



CENTER FOR MEDICARE

ICD-10 Coordination and Maintenance Committee Update
Department of Health and Human Services
Centers for Medicare & Medicaid Services
ICD-10-PCS Topics Clarifications, Questions and Answers
Fall 2025

CORRECTIONS

1) Topic # 04 – Insertion of a Lumenless Small Diameter Defibrillator Lead

On page 25 of the update materials, in the coding options, Option 2 is currently displayed as follows:

Option 2. In section X New Technology table X2H, Insertion of Cardiovascular System, create new device value G Defibrillator Lead, Lumenless Small-diameter, applied to the body part values M Ventricular Septum and K Ventricle, Right and the percutaneous approach to identify the insertion of a lumenless, small-diameter defibrillation lead into the right ventricle or the ventricular septum.

Section	X New Technology		
Body System	2 Cardiovascular System		
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 Inferior Vena Cava	3 Percutaneous	B Volume Sensor Management Device	B New Technology Group 11
0 Inferior Vena Cava 1 Superior Vena Cava	3 Percutaneous	R Intraluminal Device, Bioprosthetic Valve	9 New Technology Group 9
1 Superior Vena Cava	3 Percutaneous	X Temporary Phrenic Nerve/Diaphragm Stimulation Electrodes	B New Technology Group 11
2 Femoral Vein, Right 3 Femoral Vein, Left	0 Open	R Intraluminal Device, Bioprosthetic Valve	9 New Technology Group 9
6 Atrium, Right K Ventricle, Right	3 Percutaneous	V Intracardiac Pacemaker, Dual-Chamber	9 New Technology Group 9
L Axillary Artery, Right M Axillary Artery, Left	0 Open	F Conduit to Short-term External Heart Assist System	9 New Technology Group 9
N Ventricle, Left	3 Percutaneous	7 Endocardiac Pacing Electrode	B New Technology Group 11
P Anterior Tibial Artery, Right Q Anterior Tibial Artery, Left R Posterior Tibial Artery, Right S Posterior Tibial Artery, Left	3 Percutaneous	8 Intraluminal Device, Temporary	B New Technology Group 11

T Peroneal Artery, Right U Peroneal Artery, Left			
ADD M Ventricular Septum K Ventricle, Right	3 Percutaneous	ADD G Defibrillator Lead, Lumenless Small-diameter	B New Technology Group 11
X Thoracic Aorta, Ascending	0 Open	F Conduit to Short-term External Heart Assist System	9 New Technology Group 9

A system generated error was noted in the body part column reflecting the incorrect character for the proposed 4th character K Right Ventricle for the proposed new code(s). We are correcting the display of the coding proposal for consideration to the following:

Option 2. In section X New Technology table X2H, Insertion of Cardiovascular System, create new device value G Defibrillator Lead, Lumenless Small-diameter, applied to the body part values M Ventricular Septum and V Ventricle, Right and the percutaneous approach to identify the insertion of a lumenless, small-diameter defibrillation lead into the right ventricle or the ventricular septum.

<i>Section</i>	X New Technology		
<i>Body System</i>	2 Cardiovascular System		
<i>Operation</i>	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		
<i>Body Part</i>	<i>Approach</i>	<i>Device / Substance / Technology</i>	<i>Qualifier</i>
0 Inferior Vena Cava	3 Percutaneous	B Volume Sensor Management Device	B New Technology Group 11
0 Inferior Vena Cava 1 Superior Vena Cava	3 Percutaneous	R Intraluminal Device, Bioprosthetic Valve	9 New Technology Group 9
1 Superior Vena Cava	3 Percutaneous	X Temporary Phrenic Nerve/Diaphragm Stimulation Electrodes	B New Technology Group 11
2 Femoral Vein, Right 3 Femoral Vein, Left	0 Open	R Intraluminal Device, Bioprosthetic Valve	9 New Technology Group 9
6 Atrium, Right K Ventricle, Right	3 Percutaneous	V Intracardiac Pacemaker, Dual-Chamber	9 New Technology Group 9
L Axillary Artery, Right M Axillary Artery, Left	0 Open	F Conduit to Short-term External Heart Assist System	9 New Technology Group 9
N Ventricle, Left	3 Percutaneous	7 Endocardiac Pacing Electrode	B New Technology Group 11
P Anterior Tibial Artery, Right Q Anterior Tibial Artery, Left R Posterior Tibial Artery, Right S Posterior Tibial Artery, Left T Peroneal Artery, Right U Peroneal Artery, Left	3 Percutaneous	8 Intraluminal Device, Temporary	B New Technology Group 11
ADD M Ventricular Septum ADD V Ventricle, Right	3 Percutaneous	ADD G Defibrillator Lead, Lumenless Small-diameter	B New Technology Group 11
X Thoracic Aorta, Ascending	0 Open	F Conduit to Short-term External Heart Assist System	9 New Technology Group 9

CLARIFICATION

1) Spring 2025 ICD-10 Coordination and Maintenance Committee Update –
 ICD-10-PCS Table Addenda Topic - Bypass from the Innominate Artery (added 9/18/2025)

