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VIA ELECTRONIC MAIL

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Hospital and Ambulatory Policy Group  
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Dear Ms. Brooks:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the proposed procedure code modifications presented at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting held on September 18.

## **ICD-10-PCS Topics**

### **Insertion of Bone Graft Substitute**

The Cooperating Parties first need to decide whether insertion of bone graft substitute should be coded separately from the spinal fusion or considered an inclusive component of the fusion procedure. The current fusion guidelines appear to indicate that the bone graft material is coded with the device character and no mention is made of assigning an additional code for introduction of a substance. If it is determined that a separate code for introduction of a substance should not be assigned, then no ICD-10-PCS modifications are needed.

If the Cooperating Parties decide introduction of the substance used for the bone graft substitute should be coded separately, AHIMA supports CMS' recommendation of option 1 (effective October 1, 2015, use existing Qualifier value C, Other Substance, in Root Operation "Introduction," and to add an Approach value 0, Open. We agree with CMS that no new values for this procedure should be created during the partial code freeze.

### **Implantation of Phrenic Neurostimulator**

Since the neurostimulator leads are placed in the venous system, not the nervous system, AHIMA recommends option 2 rather than option 1. In addition to codes for insertion and removal, codes for revision of the procedure are also needed. If approved, the proposed ICD-10-

PCS modifications should not be implemented until after the partial code freeze ends (October 1, 2015).

### **Other Comments**

AHIMA supports the ongoing maintenance and updating of the ICD-10-PCS Device Key, as this information is extremely valuable in guiding coders to the appropriate device value. However, we recognize that consideration needs to be given to the level of specificity that is included in the Device Key to avoid this document becoming an extensive list of all individual devices on the market that is less useful to coders. The primary consideration for inclusion of a device in this resource should be the value to coders in identification of the correct device value.

We support the development of a Substance Key and believe that, similar to the Device Key, this will be a useful tool in guiding coders to the selection of the proper substance value.

Thank you for the opportunity to comment on the proposed ICD-10-PCS code revisions. If you have any questions, please feel free to contact me at (312) 233-1115 or [sue.bowman@ahima.org](mailto:sue.bowman@ahima.org).

Sincerely,

A handwritten signature in black ink that reads "Sue Bowman". The signature is written in a cursive, flowing style.

Sue Bowman, MJ, RHIA, CCS, FAHIMA  
Senior Director, Coding Policy and Compliance