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MEARIS™
Medicare Electronic Application
Request Information System™

Login Resources Public Application Summaries

www.mearis.cms.gov/public/home

Register: To submit and manage a MEARIS™ application or request, you must have or create a registered account.

Login: To log in to MEARIS™, applicants, requestors, and CMS users must be registered.

Resources: Click from a topic list to see information related to that application, request, or the MEARIS™ platform. Request application related questions can be submitted to CMS using the form available under “Contact” on the Resources screen.

One place to manage Medicare coding and payment related applications

Register to submit applications and requests

[Register](#)



Hospital Inpatient Applications and Requests

The Inpatient Prospective Payment System (IPPS) sets forth a system of payment for operating costs of acute care hospital inpatient stays under Medicare Part A. Each case is categorized into a diagnosis-related group (DRG) and a payment weight is assigned to it. Medicare makes payments for the costs of approved graduate medical education (GME) programs to hospitals, including hospitals that are not paid under the IPPS.

Click an application to learn more about it.



New Technology Add-on Payments (NTAP)



International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)



New & Revised Medicare Severity Diagnosis Related Groups (MS-DRG)



Welcome to International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) Request

Important Information



[Request Guidance](#)



[Request Process and Timeline](#)



[How the Online Application Works](#)



[Preview New Code Sample Request PDF](#)



[Click to see the latest ICD-10-PCS codes](#)



[PRA Disclosure Statement](#)



Ready to get Started?

Go

Cancel

Requestors are strongly encouraged to review each of the links provided on the "Important Information" screen before starting a request



Technical support is available under “Useful Links” at the bottom of the MEARIS™ site

- [How the Online Application Works](#)
- [Preview New Code Sample Request PDF](#)
- [Click to see the latest ICD-10-PCS codes](#)
- PRA Disclosure Statement 

Ready to get Started?

Go

Cancel



New ICD-10-PCS Request:

Requests to add new code(s)

Revise ICD-10-PCS Request:

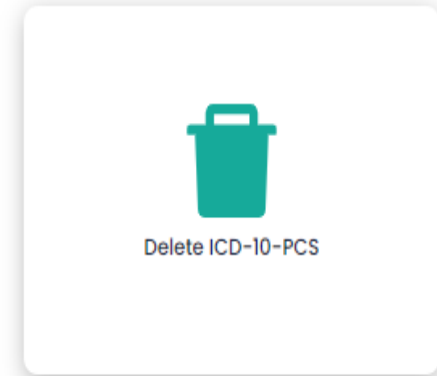
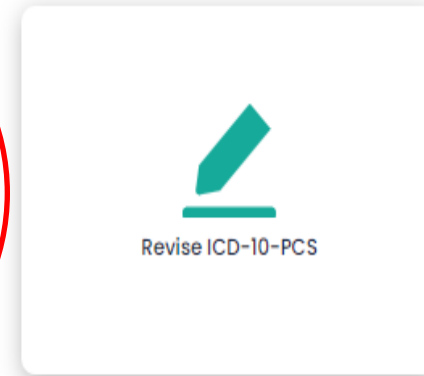
Requests to revise existing ICD-10-PCS code(s) (*e.g., add an additional approach*)

Delete ICD-10-PCS Request:

Requests to delete existing ICD-10-PCS code(s)

Any request submitted should include a description of the new code or change being requested, and rationale for why the new code or change is needed.

What type of ICD-10-PCS request would you like to complete?



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Requestor Information

Please note that the MEARIS™ website can only be accessed by individuals who are located in the United States.

Who is the party submitting the ICD-10-PCS request? (e.g. manufacturer, distributor, healthcare organization/entity)

Name (this is the requestor)

Name (this is the requestor) is required.

Provide contact information for the requestor.

The contact listed here will be included as a contact for this request.

First name

First name is required.

Middle name (optional)

Last name

Last name is required.

Organization

Organization is required.

Occupation/Job Title

Email address

Please enter a valid email address.

Country

United States

US Phone Number

Phone Number is required.

Extension (optional)

Mailing address line 1

Mailing address line 1 is required.

Mailing address line 2 (optional)

City

City is required.

State

State is required.

Zip code

Zip code is required.

