ICD-9-CM Coordination and Maintenance Committee Meeting

Volumes 1 and 2, Diagnosis Presentations

April 19, 2002

SUMMARY

Below is a summary of the diagnosis presentations from the April 19, 2002 ICD-9-CM Coordination and Maintenance Committee (C&M) Meeting. Comments on this meeting's topics must be received in writing or via e-mail by January 10, 2003. 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 procedures issues.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is scheduled to be held Thursday and Friday, December 5-6, 2002 at the Centers for Medicare and Medicaid Services (CMS) building, Baltimore, MD. Modification proposals for the December 2002 meeting must be received no later than October 5, 2002.

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

ICD-9-CM Coordination and Maintenance Committee Meeting
ICD-9-CM Volume 1 and 2, Diagnosis Presentations
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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. Changes to ICD-9-CM resulting from the topics discussed today, if approved, would become effective on October 1, 2003. New proposals must be received at NCHS by October 5, 2002 to be considered for presentation at the December 2002 meeting.

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

Ms. Pickett also presented changes made to the external cause codes in ICD-9-CM to allow classification of injury by terrorism. These changes were made in response to the September 11, 2001 events. These same changes were also made to ICD-10 for mortality coding, but they will be used only in the United States. The changes to ICD-9-CM will take effect on October 1, 2002 with the other changes to Volumes 1 and 2 of the classification. These changes as well as additional background information are currently available on the NCHS Classifications of Diseases web site.

Additionally, Ms. Pickett presented an overview of the changes to the ICD-9-CM coding guidelines. These changes are the result of work between the Co-operating parties for ICD-9-CM. The format of the guidelines has been revised and there has been very slight change to the content. These will be posted on the web site also.

A PowerPoint file is available as an attachment to the minutes which provides highlights of both of these presentations.

Ms. Pickett presented an update to the hearings on HIPAA code set issues. The hearings held by the Subcommittee on Standards and Security, which is part of the National Committee on Vital and Health Statistics, are the first step

to requesting that ICD-9-CM be replaced by ICD-10-CM and ICD-10-PCS. The next hearing is scheduled for May 29-30, 2002. Meeting transcripts, minutes, live broadcast and archived meeting broadcasts may be accessed on the National Committee on Vital and Health Statistics web site, http://www.ncvhs.hhs.gov/

Continuing Education certificates were made available at the conclusion of the 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 attached topic packet):

Neurologic conditions
Laura Powers, M.D., representing the American Academy of Neurology presented three proposals for changes to the classification. The first was to create a unique code for muscle weakness. One participant suggested to exclude muscle weakness from the current code 728.9, Unspecified disorder of muscle, ligament, and fascia. This is where muscle weakness is currently indexed.

There were no comments on the proposal requesting to create a unique code for memory loss.

The third proposal presented asked to create a unique code for specific types of encephalopathy. Currently metabolic encephalopathy is indexed to Delirium, and is coded to the category of 293, Transient organic psychotic conditions. One participant suggested adding "specified" to the title for proposed code 348.39, Other encephalopathy. It was also suggested to add hepatic encephalopathy to the 348.39 excludes list. Hepatic encephalopathy is currently indexed to 572.2, Hepatic coma.

A participant commented that in the 1993, 1st Quarter issue of "AHA Coding Clinic for ICD-9-CM", it was recommended to code the underlying cause for metabolic encephalopathy, and asked whether this should still be the case. Dr. Powers indicated that this is always due to an underlying cause, but that there are many possible causes. It was suggested to use the new convention "Code, if applicable, any causal condition first" and that the sequencing for this proposed code will need to be reviewed.

Myasthenia gravis in crisis
Comments following this presentation were to include " acute myasthenia gravis in exacerbation" to proposed code 358.01, myasthenia gravis in crisis. Also, it was suggested to

exclude "cholinergic crisis" from this code. A comment addressed whether there would be documentation in the medical record to support use of this code. Currently they see a patient with myasthenia gravis, admitted to the ICU and placed on a ventilator but the term "in crisis" is not used in the record. This would require some physician education about the terms and codes available in the classification.

The topic packet has been revised based on the comments of Dr. Powers. The new code titles for these codes read myasthenia gravis not in acute exacerbation and in acute exacerbation.

Long-term antiplatelet/antithrombotic and anti-inflammatory use

Many questions raised involved how aspirin should (would) fit into this proposal. One participant questioned whether you would have documentation that the patient was taking the drug long term and whether this was under a physician's supervision or not (as in the case of over the counter aspirin use).

History of Extracorporeal Membrane Oxygenation (ECMO)

There were no comments on this proposal.

Pediatric pre-birth visit for expectant mother

There were no comments on this proposal.

History of drug use

A participant indicated that "AHA Coding Clinic for ICD-9-CM" recommended use of codes from category 305, Nondependent abuse of drugs with 5th digit 3, in remission for these cases. Based on this comment this proposal has been removed from the topic packet.

Delayed separation of umbilical cord

There were no comments on this proposal.

Vaccination for RSV

There were no comments on this proposal.

Bleeding esophageal ulcer
It was suggested to exclude bleeding esophageal varices from this code.

Encounter for lengthening of growth rod
It was suggested to add another code for removal of internal fixation device, since most of the current use of code V54.0 is for that purpose. It was further suggested that the order of the new codes be removal of fixation device, lengthening/adjustment of growth rod, and other aftercare of internal fixation device.

The proposal in the topic packet has been revised based on these suggestions.

Decreased libido
There were no comments on this proposal.

Facial weakness
It was suggested to exclude facial weakness due to CVA.

Asthma
There were no comments regarding this proposal other than coders will need direction on the use of the new codes when there is also an acute exacerbation.

Sickle cell disease
It was suggested to add “in sickle cell disease” to the title of proposed code 517.3, Acute chest syndrome. This would help reduce confusion of this with other chest pain/chest wall syndrome codes. It was pointed out that the code 517.3 can only be used in conjunction with coding sickle cell disease as an underlying cause.

Encounter for insulin pump training and titration\Insulin pump status
A participant pointed out that insulin pump status is not a postsurgical state. The patient is instructed in the insertion and placement of a subcutaneous needle connected to the pump which is worn externally. There is an internal pump being developed but this currently is still experimental.

Late effects of SIRS
There were no comments on this proposal.

Atherosclerosis of bypass graft of transplanted heart
It was suggested that the default should be code 414.06,...of native coronary artery of transplanted heart.

Hyperplasia of prostate with urinary obstruction
There were no comments on this proposal.

Addenda
It was suggested to change the title of category V43 to read "Organ or tissue assisted by or replaced by other means," to address heart assist devices which assist heart function rather than replace it. This change has been added to the addenda in the topic packet.

A participant questioned whether the proposed inclusion term changes for code V61.49 might propagate similar requests, of this nature, throughout the classification.