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November 14, 2023

Captain Monica Leonard
Team Lead, Classification and Informatics Standards
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Captain Leonard:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on proposed ICD-10-CM code modifications presented at the September ICD-10 Coordination and Maintenance (C&M) Committee meeting and being considered for implementation on October 1, 2024.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. The AHIMA mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

Abnormal Antibody Without a Diagnosis of Rheumatoid Arthritis

AHIMA supports the proposed new code for abnormal antibody without a diagnosis of rheumatoid arthritis, but we recommend that "rheumatoid factor" be added between "abnormal" and "antibody" in the code title to clarify the type of antibody.

Adverse Effects of Immune Checkpoint Inhibitor (ICI) Immunotherapy

We support the creation of a new subcategory for poisoning by, adverse effect of and underdosing of immune checkpoint inhibitors and immunostimulant drugs. However, it is not clear why both a new subcategory and sub-subcategory with identical titles are being proposed. **We recommend creating the new codes in subcategory T45.A and not creating sub-subcategory T45.AX.**

Anal Fistula

We support the proposed new codes and other modifications pertaining to anal fistulas.

Anosognosia

We support creating a unique code for anosognosia.

Baked Egg Tolerance in Egg Allergy

We support creating new codes to capture tolerance to baked eggs for individuals with egg allergies. We recommend inclusion terms be added to provide examples of food items containing baked eggs.

We recommend adding Excludes1 notes for the “tolerant to baked eggs” codes under the other codes for egg allergy (T78.081, T78.13, Z91.012) to prevent miscoding of the codes together (egg allergy without tolerance to baked eggs and egg allergy with tolerance to baked eggs).

We do not believe changing the proposed code titles to state “eggs baked in an oven” is appropriate, as pancakes and waffles were given as examples and these food items are not baked in an oven.

Baked Milk Tolerance in Milk Allergy

We support creating new codes to capture tolerance to baked eggs for individuals with milk allergies.

We recommend adding Excludes1 notes for the “tolerant to baked eggs” codes under the other codes for milk allergy (T78.070, T78.11, Z91.011) to prevent miscoding of the codes together (milk allergy without tolerance to baked eggs and milk allergy with tolerance to baked eggs).

Bicuspid Aortic Valve

We support creating a unique code for bicuspid aortic valve, but we recommend some modifications to the proposal.

In addition to changing the Excludes1 note under category I35, Nonrheumatic aortic valve disorders, for “aortic valve disorder of unspecified cause but with diseases of mitral and/or tricuspid valve(s)” to an Excludes2 note, a corresponding Excludes1 note under category I08, Multiple valve diseases, would also need to be changed to an Excludes2 note.

We do not support the Excludes2 note for functional bicuspid aortic valve (I35.0) that is proposed to be added under the new code for bicuspid aortic valve. Code I35.0 is listed in both a “Code also” note and an Excludes2 note under proposed new code Q23.81. Code I35.0 should only be included in one note under this code. Also, we believe the term “functional bicuspid aortic valve” in the

Excludes2 note will cause confusion. Additionally, while “with stenosis” is in parentheses in this Excludes2 note, “stenosis” is part of the title of code I35.0. It is not a non-essential modifier.

Cement Pulmonary Embolism and Fat Pulmonary Embolism

AHIMA supports the proposed new codes for cement pulmonary embolism and fat pulmonary embolism.

If the new codes are finalized, changes will need to be made to the indexing of fat embolism, since it is currently indexed to code T79.1, Fat embolism (traumatic). An Excludes1 note for the new codes for fat pulmonary embolism should also be added under code T79.1.

Cholestatic Pruritus

We support creating a new code for cholestatic pruritis.

The “Code also” and “Use additional code” notes shown under code L29.89, Other pruritis, in the code proposal should be under code L29.81, Cholestatic pruritis, rather than under code L29.89.

Coding of Firearm Injuries Default

AHIMA supports Option #1, changing the default for the external cause for firearm injuries to assault. This change would be consistent with the definition of “default” in the ICD-10-CM classification. We acknowledge concerns raised during the meeting about making a significant change that would affect trend data. However, perpetuating inaccurate and misleading data for the sake of consistency is not a better approach.

