



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
Spring 2026

CLARIFICATION

1) Recordings - Spring 2026 ICD-10 Coordination and Maintenance Committee Procedure Code Update – **(added 03/19/2026)**

Recordings are available on the CMS website at <https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials> for only a subset of the topics from the Spring 2026 ICD-10 Coordination and Maintenance Committee Procedure Code Update. While slide presentations are available for all procedure code topics from the Spring 2026 Update on the CMS website (excluding Section X and the Addenda and Reference Key Updates), there is no recorded overview of the slide presentation available for Topics 3-5, 7-10, 15-17, 19-21, 25-26 and 29.

Please note Topics 30-33 are procedure code requests that involve a new technology add-on payment (NTAP) application for the administration of a therapeutic agent. Consistent with the approach we have utilized as of March 2021 for procedure code requests that involve a new technology add-on payment (NTAP) application for the administration of a therapeutic agent, there is no recorded overview of these slide presentations.

Members of the public should send any questions or comments related to the procedure code topics that are under consideration for an October 1, 2026 implementation to the CMS mailbox at: ICDProcedureCodeRequest@cms.hhs.gov by the respective deadline.

ICD-10 Coordination and Maintenance Committee Updates

1) This document provides updated guidance on the current coding, interim coding advice, and coding option that was recommended for *Topic #02 - Introduction of Recombinant Human Bone Morphogenetic Protein-2 with Collagen Scaffold*.

On page 19 of the Agenda packet the Interim Coding Advice is currently displayed as follows:

Interim Coding Advice: Continue as described in current coding.

The coding options are currently displayed as follows:

Current Coding: There are no unique ICD-10-PCS codes to describe introduction of recombinant human bone morphogenetic protein-2 with collagen scaffold. Facilities can report the introduction of rhBMP-2 with collagen scaffold using the following code:

3E0V0GB Introduction of recombinant bone morphogenetic protein into bones, open approach

Assign a separate code for the spinal fusion procedure performed from the applicable table.

Coding Options

Option 1. Do not create a new ICD-10-PCS code for introduction of recombinant human bone morphogenetic protein-2 with collagen scaffold. Continue as described in current coding.

Option 2. In section X table XW0, Introduction, Anatomical Regions, create new substance value C Recombinant Human Bone Morphogenetic Protein-2 with Collagen Scaffold, applied to the body part value V Bones and the open approach, to identify the introduction of rhBMP-2 with collagen scaffold. Assign a separate code for the spinal fusion procedure performed from the applicable table.

<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>	<i>Qualifier</i>
V Bones	0 Open	ADD C Recombinant Human Bone Morphogenetic Protein-2 with Collagen Scaffold	C New Technology Group 12

CMS Recommendation: Option 2, as described above.

A commenter inquired why the body part value V Bones is reflected for the current coding and proposed coding option 2. The commenter stated that Coding Clinic, First Quarter 2018, page 8, directs that if desired, facilities may assign ICD-10-PCS code 3E0U0GB, Introduction of recombinant bone morphogenetic protein into joints, open approach, to separately report the placement of bone morphogenetic protein (BMP), if used during an open spinal fusion procedure. In response, we communicated with the requestor to determine if the preference was to replace the body part value V Bones with the body part value U Joints, to describe the introduction of recombinant human bone morphogenetic protein-2 with collagen scaffold in the context of lumbar spinal fusion since the collagen scaffold in the INFUSE™ Bone Graft is designed to make direct contact with the surrounding bone to facilitate bone formation. The requestor responded that for purposes of the associated new technology add-on payment (NTAP) application where the INFUSE™ Bone Graft product is specifically indicated for transforaminal lumbar interbody fusion (TLIF) procedures and for consistency with another similar product that is reported with the Joints body part, they prefer to revise the proposal to reflect the body part value U Joints.

We also note that, as reflected in the background paper under the Food and Drug Administration (FDA) section, INFUSE™ Bone Graft has FDA approval or clearance for three other indications: 1) Spinal fusion via anterior lumbar interbody fusion (ALIF) and oblique lateral interbody fusion (OLIF), 2) Acute open tibial shaft fractures, and 3) Sinus augmentation and localized alveolar ridge augmentations for defects related to extraction sockets. The existing codes 3E0U0GB, Introduction of recombinant bone morphogenetic protein into joints, open approach, and 3E0V0GB, Introduction of recombinant bone morphogenetic protein into bones, open approach, are appropriate for reporting the use of INFUSE™ Bone Graft for those other specific indications.

