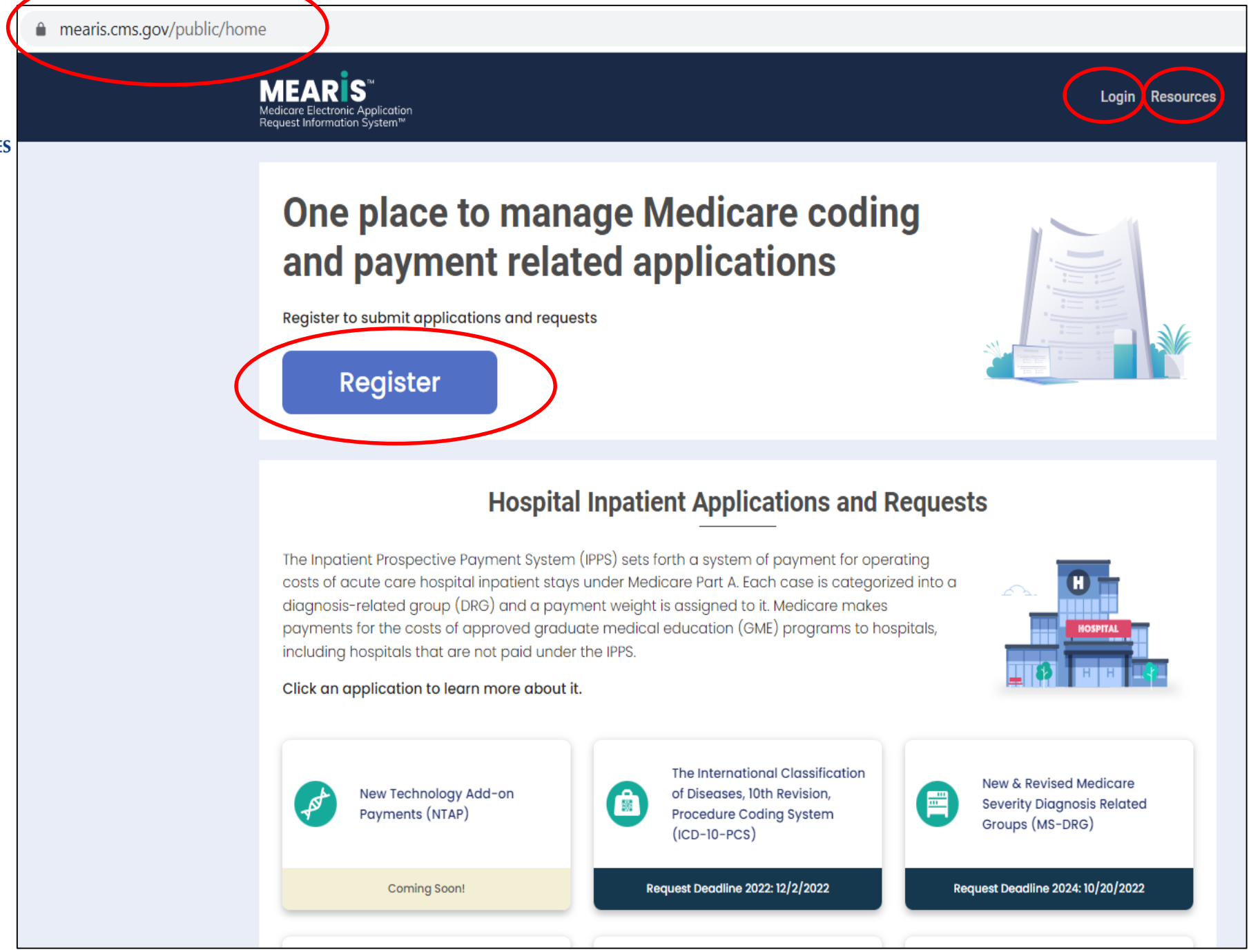
CENTERS FOR MEDICARE & MEDICAID SERVICES

www.mearis.cms.gov/public/home

Register: To submit and manage a MEARIS™ application or request, you must have or create a registered account.

Login: To log in to MEARIS™, applicants and CMS users must be registered.

Resources: Click from a topic list to see information related to that application, request, or the MEARIS™ platform. Request application related questions can be submitted to CMS using the form available under "Contact" on the Resources screen.



