CMS WILL NO LONGER BE PROVIDING PAPER COPIES OF HANDOUTS FOR THE MEETING. ELECTRONIC COPIES OF ALL MEETING MATERIALS WILL BE POSTED ON THE CMS WEBSITE PRIOR TO THE MEETING AT
HTTP://WWW.CMS.GOV/MEDICARE/CODING/ICD9PROVIDERDIAGNOSTICCODES/MEETINGS.HTML

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Agenda
ICD-10 Coordination and Maintenance Committee
Department of Health and Human Services
Centers for Medicare & Medicaid Services
CMS Auditorium
7500 Security Boulevard
Baltimore, MD 21244-1850
ICD-10-PCS Topics
March 19, 2014

Pat Brooks, CMS – Co-Chairperson

9:00 AM – 12:30 PM ICD-10-PCS Procedure presentations with public comment
12:30 PM – 1:30 PM Lunch break
1:30 PM – 5:00 PM ICD-10-CM Diagnosis presentations with public comment

Note: Proposals for diagnosis code topics will be led by the Centers for Disease Control (CDC). Please visit CDCs website for the Diagnosis agenda located at the following address: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

This meeting is being webcast via CMS at http://www.cms.gov/live/. By your attendance, you are giving consent to the use and distribution of your name, likeness and voice during the meeting. You are also giving consent to the use and distribution of any personally identifiable information that you or others may disclose about you during the meeting. Please do not disclose personal health information.

If participating via the webcast or phone you do NOT need to register for the meeting.

Conference lines will be available for those participants who are unable to view the webcast or attend in person. Toll free dial in access for external participants is as follows:
Phone: 877-267-1577 Meeting ID: 998-975-524

Introductions and comments on Committee activities	Pat Brooks
ICD-10-PCS Topics:	
1. Administration of Dalbavancin Pages 9-10	Pat Brooks Kenneth E. Johnson VP, Corporate Med. Affairs Durata Therapeutics, Inc.
2. Administration of Serelaxin Pages 11-12	Celeste Beauregard Robert Hilkert, MD Novartis Pharmaceuticals
3. Implantation of Gliadel® Wafer Pages 13-15	Pat Brooks Henry Brem, MD Professor, Johns Hopkins
4. Heli-FX™ EndoAnchor System Pages 16-20	Celeste Beauregard Bart Muhs, MD, PhD. Assoc. Prof., Yale Univ.
5. Coronary Arteries: Number of Vessels and Stents Pages 21-22	Mady Hue
6. Peripheral Arteries: Number of Stents and Bifurcation Pages 23-27	Mady Hue
7. Coronary and Peripheral Artery Extirpation: Bifurcation Pages 28-31	Mady Hue
8. Addenda and Key Updates Pages 32-34	Mady Hue
ICD-10 Topics:	
1. ICD-10 MS-DRGs Update – Posting Version 31.0 R Page 35	Pat Brooks, CMS
2. ICD-10-CM Home Health Conversions Pages 36-37	Joan Proctor, CMS
3. FY 2016 ICD-10-PCS updates discussion at March 2015 C&M meeting Page 38	Pat Brooks, CMS

Registering for the meeting:

Registration for the March 19-20, 2014 ICD-10 Coordination and Maintenance Committee meeting opened on February 14, 2014**. If dialing in or participating by Livestream webcast you do not need to register online.**

Information on registering online to attend the meeting can be found at:
http://www.cms.hhs.gov/apps/events/

For questions about the registration process, please contact Mady Hue at 410-786-4510 or marilu.hue@cms.hhs.gov.

ICD-10 TIMELINE

A timeline of important dates in the ICD-10 process is described below:

March 19-20, 2014	ICD-10 Coordination and Maintenance Committee meeting.
April 1, 2014	There were no requests for ICD-9-CM codes to capture new diagnoses or new technology for implementation on April 1, 2014. Therefore, there will be no new ICD-9-CM diagnosis or procedure codes implemented on April 1, 2014.
April 17, 2014	**Deadline for receipt of public comments on proposed procedure code revisions discussed at the March 19, 2014 ICD-10 Coordination and Maintenance Committee meeting for implementation on October 1, 2014.**
April 2014	Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include the final ICD-10 diagnosis and procedure codes for the upcoming fiscal year. It will also include proposed revisions to the DRG system on which the public may comment. The proposed rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
April 2014	Summary report of the Procedure part of the March 19, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-10-CM/PCS-C-and-M-Meeting-Materials.html Summary report of the Diagnosis part of the March 20, 2014 ICD-10 Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
June 20, 2014	**Deadline for receipt of public comments on proposed code revisions discussed at the March 19-20, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2015.**

June 2014	Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm Procedure addendum - http://www.cms.gov/Medicare/Coding/ICD10/
July 18, 2014	**Those members of the public requesting that topics be discussed at the September 23–24, 2014 ICD-10 Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.**
August 1, 2014	Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include all the final codes to be implemented on October 1, 2014. This rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
August 2014	Tentative agenda for the Procedure part of the September 23 – 24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage at - http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html Tentative agenda for the Diagnosis part of the September 23 – 24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at - http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm Federal Register notice for the September 23 –24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
August 15, 2014	**On-line registration opens for the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**
September 12, 2014	Because of increased security requirements, those wishing to attend the September 23 - 24, 2014 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at: **https://www.cms.gov/apps/events/default.asp**

	Attendees must register online by September 12, 2014; failure to do so may result in lack of access to the meeting.
September 23 –24, 2014	ICD-10 Coordination and Maintenance Committee meeting Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 12, 2014.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building.
October 2014	Summary report of the Procedure part of the September 23, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-10-CM/PCS-C-and-M-Meeting-Materials.html Summary report of the Diagnosis part of the September 24, 2014 ICD-10 Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
October 1, 2014	ICD-10-CM/PCS codes go into effect along with ICD-10 MS-DRGs.
October 24, 2014	**Deadline for receipt of public comments on proposed code revisions discussed at the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2015.**
November 2014	Any new ICD-10 codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2015 will be posted on the following website: http://www.cms.gov/Medicare/Coding/ICD10/ ICD-10-CM codes would also be posted on the CDC webpage: http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
November 21, 2014	**Deadline for receipt of public comments on proposed code revisions discussed at the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2015.**

Introductions and Overview

- ICD-10 Coordination & Maintenance (C&M) Committee is a public forum on ICD-10-CM & ICD-10-PCS code updates
- CMS & CDC Co-chair the meetings
  - CMS has lead on procedure issues
  - CDC has lead on diagnosis issues
- Coding proposals presented and public given opportunity to comment

Code Proposals

- No final decisions made at the meeting
- CMS will describe options and recommendations to facilitate discussion
- Submit written comments by April 17, 2014 on procedure code topics proposed for implementation of October 1, 2014

Partial Code Freeze

- Currently under a partial code freeze
  - ICD-10 will be implemented for services provided on or after October 1, 2014
  - Only ICD-10 codes for new technologies and new diagnoses are being considered for October 1, 2014
  - All other ICD-10 code updates would be made after the code freeze ends on October 1, 2015

Timeline

- Detailed timeline within the C&M handouts
  - April 17, 2014 - Comments due on procedure topics presented today
    - Procedure comments to Pat Brooks, CMS patricia.brooks2@cms.hhs.gov
  - June 20, 2014 – Comments due on all topics for October 2015
    - Diagnosis comments to Donna Pickett, CDC nchsicd9@cdc.gov
  - April 2014 - Notice of Proposed Rulemaking, IPPS, includes ICD-10-CM/PCS diagnosis and procedure updates

Addendum

- Detailed timeline within the C&M handouts (Continued)

  June 2014 – Final addendum posted
  - FY 2015 ICD-10-CM (Diagnosis) and ICD-10-PCS (Procedure) http://www.cms.gov/Medicare/Coding/ICD10/index.html
  - FY 2015 ICD-10-CM (Diagnosis) http://www.cdc.gov/nchs/icd/icd10cm.htm