Requestor Type

Requestor Type is required.

The Requestor Information screen is used to provide contact information for the requestor. Please note that the MEARIS™ website can only be accessed by individuals who are located in the United States.

Next



Who is the primary contact?

Same as Requestor Contact

First name

Middle name (optional)

Last name

First name is required.

Last name is required.

Organization

Occupation/Job Title

Organization is required.

Occupation/Job Title is required.

US Phone Number

Extension (optional)

Phone Number is required.

Email address

Country

United States

Please enter a valid email address.

Mailing address line 1

Mailing address line 1 is required.

Mailing address line 2 (optional)

City

State

Zip code

City is required.

State is required.

Zip code is required.

Relationship

Relationship is required.

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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info

Drug or Technology Info

New Code

NTAP Info

FDA Info

Attachments

Summary

Who is the secondary contact?

First name First name is required.	Middle name (optional)	Last name Last name is required.
Organization Organization is required.	Occupation/Job Title Occupation/Job Title is required.	
US Phone Number Phone Number is required.	Extension (optional)	Country United States
Email address Please enter a valid email address.		
Mailing address line 1 Mailing address line 1 is required.		
Mailing address line 2 (optional)		
City City is required.	State State is required.	Zip code Zip code is required.
Relationship Relationship is required.		

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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info

Drug or Technology Info

New Code

NTAP Info

FDA Info

Attachments

Summary

Select the appropriate category



Drug/Therapeutic Agent



Procedure/Technology

Back



Describe the drug/therapeutic agent:

- Describe the mechanism of action
 - What is it?
 - What does it do?
 - What are the procedural steps involved?
- What are the routes of administration for the drug?

Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.

Drug/Therapeutic Agent

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Contact Info **Drug or Technology Info** New Code NTAP Info FDA Info Background Paper and Attachments Summary

Describe the drug/therapeutic agent

Please provide your responses in **paragraph format** as some of the responses on this screen will be auto-filled into the Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

Issue: Provide full details regarding the ICD-10-PCS request.

Provide Response 0 / 3000

Desired implementation Date: Indicate the desired implementation date for the requested ICD-10-PCS code.

April 1st October 1st

Description of the Drug/Therapeutic Agent: In paragraph form, as shown in the Sample Background Paper, describe the drug/therapeutic.

Provide Response 0 / 3000

Inpatient Administration of the Drug/Therapeutic Agent: In paragraph form, as shown in the Sample Background Paper, describe the procedural steps involved and the route(s) of administration for the drug/therapeutic.

Provide Response 0 / 3000

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Drug/Therapeutic Agent

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[Preview New Code Sample Request PDF](#)

Contact Info **Drug or Technology Info** New Code NTAP Info FDA Info Background Paper and Attachments Summary

Provide the diagnostic details for this drug/therapeutic

Please provide your responses in **paragraph format** as some of the responses on this screen will be auto-filled into the Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

Background: In paragraph form, as shown in the Sample Background Paper, provide information regarding the clinical indication for this drug/therapeutic. Describe what condition(s) the drug/therapeutic agent is intended to treat and the population (percentage/case volume) currently affected. Explain what the current treatment/therapy is and why the new therapy is an improvement.

Provide Response

0 / 3000

[Click to see the latest ICD-10-CM codes](#)

Mechanism of Action: In paragraph form, as shown in the Sample Background Paper, describe the mechanism of action of the drug/therapeutic.

Provide Response

0 / 3000

Adverse events associated with administration of the Drug/Therapeutic Agent: Have there been any associated complications/sequela/adverse events? If yes, in paragraph form, describe how many and what did they consist of? (E.g., fever, shortness of breath, anaphylaxis, etc.)

Provide Response

0 / 3000

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Next

In paragraph form, describe:

- what condition(s) the drug/therapeutic agent is intended to treat and the population (percentage/case volume) currently affected. Explain what the current treatment/therapy is and why the new therapy is an improvement.
- the mechanism of action of the drug/therapeutic.
- If there has been any associated complications/sequela/adverse events? If yes, how many and what did they consist of? (e.g., fever, shortness of breath, anaphylaxis, etc.)



