



April 17, 2014

VIA ELECTRONIC MAIL

Patricia Brooks, RHIA
Senior Technical Advisor
Centers for Medicare and Medicaid Services
Hospital and Ambulatory Policy Group
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 proposed procedure code modifications presented at the ICD-10 Coordination and Maintenance (C&M) Committee meeting held on March 19.

Administration of Dalbavancin

AHIMA recognizes that if a new technology add-on payment is approved for Dalbavancin, it will be necessary to be able to identify this drug on claims. However, we recommend that a drug terminology, such as the National Drug Codes (NDC), be used to capture the administration of this drug instead of ICD-10-PCS. We believe that a drug terminology, which is intended to specify individual drugs, is a more appropriate code set for identifying specific drugs and substances.

If CMS decides to create an ICD-10-PCS code for Dalbavancin, an effective date of October 1, 2014 would be acceptable to AHIMA, since that date is no longer the ICD-10-CM/PCS compliance date.

Administration of REASANZ™ (Serelaxin)

If REASANZ™ is approved for a new technology add-on payment, we recommend that NDC codes be used to capture the administration of this drug instead of ICD-10-PCS. A drug terminology is a more appropriate code set for identifying specific drugs and substances.

If CMS does decide to create an ICD-10-PCS code for REASANZ™, an effective date of October 1, 2014 would be acceptable to AHIMA, since that date is no longer the ICD-10-CM/PCS compliance date.

Gliadel® Wafer

We support CMS' recommendation of option 3, effective after the partial code freeze ends, to capture open approaches for all substances applied via craniotomy in table 3E0 for the cranial cavity and brain body system/region value.

Heli-FX™ EndoAnchor System

AHIMA opposes the creation of a new ICD-10-PCS code for the use of the Heli-FX™ EndoAnchor System because the use of these fasteners is integral to the procedure. Only the endovascular aortic graft procedure should be coded.

Coronary Arteries: Number of Vessels/Number of Stents

AHIMA recommends option 1, which involves revising the coronary artery body part values to specify the number of vessels rather than sites and adding device values for number of devices to identify the number of stents inserted. Although this option impacts the meaning of existing body part values, identifying the number of coronary arteries instead of the number of sites may be a clearer approach for handling these body parts. Consideration should be given to creating new values (and deleting the old values representing "sites") instead of revising the current values, in order to avoid changing the meaning of existing codes.

To ensure consistency across ICD-10-PCS, other tables where coronary artery is a body part should also be revised so that this body part describes number of coronary arteries rather than number of sites throughout all relevant tables.

These proposed changes should go into effect after the end of the partial code freeze.

Peripheral Arteries: Number of Stents and Bifurcation

We support CMS' recommendation of option 2, to add Device values to identify the number Intraluminal Devices and Drug-Eluting Intraluminal Devices and to add the Qualifier Bifurcation.

These proposed changes should go into effect after the end of the partial code freeze.

Coronary and Peripheral Artery Extirpation: Bifurcation

We support CMS' recommendation of option 2, to add the Qualifier Bifurcation to tables 02C, Extirpation of Heart and Great Vessels, 03C, Extirpation of Upper Arteries, and 04C, Extirpation of Lower Arteries.

These proposed changes should go into effect after the end of the partial code freeze.

Addenda and Key Updates Changes

AHIMA generally supports the proposed FY 2015 Addenda and Device Key revisions. For the proposed Index addition for Facetectomy, we agree with the commenter at the meeting that consideration should be given as to whether the body part value for this procedure should be joint rather than upper and lower bones.

Thank you for the opportunity to comment on the proposed ICD-10-PCS procedure code revisions. If you have any questions, please feel free to contact me at (312) 233-1115 or 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