ICD-9-CM Coordination and Maintenance Committee Meeting

Volumes 1 and 2, Diagnosis Presentations

November 17, 2000

SUMMARY

Below is a summary of the diagnosis presentations from the November 17, 2000 ICD-9-CM Coordination and Maintenance Committee Meeting. Comments on this meeting's topics must be received in writing or via e-mail by January 8, 2001. 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 Thursday and Friday, May 17-18, 2001 at the Health Care Financing Administration building, Baltimore, MD. Modification proposals for the May 2001 meeting must be received no later than March 17, 2001.

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

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Mailing Address:

National Center for Health Statistics
ICD-9-CM Coordination and Maintenance Committee
6525 Belcrest Road, Room 1100
Hyattsville, Maryland 20782

Fax: (301)458-4022

Donna Pickett: Room 1100 (301) 458-4200
E-mail: dfp4@cdc.gov

Amy Blum: Room 1100 (301) 458-4200
E-mail: alb8@cdc.gov

David Berglund: Room 1100 (301)458-4200
E-mail: zhc2@cdc.gov

Lizabeth Wing: Room 1100 (301)458-4200
E-mail: llw4@cdc.gov

NCHS Classification of Diseases web page:
http://www.cdc.gov/nchs/icd9.htm

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Welcome and Announcements

Donna Pickett welcomed all in attendance to the diagnosis portion of the C&M meeting.

The audience was given an update on the status of the development of ICD-10-CM. Final changes are being made to the tabular and index. Testing plans are being developed with the Center for Health Policy Studies (CHPS), HCFA's Central Data Abstracting Centers (CDAC) as well as the American Hospital Association (AHA) and the American Health Information Management Association (AHIMA). The final testing plan and possibly some preliminary test results will be presented at the May 2001 ICD-9-CM Coordination and Maintenance Committee meeting.

The published final rule for code sets as well as other information related to the Health Insurance Portability and Accountability Act (HIPAA) and Administrative Simplification is available on the Internet at the following address: http://aspe.os.dhhs.gov/admnsimp/index.htm. There is a new frequently asked questions page there, as well, and questions may be submitted.

Everyone was encouraged to watch the NCHS web page since updates and changes are posted there. Both HCFA and NCHS web pages cross link to each other and there is also a link to the NCVHS web page.

A proposal regarding the procedure pseudarthrosis was presented, by HCFA, at the May 2000 ICD-9-CM C&M meeting. At that time there was interest expressed in modifying the classification of the diagnosis. Since then no proposal or comments have been received regarding this topic. If there is still interest in submitting a proposal for a future meeting see the agenda packet regarding where and when the proposal is to be submitted.

There was one correction made to the time line in the packet. The topics for the November 2001 meeting must be submitted by September 1, 2001 not September 15, 2001.

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):

Urologic conditions

Charles Hawtrey, M.D., representing the American Urological Association, gave a brief overview of retrograde ejaculation. He said the condition is treated mostly in outpatient clinics, especially fertility clinics. This is rarely idiopathic and is often seen in post-transurethral prostatectomy patients. Dr. Hawtrey said this would be considered a postoperative complication if it followed a urological procedure. It can be treated medically. There were no objections to creating the new code 608.87 for this diagnosis. It was suggested to add a code first, if applicable, note. This would instruct the coder to code the underlying cause (such as post-op complication or medication use) first.

Dr. Hawtrey then gave a brief overview of hematospermia. This is usually a sign or symptom of another condition. In ICD-10-CM this condition has been placed in the signs and symptoms chapter not the genitourinary chapter. Dr. Hawtrey agreed with this placement for ICD-10-CM. In ICD-9-CM this condition has been previously indexed to 608.83, thus the new code was created in the genitourinary system chapter.

Dr. Hawtrey then gave an overview of prostatic intraepithelial neoplasm (PIN). This can be found in conjunction with an elevated PSA. There were no comments or objections to the codes proposed.

Constipation

William Whitehead, Ph.D., of the University of North Carolina Center for Functional GI and Mobility Disorders, presented an overview of this diagnosis. He explained that the reason additional codes are being requested for constipation is that the diagnostic tests and treatment indications are different for slow transit versus outlet dysfunction constipation. Following his presentation several comments were made regarding the proposed new codes. One audience member suggested adding a code for dietary constipation. This is seen many times in pediatric patients especially with the current U.S. dietary habits. Also,

some felt that you may have to use two codes from this subcategory if the patient has neurogenic and drug-induced constipation. Because these conditions may overlap with slow transit or outlet dysfunction constipation, it was suggested that the new codes be reduced to codes for unspecified, slow transit, outlet dysfunction and other constipation. It was also suggested to have a code first note to indicate the associated condition or medication causing the constipation (if known). Dr. Whitehead said it was important to retain an unspecified code since many times these diagnostic tests are not run on every patient who presents with constipation. Symptoms are not a reliable diagnostic method of distinguishing one type from the other.

