Summary of ICD-9-CM Coordination and Maintenance Committee Meeting

by Sue Prophet

The ICD-9-CM Coordination and Maintenance Committee, cosponsored by the National Center for Health Statistics (NCHS) and the Health Care Financing Administration (HCFA), met on June 6, 1996, in Washington, DC. NCHS's Donna Pickett, RRA, and HCFA's Patricia Brooks, RRA, cochaired the meeting.

Proposed modifications to ICD-9-CM were presented and are summarized below. Unless otherwise indicated, the audience generally supported the proposed changes.

Diagnoses

This summary of the diagnostic portion of the meeting is provided for information purposes only. The comment period for the proposed diagnosis revisions has expired.

Infectious and Parasitic Diseases Central Nervous System Cysticercosis

Cysticercosis is an infection caused by the larvae (cysticerci) of the pork tapeworm Taenia solium. The hog serves as the normal intermediate host for the worm. Humans may also act as intermediate hosts, either by ingesting eggs directly or by regurgitating the eggs from the intestine to the stomach. The eggs penetrate the intestinal wall and are carried to the subcutaneous tissue, muscle, viscera, and central nervous system. Infection with the adult worm is usually asymptomatic, but heavy cysticerci infection may cause muscle pain, weakness, fever, meningoencephalitis, or epilepsy. Expansion of subcategory 123.1, Cysticercosis, has been recommended to identify central nervous system involvement versus infection of other sites.

Neoplasms

Atypical Nevus

The American Academy of Dermatology requested an expansion of the benign neoplasm of skin category to allow for the distinction between a standard nevus and one which is atypical, inflamed, or otherwise irregular. This distinction would help to distinguish nevi that are being removed for cosmetic versus medical reasons. If approved, fifth digits for "unspecified" and "atypical" would be added to category 216.

Diseases of the Blood and Blood-forming Organs

Thalassemia

The thalassemias are a group of chronic inherited hypochromic anemias (low or pale color from low hemoglobin). They are characterized by defective hemoglobin synthesis and ineffective erythropoiesis (red cells made in the bone marrow do not get into general circulation). The thalassemias are particularly common in people of Mediterranean, African, and Southeast Asian descent. The many forms of thalassemia are caused by different genetic defects and have different levels of morbidity and mortality. The specific form and severity is determined by which polypeptide genes are defective, whether the defect is heterozygous (mild) or homozygous (moderate to severe). In the case of alpha thalassemia, the severity depends on whether there are one (asymptomatic), two (mild), three (severe), or four (fatal) genes that are defective.

Currently, all of the different forms of thalassemia are assigned code 282.4. It has been recommended that this code be expanded to allow for the identification of the different forms. If this proposal is approved, unique codes would be created for alpha thalassemia, beta thalassemia, delta-beta thalassemia, thalassemia trait, and hereditary persistence of fetal hemoglobin.

A participant suggested that the sickle-cell form might be more appropriately assigned to the sickle-cell anemia subcategory.

There was also a suggestion that the alpha and beta types be broken down further.

A question was raised regarding the indexing of hemolytic anemia NOS. This term defaults to the code for congenital, not acquired, hemolytic anemia. This default is correct because there are no more acquired cases than congenital cases.

Aplastic Anemia

Aplastic anemia can affect all blood cells. It is characterized by peripheral blood pancytopenia caused by inadequate bone marrow function with inadequate production of erythrocytes, granulocytes, and platelets. There are a variety of forms of aplastic anemia. Red blood cell aplasia, one form of aplastic anemia, affects only the erythrocytes (red blood cells). It leads to anemia and reticulocytopenia. It may be congenital or acquired. Bone marrow transplant is the current treatment for congenital aplastic anemia. Morbidity and mortality vary greatly among the many forms of aplastic anemia.

ICD-10 contains separate categories for acquired pure red blood cell aplasia and other aplastic anemia. ICD-10 also permits identification of the specific type of red blood cell aplasia and a few of the most common forms of the other aplastic anemias. It has been suggested that ICD-9-CM adopt ICD-10's structure for the aplastic anemia codes. If this proposal is approved, the changes to category 284 would look like this:

An issue was raised as to the appropriateness of continuing to classify pancytopenia to code 284.8. Some participants felt this code assignment is not appropriate for pancytopenia NOS, because patients sometimes present with pancytopenia without aplastic anemia. No definite conclusion was reached regarding the need for a classification change.

Diseases of the Circulatory System

Post-myocardial Infarction Hypotension

Post-myocardial infarction hypotension is a serious complication, but there is currently no applicable hypotension code to assign for this condition. A new code, 458.3, Other hypotension, has been proposed. "Post-myocardial infarction hypotension" would be listed as an inclusion term under this code.

