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November 6, 2020

VIA ELECTRONIC MAIL

Donna Pickett, MPH, RHIA  
ICD-10 Coordination and Maintenance Committee  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, Maryland 20782

Dear Ms. Pickett:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the proposed ICD-10-CM code modifications presented at the September ICD-10 Coordination and Maintenance (C&M) Committee meeting and being considered for October 2021 implementation.

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. AHIMA's 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 Findings of Blood Amino-Acid Level**

AHIMA supports the creation of a unique code for abnormal findings of blood amino-acid level.

We recommend that the proposed Excludes1 note be revised to "Disorder of amino-acid metabolism (E70-E72)." Categories E70-E72 classify disorders of amino-acid metabolism. The meaning of "specific findings indicate ..." in the proposed Excludes1 note is not clear. Coding professionals cannot assign a code from categories E70-E72 based on findings that indicate a disorder of amino-acid metabolism. A code from these categories can only be assigned when the provider specifically documents an amino-acid metabolism disorder in the patient's medical record.

### **Acute Flaccid Myelitis**

We support the creation of a unique code for acute flaccid myelitis.

We recommend deleting the word "other" in the "Code also" note under the proposed new code, as it is not clear what the term "other" is referring to. The note should state "Code also, if known, manifestations such as:"

We also recommend deleting “muscle weakness” from the “Code also” note under the proposed new code. Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes. The code proposal states that acute flaccid myelitis causes the muscles in the body to become weak. Therefore, we believe muscle weakness is routinely associated with this condition and should not be separately coded.

### **Allergy to Mammalian Meats**

AHIMA supports creating a new code for allergy to mammalian meats.

We recommend that “alpha-gal syndrome” be added as an inclusion term under the new code.

### **Anaplastic Large Cell Lymphoma, ALK-Negative, of the Breast**

We support the creation of a unique code for anaplastic large cell lymphoma, ALK-negative, of the breast.

If breast implant-associated anaplastic large cell lymphoma is considered a complication of the breast implant, an instructional note should be added indicating that the complication should be coded first.

We recommend changing the proposed “Code also” note to a “Use additional code” note. A “Code also” note means that either code may be assigned as the principal/first-listed diagnosis, depending on the circumstances of the admission/encounter. However, the code for anaplastic large cell lymphoma would always be sequenced before a code for breast implant status or personal history of breast implant removal.

### **Cervicogenic Headache**

We support the creation of a unique code for cervicogenic headache.

We recommend changing the code title to “Cervicogenic headache.” Since cervicogenic headaches are always secondary, the word “secondary” in the code title is unnecessary.

### **Complication of Immune Effector Cellular (IEC) Therapy**

AHIMA supports creating a new code for complication of immune effector cellular therapy.

It would be helpful to add inclusion terms for some of the common therapies for which this code would be applicable, such as CAR T-cell therapy.

### **Cough**

We support the proposed new codes for cough and the other associated Tabular modifications.

### **Depression NOS**

We support the creation of a unique code for unspecified depression. We agree it is clinically inaccurate to classify unspecified depression to a code for major depressive disorder.

**Endometriosis**

While we generally support the proposed expansion of codes for endometriosis, we are concerned that the proposed level of detail may often not be documented.

Some of the proposed new codes for superficial endometriosis have an inclusion term for endometriosis NOS, whereas others do not. We recommend that if the intent is that the code for superficial endometriosis should be assigned when the medical record documentation does not specify superficial vs. deep, then an inclusion term for endometriosis NOS of the respective anatomic site should be added under the appropriate codes or sub-subcategory for superficial endometriosis. This recommendation also applies to proposed codes that use terms other than “superficial” and “deep.” For example, when endometriosis of the ureter is not specified as extrinsic or intrinsic, a default should be identified and an inclusion term for “endometriosis of the ureter NOS” added under the default sub-subcategory.

If it is possible to have both superficial and deep endometriosis of the same site, guidance should be provided as to whether two codes should be assigned or only the deep endometriosis should be coded.

Guidance should also be provided (either in *Coding Clinic for ICD-10-CM/PCS* or the *ICD-10-CM Official Coding Guidelines for Coding and Reporting*) regarding proper coding if the provider documents terms such as “surface” or “involving muscular wall,” rather than the terms “superficial” or “deep,” are included in the code titles. Can coding professionals assign the appropriate code for deep endometriosis if the provider has documented endometriosis involving muscular wall and does not use the term “deep?”

**Esophageal Polyp**

AHIMA supports the creation of unique codes for polyp of the esophagus and esophagogastric junction.

We recommend adding an Excludes1 note for adenomatous polyp under the new codes.

**Fournier Disease of Vagina and Vulva**

We support the creation of a new code for Fournier disease of vagina and vulva.

**Gastric Intestinal Metaplasia**

We support the proposed new codes for gastric intestinal metaplasia with and without dysplasia.

**Hematopoietic Stem Cell Transplant-Associated Thrombotic Microangiopathy**

We support the creation of a unique code for hematopoietic stem cell transplant-associated thrombotic microangiopathy.