Reportable/Notifiable conditions V codes

Dan Jernigan, M.D., representing the National Center for Infectious Diseases (NCID) of the Centers for Disease Control and Prevention (CDC), presented an overview of the reporting process for these reportable/notifiable conditions and the need for the proposed new codes. The proposal intended that the use of these proposed new codes be limited to public health reporting offices. The definition for the terms confirmed and unconfirmed is specific to the reporting of the notifiable conditions. The criteria is different for each condition listed in the CDC's current document on notifiable diseases. Several of the audience members raised concerns about trying to limit use of these codes to a small population. There is no guarantee that others will not use the codes with their own definitions. There are precedents already in place defining a code for use by a limited population. The nonallopathic lesion codes (category 739) are defined to be limited to use by chiropractors. Code 042 is only to be used for confirmed HIV cases. In general it was felt that if the codes appear in the addenda and as official ICD-9-CM codes that they have the potential to be used by anyone and that the definitions could be different from user to user. These codes could have implications to areas other than just public health. There were many suggestions such as to re-title the codes adding the words "public health" to the title, place instructional notes under the code category, update the official coding guidelines to reflect the intended limited use of the codes, provide instructions for use in Coding Clinic and other coding publications. Most of the comments made stated regardless of the titles or instructions that just introducing these codes could

lead to varied use and interpretation rather than the proposed intention. The CDC proposed these new codes to allow them to use the ICD-9-CM for their reporting mechanism. Currently they cannot use it since it does not have a way to classify the confirmed vs. unconfirmed cases. A suggestion was made to create a new appendix to the ICD-9-CM classification for these codes. Instructions could be written specific to the use of the appendix (similar to the use of the Industrial Accidents appendix). Audience members were encouraged to put their comments in writing and submit them to NCHS for consideration.

Developmental hip dislocation
The audience agreed with this proposal. One suggestion was made to add an exclusion note for congenital hip dislocation and to also make the congenital condition the default in the index.

Hemophilia A carrier status
The proposal was well received. A suggestion was made to create a new category in the V codes for other carrier status conditions to include genetic and other non-infections carrier statuses. It was also suggested to add a code also note under the symptomatic carrier to code the associated disorder or symptom they are experiencing.

Acute esophagitis
The audience agreed with this proposal. There were no comments.

Clinical trial participant
The audience agreed with this proposal. There were no comments.

Dental caries
Kimberly Johnson, D.D.S., the author of the proposal was present to address the audience's comments about the dental conditions and how the proposed codes are intended to be used. She said the codes are needed to help track one of the federal Healthy People objectives. They would be useful to address the nutritional status of nursing home patients. The use of dental sealants and their availability to children living at or below the poverty level is important to track. Some felt the codes would be too complex for dentists. There were questions regarding whether multiple codes would be used to address the various ways one

patient may have lost several teeth. Additionally, a question was raised as to whether the loss of teeth codes referred to an edentulous patient or one who had loss of some but not all teeth (such as ranges of them). It was suggested to change the title of 525.11 from accident to trauma. It was also suggested to add a code for loss of teeth due to dental caries. The proposal will be further evaluated by NCHS and Dr. Johnson before finalizing it for the addenda.

Acute coronary obstruction
The audience agreed with this proposal. The index also needs to be fixed for this diagnosis.

Vascular complications
The audience suggested adding a use additional code note under the 997 category, to code the specific complication. It was also suggested to add "non-peripheral" to the inclusion list for 997.2 and to exclude this at code 997.7. Concern was raised that now it would not be possible to differentiate mesenteric artery from renal artery and, that these would lead to specific organ system problems. Thus, it was suggested that fifth digits could be useful.

Addenda
It was suggested to change the title of the fifth digit for Asthma (0 - without mention of status asthmaticus) to just unspecified rather than adding to the title as proposed. The proposal for status (post) respirator is intended only for patients currently on a respirator not whether or not they have ever been on one. The AUA recommended that a new code be created for personal history of malignant neoplasm of the renal pelvis rather than just creating an index entry to V10.59 (personal history of malignant neoplasm of other urinary organs).