DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

ICD-10 Coordination and Maintenance Committee Meeting
Department of Health and Human Services
Centers for Medicare & Medicaid Services
ICD-10-PCS Topics Clarifications, Questions and Answers
September 10, 2024

ICD-10 Coordination and Maintenance Committee Meeting Updates

1) This document provides updated guidance on the interim coding advice that was recommended for *Topic # 05 – External Fixation with Automated Strut Adjustment* discussed during the virtual meeting.

On page 32 of the Agenda packet the Interim Coding Advice is currently displayed as follows:

> **Interim Coding Advice**: Continue to code as above under Current Coding.

The coding options are currently displayed on page 29 as follows:

> **Current Coding:** There are no unique ICD-10-PCS codes to identify the attachment of a hexapod ring-fixation system with automated strut adjustment. Code the procedure in the Medical and Surgical section tables 0PH or 0QH, Insertion of Upper Bones or Insertion of Lower Bones, using the device value C External Fixation Device, Ring, with the applicable body part value and the approach value 0 Open. Assign codes as appropriate for any additional procedures performed such as fracture reduction or osteotomy of bone deformity.

Section *Body System* *Operation*	**0** Medical and Surgical **P** Upper Bones **H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device*	*Qualifier*
0 Sternum	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Internal Fixation Device, Rigid Plate **4** Internal Fixation Device	**Z** No Qualifier
1 Ribs, 1 to 2 **2** Ribs, 3 or More **3** Cervical Vertebra **4** Thoracic Vertebra **5** Scapula, Right **6** Scapula, Left **7** Glenoid Cavity, Right **8** Glenoid Cavity, Left **9** Clavicle, Right **B** Clavicle, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device	**Z** No Qualifier

C Humeral Head, Right **D** Humeral Head, Left **H** Radius, Right **J** Radius, Left **K** Ulna, Right **L** Ulna, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **8** External Fixation Device, Limb Lengthening **B** External Fixation Device, Monoplanar **C** External Fixation Device, Ring **D** External Fixation Device, Hybrid	**Z** No Qualifier
F Humeral Shaft, Right **G** Humeral Shaft, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **7** Internal Fixation Device, Intramedullary Limb Lengthening **8** External Fixation Device, Limb Lengthening **B** External Fixation Device, Monoplanar **C** External Fixation Device, Ring **D** External Fixation Device, Hybrid	**Z** No Qualifier
M Carpal, Right **N** Carpal, Left **P** Metacarpal, Right **Q** Metacarpal, Left **R** Thumb Phalanx, Right **S** Thumb Phalanx, Left **T** Finger Phalanx, Right **V** Finger Phalanx, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device	**Z** No Qualifier
Y Upper Bone	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**M** Bone Growth Stimulator	**Z** No Qualifier

Section	**0** Medical and Surgical		
Body System	**Q** Lower Bones		
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device*	*Qualifier*
0 Lumbar Vertebra **1** Sacrum **2** Pelvic Bone, Right **3** Pelvic Bone, Left **4** Acetabulum, Right **5** Acetabulum, Left **D** Patella, Right **F** Patella, Left **L** Tarsal, Right **M** Tarsal, Left **N** Metatarsal, Right **P** Metatarsal, Left **Q** Toe Phalanx, Right **R** Toe Phalanx, Left **S** Coccyx	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device	**Z** No Qualifier
6 Upper Femur, Right **7** Upper Femur, Left **B** Lower Femur,	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **8** External Fixation Device, Limb Lengthening **B** External Fixation Device, Monoplanar	**Z** No Qualifier

Right **C** Lower Femur, Left **J** Fibula, Right **K** Fibula, Left		**C** External Fixation Device, Ring **D** External Fixation Device, Hybrid	
8 Femoral Shaft, Right **9** Femoral Shaft, Left **G** Tibia, Right **H** Tibia, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **7** Internal Fixation Device, Intramedullary Limb Lengthening **8** External Fixation Device, Limb Lengthening **B** External Fixation Device, Monoplanar **C** External Fixation Device, Ring **D** External Fixation Device, Hybrid	**Z** No Qualifier
Y Lower Bone	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**M** Bone Growth Stimulator	**Z** No Qualifier

Coding Options

Option 1. Do not create new ICD-10-PCS codes for the attachment of a hexapod ring-fixation system with automated strut adjustment. Continue coding as described in current coding.