We are therefore updating the current coding, interim coding advice, and coding option 2 to reflect the codes that should be reported to identify the introduction of rhBMP-2 with collagen scaffold in the context of a TLIF procedure.

We are updating the current coding for this request to the following:

Current Coding: There are no unique ICD-10-PCS codes to describe introduction of recombinant human bone morphogenetic protein-2 with collagen scaffold. Facilities can report the introduction of rhBMP-2 with collagen scaffold using the following code:

3E0U0GB Introduction of recombinant bone morphogenetic protein into joints, open approach

Assign a separate code from table 0SG for the TLIF spinal fusion procedure performed.

We are also updating coding option 2 for consideration of this request to the following:

Option 2. In section X table XW0, Introduction, Anatomical Regions, create new substance value C Recombinant Human Bone Morphogenetic Protein-2 with Collagen Scaffold, applied to the body part value U Joints and the open approach, to identify the introduction of rhBMP-2 with collagen scaffold. Assign a separate code for the TLIF spinal fusion procedure performed.

Note: If another spinal fusion procedure (e.g., ALIF or OLIF) is performed that utilizes INFUSE™ Bone Graft, procedure code 3E0U0GB, Introduction of recombinant bone morphogenetic protein into joints, open approach, would be reported to reflect use of INFUSE™ Bone Graft in addition to the spinal fusion procedure code.

Section	X New Technology		
Body System	W Anatomical Regions		
Operation	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>	<i>Qualifier</i>
U Joints	0 Open	ADD C Recombinant Human Bone Morphogenetic Protein-2 with Collagen Scaffold	C New Technology Group 12

The CMS recommendation for this topic continues to be Option 2 as described.

2) Topic # 28 - Addenda and Reference Key Updates - Spring 2026 ICD-10 Coordination and Maintenance Committee Procedure Code Update - **(added 03/20/2026)**

This document provides an additional addenda proposal for consideration for *Topic # 28 - Addenda and Reference Key Updates*. DB-OTO is an investigational cell-selective, dual adeno-associated virus (AAV) vector gene therapy. The treatment aims to deliver a working copy to replace the faulty OTOF gene using a modified, non-pathogenic virus that is delivered via an infusion into the cochlea (inner ear of hearing) as part of a surgical procedure under general anesthesia. On page 64 of the [Fall 2025 update materials](#), a proposal was displayed to create new substance value 3 DB-OTO via Intracochlear Infusion, applied to the body part value E Ear(s) and the percutaneous approach to section X table XW0, Introduction of Anatomical Regions to identify to identify the intracochlear administration of DB-OTO. The proposal was finalized and code XW0E33B will become effective April 1, 2026.

New Technology Section
Axis 6 Device/Substance/Technology

DB-OTO via Intracochlear Infusion name revised

Source	Description	Code specification
2026, public request & CMS internal review	In the New Technology section, revise the axis 6 device/substance/technology value 3 from DB-OTO via Intracochlear Infusion to Lunsotogene Parvec via Intracochlear Infusion. This change request is from the manufacturer and reflects the generic/nonproprietary name of the drug.	XW0E33B (1 code)

EXAMPLE

<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>	<i>Qualifier</i>
E Ear(s)	3 Percutaneous	REVISE from 3 DB-OTO via Intracochlear Infusion REVISE to 3 Lunsotogene Parvec via Intracochlear Infusion	B New Technology Group 11

Index entries to accompany this addenda proposal:

ICD-10-PCS Index Addenda

Ltr D
 Main Delete DB-OTO via Intracochlear Infusion XW0E33B

Ltr L
 Main Add Lunsotogene Parvec via Intracochlear Infusion XW0E33B

Ltrr	N
Main	New Technology
Delete	DB-OTO via Intracochlear Infusion XW0E33B
Add	Lunsotogene Parvec via Intracochlear Infusion XW0E33B

As noted in the update materials, all proposed addenda updates are being considered for implementation on October 1, 2026.

QUESTIONS & ANSWERS

Below we provide the responses to questions or comments submitted for the procedure code topics made available in association with the Spring 2026 ICD-10 Coordination and Maintenance Committee Update.

