



CMS WILL NO LONGER BE PROVIDING PAPER COPIES OF HANDOUTS FOR THE MEETING. ELECTRONIC COPIES OF ALL MEETING MATERIALS WILL BE POSTED ON THE CMS WEBSITE PRIOR TO THE MEETING AT [HTTPS://WWW.CMS.HHS.GOV/ICD9PROVIDERDIAGNOSTICCODES/03_MEETINGS.ASP](https://www.cms.hhs.gov/icd9providerdiagnosticcodes/03_meetings.asp)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



Agenda

ICD-9-CM Coordination and Maintenance Committee
Department of Health and Human Services
Centers for Medicare & Medicaid Services
CMS Auditorium
7500 Security Boulevard
Baltimore, MD 21244-1850
ICD-9-CM and ICD-10-CM/PCS
September 18, 2013

Pat Brooks, CMS – Co-Chairperson

9:00 AM – 12:30 PM ICD-10-PCS Procedure presentations with public comment
12:30 PM – 1:30 PM Lunch break
1:30 PM – 5:00 PM Diagnosis presentations with public comment

Note: Proposals for the diagnosis codes will begin following the conclusion of the procedure presentations and will be led by the Centers for Disease Control (CDC). Please visit CDC's website for the Diagnosis agenda located at the following address:
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

This meeting is being webcast via CMS at <http://www.cms.gov/live/>. By your attendance, you are giving consent to the use and distribution of your name, likeness and voice during the meeting. You are also giving consent to the use and distribution of any personally identifiable information that you or others may disclose about you during the meeting. Please do not disclose personal health information. If participating via the webcast you do NOT need to register for the meeting.

**Conference lines will also be available for those participants who are unable to view the webcast or attend in person. Toll free dial in access for external participants is as follows:
Phone: 877-267-1577 Meeting ID: 997-355-278
If dialing in you do NOT need to register on-line for the meeting.**

Introductions and comments on Committee activities
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Pat Brooks

ICD-10-PCS Topics:

1. Insertion of Bone Graft Substitute
Pages 14-16

Mady Hue
Michael Janssen, DO
Center for Spinal Disorders
Thornton, CO

2. Implantation of Phrenic Neurostimulator
Pages 17-21

Amy Gruber
Ralph Augostini, MD
Asst. Prof. Clinical Medicine
Ohio State University –
Davis Heart Lung Research
Institute

3. Addenda
Page 22

Mady Hue

ICD-10 Topics:

1. ICD-10 GEMs Update
Pages 23-32

Pat Brooks, CMS
Rhonda Butler, 3M

2. ICD-10 Reimbursement Mappings
Page 33

Pat Brooks, CMS

3. ICD-10 MS-DRGs Update
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Pat Brooks, CMS

4. ICD-10-PCS Key Updates
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Mady Hue, CMS
Rhonda Butler, 3M

Registering for the meeting:

Registration for the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting opened on August 16, 2013. **If dialing in or participating by Livestream webcast you do not need to register online.**

Information on registering online to attend the meeting can be found at:
<http://www.cms.hhs.gov/apps/events/>

For questions about the registration process, please contact Mady Hue at 410-786-4510 or marilu.hue@cms.hhs.gov.

Requesting revisions to procedure codes and submitting comments:

Requests for revisions to ICD-9-CM and ICD-10-PCS **procedure codes** and comments on the **procedure** part of the ICD-9-CM Coordination and Maintenance Committee meeting should be sent to:

Pat Brooks: patricia.brooks2@cms.hhs.gov

Requesting revisions to diagnosis codes and submitting comments:

Requests for revisions to ICD-9-CM and ICD-10-CM **diagnosis** codes and comments on the **diagnosis** part of the ICD-9-CM Coordination and Maintenance Committee meeting should be sent to:

Donna Pickett: nchsicd9@cdc.gov

Continuing Education Credits

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting Conference Calls, Webcasts or on-site Meetings.

Continuing Education Information for American Academy of Professional Coders (AAPC)

If you have attended or are planning to attend a CMS ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting Conference Call, Webcast or on-site Meeting, you should be aware that CMS does not provide certificates of attendance for these. Instead, the AAPC will accept your e-mailed confirmation and call or meeting description as proof of participation. Please retain a copy of your e-mailed confirmation for these as the AAPC will request them for any conference call or meeting you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information for American Health Information Management Association (AHIMA)

AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to CMS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not CMS.

ICD-9-CM AND ICD-10-CM/PCS TIMELINE

A timeline of important dates in the ICD-9-CM and ICD-10-CM/PCS process is described below:

- September 18 –19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 6, 2013**. You must bring an official form of picture identification (such as a driver’s license) in order to be admitted to the building.
- October 2013 Summary report of the Procedure part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html>
- Summary report of the Diagnosis part of the September 18– 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
- October 1, 2013 New and revised ICD-9-CM codes go into effect along with DRG changes. This will be the last update to ICD-9-CM codes as ICD-10 will be implemented on October 1, 2014. Final addendum posted on web pages as follows: There was no ICD-9-CM diagnosis addenda for October 1, 2013; however, the updated conversion table is posted at the following site:
http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
Procedure addendum -
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html>
- November 15, 2013 **Deadline for receipt of public comments on proposed ICD-10-CM/PCS code revisions discussed at the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2014.**
- January 17, 2014 **Deadline for requestors: Those members of the public requesting that topics be discussed at the March 19–20, 2014 ICD-10-CM/PCS Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses by this date. (Please note that the name of the Committee will change to the ICD-10**

Coordination and Maintenance Committee with the March 2014 meeting.)

- February 2014 Draft agenda for the Procedure part of the March 19, 2014 ICD-10 Coordination and Maintenance Committee meeting posted on CMS homepage as follows:
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html>
- Draft agenda for the Diagnosis part of the March 20, 2014 ICD-10 Coordination and Maintenance Committee meeting posted on NCHS homepage as follows:
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
- Federal Register notice of March 19–20, 2014 ICD-10 Coordination and Maintenance Committee Meeting will be published.
- February 14, 2014** **On-line registration opens for the March 19–20, 2014 ICD-10 Coordination and Maintenance Committee meeting at:**
<https://www.cms.gov/apps/events/default.asp>
- March 2014 Because of increased security requirements, **those wishing to attend the March 19–20, 2014 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at:** <https://www.cms.gov/apps/events/default.asp>
- Attendees must register online by February 14, 2014; failure to do so may result in lack of access to the meeting.**
- March 19 – 20, 2014 ICD-10 Coordination and Maintenance Committee meeting.
- April 1, 2014 There will be no new ICD-9-CM codes to capture new diseases or technology on April 1, 2014, since the last updates to ICD-9-CM will take place on October 1, 2013.
- April 18, 2014 Deadline for receipt of public comments on proposed code revisions discussed at the March 19–20, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2014.
- April 2014 Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include references to the complete and finalized FY 2015 ICD-10-

CM diagnosis and ICD-10-PCS procedure codes. It will also include proposed revisions to the MS-DRG system based on ICD-10-CM/PCS codes on which the public may comment. The proposed rule can be accessed at:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp>

April 2014

Summary report of the Procedure part of the March 19, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html>

Summary report of the Diagnosis part of the March 20, 2014 ICD-10 Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows:
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

June 2014

Final addendum posted on web pages as follows:
Diagnosis addendum - <http://www.cdc.gov/nchs/icd/icd10cm.htm>
Procedure addendum - <http://cms.hhs.gov/Medicare/Coding/ICD10/index.html>

July 19, 2014

Deadline for requestors: Those members of the public requesting that topics be discussed at the September 23–24, 2014 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses.