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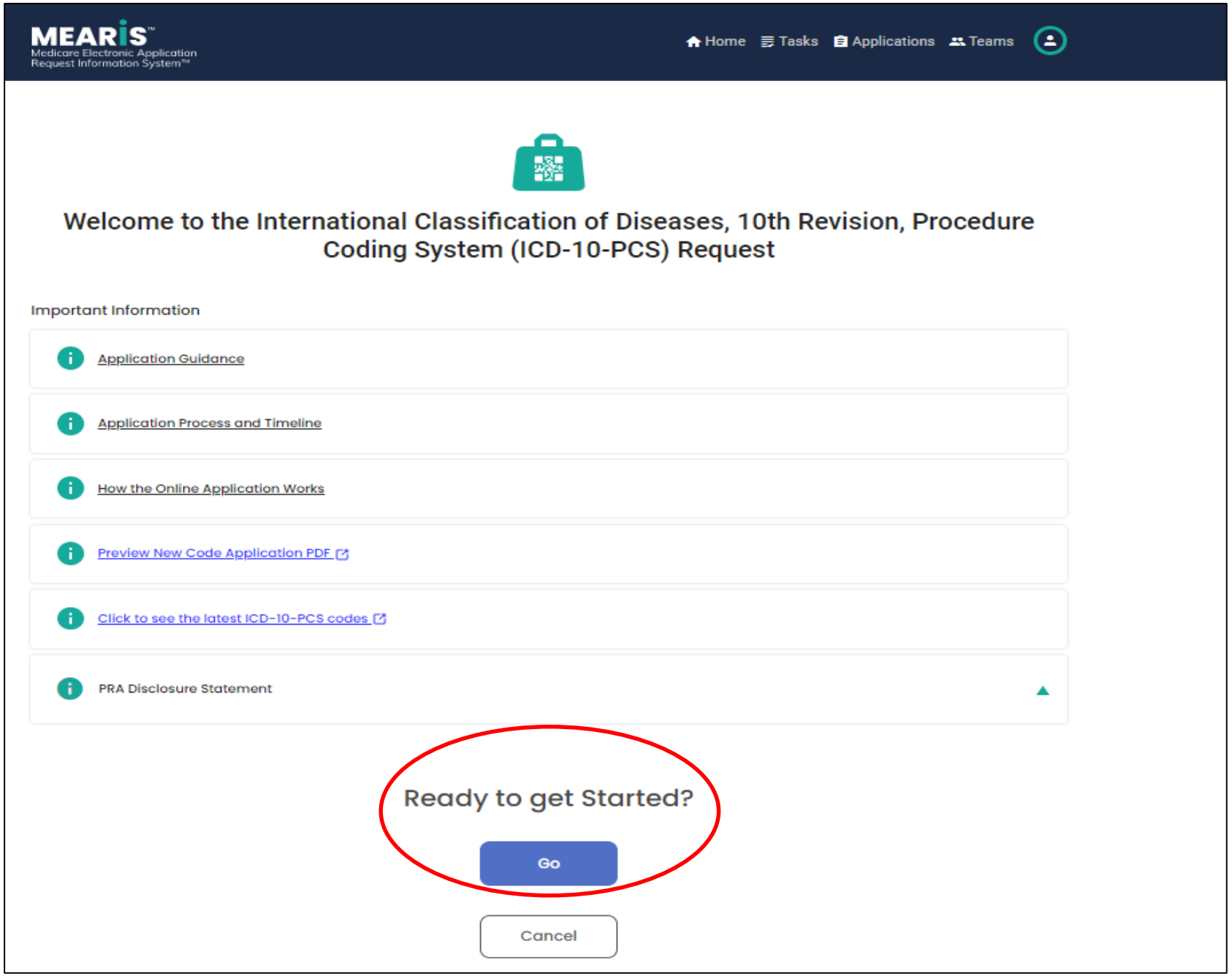
Requestors are strongly encouraged to review each of the links provided on the "Important Information" screen before starting a request



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Technical support is available under “Useful Links” at the bottom of the MEARIS™ site

mearis.cms.gov/secure/icd-10-pcs/introduction

Application Process and Timeline

How the Online Application Works

Preview New Code Application PDF

Click to see the latest ICD-10-PCS codes

PRA Disclosure Statement

Ready to get Started?

Go

Cancel

Useful Links

CMS Web Policies

Technical Support

Resources

A federal government website managed and paid for by the U.S Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore MD 21244
Medicare Electronic Application Request Information System™ (MEARIS™)

