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

ICD-10 Coordination and Maintenance Committee Update
Department of Health and Human Services
Centers for Medicare & Medicaid Services
ICD-10-PCS Topics Clarifications, Questions and Answers
Spring 2025

UPDATED GUIDANCE

1) Topic # 17 – Insertion of Implantable Endocardial Pacing System **(added 4/07/2025)**

This document provides updated guidance on the interim coding advice recommended for *Topic # 17 – Insertion of Implantable Endocardial Pacing System*.

On page 81 of the meeting materials, the Interim Coding Advice states:

> **Interim Coding Advice**: Continue using codes as described in current coding.

The current coding is currently displayed as follows:

> **Current Coding:** There are no unique ICD-10-PCS codes to describe the insertion of an implantable endocardial pacing system. Code the procedure with three codes: in table 02H Insertion of Heart and Great Vessels, use the body part value L Ventricle, Left, the device value M Cardiac Lead and the percutaneous approach; in table 0JH Insertion of Subcutaneous Tissue and Fascia, two codes are reported using the body part value 6 Subcutaneous Tissue and Fascia, Chest, the device value Y Other Device and the approach value 0 Open to describe the insertion of the transmitter component and the battery component of the system.

Section	**0** Medical and Surgical
Body System	**2** Heart and Great Vessels
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*
4 Coronary Vein **6** Atrium, Right **7** Atrium, Left **K** Ventricle, Right **L** Ventricle, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Monitoring Device, Pressure Sensor **2** Monitoring Device **3** Infusion Device **D** Intraluminal Device **J** Cardiac Lead, Pacemaker **K** Cardiac Lead, Defibrillator **M** Cardiac Lead **N** Intracardiac Pacemaker **Y** Other Device	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**J** Subcutaneous Tissue and Fascia

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 Subcutaneous Tissue and Fascia, Chest	**0** Open **3** Percutaneous	**0** Monitoring Device, Hemodynamic **2** Monitoring Device **4** Pacemaker, Single Chamber **5** Pacemaker, Single Chamber Rate Responsive **6** Pacemaker, Dual Chamber **7** Cardiac Resynchronization Pacemaker Pulse Generator **8** Defibrillator Generator **9** Cardiac Resynchronization Defibrillator Pulse Generator **A** Contractility Modulation Device **B** Stimulator Generator, Single Array **C** Stimulator Generator, Single Array Rechargeable **D** Stimulator Generator, Multiple Array **E** Stimulator Generator, Multiple Array Rechargeable **F** Subcutaneous Defibrillator Lead **H** Contraceptive Device **M** Stimulator Generator **N** Tissue Expander **P** Cardiac Rhythm Related Device **V** Infusion Device, Pump **W** Vascular Access Device, Totally Implantable **X** Vascular Access Device, Tunneled **Y** Other Device	**Z** No Qualifier

It was brought to our attention by a commenter that guidance on the appropriate codes to assign for the placement of the WiSE CRT System was published in the Second Quarter 2024 *AHA Coding Clinic for ICD-10-CM and ICD-10-PCS* on page 29.

We are therefore correcting the current coding and interim advice to reflect the proper codes that should be reported to describe the insertion of an implantable endocardial pacing system.

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

> **Current Coding:** There are no unique ICD-10-PCS codes to describe the insertion of an implantable endocardial pacing system. Code the procedure with two codes: in table 02H Insertion of Heart and Great Vessels, use the body part value L Ventricle, Left, the device value Y Other Device and the percutaneous approach; in table 0JH Insertion of Subcutaneous Tissue and Fascia, use the body part value 6 Subcutaneous Tissue and Fascia, Chest, the device value 7 Cardiac Resynchronization Pacemaker Pulse Generator, and the applicable approach value to describe the placement of the transmitter component and the battery component of the system.

