ICD-9-CM Coordination and Maintenance Committee Meeting

May 13, 1999

Summary

Below is a summary of the diagnosis presentations from the May 13, 1999 ICD-9-CM Coordination and Maintenance Committee Meeting. Comments on this meeting's topics must be received in writing or via e-mail by December 15, 1999. Both the NCHS address and e-mail addresses of C&M staff are listed below. HCFA 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 Friday, November 12, 1999 at the Health Care Financing Administration building, Baltimore, MD. Modification proposals for the November meeting must be received no later than September 15, 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

Mailing Address:

National Center for Health Statistics
Coordination and Maintenance Committee
6525 Belcrest Road, Room 1100
Hyattsville, Maryland 20782

Donna Pickett: Room 1100 (301) 436-7050 x142
FAX (301) 436-4233
E-mail: dfp4@cdc.gov

Amy Blum: Room 1100 (301) 436-7050 x164
FAX (301) 436-4233
E-mail: alb8@cdc.gov

David Berglund: Room 1100 (301)-436-4253 x163
FAX (301) 436-4233
E-mail: zhc2@cdc.gov

NCHS Home Page: http://www.cdc.gov/nchswww/about/otheract/icd9/icd9hp2.htm

SUMMARY

ICD-9-CM Coordination and Maintenance Committee

Volumes 1 and 2, Diagnostic Presentations

May 13, 1999

Welcome and Announcements

Donna Pickett welcomed all in attendance to the diagnosis portion of the C&M meeting. She made a brief statement on the status of the ICD-10-CM, that it is still under development and that all future information on it may be obtained from the NCHS homepage. She told the audience that the draft version of the ICD-10-CM had been removed from the website since the open comment period has ended and the draft was no longer current.

Continuing Education certificates were 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)

Allergy status

There was strong support for this proposal with additional allergic items, such as seafood, being requested to be added to the code list. This has been added to the proposals available on the web site. The code for latex allergy status was particularly popular. There was discussion as to who would be included under the code, persons with true latex allergy, or those who have only sensitivity to it. NCHS staff members stated that the code would be acceptable whenever the documentation in a record states latex allergy.

E-code for in-line skates/skateboarding

This proposal was well received. How these E codes relate to other E codes for pedestrians on roller skates and skateboards was discussed. The E code tabular list excludes notes would need to be updated to distinguish the various roller skate and skateboard types of injuries should this proposal be approved. There was a request for an additional E code for snowboards. This has been added to the proposals available on the web site.

Loss of height

There were no comments on this proposal.

Foot ulcers

Audience members supported the concept in this proposal. A code for thigh was requested, and this has been added to the proposals available on the web site. A question was raised as to expanding the decubitus ulcer codes in the same manner. It was explained that since the sites for decubitus could be so varied it would be a more difficult modification. This modification is just for the lower limb which limited the number of sites that need to be considered.

There was a discussion on the coding guidelines that would need to be changed should this modification be approved. A code from 707.1 would be used in addition to a code for atherosclerosis of the leg with ulcer or diabetes mellitus with peripheral circulatory disorders with ulcers. No one objected to the use of two codes. Code also notes were requested at the atherosclerosis and diabetes categories to instruct users to also code the site of the ulcer.

Acquired absence of organ

The expansion of subcategory V45.7, Acquired absence of organ, was supported. It was asked whether these codes could be used as a principle diagnosis or only as a secondary code. In the V code article this category may be either first listed or an additional code.

Addenda

There was agreement on the addenda items. The addition of an inclusion term under 491.21, Obstructive chronic bronchitis with acute exacerbation, raised the issue of the proper coding of acute exacerbation of chronic obstructive asthma. There is no acute exacerbation option for the chronic obstructive asthma code. The audience was advised to follow the instructions in the index in selecting the correct code for chronic obstructive lung disease. The issue of acute exacerbation of chronic obstructive asthma may be included on the next C&M agenda.

Audience members supported the idea of expanding the range of conditions under the V10s, personal history of malignant neoplasms, to include personal history of carcinoma in-situ. Currently the V10s are limited to personal history of primary cancer sites. This is a convention of the ICD-9 that has been maintained in the ICD-9-CM. A member of the audience expressed concern that this modification would cause the ICD-9-CM to deviate from the ICD-9. Though this change would have a significant impact on cancer data collection it was considered important information to collect. This modification would not affect tumor registry data. Tumor registries use the ICD-O, not the ICD-9-CM. The modification proposal shows only the V10.0 as an example. The actual modification would apply to all of the V10 codes.

There was also support to switch the default for pulmonary hypertension from primary to secondary. Primary pulmonary hypertension is a rare condition, whereas, secondary pulmonary hypertension is fairly common. Though this change would make the default for this different in ICD-9-CM than in ICD-9 it was considered a logical modification.

Finally, the audience was asked which code they felt would be best for the statement “aborted myocardial infarction.” There was unanimous agreement that a 410 code should be used.