Option 2. In the Medical and Surgical section tables 0PH and 0QH Insertion of Upper Bones and Insertion of Lower Bones, create new device value F Ring External Fixation Device with Automated Strut Adjustment applied to the long bone body part values and the open approach, to identify the attachment of a hexapod ring-fixation system with automated strut adjustment. Continue to assign codes as appropriate for any additional procedures performed such as fracture reduction or osteotomy of bone deformity.

Section	**0** Medical and Surgical		
Body System	**P** Upper Bones		
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device*	*Qualifier*
F Humeral Shaft, Right **G** Humeral Shaft, Left **H** Radius, Right **J** Radius, Left **K** Ulna, Right **L** Ulna, Left	**0** Open	**ADD F** Ring External Fixation Device with Automated Strut Adjustment	**Z** No Qualifier

Section	**0** Medical and Surgical		
Body System	**Q** Lower Bones		
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device*	*Qualifier*
8 Femoral Shaft, Right **9** Femoral Shaft, Left **G** Tibia, Right **H** Tibia, Left	**0** Open	**ADD F** Ring External Fixation Device with Automated Strut Adjustment	**Z** No Qualifier

Option 3. In section X table XNH, Insertion of Bones, create new device value G Ring External Fixation Device with Automated Strut Adjustment, applied to the long bone body part values and the open approach, to identify the attachment of a hexapod ring-fixation system with automated strut adjustment. Continue to assign codes as appropriate for any additional procedures performed such as fracture reduction or osteotomy of bone deformity.

Section	**X** New Technology		
Body System	**N** Bones		
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
6 Pelvic Bone, Right **7** Pelvic Bone, Left	**0** Open **3** Percutaneous	**5** Internal Fixation Device with Tulip Connector	**8** New Technology Group 8
G Tibia, Right **H** Tibia, Left	**0** Open	**F** Tibial Extension with Motion Sensors	**9** New Technology Group 9
ADD 6 Humeral Shaft, Right **ADD 7** Humeral Shaft, Left **ADD 8** Radius, Right **ADD 9** Radius, Left **ADD B** Ulna, Right **ADD C** Ulna, Left **ADD D** Femoral Shaft, Right **ADD F** Femoral Shaft, Left **G** Tibia, Right **H** Tibia, Left	**0** Open	**ADD G** Ring External Fixation Device with Automated Strut Adjustment	**A** New Technology Group 10

CMS Recommendation: CMS is seeking input from the audience.

It was brought to our attention by a commenter that the root operation Reposition may also be appropriate since the presenter said the hexapod ring-fixation system with automated strut adjustment can be used for fracture treatment. Another commenter noted that the approach value 3 Percutaneous should be added to the table. In our review, we also noted that additional body part values should be considered. In subsequent communication with the requestor to gain additional clarification, the requestor confirmed that the pins and wires are *inserted* into the bone and connect the ring (frame) to the bone. Once the frame is completely constructed and operational, the bone segment that is attached to the ring is then *repositioned* by the movement of one ring with respect to the other. This movement is directed by control system unit of the MAXFRAME AUTOSTRUT™ Multi-Axial Correction System. Depending on the documentation, attachment of a hexapod ring-fixation system with automated strut adjustment can have simultaneous distinct objectives such as limb lengthening or correction of bone deformities. Therefore, both root operations, Insertion and Reposition, can be appropriate for the use of the system in the performance of a procedure(s). The requestor also confirmed that the pins and wires that connect the rings to the bone can be placed either percutaneously or via an open approach. There is no endoscopic option in this type of procedure.

We are therefore correcting the current coding and interim advice to reflect the appropriate codes that may be reported to identify the attachment of a hexapod ring-fixation system with automated strut adjustment.

We are correcting current coding for this request to the following:

Current Coding: There are no unique ICD-10-PCS codes to identify the attachment of a hexapod ring-fixation system with automated strut adjustment. Code the procedure in the Medical and Surgical section tables 0PH or 0QH, Insertion of Upper Bones or Insertion of Lower Bones, and/or tables 0PS and 0QS Reposition of Upper Bones and Reposition of Lower Bones using the device value C External Fixation Device, Ring, with the applicable body part value and the approach value 0 Open or 3 Percutaneous. Appropriate assignment of the root operation and the approach value will depend on the documentation for each case. In addition, assign codes as appropriate for any additional procedures performed such as an osteotomy for bone deformity.