Drug/Therapeutic Agent



Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info

Drug or Technology Info

New Code

NTAP Info

FDA Info

Attachments

Summary

Provide the utilization details for this drug/therapeutic

Identify the number of times the drug/therapeutic agent has been (will be) administered.

In clinical trials, this therapeutic was administered to 300 patients

69 / 3000

What is the percentage of time the drug/therapeutic has been (will be) used across the following care settings? (optional)

Hospital Inpatient Facilities:

Number of Anticipated Cases

5000

Percentage of Medicare beneficiaries

70

%

Percentage of use Inpatient

85

%

Outpatient Facilities/Physician Office:

Number of Anticipated Cases

0

Percentage of Medicare beneficiaries

0

%

Percentage of use Outpatient

0

%

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Drug/Therapeutic Agent



The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info

Drug or Technology Info

New Code

NTAP Info

FDA Info

Attachments

Summary

How is the drug/therapeutic agent documented?

How and where (e.g. O.R. Report, Notes, etc.) will the drug/therapeutic agent be documented in the medical record?

Documentation would be found in the progress notes and medication administration record (MAR)

93 / 3000

Are there various terms that are used to describe the drug/therapeutic agent? (Please list)

Terms used to describe the drug/therapeutic are Soliris[®] or eculizumab

93 / 3000

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Contact Info

Drug or Technology Info

New Code

NTAP Info

FDA Info

Attachments

Summary

Select the appropriate category



Drug/Therapeutic Agent



Procedure/Technology

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Describe the device/technology/service or procedure.

- What is it?
- What does it do?
- How is it used?
- What are the procedural steps involved?
- If the technology is a device or implant, is only one device/implant routinely inserted or can multiple devices/implants be utilized?

Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.

Procedure/Technology

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Spartans | International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) | New ICD-10-PCS [Preview New Code Sample Request PDF](#)

Contact InfoDrug or Technology InfoNew CodeNTAP InfoFDA InfoBackground Paper and AttachmentsSummary

Describe the procedure/technology

1 Please provide your responses in **paragraph format** as some of the responses on this screen will be auto-filled into the Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

Issue: Provide full details regarding the ICD-10-PCS request.

Provide Response 0 / 3000

Desired Implementation Date: Indicate the desired implementation date for the requested ICD-10-PCS code.

April 1st October 1st

Technology: In paragraph form, as shown in the Sample Background Paper, describe the technology/service/procedure. Specify the material/properties, components, function, etc.

Provide Response 0 / 3000

Procedure Description: In paragraph form, as shown in the Sample Background Paper, describe how the technology/service/procedure is performed. Additionally, what are the procedural steps involved?

Provide Response 0 / 3000

Procedure Description: If the technology is a device or implant, is only one device/implant routinely inserted or can multiple devices/implants be utilized?

Provide Response 0 / 3000

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Describe the device/technology/service or procedure.

- If the technology involves a device or implant, is the device considered permanent?
- If the procedure involves vessels or specific body parts, is it beneficial or necessary to identify a range of the specific site? (E.g. 2-3 vertebrae, 4+ vessels or stents, etc.)
- Is the procedure/technology performed in conjunction with another procedure/technology or is it considered a standalone procedure/technology?

Procedure/Technology

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Contact Info **Drug or Technology Info** New Code NTAP Info FDA Info Background Paper and Attachments Summary

Describe the procedure/technology (cont.)

Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

Procedure Description: If the technology involves a device or implant, is the device considered permanent? Would there ever be an occasion when a code for removal or revision would be needed?

Provide Response

0 / 3000

Procedure Description: If the procedure involves vessels or specific body parts, is it beneficial or necessary to identify a range of the specific site? (E.g. 2-3 vertebrae, 4+ vessels or stents, etc.). Is the procedure/technology performed in conjunction with another procedure/technology or is it considered a standalone procedure/technology?

Provide Response

0 / 3000

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Provide information regarding the clinical indication for this device/technology/service or procedure.

- What diagnoses are associated with or indicated for use of the device/technology/service or procedure?
- How is the indication currently treated or managed?
- Have there been any associated complications/sequela/adverse events? If yes, how many and what did they consist of? (e.g., dislodgement, failure, loosening, etc.)

