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



Agenda

ICD-9-CM 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-9-CM Volume 3, Procedures
September 14, 2011

Pat Brooks, CMS – Introductions and Committee overview
Co-Chairperson

9:00 AM – 12:30 PM ICD-9-CM Volume 3, Procedure presentations and public comment

Note: This will be a one day meeting only. Proposals for procedure codes will be discussed from 9:00 am – 12:30 pm. Proposals for the diagnosis codes will be discussed from approximately 1:30 pm-5:00 pm by the Centers for Disease Control (CDC). Please visit CDC's website for the Diagnosis agenda located at the following address:
www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

Conference lines have made available for those participants who are unable to attend in person. Toll free dial in access for external participants is as follows:
Phone: 1-877-267-1577 Meeting ID: 1234
If dialing in you do NOT need to register on-line for the meeting.

ICD-9-CM Topic

1. Electromagnetic Navigation Bronchoscopy

Celeste Beauregard
Alexander Chen, MD
Barnes Jewish Hospital



ICD-10-PCS Requests

1. Non-autologous Mesh in PCS

Pat Brooks
Parag Bhanot, MD
Georgetown Univ. Hospital

ICD-10 Topics:

1. PCS Update – What’s New?

Pat Brooks
Rhonda Butler, 3M

2. PCS Device Key

Rhonda Butler, 3M

3. PCS Guidelines

Pat Brooks

4. PCS GEMs Update

Pat Brooks
Rhonda Butler, 3M

5. MS-DRG Update

Pat Brooks
Janice Bonazelli, 3M

Registering for the meeting:

Information on registering online to attend the meeting can be found at:

<http://www.cms.hhs.gov/apps/events/>

If dialing in you do **not** need to register online.

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



Continuing Education Credits:

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting Conference Calls or on-site Meetings.

Continuing Education Information for American Academy of Professional Coders (AAPC)

If you have attended or are planning to attend a CMS ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting Conference Call or on-site Meeting, you should be aware that CMS does not provide certificates of attendance for these. Instead, the AAPC will accept your e-mailed confirmation and call or meeting description as proof of participation. Please retain a copy of your e-mailed confirmation for these as the AAPC will request them for any conference call or meeting you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information for American Health Information Management Association (AHIMA)

AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to CMS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not CMS.



Partial Code Freeze for ICD-9-CM and ICD-10 Finalized

The ICD-9-CM Coordination and Maintenance Committee will implement a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10 on October 1, 2013. There was considerable support for this partial freeze. The partial freeze will be implemented as follows:

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets will be made on October 1, 2011.
- On October 1, 2012, there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2013, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2014, regular updates to ICD-10 will begin.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on and after October 1, 2014 once the partial freeze has ended.

Codes discussed at the September 15 – 16, 2010 and March 9 – 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting were considered for implementation on October 1, 2011, the last regular updates for ICD-9-CM and ICD-10. Code requests discussed at the September 14, 2011 and additional meetings during the freeze will be evaluated for either the limited updates to capture new technologies and diseases during the freeze period or for implementation to ICD-10 on October 1, 2014. The public will be actively involved in evaluating the merits of any such requests during the period of the partial freeze.



ICD-9-CM TIMELINE

A timeline of important dates in the ICD-9-CM process is described below:

- September 14, 2011 ICD-9-CM Coordination and Maintenance Committee meeting.
- Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 9, 2011**. You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
- October 2011 Summary report of the Procedure part of the September 14, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Summary report of the Diagnosis part of the September 14, 2011 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd9.htm>
- October 1, 2011 New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows:
Diagnosis addendum - <http://www.cdc.gov/nchs/icd9.htm>
Procedure addendum at - <https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- October 7, 2011 **Deadline for receipt of public comments on proposed code revisions discussed at the September 14, 2011 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2012.**
- November 2011 Any new ICD-9-CM 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, 2012 will be posted on the following websites:
<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
<http://www.cdc.gov/nchs/icd9.htm>
- November 18, 2011 **Deadline for receipt of public comments on proposed code revisions discussed at the September 14, 2011 ICD-9-CM**



Coordination and Maintenance Committee meetings for implementation on October 1, 2012.

January 6, 2012

Deadline for requestors: Those members of the public requesting that topics be discussed at the March 5 – March 6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses by this date.

February 2012

Draft agenda for the Procedure part of the March 5, 2012 ICD-9-CM Coordination and Maintenance Committee meeting posted on CMS homepage as follows:

<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>

Draft agenda for the Diagnosis part of the March 6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting posted on NCHS homepage as follows:

<http://www.cdc.gov/nchs/icd9.htm>

Federal Register notice of March 5 – March 6, 2012 ICD-9-CM Coordination and Maintenance Committee Meeting will be published.

February 3, 2012

On-line registration opens for the March 5– 6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting at: <http://www.cms.hhs.gov/apps/events>

February 2012

Because of increased security requirements, **those wishing to attend the March 5 – March 6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at:**

<http://www.cms.hhs.gov/apps/events>

Attendees must register online by February 27, 2012; failure to do so may result in lack of access to the meeting.

March 5 – March 6
2012

ICD-9-CM Coordination and Maintenance Committee meeting.



- April 1, 2012 Any new ICD-9-CM codes required to capture new technology will be implemented. Information on any new codes implemented on April 1, 2012 previously posted in early November 2011 will be on the following websites:
<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
<http://www.cdc.gov/nchs/icd9.htm>
<http://www.cms.hhs.gov/MLNGenInfo>
- April 6, 2012 Deadline for receipt of public comments on proposed code revisions discussed at the March 5-6, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2012.
- April 2012 Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include the finalized ICD-9-CM diagnosis and procedure codes from the September meeting for the upcoming fiscal year. Any code proposals discussed at the March meeting and finalized in time for October 1 implementation will be included in the final rule.
- The NPRM 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.hhs.gov/AcuteInpatientPPS/IPPS/list.asp>
- April 2012 Summary report of the Procedure part of the March 5, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Summary report of the Diagnosis part of the March 6, 2012 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd9.htm>
- June 2012 Final addendum posted on web pages as follows:
 Diagnosis addendum at - <http://www.cdc.gov/nchs/icd9.htm>
 Procedure addendum at –
<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- July 13, 2012 Those members of the public requesting that topics be discussed at the September 19 – 20, 2012 ICD-9-CM Coordination and



Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.

August 1, 2012

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, 2012.

This rule can be accessed at:

<http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp>

August 2012

Tentative agenda for the Procedure part of the September 19, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage at -

<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>

Tentative agenda for the Diagnosis part of the September 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on NCHS homepage at -

<http://www.cdc.gov/nchs/icd9.htm>

Federal Register notice for the September 19 –20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.

August 17, 2012

On-line registration opens for the September 19-20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting at:

<http://www.cms.hhs.gov/apps/events>

September 10, 2012

Because of increased security requirements, those wishing to attend the September 19 - 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at:

<http://www.cms.hhs.gov/apps/events>

Attendees must register online by September 10, 2012; failure to do so may result in lack of access to the meeting.

September 19 –20,
2012

ICD-9-CM Coordination and Maintenance Committee meeting.

Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 10, 2012.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.



- October 2012 Summary report of the Procedure part of the September 19, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on CMS homepage as follows:
<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- Summary report of the Diagnosis part of the September 20, 2012 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
<http://www.cdc.gov/nchs/icd9.htm>
- October 1, 2012 New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows:
Diagnosis addendum - <http://www.cdc.gov/nchs/icd9.htm>
Procedure addendum at -
<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
- October 05, 2012 **Deadline for receipt of public comments on proposed code revisions discussed at the September 19-20, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2013.**
- November 2012 Any new ICD-9-CM 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, 2013 will be posted on the following websites:
<https://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>
<http://www.cdc.gov/nchs/icd9.htm>
- November 16, 2012 **Deadline for receipt of public comments on proposed code revisions discussed at the September 19-20, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2013.**



Electromagnetic Navigation Bronchoscopy

Issue: This is a repeat of a code request addressed at the March 9-10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting. The code request is based on new technology justifications. Current ICD-9-CM procedure codes do not describe a new procedure in which a solitary pulmonary nodule (SPN) also referred to as a peripheral lung lesion, is visualized and accessed through the patient's airway, using an electromagnetic tip tracked series of instruments.

New Technology Application: Yes. The company plans to submit a New Technology Application for FY 2013.

Food & Drug Administration (FDA) Approval: Yes. In 2010 the FDA approved the product codes associated with the Veran Medical Technologies Ig4 Spin Drive under Product Code of KTI which identifies their Electromagnetic (EM) Tip Tracked steerable devices as an accessory to a bronchoscope or functioning as a bronchoscope.

Background of Technology and Procedure: Electromagnetic navigation is an aid to bronchoscopy that allows the bronchoscopist to rapidly reach lesions in the periphery of the lung. There are several competing technologies to achieve this aim. The Veran device places the sensor probe on the tip of the catheter/wire holding the biopsy needle or forceps. Another device involves the use of a sensor probe placed directly on an ultrathin bronchoscope. The patient is positioned on an electromagnetic grid that tracks the position of the probe. Computer software then superimposes that position on a previously acquired CT image of the lung. This is particularly valuable in accessing solitary pulmonary nodules that are smaller and located more peripherally than can be reached by conventional bronchoscopy, and providing an additional alternative to image-guided bronchoscopy using CT fluoroscopy and transthoracic approaches.

Current Coding: There is no code that identifies the use of electromagnetic navigation. Codes would be assigned for the procedure performed such as 33.22, Fiber-optic bronchoscopy, and 33.23, Other bronchoscopy, or rigid bronchoscopy.

Coding Options:

Option 1. Do not create a new ICD-9-CM procedure code but continue to use existing ICD-9-CM procedure codes which identify the procedure performed such as 33.22, Fiber-optic bronchoscopy, or 33.27, Closed endoscopic biopsy of lung, to identify this technology.

Option 2. Create a new section for Lung Biopsy with Always On Tracking

New code XX.01 Diagnostic lung biopsy with always on tracking
New code XX.02 Subsegmental lung biopsy with always on tracking



Option 3. Create a new subcategory and five new codes for all EM tip tracked procedures.

