

SUMMARY REPORT
ICD-9-CM COORDINATION AND MAINTENANCE COMMITTEE
November 12, 1999

Introductions and Overview

Pat Brooks welcomed the participants to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Coordination and Maintenance Committee meeting. All participants introduced themselves. An overview of the Committee was provided. It was explained that the Committee meetings serve as a public forum to discuss proposed revisions to the ICD-9-CM. The public is given a chance to offer comments and ask questions about the proposed revisions. After the meeting, a summary of the meeting is posted on the home pages of the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). The public is encouraged to send in written comments after the meeting, but prior to January 7, 2000. It was announced that this meeting is the last meeting where proposed changes to ICD-9-CM for October 1, 2000 would be discussed.

Participants were reminded that there were no changes to ICD-9-CM on October 1, 1999 because of Y2K concerns. Therefore, all proposed changes discussed at the meetings on the following dates will be considered for October 1, 2000 addendum: June 4, 1998, November 2, 1998, May 13, 1999, and November 12, 1999. The time line handout provides details of important dates and addresses in the ICD-9-CM update process. Those members of the public requesting that topics be discussed at the May 11, 2000 meeting must have their requests submitted by March 11, 2000.

Approval of future coding systems - Administrative simplification

The participants were encouraged to review information on Administrative Simplification as it applies to standards for national coding systems. The Transaction notice of proposed rulemaking published May 7, 1998 provides detailed information on these new requirements. The final notice is now in clearance. It was mentioned that **no decisions have been made on when or if ICD-10-CM or ICD-10-PCS will be implemented. Therefore, there are no implementation dates.** Proposals to consider these new coding systems as national standards must take place within the new process covered by Administrative Simplification.

ICD-10-PCS Update

Robert Mullin, MD, one of the chief developers of ICD-10-PCS (International Classification of Diseases, Tenth Revision, Procedure Coding System), provided an update on planned modifications to ICD-10-PCS based on testing results. Testing to date by the Clinical Data Abstraction Centers (CDACs) has shown the system to be quite logical, clearly defined, and easy to update. However, to make it more user friendly, 3M/HIS has a list of proposed modifications that should make the index and tabular sections easier to use. One possibility would be to rearrange the Revision tables using the Qualifier (original operation) to determine the order of presentation. This would allow all the original operations to be presented together and greatly

simplify coding of Revisions. Other minor revisions involve adding specific terms to the tables such as "brain" to Divisions, "Divisions" to Fascia, and " kidney,bilateral" to Resection. A list of these minor suggestions is being maintained by 3M/HIS. After an additional round of testing by the CDACs, an updated draft with revisions will be prepared. Dr. Mullin also mentioned that Germany has prepared a German translation of ICD-10-PCS and is considering implementing for national use.

Thelma Grant, 3M/HIS, provided an update on formal and informal testing and education of ICD-10-PCS. Additional records have just been received for testing by the CDACs. These records are largely comprised of OB/GYN and ambulatory procedures. The CDACs will begin their testing of the records in December and a report will be provided at the May 11, 2000 ICD-9-CM Coordination and Maintenance Committee. Health Information Management professionals are continuing to conduct informal testing. When 3M/HIS makes presentations on ICD-10-PCS, coding exercises are included. This has allowed an increasing number of professions to learn to use the new system. Presentations have been made at meetings of the Society for Clinical Coding, an International Coding Symposium, AHIMA Audio Conferences, AHIMA Multi-specialty meetings, and AHA Video Series, as well as at state and regional HIMA meetings.

Feedback from the public has been quite positive. The system has been described as easy to use, elegant, and logical. Many like the standardized terminology and the manner in which the tabular is displayed. Concerns that have been expressed predominantly focus of the fact that it is a new system, and therefore considerable effort should be made in educational activities prior to implementation. Concerns have also been expressed about the need for better physician documentation in the medical record. Overall, the public reaction has been quite positive.

