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April 1, 2019

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 March 5-6.

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 more than 103,000 HIM professionals dedicated to promoting and advocating for best practices and effective standards in health information. AHIMA's credentialed and certified HIM members can be found in more than 40 different employer settings in 120 diverse job functions – consistently ensuring that health information is accurate, timely, complete, and available to patients and providers. AHIMA provides leadership through education and workforce development, as well as thought leadership in continuing HIM research and applied management for health information.

**AHIMA recommends that CMS coordinate applications for New Technology Add-on Payments (NTAPs) and implementation of associated ICD-10-PCS codes** in order to avoid situations whereby new codes are unnecessarily created (and subsequently unreported). This recommendation is supported by the Section X Update posted on the CMS website, which analyzes the usage of New Technology Group 1 codes in section X, New Technology. Of the fourteen New Technology Group 1 codes, only two were ultimately approved for an NTAP. The low frequency of the reporting of many of these codes over the three years since implementation suggests that codes should not be created in section X unless an associated NTAP is approved, especially codes for procedures not typically coded in the inpatient hospital setting, such as drug administration.

### **Cerebral Embolic Protection During Transcatheter Aortic Valve Replacement**

AHIMA supports the creation of a new code in section X, New Technology, to identify cerebral embolic protection during Transcatheter Aortic Valve Replacement.

### **Administration of Drugs**

AHIMA continues to believe that ICD-10-PCS is not the appropriate code set for identification of specific drugs and that a drug terminology should be used for this purpose instead. We also believe that hospital coding professionals should not be expected to assign procedure codes for the administration of specific drugs. We recommend that CMS work toward system modifications and any other changes necessary to accommodate codes from a drug terminology, such as RxNorm or the National Drug Code (NDC), for the capture of administration of specific drugs in the future.

Until this change occurs, we support the creation of new codes in section X, New Technology, for the drug administration proposals presented at the March C&M meeting (i.e., tagraxofusp-erz, venetoclax, caplacizumab, fosfomycin, gilteritinib, iobenguane I-131, ruxolitinib, and IMI/REL). We recommend that, until such time that a drug terminology can be used instead of ICD-10-PCS, all new technologies involving the administration of specific drugs be classified to section X rather than section 3, Administration.

### **Brachytherapy Using Unidirectional Source**

We support creation of a unique ICD-10-PCS code for the CivaSheet<sup>®</sup> Brachytherapy Device in section D, Radiation Therapy.

We recommend that the new Brachytherapy code from section D Radiation Therapy be reported in conjunction with a code from the Med/Surg Section for “Insertion of Radioactive Element.” Reporting an Insertion code would ensure consistency with the reporting of similar procedures, such as insertion of brachytherapy seeds and GammaTile<sup>™</sup>.

### **Treatment of Unruptured Intracranial Aneurysm Using Flow Diverter Stent**

AHIMA supports creation of new ICD-10-PCS device value F Intraluminal Device, Flow Diverter, in table 03V Restriction of Upper Arteries, to identify a flow diverter device used in the treatment of an intracranial aneurysm.

### **Renal Function Monitoring**

We support creation of an ICD-10-PCS code in section X, New Technology, to capture the use of Fluorescent Pyrazine for noninvasive monitoring of renal function. Inclusion in section X would allow future data analysis of the usage of this code and potential deletion of the code if reporting frequency is low.

### **Angioplasty with Sustained Release Drug-Eluting Stent for Above-the-Knee Arteries**

We recommend that a new Qualifier value for “Sustained Release” be created in table 047, Dilation of Lower Arteries, rather than creating a new Device value. This approach would allow the “Sustained Release” Qualifier value to be used with the existing Device values for drug-eluting stents so that the number of stents inserted could continue to be captured.

Creation of new codes in table 047 rather than section X, New Technology, is preferable so that these stents are included with other vascular stents.

We also recommend that CMS start to explore other options outside of ICD-10-PCS (such as a device terminology) for capturing specific device information, due to the capacity implications of continuing to create unique ICD-10-PCS codes to identify distinctions in the devices inserted or implanted when the procedures performed are largely similar to those described by existing codes.

### **Extracorporeal Membrane Oxygenation (ECMO) for Cardiopulmonary Support**

AHIMA recommends that no changes be made to the ECMO codes at this time.

The existing ECMO codes are still very new, with little data or experience regarding their use. We do not believe changes to these codes should be made so soon after their implementation.

A number of issues and concerns were raised by attendees at the March C&M meeting that we think merit further discussion at a future C&M meeting regarding implementation of any new or revised codes. For example, we agree with the concerns raised during the C&M meeting regarding the proposed creation of new Qualifier values that would use the terms “open” and “percutaneous.” The use of these terms in table 5A1, Extracorporeal Performance, would create confusion since these terms are Approach values in the Med/Surg section. We also agree with commenters regarding the lack of clear definitions of “central” vessels described in different ICD-10-PCS codes.

Additionally, while we do not support the replacement of the Duration value “Continuous” with specific time-based duration values, we believe that the term “Continuous” is ambiguous. We recommend that either consideration be given to changing this term to one that more clearly represents “other than intraoperative,” or else further defining “Continuous” (as used as a Duration value in table 5A1) in the ICD-10-PCS guidelines as meaning any ECMO other than intraoperative.

If CMS decides to create a new code for intraprocedural ECMO support, we recommend that the Duration value be titled “intraoperative” rather than “intraprocedural” to be consistent with other ICD-10-PCS codes.

### **Endovascular Arteriovenous Fistula (endoAVF) Creation Using Magnetic-Guided Radiofrequency Energy and Venous Embolization**

AHIMA supports option 2, the addition of the Approach value “Percutaneous” to table 031, Bypass of Upper Arteries, to identify percutaneous arteriovenous fistula creation using magnetic-guided radiofrequency technique (the WavelinQ endoAVF system).

### **T2Bacteria® Panel (Whole Blood Nucleic Acid-Base Microbial Detection)**

We **do not support** creation of an ICD-10-PCS code for microbial testing of whole blood using the T2Bacteria® panel’s nucleic acid-base detection method. Hospital coding personnel do not typically report codes for laboratory tests, and we do not believe they should be expected to do so.

### **Addenda and Key Updates**

AHIMA supports the proposed 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 Sue Bowman, senior director of coding policy and compliance, at (312) 233-1115 or [sue.bowman@ahima.org](mailto:sue.bowman@ahima.org).

Sincerely,

A handwritten signature in cursive script that reads "Wylecia Wiggs Harris".

Wylecia Wiggs Harris, PhD, CAE  
Chief Executive Officer