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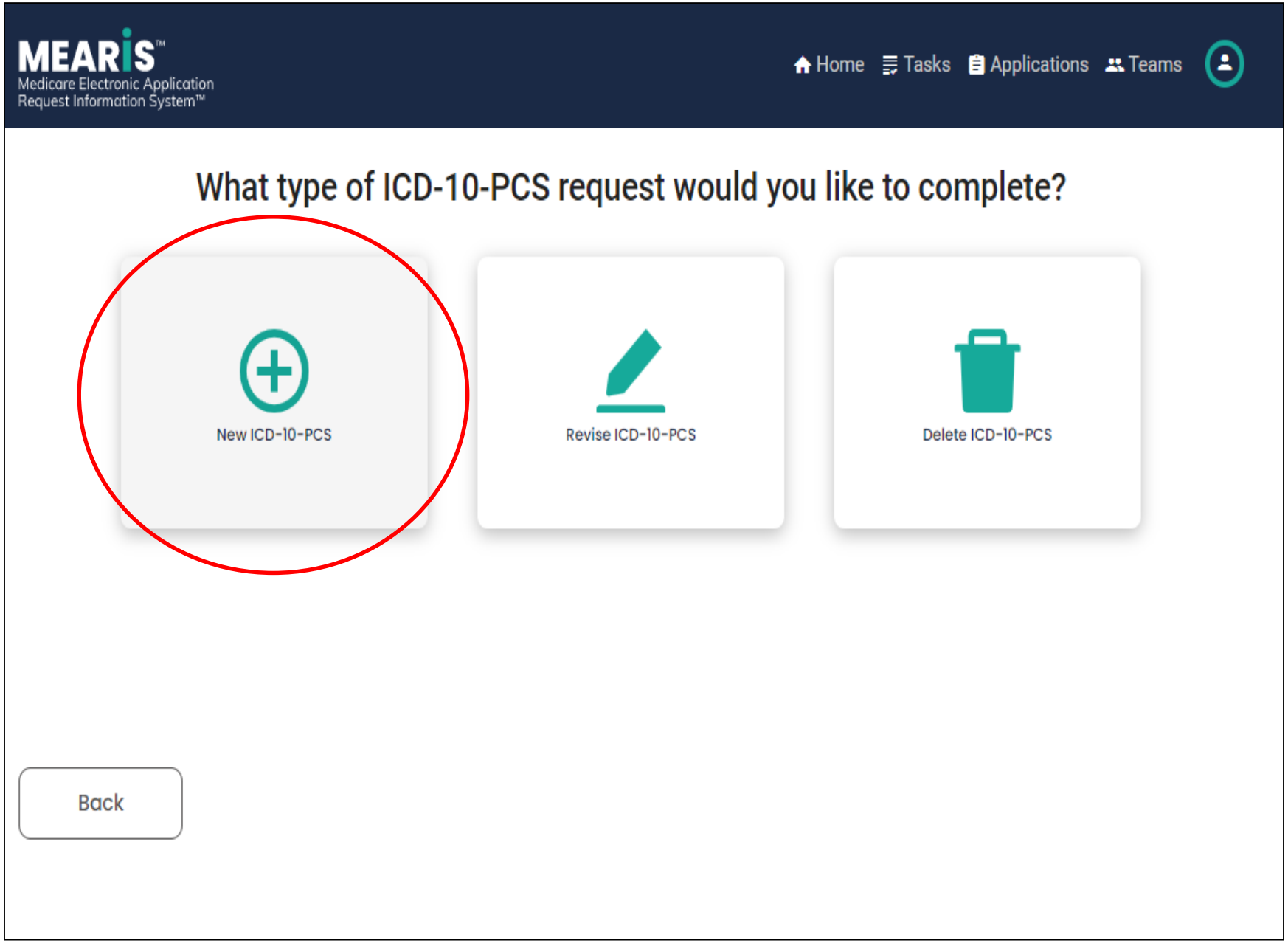
New ICD-10-PCS Request:
Requests to add new code(s)

Revise ICD-10-PCS Request:
Requests to revise existing ICD-10-PCS code(s) *(e.g. add additional approach)*

Delete ICD-10-PCS Request:
Requests to delete existing ICD-10-PCS code(s)

Any request submitted should include a description of the new code or change being requested, and rationale for why the new code or change is needed.



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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Who is the primary contact?

First name
First name is required.

Middle name (optional)

Last name
Last name is required.

Organization
Organization is required.

Occupation/Job Title
Occupation/Job Title is required.

US Phone Number
Phone Number is required.

Extension (optional)

Email address
Please enter a valid email address.

Country
United States

Mailing address line 1
Mailing address line 1 is required.

Mailing address line 2 (optional)

City
City is required.

State
State is required.

Zip code
Zip code is **required**.

Relationship
Relationship is required.

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Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Who is the secondary contact?

First name
First name is required.

Middle name (optional)

Last name
Last name is required.

Organization
Organization is required.

Occupation/Job Title
Occupation/Job Title is required.

US Phone Number
Phone Number is required.

Extension (optional)

Email address
Please enter a valid email address.

Country
United States

Mailing address line 1
Mailing address line 1 is required.

Mailing address line 2 (optional)

City
City is required.

State
State is required.

Zip code
Zip code is **required**.

Relationship
Relationship is required.

