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VIA ELECTRONIC MAIL

Patricia Brooks, RHIA  
Centers for Medicare and Medicaid Services  
CMM, HAPG, Division of Acute Care  
Mail Stop C4-08-06  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Dear Ms. Brooks:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the ICD-10-PCS code proposals presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on September 13.

### **Extracorporeal Carbon Dioxide Removal**

AHIMA recommends creation of a new code for extracorporeal carbon dioxide removal in 5A0, Extracorporeal Assistance and Performance, with the root operation “Assistance.” Since this procedure was described at the September C&M meeting as providing partial support, “Assistance” seems like a more appropriate root operation than “Performance.”

We do not recommend use of the duration values “Single” and “Multiple” for the new code for extracorporeal carbon dioxide removal. Based on the discussion at the C&M meeting, distinguishing “single” and “multiple” procedures does not seem like a useful distinction to capture for this procedure and could create confusion as to proper code assignment.

### **Intramuscular Autologous Bone Marrow Cell Therapy**

We support creation of a new code for intramuscular injection of concentrated bone marrow aspirate in section X, New Technology.

### **Administration of Influenza Vaccine**

AHIMA does **not** support creation of a unique code for administration of the influenza vaccine. This is not the type of procedure that should be captured in ICD-10-PCS, and creation of a code would open the door for creation of many other vaccine administration codes.

If a new code for administration of the influenza vaccine is approved, *Coding Clinic for ICD-10-CM/PCS* should clarify that use of this code is entirely optional.

### **Introduction of Peptide Enhanced Bone Graft Substitute**

AHIMA supports CMS' recommendation of option 1, not to create new codes for the use of peptide enhanced bone graft substitute when used in a cervical spinal fusion.

However, we **do not** agree that coding professionals should be allowed to optionally assign existing code 3E0U3GC, Introduction of Other Therapeutic Substance into Joints, Percutaneous Approach, to capture the use of peptide enhanced bone graft substitute. The ICD-10-PCS coding guidelines for spinal fusion indicate that when an interbody fusion device is used to render the joint immobile (alone or containing other material like bone graft), the procedure is coded with the device value Interbody Fusion Device. Therefore, we do not believe it would be appropriate to code the use of graft material separately.

### **Resuscitative Endovascular Balloon Occlusion of the Aorta**

We support option 2, creation of a unique code for resuscitative endovascular balloon occlusion of the aorta in table 02L, Occlusion of Heart and Great Vessels.

### **Intraoperative Treatment of Vascular Grafts**

While ordinarily, the intraoperative preparation of vein graft material would not be coded separately, AHIMA recognizes the need to identify this service if a New Technology Add-On Payment is approved. Therefore, we support option 3, creation of a new code in section X, New Technology, to identify the intraoperative administration of endothelial damage inhibitor to vein graft material.

### **ICD-10-PCS Addenda**

AHIMA supports the proposed Addenda changes with the exceptions noted below.

#### ***Revision of Title of Sections 5 and 6***

We **do not** support the proposed change in the title of sections 5 and 6 from “Extracorporeal” to “Systemic.” It is not clear what changing the section title but not the root operation description or code title is intended to accomplish. Since “extracorporeal” is a term often documented in medical records, leaving it in the code title but taking it out of the section title may create unnecessary confusion regarding the procedures included in these sections. While “extracorporeal” may not accurately describe all of the procedures included in these sections, not all of these procedures are accurately described as “systemic,” either. “Systemic” generally refers to the entire body being affected, rather than a single organ or body part.

If the intent of the proposed change is to recognize that not all of the procedures included in these sections are “extracorporeal,” perhaps the section titles could be revised to reflect both extracorporeal and systemic (**Extracorporeal or Systemic** Assistance and Performance, **Extracorporeal or Systemic** Therapies).

#### ***Extraction Procedures***

We recommend adding the root operation Extraction for the Head and Facial Bones body system in addition to the proposed body systems.

Thank you for the opportunity to comment on the proposed ICD-10-PCS code revisions. If you have any questions, please feel free to contact me at (312) 233-1115 or [sue.bowman@ahima.org](mailto:sue.bowman@ahima.org).

Sincerely,

A handwritten signature in black ink that reads "Sue Bowman". The signature is written in a cursive, flowing style.

Sue Bowman, MJ, RHIA, CCS, FAHIMA  
Senior Director, Coding Policy and Compliance