



April 4, 2013

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-9-CM Coordination and Maintenance (C&M) Committee meeting held on March 5.

ICD-9-CM/ICD-10-PCS Topics

Creation of New ICD-9-CM Codes

We are concerned about the implications of creating new ICD-9-CM codes at this late stage. While we recognize CMS' obligation to consider creation of codes to identify new technology during the code freeze, at this point any new ICD-9-CM codes will only be used for one year. The cost, time, and effort for payers, providers, vendors, etc. to implement new ICD-9-CM codes that will only be used for a maximum of one year before ICD-10-PCS is implemented must be even more carefully weighed against the value of a new code than earlier in the code freeze timeline. As the ICD-10-CM/PCS implementation date gets closer, it would seem as though the value of a new ICD-9-CM code decreases and the administrative burden increases. The healthcare industry's time over the next several months would be better spent on preparing for the ICD-10-CM/PCS transition rather than implementing new ICD-9-CM codes with an extremely limited life span.

Infusion of 4-Factor Prothrombin Complex Concentrate (4F-PCC)

AHIMA recommends that a drug terminology, rather than ICD-9-CM or ICD-10-PCS, be used to specifically capture the administration of 4-Factor Prothrombin Complex Concentrate (4F-PCC). We do not believe ICD-9-CM and ICD-10-PCS are the appropriate code sets for uniquely identifying individual drugs/substances. A precedent for using drug terminologies was

established last year when CMS decided to identify administration of fidaxomicin via a National Drug Code (NDC). Although that decision involved a drug that is administered orally, identification of specific drugs is best captured through the use of a drug terminology intended for that purpose, regardless of route of administration.

If CMS does decide to create new procedure codes for the administration 4F-PCC, consideration should be given as to whether it is necessary to make the distinction between administration centrally vs. peripherally for infusion of 4F-PCC in ICD-10-PCS. It has been suggested that this distinction is not clinically significant, and if the patient has both a central and peripheral line, the nurse may administer 4F-PCC via either line and not necessarily document which one he/she used (since it is not clinically pertinent).

As noted in our comments above concerning creation of new ICD-9-CM codes at this late date, the creation of a unique ICD-9-CM code for the infusion of 4F-PCC should be given even greater careful consideration than creation of ICD-10-PCS codes. Since any new ICD-9-CM code would only be in effect for one year, the value of a new code for such a short period of time should be weighed against the administrative burden of implementing the code.

If new procedure codes are created, an exclusion note for infusion of 4F-PCC should be added under ICD-9-CM code 99.06, Transfusion of coagulation factors, and the term “Kcentra™” should be added to the Index, since it was indicated during the C&M meeting that this term would typically be used to describe this drug in medical record documentation.

Implantation of Transprostatic Struts

Since no new technology application has been submitted, AHIMA does not believe the implantation of transprostatic struts code proposal meets the criteria for implementation of new codes during the code freeze. Therefore, no new ICD-9-CM code should be created.

For ICD-10-PCS coding, we recommend the use of existing codes – specifically, the first ICD-10-PCS option listed in the C&M meeting handout: root operation Supplement and the body part Urethra (since prostatic urethra is classified to the urethra in ICD-10-PCS).

Implantation of Epiretinal Prosthesis

AHIMA recommends the creation of two new ICD-10-PCS codes to describe insertion of epiretinal visual prosthesis into left and right eye, open approach.

As noted in our comments above creation of new ICD-9-CM codes at this late date, the value of several new ICD-9-CM codes to describe this procedure should be carefully weighed against the industry’s administrative burden in implementing these codes – time and effort that might better be spent preparing for next year’s transition to ICD-10-CM/PCS. If new ICD-9-CM codes for implantation of epiretinal prosthesis are created, we recommend that instructional notes and index entries clarify which code(s) should be used for replacement of this prosthesis.

Addenda Changes

We support the creation of new ICD-10-PCS codes for restriction of abdominal aorta with temporary intraluminal device and the corresponding deletion of codes for restriction of thoracic aorta with temporary intraluminal device.

AHIMA also supports the revision of the title for Section D, Radiation Oncology, to Radiation Therapy.

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

Sincerely,

A handwritten signature in black ink that reads "Sue Bowman". The signature is written in a cursive style with a large initial "S" and "B".

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