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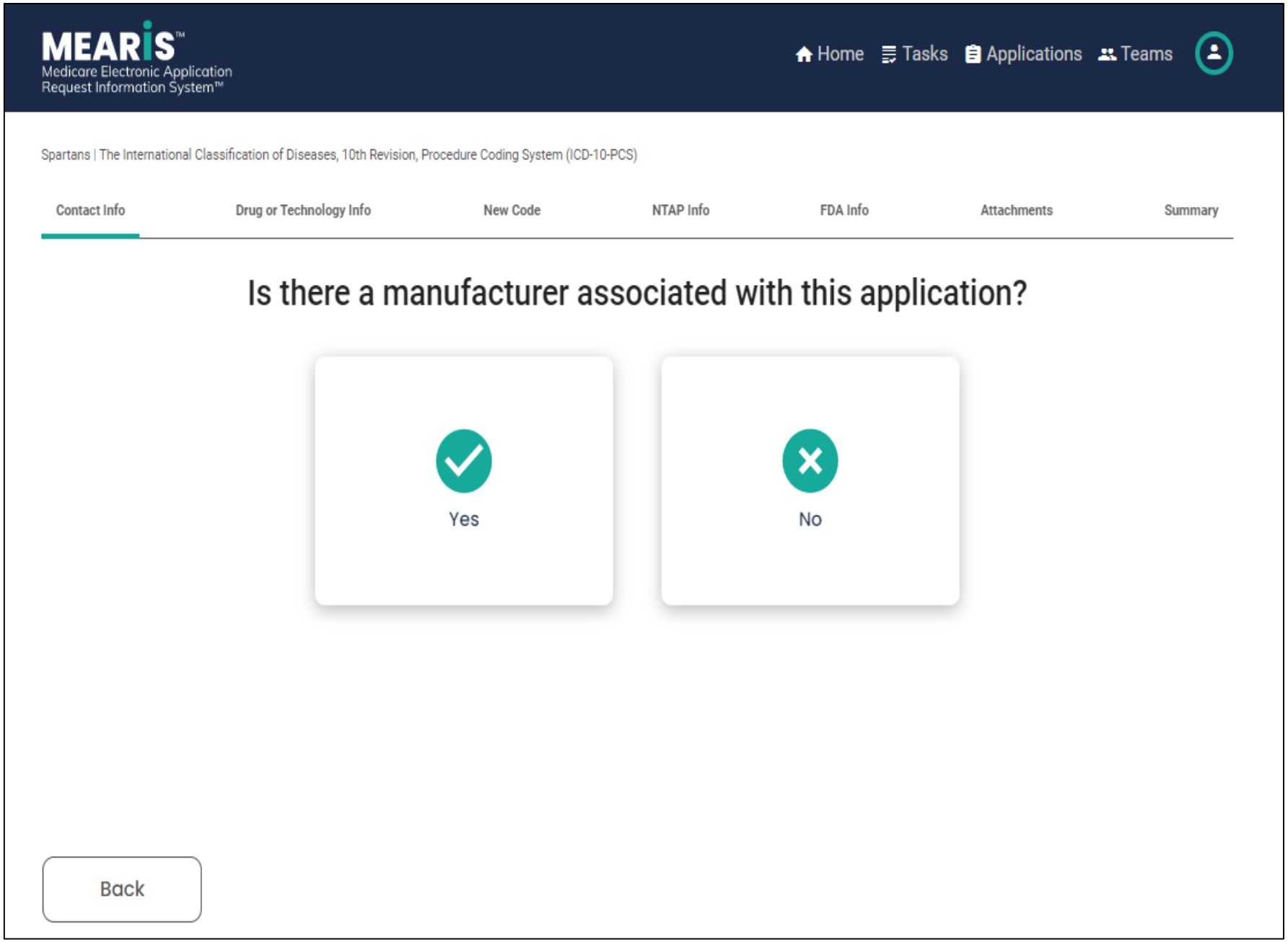
If **"Yes"** is selected, another screen will appear to allow the requestor to provide the manufacturers' demographic information.

If **"No"** is selected, the system will navigate to a screen where the requestor will briefly explain why they have indicated that there is no manufacturer associated with this application.



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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Select the appropriate category

Drug/Therapeutic Agent

Procedure/Technology

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Drug/Therapeutic Agent

Describe the drug/therapeutic agent:

- Describe the mechanism of action
  - What is it?
  - What does it do?
  - What are the procedural steps involved?
  - What are the routes of administration for the drug?

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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Describe the drug/therapeutic agent

Briefly describe the drug/therapeutic agent for which you are requesting a new procedure code.

Soliris® (eculizumab), a first-in-class complement inhibitor, is the first and only FDA approved therapy for adults with anti-AQP4 antibody-positive NMOSD.

155 / 3000

Please describe the steps and route of administration of the drug/therapeutic agent.

Soliris® (eculizumab) is administered via an IV infusion by a healthcare professional according to the following schedule:
- 900 mg weekly for the first 4 weeks, followed by
- 1200 mg weekly for the fifth dose 1 week later, then
- 1200 mg every 2 weeks thereafter

263 / 3000

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Drug/Therapeutic Agent

- What diagnoses are associated with or indicated for use of the drug/therapeutic agent?
- How is the indication currently treated or managed?
- Have there been any associated complications/sequela/adverse events? If yes, how many and what did they consist of? (E.g. fever, shortness of breath, anaphylaxis, etc.)

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Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Provide the diagnostic details for this drug/therapeutic

Which diagnosis/diagnoses is the drug/therapeutic agent indicated to address? Please provide ICD-10-CM codes. (optional)

Neuromyelitis Optica Spectrum Disorder (NMOSD) - (ICD-10-CM G36.0) is a rare autoimmune disorder of the Central Nervous System (CNS). This disease affects approximately 1.96 per 100,000 individuals and is characterized by neuroinflammatory relapses that result in progressive and irreversible damage to the optic nerve and spine. Relapses in NMOSD are unpredictable and can cause blindness, paralysis and increased overall mortality. Approximately 90% of patients with NMOSD suffer relapses, approximately 50% of patients with NMOSD have experienced a relapse within one year and approximately 76% of patients do not recover completely from their first relapse. Therefore, a primary goal in the treatment of NMOSD is prompt initiation of relapse prevention upon a diagnosis of NMOSD.

786 / 3000

Click to see the latest ICD-10-CM codes

Have there been any adverse outcomes or complications associated with the administration of the drug/therapeutic agent? If yes, how many and what was the nature of the adverse outcome? (E.g. rash, fever, shortness of breath, etc.)

A total of 75 adverse events (AEs) were reported by participants in the phase 3 trial. Minor itching was the most common (24.3%)

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Drug/Therapeutic Agent

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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Provide the utilization details for this drug/therapeutic

Identify the number of times the drug/therapeutic agent has been (will be) administered.

In clinical trials, this therapeutic was administered to 300 patients

69 / 3000

What is the percentage of time the drug/therapeutic has been (will be) used across the following care settings? (optional)

Hospital Inpatient Facilities:

Number of Anticipated Cases	5000	
Percentage of Medicare beneficiaries	70	%
Percentage of use Inpatient	85	%

Outpatient Facilities/Physician Office:

Number of Anticipated Cases	0	
Percentage of Medicare beneficiaries	0	%
Percentage of use Outpatient	0	%

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Drug/Therapeutic Agent

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The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

How is the drug/therapeutic agent documented?