Section	**0** Medical and Surgical		
Body System	**2** Heart and Great Vessels		
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*
4 Coronary Vein	**0** Open	**0** Monitoring Device, Pressure Sensor	**Z** No Qualifier

6 Atrium, Right **7** Atrium, Left **K** Ventricle, Right **L** Ventricle, Left	**3** Percutaneous **4** Percutaneous Endoscopic	**2** Monitoring Device **3** Infusion Device **D** Intraluminal Device **J** Cardiac Lead, Pacemaker **K** Cardiac Lead, Defibrillator **M** Cardiac Lead **N** Intracardiac Pacemaker **Y** Other Device	

Section	**0** Medical and Surgical
Body System	**J** Subcutaneous Tissue and Fascia
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 Subcutaneous Tissue and Fascia, Chest	**0** Open **3** Percutaneous	**0** Monitoring Device, Hemodynamic **2** Monitoring Device **4** Pacemaker, Single Chamber **5** Pacemaker, Single Chamber Rate Responsive **6** Pacemaker, Dual Chamber **7** Cardiac Resynchronization Pacemaker Pulse Generator **8** Defibrillator Generator **9** Cardiac Resynchronization Defibrillator Pulse Generator **A** Contractility Modulation Device **B** Stimulator Generator, Single Array **C** Stimulator Generator, Single Array Rechargeable **D** Stimulator Generator, Multiple Array **E** Stimulator Generator, Multiple Array Rechargeable **F** Subcutaneous Defibrillator Lead **H** Contraceptive Device **M** Stimulator Generator **N** Tissue Expander **P** Cardiac Rhythm Related Device **V** Infusion Device, Pump **W** Vascular Access Device, Totally Implantable **X** Vascular Access Device, Tunneled **Y** Other Device	**Z** No Qualifier

CORRECTIONS

1) Topic # 06 – Addenda and Key Updates - Cricothyroidotomy/Cricothyrotomy

On page 30 of the update materials, the coding proposal is currently displayed as follows:

Source	**Description**	**Code specification**
2024, Coding Clinic Editorial Advisory Board & CMS internal review	In the Medical and Surgical section, create new table 0C1, Bypass of Mouth and Throat. Add the device values E Intraluminal Device, Endotracheal Airway, F Tracheostomy Device, and Z No Device, applied to the body part value S Larynx, approach values 0 Open and 3 Percutaneous, and qualifier value 4 Cutaneous. This	Add: 0C1S[03][FHZ]4 (6 codes)

	proposed change would enable the capture of procedures such as cricothyrotomy.	

EXAMPLE

Section	**0** Medical and Surgical		
Body System	**C** Mouth and Throat		
Operation	**ADD 1** Bypass: Altering the route of passage of the contents of a tubular body part		
Body Part	*Approach*	*Device*	*Qualifier*
ADD S Larynx	**0** Open **3** Percutaneous	**ADD E** Intraluminal Device, Endotracheal Airway **ADD F** Tracheostomy Device **ADD Z** No Device	**4** Cutaneous

An error was noted in the code specification column reflecting incorrect characters for the proposed 7th characters of the proposed new codes. We are correcting the display of the coding proposal for consideration to the following:

Source	**Description**	**Code specification**
2024, Coding Clinic Editorial Advisory Board & CMS internal review	In the Medical and Surgical section, create new table 0C1, Bypass of Mouth and Throat. Add the device values E Intraluminal Device, Endotracheal Airway, F Tracheostomy Device, and Z No Device, applied to the body part value S Larynx, approach values 0 Open and 3 Percutaneous, and qualifier value 4 Cutaneous. This proposed change would enable the capture of procedures such as cricothyrotomy.	Add: 0C1S[03][EFZ]4 (6 codes)

EXAMPLE

Section	**0** Medical and Surgical		
Body System	**C** Mouth and Throat		
Operation	**ADD 1** Bypass: Altering the route of passage of the contents of a tubular body part		
Body Part	*Approach*	*Device*	*Qualifier*
ADD S Larynx	**0** Open **3** Percutaneous	**ADD E** Intraluminal Device, Endotracheal Airway **ADD F** Tracheostomy Device **ADD Z** No Device	**4** Cutaneous

2) Topic # 12 - Extracorporeal Pheresis of Ticagrelor **(added 3/24/2025)**
On page 56 of the update materials, in the coding options, Option 2 is currently displayed as follows:

Option 2. In section X New Technology table X2A, Assistance, Cardiovascular System, create new technology value 9 Filtration, Ticagrelor, applied to the existing body part value 5 Circulatory and the percutaneous approach, to identify the extracorporeal pheresis of ticagrelor.

