ICD-9-CM Coordination and Maintenance Committee
November 2, 1998

Below is a summary of the diagnosis presentations from the November 2, 1998 ICD-9-CM Coordination and Maintenance Committee Meeting. Issues presented at this meeting are under consideration for October 1999. Comments on the November 1998 meeting topics must be received in writing or via e-mail by January 5, 1999. Both the NCHS address and e-mail addresses of C&M staff are listed below. Continuing Education certificates will be mailed to those participants who expressed an interest in receiving one.

HCFA prepares a separate summary of the meeting for procedure issues which may be found on the HCFA home page at http://www.hcfa.gov/events/events.htm.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is tentatively scheduled to be held Thursday and Friday, May 13-14, 1999 at the Health Care Financing Administration building, Baltimore, MD. Modification proposals for the May meeting must be received no later than March 12, 1999.

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 Volume 1 and 2, Diagnosis Coding Issues

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SUMMARY REPORT

ICD-9-CM Coordination and Maintenance Committee
Volumes 1 and 2, Diagnosis Presentations

November 2, 1998

Welcome and Announcements

Donna Pickett welcomed all in attendance to the diagnosis portion of the C&M meeting. After staff introductions, Ms. Pickett then made a few announcements regarding meeting issues. All written comments on this meeting's diagnosis agenda must be received no later than January 5, 1999.

ICD-10-CM Update

David Berglund presented an update on the status of ICD-10-CM development and implementation in the United States. The entire draft of the Tabular List of ICD-10-CM, and the preliminary crosswalk between ICD-9-CM and ICD-10-CM were made available on the NCHS website for public comment. All comments received during the comment period, which began December 1997 and ended February 1998, were requested to be in writing.

At the conclusion of the 60 day comment period the Center for Health Policy Studies (CHPS), under contract with NCHS, began the process of reviewing, sorting, compiling, and analyzing the public comments received. Comments were classified, and a matrix was constructed to identify the source of the comment, chapter(s) of the classification addressed, nature of comment, analysis, and recommendation for disposition of the comment based on the analysis.

Over 1,200 comments were received from 22 individuals and organizations representing a variety of groups including: one governmental agency; two research institutions, three information system developers; four professional organizations, and several health care providers.

The nature of these comments ranged from general observations (both favorable and critical) to very specific and detailed analyses. Comments included requests for changes in both terminology and code structure.

CHPS classified comments according to the nature of the request/comment. The taxonomy of comments included the following: addition, clerical, clerical-braces, collapse, definition, deactivation, related, reorganization, subdivision, and technical. The following categorizations were developed by the contractor to classify their recommendations regarding the disposition of the commenters' issues:

Implement as stated;

Comments deemed by the contractor as meriting direct incorporation into ICD-10-CM

No further action required or No need for further response;

Typically phrased as a question (e.g, “Where are degenerative tear of rotator cuff and impingement syndrome coded?”) or as a statement (e.g., “The addition of the word intrinsic to the code title for D68.3 and the excludes note for drug induced hemorrhage disorder will help to resolve the misuse of this code that has occurred with the corresponding code in ICD-9-CM”).

Recommend adding to appendix;

Typically phrased as a request for definitions (for example, the request for a definition of external constriction pertaining to injury codes since external constriction is a concept that does not appear in ICD-9-CM).

Recommend as stated;

Comments deemed as meriting incorporation but several alternatives could be used to address substance of comment.

Reject as stated;

Requests for changes to coding structure that are not consistent with ICD-10 or represented misperceptions of the commenters.

Requires further study;

Examination of comment was determined to merit a change to ICD-10-CM, but several alternatives could be used to address the substance of the comment. Typically describes issues that require further review to determine exactly where specific changes will need to be made.

Of the comments received, the contractor recommended that: 238 either required no response or necessitated no further action; 180 comments were viewed by CHPS reviewers as meriting the direct incorporation into ICD-10-CM of a revision as stated by the person or group submitting the comment; 77 comments were deemed to have merit but would require further study for the possibility of inclusion in ICD-10-CM; and 480 comments categorized as “Reject as Stated”. A summary of the comments by recommended disposition appears in Table 1.

Upon the completion of the review of the final report of the public comments NCHS will determine which comments will be incorporated into ICD-10-CM and make changes to the Tabular List. Once this task is completed NCHS will undertake the following tasks: revise the alphabetic index; develop/revise all appropriate crosswalks; update the Table of Drugs and Chemicals; update the Table of Neoplasms; develop a revised Alphabetic Index to the External Causes of Injury; and develop training manuals for experienced and new coders with a pretest of the manuals. This work is to be completed under contract.