How and where (e.g. O.R. Report, Notes, etc.) will the drug/therapeutic agent be documented in the medical record?

Documentation would be found in the progress notes and medication administration record (MAR)

93 / 3000

Are there various terms that are used to describe the drug/therapeutic agent? (Please list)

Terms used to describe the drug/therapeutic are Soliris® or eculizumab

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Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Select the appropriate category

Drug/Therapeutic Agent

Procedure/Technology

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Procedure/Technology

Describe the device/technology/service or procedure.

- What is it?
- What does it do?
- How is it used?
- What are the procedural steps involved?
- If the technology is a device or implant, is only one device/implant routinely inserted or can multiple devices/implants be utilized?

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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Describe the procedure/technology

Briefly describe the procedure/technology for which you are requesting a new procedure code.

Provide Response

0 / 3000

Please describe the procedure/technology and the steps involved in the performance of the procedure/technology.

Provide Response

0 / 3000

If the technology involves a device or implant, is only one device or implant routinely inserted/implanted or is it possible for multiple devices/implants to be utilized in one operative episode? (E.g. valves, stents, etc.)

Provide Response

0 / 3000

Procedure/Technology

Describe the device/technology/service or procedure.

- If the technology involves a device or implant, is the device considered permanent?
- If the procedure involves vessels or specific body parts, is it beneficial or necessary to identify a range of the specific site? (E.g. 2-3 vertebrae, 4+ vessels or stents, etc.)
- Is the procedure/technology performed in conjunction with another procedure/technology or is it considered a standalone procedure/technology?

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Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Describe the procedure/technology (cont.)

If the technology involves a device or implant, is the device considered permanent? Would there ever be an occasion when a code for removal or revision would be needed?

Provide Response

0 / 3000

If the procedure involves vessels or specific body parts, is it beneficial or necessary to identify a range of the specific site? (E.g. 2-3 vertebrae, 4+ vessels or stents, etc.)

Provide Response

0 / 3000

Is the procedure/technology performed in conjunction with another procedure/technology or is it considered a standalone procedure/technology?

Provide Response

0 / 3000

Procedure/Technology

Provide information regarding the clinical indication for this device/technology/service or procedure.

- What diagnoses are associated with or indicated for use of the device/technology/service or procedure?
- How is the indication currently treated or managed?
- Have there been any associated complications/sequela/adverse events? If yes, how many and what did they consist of? (E.g. dislodgement, failure, loosening, etc.)

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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Provide the diagnostic details for this procedure/technology

Which diagnosis/diagnoses is the procedure/technology indicated to address? Please provide ICD-10-CM codes. (optional)

Provide Response

0 / 3000

Click to see the latest ICD-10-CM codes

Have there been any adverse outcomes or complications? If yes, how many and what did they consist of? (E.g. dislodgement, failure, loosening, etc.)

Provide Response

0 / 3000

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Procedure/Technology

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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Provide the Utilization details for this procedure/technology

Identify the number of times the procedure has been (will be) performed using this technology.

Provide Response

0 / 3000

What is the percentage of time the procedure/technology has been (will be) performed/used across the following care settings? (optional)

Hospital Inpatient Facilities:

Number of Anticipated Cases

Percentage of Medicare beneficiaries %

Percentage of use Inpatient %

Outpatient Facilities/Physician Office:

Number of Anticipated Cases

Percentage of Medicare beneficiaries %

Percentage of use Outpatient %

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Procedure/Technology

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Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

How is the procedure/technology documented?

How and where (e.g. O.R. Report, Notes, etc.) will the procedure/technology be documented in the medical record?

Provide Response

0 / 3000

Are there various terms that are used to describe the procedure/technology? (Please list)