On page 33 of the [Spring 2025 update materials](#), the addenda proposal is displayed as follows:

Source	Description	Code specification
2024, public request with CMS internal review	<p>In Medical and Surgical section table 031, Bypass of Upper Arteries, add the qualifier value Y Upper Artery, applied to body part value 2 Innominate Artery, the approach value 0 Open and all device values.</p> <p>This change will enable the capture of detail for bypass procedures from the innominate artery to a subclavian artery or an axillary artery. Thoracic endovascular aortic repair (TEVAR) performed to treat aneurysm or dissection of the aortic arch can involve one or more of the branch vessels of the arch by endovascular deployment of a thoracic branch endoprosthesis across zone zero of the aortic arch, with a single branched graft being placed into the innominate artery to preserve blood flow and perfusion to the head and arms. In the current landing zone classification system, any portion of the aorta proximal to the left common carotid artery is considered zone zero.</p>	Add: 03120[9AJKZ]Y (5 codes)

EXAMPLE

Section	0 Medical and Surgical		
Body System	3 Upper Arteries		
Operation	1 Bypass: Altering the route of passage of the contents of a tubular body part		
Body Part	Approach	Device	Qualifier
2 Innominate Artery	0 Open	9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	0 Upper Arm Artery, Right 1 Upper Arm Artery, Left 2 Upper Arm Artery, Bilateral 3 Lower Arm Artery, Right 4 Lower Arm Artery, Left 5 Lower Arm Artery, Bilateral 6 Upper Leg Artery, Right 7 Upper Leg Artery, Left 8 Upper Leg Artery, Bilateral 9 Lower Leg Artery, Right B Lower Leg Artery, Left C Lower Leg Artery, Bilateral D Upper Arm Vein F Lower Arm Vein J Extracranial Artery, Right K Extracranial Artery, Left W Lower Extremity Vein ADD Y Upper Artery

Prior to implementation of the finalized codes, we have received questions on the types of procedures the new codes are intended to describe.

The thoracic endovascular aortic repair (TEVAR) procedure is performed by endovascular deployment of a thoracic branch endoprosthesis across Zone 0¹ or Zone 1² of the aortic arch, with a single branched graft being placed into the innominate (or brachiocephalic) artery or left common carotid artery to preserve flow to the head and the arms. This is done in conjunction with either a sternotomy or thoracotomy to perform a series of open bypasses from the ascending aorta to the individual great vessels. The use of TEVAR of the aortic arch is increasing in use because of the risks associated with open replacement. When an aneurysm or dissection involves the vessels of the arch and is treated with a TEVAR, a process called aortic debranching must be performed with one or more open bypasses to continue to provide blood flow and perfusion to the head and arms. The largest vessel possible is chosen as the origin of the bypass, which typically is the right common carotid artery. Using the innominate artery as the origin of the bypass is an alternative procedure that can be performed when the patient has variant anatomy. In patients with variant anatomy, the innominate artery is longer than normal, and their right common carotid artery branches off higher than normal. When there is room in the variant anatomy, the innominate artery can be the largest vessel possible to be selected as the origin of the bypass.

After evaluating the options for debranching from all origins and destinations, it was determined that two procedures could not be coded with a bypass code. These procedures are bypasses from the innominate artery to the left subclavian artery or from the innominate artery to the left axillary artery. This was because the qualifier value Y Upper Artery was not available in Medical and Surgical section table 031, Bypass of Upper Arteries for body part value 2 Innominate Artery. Therefore, we proposed and finalized the addition of the qualifier value Y Upper Artery, applied to body part value 2 Innominate Artery, the approach value 0 Open and all device values in table 031.

There are various terms that are used to describe the procedure:

- TEVAR to Zone 0 or Zone 1 with aortic debranching
- TEVAR to Zone 0 or Zone 1 with arterial transpositioning
- TEVAR to Zone 0 or Zone 1 with arterial bypass

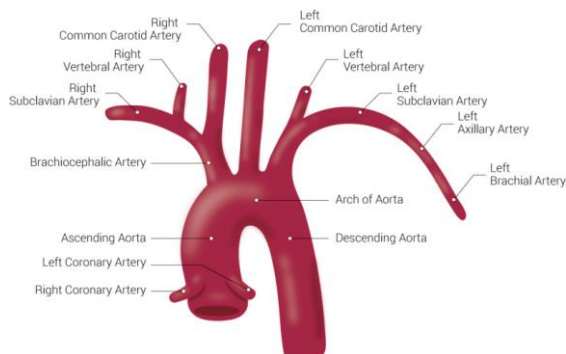


Figure 1. Branches of the Aorta.