Neuroprotective Agents

Ann Fagan led a discussion of the proposed code revisions. Mark J. Alberts, M.D., Duke University Medical Center, described the clinical issues. The participants generally agreed with the need for a new code. There was support for modifying category 99.7, Therapeutic apheresis, to create a new category as described in the handout. One participant suggested that the drug name be added to the index since coders may not know that drugs such as nimodipine are neuroprotective agents. There was agreement on this suggestion. Another participant suggested redefining a rarely used code in category 99.2, Injection or infusion of other therapeutic or prophylactic substance, for the administration of neuroprotective agents. Many in the audience disagreed with redefining a current code for this new concept because of the effect on trend data. It was also suggested that NCHS specify an external cause code (E-code) for use in adverse effects at the same time the new procedure code goes into effect. NCHS will consider a simultaneous change to the Drug and Chemicals Table. One member of the audience felt that the neuroprotective agents can be captured by an existing CMS Common Procedure Coding System (HCPCS) code.

Hematopoietic Stem Cell Transplantation With or Without Purging

Amy Gruber led a discussion on the proposed code revisions. George Somlo, M.D., City of Hope National Medical Center, described the procedure. The participants supported Option 2, which consisted of creating and revising codes in category 41.0, Bone marrow or hematopoietic stem cell transplant. One participant suggested that "CD34 selection" be added as an inclusion term in addition to the proposed inclusion term "cell depletion." It was also suggested that the existing codes be revised to capture transplant "without purging" and the new codes be created to capture transplant "with purging." There was support for this recommendation.

Application of Anti-adhesion BarrierGel

Ann Fagan described the proposed code revisions and Frank Guglielmo, Gliatech, described the procedure. Ann Fagan explained that currently the procedure is assigned to code 99.29, Injection or infusion of other therapeutic or prophylactic substance. There was support for the creation of a new code under category 99.7, Therapeutic agent, for Administration or application of adhesion barrier. The participants also supported the generic nature of the code which is not site specific. It was felt that the diagnosis could provide information on the clinical condition. A participant recommended that NCHS address the appropriate E code at the same time. NCHS agreed to consider a modification to the Table of Drugs and Chemicals to provide the necessary advice.

Surgical Adhesive

Ann Fagan described a code revision to capture the use of adhesives or glue-like material to repair skin lacerations. The participants were supportive of the revision to code 86.59, Suture of skin and subcutaneous tissue of other sites, to include this procedure. One participant suggested that the Excludes note be revised to state: Application of adhesive strips - omit code.

Addenda

Amy Gruber described the proposed addenda for FY 2001. There was support for the proposals. One participant expressed concern about the use of the term "mammatome" under the index entry for Biopsy. It was suggested that this a product name. Other similar products include ABBI.

All participants were urged to review the proposals in detail and send any additional comments they may have to CMS staff. This concluded the procedure part of the meeting. The National Center for Health Statistics conducted the diagnosis part of the meeting and will post a summary on their home page of their part of the meeting.

Department of Health and Human Services
CMS Auditorium
7500 Security Boulevard
Baltimore, MD
ICD-9-CM Volume 3, Procedures
November 12, 1999

Patricia E. Brooks
Co-Chairperson

9:00 a.m. ICD-9-CM Volume 3, Procedure
presentations and public comments

Topics

1. Update on the ICD-10 Procedure Coding System

Patricia E. Brooks
Robert Mullin, M.D.
Thelma Grant
3M Health Information Systems

2. Neuroprotective Agents

Ann B. Fagan
Mark J. Alberts, M.D.
Duke University Medical Center

3. Stem Cell Transplantation With or Without Purging

Amy L. Gruber
George Somlo, MD
City of Hope National Medical Center

4. Application of Anti-adhesion Barrier Gel

Ann B. Fagan
Frank Guglielmo

5. Surgical Adhesive

Ann B. Fagan

6. Addenda

Amy L. Gruber

**ICD-9-CM Volume 3, Procedures
Coding Issues:**

Mailing Address:

**Centers for Medicare and Medicaid Services
CHPP, PPPP, Division of Acute Care
7500 Security Boulevard
Mail Stop C4-07-07
Baltimore, MD 21244-1850**

FAX: (410) 786-0169

Patricia Brooks (410) 786-5318 E-mail: pbrooks@cms.hhs.gov

Ann Fagan (410) 786-5662 E-mail: afagan@cms.hhs.gov

Amy Gruber (410) 786-1542 E-mail: agruber@cms.hhs.gov

Summary of Meeting:

A complete report of the meeting, including handouts, will be available on CMS's home page within one month of the meeting. Written summaries will no longer be routinely mailed. The summary can be accessed at:

URL: <http://cms.hhs.gov/paymentsystems/icd9/default.asp>

NCHS will present diagnosis topics at the conclusion of the procedure topics. This will be a one day meeting. For information pertaining to the diagnosis topics, please contact Donna Pickett or Amy Blum at (301) 436-7050 or visit the NCHS classification of Diseases website at:

www.cdc.gov/nchswww/about/otheract/icd9/maint/maint.htm

ICD-9-CM TIME LINE

A time line of important dates in the ICD-9-CM process is described below:

October 1, 1998	Complete, updated ICD-9-CM available on CD-ROM through the Government Printing Office at (202) 512-1800. Order number 017-022-01434-3. Cost is \$18.
May 13, 1999	ICD-9-CM Coordination and Maintenance Committee meeting. Code revisions discussed are for potential implementation on October 1, 2000.
June 1999	Summary report of the May 13, 1999 ICD-9-CM Coordination and

Maintenance Committee meeting will be posted on CMS's home page.
URL: <http://cms.hhs.gov/paymentsystems/icd9/default.asp>
Look under Events, Meetings, and Workgroups.

- July 30, 1999 Inpatient Prospective Payment System final notice published in the **Federal Register** as mandated by Public Law 99-509. **Because of Y2K issues, no ICD-9-CM code revisions were allowed for October 1, 1999. No addendum was issued which would modify ICD-9-CM in any way. ICD-9-CM codes effective October 1, 1998 will remain in effect through September 30, 2000.**
- Sept. 10, 1999 Those members of the public requesting that topics be discussed at the November 12, 1999 meeting should have their requests to CMS for procedures and NCHS for diagnoses.
- Oct. 1, 1999 Revisions to the Inpatient Prospective Payment System go into effect.
- Nov 12, 1999 ICD-9-CM Coordination and Maintenance Committee meeting. Last meeting of the year to discuss proposed code revisions for October 1, 2000.
- December 1999 Summary report of the November 12, 1999 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS's home page. URL: <http://cms.hhs.gov/paymentsystems/icd9/default.asp>
Look under Events, Meetings, and Workgroups.
- January 7, 2000 Deadline for receipt of public comments on proposed code revisions. **Revisions will include all those discussed at FY 1999 (June 4, 1998 and November 2, 1998) and FY 2000 (May 14, 1999 and November 12, 1999) ICD-9-CM Coordination and Maintenance Committee meetings.**
- March 11, 2000 Those members of the public requesting that topics be discussed at the May 11-12, 2000 ICD-9-CM Coordination and Maintenance Committee meeting should have their requests to CMS for procedures and NCHS for diagnoses.
- May 1, 2000 Notice of Proposed Rulemaking to be published in the **Federal Register** as mandated by Public Law 99-509. This will include the final decisions on all ICD-9-CM code titles. It will include proposed revisions to the DRG system, on which the public may comment.
- May 11-12, 2000 ICD-9-CM Coordination and Maintenance Committee meeting.
- June 2000 Summary report of the May 11-12, 2000 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS's home page. URL: <http://cms.hhs.gov/paymentsystems/icd9/default.asp>
Look under Events, Meetings, and Workgroups.
- July 1, 2000 Inpatient Prospective Payment System final rule to be published in the **Federal Register** as mandated by Public Law 99-509.
- Sept. 17, 2000 Those members of the public requesting that topics be discussed at the November 17, 2000 ICD-9-CM Coordination and Maintenance Committee meeting should have their requests to CMS for procedures and NCHS for diagnoses.
- October 1, 2000 New and revised ICD-9-CM go into effect along with all other DRG changes.

Nov. 17, 2000 ICD-9-CM Coordination and Maintenance Committee meeting.
December 2000 Summary report of the November 17, 2000 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS's home page. URL: <http://cms.hhs.gov/paymentsystems/icd9/default.asp>
Look under Events, Meetings, and Workgroups.

Neuroprotective Agents

Issue:

There are no ICD-9-CM codes that identify delivery of this specific category of product therapy.

