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.
Requestors are strongly encouraged to review each of the links provided on the “Important Information” screen before starting a request.
Technical support is available under “Useful Links” at the bottom of the MEARIS™ site.
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.
### Who is the primary contact?

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle name (optional)</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Organization</th>
<th>Occupation/Job Title</th>
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<tbody>
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<table>
<thead>
<tr>
<th>US Phone Number</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>United States</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Email address</th>
<th>Mailing address line 1</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing address line 2 (optional)</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

| Relationship | |
|--------------| |
|              | |

(Required fields are indicated with a red underline and a note: "First name is required." etc.)
Who is the secondary contact?

First name

Middle name (optional)

Last name

Organization

Occupation/Job Title

US Phone Number

Extension (optional)

Email address

Country

Mailing address line 1

Mailing address line 1 is required

Mailing address line 2 (optional)

City

State

Zip code

Relationship

Relationship is required.
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.
Select the appropriate category

Drug/Therapeutic Agent

Procedure/Technology

Back
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?
• 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.)
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.

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: 75%
- Percentage of use Inpatient: 32%

**Outpatient Facilities/Physician Office:**
- Number of Anticipated Cases: 0
- Percentage of Medicare beneficiaries: 0%
- Percentage of use Outpatient: 0%
How is the drug/therapeutic agent documented?

How and where (e.g. C.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)

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

Terms used to describe the drug/therapeutic agent are Soliris® or eculizumab
Select the appropriate category

- Drug/Therapeutic Agent
- 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?
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?
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.)
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

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
## Procedure/Technology

<table>
<thead>
<tr>
<th>Contact Info</th>
<th>Drug or Technology Info</th>
<th>New Code</th>
<th>NTAP Info</th>
<th>FDA Info</th>
<th>Attachments</th>
<th>Summary</th>
</tr>
</thead>
</table>

### 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 / 2000

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

Provide Response

0 / 2000
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).
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 🌐.
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

Back

Next
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
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.
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.