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AHIMA
American Health Information Management Association®

April 7, 2016

VIA ELECTRONIC MAIL

Patricia Brooks, RHIA
Centers for Medicare and Medicaid Services
CMM, HAPG, Division of Acute Care
Mail Stop C4-08-06
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Ms. Brooks:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the ICD-10-PCS code proposals presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on March 9.

AHIMA is most appreciative that CMS has released a list of the new ICD-10-PCS codes scheduled to go into effect October 1, 2016. We recognize that producing this list early was no small feat, but on behalf of AHIMA and our members, we thank you. Given the large volume of codes going into effect this October, this early release will provide the healthcare industry much-needed additional time for preparation and implementation.

SPY Fluorescence Vascular Angiography (FVA)

AHIMA supports the creation of unique codes to capture intraoperative use of fluorescence angiography equipment to assess vascular perfusion. However, the proposed options seem too complex and not very intuitive. In particular, option 4, creation of 2 codes to report this procedure, seems confusing and overly burdensome.

We **recommend that new codes be created in Section B, Imaging**, instead of one of the options presented during the C&M meeting. The injection of contrast should be captured in the 5th character of new codes in Section B rather than in a separate code.

We also recommend that new codes go into effect October 1, 2017, since this is not new technology and there is already a large volume of new codes slated for implementation on October 1, 2016.

Oxidized Zirconium on Polyethylene Bearing Surfaces for Hip and Knee Arthroplasty

While we understand the requester's desire to track outcomes related to the use of the oxidized zirconium on polyethylene bearing surface, we do not believe this level of granularity should be captured in ICD-10-PCS, particularly since this material is a type of ceramic and is therefore

encompassed in an existing value. In order to create a unique value for oxidized zirconium on polyethylene, the existing "ceramic on polyethylene" value would need to be revised to clearly exclude oxidized zirconium. This degree of specificity concerning the bearing surfaces used in joint replacements would more appropriately be captured in a medical device coding system rather than the ICD-10-PCS procedure coding system. Therefore, **we do not recommend creating a unique device value for oxidized zirconium on polyethylene**.

While we generally agree with adding bearing surface values to the knee joint body parts for knee replacement procedures, **we recommend that CMS confirm which bearing surfaces are used in knee joints**. A C&M meeting attendee indicated that metal and ceramic implants are not used in knee joints. We have received similar feedback from others. If that is the case, values for these bearing surfaces should not be applied to the knee joint body parts.

If CMS does approve new codes, we recommend that they not go into effect until October 1, 2017, since this proposal does not involve a new technology add-on payment application.

Spinal Fusion with Nano-Textured Surface

AHIMA **supports option 2, creation of a new device value, Interbody Fusion Device, Nanotextured Surface, in tables 0RG and 0SG**, to identify spinal fusion procedures that use a nanotextured interbody fusion device. We believe creating new codes in the Medical and Surgical section of ICD-10-PCS is preferable to creating codes in Section X, New Technology, so as to keep all of the fusion procedures involving any type of interbody fusion device together.

CMS' recommended option 4 is especially problematic, as that option is missing the detail regarding the vertebral level involved. Since the ICD-10-PCS guidelines state that Section X codes are standalone codes, not supplemental codes, and so do not require any additional codes from other sections of ICD-10-PCS, an additional code from table 0RG or 0SG could not be assigned to capture information about the specific vertebral level. Option 4 would thus result in loss of anatomic detail currently captured for other types of interbody fusion devices.

We recommend that **the brand name be added to the Device Key** to assist coders in reporting the correct code if the physician uses the brand name in the clinical documentation.

Since this proposal involves an FY 2017 new technology add-on payment application, we support creation of a new device value effective October 1, 2016.

Intravenous Administration of Andexanet Alfa

We continue to believe that specific drugs should be identified for purposes of administering the new technology add-on payment policy via a mechanism other than ICD-10-PCS codes, such as National Drug Codes (NDC). Therefore, **we recommend that administration of Andexanet Alfa be identified with an NDC code** rather than creating a new code in ICD-10-PCS.
If a code must be created in ICD-10-PCS, Section X is the best location. However, we encourage CMS to explore other ways to identify specific drugs.

Since this proposal involves an FY 2017 new technology add-on payment application, if CMS decides to create a new ICD-10-PCS code, we support an October 1, 2016 effective date.

Insertion of Endobronchial Coils

AHIMA **supports option 2, creation of a new device value, Intraluminal Device, Endobronchial Coil(s) for the body part values currently in table 0BH and adding the same body part values and a new device value to tables 0BP and 0BW**. We believe that medical and surgical procedures should be located in the appropriate tables in the Medical and Surgical section of ICD-10-PCS rather than in Section X, regardless of whether the procedure involves a new technology add-on application.

We **recommend that guidance be provided in *Coding Clinic for ICD-10-CM/PCS* to differentiate the use of these coils (compression of diseased lung tissue) from coils used in other procedures (e.g., restriction, occlusion)**.

Since a new technology add-on payment application is anticipated for FY 2018, we do not believe new codes should go into effect until October 1, 2017.

Hematopoietic Cell Transplant Donor Type

We support differentiation between related and unrelated donors in allogeneic hematopoietic cell transplants and **recommend the following changes to the qualifiers in table 302** (variation of option 2 presented at the C&M meeting):

(**DELETE 1** Nonautologous)
2 Allogeneic, Related
3 Allogeneic, Unrelated
4 Allogeneic, Unknown Donor Source

We believe this approach would be the clearest and capture the best data. Option 2 proposed at the C&M meeting classifies unrelated donors with cases where it is unknown whether the donor is related or not. In option 3, the proposed "Z" qualifier value would be confusing as to when it should be used, and also, this option would not permit the distinction between autologous and allogeneic donors when it is known to be an allogeneic donor, but the relationship between the donor and recipient is unknown.

Minimally Invasive Aortic Valve Replacement

AHIMA **supports option 2, creation of a new qualifier value, Rapid Deployment System, in table 02R applied to body part value Aortic Valve and the device value Zooplastic Tissue**. Since the presenter indicated this procedure can only be performed via an open approach, consideration should be given as to whether "percutaneous endoscopic" and "percutaneous" should be allowable approaches for this procedure. If it is expected that this procedure might be done percutaneously in the future, then we would support making these approaches available.

We **recommend that the brand name be added to the Device Key** to assist coders in reporting the correct code if the physician uses the brand name in the clinical documentation.

Since this proposal involves an FY 2017 new technology add-on payment application, we support an October 1, 2016 effective date.

Branched Endograft Repair of Common Iliac Aneurysm

We **support option 2, the addition of device value E, Intraluminal Device, Branched or Fenestrated, to the root operation Restriction in table 04V** for the common iliac artery body part values. This option keeps similar procedures together in the same table and is also consistent with our recommendation regarding the "Branched and Fenestrated Endograft Repair of Aneurysms" proposal presented at the September 2015 C&M meeting. As stated above, we believe that medical and surgical procedures should be located in the appropriate tables in the Medical and Surgical section of ICD-10-PCS rather than in Section X.

Since this proposal involves an FY 2017 new technology add-on payment application, we support an October 1, 2016 effective date.

Intravenous Administration of Defitelio (defibrotide)

We continue to believe that specific drugs should be identified for purposes of administering the new technology add-on payment policy via a mechanism other than ICD-10-PCS codes, such as National Drug Codes (NDC). Therefore, we recommend that administration of Defitelio (Defibrotide) be identified with an NDC code rather than creating a new code in ICD-10-PCS. If a code must be created in ICD-10-PCS, Section X is the best location. However, we encourage CMS to explore other ways to identify specific drugs.

Since this proposal involves an FY 2017 new technology add-on payment application, if CMS decides to create a new ICD-10-PCS code, we support an October 1, 2016 effective date.

Administration of VISTOGARD (uridine triacetate)

We continue to believe that specific drugs, especially those administered orally, should be identified for purposes of administering the new technology add-on payment policy via a mechanism other than ICD-10-PCS codes, such as National Drug Codes (NDC codes). Therefore, we recommend that administration of VISTOGARD (uridine triacetate) be identified with an NDC code rather than creating a new code in ICD-10-PCS. If a code must be created in ICD-10-PCS, Section X is the best location. However, we encourage CMS to explore other ways to identify specific drugs.

Since this proposal involves an FY 2017 new technology add-on payment application, if CMS decides to create a new ICD-10-PCS code, we support an October 1, 2016 effective date.

Insertion of Spinal Bracing and Distraction System

AHIMA supports option 2, creation of a new device value, Internal Fixation Device, Magnetically Controlled, for the vertebral body part values, in tables 0PS and 0QS.

We **recommend using existing codes in table 0PW and 0QW to capture revision of magnetically controlled growth rods**. Since the purpose of the C&M proposal is to identify a specific type of growth rod in the event this technology is approved for a new technology add-on payment, we believe that creating unique codes for this device for the initial insertion and using existing codes for subsequent adjustments of the device is appropriate.

Since this proposal involves an FY 2017 new technology add-on payment application, if CMS decides to create a new ICD-10-PCS code, we support an October 1, 2016 effective date.

Application of Biologic Wound Matrix

AHIMA **recommends creating new codes in table 0HR** to identify procedures that use a porcine liver derived skin substitute. This would keep procedures involving skin substitutes together in the same table. As noted earlier, we believe that medical and surgical procedures should be located in the appropriate tables in the Medical and Surgical section of ICD-10-PCS rather than in Section X.

CMS' recommended option 3, which is a streamlined approach in Section X and would create only a single body part for Skin, would result in loss of detail regarding the specific body part. Inconsistent information would be captured across procedures using different types of skin substitutes, since skin graft procedures involving porcine liver derived skin substitutes would capture only the body part "Skin" rather than the specific anatomic locations available for procedures using other skin substitutes.

We also **recommend that the brand name be added to the Device Key** to assist coders in reporting the correct code if the physician uses the brand name in the clinical documentation.

Since this proposal involves an FY 2017 new technology add-on payment application, we support an October 1, 2016 effective date.

Total Anomalous Pulmonary Venous Return (TAPVR)

We agree with CMS' recommendation (option 2) to add new qualifier values to table 021 to enable the ability to correctly describe a bypass from the appropriate pulmonary vein qualifier value to the appropriate body part value.

Since this proposal does not involve a new technology add-on payment application, we recommend that new codes become effective October 1, 2017.

Body Part Key Addenda

AHIMA supports the proposed Body Part Key revisions.

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

Sincerely,

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