We recommend that the Cooperating Parties consider adding all external cause codes to the list of exceptions in guideline I.B.14. (Documentation from Clinicians Other than the Patient’s Provider) in the *ICD-10-CM Official Guidelines for Coding and Reporting*. The requester of this code proposal recommended that the external cause codes for firearm injuries be added to this guideline, but we do not believe it would be appropriate to add only firearm injuries and not other external cause codes. Documentation requirements should be consistent across all external causes, and we believe it would be appropriate to consider adding the entire range of external cause codes to guideline I.B.14.

In addition to changing the default, education for clinicians and coding professionals on proper documentation and coding of the external cause of firearm injuries would be beneficial in helping to improve the quality of coded data for firearm injuries.

DLG4-related Synaptopathy

We support Option #1, creation of a new code for DLG4-related synaptopathy in subcategory F78.A, Other genetic related intellectual disabilities. We believe DLG4-related synaptopathy fits with other conditions classified in this subcategory.

Duffy Phenotype

We support the creation of new codes for Duffy phenotype.

Early-Stage Type 1 Diabetes

We support the proposed new codes for presymptomatic type 1 diabetes mellitus.

We recommend that “early-stage type 1 diabetes” be added as an inclusion term under the new codes.

Encounter for Prophylactic Removal of Fallopian Tube(s) for Persons with No Known Genetic/Familial Risk Factors

While we support creating new codes for encounter for prophylactic removal of fallopian tube(s) for persons with no known genetic/familial risk factors, we recommend a different code structure than the one proposed. We recommend expanding code Z40.03 to create three new codes:

Z40.03 Encounter for prophylactic removal of fallopian tube(s)

Z40.031 Encounter for prophylactic removal of fallopian tube(s) for persons with known genetic/familial risk factors

Z40.032 Encounter for prophylactic removal of fallopian tube(s) for persons with no known genetic/familial risk factors

Z40.039 Encounter for prophylactic removal of fallopian tube(s), unspecified

This code structure would preserve the title of Z40.03 so that the meaning is not changed, puts all codes for encounter for prophylactic removal of fallopian tube(s) into one sub-subcategory, and conserves space in subcategory Z40.0 (allowing code Z40.04 to be used in the future for other types of encounters for prophylactic surgery for risk factors related to malignant neoplasms).

Estrogen and Other Hormones and Factors Receptor Status

We support creating new subcategories for progesterone receptor status, HER2 receptor status, and combined receptor status.

The proposed note under category Z17 should be modified to state “if applicable” rather than “as available” in order to be consistent with ICD-10-CM terminology and conventions. The meaning of “as available” is unclear, and this phrase is not standard ICD-10-CM terminology.

Family History of Familial Adenomatous Polyposis

We support creation of a new code for family history of familial adenomatous polyposis.

Flank Anatomical Specificity

While we support the proposal to add codes to identify the flank region, we recommend that the proposed new codes in subcategory S30.1, Contusion of abdominal wall and flank, be titled as shown below:

New code S30.11 Contusion of abdominal wall
New code S30.12 Contusion of groin
New code S30.13 Contusion of flank (latus) region

These modifications in the proposed code titles would address our concern that a subcategory and a code in that subcategory should not share the same title.

Gulf War Illness

We support the creation of a sub-subcategory for effects of war theater and a new code in this sub-subcategory for Gulf war illness.

Hyperoxaluria

We support the proposal for new codes for primary hyperoxaluria, type 1, and other specified primary hyperoxaluria.

Hypoglycemia level

We support the proposed new subcategory to capture hypoglycemia level.

We do not agree with the suggestion made during the C&M meeting to add blood glucose levels as inclusion terms under the new codes. Coding should be based on provider documentation of the hypoglycemia level and not on a laboratory value.

Injection Drug Use

AHIMA does **not** support the code proposal for injection drug use as currently structured.

It is inappropriate to create a code for past injection drug use in the same sub-subcategory as current (active) injection drug use. The title of the proposed new sub-subcategory is "Injection (non-prescribed) (illicit) drug use," which only describes current use. However, proposed new code Z72.831 in this sub-subcategory describes **past** injection drug use. A code for past injection drug use should be in a personal history category rather in the proposed category. Consideration should be given to locating the code for past injection (non-prescribed) (illicit) drug use in category Z91, Personal risk factors, not elsewhere classified. There are other personal history codes in this category (e.g., personal history of psychological trauma, not elsewhere classified, personal history of self-harm).