Diseases of the Respiratory System

Chronic Adenoiditis

The American Academy of Otolaryngology has requested a unique code for chronic adenoiditis. This condition is currently included in the chronic tonsillitis code. Chronic adenoiditis is a problem in children and is often an indication for surgery because it leads to otitis media. Suggested new codes are:

It was suggested that the combination code should be 474.00 instead of 474.02 to remain consistent with the structure of subcategory 474.1.

Legionnaires' Disease

Legionnaires' disease accounts for 1-8 percent of all pneumonias and about 4 percent of lethal nosocomial pneumonias. There are more than 30 species of Legionella, and at least 19 species have been known to cause pneumonia in humans. Outbreaks tend to occur in buildings, especially hospitals and hotels, or in certain geographic areas. The natural habitat of the bacterium is water. Major sources in outbreaks have been aerosolized organisms from evaporative condensers of air-conditioning systems or potable water with contaminated shower heads. Risk factors for contracting the disease include smoking, alcohol abuse, and immunosuppression.

Legionnaires' disease is currently assigned code 482.83, Pneumonia due to other gram-negative bacteria. A unique code (482.80) has been suggested. An audience member recommended using a different code number because a fifth digit of "0" usually indicates "unspecified."

Adult Respiratory Distress Syndrome

A proposal has been submitted to create a unique code (518.83) for adult respiratory distress syndrome (ARDS). This condition is currently classified to the pulmonary insufficiency codes. The pulmonary physicians making this recommendation did not feel it was necessary to make a distinction between ARDS due to trauma and that due to a medical condition. As currently proposed, the new code would exclude pulmonary insufficiency following trauma and surgery (this condition would continue to be assigned code 518.5).

Diseases of the Digestive System

Diarrhea Subterms

Participants were asked for their input regarding the appropriate classification of certain diarrheal terms currently indexed to code 558.9, Other and unspecified noninfectious gastroenteritis and colitis. These terms are allergic diarrhea, cachectic diarrhea, dietetic diarrhea, dyspeptic diarrhea, fermentative diarrhea, irritating foods diarrhea, and lientery. It had been suggested that perhaps these conditions should be indexed to the diarrhea symptom code. The general consensus from the audience was that these are specific diarrheal conditions, and, as such, should continue to be assigned code 558.9.

Diseases of the Skin and Subcutaneous Tissue

Pyoderma Gangrenosum

The American Academy of Dermatology requested a new code for pyoderma gangrenosum. This condition is characterized by morphologically unique skin lesions and is often a cutaneous manifestation of an underlying systemic disease. It is currently indexed to pyoderma NEC, which is assigned to a "local infection of skin and subcutaneous tissue" code. Pyoderma gangrenosum is no longer considered to be a primary skin infection. A new code in category 707, Chronic ulcer of skin, has been suggested.

Congenital Anomalies

Ectopic Ureter/Double Ureter

Currently, both ectopic ureter and double ureter are assigned code 753.4, Other specified anomalies of ureter. Double ureter is more common than ectopic ureter. It occurs in 2-4 percent of females. Vesicoureteral reflux may be present in patients with double ureters. An ectopic ureter is a form of obstructed ureter associated with urinary incontinence. The ureter may be attached to the urethra instead of the bladder. If this occurs in females, infections are common because bacteria colonize in the urethra. Since these conditions are distinctly different, unique codes for these conditions have been suggested. Code 753.24 has been proposed for ectopic ureter and code 753.41 for double ureter.

Injury and Poisoning

Head Injury NOS

Category 854, Intracranial injury of other and unspecified nature, is believed to be misused to describe minor head injuries and cerebral injuries for which a more specific code exists. It has been proposed to remove head injury NOS from category 854 and add it to code 959.0 (if approved, the description of code 959.0 would be revised to read "head, face, and neck").

V Codes

Decreased Fetal Movements

A new code (V28.6) has been proposed to identify encounters to evaluate a pregnant woman's complaint of decreased fetal movement.

It has also been proposed that an "Excludes" note be added under category V28, Antenatal screening, to instruct coders that this category should not be used if the test being performed is specifically diagnostic to rule out a suspected condition or if a condition is established as a result of the exam. Screening exams are for use in routine cases when no condition has been established, the patient is in a population at increased risk (e.g., pregnant women over age 35), and no condition is under study. Diagnostic examinations for suspected conditions are not screenings. The sign, symptom, or established condition should be coded for diagnostic examinations.

Transplant Status

Currently, bone marrow transplant status is assigned code V42.8, Other specified organ or tissue transplant status. Since this type of transplant has become relatively common, the creation of a unique code to identify patients who have received this type of transplant has been suggested. It has also been suggested that "multiple organ" transplant status be added as an inclusion term under code V42.8. The audience did not support the addition of the inclusion term. It was felt that separate codes should be assigned to specifically identify the organs that have been transplanted.