Background:

Stroke is the generic term that describes the sudden onset of neurologic deficits attributable to either occlusion or rupture of cerebral blood flow. In the United States, stroke is the third leading cause of morbidity and mortality in adults, ranked behind myocardial infarction and cancer, and is the leading cause of adult disability. Over 700,000 strokes occur annually in the U.S., with about one third resulting in death and another third requiring long-term institutionalization.

Neurologists typically categorize strokes into two groups: ischemic (thromboembolic) strokes and hemorrhagic strokes. Each group has subcategories, with treatment varying according to stroke etiology, time since initial symptoms, and patient status. Two areas of recent and intense research have been with thrombolytic agents and neuroprotective agents. It is now possible for Neurologists to prescribe thrombolytic agents for select patients with acute ischemic (thromboembolic) stroke.

Discussion:

Neuroprotective agents reflect the other new and intense area of stroke treatment and research. Neurologists and neuroscientist use the term "neuroprotective agent" to describe products that work directly at the nerve cell to minimize ischemic injury. Currently, one neuroprotective agent (nimodipine) is on the market for treating ischemic injury resulting from acute subarachnoid hemorrhage. Several other products are in Phase II and Phase III research. Because treatment with neuroprotective agents is occurring now and expected to progress rapidly, hospitals, clinical researchers, and health policy analysts would benefit from a unique ICD-9-CM procedure code for administration of neuroprotective agents.

Coding Options:

Option 1

The ICD-9-CM procedure manual provides only limited options for classification of the administration of neuroprotective agents. Generally, administration of

therapeutic or prophylactic substances is coded in the 99.1x and 99.2x sections of the manual:

99.1x Injection or infusion of therapeutic or prophylactic substance

99.2x Injection or infusion of other therapeutic or prophylactic substance

Although administration of a neuroprotective agent is currently most appropriately coded to 99.29, Injection or infusion of other therapeutic or prophylactic substance, this particular code is used for a myriad of other drug administrations. As such, this code would not provide information unique to neuroprotectants. The situation is compounded by the fact that the rest of the code numbers in this subcategory of procedures are already in use. The first option would be to decide to make no change, and continue to use code 99.29 to describe administration of neuroprotective agents.

Option 2

Another option is to create a new code. Our responsibility is to keep the book as logical and coherent as possible, within the existing limitations of space. However, our responsibility is also to provide codes describing new technology. We could modify category 97.7, Therapeutic apheresis, where space does exist, as follows:

revision 99.7 Therapeutic apheresis **or other injection, administration, or infusion of other therapeutic or prophylactic substance**

new code **99.75 Administration of neuroprotective agent**

Recommendation:

While neither of the options are ideal, Option 2 more completely satisfies the

needs of the coding community by providing a unique place to capture this treatment modality. Therefore, we recommend modification of the existing code title and addition of a new code as follows:

revision 99.7 Therapeutic apheresis **or other injection, administration, or infusion of other therapeutic or prophylactic substance**

new code **99.75 Administration of neuroprotective agent**

Prior to implementation of a new code, targeted for October 1, 2000, coders should continue to use 99.29, Injection or infusion of other therapeutic or prophylactic substance.

Hematopoietic Stem Cell Transplantation With or Without Purging

Issue:

Should the codes for hematopoietic stem cell transplantation be modified to uniquely capture the use or nonuse of purging (cell selection) procedures associated with stem cell transplantation?

Background:

The initial form of transplantation therapy involved the use of bone marrow, which contains a small proportion of cells (stem cells) that are capable of regenerating the blood and immune systems to treat patients with a variety of malignant and non malignant disorders. Stem cell selection is a process that isolates and purifies the stem cells from bone marrow or, more recently and conveniently, from peripheral blood for use in stem cell transplantation. Stem cells obtained through the peripheral blood has widely replaced stem cells obtained from bone marrow as the primary source of stem cells for autotransplantation.