August 1, 2014

Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include links to all the final codes to be implemented on October 1, 2014.
This rule can be accessed at:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp>

August 2014

Tentative agenda for the Procedure part of the September 23–24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage at -
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html>

Tentative agenda for the Diagnosis part of the September 23 –24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at - http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

Federal Register notice for the September 23–24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.

August 15, 2014

On-line registration opens for the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meeting at: <https://www.cms.gov/apps/events/default.asp>

September 12, 2014

Because of increased security requirements, those wishing to attend the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at: <https://www.cms.gov/apps/events/default.asp>

Attendees must register online by September 12, 2014; failure to do so may result in lack of access to the meeting.

September 23 –24, 2014

ICD-10 Coordination and Maintenance Committee meeting.

Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 12, 2014.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building.

October 2014

Summary report of the Procedure part of the September 23–24, 2014 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html>

Summary report of the Diagnosis part of the September 23–24, 2014 ICD-10-CM/PCS Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

- October 1, 2014
- New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum posted on web pages as follows:
Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
Procedure addendum - <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html>
- October 17, 2014
- Deadline for receipt of public comments on proposed code revisions discussed at the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2015.**
- November 2014
- Any new ICD-10 codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2015 will be posted on the following websites:
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html>
http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
- November 15, 2014
- Deadline for receipt of public comments on proposed code revisions discussed at the September 23-24, 2014 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2015.**

Partial Code Freeze for ICD-9-CM and ICD-10 Finalized

The ICD-9-CM Coordination and Maintenance Committee implemented a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10 which would end one year after the implementation of ICD-10. The implementation of ICD-10 was delayed from October 1, 2013 to October 1, 2014 by final rule CMS-0040-F issued on August 24, 2012. Links to this final rule may be found at http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html.)

There was considerable support for this partial freeze. The partial freeze will be implemented as follows:

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.
- On October 1, 2012 and October 1, 2013 there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2014, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2015, regular updates to ICD-10 will begin.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on and after October 1, 2015 once the partial freeze has ended.

Introductions and Overview

- ICD-9-CM Coordination & Maintenance (C&M) Committee is a public forum on ICD-9-CM & ICD-10 code updates
- CMS & CDC Co-chair the meetings
 - CMS has lead on procedure issues
 - CDC has lead on diagnosis issues
- Coding proposals presented and public given opportunity to comment

Code Proposals

- No final decisions made at the meeting
- Public can submit written comments after the meeting
- ICD-10-PCS procedure code topics discussed today are proposed for implementation on October 1, 2014
- Final ICD-9-CM code updates on October 1, 2013

Partial Code Freeze

- Currently under a partial code freeze
 - ICD-10 will be implemented for services provided on or after October 1, 2014
 - Only ICD-10 codes for new technologies and new diagnoses are being considered
 - All other ICD-10 code updates would be made after the code freeze ends on October 1, 2015

Announcement

- New name - ICD-10 Coordination & Maintenance Committee as of the March 2014 meeting

Timeline

- Detailed timeline within the C&M handouts
 - November 15, 2013 - Comments due on topics presented today
 - Procedure comments to Pat Brooks, CMS
patricia.brooks2@cms.hhs.gov
 - Diagnosis comments to Donna Pickett, CDC
nchsicd9@cdc.gov
 - April 2014 - Notice of Proposed Rulemaking, IPPS, includes ICD-10-CM/PCS diagnosis and procedure updates

Addendum

- Detailed timeline within the C&M handouts (Continued)
June 2013 – Final addendum posted
 - Diagnosis addendum –
http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
 - Procedure addendum -
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html>

Conversion Table

- There are no ICD-9-CM Diagnosis Addenda effective for October 1, 2013; however, the updated conversion table is posted at the following site:
http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm

Posted ICD-10 Files

- June 2013 ICD-10 updates posted
 - 2014 ICD-10-CM updates and GEMs
<http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html>
 - 2014 ICD-10-PCS updates and GEMs
<http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>
- 2015 ICD-10 updates will be posted in June 2014

Important Dates

- Detailed timeline within the C&M handouts (Continued)
 - January 17, 2014 – Deadline for submitting topics for March 19-20, 2014 C&M meeting
 - Around August 1, 2014 – IPPS final rule published. Includes all final ICD-10-CM/PCS codes to be implemented October 1, 2014.
 - 2015 ICD-10 updates will also be posted in June 2014 at
<http://cms.hhs.gov/Medicare/Coding/ICD10/index.html>

Public Participation

- For this meeting the public may participate in three ways:
 - Attend public C&M meeting
 - Listen to proceedings through free conference lines
 - Participate through a free webcast
- CMS & CDC hope this provides greater opportunity for public participation

Written Comments

- No matter how you participate – please send in your written comments after the meeting

ICD-10 Updates

- CMS will provide a variety of ICD-10 updates during this meeting
 - Updates on ICD-10 and implementation issues
 - Availability of 2014 General Equivalence Mappings (GEMs)
 - Availability of ICD-10 MS-DRG v31 mainframe and PC software
- At the conclusion of the procedure topics, CDC will then begin their part of the meeting on diagnosis issues

ICD-10: Implementation for Physicians, Partial Code Freeze, and MS-DRG Conversion Project MLN Connects™ Video

In this MLN Connects™ video on the [CMS YouTube Channel](#), Pat Brooks and Dr. Daniel Duvall from the Hospital and Ambulatory Policy Group of the Center for Medicare discuss the transition to ICD-10 for medical diagnosis and inpatient procedure coding:

- Hints for a smooth transition to ICD-10 in physician offices
- ICD-10 Implementation and preparation strategies
- Partial freeze prior to ICD-10 implementation
- Medicare Severity Diagnosis Related Grouper (MS-DRG) Conversion Project at CMS

Link to You Tube Channel: <http://youtu.be/WLGofe1nPAo>

To receive notification of upcoming MLN Connects videos and calls and the latest Medicare program information on ICD-10, [subscribe](#) to the weekly *MLN Connects™ Provider eNews*.