A participant suggested "and stem cell" should be added to the description of the proposed new code for bone marrow transplant status so that stem cell transplant status would also be assigned to this new code.

Acquired Absence of Organ

In many cases, acquired absence of an organ is indexed to "other disease" of that organ. A new code (V45.84) has been proposed for acquired absence of organ, to be used for any organ that does not have a specific acquired absence code. If necessary, more than one code could be created to specify individual organs whose absence is considered important to identify. Members of the audience felt this new code should be an NEC code so it could not be assigned if there was a more specific code somewhere else within the classification. It was suggested that individual organs should be evaluated from a clinical perspective to determine if the organ's absence results, or can result, in a disease process. If an organ's absence does generally result in the development of a disease process, this organ should be classified to "other disease" of that organ.

Wheelchair Dependence Status

Since wheelchair dependence affects the level of an individual's independence and functional status, it is an important impairment to be able to identify. The creation of a new code in category V46, Other dependence on machines, to identify wheelchair dependence status has been proposed. Fitting and adjustment of wheelchair would continue to be assigned to code V53.8.

Other Issues

Drug Withdrawal Due to Noncompliance of Prescription Drug

Although there are codes to identify poisonings and adverse effects of drugs taken correctly, there are no codes to describe a drug reaction due to taking an insufficient amount of a prescribed drug. Physical reactions may occur when less than the prescribed dose of a drug is taken. Although medical record documentation may describe these reactions as drug withdrawal, code 292.0, Drug withdrawal syndrome, should not be assigned unless the patient suffers a mental or behavioral disturbance due to the drug withdrawal. If, as a result of dose reduction, the patient has a relapse or exacerbation of the medical condition for which the drug is prescribed, then the condition itself should be coded.

However, if the patient develops a physical effect unrelated to the reason the drug is being taken, there is no way to capture this information. Currently, the only way to code this situation is to assign codes for the physical effect, the condition for which the drug is being prescribed, and noncompliance with medical treatment.

Options being considered to address this problem include the creation of a new category of codes or the expansion of code V15.81, Noncompliance with medical treatment. Neither option would differentiate between an accidental or intentional reduction or omission of a drug dose.

Addenda

Proposed addenda changes were reviewed. These changes included the addition of an "Excludes" note under code 411.81, Coronary occlusion without myocardial infarction, to instruct coders that occlusions due to atherosclerosis are classified to category 414. The inclusion note under code V01.7, Contact with or exposure to communicable diseases, other viral diseases, would be revised to include V08, Asymptomatic HIV infection status.

Procedures

The deadline for comments on the proposed procedure revisions is January 1, 1997. Comments should be submitted to HCFA (address is given at the end of this article).

Operations on the Cardiovascular System

Mini-thoracotomy for Coronary Bypass Surgery

Minimally invasive approaches are being utilized to perform coronary bypass surgery. Usually, these techniques are utilized for single-vessel disease, although some double bypasses have been performed. A four-inch incision is made across the left side of the patient's chest. The physician operates on a beating heart. Coordinating movements with the heart's rhythm, the surgeon connects the coronary artery with the mammary artery. The heart-lung machine is not used. Another method involves the insertion of fine instruments and scopes through tiny portals while viewing the procedure on a video screen. This method requires use of a heart-lung machine.

It has been recommended to either create one new code for this approach (36.17) or create an entire subcategory (36.4) of codes for coronary bypass procedures performed via mini-thoracotomy.

A representative of the Society of Thoracic Surgeons opposed both options. He felt that the technology is still too new and that it would be premature to create a code at this time. The procedure has not been standardized. The site and size of the incision varies. In fact, the procedure can be performed via sternotomy as well as thoracotomy. There is also no standard definition of "minimally invasive." A member of the audience whose facility is performing this procedure supported the creation of a new code.

Operations on the Hemic and Lymphatic System

Allogeneic Hematopoietic Stem Cell Transplantation

Currently, there are procedure codes to describe allogeneic bone marrow transplants, but not allogeneic stem cell transplants. Allogeneic stem cell transplantation is the process in which stem cells are obtained from a donor's peripheral blood and are transplanted (infused) into the recipient. The donor receives injections of Neupogen, a colony growth stimulating factor that mobilizes the peripheral stem cells, five days prior to stem cell collection. The donor then undergoes apheresis, in which the stem cells are separated and retained. The plasma and the red blood cells are infused back into the donor. The length of stay for this procedure is similar to that for allogeneic bone marrow transplantation.