Provide Response

0 / 3000

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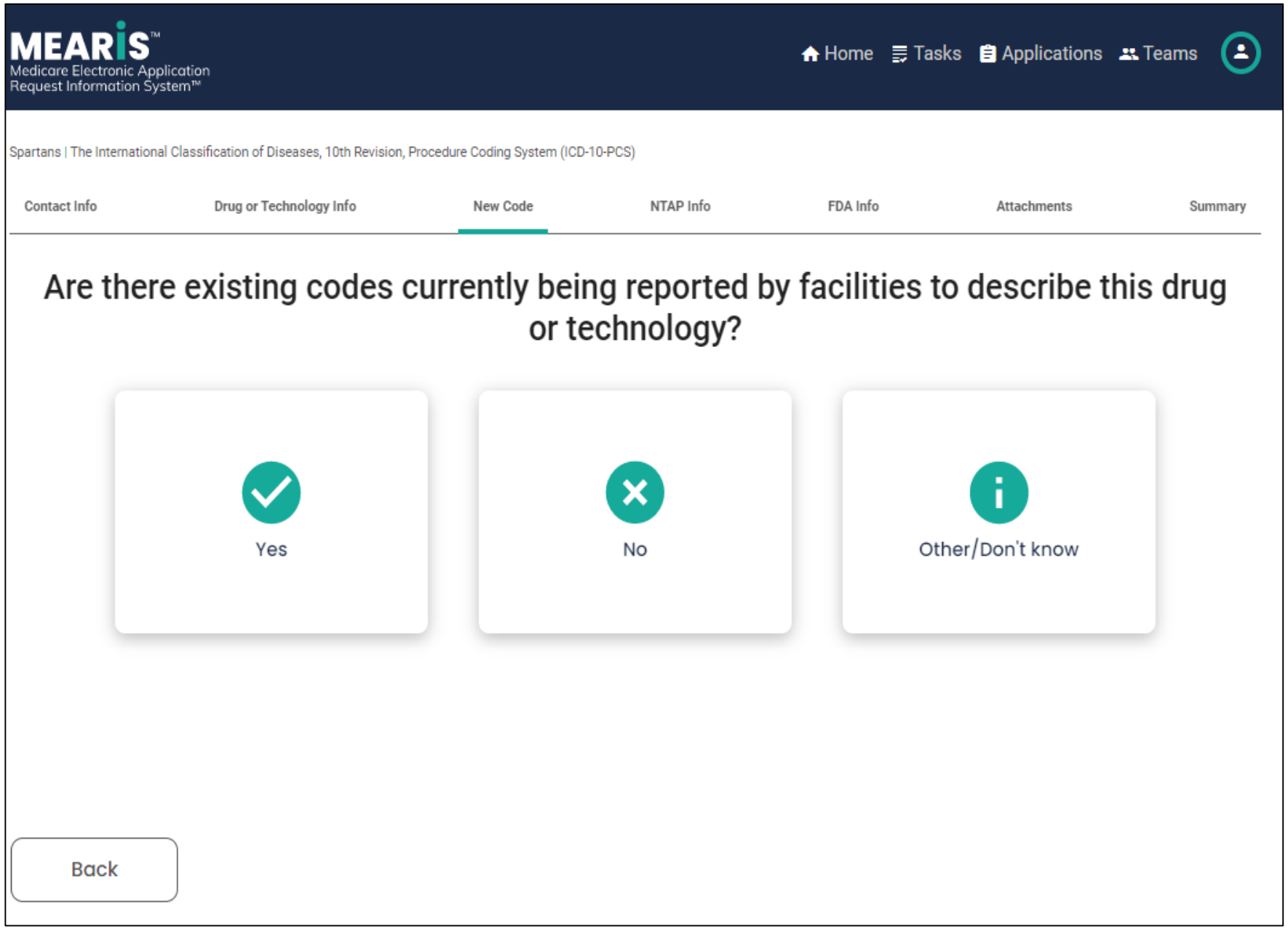
Select:

- **Yes** – Requestor will enter the ICD-10-PCS code(s) currently used, if known, and indicate why they believe that existing codes do not adequately capture the drug or technology
- **No**
- **Other/Don't know** – Requestor will provide an explanation

Requestors will have the opportunity to provide a recommendation for possible new ICD-10-PCS code titles (e.g. approach, body part, device, qualifier)



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Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Have you applied or are you applying for New Technology Add-on Payments(NTAP) for consideration?

Yes

No

Click here to learn more about starting an NTAP application

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Contact Info | Drug or Technology Info | New Code | NTAP Info | FDA Info | Attachments | Summary

Provide some details about your NTAP application

What is the name of the technology?

Name

For which Fiscal year (FY) was the/will the NTAP application be submitted?

Year

What is the NTAP application confirmation number? (optional)

NTAP Application number

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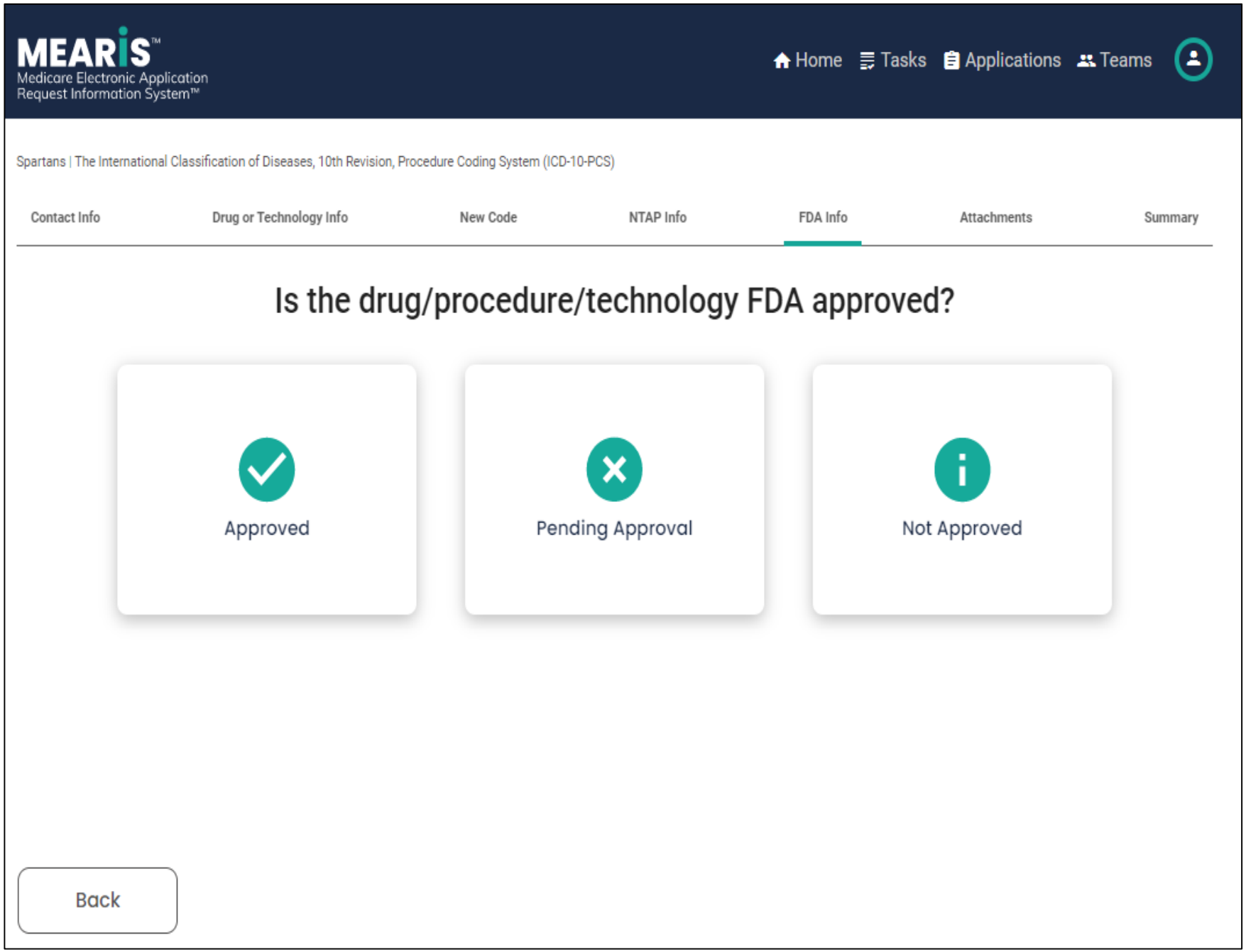
Approved – Requestor will provide the FDA approval date and, if applicable, any additional FDA details

