

October 12, 2023

Mady Hue, CMS
Co-Chair, ICD-10 Coordination and Maintenance Committee
Centers for Medicare & Medicaid Services
7500 Security Boulevard Baltimore, Maryland 21244-1850

Via email (ICDProcedureCodeRequest@cms.hhs.gov)

Ms. Hue:

On behalf of the American Thoracic Society (ATS) and American College of Chest Physicians (CHEST), we offer comments on coding proposals to be considered at the recent ICD-10 Coordination and Maintenance Committee meeting. Jointly, the ATS and CHEST represent over 20,000 pulmonary, critical care and sleep clinicians serving patients across the U.S., and around the globe. It is with our shared clinical expertise in pulmonary, critical care and sleep medicine that we provide the following comments:

R68.85

We oppose assignment of R68.85 to post-exertional malaise. This symptom is nonspecific, and duplicative of existing diagnosis codes for symptoms such as exertional dyspnea (R06.9), fatigue (R53.83), and malaise (R53.81). Symptomatic patients with syndromes following COVID and other illnesses can effectively be identified using existing diagnosis codes and other electronic health data, with a growing body of published literature demonstrating the absence of such codes is not a barrier to research. Addition of such a code would merely add to the coding burden of providers and coders, without advancing the science.

G93.31

We have no objection to implementation of the G93.31 Postviral fatigue syndrome and G93.32 Myalgic encephalomyelitis/chronic fatigue syndrome diagnosis codes. Although not uniformly accepted by the medical and scientific community, myalgic encephalomyelitis/chronic fatigue syndrome has a sufficient set of diagnostic criteria. In contrast, the G93.31 Postviral fatigue syndrome could be selected for patients meeting many different diagnostic criteria as part of the presentation.

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Emboli Assignment

We support assignment of unique diagnostic codes for both cement and fat pulmonary emboli, as distinct from other forms of emboli (e.g., thrombotic or air emboli). Addition of these codes would be helpful since fat emboli can be a consequence of trauma (long bone fractures) as well as a post-operative consequence (following joint replacements, surgical repair of long bone fractures, liposuction, and large skin excisions such as abdominoplasty following successful bariatric surgery with substantial weight loss). The existing single T code for fat emboli is inadequate for these conditions.

We hope these comments will be useful as the committee continues its important work of updating and revising the ICD-10 coding system. Please let us know if you have questions or need additional information.

Sincerely,



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