It is the intent of NCHS to complete work on ICD-10-CM and related materials by Spring 1999.

Table 1
Recommended Disposition by Chapter

Recommended Disposition by Chapter						
Chapter	**Implement as Stated**	**No Further Action Required**	**Recommend as Stated**	**Recommend Further Study**	**Reject As Stated**	**Total**
General		12	2	6		24
Chapter 1	3	1	6	1	5	16
Chapter 2	9	7	5		12	33
Chapter 3	5	4	4	3	2	18
Chapter 4	9	3	3	13	47	75
Chapter 5		3	2	1	2	8
Chapter 6	2	4	7		1	14
Chapter 7	18	4	7	4	5	38
Chapter 8		1	3	2	2	8
Chapter 9	14	17	17	6	18	72
Chapter 10	24	11	24	4	16	79
Chapter 11	8	6	10	1	1	26
Chapter 12	4	5	4		2	15
Chapter 13	1	30	8	4	22	65
Chapter 14	6	7	8	2	5	28
Chapter 15	10	8	3	1	9	31
Chapter 16	1	1	6		1	9
Chapter 17	5	2	3	1	4	15
Chapter 18	2	4	3	1	2	12
Chapter 19	21	64	44	19	287	435
Chapter 20	23	26	78	7	24	158
Chapter 21	15	18	21	1	9	64
Total	**180**	**238**	**268**	**77**	**480**	**1243**

SUMMARY OF COMMENTS AND DISCUSSION OF VOLUMES 1 AND 2 TOPICS

The following topics were presented at the meeting.

Lack of normal physiological development in infants and children and adult failure to thrive (revised proposal)

Some audience members expressed concern that adult failure to thrive would be confused with cachexia. One audience member stated that usually, when a physician lists adult failure to thrive, there is an underlying cause for the condition. The patient may have cancer, or some other illness that is the reason the patient is not thriving. The audience member felt that if the cause of the FTT is known, the cause should be coded. If the cause of the FTT is unknown or undetermined, then the code for FTT should be assigned. Additionally, audience members agreed that if a code is created for adult failure to thrive, excludes notes should be added to distinguish from failure to thrive in childhood and from cachexia.

Some audience members also felt that there is a need to distinguish abnormal loss of weight from underweight, if a code is created for underweight. They felt that coders would be confused as to when to use the code for loss of weight as opposed to underweight. A question was raised about potential progression from abnormal loss of weight to underweight, and whether this would lead to confusion. Another concern was whether adult short stature would be included at code 783.43.

The overall proposal for lack of normal physiological development in infants and children was well received. It was suggested that an excludes note be included at code 783.4, Failure to thrive to distinguish it from adult failure to thrive.

Impaired fasting glucose/Impaired glucose tolerance

One audience member stated that the word “impaired” as used here is misleading. The audience member felt that this term is usually used to described a low reading. Audience members questioned if all abnormal glucose, whether elevated or low, would be assigned to this category. It was also suggested that the coding for hypoglycemia (790.6) be reviewed in conjunction with the proposed changes.

Observation for suspected child abuse/neglect

There was no opposition to this proposal, however some audience members questioned when this code would be appropriate to use. It was clarified that this code would only be used if abuse is suspected in a patient who is without signs or symptoms, but with other reason to suspect abuse. However, after examination, it is determined that there is no abuse. If there are any signs or symptoms of abuse, then these should be coded rather than using an observation code.

This code as proposed is intended for both adult and child abuse/neglect.

Food allergy with gastrointestinal and respiratory manifestations

Some audience members questioned whether an E code for the external cause (food) should be created. Also, one audience member raised the issue that anaphylaxis due to food should be excluded from code 995.7.

Human ehrlichiosis

There were no comments on this proposal.

Screening for osteoporosis

One audience member questioned why this condition was not proposed to be classified to code V82.7. This way, screening for osteoporosis would have its own unique subcategory. Also, audience members pointed out that if this proposal is accepted, it will be necessary to create code V82.89, Other specified conditions.

Screening for lipoid disorders

Audience members pointed out that if this proposal is accepted, it will be necessary to create code V77.99, Other and unspecified endocrine, nutritional, metabolic, and immunity disorders.

Human bite as an external cause of injury

This proposal was well received, however audience members did question if there would be a proposal to include an E code for self-inflicted human bite. It was explained that expansions in self-inflicted and undetermined were not possible because of lack of space in these sections.

Addenda

A recommendation was made to delete the word “vulvar” under the Dysplasia entries.

There were no other comments on the addenda items.