DEPARTMENT OF HEALTH & HUMAN SERVICES
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CENTER FOR MEDICARE

ICD-10 Coordination and Maintenance Committee Meeting
Department of Health and Human Services
Centers for Medicare & Medicaid Services
ICD-10-PCS Topics Clarifications, Questions and Answers
March 8, 2022

ICD-10 Coordination and Maintenance Committee Meeting Updates

1) This document provides updated guidance on the interim coding advice that was recommended for *Topic #3 - Posterior Vertebral Tethering* discussed during the meeting.

On page 25 of the Agenda packet the Interim Coding Advice is currently displayed as follows:

> **Interim Coding Advice**: Continue to code as above under Current Coding.

On page 23 of the Agenda packet the coding options are currently displayed as follows:

> **Current Coding:** For treatment of current postoperative kyphosis, code the procedure using the appropriate body part value in table 0PS, Reposition of Upper Bones or table 0QS, Reposition of Lower Bones, and the device value 3 Spinal Stabilization Device, Vertebral Body Tether.

Section	**0** Medical and Surgical
Body System	**P** Upper Bones
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
4 Thoracic Vertebra	**0** Open **4** Percutaneous Endoscopic	**3** Spinal Stabilization Device, Vertebral Body Tether **4** Internal Fixation Device **Z** No Device	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**Q** Lower Bones
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Lumbar Vertebra	**0** Open **4** Percutaneous Endoscopic	**3** Spinal Stabilization Device, Vertebral Body Tether **4** Internal Fixation Device **Z** No Device	**Z** No Qualifier

For prevention of postoperative kyphosis, code the procedure using the appropriate body part value in table 0PH, Insertion of Upper Bones or table 0QH, Insertion of Lower Bones and the device value 4 Internal Fixation Device. Any fusion procedure performed would be coded separately.

Section	**0** Medical and Surgical
Body System	**P** Upper Bones
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
1 Ribs, 1 to 2 **2** Ribs, 3 or More **3** Cervical Vertebra **4** Thoracic Vertebra **5** Scapula, Right **6** Scapula, Left **7** Glenoid Cavity, Right **8** Glenoid Cavity, Left **9** Clavicle, Right **B** Clavicle, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**Q** Lower Bones
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Lumbar Vertebra **1** Sacrum **2** Pelvic Bone, Right **3** Pelvic Bone, Left **4** Acetabulum, Right **5** Acetabulum, Left **D** Patella, Right **F** Patella, Left **L** Tarsal, Right **M** Tarsal, Left **N** Metatarsal, Right **P** Metatarsal, Left **Q** Toe Phalanx, Right **R** Toe Phalanx, Left **S** Coccyx	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **5** External Fixation Device	**Z** No Qualifier

Coding Options

Option 1. Do not create new ICD-10-PCS codes for the use of a vertebral body tethering system for treatment of current postoperative kyphosis or for prevention of postoperative kyphosis. Continue coding as listed in current coding.

Option 2. In section X table XNS, Reposition of Bones, create new device value D Spinal Stabilization Device, Vertebral Body Tether applied to the body part values 0 Lumbar Vertebra and 4 Thoracic Vertebra to identify the use of a vertebral body tethering system for treatment of current postoperative kyphosis.

Section	**X** New Technology
Body System	**N** Bones
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
0 Lumbar Vertebra **4** Thoracic Vertebra	**0** Open	**ADD D** Spinal Stabilization Device, Vertebral Body Tether	**8** New Technology Group 8

Create a new section X table XNH, Insertion of Bones, with new device value D Spinal Stabilization Device, Vertebral Body Tether applied to the body part values 0 Lumbar Vertebra and 4 Thoracic Vertebra to identify the use of a vertebral body tethering system for prevention of postoperative kyphosis. Any fusion procedure performed would be coded separately.

Section	**X** New Technology
Body System	**N** Bones
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
0 Lumbar Vertebra **4** Thoracic Vertebra	**0** Open	**ADD D** Spinal Stabilization Device, Vertebral Body Tether	**8** New Technology Group 8

It was brought to our attention by a commenter that the more appropriate root operation to describe the procedure performed with the LigaPASS 2.0™ Proximal Junctional Kyphosis (PJK) Prevention System is "Supplement" as opposed to "Reposition" or "Insertion". In subsequent conversation with the requestor to gain additional clarification, the requestor confirmed that placement of LigaPASS 2.0™ serves to augment and reinforce the function of the posterior ligamentous complex to prevent development of PJK at the junction between the fused segments and the adjacent non-instrumented levels. The requestor also confirmed that LigaPASS 2.0™ is always used as an adjunct with spine fusion procedures, including both initial fusion and revision.