New subcategory	33.8 Electromagnetic tip tracked procedures
New code	33.80 Electromagnetic tip tracked procedure of the bronchus or lung
New code	33.81 Electromagnetic tip tracked biopsy of bronchus
New code	33.82 Electromagnetic tip tracked biopsy of lung
New code	33.83 Electromagnetic tip tracked excision or destruction of lesion or tissue of bronchus
New code	33.84 Electromagnetic tip tracked excision or destruction of lesion or tissue of lung

Option 4. Create a new code in subcategory 32.0, Local excision or destruction of lesion or tissue of bronchus.

32.0 Local excision or destruction of lesion or tissue of bronchus

New Code	32.07 Electromagnetic tip tracked excision or destruction of lesion or tissue of bronchus
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CMS Recommendation: Option 1; do not create a new code.

Interim Coding: Continue to use existing ICD-9-CM procedure codes to capture procedures performed using the electromagnetic tip tracked instrument such as 33.22, Fiber-optic bronchoscopy, or 33.27, Closed Endoscopic Biopsy of Lung, to identify this technology.



Implantable Meshes—Request for New Detail in ICD-10-PCS Tables

The proposal is to create PCS values that differentiate between nonautologous tissue of human origin and nonautologous tissue of non-human origin for the root operation Supplement in the Anatomical Regions, Urinary and Female Reproductive body systems.

Reconstruction of soft tissue defects can be performed by suture but, because it reduces tension and decreases the rate of defect recurrence, mesh is used to reconstruct larger defects, for reinforcement and to strengthen tissue.

Mesh is either synthetic or nonautologous tissue of human or animal origin which is donated or harvested then bio-engineered. Synthetic patches and plugs are manufactured from materials such as polypropylene and PTFE. They are easy to use but have a risk of post surgical complications. Nonautologous mesh is bio-engineered to remove cells which can cause rejection, rendering a collagen-rich matrix. This promotes tissue regeneration and revascularization, reducing the risk of complications.

Nonautologous mesh is either of human origin using tissue derived from cadavers, eg. Alloderm, or of non-human origin (zooplastic) using bovine or porcine tissue, eg. Permacol. There are currently no significant data sources which enable clinical analysis of the differences in patient outcomes, effectiveness and adverse events between nonautologous mesh of human and non-human origin.

PCS has standardized values for distinguishing between nonautologous tissue of human origin and nonautologous tissue of non-human origin (8 Zooplastic Tissue under the Device category), as shown in this excerpt from table 02U, root operation Supplement for the Heart and Great Vessels body system.

Section: 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
5 Atrial Septum	0 Open	7 Autologous Tissue Substitute	Z No Qualifier
6 Atrium, Right	3 Percutaneous	8 Zooplastic Tissue	
7 Atrium, Left	4 Percutaneous Endoscopic	J Synthetic Substitute K Nonautologous Tissue Substitute	

To extend the level of detail available for the root operation Supplement to additional body systems requires only adding the existing device value Zooplastic Tissue to the body systems and root operations specified in the proposal. The example shown is an excerpt from table 0YU, the Lower Extremities Anatomical Regions.



Option 1: Current PCS coding

Section: 0 Medical and Surgical

Body System: Y Anatomical Regions, Lower Extremities

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
5 Inguinal Region, Right 6 Inguinal Region, Left 7 Femoral Region, Right 8 Femoral Region, Left A Inguinal Region, Bilateral E Femoral Region, Bilateral	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

Option 2: Extend existing device value Zooplasic Tissue to root operation Supplement tables in body systems T Urinary, U Female Reproductive, W General Anatomical Regions, and Y Lower Extremities Anatomical Regions. (144 new codes, for all body parts in tables 0TU, 0UU, 0WU and 0YU)

Section: 0 Medical and Surgical

Body System: Y Anatomical Regions, Lower Extremities

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
5 Inguinal Region, Right 6 Inguinal Region, Left 7 Femoral Region, Right 8 Femoral Region, Left A Inguinal Region, Bilateral E Inguinal Region, Bilateral	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute <u>8 Zooplasic Tissue</u> J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

CMS recommendation: Implement Option 2 on October 1, 2014 as part of the first regular update to ICD-10-PCS. Extend existing device value Zooplasic Tissue to root operation Supplement tables in body systems T Urinary, U Female Reproductive, W General Anatomical Regions, and Y Lower Extremities Anatomical Regions. (144 new codes, for all body parts in tables 0TU, 0UU, 0WU and 0YU)



ICD-10-PCS FY 2012 Update

ICD-10-PCS Tables/Index/References Update

The ICD-10-PCS Tables/Index/References are posted in PDF format with internal navigation links. Additional links were added this year in response to public comment. The PCS Body Part Key has also been made available in two lookup formats for easy printing, in response to public comment. It is available in both anatomic site lookup and PCS body part value lookup.

New for this update, the ICD-10-PCS Tables/Index/References are also posted in XML format for programmed applications. An accompanying schema (.xsd) is posted for developers.