ICD-10 Basics MLN Connects™ National Provider Call

On August 22, 2013, a keynote presentation on ICD-10 basics by Sue Bowman from the American Health Information Management Association (AHIMA), along with an implementation update by CMS was held.

- Benefits of ICD-10
- Similarities and differences from ICD-9
- Coding
 - o Basics of finding a diagnosis code
 - o Placeholder "x"
 - o Unspecified codes
 - o External cause of injury codes
 - o Type of encounter
- Training needs and timelines
- Resources for coding and training
- National implementation issues

<http://cms.hhs.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-08-22-ICD-10-Call.html>

Insertion of Bone Graft Substitute

Issue: Currently there is not an ICD-10-PCS procedure code to describe the insertion of a specific bone graft substitute, P-15, in cervical fusion. Should a new code be created?

New Technology Application? No.

FDA Approval: A clinical trial is currently underway for FDA approval. The study is not scheduled to be completed until May 2014. However, the FDA approved P-15 and anorganic bone mineral (ABM) for dental applications in October 1999.

Background: Degenerative disc disease (DDD) of the cervical spine can result in significant pain, instability, and radiculopathy and/or myelopathy. These symptoms are due to loss of disc space height, loss of foraminal area, disc bulging or protruding osteophytes causing neural compression. Cervical DDD is treated conservatively; when conservative treatment fails, surgical treatment is an option. The goals of surgical treatment are decompression of spine/nerve root, restoration of cervical alignment, and stability. Decompression involves discectomy (removal of the soft disc) and/or removal of osteolytic structures. Restoration of alignment involves restoration of the disc space height and neural foraminal height. Stability involves elimination of motion in order to induce resorption of posterior osteophytes. Instrumented fusion is the current standard of care for surgical treatment of cervical disc disease in the US. Support to the treated segment is achieved by using a structural device such as an allograft ring. Anterior cervical plating is commonly used to provide additional stability to the segment of the spine to which it is applied and maintain spinal alignment, prevent graft dislodgement and collapse, enhance fusion rates, and eliminate the need for external immobilization.

The void space in the allograft ring can be filled with autologous bone or various bone replacement materials to improve the fusion process and clinical outcomes. Although autologous bone achieves good results, it may be associated with additional morbidity. The autologous bone can originate from local millings and osteophyte bone or from harvesting iliac crest bone. The most frequently reported problems associated with harvesting iliac crest autologous bone include postoperative pain, wound hematoma, infection, pelvic fracture, nerve palsy, and chronic donor site pain. Bone replacement materials are used as alternatives for use in cervical interbody fusion in an attempt to reduce donor site morbidity.

Technology: P-15™ bone putty (i-FACTOR™) is a synthetic osteoconductive bone substitute that is used for bone repair in dental applications. According to the requester, advantages of P-15 bone putty are its synthetic preparation and lower costs compared to alternatives (such as BMP or bone void fillers). The first step in the bone formation process is cell attachment. Osteogenic precursor cells bind to P-15, then a natural signaling cascade occurs that leads to new bone formation.

Coding options:

Option 1. Do not create a new code. Due to the restrictions of the Partial Code Freeze, CMS is unable to propose a new ICD-10-PCS procedure code at this time to uniquely describe the insertion of bone graft substitute, P-15, as the requester did not submit an application for New

Technology. Should the requester decide to submit an application for FY 2015 we can reconsider a new code request.

Interim Advice: Code the insertion of bone graft substitute, P-15, to 3E0U3GC, Introduction of Other Therapeutic Substance into Joints, Percutaneous Approach.

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

Body Part	Approach	Device	Qualifier
U Joints	3 Percutaneous	G Other Therapeutic Substance	B Recombinant Bone Morphogenetic Protein C Other Substance

Consideration for October 1, 2015 implementation:

Option 1. Use existing Qualifier value **C** Other Substance in Operation Introduction and add Approach value **0** Open.

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

Body Part	Approach	Device	Qualifier
U Joints	<u>0 Open</u> 3 Percutaneous	G Other Therapeutic Substance	B Recombinant Bone Morphogenetic Protein C Other Substance

Option 2. Add new Qualifier value **D** P-15 Peptide Enhanced Bone Graft, in Operation Introduction and add Approach value **0** Open.

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 E Physiological Systems and Anatomical Regions
 0 Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	Approach	Device	Qualifier
U Joints	<u>0 Open</u> 3 Percutaneous	G Other Therapeutic Substance	B Recombinant Bone Morphogenetic Protein C Other Substance <u>D P-15 Peptide Enhanced Bone Graft</u>

CMS Recommendation: CMS recommends option 1 for October 1, 2015 implementation to use existing Qualifier value **C** Other Substance in Operation Introduction and add Approach value **0** Open.

Interim Coding Advice: Code the insertion of bone graft substitute, P-15, to 3E0U3GC, Introduction of Other Therapeutic Substance into Joints, Percutaneous Approach.

3 Administration

E Physiological Systems and Anatomical Regions

0 Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	Approach	Device	Qualifier
U Joints	3 Percutaneous	G Other Therapeutic Substance	B Recombinant Bone Morphogenetic Protein C Other Substance

Implantation of Phrenic Neurostimulator

Issue: Should new ICD-10-PCS codes be created to identify the implantation of a neurostimulator with placement of a stimulating electrode into the right brachiocephalic or left pericardiophrenic vein and placement of a sensing electrode into the azygos vein and also the associated removal procedures used in the treatment of Central Sleep Apnea (CSA)?

New Technology Application? CMS has not received an application for FY 2015.

FDA Approval: In April 2013, Respicardia, Inc. received FDA approval of an Investigational Device Exemption (IDE) to initiate the pivotal trial, a randomized trial evaluating the safety and effectiveness of the remedē® System™ in patients with central sleep apnea (CSA).

Background: CSA is a type of sleep disordered breathing characterized by the temporary withdrawal of brainstem-driven respiratory drive that results in cessation of breathing, hypoxia, and arousals from sleep. The diagnosis is based on clinical polysomnography during a sleep study. CSA is increasingly recognized as a comorbidity in a number of disorders including heart failure, valvular disease, and atrial fibrillation.

According to the requestor, it is estimated that Central Sleep Apnea affects nearly 40% of patients with heart failure and can lead to excessive daytime drowsiness, impaired cognitive function, and reduced exercise capacity. Studies have shown that CSA can lead to the worsening of heart failure and is associated with an increased risk of death. Treating CSA by restoring a more normal breathing pattern may allow for better oxygenation, less activation of the sympathetic nervous system, and improved sleep which may lead to improved cardiovascular health. Treatment for CSA may include treating the existing conditions, using a device to assist breathing or using supplemental oxygen.

