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February 25, 2019

David Berglund, MD, MPH  
Office of the Center Director  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782  
dberglund@cdc.gov

**[SUBMITTED ELECTRONICALLY]**

Re: Update on Request to Modify Codes within category K74 Fibrosis and cirrhosis of liver

Dear Dr. Berglund:

We are writing to you in reference to our request for modifications to Ms. Donna Pickett, Co-Chair, ICD-10 Coordination and Maintenance Committee dated July 13, 2018, and our phone conversation dated January 10, 2019.

In our letter, we expressed concerns with the current ICD-10-CM coding. Specifically, that the current ICD-10-CM coding structure exists solely for hepatic fibrosis and cirrhosis, but can not differentiate patients with different stages of fibrosis. Revisions to the coding are necessary to enable liver fibrosis to be classified more accurately and more consistently with current clinical perspectives and documentation, particularly in the context of nonalcoholic steatohepatitis (NASH).

As you are aware, NASH is a disease that causes fat to build up in the liver, which leads to inflammation and fibrosis. In the U.S., it is estimated that 16 million adults have NASH. Of these 16 million NASH patients, about 20% (3.3 million people) have advanced fibrosis. A person with advanced fibrosis due to NASH can develop end-stage liver disease (ESLD), which may necessitate liver transplantation and/or progress to liver cancer.

Currently, if a patient clearly has cirrhosis based upon liver biopsy or NITs, s/he can be identified using existing code K74.6. However, if the differentiation is not entirely clear, but NITs suggest early or advanced fibrosis, providers do not have the necessary codes in place to identify the level of disease severity.

The Agency's goal to improve the health of the American people through preventing disease and developing the best possible statistical information is

one that we share. With the prevalence of NASH expected to increase by 63% by 2030 in the United States it is critical to quickly align clinical documentation with the needs of this rapidly growing patient population. New ICD-10-CM codes will allow for clearer identification of patients who are at more advanced stages of disease and at greater risk for liver-related mortality and other clinical events.

In light of this, we would like to formally request that a modernization of the ICD-10-CM codes be presented and discussed at the upcoming ICD-10 Coordination and Maintenance Committee Meeting on March 5, 2019 and March 6, 2019. We appreciate your willingness and understanding that this is a critical issue that requires the committee's attention immediately.

Should you or the members of the Committee have any questions, concerns, or comments, please feel free to contact Donna Cryer, President and CEO of the Global Liver Institute, at (202) 603-3493.

Sincerely,

The NASH Council

- Allergan
- American Association of Clinical Endocrinologists
- American College of Physicians
- American Heart Association
- Amsety
- Antidote
- Apollo Endosurgery, Inc.
- Association of Black Cardiologists
- Baylor Scott & White Health
- blackdoctor.org
- Cancer and Chronic Disease Prevention: DC Department of Health
- Celgene
- Center for Medical Technology Policy
- Children's Hospital Colorado
- Clinical Care Options
- CryerHealth
- Duke University School of Medicine
- Endocrine Society
- European Liver Patients Association
- Fatty Liver Foundation
- Gartman PR
- Genfit
- George Washington University - Milken Institute School of Public Health
- Gilead
- Global Liver Institute
- Hunter Holmes McGuire VA Medical Center
- Integritas Communications
- Intercept Pharmaceuticals
- Joslin Diabetes Center
- The Liver Forum
- Massachusetts General Hospital: Fatty Liver Disease Clinic

- McGuire VA Medical Center
- Medical University of South Carolina
- Metabolys Inc.
- Michigan Medicine NAFLD Clinic
- The NASH Education Program
- National Center for Weight and Wellness/Obesity Society
- National Hispanic Medical Association
- Nestle Health Science
- Northwestern University
- Novo Nordisk
- Obesity Action Campaign
- Pfizer Inc.
- Physicians Committee for Responsible Medicine
- Preventive Cardiovascular Nurses Association
- Ralph H Johnson VAMC and MUSC Charleston
- Rush University
- Rutgers University
- Tampa General Medical Group/ USF Tampa
- Target-NASH PharmaSolutions
- University of Michigan NAFLD Clinic
- Virginia Commonwealth University School of Medicine
- Zafgen, Inc.

CC: Donna Pickett, RHA, MPH