Posted ICD-10 Files

- June 2014 GEM postings
  - FY 2015 ICD-10-CM and ICD-10-PCS GEMs will be posted at http://www.cms.gov/Medicare/Coding/ICD10/index.html
  - Annual GEM updates will be posted early this year to facilitate implementation planning

Important Dates

- Detailed timeline within the C&M handouts (Continued)
  - July 18, 2014 – Deadline for submitting topics for September 23-24, 2014 C&M meeting
  - Around August 1, 2014 – IPPS final rule published. Includes all final ICD-10-CM/PCS codes to be implemented October 1, 2014.
  - FY 2015 ICD-10 updates will also be posted in June 2014 at http://cms.hhs.gov/Medicare/Coding/ICD10/index.html

Public Participation

- For this meeting the public may participate in three ways:
  - Attend public C&M meeting
  - Listen to proceedings through free conference lines
  - Participate through a free webcast
- CMS & CDC hope this provides greater opportunity for public participation

Written Comments

- No matter how you participate – please send in your written comments by April 17, 2014 for procedure code issues discussed for October 1, 2014 implementation and June 20, 2014 for all issues

Administration of Dalbavancin

Issue: There is not a unique ICD-10-PCS code to describe the intravenous administration of Dalbavancin to treat patients with acute bacterial skin and skin structure infections (ABSSSI) caused by Gram-positive bacteria, such as S. aureus, including Methicillin-Resistant and multi-drug resistant strains, and certain streptococcal species.

New Technology Application? Yes, Durata Therapeutics submitted a New Technology Add-On Payment application for Dalbavancin for fiscal year (FY) 2015.

FDA Approval: The New Drug Application (NDA) for Dalbavancin was submitted to the FDA on September 26, 2013. Based on PDUFA regulations, the target date of regulatory approval is May 26, 2014.

Background: Dalbavancin is a new intravenous (IV) lipoglycopeptide antibiotic administered as a once-weekly 30 minute infusion via a peripheral or central line for the treatment of patients with ABSSSI. Dalbavancin's unique pharmacokinetic profile demonstrates rapid bactericidal activity that is potent and sustained against serious Gram-positive bacteria, including methicillin-resistant staphylococcus aureus (MRSA). Dalbavancin's unique once-weekly dosing regimen and sustained effect could streamline and improve the current burden of infusion care experienced by ABSSSI patients, clinicians and the healthcare delivery system. Dalbavancin's mechanism of action involves the interruption of cell wall synthesis resulting in bacterial cell death. In vitro and in vivo nonclinical microbiology and pharmacology data provide evidence for the potential therapeutic usefulness of Dalbavancin in the treatment of clinical infections caused by gram-positive bacteria, including MRSA. A key feature that differentiates Dalbavancin from existing antibacterial agents is its long half-life, which allows use of a once-weekly treatment regimen. A complete course of therapy consists of two doses of Dalbavancin administered on Day 1 and Day 8.

Dalbavancin met the primary non-inferiority endpoints in multiple Phase 3 ABSSSI clinical trials when tested against presently approved and appropriate standard-of-care comparators in relevant indications and patient populations with evidence of faster time to clinical improvement. Such efficacy was durable when patients were followed for as long as 70 days after initiation of treatment. In addition, no dose limiting toxicity was reached in Phase 1 dose-escalation studies and, in the Phase 2 and 3 clinical trials, safety and tolerability were improved relative to each of the comparators separately and overall. No compound-specific or unique toxicity was identified, and, overall, adverse event durations were similar to those of comparators. Safety and efficacy in relevant subpopulations, such as the elderly and diabetic patients, was also demonstrated.

Once approved, Dalbavancin is likely to be indicated for the treatment of adult patients with ABSSSIs caused by susceptible strains of the following gram-positive microorganisms:

- Staphylococcus aureus (including methicillin-susceptible Staphylococcus aureus [MSSA] and MRSA strains)
- Streptococcus pyogenes
- Streptococcus agalactiae

• Streptococcus anginosus group (including Streptococcus aginosus, Streptococcus intermedius, and Streptococcus constellatus)

Administration of Dalbavancin is not limited to a single setting of care, and will be administered in both inpatient and outpatient settings. For patients who are admitted to the hospital, the first dose of Dalbavancin will be administered either in the emergency department or during the inpatient period. It is also possible that the second dose of Dalbavancin, administered one week after the first dose, will be administered in the inpatient setting if the patient's length of stay exceeds seven days. Patients may often obtain the first dose of Dalbavancin in the inpatient setting and the subsequent dose in an outpatient setting. Unique ICD-10-PCS codes will be necessary to facilitate the new technology add-on payment for hospitals administering Dalbavancin to Medicare beneficiaries in the inpatient setting.

Current ICD-10-PCS Codes
3E03329 Introduction of Other Anti-infective into Peripheral Vein, Percutaneous Approach
3E04329 Introduction of Other Anti-infective into Central Vein, Percutaneous Approach

OPTIONS:
Option 1: Continue to assign the following ICD-10-PCS codes:
3E03329 Introduction of Other Anti-infective into Peripheral Vein, Percutaneous Approach
3E04329 Introduction of Other Anti-infective into Central Vein, Percutaneous Approach

Option 2: Create the following new ICD-10-PCS codes to capture the administration of Dalbavancin by creating a new, separate qualifier in table 3E0 as is shown below. This option is limited to 3 Peripheral Vein and 4 Central Vein body part values and a percutaneous approach.

Administration	**3**	Administration
Body System	**E**	Physiological Systems and Anatomical Regions
Operation	**0**	Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**2** Anti-infective	**8** Oxazolidinones **9** Other Anti-infective **ADD R Dalbavancin**

CMS Recommendation: CMS is interested in audience input on this issue since it is a new technology proposal.

Administration of REASANZ™ (serelaxin)

Issue: Currently there is a not a unique ICD-10-PCS procedure code to describe the administration of a new pharmocologic agent, REASANZ™ (serelaxin), that is indicated for the symptoms of acute heart failure (AHF). Should a new ICD-10-PCS code be created?

New Technology Application? Yes. A request has been submitted for an ICD-10-PCS code for implementation on October 1, 2014 in association with the New Technology Application process.

Food & Drug Administration (FDA) Approval: The Biologics License Application (BLA) for REASANZ™ (serelaxin) was submitted to the FDA in Q2 2013. FDA approval of serelaxin is expected by July 1, 2014.

Background: Acute heart failure is defined as the rapid onset of, or change in, signs and symptoms of heart failure, such as breathlessness, orthopnea, hepatojugular reflex, paroxysmal nocturnal dyspnea, or fatigue requiring urgent therapy. Acute heart failure is a combination of (1) pulmonary, central and peripheral venous congestion and (2) hypoperfusion, both of which induce end organ damage (heart, kidney, liver) and metabolic abnormalities, including neurohormonal and inflammatory changes. All of these mechanisms may actively contribute to the worsening clinical status defined by symptoms and high mortality rates of the patients hospitalized for AHF. Renal dysfunction is common in patients with AHF and is associated with high morbidity and mortality. The complex pathophysiology of AHF includes abnormal ventricular systolic and/or diastolic function; myocardial injury as manifested by elevation of circulating cardiac troponin; vascular changes including endothelial dysfunction and increased aortic impedance and left ventricular afterload; neurohormonal and inflammatory activation; and renal sodium and fluid retention.

One of the major challenges in managing heart failure is the frequency with which patients are readmitted. Readmission for acute heart failure is strongly correlated with poor outcomes, and each additional hospitalization increases the patient's subsequent risk of death.

Current drug therapy for acute heart failure consists mainly of combinations of diuretics such as furosemide, various vasodilators including ACE inhibitors and nitrates, inotropes such as digoxin, and Human B-type natriuretic peptide like Nesiritide.

Technology: Serelaxin is a recombinant form of the naturally occurring human relaxin-2 peptide hormone. It is administered intravenously via a peripheral vein and infused over a 48-hour period in the inpatient hospital setting.