Pending Approval – Requestor will provide the anticipated FDA approval date and, if applicable, any additional FDA details

Not Approved - Requestor will provide the FDA submission date and, if applicable, any additional FDA details



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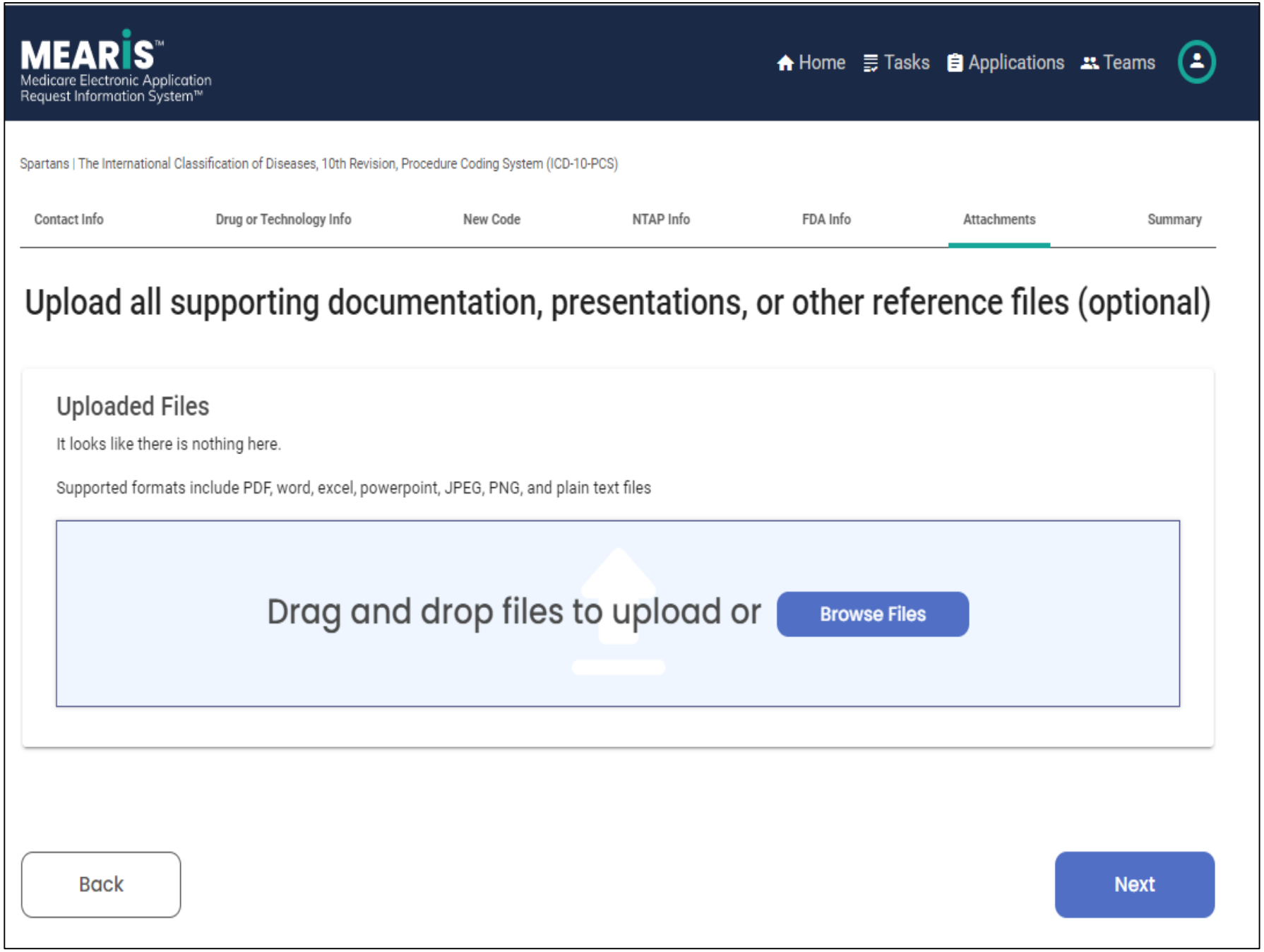
To be considered complete, new ICD-10-PCS procedure code request submissions through MEARIS™ **must** include:

- A background paper which also indicates if the code request is for consideration for an October 1 or an April 1 implementation date;
- Section 508 Compliant PPT and PDF slide decks for presentation.

Examples of procedure code background papers and slide presentations presented at ICD-10 C&M Committee meetings can be found in agenda and meeting materials of this and previous meetings.



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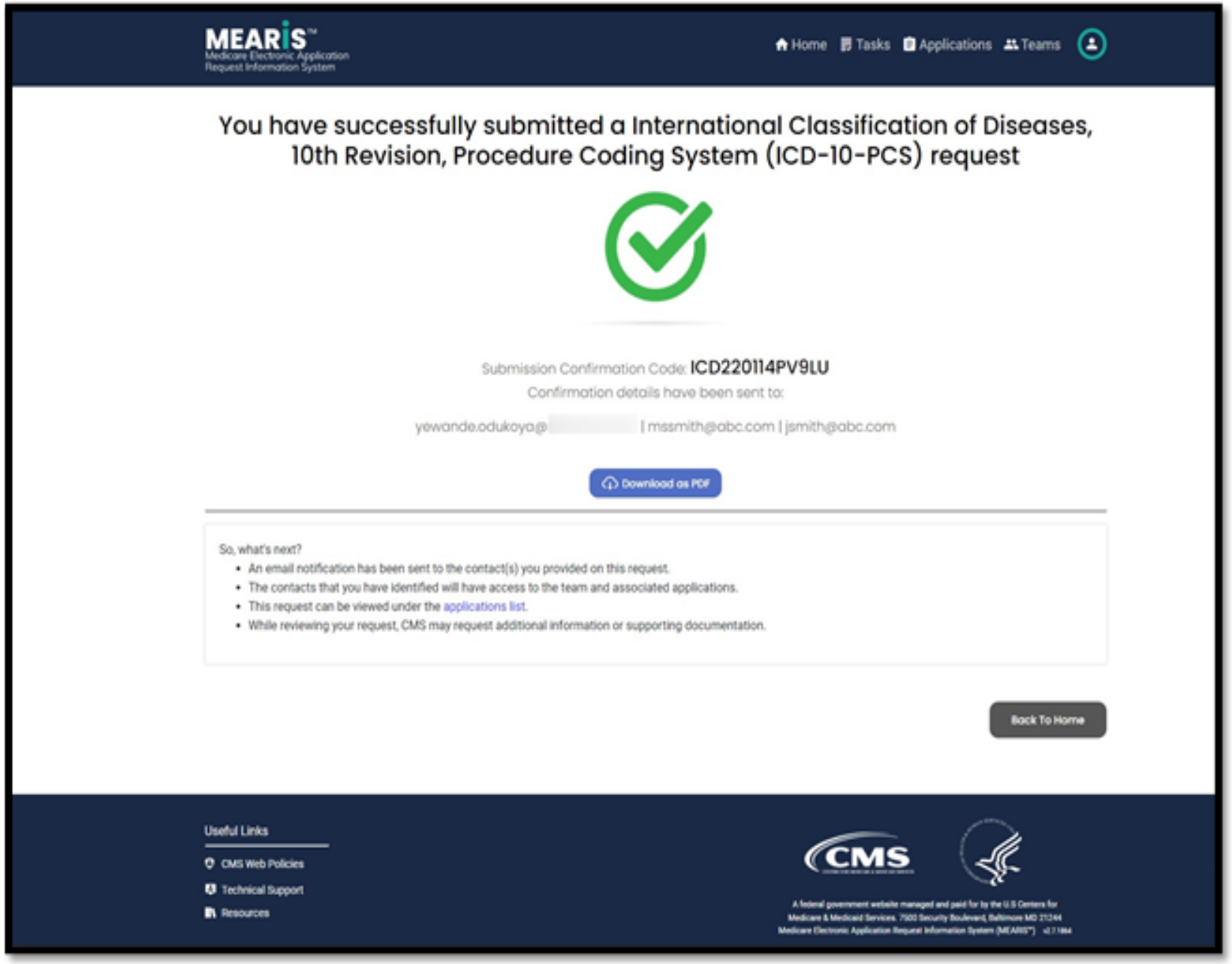
The time required for request application submission, including the time needed to gather relevant information as well as to complete the form may be extensive depending on the nature of the code request.

Requestors are encouraged to start in advance of the due date to ensure adequate time for submission.

ICD-10-PCS code request application submissions are due **December 2, 2022** to be considered for the March 7-8, 2023 ICD-10 Coordination and Maintenance Committee Meeting.