ICD-9-CM Coordination and Maintenance Committee
June 4, 1998

Below is a summary of the diagnosis presentations from the June 4, 1998 ICD-9-CM Coordination and Maintenance Committee Meeting. Issues presented at this meeting are under consideration for October 1999. Comments on the June meeting topics must be received in writing or via e-mail by December 31, 1998. 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 and may be found on the HCFA home page at **http://www.hcfa.gov/6-98cm.htm**.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee is tentatively scheduled to be held Monday and Tuesday November 2 & 3, 1998 at the Health Care Financing Administration building, Baltimore, MD. Modification proposals for the November meeting must be received no later than September 11, 1998.

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

ICD-9-CM Coordination and Maintenance Committee

Volumes 1 and 2, Diagnostic Presentations

June 4, 1998

Welcome and Announcements

Donna Pickett welcomed all in attendance to the diagnosis portion of the C&M meeting. She then made a few announcements regarding meeting issues. She announced that the official October 1, 1998 addenda had been released and was available through the AHA Central Office and will be posted on the NCHS homepage. She asked that any errors on the addenda be reported to NCHS. An errata with corrections and changes to the alphabetic index of the addenda will be released shortly.

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)

Status-post low birth weight

There was a question of whether low birth weight should be a status or a history. Code V13.7, History of perinatal problems, is an existing code and there was concern that there would be confusion over the two concepts. It was explained that a status code would be used should the patient have an existing problem attributable to low birth weight. The history code would only be used if the patient suffers no continued effects from being small at birth, the history code being used strictly for tracking purposed. This distinction is outlined in the V code article published in Coding Clinic 4th quarter 1996.

Several audience members requested that an excludes note be included in the proposal to prevent any confusion. This has been added.

Disseminated superficial actinic porokeratosis (DSAP)

The original proposal on this topic from 1995 will be included with this summary. There were no comments on this proposal.

Adult failure to thrive

A member of the audience asked if this was not the same concept as cachexia that has an existing code? Dr. Berglund, the NCHS medical officer, explained that adult failure to thrive is less severe, and possibly a precursor to cachexia. Many in the audience acknowledged that the term failure to thrive is seen commonly on adult patients medical records. The question was asked, how is a coder to know what the physician means when using the term? Should a physician document failure to thrive, that is what is to be coded. The coder is not responsible for interpreting physician documentation.

John Muldoon, representing the National Association of Children's Hospitals, stated that code 783.4, Lack of expected normal physiological development, has many diverse concepts in it and expanding it instead of just modifying the code title might be useful. This suggestion will be considered.

Intestine transplantation

There were no comments on this proposal.

Nodular prostate

There were no objections to this proposal but participants were asked to review it closely and provide comments in writing because of the complexity of the modifications. The question was

raised as to why some benign neoplasms of the prostate are included in code 600 and others are in 222.2 and exactly which neoplasms are included in code 222.2. It was explained that the ICD has historically grouped certain benign neoplasms to the body system chapters, such as adenomas of the prostate and leiomyomas of the uterus. This is continued in the ICD-10. There are other specified types of benign neoplasms of the prostate that are included in code 222.2 The National Cancer Institute had been called regarding this. The response is pending.

A member of the audience asked what code would be assigned for the diagnosis PIN (Carcinoma in situ of the prostate?)? This diagnosis was not recognized by anyone else in attendance and it was requested that a copy of the pathology report be sent to NCHS for review.

Cyclosporiasis

Some audience members expressed support for the proposal. There were no additional comments on this proposal.

Screening codes

The proposal on additional screening codes was well received. There was one question on the title of code V67.01, Follow-up vaginal pap smear status-post hysterectomy for malignant condition. It was suggested that the title be revised to read follow up examination following hysterectomy for malignancy with the vaginal pap smear being an inclusion term. This change would then not limit the code to just visits for vaginal pap smears. This suggestion will be discussed with staff from the American College of Obstetrics and Gynecology, who submitted the original proposal.

Reasons for visits to dialysis centers

There were several comments on this proposal. First, there was discussion on the concept of anemia in chronic disease. Many acknowledged that it is a diagnostic term documented frequently but there is confusion as to how it should be properly used. It was asked whether this code should be used in conjunction with a more specific anemia code to identify the type of anemia or whether all other anemia codes need to be excluded from this category? This is a guideline issue that will need to be considered with this proposal.

For the proposed new code titled, Encounter for prescribed drug blood levels a member of the audience suggested that the title be revised to read encounter for therapeutic drug monitoring. She stated that this is the term currently used to explain lab tests to verify prescribed drug levels in the blood, which is the intent of the new code. This suggestion has been incorporated into the proposal.

The audience was asked to fully review this proposal and provide comments because the proposal has many important concepts for consideration. Most of the new codes being proposed can be used for all types of patients, not just dialysis patients.

Addenda

It was requested by Laura Powers, M.D., representing the American Academy of Neurology, that the term pseudoseizure have subterms in the index for psychiatric and non-psychiatric, with the default being non-psychiatric. The code for non-psychiatric pseudoseizure would be convulsion NOS, 780.39. This change has been incorporated into the topic packet.

The term reactive airway disease is included in the addenda with the default code for asthma. The term is considered synonymous with asthma and this has been written up in Coding Clinic but it has not been indexed causing confusion among coders. The audience was reminded that coding the term to any other code is incorrect. The issue was raised that many physicians, particularly pediatricians, use the term instead of asthma when a patient has respiratory problems but a definitive diagnosis of asthma has not been made. It was explained that in these circumstances, the signs and symptoms being studied should be documented by the physician and the term reactive airway disease should not be used.

There were no other comments on the addenda items.