We are therefore correcting the current coding and interim advice to reflect the proper codes that should be reported to identify posterior vertebral tethering. Clarifying updates to the background paper on pages 22-24 in the Agenda packet have also been made.

We are correcting current coding for this request to the following:

Current Coding: There are no unique ICD-10-PCS codes to describe posterior vertebral tethering. Code the procedure using the body part values C, Upper Spine Bursa and Ligament and D, Lower Spine Bursa and Ligament in code table 0MU, Supplement of Bursae and Ligaments and the device value J, Synthetic Substitute. Fusion procedures performed would be coded separately.

Section	**0** Medical and Surgical
Body System	**M** Bursae and Ligaments
Operation	**U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
0 Head and Neck Bursa and Ligament **1** Shoulder Bursa and Ligament, Right **2** Shoulder Bursa and Ligament, Left **3** Elbow Bursa and Ligament, Right **4** Elbow Bursa and Ligament, Left **5** Wrist Bursa and Ligament, Right **6** Wrist Bursa and Ligament, Left **7** Hand Bursa and Ligament, Right **8** Hand Bursa and Ligament, Left **9** Upper Extremity Bursa and Ligament, Right **B** Upper Extremity Bursa and Ligament, Left **C** Upper Spine Bursa and Ligament **D** Lower Spine Bursa and Ligament **F** Sternum Bursa and Ligament **G** Rib(s) Bursa and Ligament **H** Abdomen Bursa and Ligament, Right **J** Abdomen Bursa and Ligament, Left **K** Perineum Bursa and Ligament **L** Hip Bursa and Ligament, Right **M** Hip Bursa and Ligament, Left **N** Knee Bursa and Ligament, Right **P** Knee Bursa and Ligament, Left **Q** Ankle Bursa and Ligament, Right **R** Ankle Bursa and Ligament, Left **S** Foot Bursa and Ligament, Right	**0** Open **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

T Foot Bursa and Ligament, Left **V** Lower Extremity Bursa and Ligament, Right **W** Lower Extremity Bursa and Ligament, Left			

We are also correcting coding option 2 for consideration of this request to the following:

> **Option 2**. Create a 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. Fusion procedures performed would be coded separately.

Section	**X** New Technology		
Body System	**K** Muscles, Tendons, Bursae and Ligaments		
Operation	**ADD U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD C Upper Spine Bursa and Ligament **ADD D** Lower Spine Bursa and Ligament	**0** Open	**ADD 6** Posterior Vertebral Tether	**8** New Technology Group 8

2) This document also provides updated guidance on the interim coding advice that was recommended for *Topic #8 - Insertion of Fenestrated Sacropelvic Fixation System* discussed during the meeting.

On page 45 of the Agenda packet the Interim Coding Advice is currently displayed as follows:

> **Interim Coding Advice**: Continue to code as above under Current Coding.

On page 44 of the Agenda packet the coding options are currently displayed as follows:

> **Current coding:** There are no unique ICD-10-PCS codes to describe the insertion of a fenestrated sacropelvic fixation device as an adjunct to spinal fusion. Code the fusion procedure using the appropriate sacroiliac joint body part value in table 0SG, Fusion of Lower Joints, with approach value 0 Open and the appropriate device value.

Section	**0** Medical and Surgical		
Body System	**S** Lower Joints		
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device*	*Qualifier*
0 Lumbar Vertebral Joint **3** Lumbosacral Joint	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**3** Infusion Device **4** Internal Fixation Device **8** Spacer **B** Spinal Stabilization Device, Interspinous Process	**Z** No Qualifier

		C Spinal Stabilization Device, Pedicle-Based **D** Spinal Stabilization Device, Facet Replacement	
2 Lumbar Vertebral Disc **4** Lumbosacral Disc	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**3** Infusion Device **8** Spacer	**Z** No Qualifier
5 Sacrococcygeal Joint **6** Coccygeal Joint **7** Sacroiliac Joint, Right **8** Sacroiliac Joint, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**3** Infusion Device **4** Internal Fixation Device **8** Spacer	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**S** Lower Joints
Operation	**G** Fusion: Joining together portions of an articular body part rendering the articular body part immobile

Body Part	*Approach*	*Device*	*Qualifier*
5 Sacrococcygeal Joint **6** Coccygeal Joint **7** Sacroiliac Joint, Right **8** Sacroiliac Joint, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

Coding Options

Option 1. Do not create new ICD-10-PCS codes for the insertion of a fenestrated sacropelvic fixation device. Continue coding as listed in current coding.

Option 2. Create new codes in section X, New Technology, to identify the insertion of a fenestrated sacropelvic fixation device.

Section	**X** New Technology
Body System	**S** Lower Joints
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD E Sacroiliac Joint, Right **ADD F** Sacroiliac Joint, Left	**0** Open	**5** Internal Fixation Device, Fenestrated	**8** New Technology Group 8

Section	**X** New Technology
Body System	**R** Joints
Operation	**G** Fusion: Joining together portions of an articular body part rendering the articular body part immobile

Body Part	*Approach*	*Device*	*Qualifier*
ADD E Sacroiliac Joint, Right **ADD F** Sacroiliac Joint, Left	**0** Open **3** Percutaneous	**ADD 5** Internal Fixation Device, Fenestrated	**8** New Technology Group 8

It was brought to our attention by a commenter that it is unclear when coders should assign a code from Table 0SH Insertion of Lower Joints or a code Table 0SG Fusion of Lower Joints since both tables were displayed under current coding. It was also brought to our attention by a commenter that 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.

In addition, on page 45 of the Agenda packet typographical errors were noted in the coding options.

> In Option 2, S Lower Joints was displayed in the 2nd character Body System row, rather than R Joints.

As noted on page 44 of the Agenda packet, paragraph 2 beginning on line 5, the iFuse Bedrock™ Granite implant "can be placed into the pelvis in two trajectories: sacroalar-iliac trajectory (i.e., into the sacrum, across the SI joint and into the ilium) or directly into the ilium. Joint fusion occurs only when the SAI trajectory is used." We are therefore correcting the current coding and interim advice to reflect the proper codes that should be assigned depending on the indication. We are also updating in the 6th character Device value in coding Option 2 from "5 Internal Fixation Device, Fenestrated" to "5 Internal Fixation Device, Self-Harvesting.

We are correcting current coding for this request to the following:

> **Current Coding:** There are no unique ICD-10-PCS codes to describe the insertion of a self-harvesting sacropelvic fixation device in the context of spinal fusion. If the device is placed directly into the ilium as a fixation device, code the procedure using the appropriate sacroiliac joint body part value in table 0SH, Insertion of Lower Joints, with approach value 0 Open and device value 4 Internal Fixation Device. If the device is placed in the SAI trajectory as a fusion device, code the procedure using the appropriate sacroiliac joint body part in table 0SG, Fusion of Lower Joints, with approach value 0 Open and device value 4 Internal Fixation Device.

Section	**0** Medical and Surgical
Body System	**S** Lower Joints
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Lumbar Vertebral Joint **3** Lumbosacral Joint	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**3** Infusion Device **4** Internal Fixation Device **8** Spacer **B** Spinal Stabilization Device, Interspinous Process **C** Spinal Stabilization Device, Pedicle-Based **D** Spinal Stabilization Device, Facet Replacement	**Z** No Qualifier
2 Lumbar Vertebral Disc **4** Lumbosacral Disc	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**3** Infusion Device **8** Spacer	**Z** No Qualifier
5 Sacrococcygeal Joint **6** Coccygeal Joint **7** Sacroiliac Joint, Right **8** Sacroiliac Joint, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**3** Infusion Device **4** Internal Fixation Device **8** Spacer	**Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**S** Lower Joints

Operation	**G** Fusion: Joining together portions of an articular body part rendering the articular body part immobile		
Body Part	*Approach*	*Device*	*Qualifier*
5 Sacrococcygeal Joint **6** Coccygeal Joint **7** Sacroiliac Joint, Right **8** Sacroiliac Joint, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

We are also correcting coding option 2 for consideration of this request to the following:

Option 2. Create new codes in section X, New Technology, to identify the insertion of a self-harvesting sacropelvic fixation device. If the device is placed directly into the ilium as a fixation device, code the procedure using the appropriate sacroiliac joint body part value in table XRH, Insertion of Joints, with approach value 0 Open and device value 5 Internal Fixation Device, Self-Harvesting. If the device is placed in the SAI trajectory as a fusion device, code the procedure using the appropriate sacroiliac joint body part in table XRG, Fusion of Joints, with approach value 0 Open and device value 5 Internal Fixation Device, Self-Harvesting.

