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May 16, 2024

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 the ICD-10-CM code proposals presented at the March ICD-10 Coordination and Maintenance (C&M) Committee meeting.

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.

Several code proposals on the March C&M meeting agenda were presented previously at least once, and only relatively minor changes were presented at the March meeting. We do not believe it is necessary to bring a code proposal back to a C&M meeting when minor changes have been made, especially when doing so would delay implementation by a year.

We also encourage the CDC to consider implementing process changes that would allow approved code additions and other changes to become effective on the earliest possible date in order to expedite the inclusion of these important code changes in the ICD-10-CM code set. For example, code proposals presented at the

March 2024 C&M meeting should ideally be implemented on October 1, 2024 and no later than April 1, 2025. This timeline would also better align with the timeline for ICD-10-PCS updates.

Abnormal Rheumatoid Factor and Anti-Citrullinated Protein Antibody Without a Diagnosis of Rheumatoid Arthritis

While AHIMA supports the creation of a code for abnormal rheumatoid factor and anti-citrullinated protein antibody without a diagnosis of rheumatoid arthritis, it does not belong in category M05, as the title of this category is "Rheumatoid arthritis with rheumatoid factor." Since this category classifies rheumatoid arthritis, findings that specifically indicate there is no diagnosis of rheumatoid arthritis should not be included in this category.

We believe the new code would fit best in chapter 18, Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified.

Adverse Effect to Fluoroquinolones

We support the creation of a new subcategory for poisoning by, adverse effect of and underdosing of fluoroquinolone antibiotics.

APOL1-Mediated Kidney Disease

We support the creation of a new code for APOL1-mediated kidney disease. We recommend revising the code title to state "APOL1-mediated kidney disease [AMKD]," rather than repeating the category title in the code title.

The note stating "Presence of two APOL1 alleles are genetically established" should be deleted, as this note is not appropriate for inclusion in ICD-10-CM.

The inclusion terms of "AMKD with glomerulonephritis" and "AMKD with glomerulosclerosis" are confusing. Should the proposed new code still be assigned for AMKD if the presence of glomerulonephritis and glomerulosclerosis is not documented? If so, we recommend that consideration should be given to putting parentheses around "with glomerulonephritis" and "with glomerulosclerosis."

We do **not** support the creation of a unique code for genetic susceptibility to APOL1-mediated kidney disease. This level of specificity is inappropriate, and not sustainable, in a classification system. We would support creating a code for genetic susceptibility to kidney disease.

We support a new code for family history of APOL1-mediated kidney disease [AMKD].

We recommend deleting proposed new code Z84.12, Family history of disorders of kidney disease and ureter, as it overlaps with the other proposed family history codes.

Baked Egg Tolerance in Egg Allergy

We support the creation of additional egg allergy codes.

Baked Milk Tolerance in Milk Allergy

We support the creation of additional milk allergy codes.

Cannabis Hyperemesis Syndrome

AHIMA supports the establishment of a unique code for cannabis hyperemesis syndrome.

We recommend that an example of a manifestation, such as dehydration, be added under the "Code also manifestations" note under the proposed new code.

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 ICD-10-CM. According to the *ICD-10-CM Official Guidelines for Coding and Reporting*, the default code represents that condition that is most commonly associated with the main term.

We have significant concerns about Option #2, as this option would change the meaning of "undetermined" just for firearm injuries, while retaining the current definition of "undetermined" for other external causes. Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, external cause codes for events of undetermined intent are only for use if the documentation in the record specifies that the intent cannot be determined. Changing the default for the external cause for firearm injuries to "undetermined," as described in Option #2, would mean that when the intent for firearm injuries is unspecified (the medical record documentation does not provide any information regarding the intent), it would be coded as "undetermined." There is a significant difference between documentation that specifies the intent cannot be determined (undetermined) and nonspecific documentation that provides no information as to intent (unspecified). While not stated in the description of Option #2 in the meeting materials, this option would require a change in the definition of "undetermined" for the intent category for firearm injuries. We believe it would be inappropriate as well as confusing to change the definition of "undetermined" for firearm injuries.

Demodex Blepharitis

We support the creation of a unique code for infestation by Demodex mites and the proposed expansion of codes for inflammation of eyelid.

Digital Literacy

We support the establishment of a new code for problems related to digital literacy.

Do Not Resuscitate

We do **not** support the proposed new sub-subcategory for limited (partial) code status. Limited code status is ill-defined. As stated in the code proposal, while there are standard definitions of a Full Code status and a Do Not Resuscitate (DNR) status, there is limited literature available regarding “limited” or “partial” do-not-resuscitate code statuses. Without a better definition, the proposed new codes will be confusing, and it will not be clear when or how to use them. The value of a proposed code for unspecified limited (partial) code status is also not clear. We believe there are better ways to capture information on patient’s specific preferences regarding life-saving interventions than through ICD-10-CM codes.

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

AHIMA does **not** support the proposed expansion of code Z40.03, Encounter for prophylactic removal of fallopian tube(s). Since the title of subcategory Z40.0 is “Encounter for prophylactic surgery for risk factors related to malignant neoplasms,” existing code Z40.03 already describes an encounter for prophylactic removal of fallopian tube(s) for persons with known risk factors, so proposed code Z40.031 is unnecessary.

It is not appropriate to create a code in subcategory Z40.0 for “encounter for prophylactic removal of fallopian tube(s) for persons with no known genetic/familial risk factors” because this subcategory is limited to prophylactic surgery for risk factors, as indicated by the subcategory title. Although the presenter noted that being a female and having fallopian tubes constitutes a risk factor other than a genetic or familial one, we do not agree that circumstance meets the intended use and meaning of the term “risk factor” in ICD-10-CM. The “Use additional code” note under subcategory Z40.0 indicates that an additional code should be assigned to identify the specific risk factor.

We do not believe it would be appropriate to delete “risk factors” from the title of subcategory Z40.0, as this would significantly change the meaning of all the codes in this subcategory.

If a code is needed for encounter for prophylactic removal of fallopian tube(s) for persons with no known risk factors, we recommend that this code be created in subcategory Z40.8, Encounter for other prophylactic surgery, rather than in subcategory Z40.0. This code should be designated as the default when the medical record documentation does not specify whether there are risk factors or not, thereby eliminating the need for an “unspecified” code.

We recommend that the CDC review the existing inclusion term under code Z40.02, Encounter for prophylactic removal of ovary(s), that states “Encounter for prophylactic removal of ovary(s) and fallopian tube(s).” This inclusion term indicates that when both the ovary(s) and fallopian tube(s) are removed prophylactically due to risk factors related to malignant neoplasms, only the code for the ovary(s) should be assigned. If it is important to specifically identify that the fallopian tube(s) were also removed, deletion of this inclusion term should be considered.

We support the proposed personal and family history codes.

Encounter for Weaning from Ventilator

While we support a code for encounter for weaning from ventilator, we do not think it belongs in subcategory Z99.1, Dependence on respirator. We recommend considering placement of the new code in subcategory Z51.8, Encounter for other specified aftercare.

External Causes: Fishing Hook and Wood Splitting

We support the creation of a new external cause code for fishing hook and an activity code for wood splitting.

Flank Anatomical Specificity

We support the proposal to add codes to identify the flank region.

Foreign Body Entering Into or Through a Natural Orifice

AHIMA supports the creation of an external cause code for other sharp object entering into or through a natural orifice.

Genetic Neurodevelopmental Disorders

Chapter 17 would be a better location than chapter 5 for genetic diseases that affect multiple body systems.

We are concerned that continuing to create codes for individual genetic diseases due to specific genetic variants is not sustainable in the long-term and not appropriate for a classification. This level of specificity also does not seem to align with ICD-11. **We urge the CDC to assess the best approach for handling genetic diseases in ICD-10-CM**, given the scope and limitations of a classification system. We recommend that the level of specificity for the development of new ICD-10-CM codes for genetic diseases align with ICD-11. We also recommend that the location of new codes in ICD-10-CM align as much as possible with the location of comparable clinical concepts in ICD-11.

Gulf War Illness

We support the creation of new codes for Gulf war illness, effects of other war theater, contact with and (suspected) exposure to Gulf War theater, and contact with and (suspected) exposure to other war theater.

Hyperoxaluria

We support the proposal for new codes for primary and secondary hyperoxaluria.

Hypothalamic Obesity

We support the creation of a unique code for hypothalamic obesity. An instructional note should be added to clarify that a postoperative complication code should be assigned if the condition was due to surgery. Instructional notes should also be added under the new code and under E66 codes to indicate whether any E66 codes may be assigned in conjunction with the code for hypothalamic obesity. For example, the CDC suggested that it might be appropriate to assign an additional code for the obesity class (codes identifying obesity class become effective October 1, 2024). Presumably, it would not be appropriate to assign the other obesity codes in category E66 with the new code, and so Excludes1 notes would be helpful.

Kabuki Syndrome

We support the creation of **one** code for Kabuki syndrome rather than the proposed four codes. Neither the background material nor the presentation provided justification for creating more than one code. In fact, these materials repeatedly refer to the need for a unique “code” (singular).

Ledderhose Disease/Plantar Fibromatosis & Plantar Fasciitis

We support the proposal to distinguish plantar fibromatosis and plantar fasciitis.

Leukocyte Adhesion Deficiency Type I (LAD-I)

AHIMA supports the creation of a unique code for Leukocyte adhesion deficiency type I (LAD-I).

The title of proposed new code D71.8 should be "Other functional disorders of polymorphonuclear neutrophils."

Lynch Syndrome

We recommend creating **one** code for Lynch syndrome rather than multiple codes identifying the responsible gene. While we recognize that the cancer risks vary significantly by gene, the proposed level of specificity is not appropriate for ICD-10-CM.

We do **not** support the creation of a sub-subcategory for genetic susceptibility to malignant neoplasm of digestive system to capture Lynch syndrome. Since Lynch syndrome increases the risk of cancer in multiple organ systems, it is not appropriate to create a code identifying only the digestive system. We recommend creating a code at the five-character level in subcategory Z15.0, Genetic susceptibility to malignant neoplasm (e.g., Z15.05).

Target of (Perceived) Adverse Discrimination and Persecution

We do **not** support the creation of a code for target of (perceived) adverse discrimination and persecution, due to racism, at this time. We believe it is premature to create a code for this concept before the Gravity Project has developed data standards pertaining to discrimination based on racism and other factors (such as ethnicity), bias, and related concepts.

The presentation and background materials do not make it clear whether there is any evidence to support that health impacts or outcomes are different if the basis of discrimination or persecution is racism or another factor, such as ethnicity. The materials state that the proposed new code will identify patients presenting with conditions related to experiencing racism and discrimination, including systemic racism and unconscious bias. However, unconscious bias is not clearly addressed by the proposed code. For these reasons, we recommend not expanding code Z60.5, Target of (perceived) adverse discrimination and persecution, until after the Gravity Project has addressed the relevant domain and submitted an ICD-10-CM code proposal that reflects the outcome of this work. In the meantime, existing code Z60.5 can be assigned when discrimination or persecution due to racism is documented.

Thyroid Eye Disease

We support the creation of new codes for thyroid eye disease.

A dash should be added after E05.0 in the “Code also” note that states “thyrotoxicosis with diffuse goiter (E05.0).”

Topical Steroid Withdrawal

While we generally support the establishment of a code for topical steroid withdrawal syndrome, it is not clear that subcategory L30.8, Other specified dermatitis, is the best location for this code, as the condition is associated with symptoms and systemic side effects that are distinct from dermatitis.

We also have concerns about some of the alternate names that are used to describe this condition, such as topical steroid addiction, steroid rosacea, and steroid-induced dermatitis, as they suggest adverse effects that occur while using the medication, rather than effects that arise when the medication is no longer being used by the patient.

Type 2 Diabetes Mellitus in Remission

AHIMA supports the establishment of a code for type 2 diabetes mellitus in remission. While we recognize the challenges with coding diabetic manifestations in conjunction with a code for type 2 diabetes in remission, we believe it is important to align ICD-10-CM codes with the consensus statement referenced in the code proposal. “In remission” is clearly explained in the consensus statement, including the rationale for selecting this term, and it also appears to be supported by medical literature.

The First Quarter 2020 issue of *Coding Clinic for ICD-10-CM/PCS (Coding Clinic)* advised that a personal history code (code Z86.39, Personal history of other endocrine, nutritional and metabolic disease) should be assigned for “resolved” or “history of” diabetes. This advice was published prior to the release of the consensus statement on type 2 diabetes in remission. We believe the creation of a code that aligns with the terminology used in the consensus statement would produce more accurate data than continuing to classify type 2 diabetes in remission to code Z86.39 as advised by the 2020 issue of *Coding Clinic*.

Clarification is needed regarding the codes that should be assigned to capture any diabetic manifestations. It is not clear from the “Use additional code” note under the proposed new code whether the intent is to assign an E11 code for the diabetic complication (and if appropriate, an additional code to identify the manifestation) or only a non-diabetes code for the specific manifestation (such as chronic kidney disease). We appreciate that there are concerns about assigning an E11 code for

the diabetic complication in addition to a code for type 2 diabetes mellitus in remission. However, this appears to be the best approach in order to capture that the conditions are due to the diabetes. **Despite the challenges associated with coding any diabetic manifestations, it is important to establish a code for type 2 diabetes mellitus in remission in order to align with current medical knowledge of this disease process.**

Usher Syndrome

While we previously recommended classifying Usher syndrome in chapter 5, we have reconsidered this recommendation and now believe chapter 17 would be the best location for genetic disorders affecting more than one body system, including Usher syndrome. Placement in chapter 17 would align with the location of this syndrome in ICD-11.

Hearing impairment should be added to the "Code also" note.

Xylazine-Associated Wounds

We support the proposed new codes for toxic effect of xylazine and non-pressure chronic ulcers.

We recommend that subcategory L98.4, Non-pressure chronic ulcer of skin, not elsewhere classified, be added to the "Use additional code" note under the new sub-subcategory for toxic effect of xylazine.

Addenda

We disagree with the following proposed Index changes because the correct spelling of "mater" in "dura mater" and "pia mater" is "mater," not "matter:"

- | | |
|--------|--|
| | Inflammation, inflamed, inflammatory (with exudation) |
| Revise | - dura mater <u>matter</u> - see Meningitis |
| Revise | - pia mater <u>matter</u> - see Meningitis |
| | Neurosyphilis (arrested) (early) (gumma) (late) (latent) (recurrent) (relapse) A52.3 |
| Revise | - dura (mater <u>matter</u>) A52.13 |
| | Syphilis, syphilitic (acquired) A53.9 |
| Revise | - dura mater <u>matter</u> A52.13 |

The word "symptoms" in the Index entry for "Enlargement, prostate, without lower urinary tract symptoms (LUTS)" should be changed to "symptoms."

We support the remaining proposed Tabular and Index Addenda modifications.

We urge the CDC to implement Addenda changes on the earliest possible date following the C&M meeting where they are presented. Addenda changes presented at the March C&M meeting should become effective on October 1 of that year.

Thank you for the opportunity to comment on the proposed ICD-10-CM modifications. 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,



Lauren Riplinger, JD
Chief Public Policy and Impact Officer