In addition, a new ICD-10-PCS Integrated Description File has been posted for the FY2012 update. It includes both full length and 60-character length descriptions in one file. "Headers," i.e. each PCS 3-character table and its associated values, were added in response to public comment. Attributes for tracking the order in which codes appear in a list were added in response to public comment.

Header Example:

00001 001 0 Central Nervous System, Bypass

Code Example:

00002 0016070 1 Bypass Cereb Vent to Nasophar with Autol Sub, Open Approach Bypass Cerebral Ventricle to Nasopharynx with Autologous Tissue Substitute, Open Approach

The file name for the Integrated Descriptions is icd10pcs_order_2012.txt. Accompanying documentation is provided in a PDF document.

New PCS values were created in parallel with ICD-9-CM changes valid Oct. 1, 2011. For example, new ICD-9-CM code *43.82 Laparoscopic vertical (sleeve) gastrectomy* led to the creation of a new ICD-10-PCS qualifier *Vertical* that was added to table 0D6 for the stomach body part, as shown in the example below.

Section: 0 Medical and Surgical

Body System: D Gastrointestinal System

Operation: B Excision: Cutting out or off, without replacement, a portion of a body part

Body Part	Approach	Device	Qualifier
6 Stomach	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	<u>3 Vertical</u> X Diagnostic Z No Qualifier



Additional PCS table options were also added in response to public comment. For example, in the Administration section, substance value *Local Anesthetic* was applied to *Cranial Nerve* and *Peripheral Nerve* body parts, as shown in the example below.

Section: 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 Part	Approach	Substance	Qualifier
T Peripheral Nerves and Plexi X Cranial Nerves	3 Percutaneous	3 Anti-inflammatory <u>B Local Anesthetic</u> C Regional Anesthetic T Destructive Agent	Z No Qualifier

PCS table options were also deleted in response to public comment. For example, the device value *Internal Fixation Device* was deleted where applied to the spinal joint body part values in the root operation *Fusion*, as shown in the example below.

Section: 0 Medical and Surgical
 Body System: S Lower Joints
 Operation: G Fusion: Joining together portions of an articular body part rendering the articular body part immobile

Body Part	Approach	Device	Qualifier
0 Lumbar Vertebral Joint 1 Lumbar Vertebral Joints, 2 or more 3 Lumbosacral Joint	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	4 Internal Fixation Device 7 Autologous Tissue Substitute A Interbody Fusion Device J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	Z No Qualifier

Two new device value maintenance standards were developed based on industry feedback and internal review, to preserve the usability and maintainability of PCS. The new standards are:

1. Device information is contained only in the device character
2. ICD-10-PCS contains a PCS to PCS Device Aggregation Table between root operations that use both general and specific devices and root operations like Removal and Revision that only use general devices



According to the first standard, device information should not be classified in both the device and qualifier (7th) characters. The qualifier should be reserved for essential detail about specific procedures that cannot be captured in any of the other characters. When a qualifier is employed to specify device detail, it ‘uses up’ the qualifier so it cannot be employed to capture additional essential detail. Adhering to this standard will ensure that PCS is straightforward for both coders and secondary users of coded data

The existing PCS device values were revised to adhere to the new standard. A one-time device “migration” effort was undertaken and PCS codes revised as needed. This one-time migration did not change the meaning of the codes affected, but only the axis of classification where the device detail is specified.

Example: Dual Chamber Cardiac Pacemaker

2011 PCS: 0JH60P2 Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach

FY2012 PCS: 0JH606Z Insertion of Pacemaker, Dual Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach

According to the second maintenance standard, PCS needs a reference to correlate specific device values used in root operations where devices are placed with more general, “aggregate” device values used in other root operations. For this reason the ICD-10-PCS Device Aggregation Table was developed. It directs coders and secondary data users from specific device values used in the original root operations to general device values used in root operations where the device value is less specific. For example, the specific device value *Autologous Arterial Tissue* is used in the root operation *Insertion*. The general device value *Autologous Tissue Substitute* is used in the root operation *Revision*. The PCS Device Aggregation Table correlates the two values for users who need to know the correct value in order to code correctly, or to search for ICD-10 coded data, as shown in the example below.

Specific Device	for Operation	In Body System	General Device
Autologous Arterial Tissue	All Applicable	Heart and Great Vessels Upper Arteries Lower Arteries Upper Veins Lower Veins	7 Autologous Tissue Substitute



PCS Device Key Posted for Public Comment

An initial release of the PCS Device Key has been posted. More than 300 entries were developed, using two sources for the entries:

1. Device names used in the ICD-9-CM index, both common names and proprietary names
2. Devices receiving FDA approval in the past five years

As with the PCS Body Part Key, there are two lookup formats for the Device Key, for ease of printing and using off-line. The Device Key is available in both device name lookup and PCS device value lookup formats. Device names include both common and proprietary names. Device name lookup can be accessed by clicking the *Device Key* link in the ICD-10-PCS pdf file. PCS device value can be accessed by clicking the *Definitions* link followed by the *Medical and Surgical – Device* link in the ICD-10-PCS pdf file.