Section	**X** New Technology		
Body System	**R** Joints		
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD E Sacroiliac Joint, Right **ADD F** Sacroiliac Joint, Left	**0** Open	**5** Internal Fixation Device, Self-Harvesting	**8** New Technology Group 8

Section	**X** New Technology		
Body System	**R** Joints		
Operation	**G** Fusion: Joining together portions of an articular body part rendering the articular body part immobile		
Body Part	*Approach*	*Device*	*Qualifier*
ADD E Sacroiliac Joint, Right **ADD F** Sacroiliac Joint, Left	**0** Open **3** Percutaneous	**ADD 5** Internal Fixation Device, Self-Harvesting	**8** New Technology Group 8

CORRECTIONS

Topic #5 - Computer-Assisted Transcranial Magnetic Stimulation of the Prefrontal Cortex

On page 36 of the Agenda packet, typographical errors were noted in the coding options.

In Option 2, "body part value 1 Nervous System and the duration value 1 Multiple" was written in the narrative, rather than "body system value 2 Central Nervous and the duration value 1 Multiple".

We are correcting coding option 2 for consideration of this request to the following:

Option 2. In table 6A2, Extracorporeal or Systemic Therapies, create new sixth character qualifier value B Computer-assisted, and new seventh character qualifier value 0 Prefrontal Cortex applied to the body system value 2 Central Nervous and the duration value 1

Multiple to identify computer-assisted transcranial magnetic stimulation of the prefrontal cortex. Continue coding the MRI procedure using the appropriate code in table B03, Magnetic Resonance Imaging (MRI) of Central Nervous System.

Section	**6** Extracorporeal or Systemic Therapies
Body System	**A** Physiological Systems
Operation	**2** Electromagnetic Therapy: Extracorporeal treatment by electromagnetic rays

Body System	*Duration*	*Qualifier*	*Qualifier*
1 Urinary **2** Central Nervous	**0** Single **1** Multiple	**Z** No Qualifier	**Z** No Qualifier
2 Central Nervous	**1** Multiple	**ADD B** Computer-assisted	**ADD 0** Prefrontal Cortex

Topic #9 – Addenda and Key Updates - Introduction of bone-substitute material

On page 49 of the Agenda packet, we are correcting the code specification for this request to conform with conventions of the classification. Two rows were displayed in table 3E0 in the description of the proposed addenda update, however the proposed changes would be in one row in table 3E0.

We are correcting the description for this request to the following.

Source	**Description**	**Code specification**
2021, public request with CMS internal review	In the Administration section root operation Introduction table 3E0, add approach values 0 Open and 4 Percutaneous Endoscopic, applied to the body part value V Bones for the substance value G Other Therapeutic Substance and qualifier value C Other Substance. These changes enable capture of additional detail for the introduction of bone-substitute material (e.g. calcium phosphate) into subchondral bone defects.	Add: 3E0V[04]GC (2 codes)

EXAMPLE

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
V Bones	**ADD 0** Open **3** Percutaneous **ADD 4** Percutaneous Endoscopic	**G** Other Therapeutic Substance	**C** Other Substance

QUESTIONS & ANSWERS

Below we provide the CMS responses to questions or comments submitted for the procedure code topics using the "Q&A" feature during the March 8, 2022 virtual ICD-10 Coordination and Maintenance Committee Meeting.

Question: When implanting a sphenopalatine ganglion stimulator for acute ischemic stroke, does the patient remain in the hospital all 4 days? If the patient goes home, does the patient come in to the doctor's office for the remainder of the treatment?

Response: Yes, the patient remains in the hospital during the 5 days of treatment. The Ischemic Stroke System (ISS500) is intended for adult patients with moderate to severe acute ischemic stroke. The inpatient hospitalization of these patients generally exceeds the 5 days of treatment.

Question: When implanting a sphenopalatine ganglion stimulator for acute ischemic stroke, do you need the tech or the provider to deliver the personalized stimulation to the sphenopalatine ganglion (SPG) for 4 hours? For instance, does the provider need to adjust the intensity every treatment? Or is a tech trained to adjust and monitor the treatment?