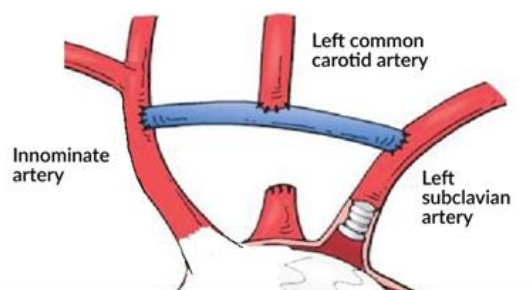


Figure 2. Bypass from the innominate artery to the left subclavian artery

¹ Zone 0 - Segment of the ascending aorta just before the origin of the innominate (or brachiocephalic) artery

² Zone 1 - Segment of the aortic arch located between the origin of the innominate (or brachiocephalic) artery and the origin of the left common carotid artery

Additional coding questions on these codes should be submitted to the American Hospital Association (the official US clearinghouse on medical coding) via <http://www.codingclinicadvisor.com/>.

QUESTIONS & ANSWERS

Below we provide the responses to questions or comments submitted for the procedure code topics made available in association with the Fall 2025 ICD-10 Coordination and Maintenance Committee Update.

Question: In *Topic # 07 – Cardiovascular Bypass with Autologous Cell Seeded Tissue Engineered Resorbable Scaffold*, the procedure description states that “on the day of the surgery, after induction of general anesthesia, bone marrow is harvested from the patient and transferred to a clean room to prepare the Autologous Cell Seeded Tissue Engineered Resorbable Scaffold (ACSTERS). The amount of bone marrow harvested is calculated to saturate the scaffold and is determined by the size of the scaffold (i.e., 6.25 ml bone marrow/mm diameter scaffold). Following the manufacturer's guidelines, once in the clean room, a team of three technicians prepares the ACSTERS...The process of bone marrow harvest, ACSTERS preparation, completion of release testing, and transport to the OR typically takes 4 hours.” Would the harvesting of the bone marrow be separately coded when reporting a cardiovascular bypass procedure using an autologous cell seeded resorbable scaffold?

CMS Response: Yes, when medical record documentation supports that bone marrow has been harvested, a separate code for the harvesting procedure with the applicable code from table 07D Extraction of Lymphatic and Hemic Systems should be assigned when reporting a cardiovascular bypass procedure using an autologous cell seeded resorbable scaffold.

Question: *(added 09/15/2025)* In the ICD-10-PCS Table Addenda topic for *Venous Flow Modulation*, would it be appropriate to assign code a separate code for the insertion of the device in addition to a code from Extracorporeal or Systemic Assistance and Performance section table 5A0 to describe continuous cardiac output assistance with a blood flow modulating device, such as the Doraya™ device?

CMS Response: Yes, when a blood flow modulating device such as the Doraya™ device is inserted during an operative procedure and remains after the procedure is completed, ICD-10-PCS code 06H03DZ (Insertion of intraluminal device into inferior vena cava, percutaneous approach) should be assigned in addition to the assistance code.

GENERAL QUESTIONS

Question:

Where can we get the Fall 2025 ICD-10 Coordination and Maintenance Committee Update materials and slide presentations?

CMS Response:

The update materials and slide presentations for the procedure code topics made available in association with the Fall 2025 ICD-10 Coordination and Maintenance Committee Update are available on the CMS website at <https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials>.

Please join our [ICD-10 Coordination and Maintenance Committee Meetings Subscriber List](#) to receive information such as when materials have been made available and other ICD-10 related updates.

Question:

When will the proposed ICD-10-PCS codes made available in association with the Fall 2025 ICD-10 Coordination and Maintenance Committee Update possibly be implemented?

CMS Response:

As reflected in the update materials, the ICD-10-PCS code proposals made available in association with the Fall 2025 ICD-10 Coordination and Maintenance Committee Update are being considered for implementation on April 1, 2026 or October 1, 2026.

October 10, 2025 is the deadline for receipt of public comments on proposed new procedure codes and revisions made available in association with the Fall 2025 ICD-10 Coordination and Maintenance Committee Update being considered for implementation on April 1, 2026. November 14, 2025 is the deadline to submit comments for procedure code topics being considered for on October 1, 2026 implementation.

Question:

CMS did not present the Fall 2025 ICD-10-PCS procedure code topics during a public meeting. Does the ICD-10 Coordination and Maintenance Committee have any updates on the Spring 2026 update?

CMS Response:

Information regarding the Spring 2026 update will be made available on our CMS website at: <https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials> as well as announced through our [ICD-10 Coordination and Maintenance Committee Meetings Subscriber List](#).

Please join the [ICD-10 Coordination and Maintenance Committee Meetings Subscriber List](#) for updates.

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 Committee Meetings GovDelivery Subscriber List were included in the Fall 2025 ICD-10 Coordination and Maintenance Committee Update materials for the procedure code topics and are also available in the Downloads section of the CMS webpage at:
<https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-meetings>.

Question: Do I get Continuing Education Units (CEUs) for reviewing the recordings and slide presentations of the Fall 2025 ICD-10 Coordination and Maintenance Committee Update?

CMS Response: CMS is not an accrediting organization and does not award CEUs.

As reflected on page X of the update materials, CEUs may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA). If you have any questions concerning obtaining continuing education credits, please contact the respective organization, not CMS.