

Request for an ICD-9 Code for Irritable Bowel Syndrome

Presented by

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Representing

The ROME Coordinating Committee

ROME Co-ordinating Committees' objectives

Establish and co-ordinate multinational working teams to develop diagnostic criteria for functional gastrointestinal disorders (FGIDs) for the purpose of characterizing and classifying FGIDs of unknown pathophysiology.

C: Functional bowel disorders

- **A functional bowel disorder is a functional gastrointestinal disorder with symptoms attributable to the mid or lower gastrointestinal tract not explained by identifiable structural or biochemical abnormalities and includes:**
 - irritable bowel syndrome (IBS)
 - functional abdominal bloating
 - functional constipation
 - functional diarrhoea
 - unspecified functional bowel disorder.

Key facts about IBS

- **IBS most common functional bowel disorder¹ and affects up to 20% of the US population²**
- **The most common GI diagnosis among gastroenterology practices in the US³**
- **One of the top 10 reasons for PCP visits⁴**
- **Affects predominantly females (~70% of sufferers)⁵**

IBS vs other important disease states

- **US prevalence up to 20%¹**
- **US prevalence rates for other common diseases²:**
 - diabetes 3%
 - asthma 4%
 - heart disease 8%
 - hypertension 11%

Direct and Indirect costs associated with IBS

- **IBS results in an estimated \$8 billion in direct medical costs annually¹**
- **IBS sufferers incur 74% more direct healthcare costs than non-IBS sufferers¹**
- **IBS patients have more physician visits for both GI and non-GI complaints²**
- **IBS has a substantial impact on time lost from main activities²**

History of diagnostic approaches

- **Pre 1980**
 - **Diagnosis made by exclusion¹**
 - **Failure to find a motility marker**
- **1980-1999**
 - **Symptom-based criteria¹**
 - Manning criteria (1978)
 - Rome criteria (1992)
- **1999**
 - **Rome II criteria²**

Rome II criteria

Ten-fold increment in Medline citations for IBS

Why do we need to change the ICD-9-CM code for IBS

- **Current code for IBS (564.1) lacks specificity**
- **Includes terms which are archaic, serve no useful purpose and are incorrect descriptors of IBS**
- **Terms currently indexed to 564.1 imply causes that are unproven and disproved or are used only in historical context**

Benefits of making changes to the ICD-9-CM code for IBS

- **Code fully describes IBS to ensure greater specificity in coding assignment**
- **Reduce the number of codes needed to fully describe IBS**
- **Permits studies of epidemiology and the cost of care of IBS**
- **Permits studies of ambulatory and managed care encounter**

Terms which are obsolete and should not be indexed to ICD-9-CM code 564.1

- adaptive
- colitis
- enteritis
- enterospasm
- hypermobility
- hypermotility
- hypersensitivity
- hyperactive
- irritation
- mucous
- membranous
- pseudomucinus
- spasm

Terms which are still in the vernacular and could be maintained with the ICD-9-CM code 546.1

- spastic colon
- irritable colon

Recommended changes to ICD-9-CM code 564.1

- 564.1 Irritable Bowel Syndrome ~~Irritable colon~~
 - _____ Colitis:
 - _____ adaptive
 - _____ membranous
 - _____ mucous
 - _____ Enterospasm
 - _____ Irritable ~~bowel syndrome~~ colon
 - _____ Spastic colon