Serelaxin has also been shown to reduce the time spent in the ICU/CCU and to reduce the overall length of stay. Clinical trial results further suggest that serelaxin reduces the risk of death after the key episode of acute heart failure.

Current ICD-10-PCS code: The administration of Serelaxin is currently captured with code 3E033VJ Introduction of Other Hormone into Peripheral Vein, Percutaneous Approach

OPTIONS:

Option 1: Do not create a new ICD-10-PCS code for Serelaxin. Continue to assign code 3E033VJ Introduction of Other Hormone into Peripheral Vein, Percutaneous Approach which clearly captures this procedure.

Option 2: Add a new Qualifier value "R" Human Relaxin-2 Peptide to code table 3E0. The Substance row for Hormone is appropriate because Serelaxin is a recombinant form of the human relaxin-2 peptide hormone.

For October 1, 2014 implementation

Administration	**3**	Administration
Body System	**E**	Physiological Systems and Anatomical Regions
Operation	**0**	Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System /Region	*Approach*	*Substance*	*Qualifier*
3 Peripheral Vein	**3** Percutaneous	**V** Hormone	**G** Insulin **H** Human B-type Natriuretic Peptide **J** Other Hormone **ADD R Human Relaxin-2 Peptide**

CMS recommendation: Implement Option 1 and continue using code 3E033VJ Introduction of Other Hormone into Peripheral Vein, Percutaneous Approach.

Gliadel® Wafer

Issue: There is not a unique ICD-10-PCS code that clearly captures the insertion of a Gliadel® wafer, which is a brain wafer chemotherapeutic agent. The insertion of a Gliadel® wafer is captured by ICD-9-CM code 00.10 (implantation of chemotherapeutic agent), but no specific ICD-10-PCS code. The requestor is asking for a new ICD-10-PCS code to be created effective October 1, 2014.

New Technology Issue? No.

FDA approval: The FDA approved Gliadel® Wafer in 1996.

Background: The ICD-10-PCS code set in its current configuration does not allow for differences in the technique of administration. Implantation of Gliadel® Wafers is done on an inpatient basis as an adjunct to the surgery for excision of the brain tumor. This product is a biodegradable implant (i.e., it is not explanted). The material comprising the implanted wafer was specifically synthesized for local controlled release of the chemotherapy agent. This highly toxic drug could thus be delivered locally, only at places where it is needed, thus minimizing systemic toxicity.

Each Gliadel ® Wafer is a sterile, off-white to pale yellow wafer approximately 1.45 cm in diameter and 1mm thick. Each wafer contains 192.3 mg of biodegradable polyanhydride copolymer and 7.7 mg of carmustine. The copolymer is used to control the local delivery of carmustine, allowing for the delivery of carmustine directly to the surgical cavity created when a brain tumor is resected. The carmustine released from the wafer diffuses into the surrounding brain tissue and produces an antineoplastic effect.

The requestor offered two suggestions to capture this procedure. The first involved adding a new Qualifier for Chemotherapeutic Wafer to Table 3E0 as follows:

> 3 Administration
> E Physiological Systems and Anatomical Regions
> 0 Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System/Region	Approach	Substance	Qualifier
Q Cranial Cavity and Brain	8 Via Natural or Artificial Opening	0 Antineoplastic	?? Chemotherapeutic Wafer

The second option would add Wafer to the substance section as shown below.

3 Administration
E Physiological Systems and Anatomical Regions
0 Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System/Region	Approach	Substance	Qualifier
Q Cranial Cavity and Brain	8 Via Natural or Artificial Opening	?? Wafer	5 Other Antineoplastic

We would point out that there is currently a Qualifier 5 Other Antineoplastic that is used to capture the Gliadel® wafer. This wafer is inserted during a craniotomy to excise a tumor; however, there is currently no Open approach in table 3E0 for antineoplastic substances applied to body system/region Q Cranial Cavity and Brain. The requestor suggested the most appropriate current approach to use from the existing table would be Via Natural or Artificial Opening. We suggest a more appropriate current code would use the percutaneous approach, since a natural or artificial opening was not used. The percutaneous approach at least indicates surgery was used to implant the antineoplastic substance. With the addition of an Open approach, one could more clearly indicate the placement of an antineoplastic substance such as the Gliadel® wafer during a craniotomy.

Current code: 3E0Q305 Introduction of Other Antineoplastic into Cranial Cavity and Brain, Percutaneous Approach

OPTIONS:
Option 1: Do not create a new code for Gliadel® Wafer. Continue to use the current code.

Option 2: Create the following codes to better capture the implantation of this chemotherapeutic wafer which is inserted with an open approach. A new, separate value in table 3E0 would be created for 0 Open to be added as an approach.

Administration	**3**	Administration
Body System	**E**	Physiological Systems and Anatomical Regions
Operation	**0**	Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
Q Cranial Cavity and Brain	**3** Percutaneous **ADD 0 Open**	**0** Antineoplastic	**4** Liquid Brachytherapy Radioisotope **5** Other Antineoplastic **M** Monoclonal Antibody

Option 3: Add the open approach to all substances currently available in table 3E0 for the cranial cavity and brain body system/region value so that all substances applied via craniotomy can be more accurately coded. This would create open approach codes for chemotherapeutic wafer as well as other substances that might be applied through an open craniotomy.

Administration	**3**	Administration
Body System	**E**	Physiological Systems and Anatomical Regions
Operation	**0**	Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
Q Cranial Cavity and Brain	**3** Percutaneous **ADD 0 Open**	**0** Antineoplastic	**4** Liquid Brachytherapy Radioisotope **5** Other Antineoplastic **M** Monoclonal Antibody
Q Cranial Cavity and Brain	**3** Percutaneous **ADD 0 Open**	**2** Anti-infective	**8** Oxazolidinones **9** Other Anti-infective
Q Cranial Cavity and Brain	**3** Percutaneous **ADD 0 Open**	**3** Anti-inflammatory **6** Nutritional Substance **7** Electrolytic and Water Balance Substance **A** Stem Cells, Embryonic **B** Local Anesthetic **H** Radioactive Substance **K** Other Diagnostic Substance **N** Analgesics, Hypnotics, Sedatives **T** Destructive Agent	**Z** No Qualifier
Q Cranial Cavity and Brain	**3** Percutaneous **ADD 0 Open**	**E** Stem Cells, Somatic	**0** Autologous **1** Nonautologous
Q Cranial Cavity and Brain	**3** Percutaneous **ADD 0 Open**	**G** Other Therapeutic Substance	**C** Other Substance
Q Cranial Cavity and Brain	**3** Percutaneous **ADD 0 Open**	**S** Gas	**F** Other Gas

CMS Recommendation: Do not create new ICD-10-PCS codes effective October 1, 2014 since this is not a new technology issue and therefore is not eligible for a new code during the partial code freeze. Implement Option 3 effective October 1, 2015 to capture open approaches for all substances applied via craniotomy in table 3E0 for the cranial cavity and brain body system/region value.

Interim coding advice: Assign code 3E0Q305 Introduction of Other Antineoplastic into Cranial Cavity and Brain, Percutaneous Approach to capture the insertion of a Gliadel® Wafer.

Heli-FX™ EndoAnchor System

Issue: There is currently no ICD-9-CM or ICD-10-PCS code for use of a Heli-FX™ EndoAnchor which is used in endovascular aneurysm repairs (EVAR) and thoracic endovascular aneurysm repairs (TEVAR). One simply codes the surgery performed and not the fact that a Heli-FX EndoAnchor™ is used in the fixation and sealing between endovascular aortic grafts and the native artery. Should a new ICD-10-PCS code be created?

New Technology Application? Yes, Aptus Endosystems, Inc. submitted a New Technology Add-On Payment application for Heli-FX™ for fiscal year (FY) 2015.

FDA approval: The original Heli-FX™ EndoAnchor System was cleared by FDA, per K102333, in November 2011 and became generally available to Medicare beneficiaries in June 2012, following the product launch at the Society of Vascular Surgery (SVS) Annual Meeting.

