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April 6, 2017

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 March 7. Unless otherwise noted below, we support the implementation of these code modifications on October 1, 2017.

Cerebral Embolic Protection During Transcatheter Aortic Valve Replacement

AHIMA **does not support** the proposed creation of a new code in section X, New Technology, for use of a cerebral embolic deflection device during transcatheter aortic valve replacement procedures. As described during the presentation at the C&M meeting, this device is temporary and removed prior to the conclusion of the procedure. Guideline B6.1a in the *ICD-10-PCS Official Guidelines for Coding and Reporting* states "A device is coded only if a device remains after the procedure is completed." This guideline is an important principle, as allowing temporary devices used during surgery to be separately coded would result in confusion regarding when the use of a device during surgery should be coded and when it should not be coded because it is integral to the performance of the procedure.

Also, the root operation "Assistance" is not appropriate for the placement of a cerebral embolic deflection device because this device does not take over a portion of a physiological function by extracorporeal means." If CMS decides to move forward with creation of a code, a different root operation should be selected, such as Insertion.

A suggestion was made during the C&M meeting that if a code is created, the device should be identified as "temporary" in the code descriptor. While we agree that this device should be distinguished from those that remain in the patient after the conclusion of the procedure, "temporary" is an ambiguous term that is not defined in ICD-10-PCS or the associated guidelines. "Temporary" does not necessarily indicate that the device was removed before the end of the procedure. "Intraoperative" would be a clearer and more descriptive qualifier. This

term would also be consistent with the proposed Addenda modification to add the qualifier "intraoperative" for insertion of external heart assist devices.

Oxidized Zirconium on Polyethylene Bearing Surface for Hip and Knee Arthroplasty

AHIMA supports the proposal to create a new device value Synthetic Substitute, Oxidized Zirconium on Polyethylene for the hip and knee joint body part values in table 0SR to identify oxidized zirconium on polyethylene bearing surfaces used as hip and knee prostheses in total joint replacement. The presenter stated that oxidized zirconium is neither ceramic nor metal but a distinct bearing surface, which addresses our previous concern that this bearing surface might overlap with existing device values. The presenter also clearly articulated the value, in terms of clinical comparisons and quantification of differences in patient outcomes, of distinguishing this bearing surface from other types of bearing surfaces.

Administration of ZINPLAVA™ (Bezlotoxumab)

We support the proposed creation of new codes in section X, New Technology, to identify intravenous infusion of bezlotoxumab.

Endovascular Cardiac Implant

AHIMA recommends bringing the proposal for new codes for endovascular cardiac implant back to the September C&M meeting for further discussion and consideration of additional code options. Per the discussion at the March C&M meeting, the proposed Device character does not adequately describe the use of this specific technology. Also, consideration should be given as to whether Repair is the best root operation, or whether another root operation, such as Restriction or Supplement, would be more appropriate, or whether multiple codes are ideally needed to fully describe this procedure.

Combined Thoracic Aortic Arch Replacement and Descending Thoracic Aorta Restriction

While we support the creation of two new device values to identify the replacement of the ascending thoracic aorta and aortic arch and restriction of the descending thoracic aorta, **we recommend these new values be created in the Med/Surg section** rather than in Section X, New Technology.

We also recommend holding off implementation of new codes until October 1, 2018, since application of a new technology add-on payment is not anticipated until Fiscal Year (FY) 2019.

Renal Replacement Therapy

AHIMA supports option 3, deletion of existing hemodialysis codes 5A1D00Z and 5A1D60Z and creation of new hour-based duration values.

We recommend that the title of proposed duration value 8 (Intermittent, 6-18 hours per day) be changed to "Prolonged Intermittent, 6-18 hours per day." This description would be consistent with the terminology described in the background material, which referred to treatment of this

duration as "prolonged intermittent renal replacement therapy," and would also ensure that each duration value has a unique description (Intermittent, Prolonged Intermittent, and Continuous).

Radiotherapeutic Brain Implant

AHIMA recommends the root operation Insertion instead of Introduction for the use of Cesium-131 collagen implants in adjuvant radiation therapy, since these implants seem similar to the implantation of radioactive seeds in the prostate, which is classified to the root operation Insertion.

We prefer that the new code be added to table 00H, with creation of a new device value for Cesium 131 Collagen Implant, rather than in section X.