Response: A trained caregiver is needed to initiate the treatment. The first 5 minutes of each treatment day (repeated over 5 days) are used to set the personalized stimulation level. Once the stimulation level is set, treatment continues autonomously without need for continuous attendance of the caregiver. It is expected that the caregiver will check on the patient from time to time during the 4-hour treatment session; however, adjustments are rarely needed and only if the patient complains of discomfort.

Question: Why wouldn't code XWHD7Q7 (Insertion of neurostimulator lead into mouth and pharynx, via natural or artificial opening, new technology group 7) suffice to describe the implantation of a sphenopalatine ganglion stimulator for acute ischemic stroke?

CMS Response: Code XWHD7Q7 (Insertion of neurostimulator lead into mouth and pharynx, via natural or artificial opening, new technology group 7) does not accurately the implantation of a sphenopalatine ganglion stimulator for acute ischemic stroke. Currently, facilities can report the implantation of a sphenopalatine ganglion stimulator for ischemic stroke using the body part value Y Peripheral Nerve in table 01H, Insertion of Peripheral Nervous System, with approach value 3 Percutaneous and device value M Neurostimulator Lead.

Question: While a gene expression assay of a blood specimen seems to be important to report, inpatient coders do not typically code for lab tests. How is this expected to be reported if there is an ICD-10-PCS code?

CMS Response: If finalized, facilities may use the new ICD-10-PCS code, if desired, to report the performance of gene expression assay of a blood specimen. The requestor has requested an ICD-10-PCS procedure code for this test for identification, tracking, and quantifying utilization, and outcome analysis.

Comment: For the topic "Posterior Vertebral Body Tethering", please change the proposed 6th character "D Spinal Stabilization Device, Vertebral Body Tether" to identify the prevention of posterior tethering in coding option 2.

CMS Response: Thank you for your comment which we will carefully consider. Your comment can also be submitted via the CMS ICD-10 Procedure Code Request mailbox at ICDProcedureCodeRequest@cms.hhs.gov.

As a reminder, April 8, 2022 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the March 8, 2022 ICD-10 Coordination and Maintenance Committee meeting being considered for implementation on October 1, 2022.

Comment: I agree with a commenter that Introduction is a better root operation for ex vivo autologous hematopoietic stem cell gene therapy.

CMS Response: Thank you for indicating your support of Option 3.
Your comment can also be submitted via the CMS ICD-10 Procedure Code Request mailbox at ICDProcedureCodeRequest@cms.hhs.gov.

As a reminder, April 8, 2022 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the March 8, 2022 ICD-10 Coordination and Maintenance Committee meeting being considered for implementation on October 1, 2022.

Comment: We would support putting the unique codes for ex vivo autologous hematopoietic stem cell gene therapy in Table XW1. The current code is in Table 302 where Transfusion is the root operation. We support XW1, because Transfusion is the root operation of this table in Section X. Though Orchard products are gene therapies, they are delivered through an autologous transplant procedure and are hematopoietic stem and progenitor cells (HSPCs). They are different from CAR-T therapy products. Also, consistency is key - there are two other therapeutic agent topics also under consideration for ICD-10-PCS codes that were not presented during the virtual meeting that are clinically similar to genetically modified ex vivo autologous hematopoietic stem/progenitor cells. The coding options proposed to place codes for these two therapeutics in Table XW1 table so codes

for ex vivo autologous hematopoietic stem cell gene therapy should be found in the same table, otherwise there will be confusion.

CMS Response: Thank you for indicating your support of Option 2.
Your comment can also be submitted via the CMS ICD-10 Procedure Code Request mailbox at ICDProcedureCodeRequest@cms.hhs.gov.

We also encourage you to submit comments regarding the 13 NTAP new technology add-on payment (NTAP)-related ICD-10-PCS procedure code requests that involve the administration of a therapeutic agent that were not presented during virtual meeting on March 8-9, 2022. The slide presentations for these 13 procedure code topics are available at: https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials. CMS is soliciting public comments regarding any clinical questions or coding options for the 13 listed procedure code topics in advance of the meeting continuing through the end of the public comment period.

As a reminder, April 8, 2022 is the deadline for receipt of public comments on the 13 NTAP new technology add-on payment (NTAP)-related ICD-10-PCS procedure code requests that involve the administration of a therapeutic agent as well as the proposed new procedure codes and revisions discussed at the March 8, 2022 ICD-10 Coordination and Maintenance Committee meeting being considered for implementation on October 1, 2022.

Question: Can computer-assisted transcranial magnetic stimulation of the prefrontal cortex with SAINT technology be offered as an outpatient? Why would an inpatient admission be needed as to require a PCS code?

Response: Computer-assisted transcranial magnetic stimulation of the prefrontal cortex with SAINT technology can be performed in the inpatient as well as the outpatient setting.

Question: Would Precision TAVI™ simulation be performed during the inpatient transcatheter aortic valve replacement (TAVR) stay or prior to admission?

Response: The use of the Precision TAVI™ Coronary Obstruction Module will primarily occur prior to the hospital admission for the TAVR procedure. However, it is expected that approximately 10% of the utilization of the technology will occur in the hospital inpatient setting (i.e. the simulation is done while the patient is hospitalized) just prior to the surgical procedure. The Precision TAVI™ Coronary Obstruction Module is performed only once per patient.

Question: In reviewing the CMS recommendations in the Section X update, is

(added 3/16/2022)

the intent that the codes for which a decision was made to keep the Section X code (i.e. Option 1), will the code eventually be reassigned to another section of ICD-10-PCS or be deleted?

CMS Response:

Where indicated, Option 1 signals CMS' recommendation to leave the code in Section X for the upcoming fiscal year. Any proposed changes to these Section X codes at a later date would be subject to public comment at a future meeting.

Question:
(added 3/16/2022)

Is daratumumab and hyaluronidase-fihj typically administered as an outpatient rather than as an inpatient? The code proposal in the March 2022 C&M packet indicates that it is administered via subcutaneous injection on a dosing schedule.

Response:

While Darzalex Faspro® is expected to be administered primarily in the outpatient setting, there are instances for which a patient may be administered the therapeutic agent during an inpatient admission depending on their treatment cycle timeframe.

Question:
(added 3/21/2022)

As I understand, RETHYMIC® is a thymus tissue-derived product administered in an open surgical procedure between the furrows of the quadriceps muscle in one or both legs. Can RETHYMIC® be removed in a subsequent surgical procedure if needed?

Response:

The safety and efficacy of RETHYMIC was analyzed in pediatric patients with congenital athymia in ten, prospective, single-center, open-label studies. Within those studies, there are no reports of removing cultured thymus tissue from pediatric, congenital athymia patients' post-administration.

GENERAL QUESTIONS

Question:

I may have missed this at the beginning of the session this morning. The ICD-10-PCS codes discussed at the ICD-10 Coordination and Maintenance Committee Meeting will possibly be implemented on October 1, 2022 for FY 2023. Is that correct?

CMS Response:

Yes, the ICD-10-PCS code proposals presented on March 8, 2022 are being considered for implementation on October 1, 2022. If any portion of the meeting was missed, the link to the recording from the procedure code portion of the March 8, 2022 ICD-10 Coordination and Maintenance Committee Meeting is now available at https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials.html.

April 8, 2022 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the March 8, 2022 ICD-10 Coordination and Maintenance Committee meeting being considered for implementation on October 1, 2022.

Question:	How do we get CEUs for attending today?
CMS Response:	CMS does not provide certificates of attendance for ICD-10 Coordination and Maintenance (C&M) Committee Meetings. For additional information, please visit https://www.cms.gov/Medicare/Coding/ICD10/Continuing_Education_Credits. Although registration was not required, if you did register for the March 8-9, 2022 ICD-10 Coordination and Maintenance Committee meeting between Tuesday, February 1, 2022 and Tuesday, March 1, 2022, continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation. If you have any questions concerning obtaining your continuing education credits, please contact the respective organization, not CMS.
Question:	Where can we get the Agenda and meeting materials?
CMS Response:	The Final Agenda and meeting materials for the procedure code topics discussed during the virtual meeting on March 8, 2022 are available on the CMS website at https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials. The Agenda packet for the diagnosis code topics discussed during the virtual meeting on March 8-9, 2022 is available on the CDC website at https://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm.
Question:	How do I join the ICD-10 Coordination and Maintenance Committee Meetings subscriber list?
CMS Response:	Instructions for joining the ICD-10 Coordination and Maintenance Subscriber GovDelivery list were included in the March 8, 2022 Agenda packet for the procedure code topics and are also available in the Downloads section of the CMS webpage at: https://www.cms.gov/Medicare/Coding/ICD10/ICD-10-Coordination-and-Maintenance-Committee-Meetings.