The remedē® System™ is designed to improve cardiovascular health by restoring a more normal breathing pattern during sleep in patients with central sleep apnea. The remedē® System™ consists of three implantable components: (1) pulse generator comprised of electronic circuitry components and a battery sealed in a titanium case; (2) stimulation lead implanted in a vein (right brachiocephalic or left pericardiophrenic) close to one of the phrenic nerves and (3) a sensing lead placed in the azygos vein that detects respiration. This system also includes an external programmer that the physician can use to adjust the settings on the pulse generator or to review diagnostic data via telemetry.

The removal procedure for this device is similar to the removal of other implantable transvenous leads. The equipment would include: locking stylet, removal sheaths and fluoroscopy.

ICD-10-PCS Coding Options:

Option 1a. Continue to assign one of the following ICD-10-PCS codes for the implantation of the neurostimulator generator:

0JH60MZ Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach

0JH63MZ Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach

Continue to assign one of the following ICD-10-PCS codes for the placement of the stimulation lead into the right brachiocephalic or left pericardiophrenic vein and a sensing lead in the azygos vein:

01HY0MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Open Approach

01HY3MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Approach

01HY4MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Endoscopic Approach

b. Continue to assign one of the following ICD-10-PCS codes for the removal of the neurostimulator generator:

0JPT0MZ Removal of Stimulator Generator from Subcutaneous Tissue and Fascia, Trunk, Open Approach

0JPT3MZ Removal of Stimulator Generator from Subcutaneous Tissue and Fascia, Trunk, Percutaneous Approach

Continue to assign one of the following ICD-10-PCS codes for the removal of the stimulation lead from the right brachiocephalic or left pericardiophrenic vein and a sensing lead in the azygos vein:

01PY0MZ Removal of Neurostimulator Lead from Peripheral Nerve, Open Approach

01PY3MZ Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Approach

01PY4MZ Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Endoscopic Approach

01PYXMZ Removal of Neurostimulator Lead from Peripheral Nerve, External Approach

Option 2a. Continue to assign one of the ICD-10-PCS codes listed above for the implantation of the neurostimulator generator. CMS would add device value, M Neurostimulator Lead, under the root operation of Insertion of Upper Veins, Azygos Vein. CMS would also create under the root operation for Insertion of Upper Veins; two new body parts W, to identify the Pericardiophrenic Vein, and X, to identify the Brachiocephalic Vein. In addition, device value M Neurostimulator Lead, would also be added for these 2 veins as illustrated below.

Medical and Surgical 0 Medical and Surgical Body System 5 Upper Veins 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 Azygos Vein <u>W Pericardiophrenic Vein</u> <u>X Brachiocephalic Vein</u>	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	<u>M Neurostimulator Lead</u>	Z No Qualifier

b. Continue to assign one of the ICD-10-PCS codes listed above for the removal of the neurostimulator generator. CMS would add 3 body part characters: 0 Azygos Vein, 1 Pericardiophrenic Vein and 3 Brachiocephalic Vein under the root operation of Removal of Upper Veins. CMS would also create a new device value M Neurostimulator lead, as illustrated below.

Medical and Surgical 0 Medical and Surgical	
Body System 5	Upper Veins
Operation P	Removal: Taking out or off a device from a body part

Body Part	Approach	Device	Qualifier
<u>0 Azygos Vein</u>	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	<u>M Neurostimulator Lead</u>	Z No Qualifier
<u>1 Pericardiophrenic Vein</u>			
<u>3 Brachiocephalic Vein</u>			

CMS' Recommendation:

Option 1. As stated above. Reporting of the neurostimulator procedure codes in addition to the diagnosis code for Central Sleep Apnea would identify this procedure.

In the interim, continue to assign one of the following ICD-10-PCS codes for the implantation of the neurostimulator generator:

0JH60MZ Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach

0JH63MZ Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach

Continue to assign one of the following ICD-10-PCS codes for the placement of the stimulation lead into the right brachiocephalic or left pericardiophrenic vein and a sensing lead in the azygos vein:

01HY0MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Open Approach

01HY3MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Approach

01HY4MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Endoscopic Approach

Continue to assign one of the following ICD-10-PCS codes for the removal of the neurostimulator generator:

OJPT0MZ Removal of Stimulator Generator from Subcutaneous Tissue and Fascia, Trunk, Open Approach

OJPT3MZ Removal of Stimulator Generator from Subcutaneous Tissue and Fascia, Trunk, Percutaneous Approach

Continue to assign one of the following ICD-10-PCS codes for the removal of the stimulation lead from the right brachiocephalic or left pericardiophrenic vein and a sensing lead in the azygos vein:

01PY0MZ Removal of Neurostimulator Lead from Peripheral Nerve, Open Approach

01PY3MZ Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Approach

01PY4MZ Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Endoscopic Approach

01PYXMZ Removal of Neurostimulator Lead from Peripheral Nerve, External Approach

Addenda

FY 2014 Addenda files were posted on the CMS ICD-10 webpage in June 2013 under the 2014 ICD-10 PCS and GEMs link located at the followed address:

<http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>

In the Downloads section is a unique link entitled 2014 Addendum.

2014 ICD-10-PCS Final Addenda (Zip file)

- New code titles for FY2014 shown as ICD-10-PCS table entries, file name is **PcsAddendaAdditionsNewLabels.pdf**
- Deleted code titles for FY2014 shown as ICD-10-PCS table entries, file name is **PcsAddendaDeletionsOldLabels.pdf**
- Downloadable xml format for developers, file names are **PcsAddendaAdditionsNewLabels.xml, PcsAddendaDeletionsOldLabels.xml**
- Accompanying documentation, file name is **pcs_addenda_readme2014.pdf**
- Index addenda in downloadable PDF, file name is **index_addenda_2014.pdf**
- PCS Definitions addenda in downloadable PDF, file name is **definitions_addenda_2014.pdf**
- Index and Definitions addenda in machine readable text format for developers, file names are **index_addenda_2014.txt, definitions_addenda_2014.txt**

Addenda File Examples

definitions_addenda_2014.pdf

No change Character 6 - Device

Add Epiretinal Visual Prosthesis in Eye Epiretinal visual prosthesis

index_addenda_2014.pdf

No change E

- Add** **Epiretinal Visual Prosthesis**
- Add** *use* Epiretinal Visual Prosthesis in Eye
- Add** Insertion of device in
- Add** Left 08H105Z
- Add** Right 08H005Z

PcsAddendaAdditionsNewLabels.pdf

Section 0 Medical and Surgical
 Body System 8 Eye
 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 Eye, Right	0 Open	5 Epiretinal Visual Prosthesis	Z No Qualifier
1 Eye, Left			

ICD-10 GEMs FY 2014 Update

The updated FY2014 General Equivalence Mappings (GEMs) are posted for public comment. All changes to date resulting from public comment and internal review have been incorporated into the FY2014 GEMs. The types of changes made include

- Entries for new FY2014 codes added
- Cluster translations expanded for completeness
- Entries revised to better meet inclusion criteria

All changes meeting inclusion criteria were included in the updated files. Updated documentation for general and technical users of the GEMs is posted with the GEMs files.