Section	**0** Medical and Surgical		
Body System	**P** Upper Bones		
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device*	*Qualifier*
C Humeral Head, Right **D** Humeral Head, Left **H** Radius, Right **J** Radius, Left **K** Ulna, Right **L** Ulna, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **8** External Fixation Device, Limb Lengthening **B** External Fixation Device, Monoplanar **C** External Fixation Device, Ring **D** External Fixation Device, Hybrid	**Z** No Qualifier
F Humeral Shaft, Right **G** Humeral Shaft, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **7** Internal Fixation Device, Intramedullary Limb Lengthening **8** External Fixation Device, Limb Lengthening **B** External Fixation Device, Monoplanar **C** External Fixation Device, Ring **D** External Fixation Device, Hybrid	**Z** No Qualifier

Section	**0** Medical and Surgical		
Body System	**Q** Lower Bones		
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device*	*Qualifier*
6 Upper Femur, Right **7** Upper Femur, Left **B** Lower Femur, Right **C** Lower Femur, Left **J** Fibula, Right **K** Fibula, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **8** External Fixation Device, Limb Lengthening **B** External Fixation Device, Monoplanar **C** External Fixation Device, Ring **D** External Fixation Device, Hybrid	**Z** No Qualifier
8 Femoral Shaft, Right **9** Femoral Shaft, Left **G** Tibia, Right **H** Tibia, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **7** Internal Fixation Device, Intramedullary Limb Lengthening **8** External Fixation Device, Limb Lengthening **B** External Fixation Device, Monoplanar **C** External Fixation Device, Ring **D** External Fixation Device, Hybrid	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**P** Upper Bones
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
C Humeral Head, Right **D** Humeral Head, Left **F** Humeral Shaft, Right **G** Humeral Shaft, Left **H** Radius, Right **J** Radius, Left **K** Ulna, Right **L** Ulna, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **B** External Fixation Device, Monoplanar **C** External Fixation Device, Ring **D** External Fixation Device, Hybrid **Z** No Device	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**Q** Lower Bones
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
6 Upper Femur, Right **7** Upper Femur, Left **8** Femoral Shaft, Right **9** Femoral Shaft, Left **B** Lower Femur, Right **C** Lower Femur, Left **G** Tibia, Right **H** Tibia, Left **J** Fibula, Right **K** Fibula, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device **6** Internal Fixation Device, Intramedullary **B** External Fixation Device, Monoplanar **C** External Fixation Device, Ring **D** External Fixation Device, Hybrid **Z** No Device	**Z** No Qualifier

We are also correcting coding option 2 and option 3 for consideration of this request to the following:

> **Option 2**. In the Medical and Surgical section tables 0PH and 0QH Insertion of Upper Bones and Insertion of Lower Bones, and tables 0PS and 0QS Reposition of Upper Bones and Reposition of Lower Bones, create new device value F Ring External Fixation Device with Automated Strut Adjustment applied to the long bone body part values and the open and percutaneous approaches, to identify the attachment of a hexapod ring-fixation system with automated strut adjustment. Appropriate assignment of the root operation and the approach value will depend on the documentation for each case. Continue to assign codes as appropriate for any additional procedures performed such as an osteotomy for bone deformity.

Section	**0** Medical and Surgical
Body System	**P** Upper Bones
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
C Humeral Head, Right **D** Humeral Head, Left **F** Humeral Shaft, Right **G** Humeral Shaft, Left **H** Radius, Right **J** Radius, Left **K** Ulna, Right **L** Ulna, Left	**0** Open **3** Percutaneous	**ADD F** Ring External Fixation Device with Automated Strut Adjustment	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**Q** Lower Bones
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
6 Upper Femur, Right **7** Upper Femur, Left **8** Femoral Shaft, Right **9** Femoral Shaft, Left **B** Lower Femur, Right **C** Lower Femur, Left **G** Tibia, Right **H** Tibia, Left **J** Fibula, Right **K** Fibula, Left	**0** Open **3** Percutaneous	**ADD F** Ring External Fixation Device with Automated Strut Adjustment	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**P** Upper Bones
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
C Humeral Head, Right **D** Humeral Head, Left **F** Humeral Shaft, Right **G** Humeral Shaft, Left **H** Radius, Right **J** Radius, Left **K** Ulna, Right **L** Ulna, Left	**0** Open **3** Percutaneous	**ADD F** Ring External Fixation Device with Automated Strut Adjustment	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**Q** Lower Bones
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
6 Upper Femur, Right **7** Upper Femur, Left **8** Femoral Shaft, Right **9** Femoral Shaft, Left **B** Lower Femur, Right **C** Lower Femur, Left **G** Tibia, Right **H** Tibia, Left **J** Fibula, Right **K** Fibula, Left	**0** Open **3** Percutaneous	**ADD F** Ring External Fixation Device with Automated Strut Adjustment	**Z** No Qualifier

Option 3. In section X table XNH, Insertion of Bones, and table XNS Reposition of Bones, create new device value G Ring External Fixation Device with Automated Strut Adjustment, applied to the long bone body part values and the open and percutaneous approaches, to identify the attachment of a hexapod ring-fixation system with automated strut adjustment. Appropriate assignment of the root operation and the approach value will depend on the documentation for each case. Continue to assign codes as appropriate for any additional procedures performed such as an osteotomy for bone deformity.

