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

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

November 12, 2021

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, 2022, 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.

Administration of Broad Consortium Microbiota-Based Biotherapeutic Suspension

AHIMA does **not** support the creation of an ICD-10-PCS code for the rectal administration of RBX2660, a broad consortium microbiota-based live biotherapeutic suspension. We urge CMS to continue to explore alternative options for identifying procedures, tests, or other services that are outside the scope and intended use of ICD-10-PCS.

Pressure-controlled Intermittent Coronary Sinus Occlusion

We believe it is premature to create a code for pressure-controlled intermittent coronary sinus occlusion since the earliest the requester intends to submit a New Technology Add-on Payment (NTAP) application would be for fiscal year (FY) 2024.

We are concerned that classifying this procedure to the root operation Assistance might be confusing, since the term "occlusion" is used in the description of the procedure. If a unique code is created for this procedure, we recommend that CMS consider creating a qualifier in table 027, since this procedure was described as an adjunct to coronary artery stenting.

Measurement of Exhaled Nitric Oxide (FeNO)

AHIMA does **not** support creating a unique code for the measurement of exhaled nitric oxide. This test is not coded in the inpatient setting. Also, the presenter stated that this test is primarily performed in the outpatient setting.

It is unclear why CMS is recommending option 3, creation of a code in section X, New Technology, when this test does not represent new technology, there is no NTAP application, and it is not typically reported in the hospital inpatient setting.

Histotripsy of Liver

For the histotripsy of liver proposal, we prefer option 2, creation of a qualifier value for ultrasound-guided cavitation in table 0F5, Destruction of Hepatobiliary System and Pancreas, in order to keep this procedure with other liver destruction procedures.

We recommend that "Histotripsy, liver" be added to the Index, since that is how the procedure may be described in the clinical documentation.

Replacement of Meniscus with Synthetic Substitute

For the code proposal involving replacement of meniscus with a synthetic substitute, we prefer option 2, creation of qualifier values for medial and lateral meniscus in tables 0SR, Replacement of Lower Joints, 0SP, Removal of Lower Joints, and 0SW, Revision of Lower Joints, in order to keep procedures on the knee joint together.

Since the presenter indicated that this procedure can only be performed through an arthrotomy, we do not believe it is appropriate to allow the new qualifier values to be used with approach values of percutaneous, percutaneous endoscopic, or external.

Addenda and Key Updates

AHIMA has no objection to the proposed ICD-10-PCS Tabular and Index Addenda and the Body Part, Device, and Substance Key updates, except for the proposed Tabular Addenda changes noted below.

Genetically Modified Autologous Hematopoietic Stem/Progenitor Cells

AHIMA recommends that the proposed changes in the Administration section involving genetically modified hematopoietic stem/progenitor cells be brought back to the March 2022 C&M meeting with an updated clinical presentation and more in-depth discussion. There was substantial confusion regarding these proposed changes, and the changes are too significant to include as part of the Addenda update rather than being presented as a full code proposal.

Consideration should also be given as to whether Transfusion or Introduction is the more appropriate root operation. Given the ongoing expansion of gene therapies that involve genetically engineered or modified cells, we recommend the definition of the root operation Transfusion be evaluated and possibly modified to clarify the types of blood or blood derived products that should be classified to Transfusion. As gene therapy technologies continue to advance, the root operation Transfusion should be applied consistently. At the time the Transfusion root operation and associated definition were created, these new gene therapies were not available, and this root operation was only envisioned for use for traditional blood products.

We do **not** support the creation of product-specific ICD-10-PCS codes for administration of genetically modified autologous hematopoietic stem/progenitor cells. This level of detail is not appropriate for ICD-10-PCS and is unnecessary in the absence of an NTAP application. ICD-10-PCS is not intended to serve as a product classification system.

Thank you for the opportunity to comment on the proposed ICD-10-PCS modifications presented at the September C&M meeting and being considered for implementation on October 1, 2022. 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