Procedure/Technology

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Contact Info **Drug or Technology Info** New Code NTAP Info FDA Info Background Paper and Attachments Summary

Provide the diagnostic details for this procedure/technology

Please provide your responses in **paragraph format** as some of the responses on this screen will be auto-filled into the Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

Background: In paragraph form, as shown in the Sample Background Paper, provide information regarding the clinical indication for this technology/service/procedure. Describe what condition(s) the procedure/technology is intended to treat and the population (percentage/case volume) currently affected. Explain what the current technology/service/procedure is and why the new one is an improvement.

Provide response 0 / 3000

[Click to see the latest ICD-10-CM codes](#)

Adverse events associated with performance of the Device/Technology/Service or Procedure: Have there been any associated complications/sequela/adverse events? If yes, in paragraph form, describe how many and what did they consist of? (E.g., dislodgement, failure, loosening, etc.)

Provide response 0 / 3000

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Procedure/Technology

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Provide the Utilization details for this procedure/technology

Identify the number of times the procedure has been (will be) performed using this technology.

Provide Response

0 / 2000

What is the percentage of time the procedure/technology has been (will be) performed/used across the following care settings? (optional)

Hospital Inpatient Facilities:

Number of Anticipated Cases

Percentage of Medicare beneficiaries %

Percentage of use Inpatient %

Outpatient Facilities/Physician Office:

Number of Anticipated Cases

Percentage of Medicare beneficiaries %

Percentage of use Outpatient %



Procedure/Technology

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Contact Info

Drug or Technology Info

New Code

NTAP Info

FDA Info

Background Paper and Attachments

Summary

How is the procedure/technology documented?

How and where (E.g. O.R. Report, Notes, etc.) will the procedure/technology be documented in the medical record?

Provide Response

0 / 3000

Are there various terms that are used to describe the procedure/technology? (Please list)

Provide Response

0 / 3000

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Select:

- **Yes** – Requestor will enter the ICD-10-PCS code(s) currently used, if known, and indicate why they believe that existing codes do not adequately capture the drug or technology
- **No**
- **Other/Don't know** – Requestor will provide an explanation

Requestors will have the opportunity to provide a recommendation for possible new ICD-10-PCS code titles (e.g. approach, body part, device, qualifier)

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Contact Info Drug or Technology Info **New Code** NTAP Info FDA Info Background Paper and Attachments Summary

Are there existing codes currently being reported by facilities to describe this drug or technology?

i The response to this question will be utilized to automatically populate the "Current Coding" section in your Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

Note: CMS can assist with current coding and coding options once your Background Paper is received and reviewed.

Yes No Other/Don't know

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In paragraph format, indicate why existing code(s) do not adequately capture the technology/service/procedure or the drug/therapeutic agent. Also, provide a recommendation for possible new ICD-10-PCS code titles. (e.g., approach, body part, device, qualifier).

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Contact Info Drug or Technology Info **New Code** NTAP Info FDA Info Background Paper and Attachments Summary

Recommended Code Titles

Please provide your responses in **paragraph format** as some of the responses on this screen will be auto-filled into the Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

Note: CMS can assist with current coding and coding options once your Background Paper is received and reviewed.

Current Coding: Indicate why you believe that the existing code(s) do not adequately capture the technology/service/procedure or the drug/therapeutic agent.

Provide response 0 / 3000

Recommendation for possible new ICD-10-PCS code titles. (E.g. approach, body part, device, qualifier)

Provide response 0 / 3000

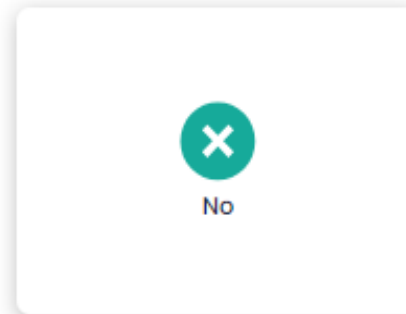
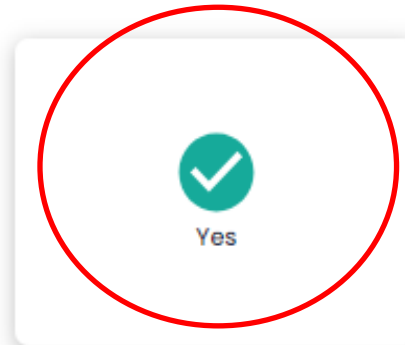
[Click to see the latest ICD-10-PCS codes for examples of existing code structure and convention](#)

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Have you applied or are you applying for New Technology Add-on Payment (NTAP) for consideration?

i The response to this question will be utilized to automatically populate the "New Technology Application" section in your Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)



i [Click here to learn more about starting an NTAP application](#)

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If the requestor has applied or is applying for New Technology Add-on Payment (NTAP), provide some details about the application.

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Spartans | International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) | New ICD-10-PCS [Preview New Code Sample Request PDF](#)

Contact Info Drug or Technology Info New Code **NTAP Info** FDA Info Background Paper and Attachments Summary

Provide some details about your NTAP application

Please provide your responses in **paragraph format** as some of the responses on this screen will be auto-filled into the Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

New Technology Application: What is the name of the technology?

Name

New Technology Application: Provide full details regarding NTAP application status (intent to submit or application submission).

Provide response

0 / 3000

New Technology Application: For which Fiscal year (FY) was the/will the NTAP application be submitted?

Year

What is the NTAP application confirmation number? (optional)

NTAP Application number

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Approved – Requestor will provide the FDA approval date and specify whether the Drug/Therapeutic Agent or Technology/Service/Procedure has received any designations, along with the date of receipt and the specific indication

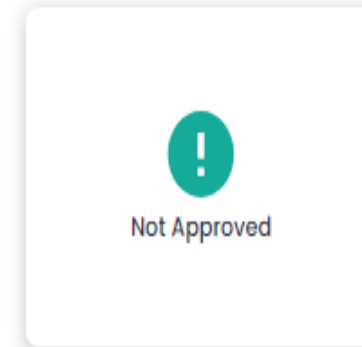
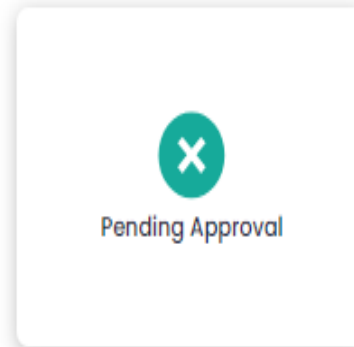
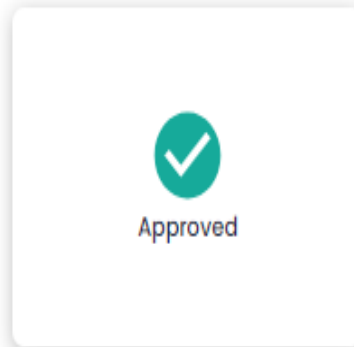
Pending Approval – Requestor will provide the anticipated FDA approval date and, if applicable, any additional FDA details

Not Approved – If applicable, the requestor will provide the FDA submission date and, if applicable, any additional FDA details

Is the drug/procedure/technology FDA approved?

The response to this question will be utilized to automatically populate the "Food & Drug Administration (FDA) Approval" section in your Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)



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The responses entered in MEARIS™ are gathered from different sections that contain these questions to populate the background paper. Requestors must acknowledge that they have read and verified the Background Paper before submitting the ICD-10-PCS request.

CMS will be updating the draft background paper submitted and will share a revised version of the background paper with requestors for review and comment. The final background paper will be part of our Agenda and Meeting Materials packet for an ICD-10 Coordination and Maintenance Committee Meeting.

MEARIS™ Medicare Electronic Application Request Information System™

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Spartans | International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) | New ICD-10-PCS

Preview New Code Sample Request PDF

Contact Info Drug or Technology Info New Code NTAP Info FDA Info Background Paper and Attachments Summary

Background Paper Preview

The responses below are gathered from different sections that contain these questions.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

Issue:
There are no unique ICD-10-PCS codes to describe the administration of eculizumab (Soliris).

