

APMA Requests Status

<u>Item</u>	<u>Topic</u>	<u>Reference</u>	<u>Details of request</u>	<u>Status</u>
2	Bunion	10/8/2010 APMA Letter	<p>APMA: The common diagnosis of “bunion” found in ICD-9 is not present in ICD-10. Bunion is mapped to M20.10 (hallux valgus). This is an inaccuracy. A bunion deformity is not a hallux valgus deformity. A bunion involves bony proliferation at the level of the first metatarsal head (distal portion of the metatarsal), typically, but not exclusively present on the medial bone, but may also involve the dorsal aspect of the metatarsal. When the fifth metatarsal head involves bony proliferation it is primarily present laterally and/or dorsally on the distal metatarsal. ICD-9 code 727.1 (bunion, bursitis of bunion) is used to describe these deformities whether present on the first or fifth metatarsal heads. There is no similar deformity description in ICD-10.</p> <p>ICD-10 does, however, include “hallux valgus”, as does ICD-9. Hallux valgus is a positional (rotational) deformity of the great toe relative to the first metatarsal. Hallux valgus is accurately represented in ICD-10.</p> <p>APMA is recommending the creation of separate codes for a bunion (first metatarsal bone deformity) and bunionette (fifth metatarsal bone deformity), right, left, and bilateral in ICD-10.</p>	<p>9/19/12:</p> <p><u>Presented</u> at ICD-9-CM C&M meeting to revise tabular to create codes M21.61 and M21.62 for bunion and bunionette.</p> <p><u>Proposed</u> to be implemented on 10/1/2015 (1 year after ICD-10-CM implementation).</p>

*Item number references 10/8/2010 letter submitted by APMA, following September 2010 C&M meeting where they provided comment on the GEMs

APMA Requests Status

4	<p>Revise code titles for M25.571, .572, .579 to read “and foot”</p>	<p>10/8/2010 APMA Letter</p>	<p>APMA: ICD-9 719.47 (pain in joint involving ankle and foot) maps only to the ankle joint in ICD-10 (M25.579), not including the description of the foot. ICD-10 offers other joint changes in the foot including joint effusion and joint stiffness, but not of joint pain in the foot. There needs to be an ICD-10 code set for joint pain in the foot. The ICD-10 coding includes an “unspecified” ankle code, but no bilateral option. ICD-9 719.47 (pain in joint involving ankle and foot) should map in ICD-10 to right, left and bilateral codes, in addition to the unspecified code.</p> <p>M25.571, Pain in right ankle M25.572, Pain in left ankle M25.579, Pain in unspecified ankle [All to] 719.47, Pain in joint involving ankle and foot</p> <p>The ICD-10 maps foot pain to M79.671 (pain in right foot); M79.672 (pain in left foot; and M79.673 (pain in unspecified foot). Toe pain maps to M79.674 (pain in right toe(s)); M79.675 (pain in left toe(s)); and M79.676 (pain in unspecified toe(s)). The issue is the toe and foot pain do not map to joint pain (M25.57-). Instead, it is directed to more generalized pain which does not characterized the condition correctly. Like other joint conditions, this should be classified just like other joint pain using the example of ankle pain as noted above.</p>	<p>9/4/2011:</p> <p><u>Presented</u> at ICD-9-CM C&M meeting to revise code titles in tabular to include ankle and foot.</p> <p><u>Change effective</u> 10/1/2012 (before ICD-10-CM implementation)</p>
---	---	--------------------------------------	--	--

*Item number references 10/8/2010 letter submitted by APMA, following September 2010 C&M meeting where they provided comment on the GEMs

APMA Requests Status

7	Sinus tarsi syndrome	10/8/2010 APMA Letter	<p>APMA: When checking the ICD-9 Index for “Syndrome, Sinus Tarsi” (a musculoskeletal inflammatory disorder) it is cross-linked to ICD-9 Tabular listing as ICD-9 726.79 (other enthesopathy of ankle and tarsus). In the Index for ICD-10 sinus tarsi syndrome gets referred to “Tarsal Tunnel Syndrome” (G57.50), a neurological disorder. This is factually and diagnostically incorrect. These are wholly separate – factually, anatomically, and diagnostically – syndromes. A separate ICD-10 code needs to be added to ICD-10 “Joint Pain, Foot” (as suggested in point (4) above). Also ICD-9 726.79 currently merges other diagnosis codes like tendinitis (peroneal or others). The mapping of ICD-9 for bursitis, foot (726.79) does not currently translate in ICD-10 to the correct codes: M71.871 - M71.879. Instead it maps to M77.50 (ankle enthesopathy). Peroneal tendinitis has its own codes: M76.70, M76.71, and M76.72. The GEMs should offer the mapping based on these multiple options.</p>	<p>9/4/2011:</p> <p><u>Presented</u> at ICD-9-CM C&M meeting to revise index to code M25.57-</p> <p><u>Change will be on</u> 10/1/2013 addenda (before ICD-10-CM implementation)</p>
---	-----------------------------	-----------------------------	---	---

*Item number references 10/8/2010 letter submitted by APMA, following September 2010 C&M meeting where they provided comment on the GEMs

APMA Requests Status

12	Shin splints	10/8/2010 APMA Letter	<p>APMA: Shin splints (ICD-9 844.9) maps in the ICD-10 Index to T79.6 (traumatic ischemia of muscle). GEM maps shin splints to S86.911A (strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter) and S86.912A (strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, and initial encounter). Shin splints are not clinically ischemia of muscle. Shin splints are characterized by inflammation of the periosteum of the tibial and of the anterior and medial muscles of the lower leg. M60.86- (other myositis, lower leg) offers an option and possibility of a more correct code from the existing set of codes. However, offering a new set of codes (our suggestion: M60.863 (other myositis, shin splints, right lower leg); M86.864 (other myositis, shin splints, left lower leg); and M86.865 (other myositis, shin splints, unspecified lower leg) would be a more appropriate diagnoses code set.</p>	<p>9/19/12:</p> <p><u>Presented</u> at ICD-9-CM C&M meeting to revise index to code S86.89.</p> <p><u>Change will be on</u> 10/1/2013 addenda (before ICD-10-CM implementation)</p>
-----------	---------------------	-----------------------------	--	--

*Item number references 10/8/2010 letter submitted by APMA, following September 2010 C&M meeting where they provided comment on the GEMs

APMA Requests Status

13	Salter Harris fractures of foot	<p>10/8/2010 APMA Letter</p> <p>Sept 2012 APMA Letter (pg. 2)</p>	<p>APMA (2010): Salter Harris fractures and epiphyseal fractures only address tibia and fibula, S89.001A-S89.399S. There should be an option for the bones of the foot (metatarsals and phalanges) as these, too, are categorized by these types of fractures.</p> <p>Sept 2012: APMA letter with suggested codes needed for Salter Harris fractures of calcaneus, metatarsals & phalanges.</p>	<p>3/5/2013:</p> <p><u>Presented</u> proposal for 378 new codes to capture these.</p> <p><u>Proposed</u> to be implemented on 10/1/2015 (1 year after ICD-10-CM implementation).</p>
16	<p>Sesamoiditis</p> <p>ICD-9-CM:</p> <p>733.99</p> <p>ICD-10-CM: see osteomyelitis, spec type NEC</p>	<p>10/8/2010 APMA Letter</p>	<p>APMA: ICD-9 733.99 for “Sesamoiditis” when referenced in the ICD-10 Index directs to the reader to see “Osteomyelitis”. This is not correct. Sesamoiditis is an inflammatory condition, not a bone infection (osteomyelitis). There is no appropriate code available in ICD-10. There needs to be an Inflammation of either the tibial (medial) or fibular (lateral) sesamoid bone of the first metatarsal added.</p>	<p>9/19/12:</p> <p><u>Presented</u> at ICD-9-CM C&M meeting to revise index to delete “see” note and index to code M25.8-</p> <p><u>Change effective</u> 10/1/2013 (before ICD-10-CM implementation)</p>

*Item number references 10/8/2010 letter submitted by APMA, following September 2010 C&M meeting where they provided comment on the GEMs

APMA Requests Status

18	<p>754.50, Congenital talipes varus;</p> <p>754.51, Congenital equinovarus</p>	<p>10/8/2010 APMA Letter</p>	<p>APMA: ICD-9 754.50 (congenital talipes varus) is lumped with ICD-9 754.51 (congenital talipes equinovarus) in ICD-10. Both are mapped in ICD-10 to Q66.0 (congenital talipes equinovarus). Congenital talipes varus should map to Q66.1 (congenital talipes calcaneovarus).</p>	<p>No tabular or index changes appear to be needed.</p> <p>GEMs review shows 754.50 maps to Q66.0; should it be Q66.3?</p> <p>Code 754.51 is mapped to Q66.0 which seems correct.</p> <p>NCHS may need to review GEMs for possible revision.</p>
-----------	--	--------------------------------------	---	---

*Item number references 10/8/2010 letter submitted by APMA, following September 2010 C&M meeting where they provided comment on the GEMs

APMA Requests Status

19	Metatarsus varus (congenital metatarsus adductus) ICD-9-CM 754.53 ICD-10-CM indexed to Q66.2. Congenital metatarsus (primus) varus	10/8/2010 APMA Letter	<p>APMA: ICD-9 754.53 (congenital metatarsus adductus) is mapped to Q66.2. Metatarsus adductus is adduction of all the metatarsals not just the first metatarsal (metatarsus primus varus). Congenital metatarsus adductus could map to Q66.3 (other congenital varus deformities of feet), but a better choice would be for this diagnosis to have its own ICD-10 code.</p>	<p>9/19/12:</p> <p><u>Presented</u> at ICD-9-CM C&M meeting to expand Q66.2 for these two conditions.</p> <p><u>Proposed</u> to be implemented on 10/1/2015 (1 year after ICD-10-CM implementation).</p>
68	Spontaneous rupture/ disruption of tendon	10/8/2010 APMA Letter	<p>APMA: ICD-9 727.67 (Achilles tendon rupture, non-traumatic) crosswalk in ICD-10 to M66.369, an unspecified code. There should be choices for right and left sides. A bilateral code should be added. In addition, the APMA recommends, base of the importance and function of the Achilles tendon, that this tendon should have its own specific code set for right, left and bilateral in ICD-10.</p> <p>3/4/2013: NCHS received response from AAOS/CCRC to add this to index to codes at M66.86-</p>	<p>NCHS will propose addenda change at Sept 2013 ICD-9-CM C&M meeting to add to ICD-10-CM index to M66.86- Effective 10/1/2015.</p>

*Item number references 10/8/2010 letter submitted by APMA, following September 2010 C&M meeting where they provided comment on the GEMs

APMA Requests Status

N/A	Congenital coxa vara and coxa valga	2010 APMA Excel spreadsheet (also noted by AHIMA)	<p>APMA: ICD-9-CM has unique codes for several orthopedic conditions but there are no parallel codes for those conditions in ICD-10-CM. The conditions are acquired valgus and varus deformities of the hip (codes 736.31 and 736.32), vertical talus as deformity (754.61) and congenital valgus and varus deformities of the hip (codes 755.61 and 755.62).</p>	<p>3/10/11:</p> <p><u>Presented</u> at ICD-9-CM C&M meeting to expand Q65.8.</p> <p><u>Change effective</u> 10/1/2012 (before ICD-10-CM implementation)</p>
N/A	Acquired coxa valga and coxa vara	2010 APMA Excel spreadsheet	<p>APMA: From ICD9 to ICD 10 lumping 736.31 and 736.32 in same code (M21.85-) is unfounded, these are opposite deformities. In ICD 10 each should have its own.</p>	<p>3/10/11:</p> <p><u>Presented</u> at ICD-9-CM C&M meeting to create at M21.05- and M21.06-.</p> <p><u>Change effective</u> 10/1/2012 (before ICD-10-CM implementation)</p>

*Item number references 10/8/2010 letter submitted by APMA, following September 2010 C&M meeting where they provided comment on the GEMs

APMA Requests Status

N/A	<p>Q66.5, Congenital pes planus</p> <p>Q66.8, Other congenital deformities of feet</p>	Add laterality to these codes	<p>3/10/11:</p> <p><u>Presented</u> at ICD-9-CM C&M meeting to expand Q66.5 and add to Q66.8.</p> <p><u>Change effective</u> 10/1/2012 (before ICD-10-CM implementation)</p>
-----	--	-------------------------------	---

Last updated: 10/11/2013 12:08 PM

*Item number references 10/8/2010 letter submitted by APMA, following September 2010 C&M meeting where they provided comment on the GEMs