Occlusion of Left Atrial Appendage

We **do not support** creation of a new code for occlusion of left atrial appendage with the use of a clip. Current codes are adequate, as this procedure can be coded with a code from table 02L and the device value "extraluminal device." As was noted during the C&M meeting, the clip used to occlude the atrial appendage is the only device currently classified to this device value.

Spinal Fusion with Radiolucent Interbody Fusion Device

AHIMA supports option 2, creation of a new device value for Interbody Fusion Device, Radiolucent Porous, for the cervical, thoracic, and lumbar vertebral joint body part values in tables 0RG and 0SG, Fusion of Upper Joints and Lower Joints body systems. Creation of new codes in the Med/Surg section is preferable to creating new codes in section X because the use of other types of interbody fusion devices is classified to tables 0RG and 0SG. In addition to the value of placing codes for related procedures in the same table, including the new device value in the Med-Surg tables will help to prevent the inappropriate use of existing device value A, Interbody Fusion Device, for the radiolucent porous interbody fusion device.

We recommend delaying implementation of new codes until October 1, 2018, since application of a new technology add-on payment is not anticipated until FY 2019.

Administration of VYXEOS™

We support the creation of new codes in section X to identify the administration of VYXEOS.

Administration of KTE-C19 (axicabtagene ciloleucel)

We support the creation of new codes in section X to identify the administration of KTE-C19.

Resection of Left Ventricular Outflow Tract Obstruction and/or Subaortic Membrane

AHIMA supports the addition of body part value L, Left Ventricle, to table 027, Dilation of Heart and Great Vessels, to identify procedures to correct left ventricular outflow tract obstruction.

Fontan Completion Procedure, Stage II

We support the addition of new qualifier values for Pulmonary Trunk, Pulmonary Artery, Right, and Pulmonary Artery, Left in table 061, Bypass of Lower Veins, to better identify bypass procedures from the inferior vena cava to the pulmonary arteries.

Alfieri Stitch Valvuloplasty

We support the addition of a body part value for Mitral Valve to table 02V, Restriction of Heart and Great Vessels, to more precisely code stitch valvuloplasty of the mitral valve performed to restrict blood flow to treat severe mitral regurgitation.

Ligation of Main Pulmonary Artery/Pulmonary Trunk

AHIMA supports the addition of body part values for Pulmonary Trunk and Right Pulmonary Artery to table 02L, Occlusion of Heart and Great Vessels, and also the addition of the qualifier value "No Qualifier" to the row containing Left Pulmonary Artery, in order to improve identification of procedures where ligation of a pulmonary artery is performed.

Fluoroscopy of Pulmonary Trunk

We have no objection to the creation of a new body part value for Pulmonary Trunk in table B31, Fluoroscopy of Upper Arteries, to permit the coding of fluoroscopic assessment of the pulmonary trunk by those facilities wishing to capture this procedure with an ICD-10-PCS code.

If creation of this body part value is approved, we recommend that information published in *Coding Clinic for ICD-10-CM/PCS* clarify that reporting of these codes is optional.

Release of Myocardial Bridge

We support the addition of coronary artery body part values to table 02N, Release of Heart and Great Vessels, to identify procedures performed to correct myocardial bridging.

Magnetically Controlled Growth Rods

We support option 2a, the deletion of three codes for percutaneous endoscopic approach and the addition of three codes for percutaneous approach, in table XNS, Reposition of Bones (New Technology section), to permit more accurate reporting of implantation of magnetically controlled growth rods.

Since fusion and replacement or removal of the rods can be adequately captured with existing codes, we agree no new codes need to be created for these procedures. We recommend that *Coding Clinic for ICD-10-CM/PCS* clarify proper coding of the replacement or removal of magnetically controlled growth rods to ensure accurate and consistent coding practices.

Endovascular Intracranial Thrombectomy Procedures

We **do not support** the creation of unique codes to distinguish the use of stent retriever and aspiration techniques for endovascular intracranial thrombectomy procedures. Based on the discussion during the C&M meeting as well as follow-up communications from coding professionals, we are concerned that it will be very difficult to differentiate these techniques in medical record documentation, especially since the stent retriever technique always involves some degree of local aspiration. This difficulty will result in inaccurate data on the use of these techniques, thus defeating the purpose of creating unique codes.

Addenda

We support the proposed ICD-10-PCS Addenda modifications.

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.

Sincerely,

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