Background: The Heli-FX™ EndoAnchor System is intended to provide fixation and sealing between endovascular aortic grafts and the native artery. The Heli-FX™ System is indicated for use in patients whose endovascular grafts have exhibited migration or endoleak or are at risk of such complications, and in whom augmented radial fixation and/or sealing is required to regain or maintain adequate aneurysm exclusion. The EndoAnchor™ may be implanted at the time of the initial endograft placement or during a secondary (i.e., repair) procedure.

The Heli-FX™ System is a mechanical fastening device designed to enhance the long-term durability and reduce the risk of repeat interventions in EVAR. By deploying small helical screws (EndoAnchors) to connect the graft to the aorta, Heli-FX™ seeks to provide a permanent seal and fixation. The Heli-FX™ system can be used during primary EVAR procedures to enhance an endograft's inherent fixation and sealing mechanisms. It can also be used to repair endovascular grafts that have developed endoleaks, migrated away from the implant site, or are at risk of developing these complications which are often seen after initial EVAR.

The implantation of five to six EndoAnchors during a primary or revision EVAR or TEVAR by the surgeon requires additional operating room time of 30-45 minutes (not including set up) in order to implant the EndoAnchors. The requestor states that there are no other devices at this time that utilize an endovascular approach to securing aortic grafts and cuffs to the aorta.

Current code: There are no ICD-9-CM or ICD-10-PCS codes to capture the use of fasteners such as the Heli-FX™ EndoAnchor System during the endovascular aortic graft procedures. One simply assigns a code for the endovascular aortic graft procedure alone. Coders historically have not reported supplies such as fasteners used in conjunction with a primary procedural objective.

OPTIONS:
Option 1: Do not create a new ICD-10-PCS code for the use of the Heli-FX™ EndoAnchor

System during the endovascular aortic graft procedures. The use of such fasteners are considered integral to the procedure. Assign a code for the endovascular aortic graft procedure.

Option 2: Create the following new ICD-10-PCS codes to capture the use of Heli-FX™ by creating a new, separate row in table 3E0 as is shown below and adding the qualifier T Endovascular Graft Fastener. In this option the qualifier would be available for the body part value 6 Central Artery and the percutaneous approach only.

Adding the Endovascular Graft Fastener qualifier to the Administration section provides the ability to capture the use of an endovascular graft fastener during a primary or revision EVAR or TEVAR should this be desired. Since the use of fasteners and other supplies have historically been considered integral to the procedure and not separately coded, this option provides the ability to capture a fastener, if necessary.

Administration	**3**	Administration
Body System	**E**	Physiological Systems and Anatomical Regions
Operation	**0**	Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
6 Central Artery	**3** Percutaneous	**G** Other Therapeutic Substance	**C** Other Substance **N** Blood Brain Barrier Disruption **ADD T Endovascular Graft Fastener**

Option 3: Create the following new ICD-10-PCS codes to capture the use of Heli-FX™ by adding the qualifier T Endovascular Graft Fastener to the existing row in table 3E0 as shown below. In this option the qualifier would be available for the body part values 5 Peripheral Artery, and 6 Central Artery, and would also be available for both the open and percutaneous approaches.

Adding the Endovascular Graft Fastener qualifier to the Administration section provides the ability to capture the use of an endovascular graft fastener during a primary or revision EVAR or TEVAR should this be desired. Since the use of fasteners and other supplies have historically been considered integral to the procedure and not separately coded, this option provides the ability to capture a fastener, if necessary.

Administration	**3**	Administration
Body System	**E**	Physiological Systems and Anatomical Regions
Operation	**0**	Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
5 Peripheral Artery **6** Central Artery	**0** Open **3** Percutaneous	**G** Other Therapeutic Substance	**C** Other Substance **N** Blood Brain Barrier Disruption **T Endovascular Graft Fastener**

Option 4: The requestor asked that Endovascular Graft Fastener be added as a device in the Medical and Surgical Section. This option involves the creation of the following new ICD-10-PCS codes in the Medical and Surgical sections to capture the use of Heli-FX™ by adding L Endovascular Graft Fastener to the Device character in the following tables. If the use of the Heli-FX™ is considered a separate procedure, it would be classified to the root operation Supplement, because it is reinforcing the function of the "body part"—namely the stent graft that is being placed in the aorta using root operation Restriction. It is the stent graft that is accomplishing the surgical objective of the procedure, to narrow the lumen of the aorta at the site of the aneurysm.

As stated earlier, coders have not historically captured the use of fasteners. These have always been considered integral to the procedure. Adding fasteners and other supplies within the Medical and Surgical section and for specific root operations would be a major new coding precedent. Furthermore, the use of the endovascular graft fastener does not represent a separate procedural objective at a distinct surgical site, but rather a specialized fastener for attaching a stent graft to the artery wall. Coding the endovascular graft fastener as a separate supplement procedure within the Medical and Surgical section with its own unique value would give the incorrect impression that separate surgical procedures were performed.

All subsequent procedures to repair an endoleak at the site of a previous endovascular aneurysm repair are coded to the root operation Revision of an intraluminal device, because the objective of the procedure is to correct a malfunctioning or displaced device without replacing the device. The device value for the revision procedure is Intraluminal Device and refers to the stent graft being reattached to the artery wall at the site of the endoleak and the material used to reattach the graft is not coded separately. Coding the endovascular graft fastener as a separate revision procedure within the Medical and Surgical section with its own unique value would give the incorrect impression that separate surgical procedures were performed.

Medical and Surgical	**0**	Medical and Surgical
Body System	**2**	Heart and Great Vessels
Operation	**U**	Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
W Thoracic Aorta	**3** Percutaneous	**7** Autologous Tissue Substitute **8** Zooplastic Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **ADD L Endovascular Graft Fastener**	**Z** No Qualifier

Medical and Surgical	**0**	Medical and Surgical
Body System	**4**	Lower Arteries
Operation	**U**	Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Abdominal Aorta	**3** Percutaneous	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **ADD L Endovascular Graft Fastener**	**Z** No Qualifier

Medical and Surgical	**0**	Medical and Surgical
Body System	**2**	Heart and Great Vessels
Operation	**W**	Revision: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device

Body Part	*Approach*	*Device*	*Qualifier*
Y Great Vessel	**3** Percutaneous	**2** Monitoring Device **3** Infusion Device **7** Autologous Tissue Substitute **8** Zooplastic Tissue **C** Extraluminal Device **D** Intraluminal Device **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **ADD L Endovascular Graft Fastener**	**Z** No Qualifier

Medical and Surgical	**0**	Medical and Surgical
Body System	**4**	Lower Arteries
Operation	**W**	Revision: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device

Body Part	*Approach*	*Device*	*Qualifier*
Y Lower Artery	**3** Percutaneous	**0** Drainage Device **2** Monitoring Device **3** Infusion Device **7** Autologous Tissue Substitute **C** Extraluminal Device **D** Intraluminal Device **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **ADD L Endovascular Graft Fastener**	**Z** No Qualifier

CMS Recommendation: Option 2: Create the following new ICD-10-PCS code to capture the use of the use of an endovascular graft fastener by creating a new, separate row in table 3E0 as is shown below and adding the qualifier T Endovascular Graft Fastener. The qualifier would be available for the body part value 6 Central Artery and the percutaneous approach only. This new code could be used to capture the use of an endovascular graft fastener for a thoracic or abdominal aortic graft procedure. It could also be used to capture its use in the initial graft procedure or any repairs of endoleaks.

Administration	**3**	Administration
Body System	**E**	Physiological Systems and Anatomical Regions
Operation	**0**	Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
6 Central Artery	**3** Percutaneous	**G** Other Therapeutic Substance	**C** Other Substance **N** Blood Brain Barrier Disruption **ADD T Endovascular Graft Fastener**

Coronary Arteries: Number of Vessels/Number of Stents

Issue: Should ICD-10-PCS code table 027 Dilation of Heart and Great Vessels be revised to capture the number of coronary vessels treated and/or the number of coronary stents inserted?

New Technology Application? No

Background: Since FY 2006, ICD-9-CM has had adjunct codes to identify the number of vessels treated in a procedure (00.40-00.43), as well as the number of vascular stents inserted (00.45-00.48). As intended, it has been useful to collect this data for outcomes analysis and also to adequately capture hospital resource use. ICD-10-PCS does not currently contain this information.

Current coding

Medical and Surgical	**0** Medical and Surgical		
Body System	**2** Heart and Great Vessels		
Operation	**7** Dilation: Expanding an orifice or the lumen of a tubular body part		
Body Part	*Approach*	*Device*	*Qualifier*
0 Coronary Artery, One Site **1** Coronary Artery, Two Sites **2** Coronary Artery, Three Sites **3** Coronary Artery, Four or More Sites	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Intraluminal Device, Drug-eluting **D** Intraluminal Device **T** Intraluminal Device, Radioactive **Z** No Device	**6** Bifurcation **Z** No Qualifier

OPTIONS:

Option 1: Revise coronary artery body part values to specify number of *vessels* instead of number of *sites* in the Body Part column. Add device values for number of devices to Intraluminal Device and Drug-Eluting Intraluminal Device to the Device column in table 027 Dilation of Heart and Great Vessels.

Medical and Surgical	**0** Medical and Surgical		
Body System	**2** Heart and Great Vessels		
Operation	**7** Dilation: Expanding an orifice or the lumen of a tubular body part		
Body Part	*Approach*	*Device*	*Qualifier*
Revise from 0 Coronary Artery, One Site **Revise to 0 Coronary Artery, One Artery** **Revise from 1** Coronary Artery, Two Sites **Revise to 1 Coronary Artery, Two Arteries** **Revise from 2** Coronary Artery, Three Sites	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Intraluminal Device, Drug-eluting **ADD 5 Intraluminal Device, Drug-eluting, Two** **ADD 6 Intraluminal Device, Drug-eluting, Three** **ADD 9 Intraluminal Device, Drug-eluting, Four or More** **D** Intraluminal Device **ADD E Intraluminal Device,**	**6** Bifurcation **Z** No Qualifier

Revise to 2 Coronary Artery, Three Arteries **Revise from 3** Coronary Artery, Four or More Sites **Revise to 3 Coronary Artery, Four or More Arteries**		**Two** **ADD F Intraluminal Device, Three** **ADD G Intraluminal Device, Four or More** **T** Intraluminal Device, Radioactive **Z** No Device	

In addition to code table 027, there are three other code tables in Body System 2 Heart and Great Vessels which use coronary arteries as a Body Part. They are: code table 021 Bypass; code table 02C Extirpation; and code table 02Q Repair. Defining the Body Part by the number of coronary arteries rather than by "site," while changing the meaning of the code in instances where the same procedure is performed on multiple sites of the same coronary artery, does not disrupt use of this table and the other tables.

Option 2: Add values for the number of devices to Intraluminal Device and Drug-Eluting Intraluminal Device in the Device column for table 027 Dilation of Heart and Great Vessels.

Medical and Surgical	**0**	Medical and Surgical	
Body System	**2**	Heart and Great Vessels	
Operation	**7**	Dilation: Expanding an orifice or the lumen of a tubular body part	
Body Part	*Approach*	*Device*	*Qualifier*
0 Coronary Artery, One Site **1** Coronary Artery, Two Sites **2** Coronary Artery, Three Sites **3** Coronary Artery, Four or More Sites	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Intraluminal Device, Drug-eluting **ADD 5 Intraluminal Device, Drug-eluting, Two** **ADD 6 Intraluminal Device, Drug-eluting, Three** **ADD 9 Intraluminal Device, Drug-eluting, Four or More** **D** Intraluminal Device **ADD E Intraluminal Device, Two** **ADD F Intraluminal Device, Three** **ADD G Intraluminal Device, Four or More** **T** Intraluminal Device, Radioactive **Z** No Device	**6** Bifurcation **Z** No Qualifier

Because the primary focus is on the number of stents utilized, leaving the Body Part unchanged may simplify the revisions and potential changes to the coded data. This would also leave tables 021, 02C and 02Q unchanged.

CMS Recommendation: CMS is interested in hearing comments from the audience regarding the options proposed. The options presented are being considered for an October 1, 2015 implementation. In the interim, continue to code Dilation of Heart and Great Vessels procedures using the existing values within the respective table.

Peripheral Arteries: Number of Stents and Bifurcation

Issue: Should ICD-10-PCS code tables 037 Dilation of Upper Arteries and 047 Dilation of Lower Arteries be revised to capture the number of stents inserted and to capture treatment of vessel bifurcations?

New Technology Application? No

Background: ICD-10-PCS does not currently provide a means to identify the number of peripheral stents inserted and if treatment was for a bifurcated vessel. Adding this information will allow data collection at the current level of detail and will also provide consistency between coronary and peripheral arteries within ICD-10-PCS.

Current Coding

Medical and Surgical	**0**	Medical and Surgical
Body System	**3**	Upper Arteries
Operation	**7**	Dilation: Expanding an orifice or the lumen of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Internal Mammary Artery, Right **1** Internal Mammary Artery, Left **2** Innominate Artery **3** Subclavian Artery, Right **4** Subclavian Artery, Left **5** Axillary Artery, Right **6** Axillary Artery, Left **7** Brachial Artery, Right **8** Brachial Artery, Left **9** Ulnar Artery, Right **A** Ulnar Artery, Left **B** Radial Artery, Right **C** Radial Artery, Left **D** Hand Artery, Right **F** Hand Artery, Left **G** Intracranial Artery **H** Common Carotid Artery, Right **J** Common Carotid Artery, Left **K** Internal Carotid Artery, Right **L** Internal Carotid Artery, Left **M** External Carotid Artery, Right **N** External Carotid Artery, Left **P** Vertebral Artery, Right	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Intraluminal Device, Drug-eluting **D** Intraluminal Device **Z** No Device	**Z** No Qualifier

Q Vertebral Artery, Left **R** Face Artery **S** Temporal Artery, Right **T** Temporal Artery, Left **U** Thyroid Artery, Right **V** Thyroid Artery, Left **Y** Upper Artery			

Medical and Surgical	**0** Medical and Surgical		
Body System	**4** Lower Arteries		
Operation	**7** Dilation: Expanding an orifice or the lumen of a tubular body part		
Body Part	*Approach*	*Device*	*Qualifier*
0 Abdominal Aorta **1** Celiac Artery **2** Gastric Artery **3** Hepatic Artery **4** Splenic Artery **5** Superior Mesenteric Artery **6** Colic Artery, Right **7** Colic Artery, Left **8** Colic Artery, Middle **9** Renal Artery, Right **A** Renal Artery, Left **B** Inferior Mesenteric Artery **C** Common Iliac Artery, Right **D** Common Iliac Artery, Left **E** Internal Iliac Artery, Right **F** Internal Iliac Artery, Left **H** External Iliac Artery, Right **J** External Iliac Artery, Left **K** Femoral Artery, Right **L** Femoral Artery, Left **M** Popliteal Artery, Right **N** Popliteal Artery, Left **P** Anterior Tibial Artery, Right **Q** Anterior Tibial Artery, Left **R** Posterior Tibial Artery, Right **S** Posterior Tibial Artery,	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Intraluminal Device, Drug-eluting **D** Intraluminal Device **Z** No Device	**Z** No Qualifier

Left **T** Peroneal Artery, Right **U** Peroneal Artery, Left **V** Foot Artery, Right **W** Foot Artery, Left **Y** Lower Artery			

OPTIONS:

Option 1: Do not create new Device values to identify the number of Intraluminal Devices and Drug-Eluting Intraluminal Devices in tables 037 Dilation of Upper Arteries and 047 Dilation of Lower Arteries. Do not add a new Qualifier for Bifurcation to tables 037 Dilation of Upper Arteries and 047 Dilation of Lower Arteries.