Autologous stem cell transplantation can be used to treat many diseases, such as solid tumors (breast cancer and ovarian cancer), lymphomas (Hodgkin's disease and Non-Hodgkin's lymphoma), multiple myeloma and certain types of leukemia. The patient's own bone marrow or peripheral blood cells are removed prior to high dose therapy treatment. By performing stem cell purging, tumor cells that would then be returned to the patient and often contaminate the blood can be substantially reduced, thereby potentially decreasing the risk of post-transplant disease recurrence associated with these tumor cells.

Allogeneic stem cell transplantation are most frequently used to treat patients with leukemia, aplastic anemia, lymphomas (Hodgkin's disease and Non-Hodgkin's lymphoma) and immune deficiency diseases. By performing stem cell purging, cells that can cause a severe life-threatening reaction known as graft-versus-host disease (GVHD) can be substantially reduced prior to transplant.

Options:

1. Make no code revisions due to lack of appropriate documentation in the medical record.
2. Autologous hematopoietic stem cell transplant:
 - (a). Revise code title:
41.04 Autologous hematopoietic stem cell transplant

To:

41.04 Autologous hematopoietic stem cell transplant with purging

Add inclusion term: Cell depletion

- (b). Create new code:

41.07 Autologous hematopoietic stem cell transplant without purging

Allogeneic hematopoietic stem cell transplant:

(c). Revise code title:

41.05 Allogeneic hematopoietic stem cell transplant

To:

41.05 Allogeneic hematopoietic stem cell transplant with purging

Add inclusion term: Cell depletion

(d). Create a new code:

41.08 Allogeneic hematopoietic stem cell transplant without purging

Autologous bone marrow transplant:

(e). Revise code title:

41.01 Autologous bone marrow transplant

To:

41.01 Autologous bone marrow transplant with purging

Add inclusion term: Cell depletion

(f). Create new code:

41.09 Autologous bone marrow transplant without purging

Recommendation:

CMS recommends Option 2.

Application of an Adhesion Barrier Gel

Issue:

There are no ICD-9-CM codes that capture the application of an Adhesion Barrier Gel.

Background:

Post-operative adhesions and peridural fibrosis are major problems for spinal cord surgeries, limiting the success of the procedure and leading to re-operations. To limit adhesions, peridural fibrosis and scarring, scientists have created an adhesion barrier that is a gel-like substance. The product is applied through a syringe and tipped applicator after a laminectomy, discectomy or laminotomy is performed. This substance protects the sensitive structures of the spine during the early stages of recovery and then is absorbed by the body naturally.

To perform the procedure, the surgeon coats the nerve root along both its dorsal and ventral surfaces and within the vertebral foramen using the tipped applicator. The adhesion barrier is applied around the cephalic extent of the nerve root, getting under the exposed surface of the lamina by about 1 cm cephalad. The barrier is further placed into the space between the dural sac and the posterior longitudinal ligament, both cephalad and caudal to the annular incision. If the ligament is intact, the barrier is applied over its ventral and dorsal surfaces. The incision is then filled to the depth of the site to the level of the ventral surface of the vertebral lamina. The surgical incision is then closed.

Since their approval by the Food and Drug Administration in December 1997, adhesion barriers have gained widespread usage in spine surgeries, particularly for discectomies and laminectomies. In randomized, double-blinded clinical trials, patients who received an adhesion barrier had less peridural scar, less post-operative pain and better recovery. The reduction in scar is also of benefit for patients who undergo repeat operations, as repeat procedures are simpler and require less operative time.

Coding Options:

Option 1 - Index changes

As this product is currently being used in the spine, the most closely related existing code is 03.92, Injection of other agent into spinal canal. This code includes terms such as "Intrathecal injection of steroid" "Subarachnoid perfusion of refrigerated saline". The concern with use of this code is that those treatments already included in the code are delivered in another manner than injection, and are intended for another outcome. This makes tracking the utilization and efficacy of this new treatment more difficult. However, to make minimal changes to the ICD-9-CM procedure book, index changes could be made which directed coders to existing code 03.92, Injection of other agent into spinal canal.