Section	**X** New Technology		
Body System	**X** Physiological Systems		
Operation	**A** Assistance: Taking over a portion of a physiological function by extracorporeal means		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
5 Circulatory	**3** Percutaneous	**6** Filtration, Blood Pathogens	**A** New Technology Group 10
5 Circulatory	**3** Percutaneous	**ADD 9** Filtration, Ticagrelor	**B** New Technology Group 11

An error was noted in the description of the coding proposal, where the incorrect Body System Cardiovascular was inadvertently referenced however the table for the proposed code appropriately referenced Physiological Systems. We are correcting the language of the coding proposal for consideration to the following:

Option 2. In section X New Technology table XXA, Assistance, Physiological Systems, create new technology value 9 Filtration, Ticagrelor, applied to the existing body part value 5 Circulatory and the percutaneous approach, to identify the extracorporeal pheresis of ticagrelor.

Section	**X** New Technology		
Body System	**X** Physiological Systems		
Operation	**A** Assistance: Taking over a portion of a physiological function by extracorporeal means		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
5 Circulatory	**3** Percutaneous	**6** Filtration, Blood Pathogens	**A** New Technology Group 10
5 Circulatory	**3** Percutaneous	**ADD 9** Filtration, Ticagrelor	**B** New Technology Group 11

3) Topic # 14 – Section X Update

On page 64 of the update materials, the CMS Recommendation for Group 6 Section X ICD-10-PCS code XW033C6 is currently displayed as follows:

ICD-10-PCS Code	Code Description	FY 2021		FY 2022		FY 2023		FY 2024		Total Freq	CMS Recommendation	Technology Brand Name
		Freq	NTAP	Freq	NTAP	Freq	NTAP	Freq	NTAP			
XW033C6	Introduction of eculizumab into peripheral vein, percutaneous approach, new technology group 6	89	YES	91	YES	100	NO	88	NO	368	Option 2. Delete the Section X code. Revise Index and/or Reference key entries to direct the user to an existing code describing administration of recombinant humanized monoclonal antibody in Table 3E0.	Soliris®

Additionally, on page 68 of the update materials, the CMS Recommendation for ICD-10-PCS code XW043C6 is currently displayed as follows:

ICD-10-PCS Code	Code Description	FY 2021		FY 2022		FY 2023		FY 2024		Total Freq	CMS Recommendation	Technology Brand Name
		Freq	NTAP	Freq	NTAP	Freq	NTAP	Freq	NTAP			
XW043C6	Introduction of eculizumab into central vein,	33	YES	33	YES	31	NO	28	NO	125	Option 2. Delete the Section X code. Revise Index and/or	Soliris®

ICD-10-PCS Code	Code Description	FY 2021		FY 2022		FY 2023		FY 2024				
		Freq	NTAP	Freq	NTAP	Freq	NTAP	Freq	NTAP	Total Freq	CMS Recommendation	Technology Brand Name
	percutaneous approach, new technology group 6										Reference key entries to direct the user to an existing code describing administration of recombinant humanized monoclonal antibody in Table 3E0.	

An error was noted in the recommendations for the two codes where it currently states "Revise Index and/or Reference key entries to direct the user to an existing code describing administration of recombinant humanized monoclonal antibody in Table 3E0."

We are correcting the CMS recommendation for Group 6 Section X ICD-10-PCS code XW033C6 for consideration to the following:

ICD-10-PCS Code	Code Description	FY 2021		FY 2022		FY 2023		FY 2024				
		Freq	NTAP	Freq	NTAP	Freq	NTAP	Freq	NTAP	Total Freq	CMS Recommendation	Technology Brand Name
XW033C6	Introduction of eculizumab into peripheral vein, percutaneous approach, new technology group 6	89	YES	91	YES	100	NO	88	NO	368	Option 2. Delete the Section X code. Revise Index and/or Reference key entries to direct the user to an existing code describing administration of other therapeutic monoclonal antibody in Table 3E0.	Soliris®

Similarly, we are correcting the CMS recommendation for ICD-10-PCS code XW043C6 for consideration to the following:

ICD-10-PCS Code	Code Description	FY 2021		FY 2022		FY 2023		FY 2024				
		Freq	NTAP	Freq	NTAP	Freq	NTAP	Freq	NTAP	Total Freq	CMS Recommendation	Technology Brand Name
XW043C6	Introduction of eculizumab into central vein, percutaneous approach, new	33	YES	33	YES	31	NO	28	NO	125	Option 2. Delete the Section X code. Revise Index and/or Reference key entries to direct	Soliris®

ICD-10-PCS Code	Code Description	FY 2021		FY 2022		FY 2023		FY 2024		Total Freq	CMS Recommendation	Technology Brand Name
		Freq	NTAP	Freq	NTAP	Freq	NTAP	Freq	NTAP			
	technology group 6										the user to an existing code describing administration of other therapeutic monoclonal antibody in Table 3E0.	

QUESTIONS & ANSWERS

Below we provide the responses to questions or comments submitted for the procedure code topics displayed in association with the Spring 2025 ICD-10 Coordination and Maintenance Committee Update.

Question (added 3/24/2025): In *Topic # 06 – Addenda and Key Updates*, CMS is proposing to delete the existing codes in table X2A and to create new codes in Extracorporeal or Systemic Assistance and Performance section table 5A0. Is the intent that these codes be separately reported whenever documentation supports the utilization of temporary intraoperative embolic protection devices during interventional procedures?

CMS Response: Yes. The intent is that the proposed codes be separately reported whenever documentation supports the utilization of temporary intraoperative embolic protection devices during interventional procedures.

Question (added 3/24/2025): In *Topic # 06 – Addenda and Key Updates*, CMS is proposing to create a new code to describe temporary intraoperative embolic protection using a single capture filter. Is this code meant to represent the SpiderFX™ embolic protection device or the Emboshield NAV6™ Embolic Protection System which are used during interventional procedures? Are there other single capture filters that should be coded in addition to these filters and/or in other locations?

CMS Response: Single capture embolic filtration devices, also referred to as distal filtration devices, have a filter basket mounted on the end of a guidewire, allowing for continuous flow while capturing debris. Once deployed, the filter captures debris, and the device is then retrieved with the debris contained within the filter. In contrast, dual capture embolic filtration devices such as the SENTINEL™ Cerebral Protection System utilize two embolic filters, with one delivered to the brachiocephalic artery, and a second filter delivered to the left common carotid artery.

The SpiderFX™ embolic protection device, the Emboshield NAV6™ Embolic Protection System, the ANGIOGUARD™ RX Emboli Capture Guidewire System, and the FilterWire EZ™ Embolic Protection System are examples of single capture embolic filtration devices. This list is not intended to be all inclusive. We note that newly established ICD-10 codes, including those associated with an application for new technology add-on payment, are not generally established to be product specific. If, after consulting the official coding guidelines, it is determined that an ICD-10-PCS procedure code describes the device, substance, or technology documented in the medical record, the code may be reported.

Question: I have a question regarding *Topic 7: Insertion of a Volume Sensor Management Device*. In the unlikely event that the device must be removed or revised, would this be coded to device value D, Intraluminal Device?

CMS Response: Yes.

Question (added 4/07/2025): In reviewing *Topic # 12 – Extracorporeal Pheresis of Ticagrelor*, is the technology designed to remove only ticagrelor from the blood, or other blood-thinning drugs as well? In the clinical presentation, slide 2 states that this technology removes "these drugs" (in reference to "blood thinners" in the preceding bullet point) during surgery. Slide 8 also indicates that use of this technology may be described in medical record documentation as antithrombotic removal, antithrombotic filtration, DrugSorb™ hemoperfusion, or DrugSorb™ extracorporeal filtration, which are not terms that are specific to ticagrelor only.

Response: In addition to ticagrelor, there is benchtop evidence that the DrugSorb™-ATR device also removes therapeutics in the drug class of direct oral anticoagulants (DOAC), specifically, apixaban, rivaroxaban, edoxaban and dabigatran. However, the current FDA submission is for the removal of ticagrelor from the blood of patients undergoing coronary artery bypass grafting (CABG) procedures. Therefore, if approved, that will be the only "on-label" indication for the technology. CytoSorbents plans to expand the indications in the future.

Question: In *Topic # 21 – Quantitative Analysis of Human Milk Macronutrient Content*, in the update materials on page 94, it states "the Emily's Care Nourish Test System was granted 510 (k) premarket notification as a class II device by the FDA on May 3, 2024, with the indication to quantitatively measure the concentration of protein, fat (triglycerides), and carbohydrates (lactose) in human milk, provide calculated values for calories (energy). These measurements, in

conjunction with other clinical assessments, may be used to aid in the nutritional management of newborns, including preterm, and infants." Is the proposed new code to identify quantitative analysis of human milk macronutrient content for nutrition management intended to be assigned on the mother's record or the newborns record?