Question:

In *Topic # 03 – Endovascular Restriction of Thoracic Aorta*, in coding option 2, CMS proposes to “create new device value H Branched Intraluminal Device, Integrated System with Brachiocephalic Trunk Branch, applied to the new body part value J Thoracic Aorta, Ascending and Arch and the percutaneous approach” in section X New Technology table X2V, Restriction of the Cardiovascular System, to describe endovascular restriction of the thoracic aorta. Is there a specific reason why the term “Brachiocephalic Trunk Branch” was proposed in the new device value H, when the term “Brachiocephalic” is not currently used in other existing ICD-10-PCS tables? It seems that the innominate artery would be the standard term to be used in the device title.

CMS Response:

Complex aortic arch repair with the NEXUS® Aortic Arch Stent Graft System is performed endovascularly through a femoral artery access point, where the physician deploys the modular graft using a lower profile 20 F system in two steps: first placing the main arch module with a branch to the brachiocephalic artery, then connecting it to the ascending module using the Dock & Lock™ mechanism to provide stable anatomical anchoring. This creates a continuous sealed pathway, excluding the diseased aortic segment while preserving blood flow to the brain and upper body. The proposed device value H Branched Intraluminal Device, Integrated System with Brachiocephalic Trunk Branch was proposed in section X New Technology table X2V to describe this procedure as section X can offer flexibility in the description of the 6th character device/substance/technology value or other aspect of the procedure than otherwise could not be reflected in the Medical and Surgical or other section of ICD-10-PCS based on the conventions of the classification.

We acknowledge that according to the Body Part Key, Brachiocephalic Artery and the Brachiocephalic Trunk are coded as the Innominate Artery. We will consider this question as a comment

and as a recommendation received before the end of the comment period .

Question:

In *Topic # 23 – Replacement of Pulmonary Valve with Size Adjustable Device*, the technology description states that “as the patient grows, the Autus Valve may undergo post-implant size-adjustment via percutaneous transcatheter balloon dilation to optimize valve hemodynamic performance as the patient grows.” When the adjustable valve is balloon dilated later as the child grows, will this procedure be reported with procedure code 02WH3JZ?

CMS Response:

Yes. When medical record documentation supports that a post-implant size-adjustment via percutaneous transcatheter balloon dilation was performed in the acute inpatient setting, ICD-10-PCS code 02WH3JZ, Revision of synthetic substitute in pulmonary valve, percutaneous approach, should be assigned. Additional coding questions on how to report post-implant size-adjustment via percutaneous transcatheter balloon dilation should be submitted to the American Hospital Association (the official U.S. clearinghouse on medical coding) via <http://www.codingclinicadvisor.com/>.

Question:

In *Topic # 24 – Insertion of a Cardiac Contractility Modulation Device with Defibrillator*, please clarify the placement of the transvenous leads. The first paragraph of the procedure description states the position as “mid-septal position” and the second paragraph states “heart muscle”. If mid-septal is a common position, will body part value M, Ventricular Septum, automatically be added when it enters the code set on April 1st?

CMS Response:

As stated in the Procedure Description section of the background paper, the method to implant a Cardiac Contractility Modulation Device with Defibrillator (CCM-D) system closely mirrors that of an implantable cardioverter defibrillator (ICD) and uses the same components, primarily two leads placed in the right ventricular myocardium, specifically in a mid-septal position. One lead is a standard, active-fixation pacing lead. The other is a standard, active-fixation defibrillator lead.

The right ventricular (RV) apex has been considered to be the primary site for ventricular lead implantation since the original descriptions of cardiac pacing. In recent years, alternative sites of lead placement, particularly the RV septum, have been evaluated for use in patients. According to the requestor, in CCM-D devices, the CCM therapy is actually delivered during the heart’s refractory period and therefore does not cause depolarization of the myocardium. Rather, CCM therapy creates biological changes in the myocardium that increase the contractile force of the heart. The

energy required for CCM therapy to be effective is dramatically higher than that required to pace the heart. As such, in the current version of the CCM-D device, leads are placed in the septum to avoid extra-cardiac stimulation during CCM delivery.

On page 51 of the [Fall 2025 update materials](#), an addenda proposal was displayed to add the body part value M Ventricular Septum, applied to the percutaneous approach, device values J Cardiac Lead, Pacemaker, K Cardiac Lead, Defibrillator, M Cardiac Lead, N Intracardiac Pacemaker, and Y Other Device and qualifier value Z No Qualifier to the Medical and Surgical section table 02H, Insertion of Heart and Great Vessels to identify procedures such as ventricular septum pacing. The proposal was finalized and the five codes will become effective April 1, 2026.

