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April 6, 2023

Mady Hue  
Technical Advisor  
Centers for Medicare and Medicaid Services  
CM/TCPG/DCCDRG  
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.

### **Inclusion of Clinical Information in C&M Topic Packet**

AHIMA recommends that clinical information pertaining to each ICD-10-PCS code proposal continue to be included in the C&M topic packet. We do not support referencing the clinical slide presentations instead of including the detailed clinical information. It is preferable for both the clinical background and code proposal to be in one place, and the comprehensive topic packet is an essential resource for both review in advance of the C&M meeting and in preparation of comments following the meeting. The slide presentations are often not as detailed or comprehensive as the clinical information included in the topic packet, and they may not be available until after the meeting. The clinical slides often provide supplemental information, such as diagrams, that are complementary to, but not a replacement of, the clinical information in the topic packet.

### **Implantation of Bioprosthetic Femoral Venous Valves**

While AHIMA supports the creation of new ICD-10-PCS codes in section X, New Technology, to identify implantation of a bioprosthetic femoral venous valve, we recommend Replacement as the root operation. The root operation Insertion does not seem like the most appropriate option since the definition of this root operation specifies “nonbiological” devices and this device is bioprosthetic. We believe Replacement would be a more appropriate root operation because the definition includes taking over the function of a portion of a body part. The bioprosthetic valve replaces the function of venous valves in the leg to prevent reflux. Consideration could be given to adding a specific Body Part value for “femoral venous valve,” but we do not believe this is necessary in order to use the root operation Replacement.

### **Insertion of Dual-Chamber Leadless Cardiac Pacemaker**

We do **not** support the creation of a new code for the percutaneous insertion of a dual-chamber leadless cardiac pacemaker. The proposed codes would overlap with existing codes for insertion of leadless pacemakers and cause confusion. Dual-chamber leadless pacemakers can be identified by reporting the two codes in table 02H, Insertion of Heart and Great Vessels, listed under Current Coding in the topic packet.

Since the use of existing codes in table 02H would not specify an upgrade to dual-chamber pacing by implanting a leadless pacemaker into the atrium only, the addition of a Qualifier value in table 02H could be considered to capture this information.

### **Percutaneous Femoral-Popliteal Artery Bypass with Conduit Through the Femoral Vein**

We support Option 3, the creation of new codes in table 041, Bypass of Lower Arteries, to identify percutaneous femoral-popliteal artery bypass using a conduit through the femoral vein. This option would allow this procedure to be located in the same table as other femoral artery bypass procedures.

### **Insertion of Lengthening Device for Esophageal Atresia**

AHIMA supports Option 3, the creation of new codes in table 0DH, Insertion of Gastrointestinal System, for transoral and established percutaneous gastrostomy insertion of magnetic devices for non-surgical lengthening of the esophagus. Since this procedure does not represent new technology, we do not believe creating new codes in section X, as described in Option 2, is appropriate.

Additional ICD-10-PCS codes should be created to describe the removal of the magnetic devices.

### **Extraluminal Vein Graft Support During Coronary Artery Bypass Grafting**

We support the creation of new codes in section X, New Technology, to identify the placement of an extraluminal vein graft support device during a coronary artery bypass graft procedure.

### **Insertion of a Short-term External Heart Assist System with Conduit**

We do **not** support the creation of a new code for insertion of a short-term external heart assist system with conduit. Existing codes are adequate to describe this procedure, and we do not believe it is necessary for ICD-10-PCS codes to identify the use of this specific device.

### **Ultrasound Ablation of Renal Sympathetic Nerves**

We support the creation of a new code in section X, New Technology, for percutaneous ultrasound ablation of renal sympathetic nerves.

### **Computer-aided Detection of Heart Failure in Echocardiography**

AHIMA does **not** support creating a unique ICD-10-PCS code to identify computer-aided detection of heart failure in echocardiography. Given the anticipated growth in computer-assisted diagnostic tools, we recommend that CMS explore alternative options for identifying these technologies for the purpose of administering a new technology add-on payment (NTAP). We do not believe it is appropriate to create device-specific ICD-10-PCS codes for the use of software as a diagnostic aid.

For any ICD-10-PCS codes that CMS does create for software used as a diagnostic aid, we recommend that consistent terminology be used across the coding system. Both terms “computer-aided” and “computer-assisted” appear in ICD-10-PCS code descriptors, and it is not clear if there is an intended distinction between these terms or if they are being used interchangeably.

### **Insertion of Percutaneous Mechanical Circulatory Support Device into Thoracic Aorta**

We support the creation of new codes in the Med/Surg section to describe the insertion, removal, and revision of a percutaneous short-term external heart assist pump into the thoracic aorta.

### **Measurement of Intracranial Electrical Activity for Status Epilepticus**

We do **not** support the creation of a code to identify computer-aided measurement of intracranial electrical activity for status epilepticus. This proposal seems very similar to another ICD-10-PCS code proposal for a new code to describe computer-aided monitoring of intracranial electrical activity for delirium. It is not clear why one proposal would create a code under the root operation “Measurement” and the other proposal would create a code under the root operation “Monitoring.” The descriptions of both services are very similar, and the device for both services is identified as a “monitor.” We believe that if both codes are created, there will be confusion regarding the use of these codes, since the services are very similar and seem to be primarily distinguished by the diagnosis. ICD-10-PCS is intended to capture distinctions in procedures, not distinctions in the diagnosis for which the procedure is performed.

### **Monitoring of Intracranial Electrical Activity for Delirium**

We do **not** support the creation of a code to identify computer-aided monitoring of intracranial electrical activity for delirium. See our comments above regarding the code proposal for the measurement of intracranial electrical activity for status epilepticus.

### **Rapid Antimicrobial Susceptibility Testing System for Blood and Body Fluid Cultures**

We do **not** support creating a code to identify rapid antimicrobial susceptibility testing of positive blood and body fluid cultures using phenotypic susceptibility. In addition to the fact that we do not believe this type of testing should be captured in ICD-10-PCS, this service may not be clearly documented or documented in a manner or location where coding professionals can readily find this information, and thus, a code is unlikely to be reported.

### **Percutaneous Hepatic Perfusion with Administration of Melphalan Hydrochloride**

AHIMA supports the creation of a code in section X, New Technology, to identify percutaneous hepatic artery administration of melphalan hydrochloride.

### **Monitoring of Muscle Compartment Pressure**

We do **not** support the creation of a new code for monitoring of muscle compartment pressure. We believe there will be confusion between the existing code for measurement of muscle compartment pressure and the proposed new code. While the presenter indicated the old technology involves measurements at discrete points in time and the new technology described in the proposal involves continuous monitoring, the medical record documentation may not be clear as to which type of technology was used, and so it may be difficult for coding professionals to determine which code (the existing code or the new code) should be reported.

If CMS decides to create a unique code for to identify the monitoring of muscle compartment pressure, "continuous" should be added to the Device value descriptor.

### **Insertion of Tibial Extension Implant during Total Knee Arthroplasty**

We support the creation of new codes in section X, New Technology, for insertion of a tibial extension containing motion sensors.

### **Implantation of Total Talar Prosthesis with Total Ankle Replacement**

AHIMA supports the creation of new codes in section X, New Technology, for the implantation of a talar prosthesis.

### **Implantation of Open-Truss Ankle Fusion Device**

We support the creation of new codes in section X, New Technology, to identify the implantation of an open-truss fusion device for the ankle and subtalar joint.

### **Computer-aided Triage and Notification for Measurement of Intracranial Vessel Flow**

AHIMA does **not** support the creation of a code to identify computer-aided measurement of intracranial vessel flow. ICD-10-PCS codes already exist that describe computer-aided measurement of intracranial vessel flow (codes XXE0X07 and 4A03X5D) and creating another code would be duplicative and cause confusion. It is not clear from the code descriptor how the proposed new code differs from existing codes.

### **Extravascular Implantable Defibrillator Leads**

We support the creation of new codes in the Med/Surg section to describe the insertion, removal, and revision of extravascular implantable defibrillator leads.

### **Fluorescence-guided Surgery using CYTALUX® (Pafolacianine)**

We support the creation of a new code in section 8, Other Procedures, for fluorescence-guided surgery using pafolacianine.

### **Administration of Glofitamab**

We support the creation of new codes in section X, New Technology, to identify the administration of glofitamab. However, we continue to urge CMS to adopt another code set designed for drug identification purposes for use when it is necessary to identify specific drugs under the NTAP policy, rather than creating unique ICD-10-PCS codes.

### **Administration of Posoleucel**

AHIMA believes it is premature to create new codes for the intravenous administration of posoleucel, since it is still in clinical trials and an NTAP application is anticipated for fiscal year 2026 consideration.

### **Administration of Rezafungin**

We support the creation of new codes in section X, New Technology, to identify the intravenous administration of rezafungin.

### **Administration of SER-109**

We do **not** support creating new codes for the oral administration of SER-109. We do not believe it is appropriate to create ICD-10-PCS codes for oral administration of drugs. Additionally, as stated

in the slides provided for this code proposal, SER-109 will be dispensed in an outpatient setting in the majority of cases.

### **Administration of Sulbactam-Durlobactam**

We support the creation of new codes in section X, New Technology, to identify the intravenous administration of sulbactam-durlobactam.

### **Administration of Quizartinib**

We do **not** support creating new codes for the oral administration of quizartinib. We do not believe it is appropriate to create ICD-10-PCS codes for oral administration of drugs.

### **Administration of Elranatamab**

AHIMA supports the creation of new codes in section X, New Technology, to identify the subcutaneous injection of elranatamab.

### **Administration of Epcoritamab**

We support the creation of new codes in section X, New Technology, for the subcutaneous injection of epcoritamab.

### **Section X Update**

We agree with CMS' recommendations regarding the disposition of Group 4 codes.

### **Addenda and Key Updates**

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

Thank you for the opportunity to comment on the proposed ICD-10-PCS modifications. 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,



Wylecia Wiggs Harris, PhD, CAE  
Chief Executive Officer