**Hemolytic-Uremic Syndrome**

AHIMA supports the proposed new codes for hemolytic-uremic syndrome.

We do not agree with a C&M attendee’s suggestion to switch the code title and inclusion term such that “unspecified” is in the code title and “typical hemolytic-uremic syndrome” is the

inclusion term. We believe it would be preferable for the more specific description to be in the code title and the non-specific term to be in the inclusion term.

As suggested during the C&M meeting, we recommend adding instructional notes for the use of proposed new code D59.39, Other hemolytic-uremic syndrome, for secondary hemolytic-uremic syndrome.

### **Hereditary Alpha Trypsinemia**

We support creating a new code for hereditary alpha tryptasemia.

### **Immune Effector Cell Associated Neurotoxicity Syndrome (ICANS)**

AHIMA supports the creation of a new subcategory for immune effector cell-associated neurotoxicity syndrome (ICANS).

We recommend that the notes instructing to “Code first poisoning due to drug or toxin, if applicable” and “Use additional code for adverse effect, if applicable” located under category G92, Toxic encephalopathy, be moved to the specific codes they are applicable to in this category. Since these notes are not applicable to the new subcategory for ICANS, they may create confusion if they appear at the category level.

### **Immunization Counseling**

We support the proposed new code for encounter for immunization safety counseling. The modifications to the proposal that were made subsequent to the March C&M meeting are a significant improvement over the original proposal.

### **Lipedema and Lipolymphedema**

We support creating new codes for lipomatosis, lipedema, and lipolymphedema, and reclassifying praecox lymphedema to code Q82.0, Hereditary lymphedema.

An additional code should be created for “other specified metabolic disorder.”

The term “unspecified” should be used in the titles of proposed new codes E88.29 and E88.829 instead of “NOS.”

As suggested during the C&M meeting, an inclusion term for “Lipedema, stage 4” should be added under proposed new code I89.3, Lipolymphedema.

### **Lumbar and Lumbosacral Intervertebral Annular Fibrosis Defects**

We support the creation of a new subcategory for lumbar and lumbosacral annular disc defects.

We have concerns about including size dimensions in inclusion terms. Will coding professionals be allowed to report the code based on documentation of the size of the defect, or will providers still be expected to describe the defect as small or large? Which code should be assigned if the provider describes the defect as “small” or “large,” but the dimensions of the defect do not match the dimensions in the inclusion term?

There is a typographical error in the inclusion term under proposed new codes M51.A3 and M51.A4. The inclusion term under code M51.A3 should state “Intervertebral annular fibrosis defect < 6 mm wide and < 4 mm high, **lumbosacral** region.” The inclusion term under code M51.A4 should state “Intervertebral annular fibrosis defect, > 6 mm wide or > 4 mm high, **lumbosacral** region.”

### **Mild Cognitive Disorder Due to Known Physiological Conditions**

AHIMA supports creating a new subcategory for mild cognitive disorder due to known physiological condition and revising the title of the existing code for mild cognitive impairment (ICD-10-CM code G31.84).

The proposed new subcategory F06.7, Mild cognitive disorders due to known physiological condition should be added to the “Use additional code” note under category G30, Alzheimer’s disease, and code G20, Parkinson’s disease.

Consideration should also be given to adding “Use additional code” notes under the codes for other common conditions listed in the “Code first the underlying physiological condition” note under subcategory F06.7, so that it is clear when coding these conditions that an additional code should be assigned for any associated mild cognitive disorder.

Existing Index entries for related terms should be carefully reviewed and modified as necessary to avoid potential confusion between existing codes and the new codes. For example, “Deficiency, cognitive” and “Disorder, cognitive” are indexed to code F09, Unspecified mental disorder due to known physiological condition. This may cause confusion regarding the use of the new subcategory and code F09.

It would be helpful to add an Excludes1 note for the proposed new subcategory under code F09, Unspecified mental disorder due to known physiological condition, particularly since, as noted above, related terms are indexed to this code.

### **Moisture-Associated Skin Damage**

We support the creation of new subcategories for irritant contact dermatitis due to friction or contact with body fluids and irritant contact dermatitis related to stoma or fistula.

### **Niemann-Pick Disease Type A/B**

We support the creation of a new code for Niemann-Pick Disease type A/B.

We recommend that “Acid Sphingomyelinase Deficiency (ASMD)” be added as an inclusion term under subcategory E75.24, Niemann-Pick disease, not just under individual codes for types A, B, and A/B. Since the code proposal indicated that ASMD is predominating as the preferred term, it would be helpful to include this term as an inclusion term at the subcategory level rather than only under certain individual codes.

### **Nocturnal Polyuria**

We support creating a new code for nocturnal polyuria.

We recommend adding an Excludes1 note for this new code under code R35.1, Nocturia, to help prevent miscoding of nocturia and nocturnal polyuria.