Section	**X** New Technology
Body System	**N** Bones
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD 2 Humeral Head, Right **ADD 3** Humeral Head, Left **ADD 4** Humeral Shaft, Right **ADD 5** Humeral Shaft, Left **ADD 6** Radius, Right **ADD 7** Radius, Left **ADD 8** Ulna, Right **ADD 9** Ulna, Left **ADD A** Upper Femur, Right **ADD B** Upper Femur, Left **ADD C** Lower Femur, Right **ADD D** Lower Femur, Left **ADD E** Femoral Shaft, Right **ADD F** Femoral Shaft, Left **G** Tibia, Right **H** Tibia, Left **ADD J** Fibula, Right **ADD K** Fibula, Left	**0** Open **3** Percutaneous	**ADD G** Ring External Fixation Device with Automated Strut Adjustment	**A** New Technology Group 10

Section	**X** New Technology
Body System	**N** Bones
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD 2 Humeral Head, Right **ADD 3** Humeral Head, Left **ADD 4** Humeral Shaft, Right **ADD 5** Humeral Shaft, Left **ADD 6** Radius, Right **ADD 7** Radius, Left **ADD 8** Ulna, Right **ADD 9** Ulna, Left **ADD A** Upper Femur, Right **ADD B** Upper Femur, Left **ADD C** Lower Femur, Right **ADD D** Lower Femur, Left **ADD E** Femoral Shaft, Right **ADD F** Femoral Shaft, Left **G** Tibia, Right **H** Tibia, Left **ADD J** Fibula, Right **ADD K** Fibula, Left	**0** Open **3** Percutaneous	**ADD G** Ring External Fixation Device with Automated Strut Adjustment	**A** New Technology Group 10

QUESTIONS & ANSWERS

Below we provide the responses to questions or comments submitted for the procedure code topics related to new technology add-on payment (NTAP)-related code requests that involve the administration of a therapeutic agent and for the procedure code topics discussed during the September 10, 2024 virtual ICD-10 Coordination and Maintenance Committee Meeting.

Question: I have a question regarding *Topic #01 – Transcatheter Bypass of Left Atrium to Right Atrium via Coronary Sinus*. Should we consider the APTURE Transcatheter Shunt System similar to making an arteriovenous (AV) fistula for dialysis access?

Response: The transcatheter procedure for bypass of the left atrium to the right atrium via the coronary sinus using the APTURE device is more different than similar to AV fistula creation. The procedures are similar ONLY in that a communication is made between artery and vein. Transcatheter bypass of the left atrium to the right atrium via the coronary sinus is distinctly different in that it is not accessible to needle puncture, not prone to clotting at all, not done for dialysis access and is not high flow like an AV graft. Also, it does not require revision and monitoring.

Question: In endovascular anchor insertion, wouldn't the usage of the anchors during an initial endovascular aortic aneurysm repair (EVAR) be considered integral to the performance of the procedure and not coded separately? Also, when used in the revision of a prior endovascular aortic aneurysm repair, wouldn't the usage of the anchors be coded to the root operation Revision and not Supplement?

CMS Response: No. The use of endovascular anchors is not integral to the performance of an initial endovascular aortic aneurysm repair (EVAR) procedure. Endovascular anchors are specifically indicated for a subset of patients with hostile neck anatomy (e.g., short aneurysm neck, wide aneurysm neck, angulated aneurysm neck, or conical neck aneurysm). It would be appropriate to separately report the use of endovascular anchors when documented and supported by the medical record documentation. In a revision of EVAR procedure, the appropriate root operation for use of the endovascular anchors would be Supplement as it is the initial placement of the anchors that is taking place to address a complication(s) that the patient may be experiencing with an existing endograft (e.g., endograft migration, loss of seal (endoleak), etc.).

Question: Are inpatient admissions where endovascular anchors are inserted in the context of EVAR procedures generally planned or unplanned?

Response: These are usually planned operations.