The PCS Device Key listed by common or proprietary name can be used to find the corresponding PCS device value for a specific device. For example, a user can look up *AxiaLIF® System* and find its corresponding PCS device value *Interbody Fusion Device*, as shown in the example below.

Axial Lumbar Interbody Fusion System	Use: Interbody Fusion Device in Lower Joints
AxiaLIF® System	Use: Interbody Fusion Device in Lower Joints
BAK/C® Interbody Cervical Fusion System	Use: Interbody Fusion Device in Upper Joints

The PCS Device Key listed by PCS device value name can be used to see the common and proprietary names classified to a given device value. For example, a user can look up *Interbody Fusion Device* and find the corresponding common and proprietary device names classified to *Interbody Fusion Device*, as shown in the example below.

Interbody Fusion Device in Lower Joints	Includes: Axial Lumbar Interbody Fusion System AxiaLIF® System CoRoent® XL Direct Lateral Interbody Fusion (DLIF) Device EXtreme Lateral Interbody Fusion (XLIF) Device Interbody fusion (spine) cage XLIF® System
Interbody Fusion Device in Upper Joints	Includes: BAK/C® Interbody Cervical Fusion System Interbody fusion (spine) cage

The PCS Device Key can provide benefit as an educational resource, to facilitate consistent coding and enable understanding of the current uses of existing values. It will be essential information for maintaining PCS consistently over the years, as a standardized basis for evaluating public requests for change.



ICD-10-PCS FY 2012 Update Schedule

June 2011—ICD-10-PCS core content update for FY2012 posted

October 2011—FY2012 ICD-10-PCS GEMs posted

December 2011 FY2012—ICD-10 Reimbursement Mappings posted

All update files are posted on the CMS website at <http://www.cms.gov/ICD10/>

ICD-10-PCS Guidelines

The FY2012 update of the ICD-10-PCS Guidelines was posted June 15. Changes were based on public comment and internal review. They are posted on the CMS website at <http://www.cms.gov/ICD10/>.



ICD-10 GEMs FY2012 Version Update

Update Summary

Updated FY2012 GEMs to be Posted

The updated FY2012 General Equivalence Mappings (GEMs) will be posted for public comment in early October 2011 for procedure codes and early December 2011 for diagnosis codes. Both will be posted on the CMS website along with GEMs User Guide and Documentation for Technical Users, at <http://www.cms.gov/ICD10>. The diagnosis GEMs are also posted on the CDC website at <http://www.cdc.gov/nchs/icd/icd10cm.htm>.

All changes to date resulting from public comment and internal review have been incorporated into the FY2012 GEMs. The types of comments received include

- Suggested additional translation alternatives based on inclusion criteria (e.g., the same clinical term occurred in the index for both ICD-9 and ICD-10)
- Requested a new cluster translation for completeness
- Reported “exact match” flag inconsistencies
- Recommended deleting entries that do not meet inclusion criteria

All changes meeting inclusion criteria were made for the FY2012 update. Review and testing of all entries containing the exact match flag was undertaken to ensure that all such entries meet the strict criteria for exact match as defined in the GEMs Documentation for Technical Users.

Updated documentation for general and technical users of the GEMs will be posted with the GEMs files. The GEMs Documentation for Technical Users

- Specifies GEMs entry inclusion criteria and provides examples
- Discusses GEMs flags in detail and provides examples
- Answers other frequently asked technical questions
- Discusses translation rules for obstetrics and angioplasty

Examples of updated GEMs entries for FY2012 are provided in the following pages.

**Public comment:
ICD-10-CM to ICD-9-CM GEM entry for “NASH” code**

2011 entry	Updated 2012 entry	Comment
<p>Example K75.81 Nonalcoholic steatohepatitis (NASH)</p> <p>To 573.3 Hepatitis, unspecified</p>	<p>Example K75.81 Nonalcoholic steatohepatitis (NASH)</p> <p>To 571.8 Other chronic nonalcoholic liver disease OR 573.3 Hepatitis, unspecified</p>	<p>Although the available ICD-9-CM index and tabular instruction are not explicit as to ICD-9-CM coding for NASH, adding another approximate 10 to 9 GEMs translation meets inclusion criteria. The existing translation to 573.3 is also approximate.</p>



Public comment:

ICD-9-CM to ICD-10-PCS GEM entry for “radical laryngectomy” code

2011 entry	Updated 2012 entry	Comment
<p>Example Scenario 1 30.4 Radical laryngectomy</p> <p>Choice List 1 To 0CTS[0,4,7,8]ZZ Resection of Larynx (4 codes)</p> <p>AND</p> <p>Choice List 2 To 0WB6[0,3,4,X]ZZ Excision of Neck Region (4 codes)</p>	<p>Example Scenario 1 30.4 Radical laryngectomy</p> <p>Choice List 1 To 0CTS[0,4,7,8]ZZ Resection of Larynx (4 codes)</p> <p>AND</p> <p>Choice List 2 To 07T[1,2][0,4]ZZ Resection of Neck Lymphatic (4 codes)</p>	<p>The neck dissection portion of the PCS cluster translation of ICD-9-CM code 30.4 Radical laryngectomy has been modified to match the translation of ICD-9-CM radical neck dissection code 40.40. Radical neck dissection, not otherwise specified, for consistency</p>