The creation of a unique code (41.05) has been proposed for allogeneic hematopoietic stem cell transplants. A member of the audience suggested that a unique code is also needed for fetal cord blood stem cell transplants.

The actual collection of stem cells would be assigned code 99.79, Other therapeutic apheresis.

Operations on the Digestive System

Laparoscopic Hernia Repair

As the number and types of procedures performed via laparoscopic approach continue to increase, it is important to be able to distinguish procedures performed laparoscopically versus an open approach. It is evident from medical literature that laparoscopic hernia repairs may still be considered experimental. The success rate for this procedure is also questionable. In

addition to considering the need for code(s) to describe laparoscopic hernia repairs, the audience was asked to provide input regarding the number of additional codes that might be necessary. Would one code be sufficient or should there be a laparoscopic code to match every open hernia repair code (i.e., direct vs. indirect, with or without graft or prosthesis)? There is not enough space in the classification system for the latter option.

One participant questioned the necessity of distinguishing between direct and indirect hernias for any type of hernia repair. A physician in the audience commented that indirect hernia repairs are usually performed on younger patients, whereas direct hernia repairs are performed more frequently on older patients.

A comment was made that mesh is often used in laparoscopic hernia repairs, and that it would be important to capture this information with any new codes.

This topic will be discussed again at the next Coordination and Maintenance Committee meeting.

Other Issues

Laparoscopic Procedures Converted to Open

There is currently no way to indicate, via code assignment, that a laparoscopic procedure has been converted to open. Some facilities are assigning both laparoscopic and open procedure codes when a conversion is done. This is clearly an incorrect coding practice. Coding rules dictate that if a procedure must be completed via an open approach, the laparoscopic approach is not coded. Some facilities are using internally developed modifiers to identify laparoscopic procedures converted to open. It is recognized that facilities and epidemiologists need to be able to capture this information. There is currently no consensus regarding the best way to resolve this issue.

The options presented at the meeting were to (1) make no changes or (2) create unique "conversion" procedure codes for every laparoscopic procedure whenever there is space in the classification system to do so. There was a lengthy discussion regarding the best solution. Some participants felt that a complication code (997-999 series) would explain the reason the procedure was converted to open. Others felt that frequently the conversion is performed for reasons other than a complication of surgical or medical care.

Also, there is no way to link a complication code to the conversion from a laparoscopic to an open approach. One suggestion was to create a V code for "laparoscopic procedure converted to open" which would be assigned as an additional diagnosis code whenever a conversion occurred. It was further suggested that unique V codes be created to describe the reason for the conversion, such as "technical reason" or "unexpected complication."

This topic will be discussed further at the next Coordination and Maintenance Committee meeting.

Addenda

Proposed addenda changes were reviewed. A specific index entry for Burch procedure (code 59.5) would be created. Percutaneous transhepatic insertion of a stent into a bile duct would be specifically indexed to code 51.98. Laparoscopic removal of common duct calculus would be indexed to code 51.88. The index entry for insertion of vascular access device would be revised to include the words "totally implantable."

Development of Coding System Extensions

A presentation was given on the extended coding system developed by Mayo Clinic. For their internal use, extensions were added to ICD-9-CM procedure codes (expanding the codes to a maximum length of seven digits). The purpose of this code expansion project was to provide the necessary level of detail for clinical management, quality improvement, research retrieval, and resource management.

Status of ICD-10-Procedure

Classification System (ICD-10-PCS) Development

3M HIS has a three-year contract with HCFA to develop a procedure classification system to replace volume 3 of ICD-9-CM. The contract is in its second year, and a draft of the new system has been completed. During the course of the second year, additional review will be sought from specialty groups. Informal testing will be performed by coders (see information at the end of this article). Modifications will be made as a result of this testing. During the third year of the contract, the system will be formally tested by an independent contractor, and further modifications will follow.

The next meeting of the ICD-9-CM Coordination and Maintenance Committee will be December 5, 1996. Diagnosis topics for inclusion on the December agenda must be submitted to NCHS by October 15 and procedure topics must be submitted to HCFA by early September. The December meeting is the final one for discussion of proposed code revisions that will become effective October 1, 1997.

Send suggested diagnosis agenda items for the December meeting to: ICD-9-CM Coordination and Maintenance Committee, National Center for Health Statistics, Office of Planning and Extramural Programs, 6525 Belcrest Rd., Room 1110, Hyattsville, MD 20782.

Send comments regarding proposed procedure revisions and suggested agenda items for the December meeting to: ICD-9-CM Coordination and Maintenance Committee, Health Care Financing Administration, BPD, OHP, Division of Prospective Payment System, Mail Stop C5-06-27, 7500 Security Boulevard, Baltimore, MD 21244-1850.

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