In particular, the GEMs Documentation for Technical Users

- Specifies GEMs entry inclusion criteria and provides examples
- Discusses GEMs flags in detail and provides examples
- Answers other frequently asked technical questions
- Discusses translation rules for obstetrics and angioplasty

Examples of updated GEMs entries are provided in the following pages. Diagnosis GEMs entries are first, followed by procedure GEMs entries.

DIAGNOSIS GEMs

Public comment:

ICD-9-CM to ICD-10-CM GEM entry for “screening for gout”

2013 entry	Updated 2014 entry	Comment
<p>V77.5 Screening for gout</p> <p>To Z13.0 Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</p>	<p>V77.5 Screening for gout</p> <p>To/from Z13.89 Encounter for screening for other disorder</p>	<p>The updated entry is a closer match. The ICD-10-CM index entry <i>Screening (for) > gout</i> refers to Z13.89.</p> <p>The entry has also been added to the ICD-10-CM to ICD-9-CM GEM.</p>

Public comment:

ICD-10-CM to ICD-9-CM GEM entry for “ADHD predominantly inattentive type”

2013 entry	Updated 2014 entry	Comment
<p>F90.0 Attention-deficit hyperactivity disorder, predominantly inattentive type</p> <p>To/from 314.01 Attention deficit disorder with hyperactivity</p>	<p>F90.0 Attention-deficit hyperactivity disorder, predominantly inattentive type</p> <p>To/from 314.00 Attention deficit disorder without mention of hyperactivity</p>	<p>The updated entry is a closer match. The ICD-9-CM index entry <i>Disorder > attention deficit > predominantly > inattentive</i> refers to 314.00.</p> <p>The entry has also been added to the ICD-9-CM to ICD-10-CM GEM.</p>

Public comment:

ICD-9-CM to ICD-10-CM GEM entry for “cerebral degeneration in childhood unspecified”

2013 entry	Updated 2014 entry	Comment
330.9 Unspecified cerebral degeneration in childhood To G94 Other disorders of brain in diseases classified elsewhere	330.9 Unspecified cerebral degeneration in childhood To G31.9 Degenerative disease of nervous system, unspecified	The updated entry is a closer match. The ICD-10-CM index entry <i>Degeneration, degenerative > brain (cortical) (progressive) > childhood</i> refers to G31.9. The entry has also been added to the ICD-10-CM to ICD-9-CM GEM.

Public comment:

ICD-9-CM to ICD-10-CM GEM entry for “glycogenosis”

2013 entry	Updated 2014 entry	Comment
271.0 Glycogenosis To E74.0[0-4,9] Glycogen storage disease (6 codes)	271.0 Glycogenosis To E74.0[0-4,9] Glycogen storage disease (6 codes) OR To E74.4 Disorders of pyruvate metabolism and gluconeogenesis	The updated entry meets inclusion criteria in the clinical opinion of the requestor. The ICD-10-CM index <i>Disorder (of) > gluconeogenesis</i> refers to E74.4.

Public comment:

ICD-9-CM to ICD-10-CM GEM entry for “history of mental disorder unspecified”

2013 entry	Updated 2014 entry	Comment
V11.9 Personal history of unspecified mental disorder To Z65.8 Other specified problems related to psychosocial circumstances	V11.9 Personal history of unspecified mental disorder To Z86.59 Personal history of other mental and behavioral disorders	The updated entry is a closer match for the condition specified in the ICD-9-CM code. The entry has also been added to the ICD-10-CM to ICD-9-CM GEM.

ICD-9-CM to ICD-10-CM GEM entry for “redundant prepuce and phimosis”

2013 entry	Updated 2014 entry	Comment
605 Redundant prepuce and phimosis To N47.0 Adherent prepuce, newborn OR N47.1 Phimosis OR N47.2 Paraphimosis	605 Redundant prepuce and phimosis To N47.0 Adherent prepuce, newborn OR N47.1 Phimosis OR N47.2 Paraphimosis OR N47.5 Adhesions of prepuce and glans penis OR N47.8 Other disorders of prepuce	The updated entry is a more complete set of translation alternatives. The following ICD-9-CM index entries also refer to 605: <i>Adhesion(s), adhesive (postinfectious) (postoperative) > preputial, prepuce</i> <i>Concretion > prepuce (male)</i> The corresponding entries in the ICD-10-CM index refer to N47.5 and N47.8 respectively.

Public comment:**ICD-10-CM to ICD-9-CM GEM entry for “Disorder of vein unspecified”**

2013 entry	Updated 2014 entry	Comment
I87.9 Disorder of vein, unspecified To 459.81 Venous (peripheral) insufficiency, unspecified	I87.9 Disorder of vein, unspecified To/from 459.9 Unspecified circulatory system disorder	The updated entry is a closer match. The ICD-9-CM index entry <i>Disease, diseased > vein</i> refers to 459.9. The entry has also been added to the ICD-9-CM to ICD-10-CM GEM.

ICD-10-CM to ICD-9-CM GEM entry for “open angle glaucoma”

2013 entry	Updated 2014 entry	Comment
Example H40.11X[0-4] Primary open angle glaucoma (5 codes) To 365.11 Primary open angle glaucoma	Example H40.11X2 Primary open-angle glaucoma, moderate stage (5 codes) To Choice List 1 To 365.11 Primary open angle glaucoma AND Choice List 2 To 365.71 Mild stage glaucoma	The updated entries (70 ICD-10-CM codes in category H40) are a more complete set of translation alternatives, revised to create ICD-9 target cluster entries that include the ICD-9 glaucoma stage code specified in the source system ICD-10-CM code.

Diagnosis GEMs entry for “primary thrombocytopenia unspecified”

2013 entry	Updated 2014 entry	Comment
287.30 Primary thrombocytopenia, unspecified To/from D47.3 Essential (hemorrhagic) thrombocythemia	287.30 Primary thrombocytopenia, unspecified To/from D69.49 Other primary thrombocytopenia	Typographical error.

ICD-9-CM to ICD-10-CM GEMs entry for “complex endometrial hyperplasia”

2013 entry	Updated 2014 entry	Comment
621.32 Complex endometrial hyperplasia without atypia To/from N85.02 Endometrial intraepithelial neoplasia [EIN]	621.32 Complex endometrial hyperplasia without atypia To/from N85.01 Benign endometrial hyperplasia	The updated entry is a closer match. The ICD-10-CM index entry <i>Hyperplasia, hyperplastic > endometrium, endometrial (adenomatous) (benign) (cystic) (glandular) (glandular-cystic) (polypoid) > complex (without atypia)</i> refers to N85.01. The entry has also been added to the ICD-10-CM to ICD-9-CM GEM.

Public comment:

ICD-9-CM to ICD-10-CM GEM entry for “sprain of septal cartilage of nose”

2013 entry	Updated 2014 entry	Comment
<p>848.0 Sprain of septal cartilage of nose</p> <p>To/from S03.1XXA Dislocation of septal cartilage of nose, initial encounter</p>	<p>848.0 Sprain of septal cartilage of nose</p> <p>To/from S03.8XXA Sprain of joints and ligaments of other parts of head, initial encounter</p>	<p>The updated entry is a closer match for the condition specified in the ICD-9-CM code.</p> <p>The ICD-10-CM index entry <i>Sprain (joint) (ligament) > nose</i> refers to S038.XXA.</p> <p>The entry has also been added to the ICD-10-CM to ICD-9-CM GEM.</p>

Public comment:

ICD-9-CM to ICD-10-PCS GEM entry for “open fracture of tibia with fibula”

2013 entry	Updated 2014 entry	Comment
<p>Example 823.12 Open fracture of upper end of fibula with tibia</p> <p>Choice List 1 To S82.101B Unspecified fracture of upper end of right tibia, initial encounter for open fracture type I or II OR S82.831B Other fracture of upper and lower end of right fibula, initial encounter for open fracture type I or II AND Choice List 2 To S82.102B Unspecified fracture of upper end of left tibia, initial encounter for open fracture type I or II OR S82.832B Other fracture of upper and lower end of left fibula, initial encounter for open fracture type I or II</p>	<p>Example Scenario 1 823.12 Open fracture of upper end of fibula with tibia</p> <p>Choice List 1 To S82.101B Unspecified fracture of upper end of right tibia, initial encounter for open fracture type I or II AND Choice List 2 To S82.831B Other fracture of upper and lower end of right fibula, initial encounter for open fracture type I or II</p>	<p>The target clusters of the combination entry were numbered so the fracture of fibula and tibia were not on the same leg. In the revised entry the leg of the fracture site matches within a scenario.</p>

Public comment:

ICD-10-CM to ICD-9-CM GEM entry for “Fetus-to-fetus placental transfusion syndrome”

2013 entry	Updated 2014 entry	Comment
<p>O43.029 Fetus-to-fetus placental transfusion syndrome, unspecified trimester</p> <p>To 656.00 Fetal-maternal hemorrhage, unspecified as to episode of care or not applicable</p>	<p>O43.029 Fetus-to-fetus placental transfusion syndrome, unspecified trimester</p> <p>To 656.70 Other placental conditions, affecting management of mother, unspecified as to episode of care or not applicable</p>	<p>The GEMs entry for O43.029 was incompletely revised in the previous update. This updated entry completes the revised translation.</p>

Public comment:

ICD-9-CM to ICD-10-CM GEM entry for “screening for yaws”

2013 entry	Updated 2014 entry	Comment
<p>V74.6 Screening examination for yaws</p> <p>To Z11.2 Encounter for screening for other bacterial diseases</p>	<p>V74.6 Screening examination for yaws</p> <p>To/from Z11.8 Encounter for screening for other infectious and parasitic diseases</p>	<p>The updated entry is a closer match for the condition specified in the ICD-9-CM code.</p> <p>The ICD-10-CM index entry <i>Screening (for) > yaws</i> refers to Z11.8.</p> <p>The entry has also been added to the ICD-10-CM to ICD-9-CM GEM.</p>

Public comment:

ICD-9-CM to ICD-10-CM GEM entries for “screening for infectious/parasitic diseases”

2013 entry	Updated 2014 entry	Comment
<p>V75.[1,2,3,5,6] Screening examination for [malaria, leishmaniasis, schistosomiasis, trypanosomiasis, filariasis]</p> <p>To Z11.8 Encounter for screening for other infectious and parasitic diseases</p>	<p>V75.[1,2,3,6] Screening examination for [malaria, leishmaniasis, schistosomiasis, trypanosomiasis, filariasis]</p> <p>To/from Z11.6 Encounter for screening for other protozoal diseases and helminthiases</p>	<p>The updated entries are a closer match for the condition specified in the ICD-9-CM code.</p> <p>The ICD-10-CM index entries below all refer to Z11.6.</p> <p><i>Screening (for) > filariasis</i> <i>Screening (for) > leishmaniasis</i> <i>Screening (for) > malaria</i> <i>Screening (for) > schistosomiasis</i> <i>Screening (for) > trypanosomiasis</i></p> <p>The entries have also been added to the ICD-10-CM to ICD-9-CM GEM.</p>

PROCEDURE GEMs

New ICD-10-PCS codes:

Procedure GEMs entry for new “temporary restriction of abdominal aorta” codes

New 2014 entry	Comment
<p>Example 04V0[0,3,4]DJ Restriction of Abdominal Aorta with Intraluminal Device, Temporary, Open Approach (3 codes)</p> <p>To/from 39.77 Temporary (partial) therapeutic endovascular occlusion of vessel</p>	<p>The 3 ICD-10-PCS codes are new for FY2014.</p>

Deleted ICD-10-PCS codes:

Procedure GEMs entry for deleted “temporary restriction of abdominal aorta” codes

New 2014 entry	Comment
<p>Example 02VW[0,3,4]DJ Restriction of Thoracic Aorta with Intraluminal Device, Temporary, Open Approach (3 codes)</p> <p>To/from 39.77 Temporary (partial) therapeutic endovascular occlusion of vessel</p>	<p>The 3 ICD-10-PCS codes are deleted for FY2014.</p>

**New ICD-10-PCS and ICD-9-CM codes:
Procedure GEMs entry for new “Epiretinal visual prosthesis” codes**

New 2014 entry	Comment
<p>Example 08H[0,1]05Z Insertion of Epiretinal Visual Prosthesis into Right Eye, Open Approach (2 codes)</p> <p>To/from 14.81 Implantation of epiretinal visual prosthesis</p>	<p>The ICD-10-PCS codes and ICD-9-CM code are new for FY2014.</p>

**New ICD-10-PCS and ICD-9-CM codes:
Procedure GEMs entry for new “Infusion of 4-F PCC” codes**

New 2014 entry	Comment
<p>Example 3028[0,3]B1 Transfusion of Nonautologous 4-Factor Prothrombin Complex Concentrate into Vein, Percutaneous Approach (2 codes)</p> <p>To/from 00.96 Infusion of 4-Factor Prothrombin Complex Concentrate</p>	<p>The ICD-10-PCS codes and ICD-9-CM code are new for FY2014.</p>

**Public comment:
ICD-9-CM to ICD-10-PCS GEM entry for “substance abuse treatment counseling”**

2013 entry	Updated 2014 entry	Comment
<p>Example 94.6[1,4] Drug/alcohol rehabilitation (2 codes)</p> <p>To HZ30ZZZ Individual Counseling for Substance Abuse Treatment, Cognitive</p>	<p>Example 94.6[1,4] Drug/alcohol rehabilitation (2 codes)</p> <p>To HZ30ZZZ Individual Counseling for Substance Abuse Treatment, Cognitive OR HZ40ZZZ Group Counseling for Substance Abuse Treatment, Cognitive</p>	<p>The updated entry is a closer match. ICD-9-CM codes for alcohol and drug rehabilitation do not differentiate between individual and group counseling, therefore both types of ICD-10-PCS alternatives are included.</p>

**Public comment:
ICD-9-CM to ICD-10-PCS GEM entry for “cardiomyostimulation system”**

2013 entry	Updated 2014 entry	Comment
<p>Example 37.67 Implantation of cardiomyostimulation system</p> <p>To</p> <p>Choice List 1 0KX[F,G]0ZZ Transfer Right Trunk Muscle, Open Approach (2 codes) AND</p> <p>Choice List 2 To 0PT[1,2]0ZZ Resection of Right Rib, Open Approach (2 codes) AND</p> <p>Choice List 3 To 02HN[0,3,4]MZ Insertion of Cardiac Lead into Pericardium, Open Approach (3 codes)</p>	<p>Example 37.67 Implantation of cardiomyostimulation system</p> <p>To 02QA[0,3,4]ZZ Repair Heart, Open Approach (3 codes)</p>	<p>The cluster translation of the ICD-9 code did not meet inclusion criteria because the translation added detail is not specified in the source system code. The general PCS root operation Repair is a more appropriate translation.</p>

**Internal review:
ICD-9-CM to ICD-10-PCS GEM entry for “external heart assist system NOS”**

2013 entry	Updated 2014 entry	Comment
<p>Example 37.62 Insertion of temporary non-implantable extracorporeal circulatory assist device</p> <p>To 5A02[1,2]16 Assistance with Cardiac Output using Other Pump (2 codes)</p>	<p>Example 37.62 Insertion of temporary non-implantable extracorporeal circulatory assist device</p> <p>Choice List 1 To 02HA[0,3,4]RZ Insertion of External Heart Assist System into Heart, Open Approach (3 codes) AND</p> <p>Choice List 2 To 5A02[1,2]16 Assistance with Cardiac Output using Other Pump (2 codes)</p>	<p>The GEMs entries concerning ICD-9-CM heart assist device codes were reviewed for consistency by CMS physician and coding staff, and revised as needed to adhere to the following principles: 1) For ICD-9-CM codes where the pumping mechanism of a heart assist device is inserted or implanted in the body, such a device is coded in ICD-10-PCS with a code from the root operation Insertion in the Med/Surg section. 2) For ICD-9-codes where the pumping mechanism is non-implantable, such a device is coded in ICD-10-PCS with the root operation Insertion plus an ancillary code from section 5 to specify the extracorporeal assistance from the external portion of the device.</p>

**Internal review:
ICD-9-CM to ICD-10-PCS GEM entry for “percutaneous external heart assist device”**

2013 entry	Updated 2014 entry	Comment
<p>Example 37.68 Insertion of percutaneous external heart assist device</p> <p>To 5A02[1,2]1[6,D] Assistance with Cardiac Output using Impeller Pump (4 codes)</p>	<p>Example 37.68 Insertion of percutaneous external heart assist device</p> <p>To 02HL3DZ Insertion of Intraluminal Device into Left Ventricle, Percutaneous Approach OR Choice List 1 To 02HL3DZ Insertion of Intraluminal Device into Left Ventricle, Percutaneous Approach AND Choice List 2 To 5A02[1,2]16 Assistance with Cardiac Output using Other Pump (2 codes)</p>	<p>See comment for ICD-9-CM code 37.62 above.</p> <p>In this case the ICD-9-CM code 37.68 includes both a totally implantable device (e.g. Impella) and a device with external components (e.g. TandemHeart) so the corresponding GEMs entry contains both a single and a cluster translation.</p>

**Internal review:
ICD-9-CM to ICD-10-PCS GEM entry for “implantable heart assist system”**

2013 entry	Updated 2014 entry	Comment
<p>Example 37.66 Insertion of implantable heart assist system</p> <p>Choice List 1 To 02HA[0,3,4]QZ Insertion of Implantable Heart Assist System into Heart, Open Approach (3 codes) AND Choice List 2 To 5A02[1,2]16 Assistance with Cardiac Output using Other Pump (2 codes)</p>	<p>Example 37.66 Insertion of implantable heart assist system</p> <p>To 02HA[0,3,4]QZ Insertion of Implantable Heart Assist System into Heart, Open Approach (3 codes)</p>	<p>See comment for ICD-9-CM code 37.62 above.</p> <p>In this case the ICD-9-CM code 37.66 is a totally implantable device with the pumping mechanism placed in the body, so the ICD-10-PCS translation does not require the extracorporeal assistance code.</p>

**Public comment:
ICD-9-CM to ICD-10-PCS GEM entry for “replacement of pedicle stabilization device”**

2013 entry	Updated 2014 entry	Comment
<p>Example Scenario 1 84.82 Insertion or replacement of pedicle-based dynamic stabilization device(s)</p> <p>Choice List 1 To 0RP[0,1,4,6,A][0,3,4]4Z Removal of Internal Fixation Device from Upper Vertebral Joint (15 codes) OR OSP[0,3][0,3,4]4Z Removal of Internal Fixation Device from Lumbar/Lumbosacral Vertebral Joint (6 codes) AND Choice List 2 To 0RH[0,1,4,6,A][0,3,4]CZ Insertion of Pedicle-Based Spinal Stabilization Device into Upper Vertebral Joint (15 codes) OR OSH[0,3][0,3,4]CZ Insertion of Pedicle-Based Spinal Stabilization Device into Lumbar/Lumbosacral Vertebral Joint (6 codes)</p>	<p>Example Scenario 1 84.82 Insertion or replacement of pedicle-based dynamic stabilization device(s)</p> <p>Choice List 1 To 0RP0[0,3,4]4Z Removal of Internal Fixation Device from Occipital-cervical Joint (4 codes) AND Choice List 2 To 0RH0[0,3,4]CZ Insertion of Pedicle-Based Spinal Stabilization Device into Occipital-cervical Joint (3 codes)</p>	<p>The target clusters of the combination entry were organized into separate scenarios so the spinal levels match within a scenario.</p>

**Public comment:
Procedure GEMs entry for “excision of supernumerary breast”**

2013 entry	Updated 2014 entry	Comment
<p>Example 85.21 Local excision of lesion of breast</p> <p>To/from 0HBYXZZ Excision of Supernumerary Breast, External Approach</p>	<p>Example 85.24 Excision of ectopic breast tissue</p> <p>To/from 0HBYXZZ Excision of Supernumerary Breast, External Approach</p>	<p>In the previous update, the GEMs entry was incompletely revised. It should have included 0HBYXZZ in the revised translation. This updated entry completes the revised translation.</p>

**Public comment:
Procedure GEMs entry for “spinal tap”**

2013 entry	Updated 2014 entry	Comment
<p>Example 03.31 Spinal tap</p> <p>To/from 009U[3,4][Z,0]Z Drainage of Spinal Canal, Percutaneous Approach (4 codes)</p>	<p>Example 03.31 Spinal tap</p> <p>To/from 009U[3,4][Z,0]Z Drainage of Spinal Canal, Percutaneous Approach (4 codes) OR To/from 009U[3,4]ZX Drainage of Spinal Canal, Percutaneous Approach, Diagnostic (2 codes)</p>	<p>The updated entry is a closer match. The ICD-9-CM index entry <i>Drainage > spinal (canal) (cord) > diagnostic</i> refers to 03.31. The entry has also been added to the ICD-10-PCS to ICD-9-CM GEM.</p>

**Public comment:
Procedure GEMs entry for “sacroiliac spinal fusion”**

2013 entry	Updated 2014 entry	Comment
<p>Example 81.29 Arthrodesis of other specified joints</p> <p>To/from OSG[7,8][0,3,4][4,7,J,K,Z] Fusion of Sacroiliac Joint (30 codes)</p>	<p>Example 81.08 Lumbar and lumbosacral fusion of the anterior column, posterior technique</p> <p>To/from OSG[7,8][0,3,4][4,7,J,K,Z] Fusion of Sacroiliac Joint (30 codes)</p>	<p>The updated entry is a closer match. The ICD-9-CM index entry <i>Arthrodesis (compression) (extra-articular) (intra-articular) (with bone graft) (with fixation device)</i> > <i>sacroiliac</i> refers to 81.08.</p> <p>The entry has also been added to the ICD-10-CM to ICD-9-CM GEM.</p>

ICD-10 Reimbursement Mappings

Reimbursement Map Improvements

- Prior to FY2014, the Reimbursement Map was designed to map ICD-10 codes as individual units and used simple ICD-9 code frequency rules to choose an ICD-9 code to map to
- The FY2014 Reimbursement Map was developed with enhanced logic that takes account of critical differences between ICD-10 and ICD-9 that impact MS-DRG assignment, and analyzes the ICD-10 coded record rather than individual ICD-10 codes to more closely match the logic of MS-DRGs

ICD-10 MS-DRGs Update

Availability of MS-DRG/MCE ICD-10 Definitions Manuals and Summary of Changes

The following will be available on the CMS.GOV website in late October 2013:

- MS-DRG V31.0 ICD-10 Definitions Manual
- Available in text and HTML versions
- MS-DRG V31.0 ICD-10 “Summary of Changes”
- ICD-10 Definitions of Medicare Code Edits
- Posted on ICD-10 website at <http://www.cms.gov/ICD10>

Availability of Mainframe and PC Software via NTIS

The following will be available via NTIS by late October:

- MS-DRG v31 ICD-10 Mainframe Software
- MCE v31 ICD-10 Mainframe Software

The following will be available via NTIS by late November:

- MSG/MCE v31 ICD-10 PC software

Available via NTIS at:

- <http://www.ntis.gov/products/cms-medicare.aspx>

MS-DRG ICD-10 Software

- The pilot MS-DRG ICD-10 software is released for purposes of review and evaluation
- The official MS-DRG ICD-10 software to be used to determine FY 2015 inpatient payments will not be available until the IPPS final rule for FY 2015 is issued.

ICD-10-PCS Key Updates (Definitions File)

FY 2014 Body Part Key Updates

Denticulate ligament	Use: Spinal meninges
Femoropatellar joint	Use: Knee Joint, Right Knee Joint, Left Knee Joint, Femoral Surface, Right Knee Joint, Femoral Surface, Left
Femorotibial joint	Use: Knee Joint, Right Knee Joint, Left Knee Joint, Tibial Surface, Right Knee Joint, Tibial Surface, Left
Patellofemoral joint	Use: Knee Joint, Right Knee Joint, Left Knee Joint, Femoral Surface, Right Knee Joint, Femoral Surface, Left
Spinal nerve, cervical	Use: Cervical Nerve
Spinal nerve, lumbar	Use: Lumbar nerve
Spinal nerve, sacral	Use: Spinal nerve
Spinal nerve, thoracic	Use: Thoracic nerve
Tibiofemoral joint	Use: Knee Joint, Right Knee Joint, Left Knee Joint, Tibial Surface, Right Knee Joint, Tibial Surface, Left

FY 2014 Device Key Updates

Epiretinal visual prosthesis	Use: Epiretinal Visual Prosthesis in Eye
Impella® (2.5)(5.0)(LD) cardiac assist device	Use: Intraluminal Device
MicroMed HeartAssist	Use: Implantable Heart Assist System in Heart and Great Vessels
TandemHeart® System	Use: External Heart Assist System in Heart and Great Vessels
Thoratec Paracorporeal Ventricular Assist Device	Use: External Heart Assist System in Heart and Great Vessels

Substance Key

Examples for Public Comment

- Examples were developed using substance names currently listed in the ICD-9-CM index
 - Both common names and proprietary names included
- To be included in future updates of the ICD-10-PCS Definitions
 - Official ICD-10-PCS content
- Format and intended use is the same as the PCS Body Part Key and the PCS Device Key
 - Example format included in this meeting's agenda

PCS Substance Key Table Formats

- Entries will be listed in two formats for convenient printing and viewing off-line
- Substance Key format
 - Listed by substance name--both common and proprietary
- Definitions format
 - Listed by PCS substance value

PCS Substance Table Formats Compared

- Substance Key format example
Kcentra
Use: 4-Factor Prothrombin Complex Concentrate in Administration section
- Definitions format example
4-Factor Prothrombin Complex Concentrate
Includes: Kcentra