For discharges occurring on or after April 1, 2026, when reporting the insertion of a cardiac contractility modulation device with defibrillator, the selection of the body part in table 02H, Insertion of Heart and Great Vessels to describe the insertion of the two transvenous leads should be based on provider documentation of placement of the leads on the mid-septum of the RV or the RV apex. Additional coding questions on how to report insertion of the two transvenous leads should be submitted to the American Hospital Association (the official U.S. clearinghouse on medical coding) via <http://www.codingclinicadvisor.com/>.

Question:

In Topic # 24 – Insertion of a Cardiac Contractility Modulation Device with Defibrillator, please clarify the device values to be selected in the Medical and Surgical section table 02H, Insertion of Heart and Great Vessels, to report the insertion of the two transvenous leads. In Coding Clinic, Second Quarter 2018 on page 19, a lead classified by the manufacturer as a cardiac pacemaker lead, was connected to a defibrillator. The published advice states “the lead should be coded as a defibrillator lead. The fact that the lead is attached to a defibrillator takes precedence over the manufacturer’s classification of the device as a pacing lead.” Is placement of a CCM-D system a unique situation, where we would not be following Coding Clinic?

CMS Response:

In Coding Clinic, Second Quarter 2018 as stated in the scenario on page 19, a lead classified by the manufacturer as a cardiac pacemaker lead, was connected to a defibrillator. In contrast, CCM-D systems combine both CCM and ICD functions into a single device and, hence, a single procedure. As stated in the Technology Description section of the background paper, CCM-D systems are investigational implantable cardiovascular devices intended to combine insertion of both CCM and ICD implants into a single procedure while offering

the same therapy benefits to the patient as bilateral implants. A majority of commercially available pacemaker and ICD leads may be utilized with a CCM-D system. As CCM-D devices are neither a pacemaker or a defibrillator, but instead provide both functions, the insertion of the two transvenous leads should be reported with the device values J Cardiac Lead, Pacemaker and K Cardiac Lead, Defibrillator in table 02H, Insertion of Heart and Great Vessels. Additional coding questions on how to report insertion of the two transvenous leads should be submitted to the American Hospital Association (the official U.S. clearinghouse on medical coding) via <http://www.codingclinicadvisor.com/>.

Question:

In the ICD-10-PCS Section X topic for *NexoBrid (anacaulase-bcdb)* on page 124, CMS recommends Option 4 which is to create a new code(s) in the Medical and Surgical or other section of ICD-10-PCS and delete the code from section X. In the Administration section table 3E0, CMS proposes to add new qualifier value F Other Enzymatic/Chemical Agent, applied to the body system/region values 0 Skin and Mucous Membranes and 1 Subcutaneous Tissue, the substance value G Other Therapeutic Substance and the external approach to describe the application of a topical chemical enzymatic agent for non-excisional eschar removal. Is the external approach really needed to report introduction onto the subcutaneous tissue? The subcutaneous tissue is below skin level, making the approach options of Open and Percutaneous seem sufficient.

CMS Response:

Chemical enzymatic agents such as NexoBrid (anacaulase-bcdb) and collagenase (Santyl) have been developed to remove necrotic tissue (eschar) from wounds. NexoBrid (anacaulase-bcdb) is indicated to remove eschar in adults and pediatric patients with deep partial-thickness (DPT) and/or full-thickness (FT) thermal burns and collagenase (Santyl) is used to remove dead tissue from chronic dermal ulcers, burns, and other wounds. These agents are applied topically as a gel or an ointment.

The application of Nexobrid is currently reported with ICD-10-PCS codes XW00X27, Introduction of anacaulase-bcdb into skin, external approach, new technology group 7, or XW01X27, Introduction of anacaulase-bcdb into subcutaneous tissue, external approach, new technology group 7. CMS proposes to add new qualifier value F Other Enzymatic/Chemical Agent, applied to the body system/region values 0 Skin and Mucous Membranes and 1 Subcutaneous Tissue, the substance value G Other Therapeutic Substance and the external approach in table 3E0 to correlate with the body parts currently available in table XW0 to report the application of a topical chemical enzymatic agent for non-excisional eschar removal.

GENERAL QUESTIONS

Question:

Where can we get the Spring 2026 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 Spring 2026 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 Spring 2026 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 Spring 2026 ICD-10 Coordination and Maintenance Committee Update are being considered for implementation on October 1, 2026.

April 17, 2026 is the deadline to submit comments for procedure code topics being considered for on October 1, 2026 implementation.

Question:

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

CMS Response:

Information regarding the Fall 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 Spring 2026 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 Spring 2026 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.