, 2016. There will not be any final decisions made at the meeting. The ICD-10-CM 2015 files are posted to the CDC website: http://www.cdc.gov/nchs/icd/icd10cm.htm.

Written comments for the diagnosis proposals must be received by NCHS by June 19, 2015. Ms. Pickett requested that comments be sent via electronic mail to the following new email address: nchsicd10CM@cdc.gov. This email address should be used for all correspondence including new proposals and comments. Telephone contact information for all NCHS staff and the NCHS website are included in the topic packet. Attendees were also reminded that the full topic packet is currently posted on the NCHS website. New proposals for the September 22-23, 2015 meeting must be received by July17, 2015. The tentative agenda and Federal Register Notice will be posted one month prior to the meeting.

NCHS no longer provides a hard copy continuing education (CE) certificate for this meeting. Attendees were instructed to contact their respective professional association for further information on CE reporting details. NCHS will continue to report, in this summary, the number of hours for each day of the meeting. On March 18, 2015 the meeting convened at 9:00 a.m. and adjourned at 4:00 p.m. with a 1 hour lunch. On March 19, 2015 the meeting convened at 9:10 a.m. and adjourned at 12:30 p.m., with a 15 minute break. Attendees may be eligible for CE hours.

Ms. Pickett stated that information on the updated GEMS can be found on pages 60-69 in CMS's agenda materials http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/Downloads/2015-03-18-Agenda.pdf.

Ms. Pickett also announced that former staff member Beth Fisher retired as of December 31, 2014. We all wish her well.

Comments and discussion on the topics presented on September 19, 2014 were as follows:

Postprocedural Hemorrhage and/or Hematoma

Dr. Garth H. Utter, representing the Agency for Healthcare Research and Quality (AHRQ), provided the clinical background on the topic on behalf of Dr. Patrick Romano, AHRQ, who was unable to be there at the time the proposal was presented. Linda Holtzman, Clarity Coding, supported the proposal.

Laura Powers, MD, representing the American Academy of Neurology (AAN), commented that this proposal should be fine; however looking at the conditions from an epidemiological and severity perspective. However, in the case of the neurological systems, hematoma may be just as devastating as a hemorrhage, and one cannot attach the same medical severity. Stephanie Stinchcomb, American Urological Association, supported the proposal.

Swan-Ganz Catheters and Blood Stream Infection

There was general support for this proposal. Linda Holtzman, Clarity Coding, suggested adding an "Includes" note at T80.21 to include pulmonary artery catheters and in parenthesis Swan-Ganz catheters. This should also be added to the index.

Congenital malformations of aorta

David Berglund, MD, provided the clinical background on the topic on behalf of Dr. Patrick Romano, AHRQ, who was unable to be there at the time the proposal was presented. There were no comments on this proposal.

Interruption of Aortic Arch

David Berglund, MD, provided the clinical background on the topic on behalf of Dr. Patrick Romano who was unable to be there at the time the proposal was presented. There were no comments on this proposal.

Low Birth Weight with 2,500 grams

David Berglund, MD, provided the clinical background on the topic on behalf of Dr. Patrick Romano who was unable to be there at the time the proposal was presented. There were no comments on this proposal.

Exocrine Pancreatic Insufficiency

Mark Haupt, MD, representing AbbVie, Inc., a research-based pharmaceutical company, provided a general overview and support of the proposal as submitted. Linda Holtzman, Clarity Coding, stated that she is not opposed and likes the proposal, but wonders why the need for a separate code. Ms Holtzman also asked if there was a specific treatment available to patients

with this condition. Dr. Haupt stated that yes there is a specific treatment. Ms Holtzman also commented that there may be a need for flexibility in sequencing; thus, it may be good to consider using "Code also" notes, rather than "Use additional code" notes.

Observation and evaluation of newborns for suspected conditions ruled out

Nelly Leon-Chisen (AHA) acknowledged the work on the proposal and thanked Dr. Linzer for his patience in incorporating prior comments in the revised proposal and stated that she prefers this version to previous ones. However, she feels it is still vague on cases where the newborn condition is due to issues with the mother. She noted that "suspected" is still part of the Excludes notes, and "suspected to be" is a nonessential modifier in code titles at P00-P04. She stated that perhaps the Excludes2 notes could be more specific. For example, it could state that an issue was not ruled out. If something was completely ruled out, then codes P00-P04 would not be used, but codes from Z05.

