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April 7, 2022

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 March ICD-10 Coordination and Maintenance (C&M) Committee meeting.

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.

Implantation of Sphenopalatine Ganglion Stimulator for Ischemic Stroke

AHIMA has a few concerns about the proposal for a new code for the implantation of a sphenopalatine ganglion stimulator for ischemic stroke. Since a New Technology Add-on Payment (NTAP) application would be for FY 2024 consideration, we recommend that implementation of a new code be delayed until at least October 1, 2023.

Both Options 2 and 3 provide a code descriptor that is too general and does not specifically identify this procedure. Also, while the procedure involves electrical stimulation of the sphenopalatine ganglion, the intent of the procedure is vascular in nature (increase in cerebral blood flow), which is not clear from the proposed code. **Consideration should be given to bringing the proposal back to a future C&M, with new, more specific code options.** For example, perhaps "for collateral blood flow augmentation" could be added to the Device value descriptor, or a Qualifier value could be created for "collateral (or cerebral) blood flow augmentation."

Gene Expression Assay

We do **not** support the creation of a new code for performance of gene expression assay of a blood specimen, as this type of test is not, and should not be, reported separately for inpatient hospital coding.

Posterior Vertebral Tethering

Based on the updated information CMS provided subsequent to the C&M meeting, AHIMA supports creating new section X table XKU, New Technology, Supplement of Muscles, Tendons, Bursae and Ligaments, with Body Part values C, Upper Spine Bursa and Ligament and D, Lower Spine Bursa and Ligament and Device value 6 Posterior Vertebral Tether.

Section X Updates

AHIMA appreciates the addition of a column displaying CMS' recommendation in the Section X table. This information is very helpful.

We recommend that guiding principles regarding the determination of the best option for expiring section X codes include consideration of whether the service is typically reported in the hospital inpatient setting.

Also, whenever a section X code for administration of a drug or other substance is deleted, the substance should be added to the Substance Key to facilitate proper code selection for administration of that substance in the future, for those facilities that wish to assign a code.

We agree with CMS' recommendations regarding the disposition of the Group 2 and 3 codes, with these exceptions:

Reposition of vertebra using magnetically controlled rod(s) (codes XNS0032, XNS0332, XNS3032, XNS3332, XNS4032, XNS4332)

AHIMA recommends Option 4. While volume is low in the Medicare population, this procedure would more commonly be performed in the non-Medicare population. We believe that the use of magnetically controlled rod(s) is a unique technology that is not adequately captured by the Device value Internal Fixation Device.

Introduction of uridine triacetate into mouth and pharynx (XW0DX82)

We recommend Option 3. As shown by the extremely low volume of cases for which this code was reported, administration of this drug is not reported in the inpatient hospital setting.

Computer-Assisted Transcranial Magnetic Stimulation of the Prefrontal Cortex

We support Option 3, the creation of a new code in section X for computer-assisted transcranial magnetic stimulation of the prefrontal cortex.

Computer-Aided Analysis for the Detection and Classification of Epileptic Events

AHIMA does **not** support the creation of a new code for the use of software to aid in the detection and classification of epileptic events, as this service is not reported separately for inpatient hospital coding.

We believe “behavioral analysis” in the proposed code descriptor is confusing and does not clearly describe the service. However, if CMS decides to create a new code, we do not recommend adding references to “seizure” or “epileptic events” to the code descriptor since that is diagnostic information.

Insertion of Posterior Spinal Motion Preservation Device

While we support the creation of ICD-10-PCS codes for insertion of a posterior spinal motion preservation device, we recommend that these codes be created in table 0SH rather than in section X, in order to keep the new codes together with other codes for insertion of spinal devices.

Insertion of Fenestrated Sacropelvic Fixation System

While we support the creation of new codes in section X tables XRH, Insertion of Joints, and XRG, Fusion of Joints, to identify the insertion of the iFuse Bedrock™ Granite device, we recommend a different descriptor be used for the Device value. As noted in the post-meeting Q&A document, the use of the term “fenestrated” in the 6th character Device column in coding Option 2 could lead to confusion since there are existing technologies that also have fenestrated devices. However, “self-harvesting” is also confusing and not likely to be found in medical record documentation. This term is not mentioned in the description of the technology in the C&M meeting materials or in the slide presentation, nor is “self-harvesting” found in the sample operative report documentation provided by the presenter. **We recommend that CMS consider “Internal Fixation Device with Tulip Connector and Integrated Osteointegration Fusion Sleeve” as an alternative descriptor for the new Device value in section X.** This is how the device is described in both the sample operative documentation provided by the presenter and in examples of naming conventions (slide 6 of the C&M presentation).

We also recommend that iFuse Bedrock™ Granite Implant be added to the Device Key to facilitate correct code assignment.

Addenda and Key Updates

We support the proposed ICD-10-PCS Index and Table Addenda modifications and Body Part, Device, and Substance Key updates.

Paired Vagus Nerve Stimulation Therapy Using an External Controller

While AHIMA supports the creation of a new code to identify paired vagus nerve stimulation therapy using an external controller, we recommend that the code be created in table 00H instead of in section X, and we also recommend modifications to the code. We recommend that Vagus Nerve be added as a body part in table 00H, no new Device value be created (existing Device value Neurostimulator Lead should be used), and a Qualifier value for “External Control” or “External Controller” be added, which would differentiate this procedure from other vagus nerve stimulation procedures.

The term “paired” should not be included in the code descriptor because this term refers to pairing rehabilitation with vagus nerve stimulation, and this component of the service is separate from the lead insertion procedure identified by the proposed ICD-10-PCS code.

Ex Vivo Autologous Hematopoietic Stem Cell Gene Therapy

We support Option 4, revising existing Substance value C in table 302 Transfusion, since these existing codes appropriately capture ex vivo autologous hematopoietic stem cell gene therapy.

We do **not** support creating separate codes for the administration of OTL-200 and OTL-103, as we do not believe it is appropriate to specify individual products in ICD-10-PCS, especially since an NTAP application has not been submitted for either of these gene therapies and one is not anticipated at this time. Given the anticipated growth in gene therapies, it is not feasible to create a unique code for each product.

We are concerned that if new codes are created, there would be overlap with the existing codes in table 302 for transfusion of genetically modified autologous hematopoietic stem/progenitor cells. The codes in table 302 were specifically created to describe the use of gene therapies such as OTL-200 and OTL-103.

AHIMA recommends that CMS consider creating a new root operation to capture gene therapies.

Genetically modified stem/progenitor cells involve a unique technology that is not properly captured by existing root operations such as Introduction or Transfusion. Scientific advances will likely lead to new types of gene therapies involving different technologies. **We recommend that existing codes for administration of genetically modified hematopoietic stem/progenitor cells be moved from table 302 to this new root operation table**, as these products are very different from other types of transfusions and represent a unique procedural category with a distinct objective.

Quantitative Flow Ratio for Non-invasive Analysis of Coronary Angiography

We do **not** support creating an ICD-10-PCS code for quantitative flow ratio for non-invasive analysis of coronary angiography, as this service is not reported separately for inpatient hospital coding.

Application of Allogeneic Thymus Derived Tissue

We support the creation of a unique code to describe the application of human allogeneic thymus tissue, but recommend that the code be created in table 3E0 rather than in section X.

Cardiac Perfusion with Intra-arterial Supersaturated Oxygen

AHIMA supports Option 4, the creation of new codes in the Other Procedures table 8E0 to identify cardiac perfusion with intra-arterial supersaturated oxygen and deletion of existing codes in table 5A0. We do not believe this service fits under the root operation Assistance.

We recommend that “SSO₂ therapy” be added to the Index.

Stimulation for Assessment of Coronary Obstruction Risk

We do **not** support the creation of an ICD-10-PCS code to identify the use of simulation software for assessment of coronary obstruction risk, as the use of this technology is not separately reported for inpatient hospital coding.

Laser Interstitial Thermal Therapy

AHIMA supports the creation of new codes for laser interstitial thermal therapy (LITT) in the appropriate tables for the root operation Destruction and deletion of codes for LITT in section D Radiation Therapy.

We agree with CMS' approach not to create LITT codes for body parts for which LITT is not currently performed or anticipated to be performed in the future, even if there are currently LITT codes for these body parts in section D.

Administration of Daratumumab and Hyaluronidase-fihj

We do **not** support creating a new code for the administration of daratumumab and hyaluronidase-fihj. Since this drug combination would primarily be administered in the outpatient setting, we do not believe creating ICD-10-PCS codes is necessary or appropriate.

Extracorporeal Antimicrobial Administration During Renal Replacement Therapy

AHIMA does **not** support creating codes to describe the instillation of taurolidine and heparin in a central venous catheter during renal replacement therapy. The use of a catheter lock solution during renal replacement therapy is not a separately reportable service in ICD-10-PCS.

Administration of Inebilizumab-cdon

We do **not** support the creation of new codes for the intravenous administration of inebilizumaab-cdon. The condition this drug treats is rare, and the drug would primarily be administered in the outpatient setting. Based on the C&M materials, it appears that the only time this drug would be administered in the hospital inpatient setting is if the patient happens to be hospitalized for an attack or relapse of the underlying condition.

Administration of Betibeglogene Autotemcel

Since codes already exist in table 302 that specifically identify the administration of genetically modified autologous hematopoietic stem/progenitor cells, AHIMA prefers that these codes be reported for the administration of betibeglogene autotemcel rather than creating product-specific codes.

We are concerned that if new codes for the administration of betibeglogene autotemcel are created, there would be overlap with the existing codes in table 302 for transfusion of genetically modified autologous hematopoietic stem/progenitor cells. The codes in table 302 were specifically created to identify this type of gene therapy.

If CMS decides to create specific codes for administration of this product, we recommend that they be created in a new root operation table, Gene Therapy.

We support CMS' recommendations for these proposals for administration of therapeutic agents:

- Administration of Spesolimab
- Administration of Maribavir
- Administration of Teclistamab
- Administration of Mosunetuzumab
- Administration of Afamitresgene Autoleucel
- Administration of Tabelecleucel
- Administration of Treosulfan
- Hyperpolarized Xenon-129 Gas for Imaging of Lung Function
- Administration of Omidubicel

Thank you for the opportunity to comment on the proposed ICD-10-PCS modifications. We continue to urge CMS to adopt a drug terminology such as the National Drug Codes (NDCs) for use when it is necessary to identify specific drugs under the NTAP policy, rather than creating unique ICD-10-PCS codes. 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
AHIMA