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VIA ELECTRONIC MAIL

Patricia Brooks, RHIA
Senior Technical Advisor
Centers for Medicare and Medicaid Services
Hospital and Ambulatory Policy Group
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 proposed procedure code modifications presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on September 23.

AHIMA does not support the implementation of any of the code proposals below on October 1, 2015. We recommend that implementation of all new codes approved at the September C&M Committee meeting be delayed until October 1, 2016, after the code set freeze ends. Since October 1, 2015 is the ICD-10-CM/PCS compliance date, any new codes implemented on that date would complicate the transition process and add risks and challenges to the healthcare industry's successful transition.

Partial Hip Replacement

Although the presenter did not provide a convincing argument to support his contention that there is currently confusion concerning the appropriate code assignment for a partial hip replacement, option 3, revising existing body part values to clarify their use in coding partial hip replacement procedures, is a reasonable modification to clarify correct coding. Option 3 is preferable to option 2 because we believe it would be more appropriate to capture this distinction in the body part character rather than merely adding a device value, since the distinction between partial and total hip replacements is the part of the joint that is replaced. Option 2, adding a device character option for partial hip replacement (without a distinction in the body part value) could add confusion rather than providing clarification.

We disagree with the requester's concern that changing the word "surface" to "component" might create confusion because of the word "component" is often used to describe the device itself. Since the word "component" would be added to the body part value descriptions, and would therefore be limited to the body part character, it would be clear to coders that it is referring to the femoral part of the hip joint and not a device. However, if there are significant

industry concerns about using the word “component,” we have no objection to alternative words such as “part” or “portion.” “Segment” is another option that could be considered. Any of these words would provide a clearer description of these body part values than the existing word “surface.”

AHIMA supports the suggestions made during the meeting to add index entries to provide further clarification regarding the proper coding of partial hip replacements and to provide guidance in *Coding Clinic for ICD-10-CM/PCS* on the distinctions between partial and total hip replacements.

Hip Resurfacing Procedures

We support CMS’ recommendation not to make any changes for hip resurfacing procedures. Hip resurfacing should be classified to the root operation that most accurately reflects the objective of the procedure. We agree with CMS that the root operation Supplement is more appropriate than Replacement, as the principal objective is not to resect a significant amount of bone and replace it with a prosthesis, but to conserve as much of the existing bone as possible and augment it in order to prolong the functional life of the hip joint. We also agree with CMS that the addition of index entries would assist coders in assigning the correct codes for hip resurfacing procedures.

We further support the suggestion made during the meeting that guidance on the proper coding of hip resurfacing procedures should be provided in *Coding Clinic for ICD-10-CM/PCS*.

Unicondylar Knee Replacement

AHIMA supports option 3, to add device value options L and M for Synthetic Substitute, Lateral Condyle and for Synthetic Substitute, Medial Condyle, in order to identify the specific location. As noted during the C&M meeting, a separate row would need to be created to make it clear these new device values could only be assigned with body part values C and D (right and left knee joint).

We recommend index entries be added to guide coders to these options for unicondylar knee replacements.

Patellofemoral Joint Procedures

We agree with CMS’ recommendation not to create new codes for the insertion of a patellofemoral device within the joint replacement section since these procedures are not knee joint replacements. These procedures should continue to be coded to the Supplement section since this root operation best represents the objective of the procedure.

Consideration should be given to adding a device character for patellofemoral devices to the OSU table.

Adding New Body Part Values to Table 0SP (Removal from Lower Joints)

AHIMA supports part of option 2, to add body part character options for acetabular, tibial, and patellar surfaces in table 0SP (Removal from Lower Joints) in order to provide additional

specificity regarding these procedures. However, it is not clear why it is also being proposed to add these body part character options to table 0SW (Revision of Lower Joints). Typically, joint replacement “revision” surgery is actually removal and replacement in PCS terminology, so the root operation “revision” would not be used. These body part values already exist in table 0SR (Replacement of Lower Joints).

We support changing the word “surface” to the same alternative term that is adopted for the Partial Hip Replacement proposal.

Hip and Knee Arthroplasty Revisions Index Entry Updates

We agree with CMS’ recommendation to add index entries to clarify the correct coding of joint procedures involving device removal and replacement.

Lower Joint Liner

AHIMA supports CMS’ recommendation not to change the term “liner” in tables 0SP, 0SU, and 0SW. It is not clear how the requester’s proposal to change “liner” to “bearing surface” would clarify the various devices that are intended to be included in this device value. We agree with CMS that adding the different terms to the ICD-10-PCS Device Key would assist coders in understanding which terms are classified to the “Liner” device value.

Minimally Invasive Cardiac Valve Surgery

We oppose creating any unique codes for minimally invasive procedures at this time. Per the discussion at the C&M Committee meeting, we believe there needs to be clinical consensus around the definition of “minimally invasive” before codes are created. In the absence of a standardized definition, codes for minimally invasive procedures would be essentially meaningless and used inconsistently, and lack of a standardized definition is at odds with the ICD-10-PCS attribute of standardized terminology.

We have concerns about both options 2 and 3 as proposed at the meeting. Option 2 appears to involve putting surgical approaches in the Qualifier character, which would be confusing and inconsistent with the structure of ICD-10-PCS. Option 3 involves creating a new Approach value for Open with Reduced Exposure. We believe this option would result in confusion since there is no definition of “reduced” exposure.

Drug-Coated Balloon Angioplasty

AHIMA supports option 2, adding a Qualifier value for Drug-Coated Balloon Angioplasty in Peripheral Vessels to table 047, Dilation of Lower Arteries, so that the qualifier is available for all vessels.

However, if this proposed modification is approved, we do not think it should be implemented until October 1, 2016. As noted in our comments above, we recommend that implementation of all approved code modifications from the September C&M Committee meeting should be delayed until October 1, 2016, after the code set freeze ends. We do not support the implementation of any new codes on the ICD-10-CM/PCS transition date.

Face Transplants

Although we recognize the value of capturing information on face transplant procedures, we are concerned that the proposed modifications may result in less detail regarding the procedures performed than current code assignments. A single code for partial face transplant would not capture the variability in the specific procedures performed. The distinction between a partial and complete face transplant is also not clear.

We recommend option 1, continuing to code the root operation Replacement and the device value Nonautologous Tissue Substitute for the body parts and tissue layers replaced.

Hand Transplants

AHIMA supports option 2, creating new ICD-10-PCS codes to capture hand transplants.

Administration of Ceftazidime-Avibactam

AHIMA opposes the creation of a unique code for the administration of ceftazidime-avibactam. We do not believe ICD-10-PCS is the appropriate code set for uniquely identifying individual drugs/substances. AHIMA recognizes that if a new technology add-on payment is approved for this drug, it will be necessary to be able to identify ceftazidime-avibactam on claims. However, we recommend that a drug terminology, such as the National Drug Codes (NDC), be used to capture the administration of this drug instead of ICD-10-PCS. We believe that a drug terminology, which is intended to specify individual drugs, is a more appropriate code set for identifying specific drugs and substances.

If CMS does approve a new code for administration of this drug, we do not believe it should become effective on October 1, 2015 as requested. As noted in our comments above, we recommend that implementation of all approved code modifications from the September C&M Committee meeting be delayed until October 1, 2016, after the code set freeze ends. We do not support the implementation of any new codes on the ICD-10-CM/PCS transition date.

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,



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