Option Two – Modification of existing code title

Since 03.92, Injection of other agent into spinal canal, already exists, the code title could be modified to more closely reflect application of an adhesion barrier gel. The modified code would appear as follows:

Revise 03.92 Injection, **application, or infusion** of other agent into spinal canal

Add **Application of adhesion barrier**
subterm Intrathecal injection of steroid
 Subarachnoid perfusion of refrigerated saline

Option Three - creation of a new code

This technology, while currently being used for spinal surgery patients, has the potential of being used in other parts of the body. The best solution might be to be pro-active, and plan ahead for technology to catch up to the coding. This option would piggyback on a previous presentation at today's meeting by adding another new code to a previously described subsection.

revision 99.7 Therapeutic apheresis **or other injection, administration, application, or infusion of other therapeutic or prophylactic substance**
new code **99.75 Administration of neuroprotective agent**
new code **99.76 Administration or application of adhesion barrier**

Recommendation:

CMS recommends adoption of Option Three, the creation of a new code:

revision 99.7 Therapeutic apheresis **or other injection, administration, application, or infusion of other therapeutic or prophylactic substance**
new code **99.75 Administration of neuroprotective agent**
new code **99.76 Administration or application of adhesion barrier**

Prior to potential creation of a new code, coders should use 99.29, Injection or infusion of other therapeutic or prophylactic substance, to record the use of adhesion barrier gel.

Repair of Skin Lacerations

Issue:

There is no specific code addressing the use of adhesives or glue-like material to repair skin lacerations. The American Hospital Association's (AHA) Editorial Advisory Board (EAB) suggested that this topic be addressed at the ICD-9-CM's Coordination & Maintenance Committee.

Background:

Technology in the field of skin closure material now includes adhesives which "glue" the skin together without use of sutures, staples, or adhesive bandages. Advice was given in the Second Quarter 1999, **Coding Clinic for ICD-9-CM**, page 15, as follows:

Question: Our emergency department physicians have started using *Dermabond* to repair skin lacerations. The skin is repaired with glue instead of suture material. We were wondering how it should be coded?

Answer: Do not assign a code for the application of *Dermabond*. There is no specific procedure code to describe *Dermabond* at this time. Similarly, the use of steri-strips and butterfly sutures would not be coded.

Even though this advice appears to be straightforward, AHA and other coding entities are still receiving questions on the correct coding of surgical adhesives and tissue adhesives. It was suggested at the latest EAB meeting that the Index and Tabular portions of the ICD-9-CM Procedures be clarified.

Recommendation:

Modify existing codes in the procedure portion of ICD-9-CM as follows:

- Revise 86.5 Suture **or other closure** of skin and subcutaneous tissue
- Revise 86.59 ~~Suture~~ **Closure** of skin and subcutaneous tissue of other sites
- Add Adhesives (surgical) (tissue)
- Add Staples
- Add Sutures

Add **Excludes:** adhesive strips – *omit code*

The AHA will modify the advice given in the Second Quarter 1999 **Coding Clinic** referenced above by publishing a correction notice in Fourth Quarter 1999 **Coding Clinic**. This correction will guide coders to use code 86.59, Suture of skin and subcutaneous tissue of other sites.

In the interim, coders may begin to use code 86.59 to describe repair of skin lacerations using surgical adhesive or tissue adhesive.

Proposed Addenda

FY 2001

Index

- Biopsy
 breast 85.11
- Add subterm **mammotome 85.11**

Add term Closure
Add subterm **vascular**
Add subterm **percutaneous puncture - omit code**

Revise code Escharotomy **86.09**

Add term **IDET (intradiscal electrothermal annuloplasty therapy)**
Add subterm **80.59**

Add subterm Puncture
artery
percutaneous vascular closure - omit code

Add subterm Suture
artery
percutaneous puncture closure - omit code

Add subterm blood vessel
percutaneous puncture closure - omit code

Add subterm Therapy
IDET (intradiscal electrothermal annuloplasty therapy) 80.59

Add subterm **intradiscal electrothermal annuloplasty therapy**
(IDET) 80.59

Add term **Vascular closure, percutaneous puncture - omit code**

Tabular List

Add inclusion term 80.59 Other destruction of intervertebral disc
(IDET) Intradiscal electrothermal annuloplasty therapy

Add inclusion term

85.11 Closed [percutaneous] [needle] biopsy of breast
Mammotome breast biopsy

Add inclusion term

86.09 Other incision of skin and subcutaneous tissue
Escharotomy