Option 2: Add Device values to identify the number of Intraluminal Devices and Drug-Eluting Intraluminal Devices in tables 037 Dilation of Upper Arteries and 047 Dilation of Lower Arteries. Add the Qualifier Bifurcation to tables 037 Dilation of Upper Arteries and 047 Dilation of Lower Arteries.

Medical and Surgical	**0** Medical and Surgical		
Body System	**3** Upper Arteries		
Operation	**7** Dilation: Expanding an orifice or the lumen of a tubular body part		
Body Part	*Approach*	*Device*	*Qualifier*
0 Internal Mammary Artery, Right **1** Internal Mammary Artery, Left **2** Innominate Artery **3** Subclavian Artery, Right **4** Subclavian Artery, Left **5** Axillary Artery, Right **6** Axillary Artery, Left **7** Brachial Artery, Right **8** Brachial Artery, Left **9** Ulnar Artery, Right **A** Ulnar Artery, Left **B** Radial Artery, Right **C** Radial Artery, Left **D** Hand Artery, Right **F** Hand Artery, Left **G** Intracranial Artery **H** Common Carotid Artery, Right **J** Common Carotid Artery, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Intraluminal Device, Drug-eluting **ADD 5 Intraluminal Device, Drug-eluting, Two** **ADD 6 Intraluminal Device, Drug-eluting, Three** **ADD 9 Intraluminal Device, Drug-eluting, Four or More** **D** Intraluminal Device **ADD E Intraluminal Device, Two** **ADD F Intraluminal Device, Three** **ADD G Intraluminal Device, Four or More** **Z** No Device	**ADD6 Bifurcation** **Z** No Qualifier

K Internal Carotid Artery, Right **L** Internal Carotid Artery, Left **M** External Carotid Artery, Right **N** External Carotid Artery, Left **P** Vertebral Artery, Right **Q** Vertebral Artery, Left **R** Face Artery **S** Temporal Artery, Right **T** Temporal Artery, Left **U** Thyroid Artery, Right **V** Thyroid Artery, Left **Y** Upper Artery			

Medical and Surgical	**0** Medical and Surgical		
Body System	**4** Lower Arteries		
Operation	**7** Dilation: Expanding an orifice or the lumen of a tubular body part		
Body Part	*Approach*	*Device*	*Qualifier*
0 Abdominal Aorta **1** Celiac Artery **2** Gastric Artery **3** Hepatic Artery **4** Splenic Artery **5** Superior Mesenteric Artery **6** Colic Artery, Right **7** Colic Artery, Left **8** Colic Artery, Middle **9** Renal Artery, Right **A** Renal Artery, Left **B** Inferior Mesenteric Artery **C** Common Iliac Artery, Right **D** Common Iliac Artery, Left **E** Internal Iliac Artery, Right	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Intraluminal Device, Drug-eluting **ADD 5 Intraluminal Device, Drug-eluting, Two** **ADD 6 Intraluminal Device, Drug-eluting, Three** **ADD 9 Intraluminal Device, Drug-eluting, Four or More** **D** Intraluminal Device **ADD E Intraluminal Device, Two** **ADD F Intraluminal Device, Three** **ADD G Intraluminal Device, Four or More** **Z** No Device	**ADD6 Bifurcation** **Z** No Qualifier

F Internal Iliac Artery, Left **H** External Iliac Artery, Right **J** External Iliac Artery, Left **K** Femoral Artery, Right **L** Femoral Artery, Left **M** Popliteal Artery, Right **N** Popliteal Artery, Left **P** Anterior Tibial Artery, Right **Q** Anterior Tibial Artery, Left **R** Posterior Tibial Artery, Right **S** Posterior Tibial Artery, Left **T** Peroneal Artery, Right **U** Peroneal Artery, Left **V** Foot Artery, Right **W** Foot Artery, Left **Y** Lower Artery			

CMS Recommendation: CMS recommends Option 2 effective October 1, 2015. In the interim, continue to code these Dilation procedures using the existing Device and Qualifier values within the respective tables.

Coronary and Peripheral Artery Extirpation: Bifurcation

Issue: Should ICD-10-PCS code table 02C Extirpation of Heart and Great Vessels and code tables 03C Extirpation of Upper Arteries and 04C Extirpation of Lower Arteries be revised to capture treatment of vessel bifurcations?

New Technology Application? No

Background: Effective FY 2007, ICD-9-CM adjunct procedure code 00.44, Procedure on vessel bifurcation, was created. This procedure code is to be used with other therapeutic procedure codes such as angioplasty, stent insertion and atherectomy to identify treatment of vessel bifurcation. It has been useful for data collection and analysis as well explaining hospital resource use. In ICD-10-PCS, bifurcation is only currently available as a Qualifier for code table 027 Dilation of Heart and Great Vessels.

Current Coding

Medical and Surgical	**0**	Medical and Surgical
Body System	**2**	Heart and Great Vessels
Operation	**C**	Extirpation: Taking or cutting out solid matter from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Coronary Artery, One Site **1** Coronary Artery, Two Sites **2** Coronary Artery, Three Sites **3** Coronary Artery, Four or More Sites	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

Medical and Surgical	**0**	Medical and Surgical
Body System	**3**	Upper Arteries
Operation	**C**	Extirpation: Taking or cutting out solid matter from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Internal Mammary Artery, Right **1** Internal Mammary Artery, Left **2** Innominate Artery **3** Subclavian Artery, Right **4** Subclavian Artery, Left **5** Axillary Artery, Right **6** Axillary Artery, Left **7** Brachial Artery, Right **8** Brachial Artery, Left **9** Ulnar Artery, Right **A** Ulnar Artery, Left **B** Radial Artery, Right **C** Radial Artery, Left **D** Hand Artery, Right **F** Hand Artery, Left **G** Intracranial Artery	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

H Common Carotid Artery, Right **J** Common Carotid Artery, Left **K** Internal Carotid Artery, Right **L** Internal Carotid Artery, Left **M** External Carotid Artery, Right **N** External Carotid Artery, Left **P** Vertebral Artery, Right **Q** Vertebral Artery, Left **R** Face Artery **S** Temporal Artery, Right **T** Temporal Artery, Left **U** Thyroid Artery, Right **V** Thyroid Artery, Left **Y** Upper Artery			

Medical and Surgical	**0**	Medical and Surgical
Body System	**4**	Lower Arteries
Operation	**C**	Extirpation: Taking or cutting out solid matter from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Abdominal Aorta **1** Celiac Artery **2** Gastric Artery **3** Hepatic Artery **4** Splenic Artery **5** Superior Mesenteric Artery **6** Colic Artery, Right **7** Colic Artery, Left **8** Colic Artery, Middle **9** Renal Artery, Right **A** Renal Artery, Left **B** Inferior Mesenteric Artery **C** Common Iliac Artery, Right **D** Common Iliac Artery, Left **E** Internal Iliac Artery, Right **F** Internal Iliac Artery, Left **H** External Iliac Artery, Right **J** External Iliac Artery, Left **K** Femoral Artery, Right **L** Femoral Artery, Left **M** Popliteal Artery, Right **N** Popliteal Artery, Left **P** Anterior Tibial Artery, Right **Q** Anterior Tibial Artery, Left **R** Posterior Tibial Artery, Right **S** Posterior Tibial Artery, Left **T** Peroneal Artery, Right **U** Peroneal Artery, Left **V** Foot Artery, Right **W** Foot Artery, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

Y Lower Artery			

OPTIONS:

Option 1: Do not create a new Qualifier for Bifurcation to tables 02C Extirpation of Heart and Great Vessels, 03C Extirpation of Upper Arteries and 04C Extirpation of Lower Arteries. Continue to use current Qualifier value Z.

Option 2: Add the Qualifier Bifurcation to tables 02C Extirpation of Heart and Great Vessels, 03C Extirpation of Upper Arteries and 04C Extirpation of Lower Arteries.

