

Modifications to ICD-10-CM/PCS Under Review

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By AHIMA's Advocacy and Policy Team

The ICD-9-CM Coordination and Maintenance (C&M) Committee, a public forum on ICD-9-CM and ICD-10-CM/PCS code updates, met in September 2013. Meetings of this committee are co-chaired by the National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS). Coding proposals are presented at these meetings and the public is given the opportunity to comment. No final decisions regarding the adoption of code proposals are made at the meetings, but are made by the director of NCHS and the administrator of CMS.

Although this committee is still officially titled the ICD-9-CM Coordination and Maintenance Committee, since the ICD-10-CM/PCS code sets are being implemented October 1, 2014, no ICD-9-CM code proposals were presented at the September meeting. Effective with the March 2014 meeting, the name of the committee will be changed to the ICD-10 Coordination and Maintenance Committee. Due to the partial code freeze, only ICD-10-CM/PCS code proposals involving new technologies or new diagnoses will be considered for implementation on October 1, 2014. All other code updates would be made after the code freeze ends on October 1, 2015.

AHIMA submitted comment letters to CMS and NCHS regarding the code proposals discussed at the September C&M meeting. AHIMA supported the majority of the code proposals in its comment letter. However, AHIMA did not support implementation of new codes during the partial code freeze. AHIMA concluded that none of these code proposals meet the criteria for implementation during the code freeze, and stated it is especially important to maintain stable code sets on October 1, 2014 in order to facilitate the transition to ICD-10-CM/PCS. AHIMA recommended that any approved new codes be implemented on October 1, 2015.

AHIMA also opposed making proposed changes to certain code titles during the code freeze, as these represent significant changes that can require extensive system modifications and would increase the cost and complexity of the transition to ICD-10-CM/PCS. AHIMA did not object to adding index entries and inclusion terms on October 1, 2014 when they represent clarification of current coding practice.

ICD-10-PCS Code Proposals

Plans for the release of a new ICD-10-PCS substance key were announced.

Both of the proposed ICD-10-PCS code modifications discussed at the September 2013 C&M Committee meeting were requested for October 1, 2014 implementation. They are:

- Insertion of P-15 bone putty (i-FACTOR) as a specific bone graft substitute in cervical fusion—AHIMA recommended the Cooperating Parties (AHA, AHIMA, CMS, and NCHS) decide whether insertion of bone graft substitute should be coded separately from the spinal fusion or considered an inclusive component of the fusion procedure. If they should be coded separately, a new code is appropriate.
- Implantation of a phrenic neurostimulator used in the treatment of central sleep apnea

ICD-10-CM Code Proposals

The following ICD-10-CM code proposals were requested for implementation during the partial code freeze on October 1, 2014 (unless otherwise noted, AHIMA generally supported the proposals):

- Periprosthetic fractures—AHIMA recommended considering the addition of an instructional note indicating that the appropriate pathological fracture should also be assigned if the periprosthetic fracture is pathological.

- Conductive and sensorineural hearing loss
- Intracranial injury (TBI)—AHIMA expressed concerns about the proposed modifications to the intracranial injury codes. The code proposal provides no mechanism for coding a concussion with loss of consciousness greater than 30 minutes. AHIMA recommended that the addition of “mild traumatic brain injury” as an inclusion term under subcategory S06.0, Concussion, be reconsidered. The proposed revision of the Excludes1 note under subcategory S06.0, Concussion, should include the entire S06.8- subcategory, not just S06.81- and S06.82-.

The following ICD-10-CM code proposals were requested for implementation after the end of the partial code freeze (on October 1, 2015):

- Gastrointestinal stromal tumor (GIST)—While AHIMA supported the addition of new codes for gastrointestinal stromal tumor, the association recommended adding an Excludes1 note under code C49.4, Malignant neoplasm of connective and soft tissue of abdomen, to direct coders to the new subcategory if the diagnosis is GIST
- Periorbital (preseptal) cellulitis
- Observation and evaluation of newborns for suspected condition not found—While AHIMA supported the creation of a new category for observation and evaluation of newborns for suspected conditions not found, the association recommended that additional modifications be made to categories P00-P04 to avoid conflicts with the ICD-10-CM Official Guidelines for Coding and Reporting
- Vaccine and prophylactic immunotherapy administration—While AHIMA agreed there is likely a need to capture a certain level of detail regarding encounters for immunizations, the association said the extensive level of detail proposed may not be necessary
- Encounter for prophylactic or treatment measures
- Coma—While AHIMA supported the proposal that subcategory R40.24-, Glasgow coma scale, total score, be added to the list requiring a 7th character, the association recommended that clarification as to the acceptable documentation of the Glasgow coma scale be added to the ICD-10-CM Official Guidelines for Coding and Reporting
- Oral and maxillofacial fractures
- Temporomandibular joint disorders
- Dislocation and sprain of joints and ligaments—jaw
- Binge eating disorder
- Gender identity disorder in adolescence and adulthood
- Disruptive mood dysregulation disorder
- Social (pragmatic) communication disorder
- Hoarding disorder
- Excoriation (skin-picking) disorder—AHIMA supported the proposed creation of a new code for excoriation (skin-picking) disorder, effective October 1, 2015. However, the association opposed the inclusion term and index entry proposed for October 1, 2014. In order to avoid interrupting trend data one year after ICD-10-CM implementation, this condition should be classified to a code from Chapter 5, Mental, Behavioral and Neurodevelopmental Disorders, until a unique code is created.
- Premenstrual dysphoric disorder—AHIMA supported the proposed creation of a new code for premenstrual dysphoric disorder, effective October 1, 2015. However, the association opposed the inclusion term and index entry proposed for October 1, 2014. In order to avoid interrupting trend data, this condition should be classified to a code from Chapter 5, Mental, Behavioral and Neurodevelopmental Disorders, until a unique code is created.
- Unintended awareness under general anesthesia
- Placenta previa vs. low lying placenta
- Dental terms

For complete details regarding code proposals and other proposed code revisions, review the meeting materials posted on the CMS and NCHS websites. Meeting materials pertaining to diagnosis code issues can be accessed on the NCHS website at www.cdc.gov/nchs/icd/icd9cm_maintenance.htm. Meeting materials pertaining to procedure code issues, as well as a video recording of the meeting, can be accessed on the CMS website at www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html.

AOD Recommendations Approved

The Office of the National Coordinator for Health IT's Health Information Technology Policy Committee (HITPC) unanimously approved recommendations on accounting of disclosures (AOD) on December 4, 2013.

Developed by the HITPC Privacy and Security Tiger Team, the AOD recommendations focus on:

- The patient's right to a report of disclosures outside an entity or organized healthcare arrangement
- The patient's right to an investigation of accesses inside the entity

Several of the recommendations approved by HITPC were consistent with AHIMA's recommendations in the association's response to the 2011 proposed rule and its September 30 testimony.

The AHIMA Advocacy and Policy Team (advocacyandpolicy@ahima.org) is based in Washington, DC.

Article citation:

AHIMA Advocacy and Policy Team. "Modifications to ICD-10-CM/PCS Under Review" *Journal of AHIMA* 85, no.2 (February 2014): 18-20.

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