Linda Holtzman, Clarity Coding, likes this version, but also said that it is not clear enough for the most common scenario in which the baby is treated for suspected sepsis. She said that culture positive cases could be clearly coded as sepsis, while there might be questions about culture negative cases. Ms. Holtzman also stated that specific information and terms should be added, for example, in cases where sepsis was suspected, such as if the mother had chorioamnionitis, or premature rupture of membranes. Thus, there is a need for specifying how "presumed sepsis" or "presumptive" would be coded. Ms. Leon-Chisen stated that she will work with the American Academy of Pediatrics to create common scenarios for Coding Clinic.

Postprocedural Spinal Deformities

Linda Holtzman, Clarity Coding, commented that she feels that this proposal is very confusing. Ms. Holtzman suggested re-evaluating for a better approach. She stated that the terms postprocedural and postsurgical may sometimes be used interchangeably, but that they are used differently in this proposal. She noted that the proposed code M96.841, Other postprocedural kyphosis, excludes kyphosis due to radiation and due to laminectomy; she asked what else causes this. She mentioned that there is inconsistency in what is included and excluded for the proposed new codes. The proposed code M96.841 includes other postsurgical kyphosis, but excludes postradiation kyphosis and postlaminectomy kyphosis, while in contrast the proposed code M96.842 includes postradiation lordosis and excludes postsurgical lordosis.

Dr. Berglund noted that the terms used are based on what WHO has included at the existing codes and what terms are left over and thus coded to the other code for this section. The intent of this proposal is to maintain consistency with the WHO structure and expand to provide more specific codes for the remaining concepts that were not given specific codes by WHO. Input on the optimal approach to capture these concepts with new codes is welcomed.

Childhood Asymmetric Labium Majus Enlargement (CALME)
There were no comments on this proposal.

Longitudinal Vaginal Septum
There were no comments on this proposal.

Pre-Pubertal Vaginal Bleeding
There were no comments on this proposal.

Acute Pancreatitis

Dr. Garth H. Utter, representing the Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma, provided the clinical background on the topic. Linda Holtzman, Clarity Coding, asked Dr. Utter for clarification on the differences between acute pancreatitis with uninfected necrosis versus acute pancreatitis with infected necrosis, and asked what the documentation would state. Dr. Utter said that typically the infected necrosis will begin after several days to a week in an acute pancreatitis episode.

Nelly Leon-Chisen, American Hospital Association (AHA), asked what is a common scenario of acute pancreatitis with necrosis, without mention of infection or not. She asked what should be the default diagnosis code. Dr. Utter stated that the default should be uninfected necrosis. Ms. Leon-Chisen suggested that the proposed deleted inclusion terms be added to the new subcategory codes as inclusion terms. Ms. Holtzman added that clear documentation of infected necrosis will be critical to ensure the proper assigning of these codes. She also stated that she is not opposed to the creation of these codes but wants to make sure they will be useful.

Darrel A. Regier, MD, American Psychiatric Association (APA), asked to what degree the surgeons suggest codes for the record. Dr. Regier stated that he encourges his collegues to include specific codes to cut down on ambuigity. Dr. Utter said that he usually leaves the coding to the coding experts.

Nelly Leon-Chisen, AHA, suggested adding acute pancreatitis NOS to K85.90. A commenter suggested keeping the without infected necrosis and with infected necrosis to be consistent with

the other codes. Ms. McConnell-Lamptey stated that the American Gastroenterological Association (AGA) has reviewed this proposal and are in support.

Contact with knife, sword or dagger

There was general support on this proposal. Linda Holtzman, Clarity Coding, suggested having the term paper cut as an inclusion term, because that's what is documented in the health record. Nelly Leon-Chisen, AHA, suggested separating paper cut and cut from tin can lid. A cut from tin can lid can be more severe.

Dengue Fever

Nelly Leon-Chisen (AHA) commented that under code A97.1, Dengue with warning signs, it may be necessary to add the specific warning signs as inclusion terms. Otherwise, unless the provider writes the term "with warning signs," this code would not be assigned.

Excessive and redundant skin and subcutaneous tissue

There were no comments on this proposal.

Arterial Tortuosity Syndrome

Linda Holtzman, Clarity Coding, commented that she does not oppose creation of this new code, but since this is so rare asks why a unique code is needed. Ms. Holtzman also commented that if there are specific treatments for rare disorders that may help to identify a real need for a unique code. Donna Pickett commented that typically when we review a diagnosis proposal to create a code, considering the treatment is not part of the process. Ms. Leon-Chisen (AHA) commented that there are many reasons why codes are created, not just for reimbursement. Ms. Pickett commented that currently there is no generic code to use for the interim.