Medical and Surgical	**0**	Medical and Surgical
Body System	**2**	Heart and Great Vessels
Operation	**C**	Extirpation: Taking or cutting out solid matter from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Coronary Artery, One Site **1** Coronary Artery, Two Sites **2** Coronary Artery, Three Sites **3** Coronary Artery, Four or More Sites	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**ADD6 Bifurcation** **Z** No Qualifier

Medical and Surgical	**0**	Medical and Surgical
Body System	**3**	Upper Arteries
Operation	**C**	Extirpation: Taking or cutting out solid matter from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Internal Mammary Artery, Right **1** Internal Mammary Artery, Left **2** Innominate Artery **3** Subclavian Artery, Right **4** Subclavian Artery, Left **5** Axillary Artery, Right **6** Axillary Artery, Left **7** Brachial Artery, Right **8** Brachial Artery, Left **9** Ulnar Artery, Right **A** Ulnar Artery, Left **B** Radial Artery, Right **C** Radial Artery, Left **D** Hand Artery, Right **F** Hand Artery, Left **G** Intracranial Artery **H** Common Carotid Artery, Right **J** Common Carotid Artery, Left **K** Internal Carotid Artery, Right **L** Internal Carotid Artery, Left **M** External Carotid Artery, Right **N** External Carotid Artery, Left **P** Vertebral Artery, Right	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**ADD 6 Bifurcation** **Z** No Qualifier

Q Vertebral Artery, Left **R** Face Artery **S** Temporal Artery, Right **T** Temporal Artery, Left **U** Thyroid Artery, Right **V** Thyroid Artery, Left **Y** Upper Artery			

Medical and Surgical	**0**	Medical and Surgical	
Body System	**4**	Lower Arteries	
Operation	**C**	Extirpation: Taking or cutting out solid matter from a body part	
Body Part	*Approach*	*Device*	*Qualifier*
0 Abdominal Aorta **1** Celiac Artery **2** Gastric Artery **3** Hepatic Artery **4** Splenic Artery **5** Superior Mesenteric Artery **6** Colic Artery, Right **7** Colic Artery, Left **8** Colic Artery, Middle **9** Renal Artery, Right **A** Renal Artery, Left **B** Inferior Mesenteric Artery **C** Common Iliac Artery, Right **D** Common Iliac Artery, Left **E** Internal Iliac Artery, Right **F** Internal Iliac Artery, Left **H** External Iliac Artery, Right **J** External Iliac Artery, Left **K** Femoral Artery, Right **L** Femoral Artery, Left **M** Popliteal Artery, Right **N** Popliteal Artery, Left **P** Anterior Tibial Artery, Right **Q** Anterior Tibial Artery, Left **R** Posterior Tibial Artery, Right **S** Posterior Tibial Artery, Left **T** Peroneal Artery, Right **U** Peroneal Artery, Left **V** Foot Artery, Right **W** Foot Artery, Left **Y** Lower Artery	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**ADD 6 Bifurcation** **Z** No Qualifier

CMS Recommendation: CMS recommends Option 2 effective October 1, 2015. In the interim, continue to code Extirpation procedures using the existing Qualifier value within the respective table.

FY 2015 Addenda and Key Updates

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Add	**Banding**
Add	*see* Occlusion
Add	**Bedside swallow**
Add	*see* Speech Assessment F00ZJWZ
Add	**Facetectomy**
Add	*see* Excision, Upper Bones 0PB
Add	*see* Excision, Lower Bones 0QB
Add	**Hemilaminotomy**
Add	*see* Excision, Upper Bones 0PB
Add	*see* Excision, Lower Bones 0QB
No change	**Hemilaminotomy**
Revise from	*see* Drainage, Upper Joints 0R9
Revise from	*see* Drainage, Lower Joints 0S9
Revise from	*see* Release, Upper Joints 0RN
Revise from	*see* Release, Lower Joints 0SN
No change	**Hemilaminotomy**
Revise to	*see* Drainage, Upper Bones 0P9
Revise to	*see* Drainage, Lower Bones 0Q9
Revise to	*see* Release, Upper Bones 0PN
Revise to	*see* Release, Lower Bones 0QN
Revise from	**Infusion Device**
Revise to	**Infusion Device, Pump**
No change	**Laminotomy**
Add	*see* Excision, Upper Bones 0PB
Add	*see* Excision, Lower Bones 0QB
No change	**Laminotomy**
Revise from	*see* Drainage, Upper Joints 0R9
Revise from	*see* Drainage, Lower Joints 0S9
Revise from	*see* Release, Upper Joints 0RN
Revise from	*see* Release, Lower Joints 0SN
No change	**Laminotomy**
Revise to	*see* Drainage, Upper Bones 0P9
Revise to	*see* Drainage, Lower Bones 0Q9
Revise to	*see* Release, Upper Bones 0PN
Revise to	*see* Release, Lower Bones 0QN
Revise from	**Monitoring Device**
Revise to	**Monitoring Device, Hemodynamic**
No change	**TURP (transurethral resection of prostate)**
Revise from	0VB07ZZ
No change	**TURP (transurethral resection of prostate)**
Revise to	*see* Excision, Prostate 0VB0
Revise to	*see* Resection, Prostate 0VT0
No change	**Oxygenation**
Revise from	Extracorporeal membrane (ECMO) *see* Assistance, Circulatory 5A05

No change **Oxygenation**
Revise to Extracorporeal membrane (ECMO) *see* Performance, Circulatory 5A15
Revise from **Vascular Access Device**
Revise to **Vascular Access Device, Reservoir**

Device Key
Add **Absolute Pro Vascular (OTW) Self-Expanding Stent System** *use* Intraluminal
Add Device
Add **Acculink (RX) Carotid Stent System** *use* Intraluminal Device
Add **Advisa (MRI)** *use* Pacemaker, Dual Chamber for Insertion in Subcutaneous
Add Tissue and Fascia
Add **Ascenda Intrathecal Catheter** *use* Infusion Device
No change **Baroreflex Activation Therapy® (BAT®)**
Revise from *use* Stimulator Lead in Upper Arteries
Revise from *use* Cardiac Rhythm Related Device in Subcutaneous Tissue and Fascia
No change **Baroreflex Activation Therapy® (BAT®)**
Revise to *use* Stimulator Lead in Upper Arteries
Revise to *use* Neurostimulator Generator in Subcutaneous Tissue and Fascia
Revise from **Centrimag® Blood Pump** *use* Intraluminal Device
Revise to **Centrimag® Blood Pump** *use* External Heart Assist System
Add **Evera (XT) (S) (DR/VR)** *use* Defibrillator Generator for Insertion in
Add Subcutaneous Tissue and Fascia
Add **Herculink (RX) Elite Renal Stent System** *use* Intraluminal Device
Delete **Impella® (2.5)(5.0)(LD) cardiac assist device** *use* Intraluminal Device
Delete **Kinetra® neurostimulator** *use* Stimulator Generator, Multiple Array for
Delete Insertion in Subcutaneous Tissue and Fascia
Add **Mosaic Bioprosthesis (aortic) (mitral) valve** *use* Zooplastic Tissue in Heart and
Add Great Vessels
Add **MULTI-LINK (VISION)(MINI-VISION)(ULTRA) Coronary Stent System**
Add *use* Intraluminal Device
Add **Omnilink Elite Vascular Balloon Expandable Stent System** *use* Intraluminal
Add Device
Add **Open Pivot (mechanical) valve** *use* Synthetic Substitute
Add **Open Pivot Aortic Valve Graft (AVG)** *use* Synthetic Substitute
Revise from **PrimeAdvanced neurostimulator** *use* Stimulator Generator, Multiple Array for
Revise from Insertion in Subcutaneous Tissue and Fascia
Revise to **PrimeAdvanced neurostimulator (SureScan) (MRI Safe)** *use* Stimulator
Revise to Generator, Multiple Array for Insertion in Subcutaneous Tissue and Fascia
Revise from **RestoreAdvanced neurostimulator** *use* Stimulator Generator, Multiple Array
Revise from Rechargeable for Insertion in Subcutaneous Tissue and Fascia
Revise to **RestoreAdvanced neurostimulator (SureScan) (MRI Safe)** *use* Stimulator
Revise to Generator, Multiple Array Rechargeable for Insertion in Subcutaneous Tissue and
Revise to Fascia
Revise from **RestoreSensor neurostimulator** *use* Stimulator Generator, Multiple Array

