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November 1, 2019

VIA ELECTRONIC MAIL

Marilu 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 10.

AHIMA is the national nonprofit association of health information management (HIM) professionals. Serving 52 affiliated component state associations including the District of Columbia and Puerto Rico, AHIMA represents over 103,000 health information management professionals with the mission of empowering people to impact health. AHIMA's credentialed and certified HIM members can be found in more than 40 different employer settings in 120 different job functions—consistently ensuring that health information is accurate, timely, complete, and available to patients and providers.

Intraoperative Near-Infrared Fluorescence Imaging of Hepatobiliary System Using Indocyanine Green Dye

AHIMA supports creation of new imaging type 5 Other Imaging, applied to table BF5 of section B, Imaging of Hepatobiliary System and Pancreas, and creation of new contrast value 2 Fluorescing Agent and new contrast qualifier value 0 Indocyanine Green Dye, to identify near-infrared fluorescence imaging of the hepatobiliary system using ICG dye during cholecystectomy.

However, **we recommend creating only a single row in table BF5 and adding the new contrast value and qualifier value in this row** rather than creating a second row.

Near Infrared Spectroscopy for Tissue Viability Assessment

We do **not** support creation of a unique code for near infrared spectroscopy tissue oxygenation imaging, as this procedure is not typically coded in the hospital inpatient setting.

Cesium-131 Brachytherapy

We are concerned about continuing to create unique ICD-10-PCS codes for individual isotopes. This level of detail seems outside the intended scope of ICD-10-PCS, especially given the discussion during the September C&M meeting around ways to extend the longevity of ICD-10-PCS tables. As noted during the meeting, the challenge is to use the remaining letters and numbers in ways that produce useful distinctions in the coded data for a significant period of time. **AHIMA believes that criteria need to be developed for the ideal level of detail that produces the most useful data, given limitations within the structure of ICD-10-PCS tables.**

If CMS wishes to identify the specific isotope used in brachytherapy, **we recommend that this information be captured through other data sets, such as the hospital's chargemaster or tumor registry**, rather than continuing to create unique codes.

We also recommend that the device value 1 Radioactive Element be added to additional Insertion tables in the Med/Surg section (such as table 00H), for body parts where a radioactive element may be implanted, in order to be able to capture this information more specifically (rather than using the device value Y Other Device).

Intravascular Ultrasound Assisted Thrombolysis

We support option 3, which includes adding the pulmonary trunk pulmonary artery, and pulmonary vein body part values to table 02F, Fragmentation of Heart and Great Vessels, for intravascular ultrasound assisted thrombolysis of pulmonary embolism. Option 3 would also create new ICD-10-PCS tables 03F, 04F, 05F, and 06F to capture intravascular ultrasound assisted thrombolysis of upper and lower extremity vessels.

The Approach value External should not be included for these procedures, as it was noted during the C&M meeting that intravascular ultrasound assisted thrombolysis would not be performed via an external approach.

Administration of Nerinitide

AHIMA **opposes** the creation of new codes to identify intravenous infusion of Nerinitide at this time, as we believe it is premature since an application for Food and Drug Administration approval is not expected to be submitted until fiscal year 2021.

Administration of Eladocagene Exuparvovec

We support the creation of a new code in section X, New Technology, to identify the percutaneous injection of eladocagene exuparvovec into the brain, since a unique code may be necessary if this gene therapy is approved for an NTAP. However, AHIMA continues to believe that NDCs should be used to identify the administration of specific drugs rather than creating unique ICD-10-PCS codes.

Administration of ZULRESSO™

AHIMA supports the creation of a new code in section X, New Technology, to identify the intravenous infusion of ZULRESSO™, since a unique code may be necessary if this drug is approved for an NTAP. However, AHIMA continues to believe that NDCs should be used to identify the administration of specific drugs rather than creating unique ICD-10-PCS codes.

Section X Update

CMS indicated no changes are being proposed to any of the New Technology Group 1 codes in section X as a result of their analysis of the reporting frequency for these codes. **We agree with the C&M attendee who recommended that CMS establish a threshold for determining when changes (deletion, move to Med/Surg section, etc.) should be made to section X codes.**

It is unclear why CMS would not make changes to some of the New Technology Group 1 codes based on the data that was presented. For example, the New Technology Group 1 codes in tables X2C and XR2 would appear to warrant being moved to the Med/Surg section. Drug administration codes in table XW0 that are not associated with an approved NTAP are of questionable value. Codes for drug administration are not typically assigned in the hospital inpatient setting, and these codes were only created with the expectation they would be needed to support an NTAP. Reporting frequency is relatively low, and it is possible they are only being reported because a code exists, not because these codes provide useful information.

AHIMA recommends that CMS consider moving New Technology Group 1 codes in tables X2C and XR2 to the Med/Surg section, and deleting New Technology Group 1 codes in table XW0 that are not associated with an NTAP.

Addenda and Key Updates

AHIMA supports the proposed ICD-10-PCS Addenda, Body Part Key, and Device Key modifications.

ICD-10-PCS Structure and Principles of Maintenance

In order to extend longevity of ICD-10-PCS, parameters should be established regarding the scope and degree of specificity. Codes for increasingly specific levels of detail have been proposed in recent years, with no clear parameters establishing the level of specificity that is appropriate for ICD-10-PCS or useful to capture.

As part of the process for setting parameters around the scope and level of specificity in ICD-10-PCS, evaluation of other terminologies and code sets that could be used to complement ICD-10-PCS (rather than duplicating in ICD-10-PCS concepts included in other code sets) should be undertaken.

AHIMA supports consideration of use of section 8 in ICD-10-PCS as one approach to extending the longevity of the code set.

A periodic, systematic review of all ICD-10-PCS codes should also be undertaken to evaluate usefulness and clinical relevance. Frequency of reported codes is only one factor that should be

considered. A code may be reported simply because a code exists, but the information may not be particularly useful.

Thank you for the opportunity to comment on the proposed ICD-10-PCS modifications. If you have any questions, please feel free to contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer