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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-10 Coordination and Maintenance (C&M) Committee meeting held on September 22.

### **Release of 2017 Addenda**

We urge CMS to release the 2017 Addenda early in 2016, preferably in January, since this Addenda is anticipated to be more extensive than usual as a result of the partial code freeze that has been in effect for the last few years. Adequate time will be needed for software vendors, payers and providers to incorporate the changes, test the changes and educate providers and coding professionals for implementation on October 1, 2016.

### **Branched and Fenestrated Endograft Repair of Aneurysms**

**AHIMA prefers option 2** presented for the proposal regarding branched and fenestrated endograft repair of aneurysms. This option involves the addition of device value E, Intraluminal Device, Branched or Fenestrated, to the root operation Restriction, tables 02V and 04V, for the Thoracic Aorta, Abdominal Aorta, and Common Iliac Artery body part values. The qualifier Bifurcation would also be added to the existing second row in table 04V for the Abdominal Aorta body part to identify endograft procedures at the aortic bifurcation whose distal limbs extend into the common iliac arteries.

Option 2 captures the use of a branched or fenestrated device without the complexity introduced in option 3. We are concerned as to whether the medical record documentation will clearly identify the number of arteries, as required by option 3. We are also concerned about adding the number of arteries to the Device character values, as that is not a typical use of the Device character in ICD-10-PCS.

## **Cerebral Embolic Protection During Transcatheter Aortic Valve Replacement**

**We support option 2**, creation of a new code in section X, New Technology, to identify percutaneous, prophylactic filtering using the dual, independent filtration technique, during a TAVR procedure. As noted in the proposal, a separate code would be assigned for the valve replacement procedure.

## **Intracardiac Pacemaker**

**We support option 2**, creation of new device value N, Intracardiac Pacemaker, for the related body part values that currently exist in tables 02H, 02P, and 02W for the device value Cardiac Lead.

## **Endovascular Repair of Abdominal Aortic Aneurysms via Entire Sac-Sealing**

**AHIMA concurs with CMS' recommendation** that a new code not be created at this time and to bring the topic back for further discussion at a future ICD-10 Coordination and Maintenance Committee meeting when more information is available regarding this technology.

## **Addenda**

We support the proposed ICD-10-PCS Addenda modifications.

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,



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Senior Director, Coding Policy and Compliance