CMS Response: The proposed code to identify quantitative analysis of human milk macronutrient content for nutrition management is intended to be assigned on the newborns record.

Question (added 3/24/2025): In *Topic # 24 – Insertion of Posterior Cervicothoracic Spinal Stabilization System*, the description of the current coding is confusing. The product information for the EUROPA™ Posterior Cervical Fusion System states that it can be used with or without bone graft material. Current Coding on page 102 of the update materials for this topic states "Code the procedure in table 0RH Insertion of Upper Joints, using the device value C Spinal Stabilization Device, Pedicle-Based applied to the appropriate cervical/thoracic joint body part value(s) and the applicable approach. Assign a separate code for the cervical fusion procedure with the applicable code from table 0RG Fusion, Upper Joints" and makes no mention of whether this is with or without a bone graft. Is the code from table 0RH only to be used if there is no bone graft documented, meaning there is no fusion being performed? Or, is the code from table 0RH assigned along with the fusion code in all cases as "a specific stabilization system"?

CMS Response: When medical record documentation supports that a fusion has been performed, a separate code for the cervical fusion procedure with the applicable code from table 0RG Fusion, Upper Joints would be assigned, as stated in current coding and proposed Option 2.

Question In *Topic # 32 – Administration of mozafancogene autotemcel*, in the update materials on page 127, it states that this therapeutic is infused through a central vein. Did the requestor specifically ask for the body part value of 3, Peripheral Vein or is this body part included in the coding options just to be consistent?

CMS Response: Per the requestor, it is anticipated that the prescribing information for mozafancogene autotemcel (fanca-cel) will state that transfusion via a central vein is the recommended approach, however it does not preclude a transfusion via a peripheral vein. Ultimately, the decision to transfuse mozafancogene autotemcel (fanca-cel) via a central vein or peripheral vein would made by the clinician. As it is possible that a provider may transfuse mozafancogene autotemcel (fanca-cel) via a peripheral or a central vein, the coding options to describe the

intravenous administration of mozafancogene autotemcel (fanca-cel) include body part values 3 Peripheral Vein and 4 Central Vein.

GENERAL QUESTIONS

Question: Where can we get the Spring 2025 ICD-10 Coordination and Maintenance Committee Update materials and slide presentations?

CMS Response: The update materials and slide presentations for the procedure code topics displayed in association with the Spring 2025 ICD-10 Coordination and Maintenance Committee Update are available on the CMS website at https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials.

Please join our ICD-10 Coordination and Maintenance Committee Meetings Subscriber List to receive information such as when materials have been made available and other ICD-10 related updates.

Question: When will the proposed ICD-10-PCS codes displayed in association with the Spring 2025 ICD-10 Coordination and Maintenance Committee Update possibly be implemented?

CMS Response: As reflected in the update materials, the ICD-10-PCS code proposals displayed in association with the Spring 2025 ICD-10 Coordination and Maintenance Committee Update are being considered for implementation on October 1, 2025.

April 18, 2025 is the deadline for receipt of public comments on proposed new procedure codes and revisions displayed in association with the Spring 2025 ICD-10 Coordination and Maintenance Committee Update being considered for implementation on October 1, 2025.

Question: CMS did not present the Spring 2025 ICD-10-PCS procedure code topics during a public meeting. Does the ICD-10 Coordination and Maintenance Committee have any updates on the Fall 2025 meeting?

CMS Response: Information regarding the Fall 2025 meeting will be displayed on our CMS website at: https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials as well as announced through our ICD-10 Coordination and Maintenance Committee Meetings Subscriber List.

Please join the ICD-10 Coordination and Maintenance Committee Meetings Subscriber List for 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 Committee Meetings GovDelivery Subscriber List were included in the Spring 2025 ICD-10 Coordination and Maintenance Committee Update materials 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.

Question: Do I get Continuing Education Units (CEUs) for reviewing the recordings and slide presentations of the Spring 2025 ICD-10 Coordination and Maintenance Committee Update?

CMS Response: CMS is not an accrediting organization and does not award CEUs.

As reflected on page 8 of the update materials, CEUs may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA). If you have any questions concerning obtaining continuing education credits, please contact the respective organization, not CMS.