Comment: In reviewing the proposed coding options presented for *Topic # 05 – External Fixation with Automated Strut Adjustment,* I believe there is a typographical error in Option 3 because in the column for the 4th character the same numbers (i.e. 6 and 7) are being used to specify different body parts.

CMS Response: Upon review, it was determined that this is not a typographical error. The reuse of a given value (letter or number) happens frequently in section X. It is in fact the reason the axis 7 New Technology group qualifier was created, so that values can be reused as needed without creating duplicate codes. As reflected in the Option 3 table, the 7th character qualifier values in each row differ, creating unique codes despite the body part values having the same numbers or letters. Numerous examples currently exist in the classification, such as in table XW0, where the 6th character substance values are the same and the 7th character qualifier values differ.

Question: Can patients extend the use of the AquaPass wearable garment discussed in *Topic # 06 – Extracorporeal Interstitial Fluid Removal* longer than 30 days?

Response: The use of the wearable AquaPass garment is limited to the number of treatments prescribed by the physician. The wearable garment and the console will count the number of completed treatments so the physician can ensure that the patient finishes the prescribed plan. Once completed, no additional treatments will be allowed, and a notice will appear on the console screen that the wearable garment should be replaced. If the need for treatment extends beyond this period, a new wearable garment must be ordered by the physician.

Question: Why was the proposed coding option to describe cardiac stereotactic body radiotherapy (SBRT) suggested to be placed in the Medical and Surgical section in table 025, Destruction of Heart and Great Vessels and not in section D, Radiation Therapy, where other codes that describe stereotactic radiosurgery are found?

CMS Response: Cardiac SBRT, also called cardiac radio-ablation, is a non-invasive procedure with the unique advantage of delivering ablative energy to any desired area within the body that can be inaccessible with the more traditional catheter ablation. This technique allows for the precise delivery of high-dose radiation to a target tissue in an effort to reduce ventricular tachycardia (VT) burden. Similar to procedures that utilize Laser Interstitial Thermal Therapy (LITT) which are coded using the root operation Destruction, we believe that cardiac SBRT would also be most appropriately classified as an ablation procedure as Destruction is defined as physical eradication of all or a

portion of a body part by the direct use of energy, force, or a destructive agent.

GENERAL QUESTIONS

Question: I may have missed this at the beginning of the session this morning. When will the ICD-10-PCS codes discussed at the ICD-10 Coordination and Maintenance Committee Meeting possibly be implemented?

CMS Response: As reflected in the Agenda packet, the ICD-10-PCS code proposals presented on September 10, 2024 are being considered for implementation on either April 1, 2025 or October 1, 2025. If any portion of the meeting was missed, the link to the recording from the procedure code portion of the September 10, 2024 ICD-10 Coordination and Maintenance Committee Meeting is available at https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials.

October 11, 2024 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the September 10, 2024 ICD-10 Coordination and Maintenance Committee meeting being considered for implementation on April 1, 2025. November 15, 2024 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the September 10, 2024 ICD-10 Coordination and Maintenance Committee meeting being considered for implementation on October 1, 2025.

Question: How do we get certificates of attendance to get Continuing Education Units (CEUs) for attending today?

CMS Response: CMS does not provide certificates of attendance for ICD-10 Coordination and Maintenance (C&M) Committee Meetings. After registering to attend the September 10-11, 2024 ICD-10 Coordination and Maintenance Committee meeting, a confirmation email containing information about joining the webinar as proof of registration should have been received.

As reflected on page 6 of the Agenda packet, CEUs may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation. If you have any questions concerning obtaining your continuing education credits, please contact the respective organization, not CMS.

Question: Where can we get the Agenda and meeting materials?

CMS Response: The Final Agenda and meeting materials for the procedure code topics discussed during the virtual meeting on September 10, 2024

	are available on the CMS website at https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials. The Agenda packet for the diagnosis code topics discussed during the virtual meeting on September 10-11, 2024 is available on the CDC website at https://www.cdc.gov/nchs/icd/icd-10-maintenance/meetings.html. We encourage attendees to join our ICD-10 subscriber list to receive information such as when meeting materials have been made available and other ICD-10 related updates.
Question:	How do I join the ICD-10 Coordination and Maintenance Committee Meetings subscriber list?
CMS Response:	Instructions for joining the ICD-10 Coordination and Maintenance Subscriber GovDelivery list were included in the September 10, 2024 Agenda packet for the procedure code topics and are also available in the Downloads section of the CMS webpage at: https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-meetings.