



ICD-10 Coordination and Maintenance Committee Meeting
Department of Health and Human Services
Centers for Medicare & Medicaid Services
ICD-10-PCS Topics
September 8, 2020

QUESTIONS & ANSWERS

CMS responses to questions or comments submitted for procedure code topics using the “Q & A” feature during the September 8th, 2020 ICD-10 Coordination and Maintenance Committee Meeting.

Question: Is CERAMENT[®] G, an implantable bone void filler, permanent? So once in, it never needs to be changed unless there is any complication? Does the gentamicin sulfate have a life span?

CMS Response: CERAMENT[®] G is completely resorbed by the body over 6-12 months and never needs to be removed.

Comment: I reviewed the coding options in the topic Antibiotic-eluting Bone Void Filler. In option 2, should the body part options available for proposed new 6th character “P Antibiotic-eluting Bone Void Filler” be broadened to identify the insertion of an antibiotic-eluting bone void filler in sites other than bones, such as joints?

CMS Response: Thank you for your comment which we will carefully consider. Your comment can also be submitted via the CMS ICD-10 Procedure Code Request mailbox at ICDProcedureCodeRequest@cms.hhs.gov. As a reminder, October 9, 2020 is the deadline for receipt of public comments on proposed new procedure codes requesting implementation on April 1, 2021 discussed at the September 8, 2020 ICD-10 Coordination and Maintenance Committee meeting. November 9, 2020 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the September 8, 2020 ICD-10 Coordination and Maintenance Committee meeting for implementation on October 1, 2021.

Question: The Neovasc Reducer System is indicated for patients with refractory angina that suffer from chest pain that persists in spite of optimal medical therapy, who have evidence of reversible ischemia, and are not amenable to revascularization. If the patient has proper vascularization, what is the cause of the pain? Is it nerve or myocardial damage?

CMS Response: The pain is due to lack of oxygen to the heart muscle, because of obstructions in the coronary arteries.

Comment: In coding Chimeric Antigen Receptor T-cell Immunotherapies, why do we need both classification tables XW2 and XW0? Can we use only the XW0 table to code the administration of autologous CAR-T products, instead of the XW2, which becomes effective October 1, 2020, to promote uniformity? The coders would get really confused if there is no standardized method.

This is very concerning to me.

CMS Response: Thank you for your comments. The administration of autologous CAR-T products should be coded as instructed in the Tables, Index and Definitions of ICD-10-PCS that are in effect on the discharge date of the admission, which is required under the Health Insurance Portability and Accountability Act (HIPAA). Therefore, for discharges occurring on or after October 1, 2020, facilities must report the intravenous administration of CAR T-cell therapies with a code from table XW0 or XW2 as listed in the classification.

Your comments about future changes in the coding of Chimeric Antigen Receptor T-cell Immunotherapies as discussed during the meeting should also be submitted via the CMS ICD-10 Procedure Code Request mailbox at ICDProcedureCodeRequest@cms.hhs.gov for consideration. As a reminder, October 9, 2020 is the deadline for receipt of public comments on proposed new procedure codes requesting implementation on April 1, 2021 discussed at the September 8, 2020 ICD-10 Coordination and Maintenance Committee meeting. November 9, 2020 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the September 8, 2020 ICD-10 Coordination and Maintenance Committee meeting for implementation on October 1, 2021.

Comment: What are the ICD-10-PCS codes listed in current coding for allogeneic chimeric antigen receptor T-cell therapy?

CMS Response: Currently, facilities can report the intravenous administration of allogeneic CAR T-cell immunotherapy with one of the following ICD-10-PCS codes:
3E033GC Introduction of other therapeutic substance into peripheral vein, percutaneous approach
3E043GC Introduction of other therapeutic substance into central vein, percutaneous approach

Comment: Regarding the coding options for the administration of allogeneic chimeric antigen receptor T-cell therapy, I support Option 3.

CMS Response: Thank you for indicating your support of Option 3. Your comments should also be submitted via the CMS ICD-10 Procedure Code Request mailbox at ICDProcedureCodeRequest@cms.hhs.gov for consideration. As a reminder, October 9, 2020 is the deadline for receipt of public comments on proposed new procedure codes requesting implementation on April 1, 2021 discussed at the September 8, 2020 ICD-10 Coordination and Maintenance Committee meeting. November 9, 2020 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the September 8, 2020 ICD-10 Coordination and Maintenance Committee meeting for implementation on October 1, 2021.

Question: How long does a product stay in new technology? In other words, will there be a separate category to move these codes when it is determined what CAR-T cells actually are: gene cell therapy vs living drug vs immune effector cells?

