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

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

November 6, 2020

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 September ICD-10 Coordination and Maintenance (C&M) Committee meeting and being considered for October 1, 2021, implementation.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

Antibiotic-Eluting Bone Void Filler

AHIMA supports the creation of new codes for an insertion of an implantable, antibiotic-eluting bone void filler. We agree with CMS' recommendation to create new codes in table XW0 Introduction. Since CERAMENT® G is an injectable synthetic bone substitute which remodels to host bone and is completely resorbed over 6-12 months, we believe Introduction is a more appropriate root operation than Supplement. Although the Second Quarter 2013 issue of *Coding Clinic for ICD-10-CM/PCS* advised the use of the root operation Supplement for a bone void filler, that was a completely different technology from CERAMENT® G.

We do not support the suggestion from a C&M attendee to assign two separate codes to capture the dual purposes of antibiotic elution and bone void filler, as the data might be misinterpreted as meaning that two separate devices were used instead of one dual-purpose device.

Restriction of Coronary Sinus

AHIMA supports the creation of a unique code in table X2V Restriction to identify the insertion of a reduction device in the coronary sinus.

Vertebral Body Tethering
While we support new codes for vertebral body tethering, we agree with the C&M attendee who recommended that Qualifier values not be added for "Posterior Column" and "Anterior Column," since there are no vertebral bodies in the posterior column.

Chimeric Antigen Receptor T-Cell Immunotherapies
AHIMA supports option 3, which involves creation of new codes in section X, New Technology, in table XW0 Introduction, to identify intravenous infusion of CAR-T products KYMRIAH® (tisagenlecleucel), Yescarta® (axicabtagene ciloleucel), Tecartus™ (brexucabtagene autoleucel) and lisocabtagene maraleucel; revision of the device value C to state "Engineered Chimeric Antigen Receptor T-cell Immunotherapy, Autologous" to identify the infusion of other engineered autologous CAR-T cell therapies; and deletion of table XW2. We believe Introduction is a more appropriate root operation than Transfusion. While these immunotherapies are derived from blood, they are not conventional blood products and are not similar to the blood products classified to the root operation Transfusion.

Administration of Allogeneic Chimeric Antigen Receptor T-Cell Therapy
We prefer option 3, creation of new codes in section X New Technology, table XW0 Introduction, to identify intravenous administration of allogeneic CAR T-cell immunotherapy. As indicated above, we believe Introduction is a more appropriate root operation than Transfusion for CAR T-cell therapies.

We recommend that product names be added to the Substance Key to assist coding professionals in identifying which CAR T-cell immunotherapy products are allogeneic vs. autologous.

Administration of Narsoplimab
AHIMA supports the creation of new codes in section X, New Technology, to identify intravenous infusion of narsoplimab.

We continue to urge CMS to adopt a drug terminology such as the National Drug Codes (NDCs) to identify the administration of specific drugs rather than creating unique ICD-10-PCS codes.

Embolic Protection
We support option 2, the creation of a new code in table 5A0 Extracorporeal or Systemic Assistance and Performance, to identify when intraoperative embolic protection is performed during a procedure.

Option 3 is confusing and would potentially exclude some embolic protection systems. It is not clear whether the proposed Qualifier values in option 3 are intended to describe the vessel in which the device is placed or the vessel(s) being protected. If the intent is the former, there would be no way to code embolic protection devices that are placed in blood vessels other than the head and neck arteries or extremity arteries. For example, the TriGUARD3™ cerebral embolic protection device is placed in the aortic arch.

We are concerned that creation of a new code for embolic protection in table 5A0 establishes multiple ways to code cerebral embolic protection as long as the related section X codes are

retained. **AHIMA recommends that the section X codes for cerebral embolic filtration be deleted and that the use of embolic protection devices all be classified to table 5A0.** As discussed further below, we recommend that the section X Group 1 code for use of the Sentinel® cerebral embolic device be deleted and the procedure be reclassified to the proposed new code in table 5A0. Additionally, the section X codes for the TriGUARD3™ cerebral embolic system and the use of an extracorporeal flow reversal circuit for embolic protection should be deleted and new codes for these procedures added to table 5A0.

We also recommend that CMS consider broadening the definition of the root operation Assistance. Some procedures now being captured in ICD-10-PCS, such as embolic protection, don't fall neatly into this or another root operation. Some embolic protection systems, including the Sentinel® device, are not extracorporeal. Also, since embolic protection devices perform a filtration function, they do not clearly "take over a portion of a physiological function." To accommodate these and other future "assistance" procedures, a broader definition such as "Taking over a portion of, or providing intraoperative support for, a physiological function" would be useful.

Single-Use Duodenoscope During Endoscopic Retrograde Cholangiopancreatography (ERCP) Procedures

AHIMA does **not** support the creation of a unique code to identify the use of a single-use duodenoscope in endoscopic pancreaticobiliary system procedures. We believe the identification of single-use vs. reusable devices in the performance of a procedure is outside the scope of ICD-10-PCS. Also, it may be difficult for coding professionals to determine from the medical record documentation whether a single-use or reusable duodenoscope was used.

Spinal Stabilization

We do **not** support the creation of new codes in section X, New Technology, to identify the use of a radiolucent Carbon/PEEK spinal stabilization device. This is because these codes would overlap existing codes in tables 0RH and 0SH, Insertion of Upper and Lower Joints, for the insertion of a spinal stabilization device, and thus potentially cause confusion and miscoding. If new codes are created in section X, the existing Device value in tables 0RH and 0SH should be modified so that it doesn't overlap with the new Device value in section X.

Section X Update

AHIMA supports the proposed deletion of section X Group 1 and 2 ICD-10-PCS codes, with additional recommendations. We recommend that CMS consider a fourth option for the disposition of section X codes after they have reached the three-year point. This fourth option would be to consider creating a unique code in another section of ICD-10-PCS when there is value in continuing to capture the level of detail contained in the section X code. Consideration of creation of a unique code in the Med/Surg or other sections that mirrors the section X code being deleted would be undertaken as part of the normal review of section X codes without requiring an external party to submit a code proposal. An example of the application of this option for the disposition of section X codes after the three-year timeframe is the Group 1 codes for extirpation of matter from coronary artery using orbital atherectomy technology, described in further detail below.

Group 1 Codes
As noted above, we believe a fourth option is needed for the disposition of three-year-old section X codes. ICD-10-PCS codes X2C0361, X2C1361, X2C2361, and X2C3361 are Group 1 section X codes that describe extirpation of matter from coronary artery using orbital atherectomy technology. Although this technology was not approved for a new technology add-on payment (NTAP), these codes have been reported more than 7,000 times since their implementation. Therefore, we believe there may be merit in creating new codes in table 02C Extirpation of Heart and Great Vessels, that distinguish the orbital atherectomy technique from other types of extirpation of coronary arteries, rather than re-indexing these procedures to existing ICD-10-PCS codes in this table.

We support the proposed deletion of the section X Group 1 codes for monitoring of knee joint using intraoperative knee replacement sensor without re-indexing this procedure to existing codes (option 3).

For the section X Group 1 codes describing introduction of specific drugs, we recommend option 3. In the absence of an NTAP, we do not think ICD-10-PCS codes for administration of these drugs will typically be reported, as supported by the low frequency data. If some facilities wish to assign ICD-10-PCS codes for administration of these drugs, existing codes in table 3E0 can still be used in the absence of specific index entries.

Group 2 Codes
We recommend deleting code X2A5312, Cerebral embolic filtration, dual filter in innominate artery and left common carotid artery, percutaneous approach, new technology group 2, and reclassifying this procedure to the proposed new code for embolic protection in table 5A0. Since the NTAP for the Sentinel® device has been discontinued for 2021, we do not believe it is necessary to retain the section X code. Also, as stated above, we believe that all codes for embolic protection should be located in table 5A0 to avoid potential confusion and miscoding.

We agree with CMS that the codes for aortic valve replacement can be deleted without re-indexing these procedures, since it is clear this procedure is a type of aortic valve replacement.

The code for replacement of skin using porcine liver derived skin substitute should be deleted and re-indexed (option 2).

The codes for reposition of vertebra using magnetically controlled growth rod(s) should be deleted and re-indexed (option 2).

The codes for spinal fusion using nanotextured surface interbody fusion device should be deleted without reindexing (option 3), since it seems clear that the appropriate codes in the Med/Surg section would be spinal fusion with interbody fusion device.

For the codes describing introduction of inactivated coagulation factor, defibrotide sodium anticoagulant, and uridine triacetate, we recommend option 3 (deletion without re-indexing).

Addenda and Key Updates
We support the proposed ICD-10-PCS Addenda modifications.

Thank you for the opportunity to comment on the proposed new ICD-10-PCS being considered for implementation on October 1, 2021. 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,

Dr. Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer