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Using the ICD-10-PCS New Technology Section X Codes

Provider Types Affected

This article is intended for all hospitals who submit inpatient claims to Medicare Administrative Contractors (MACs), for services provided to Medicare beneficiaries.

Provider Action Needed

This MLN Matters® Special Edition article is intended to assist hospital providers by offering details about the new International Classification of Diseases, Tenth Edition, Procedure Coding System (ICD-10-PCS) Section X New Technology, as well as specific coding instruction for the new section.

Background

The compliance date for implementation of ICD-10-CM/PCS is October 1, 2015, for all Health Insurance Portability and Accountability Act-covered entities. ICD-10-CM, including the “ICD-10-CM Official Guidelines for Coding and Reporting,” will replace International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) diagnosis codes in all health care settings for diagnosis reporting with dates of service, or dates of discharge for inpatients, that occur on or after October 1, 2015. ICD-10-PCS, including the “ICD-10-PCS Official Guidelines for Coding and Reporting,” will replace ICD-9-CM procedure codes. ICD-10-PCS will be used for reporting inpatient hospital procedures.

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Section X New Technology – General Information

Section X New Technology is a section added to ICD-10-PCS beginning October 1, 2015. The new section provides a place for codes that uniquely identify procedures requested via the New Technology Application Process or that capture other new technologies not currently classified in ICD-10-PCS.

Section X was created in response to public comments received regarding New Technology proposals presented at ICD-10 Coordination and Maintenance Committee Meetings, and general issues facing classification of new technology procedures. The public had opposed many requests to add new codes to the existing ICD-10-PCS sections for the use of specific drugs, devices, or supplies in an inpatient setting, even when the code related to an application for New Technology add-on payments.

The new section is simply a separate place for certain new technology procedures, such as infusion of new technology drugs, and was created because the public did not support adding any more of these types of codes to the other sections of ICD-10-PCS. Section X does not introduce any new coding concepts or unusual guidelines for correct coding. In fact, Section X codes maintain continuity with the other sections in ICD-10-PCS by using the same root operation and body part values as their closest counterparts in other sections of ICD-10-PCS. For example, the two new codes for the infusion of ceftazidime-avibactam, a new technology antibiotic that requires unique procedure codes for October 1, 2015, use the same root operation (Introduction) and body part values (Central Vein and Peripheral Vein) in section X as the infusion codes in section 3 Administration, which are their closest counterparts in the other sections of ICD-10-PCS.

In ICD-10-PCS, the information specified in the seventh character is called the qualifier, and the type of information specified depends on the section. In section X, the seventh character is used exclusively to indicate the new technology group.

The New Technology Group is a number or letter that changes each year that new technology codes are added to the system. For example, Section X codes added for the first year have the seventh character value 1, New Technology Group 1, and the next year that Section X codes are added have the seventh character value 2, New Technology Group 2, and so on. This is a much simpler use of the qualifier than in many other sections of ICD-10-PCS, such as the Medical and Surgical section.

Because it is only used to indicate the update year the code was created, there are no special coding instructions or requirements for the use of the qualifier, because all codes for a particular new technology procedure will all have the same qualifier. Therefore, the New Technology Group has no impact for correct coding. Its function is to allow the section to maintain consistency between the root operation and body part values of the other sections, as described above, and to allow the section to evolve over time, as medical technology evolves.

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Section X Coding Instruction

Section X codes are standalone codes. They are not supplemental codes. Section X codes fully represent the specific procedure described in the code title, and do not require any additional codes from other sections of ICD-10-PCS. When section X contains a code title which describes a specific new technology procedure, only that X code is reported for the procedure. There is no need to report a broader, non-specific code in another section of ICD-10-PCS.

For example, code XW04321 Introduction of Ceftazidime-Avibactam Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 1, would be reported to indicate that Ceftazidime-Avibactam Anti-infective was administered via central vein. A separate code from table 3E0 in the Administration section of ICD-10-PCS would not be reported in addition to this code. The X section code fully identifies the administration of the ceftazidime-avibactam antibiotic, and no additional code is needed.

The New Technology section codes are easily found by looking in the ICD-10-PCS Index or the Tables. In the Index, the name of the new technology device, substance or technology for a section X code is included as a main term. In addition, all codes in section X are listed under the main term New Technology. The new technology code index entry for ceftazidime-avibactam is shown below.

Ceftazidime-Avibactam Anti-infective XW0
New Technology
 Ceftazidime-Avibactam Anti-infective **XW0**

In the Tables, New Technology codes are displayed like all other ICD-10-PCS tables, with a separate table for each root operation and body system. All section X codes for the root operation Introduction valid for October 1, 2015, are shown in the table below.

<i>Section</i>	X	New Technology	
<i>Body System</i>	W	Anatomical Regions	
<i>Operation</i>	0	Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products	
<i>Body Part</i>		<i>Approach</i>	<i>Device / Substance / Technology</i>
3 Peripheral Vein 4 Central Vein		3 Percutaneous	2 Ceftazidime-Avibactam Anti-infective 3 Idarucizumab, Dabigatran Reversal Agent 4 Isavuconazole Anti-infective 5 Blinatumomab Antineoplastic Immunotherapy
			1 New Technology Group 1

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Information and Resources

Visit the following Web pages to find information and resources that will assist you in submitting correct ICD-10 codes to Medicare:

- General ICD-10-CM/PCS information:
<http://www.cms.gov/Medicare/Coding/ICD10/index.html> on the Centers for Medicare & Medicaid Services (CMS) website;
- ICD-10 Fee-For-Service educational resources, including MLN Matters® articles, MLN products, MLN Connects® videos, and CMS resources:
<http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html> on the CMS website;
- General Equivalence Mappings:
<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html> on the CMS website; and
- ICD-10 National Coverage Determinations:
<http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html> on the CMS website.

Additional Information

If you have any questions, please contact your MAC at their toll-free number. To find MAC toll-free numbers, please refer to the Review Contractor Interactive Map located at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/index.html> on the CMS website.

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