



233 N. Michigan Ave., 21st Fl.  
Chicago, IL 60601

phone » (312) 233-1100  
fax » (312) 233-1090  
web » www.ahima.org

November 8, 2018

VIA ELECTRONIC MAIL

Mady Hue  
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. Hue:

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 11.

**Intraoperative Fluorescence Lymphatic Mapping in Gynecological Cancers Using Indocyanine Green (ICG) Dye**

AHIMA supports option 2, the addition of qualifier value H Indocyanine Green Dye in table 4A1, Monitoring of Physiological Systems, for the body system value Lymphatic and the function value Flow.

We recommend that the brand name, SPY PINPOINT, be added to the Index and Substance Key to assist coding professionals in determining the correct code, since this technology may be identified in medical record documentation by the brand name.

**Administration of Vabomere™ (Meropenem-Vaborbactam)**

Rather than creating a unique code in ICD-10-PCS to capture intravenous meropenem-vaborbactam, we recommend that a National Drug Code (NDC) be used to identify this drug for the purpose of administering the new technology add-on payment (NTAP) policy.

**Cell Suspension Autografting**

AHIMA supports option 2, creation of new qualifier Cell Suspension Technique in table 0HR, Replacement of Skin and Breast, applied to the skin body part values and the device value Autologous Tissue Substitute, to identify cell suspension autografting. Based on the clinical presentation at the September C&M meeting, this product is a type of skin graft and meets the definition of the root operation Replacement.

“Suspension, cell” with the subterm “autografting” should be added to the Index and direct coding professionals to “Replacement, Skin and Breast.”

### **Intramedullary Limb Lengthening System**

We support option 2, creation of device value 7 Internal Fixation Device, Intramedullary Limb Lengthening in tables 0PH and 0QH, applied to the humerus, femur and tibia body part values.

### **Subcutaneous Implantable Cardioverter Defibrillator (S-ICD) Lead**

We support option 2, creation of device value F Subcutaneous Defibrillator Lead in tables 0JH, 0JP, and 0JW (root operations Insertion, Removal, and Revision), applied to the corresponding chest/trunk body part value and approach values.

Although we recognize that option 3 might be more consistent with the codes that have been created in the Insertion, Removal, and Revision tables in the past, we believe that the same level of detail regarding the device should be captured regardless of whether the device is being inserted, removed, or revised.

### **Administration of Erdafitinib**

AHIMA **opposes** the creation of an ICD-10-PCS code for the administration of erdafitinib. As indicated during the September C&M meeting, this drug will primarily be administered on an outpatient basis. The presenter at the meeting estimated that only about 300 Medicare patients would receive erdafitinib as an inpatient. Therefore, if it is deemed necessary to uniquely identify this drug for the purpose of administering the NTAP policy, we recommend that an NDC be used rather than creating an ICD-10-PCS code.

We question the current coding recommendation in the September C&M meeting topic packet, which indicated that ICD-10-PCS code 3E0DX05 can be reported for the oral administration of erdafitinib. The oral administration of medications is not generally reported by facilities.

### **Administration of Esketamine Hydrochloride**

AHIMA **opposes** the creation of an ICD-10-PCS code for the administration of esketamine hydrochloride nasal spray. If it is deemed necessary to uniquely identify this drug for the purpose of administering the NTAP policy, we recommend that an NDC be used rather than creating an ICD-10-PCS code.

### **Administration of ERLEADA™ (Apalutamide), for Oral Use**

AHIMA **opposes** the creation of an ICD-10-PCS code for the administration of ERLEADA™. Since this drug will likely be primarily administered on an outpatient basis, it is not clear how often this drug will be administered to hospital inpatients. If it is deemed necessary to uniquely identify this drug for the purpose of administering the NTAP policy, we recommend that an NDC be used rather than creating an ICD-10-PCS code.

We question the current coding recommendation in the September C&M meeting topic packet, which indicated that ICD-10-PCS code 3E0DX05 can be reported for the oral administration of ERLEADA™. The oral administration of medications is not generally reported by facilities.

### **Angioplasty with Sustained Release Drug-Eluting Stent**

AHIMA **opposes** creation of unique ICD-10-PCS codes to capture the use of a sustained release drug-eluting stent. These devices can be captured with the existing device values for Intraluminal Device, Drug-Eluting. We do not believe it is appropriate for ICD-10-PCS to distinguish nuances in specific types of similar devices such as drug-eluting stents that are sustained release vs. those that are not sustained release. Additionally, since approval by the US Food and Drug Administration is not expected until at least December 2021, it is premature to create codes for the use of this device.

If CMS decides to create new codes for the use of a sustained release drug-eluting stent, we believe the new device value should be added to table 047, Dilatation of Lower Arteries, rather than section X, in order to reduce the potential for miscoding this device as a conventional drug-eluting stent.

### **T-Cell Depleted Hematopoietic Stem Cells for Transplantation**

We support creation of a new substance value Stem Cells, T-cell Depleted Hematopoietic, in table 302 of section 3, Administration, applied to the qualifier values specifying an Allogeneic donor source.

### **Fluorescence-Guided Brain Tumor Surgery (FGS) using Gleolan (ALA, Aminolevulinic Acid)**

AHIMA **opposes** creation of a new method value Fluorescence Guided Procedure and qualifier value Aminolevulinic Acid, as we do not believe ICD-10-PCS is the appropriate mechanism for identifying specific optical imaging agents.

### **Section X**

Regarding CMS' review of the New Technology Group 1 codes, we do not support retaining any of these codes in section X unless an NTAP is still in effect. If the NTAP has expired (or an NTAP was never approved for the technology represented by the section X procedure code), the procedure code should either be reassigned to the Med/Surg section or another appropriate section of ICD-10-PCS and deleted from section X. We believe it is inappropriate to keep a code in section X for an extended period of time or indefinitely.

### **Addenda**

AHIMA supports the proposed ICD-10-PCS Addenda modifications, with the exception of the proposal regarding External Monitoring of Renal Function. We believe this proposal, which involves an option for creation of a new code in section X, merits presentation as a formal code proposal rather than as an Addenda modification.

With respect to the preliminary proposal to add Qualifiers for the root operation Revision that would specify that an additional substance or device was used, we prefer option 2. This option

providers more detailed qualifier values. The qualifier values in option 1 are too general to provide much value.

Thank you for the opportunity to comment on the proposed ICD-10-PCS modifications. 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