The “Code first” note under proposed new sub-subcategory Z72.83, Injection (non-prescribed) (illicit) drug use, should state “Code first, **if applicable.**”

Lymphoma in Remission

We support the proposed addition of new codes for lymphoma in remission.

Multifidus Muscle Dysfunction

We support the creation of a unique code for dysfunction of the multifidus muscles in the lumbar region.

Nasal Valve Collapse

We support the proposal for new codes for nasal valve collapse.

We recommend that nasal valve compromise and nasal valve stenosis be added as inclusion terms, as it was noted during the C&M meeting that these terms may also be used to describe nasal valve collapse.

We do not believe it is necessary to specify laterality for this condition.

Pediatric Obesity Body Mass Index

We support the proposed changes to the ICD-10-CM pediatric obesity codes.

Personal History of Colon Polyps

AHIMA supports the proposed expansion of code Z86.010, Personal history of colonic polyps, to identify the type of colon polyp.

We recommend that the word order in the title of proposed new code Z86.0109 be revised to state “personal history of other colon polyps.” This code title would be more consistent with the intended meaning and also with other ICD-10-CM code titles.

Personal History of Immune Checkpoint Inhibitor (ICI) Immunotherapy

We support the creation of a unique code for personal history of immune checkpoint inhibitor therapy.

Post-exertional Malaise/Post-exertional Symptom Exacerbation

While we support the proposal for a new symptom code for post-exertional malaise, we recommend that the code be placed in subcategory R53.8, Other malaise and fatigue, rather than

in subcategory R68.8, Other general symptoms and signs. It does not make sense to create the new code in subcategory R68.8 when category R53 specifically classifies types of malaise and fatigue. Also, by not locating post-exertional malaise with other types of malaise and fatigue, it may be miscoded to code R53.83, Other fatigue. If the new code is created in subcategory R68.8, an Excludes1 note should be added under subcategory R53.8.

To prevent misuse of the new code, we recommend that Excludes1 notes be added for types of malaise and fatigue classified to other codes in the classification that might be confused with the type of malaise classified to the new code. For example, fatigue due to excessive exertion is classified to code T73.3.

Serotonin Syndrome

We support the creation of a new code for serotonin syndrome.

The instructional notes listed under code G90.89 in the code proposal belong under code G90.81, Serotonin syndrome.

Usher Syndrome

While we support creating unique codes for Usher syndrome, we do not believe chapter 8 (Diseases of the Ear and Mastoid Process) is the appropriate location. This disorder results in impairment of both hearing and vision. In ICD-11, Usher syndrome is in a chapter for developmental anomalies. **We recommend that NCHS consider adding the codes for Usher syndrome in chapter 5 (Mental, Behavioral and Neurodevelopmental Disorders), and specifically in the section for pervasive and specific developmental disorders (F80-F89).** Instructional notes under the new codes should direct coding professionals to assign additional codes to identify the extent of hearing and visual impairment.

It is not clear what types of Usher syndrome would be classified to the proposed code for “other Usher syndrome” rather than the codes for types 1, 2, and 3. Inclusion terms under the code for other Usher syndrome would help to provide clarification.

Addenda


Under the proposed Index entry for Syndrome, myeloproliferative, pancytopenia (acquired), there is a typographical error in the listed code number. It should be D61.818, not D68.818. Also, there is an Excludes1 note under subcategory D61.81, Pancytopenia, that prohibits assigning code D47.1 with a code from subcategory D61.81. This Excludes1 note conflicts with the proposed Index entry directing the use of code D47.1 with code D61.818 and therefore, this note would need to be revised or deleted in order to allow the reporting of these codes together.

We support the remaining proposed Tabular and Index Addenda modifications that would become effective October 1, 2024.

We recommend that NCHS implement all Addenda changes presented at a September C&M meeting, especially those representing error corrections or other significant changes (such as changing Excludes1 notes to Excludes2 notes), on April 1 of the following year rather than October 1. It was not clear why some Addenda modifications presented at the September C&M meeting were proposed for April 1, 2024 implementation and others were proposed for implementation on October 1, 2024, especially since some of the types of changes were similar. We believe Addenda changes should go into effect on the earliest possible date.

Thank you for the opportunity to comment on the proposed ICD-10-CM modifications that would become effective on October 1, 2024. If you have any questions, please feel free to contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lauren Riplinger", is centered on a light gray rectangular background.

Lauren Riplinger, JD
Chief Public Policy and Impact Officer