Code Is Born: The Quest from Condition to Code

By Jane Wood, RHIA, CCS

Every fall, coding professionals anxiously await the list of new and revised ICD-10 diagnostic and procedural codes. They read articles and listen to webinars that describe the changes and are eager to prepare themselves for compliant, accurate use of the updated code set on October 1. But to many, the source of these fascinating new codes is a mystery. Let's explore how a condition (or procedure) becomes an ICD-10 code.

The maintenance of ICD-10 is a shared responsibility. The National Center for Health Statistics (NCHS) division of the Centers for Disease Control and Prevention (CDC) oversees ICD-10-CM, while the Centers for Medicare and Medicaid Services (CMS) manages ICD-10-PCS. Every March and September, representatives from these two entities meet at the Coordination and Maintenance (C&M) Committee Meeting at CMS headquarters in Baltimore, MD to review suggested modifications to the code sets.

The two-day meeting is open to the public (pre-registration required), and is also broadcast live online by CMS. The requestor or a C&M representative presents each proposal, and the floor is opened for attendee comments. The public is also encouraged to comment in writing within a published follow-up period. No final decisions are made at the meeting, but proposals are finalized after the comment period closes and all comments and suggestions have been carefully reviewed. The official code revisions are then published on the CDC website and the CMS website.

So how do these code proposals get on the C&M Meeting agenda? Official representatives of medical societies or implant manufacturers submit proposals for new and revised codes. But anyone can submit a code proposal; it does not need to be sponsored by a society or vendor. Proposals such as corrections to the Alphabetic Index or Tabular List, or corrections and additions to the appendices of ICD-10-PCS (e.g., Body Part Key) are also considered. Subject matter experts from the CDC (ICD-10-CM) and CMS (ICD-10-PCS) review the proposals, select which ones are appropriate for presentation at the C&M Meeting, and notify requestors regarding the status of their proposals.

With the hope that many of you will consider getting involved in this process, I would like to share my personal code quest. I have submitted several correction proposals to the CDC and CMS, some of which were incorporated into the FY 2017 code set. But submitting a new code proposal and having it accepted and presented at a C&M meeting was particularly energizing.

While doing research on coding for multiple pregnancy, I determined subcategories of codes were missing in the multiple pregnancy section of the code book for triplet fetuses and more, for the most common presentation (i.e., when the number of amnion and chorion equals the number of fetuses). The only specific code subcategories available for triplets, for example, are subcategory O30.11 for monochorionic (two or more fetuses sharing a placenta) and subcategory O30.12 for monoamniotic (two or more fetuses sharing an amniotic sac)—neither of which describes the scenario accurately. The only choice left for the coder is the code for unspecified number of amnion and chorion.

I communicated my findings to the CDC several times, without response, thinking they would review the information and create the codes. Undaunted, I decided to create the codes myself and submit them using the format of the other proposals. At last, I had success. My proposal was presented at the March 2016 meeting, and refined at the September 2016 meeting (see the graphic below, a screenshot of the agenda item for the discussion). I am pleased to report that, barring any additional comments, I anticipate that the new sub-subcategories O30.13, O30.23, and O30.83 will be published in a future ICD-10-CM code set.

Multiple Pregnancy - Triplets and Above - Amnion and Chorion Equal to Fetus Number

Unique diagnosis codes in subcategories O30.1 (Triplet pregnancy), O30.2 (Quadruplet pregnancy), and O30.8 (Other specified multiple gestation) are needed to report the most common type of presentation in which number of chorions is equal to number of amnions or fetuses.
In multiple pregnancy, two or more fetuses may share a placenta (monochorionic) and may also share an amniotic sac (monoamniotic). Multiple pregnancies with monochorionic pairs have much greater risk of perinatal mortality; therefore, diagnosis of multiple gestation type should be determined as early as possible in the pregnancy.

With the increased use of assisted reproductive technology (ART) there has also been an increase in multiple birth pregnancies. In the majority of these cases, each fetus has its own placenta. However, there has also been an increase in monochorionic presentations. There is an incidence of monozygotic twins after natural conception of approximately 0.4%, and following ART it is around 0.9%. About two thirds of these monozygotic twins will have a monochorionic presentation.

Current ICD-10-CM codes in these categories reflect the conditions potentially associated with higher morbidity and fetal loss, where there are monochorionic or monoamniotic pairs in triplets, quadruplets, or other multiple pregnancies. However, the codes do not reflect the more common cases, where each fetus has its own amniotic sac and placenta. Therefore, new codes in the category of multiple gestation (O30) are requested. This proposal has been reviewed and supported by the American Congress of Obstetrics and Gynecology (ACOG).

References

Obstetric outcomes of monochorionic pregnancies conceived following assisted reproductive technology: A retrospective study. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150138/
The risk of monozygotic twins after assisted reproductive technology: a systematic review and meta-analysis.
http://www.ncbi.nlm.nih.gov/pubmed/18927071/

TABULAR MODIFICATIONS

O30 Multiple gestation

O30.1 Triplet pregnancy

New sub-sub category	O30.13 Triplet pregnancy, trichorionic/triamniotic
New code	O30.131 Triplet pregnancy, trichorionic/triamniotic, first trimester

If you have ever thought to yourself, *We need a code for that*, you, too, can help create one. With time, effort, and a little research, your code could come to life in a future code set and improve patient care and epidemiological data. Your code idea stands the best chance of being reviewed, and possibly even presented, if you follow the typical proposal format. Per the guidelines on the C&M Committee website, your proposal should include:

- Description of the code(s)/change(s) requested
- Rationale for why the new code/change is needed (including clinical relevancy)
- Supporting clinical references and literature

For examples of code proposals, see the C&M Committee Meeting website.

When your proposal is ready, e-mail it to one of these addresses:

- For ICD-10-CM diagnosis codes, including new codes and corrections to the Alphabetic Index and Tabular List, e-mail to nchsicd10CM@cdc.gov
- For ICD-10-PCS procedure codes, including new codes and corrections and additions to the Index and Appendices, e-mail to ICDProcedureCodeRequest@cms.hhs.gov

The deadline for proposal review for inclusion in a C&M Meeting is published in the most recent meeting packet, and is approximately two months before the next meeting. If accepted, your proposal will be added to a future meeting agenda.

Be creative, be persistent, and you can make your mark in the ICD-10 code set!

References

Centers for Disease Control and Prevention. "ICD-10 Coordination and Maintenance Committee."

Centers for Medicare and Medicaid Services. CMSHHSgov YouTube Channel.

Centers for Medicare and Medicaid Services. "Continuing Education Credits."

Centers for Medicare and Medicaid Services. "ICD-10 C and M Meeting Materials."

Centers for Medicare and Medicaid Services. "Process for Requesting New/Revised ICD-10-PCS Procedure Codes."

Jane Wood is senior manager, education quality assurance content integrity at nThrive, Inc.

Original source:
Wood, Jane. "Code Is Born: The Quest from Condition to Code" (Journal of AHIMA website), August 09, 2017.