Public comment:

Diagnosis GEM entries (both files) for “CNS complication” code

2011 entry	Updated 2012 entry	Comment
<p>Example ICD-9-CM GEM 997.01 Central nervous system complication</p> <p>To G97.2 Intracranial hypotension following ventricular shunting</p>	<p>Example ICD-9-CM GEM 997.01 Central nervous system complication</p> <p>To G97.81 Other intraoperative complications of nervous system</p> <p>OR</p> <p>To G97.82 Other postprocedural complications and disorders of nervous system</p>	<p>The current translation of the ICD-9-CM code does not meet inclusion criteria. The target system code translation contains more information than that contained in the source system code. The updated entry contains two ICD-10-CM alternatives that meet inclusion criteria.</p>

Public comment:

Diagnosis GEM entries (both files) for “abnormal findings” code

2011 entry	Updated 2012 entry	Comment
<p>Example R79.89 Other specified abnormal findings of blood chemistry</p> <p>To 790.99 Other nonspecific findings on examination of blood</p>	<p>Example R79.89 Other specified abnormal findings of blood chemistry</p> <p>To 790.6 Other abnormal blood chemistry</p> <p>OR</p> <p>790.99 Other nonspecific findings on examination of blood</p>	<p>Meets inclusion criteria for additional approximate translation alternative.</p>



**Public comment:
ICD-9-CM to ICD-10-PCS GEM entry for “limb lengthening procedure” code**

2011 entry	Updated 2012 entry	Comment
<p>Example Scenario 3 78.39 Limb lengthening procedures, other bones</p> <p>Choice List 1 0P8T0ZZ Division of Right Finger Phalanx, Open Approach OR 0P8T3ZZ Division of Right Finger Phalanx, Percutaneous Approach OR 0P8T4ZZ Division of Right Finger Phalanx, Percutaneous Endoscopic Approach AND Choice List 2 0PUT07Z Supplement Right Finger Phalanx with Autologous Tissue Substitute, Open Approach OR 0PUT0KZ Supplement Right Finger Phalanx with Nonautologous Tissue Substitute, Open Approach OR 0PUT37Z Supplement Right Finger Phalanx with Autologous Tissue Substitute, Percutaneous Approach OR 0PUT3KZ Supplement Right Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach OR 0PUT47Z Supplement Right Finger Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach OR 0PUT4KZ Supplement Right Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach</p>	<p>Example Scenario 1 78.39 Limb lengthening procedures, other bones</p> <p>Choice List 1 0P8T0ZZ Division of Right Finger Phalanx, Open Approach OR 0P8T3ZZ Division of Right Finger Phalanx, Percutaneous Approach OR 0P8T4ZZ Division of Right Finger Phalanx, Percutaneous Endoscopic Approach AND Choice List 2 0PUT07Z Supplement Right Finger Phalanx with Autologous Tissue Substitute, Open Approach OR 0PUT0KZ Supplement Right Finger Phalanx with Nonautologous Tissue Substitute, Open Approach OR 0PUT37Z Supplement Right Finger Phalanx with Autologous Tissue Substitute, Percutaneous Approach OR 0PUT3KZ Supplement Right Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Approach OR 0PUT47Z Supplement Right Finger Phalanx with Autologous Tissue Substitute, Percutaneous Endoscopic Approach OR 0PUT4KZ Supplement Right Finger Phalanx with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach</p>	<p>Typographical error. The number of scenarios in a combination entry was streamlined in the previous update and the scenario numbers were not reset to begin with scenario 1. The scenario numbers have been updated to reflect the change.</p>



2011 entry	Updated 2012 entry	Comment

Public comment:

ICD-9-CM to ICD-10-PCS GEM entry for “endoscopic polypectomy” code

2011 entry	Updated 2012 entry	Comment
<p>Example 48.36 [Endoscopic] polypectomy of rectum</p> <p>To 0DBP8ZZ Excision of Rectum, Via Natural or Artificial Opening Endoscopic</p> <p>FLAGS: 10003</p>	<p>Example 48.36 [Endoscopic] polypectomy of rectum</p> <p>To 0DBP8ZZ Excision of Rectum, Via Natural or Artificial Opening Endoscopic</p> <p>FLAGS: 10000</p>	<p>Typographical error. The entry is a single entry and the last flag is only used for combination entries. The flag was changed to zero.</p>

Public comment:

Diagnosis GEM entries (both files) for “chronic ischemic heart disease NEC” code

2011 entry	Updated 2012 entry	Comment
<p>Example ICD-9-CM GEM 414.8 Other specified forms of chronic ischemic heart disease</p> <p>To I25.6 Silent myocardial ischemia OR I25.89 Other forms of chronic ischemic heart disease</p>	<p>Example ICD-9-CM GEM 414.8 Other specified forms of chronic ischemic heart disease</p> <p>To I25.6 Silent myocardial ischemia OR I25.89 Other forms of chronic ischemic heart disease OR I25.9 Chronic ischemic heart disease, unspecified</p>	<p>414.8 and I25.9 both contain the index entry <i>Ischemia, ischemic > myocardium, myocardial (chronic or with a stated duration of over 8 weeks)</i></p> <p>Therefore, meets inclusion criteria for additional approximate translation alternative in both diagnosis GEM files.</p>

Public comment:

ICD-10-CM to ICD-9-CM GEM entry for “ventricular premature polarization” code

2011 entry	Updated 2012 entry	Comment
<p>Example I49.3 Ventricular premature depolarization</p> <p>To 427.1 Paroxysmal ventricular tachycardia</p>	<p>Example I49.3 Ventricular premature depolarization</p> <p>To 427.69 Other premature beats</p>	<p>Typographical error. The recommended translation meets inclusion criteria according to the index entries for both ICD-9-CM and ICD-10-CM, for example, <i>Tachycardia > supraventricular</i></p>



**Public comment:
Diagnosis GEM entries (both files) for “exact match” flag**

2011 entry	Updated 2012 entry	Comment
<p>Example ICD-9-CM GEM 126.9 Ancylostomiasis and necatoriasis, unspecified</p> <p>To B76.8 Other hookworm diseases FLAGS: 10000</p> <p>B76.9 Hookworm disease, unspecified FLAGS: 00000</p>	<p>Example ICD-9-CM GEM 126.9 Ancylostomiasis and necatoriasis, unspecified</p> <p>To B76.8 Other hookworm diseases FLAGS: 10000</p> <p>B76.9 Hookworm disease, unspecified FLAGS: 10000</p>	<p>As a result of numerous public comments received in 2010 and incorporated in the 2011 update, additional translation alternatives were added at the 2011 update to entries flagged as an exact match. Such entries no longer meet the exact match definition as clarified in the GEMs technical documentation. The flags have been revised to an approximate match for the 2012 update.</p>

**Public comment:
ICD-10-CM to ICD-9-CM GEM entry for “Diabetes with hypoglycemia and coma”**

2011 entry	Updated 2012 entry	Comment
<p>Example E08.641 Diabetes mellitus due to underlying condition with hypoglycemia with coma</p> <p>To 249.30 Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified</p> <p>OR</p> <p>To 249.30 Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified</p> <p>AND</p> <p>249.30 Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified</p>	<p>Example ICD-9-CM GEM E08.641 Diabetes mellitus due to underlying condition with hypoglycemia with coma</p> <p>To 249.30 Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified</p>	<p>Typographical error. A “combination” entry was listed that contained redundant translations of the single translation 249.30 in both choice lists. The unnecessary entry was removed for the 2012 update.</p>



**Internal review:
ICD-9-CM to ICD-10-CM GEM entries for “fracture of tibia with fibula” codes**

2011 entry	Updated 2012 entry	Comment
<p>Example 823.82 Closed fracture of unspecified part of fibula with tibia</p> <p>To S82.91xA Unspecified fracture of right lower leg, initial encounter for closed fracture OR S82.92xA Unspecified fracture of left lower leg, initial encounter for closed fracture</p>	<p>Example Scenario 1 823.82 Closed fracture of unspecified part of fibula with tibia</p> <p>Choice List 1 S82.201A Unspecified fracture of shaft of right tibia, initial encounter for closed fracture AND Choice List 2 S82.401A Unspecified fracture of shaft of right fibula, initial encounter for closed fracture</p> <p>Scenario 2 823.82 Closed fracture of unspecified part of fibula with tibia</p> <p>Choice List 1 S82.202A Unspecified fracture of shaft of left tibia, initial encounter for closed fracture AND Choice List 2 S82.402A Unspecified fracture of shaft of left fibula, initial encounter for closed fracture</p>	<p>According to the ICD-10-CM index, unspecified fracture site defaults to shaft, so an ICD-10-CM combination entry containing fracture of tibia shaft and fibula shaft is a better translation of the source system ICD-9-CM code.</p>

**Internal review:
Diagnosis GEM entries (both files) for “nervous system complication” code**

2011 entry	Updated 2012 entry	Comment
<p>Example ICD-9-CM GEM 997.09 Other nervous system complications</p> <p>To G97.0 Cerebrospinal fluid leak from spinal puncture OR G97.81 Other intraoperative complications of nervous system OR G97.82 Other postprocedural complications and disorders of nervous system</p>	<p>Example ICD-9-CM GEM 997.09 Other nervous system complications</p> <p>To G03.8 Meningitis due to other specified causes OR G97.0 Cerebrospinal fluid leak from spinal puncture OR G97.81 Other intraoperative complications of nervous system OR G97.82 Other postprocedural complications and disorders of nervous system</p>	<p>Similar index entries in both code sets indicate that postprocedural meningitis is included in the complete meaning of the code, as in the example: Meningitis (<i>basal</i>) (<i>basic</i>) (<i>basilar</i>) (<i>brain</i>) (<i>cerebral</i>) (<i>cervical</i>) (<i>congestive</i>) (<i>diffuse</i>) (<i>hemorrhagic</i>) (<i>infantile</i>) (<i>membranous</i>) (<i>metastatic</i>) (<i>nonspecific</i>) (<i>pontine</i>) (<i>progressive</i>) (<i>simple</i>) (<i>spinal</i>) (<i>subacute</i>) (<i>sympathetica</i>) (<i>toxic</i>) > <i>due to</i> > <i>preventive immunization, inoculation, or vaccination</i></p>