### **Non-Radiographic Axial Spondyloarthritis**

We do **not** support creation of new codes for non-radiographic axial spondyloarthritis. Since these codes were proposed by one pharmaceutical company without any indication of support from medical specialty societies or other industry groups, the demand for specific codes for this condition has not clearly been demonstrated. We recommend that the National Center for Health Statistics seek input from relevant medical specialty societies regarding the need for unique codes. Also, we believe it is inappropriate to change the classification of this condition just one year after specifically indexing it to existing codes.

If unique codes for non-radiographic axial spondyloarthritis are created, we recommend that a new subcategory be added in M46, Other inflammatory spondylopathies, rather than in category M45, Ankylosing spondylitis. Category M45 is inappropriate because this condition is not a type of ankylosing spondylitis. Also, creating codes for non-radiographic axial spondyloarthritis in category M46 would keep this condition in the same category where it is currently indexed.

### **Postprocedural Anastomotic Leak of Digestive System Organ or Structure Following a Procedure**

We support creating a unique code for postprocedural anastomotic leak of digestive system organ or structure following a procedure.

### **Pyruvate Kinase (PK) Deficiency**

We support creation of a unique code for anemia due to pyruvate kinase deficiency.

Consideration should be given to deleting the inclusion term “hemolytic nonspherocytic (hereditary) anemia, type II” under proposed new code D55.29, Anemia due to other disorders of glycolytic enzymes. The presenter indicated this is an obsolete term.

### **Rapid Destructive Osteoarthritis**

AHIMA supports the proposed new codes for rapid destructive osteoarthritis.

We recommend creating additional codes for **bilateral** rapid destructive osteoarthritis of the shoulder and ankle/foot (subcategories M19.A1 and M19.A7, respectively) to be consistent with the proposed codes for rapid progressive osteoarthritis of other joints.

The Excludes1 notes that are part of this code proposal should be changed to Excludes2 notes, as a patient could conceivably have different types of osteoarthritis in the joint on each side (e.g., different types of osteoarthritis could be present in the left and right knees).

Also, to be consistent with the other proposed subcategories, we recommend that Excludes notes for other types of osteoarthritis be added under proposed subcategories M19.A1, Rapid destructive osteoarthritis, shoulder, and M19.A7, Rapid destructive osteoarthritis, ankle and foot. Consistent with our recommendation above, these notes should be Excludes2 rather than

Excludes1 notes because different types of osteoarthritis may be present in the joint on each side of the body.

As a future C&M proposal, we recommend that consideration be given to creating a “bilateral” option for each of the joints identified in category M19, Other and unspecified osteoarthritis, to be consistent with the structure of osteoarthritis categories M16, M17, and M18.

### **Refractory Angina Pectoris**

We support the creation of new codes for refractory angina pectoris.

### **Short Bowel Syndrome and Intestinal Failure**

We support creating new codes for short bowel syndrome and intestinal failure.

We recommend that a “Use additional code” note be added under the proposed new codes for acquired or congenital absence of part of the small intestine.

### **Short Stature Due to Endocrine Disorder**

AHIMA supports the creation of a new subcategory for short stature due to endocrine disorder.

### **Thrombocytosis and Essential Thrombocythemia**

We support creating a new subcategory for thrombocytosis.

We recommend adding a “Code also underlying condition, if known and applicable” instructional note under proposed new code D75.838, Other thrombocytosis.

### **Vertebrogenic Pain**

We support creating a unique code for vertebrogenic low back pain.

We recommend adding inclusion terms for other terms that providers might use in medical record documentation. For example, the term “vertebral endplate pain” also seems to be used in literature to describe this type of back pain.

### **Vulvovaginal Candidiasis, Recurrent**

We support the creation of new codes to distinguish recurrent vulvovaginal candidiasis, but with the following recommended changes to the proposed codes:

**Delete proposed code B37.39, Other candidiasis of vulva and vagina, and add an inclusion term for acute candidiasis under proposed code B37.30, Candidiasis of vulva and vagina, not specified as recurrent.** The other two proposed codes describe candidiasis that is either recurrent or not specified as recurrent. Since acute candidiasis is also not specified as recurrent, two codes would appear to be applicable, and it is not clear whether code B37.39, B37.30, or both, should be assigned. Therefore, we recommend that code B37.39 be deleted, and acute candidiasis be classified to the code for candidiasis not specified as recurrent.

**Switch the title and inclusion term for proposed code B37.31.** The title of code B37.31 should be “Candidiasis of vulva and vagina, recurrent.” This title would be consistent with the title of code B37.30, which states “not specified as recurrent.”

**Addenda**

AHIMA supports the proposed Addenda modifications.

Thank you for the opportunity to comment on the proposed ICD-10-CM codes being considered for October 2021 implementation. 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](mailto:sue.bowman@ahima.org).

Sincerely,

A handwritten signature in cursive script that reads "Wylecia Wiggs Harris".

Dr. Wylecia Wiggs Harris, PhD, CAE  
Chief Executive Officer