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April 16, 2020

VIA ELECTRONIC MAIL

Mady Hue  
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. Hue:

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 17.

AHIMA is a global nonprofit association of health information management (HIM) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HIM professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

### **Intramedullary Sustained Compression Joint Fusion System**

AHIMA supports option 2, creation of a unique device value in tables ORG and OSG, Fusion of Upper Joints and Fusion of Lower Joints. However, we recommend deleting the word "intramedullary" for the proposed description of the new device value, so it would simply state "Internal fixation device, sustained compression," in order to allow more flexibility in the use of this device for other types of sustained compression internal fixation devices.

### **Insertion of Subcutaneous Pump System for Ascites Drainage**

Since a new technology add-on payment (NTAP) application is not anticipated until FY 2022, we recommend that a new ICD-10-PCS not be established until October 1, 2021.

When a new code is created, we support option 2, adding the qualifier value 6 Bladder to table OW1, Bypass of Anatomical Regions, and creating device value Totally Implantable Drainage Pump, in table OJH, Insertion, for the body part value 8 Subcutaneous Tissue and Fascia. We believe this option is preferable to option 3 because both components of the procedure would be captured in the Med/Surg section of ICD-10-PCS, rather than a code in the Med/Surg section for

part of the procedure and creating a code in section X, New Technology, for the other part of the procedure.

### **Endoscopic Gastrointestinal Hemostat**

AHIMA does **not** support creation of a code to identify the use of Hemospray® Endoscopic Hemostat. Existing codes, as noted under Current Coding in the code proposal, adequately describe this procedure.

### **Bacterial Autofluorescence Detection**

We support option 3, creation of new table BW5, Other Imaging of Anatomical Regions, to identify use of the bacterial autofluorescence detection device. While imaging procedures are not typically coded using ICD-10-PCS, those hospitals that do wish to assign ICD-10-PCS codes for these services may find it useful to have a specific code to identify use of the bacterial autofluorescence detection device in order to assess the impact of this technology on patient outcomes.

### **Computer-Aided Triage and Notification Software for Head and Neck CT Angiogram**

AHIMA does **not** support creation of a code to identify the use of software that analyzes CT angiograms of the head and neck for large vessel occlusion. As CMS stated under Current Coding in the code proposal, the interpretation of imaging procedures and notification of findings is not reported separately for inpatient hospital coding.

### **Implantable Fracture Reduction System**

We do **not** support the creation of new codes for implantation of a fracture reduction system. We believe this procedure is similar to the Kiva kyphoplasty and would be difficult for coding professionals to distinguish. The same codes should be assigned for both procedures. A device terminology could be used to identify the specific device involved in the procedure.

If CMS decides to create unique codes for this technology, we recommend that the same root operation (Supplement) should be used as for the Kiva® kyphoplasty, since the objective is the same.

### **Covered Stents**

AHIMA does **not** support creation of new ICD-10-PCS codes to identify a covered stent (stent graft) for dilation procedures performed in the upper or lower extremity arteries.

In addition, due to difficulty in differentiating covered stents from drug-eluting stents in the medical record documentation, it does not make sense to create new device values only for upper and lower extremity arteries rather than for all of the body systems where these stents would be used.

## **Reverse Flow Embolic Neuroprotection During Transcarotid Arterial Revascularization**

We do **not** support creation of new codes to identify the use of an extracorporeal flow reversal circuit for embolic neuroprotection during transcarotid arterial revascularization. We do not believe it is necessary to separately code for the use of this technology, especially since the system used to perform the intraoperative neuroprotection procedure was FDA approved five years ago.

If CMS decides to create a new code for this technology, we prefer option 2 (creation of a new qualifier value in table 5A0, Extracorporeal or Systemic Assistance and Performance) over option 3 (creation of new codes in Section X, New Technology), since the system used to perform this procedure was FDA approved in 2015.

## **Drug Administration and Laboratory Tests**

AHIMA recommends that CMS explore options other than creation of ICD-10-PCS codes when unique codes are needed for administration of drugs or performance of laboratory tests in order to specifically identify a technology for an NTAP. Alternative options might include HCPCS level 2 codes and/or National Drug Codes (NDCs).

AHIMA continues to believe that it is not appropriate to create codes in ICD-10-PCS for procedures and services that would not typically be coded in a hospital inpatient setting.

AHIMA's recommendation to explore alternative coding options applies to these code proposals:

Administration of TERLIVAZ®  
 Syndromic Infectious Disease Testing for Pneumonia  
 Administration of NUZYRA®  
 Phenotypic Antimicrobial Susceptibility Testing  
 Administration of XENLETA®  
 Administration of ZERBAXA®  
 Administration of KTE-Z19  
 Administration of IMFINZI®  
 Administration of FETROJA®  
 Administration of lisocabtagene maraleucel  
 Administration of OTL—101  
 Administration of Soliris®  
 Administration of TECENTRIQ®

## **Addenda and Key Updates**

AHIMA supports the proposed ICD-10-PCS Addenda, including the proposed changes to the Index, Body Part Key, Definitions, and Tables.

Thank you for the opportunity to comment on the proposed ICD-10-PCS modifications. If you have any questions, please feel free to contact Sue Bowman, AHIMA's senior director of coding policy and compliance, at (312) 233-1115 or [sue.bowman@ahima.org](mailto:sue.bowman@ahima.org).

Sincerely,

A handwritten signature in cursive script that reads "Wylecia Wiggs Harris".

Dr. Wylecia Wiggs Harris, PhD, CAE  
Chief Executive Officer