**Internal review:
Diagnosis GEM entries (both files) for “primary insomnia” code**

2011 entry	Updated 2012 entry	Comment
<p>Example ICD-10-CM GEM F51.01 Primary insomnia</p> <p>To 327.41 Confusional arousals</p> <p>F51.02 Adjustment insomnia</p> <p>To 327.42 REM sleep behavior disorder</p>	<p>Example ICD-10-CM GEM F51.01 Primary insomnia</p> <p>To 307.42 Persistent disorder of initiating or maintaining sleep</p> <p>F51.02 Adjustment insomnia</p> <p>To 307.41 Transient disorder of initiating or maintaining sleep</p>	<p>Typographical error.</p>

**Internal review:
ICD-9-CM to ICD-10-PCS GEM entries for “fistula repair” codes**

2011 entry	Updated 2012 entry	Comment
<p>Example 34.73 Closure of other fistula of thorax</p> <p>To 0WQ[8,C][0,3,4]ZZ (6 codes) Repair of Chest Wall or Mediastinum</p>	<p>Example Scenario 1 34.73 Closure of other fistula of thorax</p> <p>Choice List 1 To 0BQ[3-B][03478]ZZ (40 codes) 0BQ30ZZ Repair of Bronchus AND Choice List 2 0DQW[034]ZZ (3 codes) Repair of Peritoneum</p>	<p>In previous GEMs releases, translation of ICD-9-CM codes for repair of fistula were listed as single entries, specifying the “deepest” anatomical site of the repair in the ICD-10-PCS translation. Upon review it was determined that a complete translation should be an ICD-10-PCS combination entry containing ICD-10-PCS repair codes specifying both body parts involved in the fistula.</p>



MS-DRG Software Update

General Area of Query

- **Definitions Manual**
 - Structure
 - Differences between definitions manual and software
- **Grouping related questions**
 - MDC 8
 - MDC 12, 13 and 14
 - MDC 14
 - MDC 15
 - MDC 23
 - SDX/PDX exclusions
- **Updated Definitions Manual and Software availability**
- **ICD-10 IOCE availability**



Definitions Manual Structure

- **MDCs**
 - MDC 4 and 21 PDX lists - diagnosis clusters have been removed
 - MDC 17 DRGs 826-830 - text “Any other operating room procedure” added
- **Appendix E**
 - Procedures not used by the ICD-9 grouper are not listed in Appendix E. This is replicated in the ICD-10 definitions manual
 - Some procedures are only used in clusters and therefore only show up in the cluster lists of Appendix E
- **Appendix F**
 - Redundant clusters were removed from the non-extensive OR list (DRGs 987-989)
- **Appendix H**
 - Part 2 re-titled to “Codes excluded as MCC if patient died”
- **Appendix I**
 - HAC 6 - Changes made to three SDX lists

Differences between Definitions Manual and Software

- DRG 007 and 014- hierarchy corrected in definitions manual
- Appendix B – MDC 15 “major problem” diagnoses - DRGs 791/793 entry removed
- The distinction of OR vs. Non-OR for the drug-eluting and non-drug-eluting stents will be removed



Grouping Related Questions

- **Procedure clusters –**

Clusters are defined to replicate ICD-9 procedures
A cluster will have its own attributes, independent of those of the codes that make it up
Currently, all clusters that are in the definitions manual for an MDC are restricted for that MDC
- **Sex edit for MDCs 12, 13 and 14 -**

The sex edit was removed from the logic for MDCs 12, 13 and 14 in MS-DRG v28.0. This is now replicated in the ICD-10 version of MS-DRG v28
- **MDC 14 -**

ICD-10-CMS obstetric diagnoses are not classified based on outcome so DRG 765 is based on PDX assigned and a PCS cesarean section procedure code
- **MDC 15 -**

The current grouper definitions were not handling the normal newborns vs. other significant problems of newborns definitions correctly

Z23 as a secondary diagnosis in MDC 15 will not change the DRG assignment in the next update
- **MDC 23 - Recommended redefinition of DRG 945/946**

Remove PDX requirement
Remove all assessment procedures
Require PDX from MDC 23 and therapeutic rehabilitation procedure
- **PDX/SDX exclusions –**

Not all diagnoses are excluded from themselves. A diagnosis that is not excluded from itself can be the PDX and as an SDX be a CC or MCC



Updated ICD-10 Software and Definitions Manual

- **MS-DRG V28.0 Definitions Manual**

Posted on CMS website at <http://www.cms.gov/ICD10>

- **Updated MSGMCE V28.0 PC Software**

Available via NTIS by September 30, 2011

ICD-10 IOCE Availability

- Posted on CMS website at <http://www.cms.gov/ICD10>
- CMS welcomes comments!

