

Via email nchsacd10CM@cdc.gov

CDC: National Center for Health Statistics

RE: Proposal for Change to ICD-10-CM

To Whom it May Concern:

I respectfully submit this proposal on behalf of the Association of Homecare Coding and Compliance representing certified homecare and hospice coders nationwide, and my own company, Selman-Holman & Associates, LLC. Selman-Holman provides education to coders, as well as outsourced coding services. We are very concerned with a convention that appears at I20 -I25. It apparently is not new and has been present since the inception of ICD-10-CM, yet has been unnoticed by inpatient and homecare coders until recently.

Proposal

Option 1: Change the convention located at I20 – I25 from “use additional code to identify the presence of hypertension (I10-I15)” to “Code also hypertension (I10 – I15).”

Option 2: Omit the convention located at I20 – I25.

Rationale:

Guidance for the Ischemic Heart Diseases Category I20-I25 includes a convention that indicates to “use additional code to identify the presence of hypertension (I10-I15).” The use additional code convention has sequencing rules attached stating that the use additional code diagnosis must be coded after the diagnosis where the convention is in place. For a patient with any condition included in I20 – I25, including angina, atherosclerotic heart disease without angina, and old MIs, these conditions must be coded prior to the hypertension.

This becomes problematic in all healthcare settings when a patient is receiving treatment for Hypertensive Heart Disease with Heart Failure. In home health, we frequently treat patients with Congestive Heart Failure, Coronary Artery Disease, Chronic Kidney Disease, Diabetes and Hypertension. Due to the conventions for assumed relationships between hypertension and heart failure, hypertension and chronic kidney disease, and diabetes and chronic kidney disease, we have patients with Heart Failure as the primary reason for home health services and must place the CAD as the primary diagnosis because of the convention at I20 – I25.

We understand that the convention is originally in the WHO version as “use additional code for hypertension, *if desired*” and feel that the US version just omitted the “if desired” and unintentionally makes it a mandatory sequencing requirement by doing so.

Payment models, risk adjustment, treatment planning, and Medically Unnecessary edits are established with the ICD-10 CM Diagnosis Codes as a primary data feature and the placement of that ICD-10 diagnosis code can indicate to the MACs that a patient is primarily treated in home health for CAD when in fact they are receiving treatment for CHF, which is medically reasonable where the CAD may not be. The diagnosis of CAD very rarely meets the requirements for primary diagnosis in any setting. Home health agencies have already experienced denials for listing the condition from I20 – I25 as primary when the physician indicated that heart failure is

the primary reason for care. The primary purpose of the classification system is to accurately collect statistical data and revising the instruction to 'code also' will clarify that two codes may be required to fully describe a condition but does not provide sequencing direction.

Until this can be resolved formally, we are requesting an update to the guidance as soon as possible to eliminate unnecessary man-hours, medical reviews, and inaccurate data collection for care that is appropriate.

Respectfully yours,

Lisa Selman-Holman

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Cc: Nelly Leon AHA Coding Clinic

Tricia Twombly, CEO Board of Medical Specialty Coding and Compliance