Desired Implementation Date:
April 1st

New Technology Application?
No

Food and Drug Administration (FDA) Approved?
Approved
03/19/2007
Mar 19, 2007 Approval for Paroxysmal Nocturnal Hemoglobinuria
Sep 23, 2011 Approval for all patients with Atypical Hemolytic Uremic Syndrome (aHUS)
Oct 23, 2017 Approval for the treatment of patients with Generalized Myasthenia Gravis (gMG)
Jun 27, 2019 Approval for the treatment of adults with Neuromyelitis Optica Spectrum Disorder

Background:
Soliris is used
1) to prevent the breakdown of red blood cells in adults with paroxysmal nocturnal hemoglobinuria (PNH).
2) used to treat a rare chronic blood disease called atypical hemolytic uremic syndrome (aHUS) in adults and children who weigh at least 11 pounds (5 kilograms).
3) used to treat myasthenia gravis in adults.
4) used to treat neuromyelitis optica spectrum disorder (NMOSD) in adults.

Description of the Drug/Therapeutic Agent:
Soliris is a monoclonal antibody that binds to proteins in the blood that can destroy red blood cells in people with genetic conditions that affect the natural defenses of red blood cells.

Mechanism of Action:
Eculizumab (Soliris) is a monoclonal antibody that specifically binds to the complement protein C5 with high affinity, which inhibits its cleavage into C5a and C5b and prevents the generation of the terminal complement complex C5b-9 and free C5a.

Inpatient Administration of the Drug/Therapeutic Agent:
Soliris is administered intravenously by a healthcare provider. The infusion can take at least 35 minutes to complete in adults, or up to 4 hours in children.

Adverse events associated with administration of the Drug/Therapeutic Agent:
Common Soliris side effects may include: headache, dizziness; flu symptoms (fever, tiredness, aches, cough, sore throat); runny or stuffy nose, sinus pain; painful urination; nausea, vomiting, diarrhea, stomach pain; swelling in your legs or feet; bruising; muscle or joint pain, back pain; a blood cell disorder; or high blood pressure.

Current Coding:
No
3E033GR Introduction of other therapeutic monoclonal antibody into peripheral vein, percutaneous approach
3E043GR Introduction of other therapeutic monoclonal antibody into central vein, percutaneous approach

I acknowledge that I have read and verified the Background Paper.



To be considered complete, new ICD-10-PCS procedure code request submissions through MEARIS™ **must** include both a Section 508 Compliant PowerPoint and an Adobe PDF slide deck for presentation. There should be no more than 15 slides. The content of the presentation should be focused on the need for that code and directed towards the coding professionals in attendance.

Examples of procedure code background papers and slide presentations presented at ICD-10 C&M Committee meetings can be found in agenda and meeting materials of this and previous meetings.

MEARIS™
Medicare Electronic Application Request Information System™

Home Tasks Applications Teams

Spartans | International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) | New ICD-10-PCS [Preview New Code Sample Request PDF](#)

Contact Info Drug or Technology Info New Code NTAP Info FDA Info **Background Paper and Attachments** Summary

Upload Slide Deck and all supporting documentation or other reference files, if any

Upload Slide Deck/Presentation

Note: New ICD-10-PCS code request submissions through MEARIS™ must include both a Section 508 Compliant PowerPoint and a PDF slide deck to be considered complete.

Uploaded Files

Use the button below to browse files on your local drive and select to upload.

Supported formats include PDF and powerpoint

Drag and drop files to upload or [Browse Files](#)

Upload all supporting documentation or other reference files (optional)

Uploaded Files

Use the button below to browse files on your local drive and select to upload.

Supported formats include PDF, Word, Excel, Powerpoint, JPEG, PNG, and plain text files

Drag and drop files to upload or [Browse Files](#)

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You have successfully submitted an International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) request



Submission Confirmation Code: **ICD24I0293G9QN**

Confirmation details have been sent to:

a@aol.com | a@aol.com | v@aol.com |

Download as PDF

So, what's next?

- An email notification has been sent to the contact(s) you provided on this request.
- The contacts that you have identified will have access to the team and associated applications.
- This request can be viewed under the [applications list](#).
- While reviewing your request, CMS may request additional information or supporting documentation.

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A downloadable PDF version of the request will be available upon successful submission. The time required for request application submission, including the time needed to gather relevant information as well as to complete the form may be extensive depending on the nature of the code request.

Requestors are encouraged to start in advance of the due date to ensure adequate time for submission.