Revise from	Rechargeable for Insertion in Subcutaneous Tissue and Fascia
Revise to	**RestoreSensor neurostimulator (SureScan) (MRI Safe)** *use* Stimulator
Revise to	Generator, Multiple Array Rechargeable for Insertion in Subcutaneous Tissue and
Revise to	Fascia
Revise from	**RestoreUltra neurostimulator** *use* Stimulator Generator, Multiple Array
Revise from	Rechargeable for Insertion in Subcutaneous Tissue and Fascia
Revise to	**RestoreUltra neurostimulator (SureScan) (MRI Safe)** *use* Stimulator
Revise to	Generator, Multiple Array Rechargeable for Insertion in Subcutaneous Tissue and
Revise to	Fascia
Revise from	**Rheos® System device** *use* Cardiac Rhythm Related Device in Subcutaneous
Revise from	Tissue and Fascia
Revise to	**Rheos® System device** *use* Neurostimulator Generator in Subcutaneous Tissue
Revise to	and Fascia
Delete	**Soletra® neurostimulator** *use* Stimulator Generator, Single Array for Insertion
Delete	in Subcutaneous Tissue and Fascia
Revise from	**Stent (angioplasty)(embolization)** *use* Intraluminal Device
Revise to	**Stent, intraluminal (cardiovascular)(gastrointestinal)(hepatobiliary)(urinary**)
Revise to	*use* Intraluminal Device
Add	**SynchroMed pump** *use* Infusion Device, Pump in Subcutaneous Tissue and
Add	Fascia
Add	**Viva (XT) (S)** *use* Cardiac Resynchronization Defibrillator Pulse Generator for
Add	Insertion in Subcutaneous Tissue and Fascia
Add	**Xact Carotid Stent System** *use* Intraluminal Device
Revise from	**XIENCE V Everolimus Eluting Coronary Stent System** *use* Intraluminal
Revise from	Device, Drug-eluting in Heart and Great Vessels
Revise to	**XIENCE Everolimus Eluting Coronary Stent System** *use* Intraluminal Device,
Revise to	Drug-eluting in Heart and Great Vessels

ICD-10 MS-DRGs Update

Availability of ICD-10 MS-DRG/MCE V31.0 Definitions Manuals and Summary of Changes

The following was available on the CMS.GOV website in October 2013:

- ICD-10 MS-DRG V31.0 Definitions Manual
  - Available in text and HTML versions
- ICD-10 MS-DRG V31.0 "Summary of Changes"
- ICD-10 Definitions of Medicare Code Edits

Posted on ICD-10 website at http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html

Availability of Mainframe and PC Software via NTIS

- ICD-10 MS-DRG v31 Mainframe Software
- ICD-10 MCE v31 Mainframe Software
- ICD-10 MSG/MCE v31 PC software

Links for ordering posted at http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html

Available via NTIS at: http://www.ntis.gov/products/cms-medicare.aspx

The pilot MS-DRG ICD-10 v 31 software was released for purposes of review and evaluation

ICD-10 MS-DRGs v31 R

CMS reviewed comments received on ICD-10 MS-DRGs v31

Prepared an update based on comments – MS-DRGs ICD-10 v 31R

Will be posted at http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html

The official MS-DRG ICD-10 v32 will be subject for formal rulemaking http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html

Converting the Home Health Prospective Payment System Grouper to ICD-10-CM

Home Health PPS Grouper

- HH Prospective Payments are set based on data submitted as part of the OASIS data set
  - The OASIS is a core standard assessment data set that agencies integrate into their own patient-specific, comprehensive assessment.
  - OASIS collects information that is used to produce risk-adjusted quality measures and to classify patients into clinical and functional status levels that are used in determining Medicare episode payments.

Home Health Resource Group

- Home Health Resource Group (HHRG) is one of 153 payment categories under the Medicare HH PPS.
- Patients in each HHRG are projected to require similar levels of home health resources for their care during the episode and are therefore assigned the same payment weight.

HHRG is determined by:

- Clinical characteristics (e.g. surgical wounds) including diagnoses in one of the 22 Diagnostic Groups
- Functional characteristics (e.g. ability to walk)
- Therapy needs (e.g. PT, OT, SLP)
  - Payment for nonroutine supplies (NRS) is determined using a separate 6-group system, also based on OASIS data.

ICD-10 Translation List Development

- Initial Diagnosis and Supply code list translation based on ICD-9-CM to ICD-10-CM GEMS Tool
- Clinical review led to manual adjustments of translation list to accommodate HH setting
  - ICD-10 codes were excluded
  - when ICD-10 code was not appropriate for HH
  - when clinician can identify a more specific diagnosis

Excluded Codes - Inappropriate for HH

- Initial encounter codes were removed as such codes are only appropriate when receiving active treatment for an injury
  - Initial encounter codes ending in “A” were replaced with suffix of D, E, F, G, H, J, K, M, N, P, Q and R, to reflect when the patient is being treated for a subsequent encounter (care during the healing or recovery phase)
- Example: S72.024A “Nondisplaced fracture of epiphysis (separation)(upper) right femur, initial encounter for closed fracture” deleted and replaced with S72.024 with suffix of D, E, F, G, H, J, K, M, N, P, Q and R

Excluded Codes – Non-specific

- Non-Specific Codes - removed whenever a clinician should be able to identify a more specific diagnosis based on clinical assessment.
- Example: Cutaneous abscess of hand
  - Clinician should be able to identify which hand had the abscess, and therefore, would report using the code that specifies the right or left hand
  - Retained: L02.511 Cutaneous abscess of right hand and L02.512 Cutaneous abscess of left hand
  - Excluded: L02.519 Cutaneous abscess of unspecified hand

Diagnosis Group Assignment

- Replication of the diagnosis group assignment was maintained when possible
- Assignment issues arose because ICD-9-CM to ICD-10-CM translation is not a 1 to 1 mapping process
- Assignment made based on clinical appropriateness and relative resource use

Rulemaking

- July 2013 - Home Health Payment System Rate Update for CY 2014 Proposed Rule was posted for public comment on July 3, 2013 at http://www.gpo.gov/fdsys/pkg/FR-2013-07-03/pdf/2013-15766.pdf
- December 2013 – Final Rule posted December 2, 2013 at http://www.gpo.gov/fdsys/pkg/FR-2013-12-02/pdf/2013-28457.pdf

Highlights of Rulemaking

- Published the ICD-10-CM Draft Translation List (No revisions made after comment period)
- Outlined the steps undertaken to develop the list and transition to ICD-10-CM coding
- Proposed a timeframe for posting of a ICD-10-CM HH PPS Grouper

2014 HH Grouper Schedule

- HH PPS Grouper beta-testing planned for April 2014 to identify any significant issues early in the process.
- Providers interested in enrolling as a beta site tester can go to: *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/CaseMixGrouper Software.html*.
- Finalized ICD-10-CM HH PPS Grouper will be published on the CMS Web site July 2014

FY 2016 ICD-10-PCS Update Discussion at March 2015 C&M Meeting

- We have discussed a variety of ICD-10-PCS updates at past ICD-9-CM/ICD-10 Coordination and Maintenance Committee meetings for implementation after the code freeze ends on October 1, 2015
- Received comments on all proposals
- CMS plans to present a consolidated update on ICD-10-PCS code updates planned for October 1, 2015 implementation
- Will provide one additional opportunity for public review and comment