CMS Response: Generally, 3 years after the implementation of a new Section X, we will analyze the frequency (total number of cases) of the procedure code as reported in the data. Any discussion of a possible new or separate category for the CAR-T Section X ICD-10-PCS procedure codes will be held at a future ICD-10 Coordination and Maintenance Committee meeting, based on review of the data and the clinical aspects of each procedure code. This discussion will also include proposing one of the options below and we will invite public comments:

1. Leave the code in Section X (e.g. procedure codes related to the administration of a specific medication)
2. Reassign the code to the Med/Surg or other section of ICD-10-PCS and delete from Section X
3. Delete the Section X code

Question: Is Vertebral Body Tethering only done on children and not adults?

CMS Response: At present, The Tether™ – Vertebral Body Tethering System has FDA approval under a humanitarian device exemption (HDE) for use in children that are skeletally immature and require surgical treatment to obtain and maintain correction of progressive idiopathic scoliosis, with a major Cobb angle of 30 to 65 degrees whose osseous structure is dimensionally adequate to accommodate screw fixation.

It is possible that other studies are ongoing that include the use of a different tether device on certain adults.

Question: Are you proposing to completely delete Section X?

CMS Response: No. The codes discussed at the September 2020 C & M meeting were the New Technology Group 1 and Group 2 codes as it has been 3 years since the implementation of these codes; not Section X in its entirety.

Question: There is a specific device on the market used to describe orbital atherectomy. Although the device is not left in, there is a specific FDA approved device for that procedure.

CMS Response: Thank you for your comment. When New Technology Group 1 codes were implemented, the 6th character value 6 Orbital Atherectomy Technology was added to describe the technique utilized by the DIAMONDBACK 360 Coronary Orbital Atherectomy System. The intent of any device that utilizes orbital atherectomy technology is to remove or "debulk" the atherosclerotic plaque from diseased arteries, which is coded to the ICD-10-PCS root operation Extirpation.

General Questions

Question:

Where is the agenda for today's presentations? Are topics discussed in the order they appear listed in agenda/handouts?

CMS Response:

The meeting materials for the procedure code issues discussed on September 8th are available at: <https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials>. The procedure code topics were discussed in the order in which they appear in the agenda and handout.

Question:

Will the clinical presentation PowerPoint or pdf slides be available as handouts?

CMS Response:

The clinical presentation slides and all other files that were utilized for the procedure code topics discussed on September 8th are available at: <https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials>

Question:

Would it be possible to have the presenter repeat questions posed by attendees prior to answering?

CMS Response:

If you missed any portion of the meeting, an audio recording and transcript of the procedure code topics discussed on September 8th will be available at: <https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials>

Question:

How could I obtain transcripts of today's meeting?

CMS Response:

If you missed any portion of the meeting, an audio recording and transcript of the procedure code topics discussed on September 8th will be available at: <https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials>

Question:

My computer doesn't have a microphone so I joined the meeting by phone only. Can you unmute my telephone?

CMS Response:

We were unable to unmute listen-only participants. Your questions or comments, if not addressed during the meeting, can be submitted via the CMS ICD-10 Procedure Code Request mailbox at ICDProcedureCodeRequest@cms.hhs.gov. As a reminder, October 9, 2020 is the deadline for receipt of public comments on proposed new procedure codes requesting implementation on April 1, 2021 discussed at the September 8, 2020 ICD-10 Coordination and Maintenance Committee meeting. November 9, 2020 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the September 8, 2020 ICD-10 Coordination and Maintenance Committee meeting for implementation on October 1, 2021.

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 Subscriber Govdelivery list are available in the Downloads section of <https://www.cms.gov/Medicare/Coding/ICD10/ICD-10-Coordination-and-Maintenance-Committee-Meetings>.

Question: It would be helpful to have the updated ICD-10-PCS code files. What is the link again?

CMS Response: ICD-10-PCS FY 2021 code files are available in the Downloads section of <https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>.

Question: How do we get CEUs for attending today?

CMS Response: CMS does not provide certificates of attendance for ICD-10 Coordination and Maintenance (C&M) Committee Meetings. Please visit [https://www.cms.gov/Medicare/Coding/ICD10/Continuing Education Credits](https://www.cms.gov/Medicare/Coding/ICD10/Continuing_Education_Credits) for additional information.

Although registration was not required, if you did register for the September 8-9, 2020 ICD-10 Coordination and Maintenance Committee meeting between Monday, August 3, 2020 and Friday, September 4, 2020, continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation. If you have any questions concerning obtaining your continuing education credits, please contact the respective organization.

Question: Can you please confirm that a new version of the Grouper 38 Software will be released this week??

CMS Response: Yes, there will be a re-release of the ICD-10 MS-DRG V38 Grouper Software. Please monitor <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software> for updates.