

# **ICD-9-CM Coordination and Maintenance Committee Meeting**

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***September 18, 2013***

*In Memoriam:*  
LCDR John Cooper, MD  
11/11/1961 – 9/9/2013



# ICD-9-CM Coordination and Maintenance Committee Meeting



*Pat Brooks*  
*CMS Co-Chairman*

*September 18, 2013*

# Introductions & Overview

- ICD-9-CM Coordination & Maintenance (C&M) Committee is a public forum on ICD-9-CM & ICD-10 code updates
- CMS & CDC Co-chair the meetings
  - CMS has lead on procedure issues
  - CDC has lead on diagnosis issues
- Coding proposals presented and public given opportunity to comment

# Code Proposals

- No final decisions made at the meeting
- Public can submit written comments after the meeting
- ICD-10-PCS procedure code topics discussed today are proposed for implementation on October 1, 2014
- Final ICD-9-CM code updates on October 1, 2013

# Partial Code Freeze

- Currently under a partial code freeze
  - ICD-10 will be implemented for services provided on or after October 1, 2014
  - Only ICD-10 codes for new technologies and new diagnoses are being considered
  - All other ICD-10 code updates would be made after the code freeze ends on October 1, 2015

# Announcement

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- New name - ICD-10 Coordination & Maintenance Committee as of the March 2014 meeting

# Timeline

- Detailed timeline within the C&M handouts
  - November 15, 2013 - Comments due on topics presented today
    - Procedure comments to Pat Brooks, CMS  
[patricia.brooks2@cms.hhs.gov](mailto:patricia.brooks2@cms.hhs.gov)
    - Diagnosis comments to Donna Pickett, CDC  
[nchsicd9@cdc.gov](mailto:nchsicd9@cdc.gov)
  - April 2014 - Notice of Proposed Rulemaking, IPPS, includes ICD-10-CM/PCS diagnosis and procedure updates



# Addendum

- Detailed timeline within the C&M handouts (Continued)

June 2013 – Final addendum posted

- Diagnosis addendum -  
[http://www.cdc.gov/nchs/icd/icd9cm\\_addenda\\_guidelines.htm](http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm)
- Procedure addendum -  
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html>

# Conversion Table

- There are no ICD-9-CM Diagnosis Addenda effective for October 1, 2013; however, the updated conversion table is posted at the following site:

[http://www.cdc.gov/nchs/icd/icd9cm\\_addenda\\_guidelines.htm](http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm)

# Posted ICD-10 Files

- June 2013 ICD-10 updates posted
  - 2014 ICD-10-CM updates and GEMs  
<http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html>
  - 2014 ICD-10-PCS updates and GEMs  
<http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>
- 2015 ICD-10 updates will be posted in June 2014

# Important Dates

- Detailed timeline within the C&M handouts (Continued)
  - January 17, 2014 – Deadline for submitting topics for March 19-20, 2014 C&M meeting
  - Around August 1, 2014 – IPPS final rule published. Includes all final ICD-10-CM/PCS codes to be implemented October 1, 2014.
  - 2015 ICD-10 updates will also be posted in June 2014 at <http://cms.hhs.gov/Medicare/Coding/ICD10/index.html>

# Public Participation

- For this meeting the public may participate in three ways:
  - Attend public C&M meeting
  - Listen to proceedings through free conference lines
  - Participate through a free webcast
- CMS & CDC hope this provides greater opportunity for public participation

# Written Comments

- No matter how you participate – please send in your written comments after the meeting

# ICD-10 Updates

- CMS will provide a variety of ICD-10 updates during this meeting
  - Updates on ICD-10 and implementation issues
  - Availability of 2014 General Equivalence Mappings (GEMs)
  - Availability of ICD-10 MS-DRG v31 mainframe and PC software
- At the conclusion of the procedure topics, CDC will then begin their part of the meeting on diagnosis issues

# ICD-10: Implementation for Physicians, Partial Code Freeze, and MS-DRG Conversion Project MLN Connects™ Video

In this MLN Connects™ video on the [CMS YouTube Channel](#), Pat Brooks and Dr. Daniel Duvall from the Hospital and Ambulatory Policy Group of the Center for Medicare discuss the transition to ICD-10 for medical diagnosis and inpatient procedure coding:

- Hints for a smooth transition to ICD-10 in physician offices
- ICD-10 Implementation and preparation strategies
- Partial freeze prior to ICD-10 implementation
- Medicare Severity Diagnosis Related Grouper (MS-DRG) Conversion Project at CMS

Link to You Tube Channel: <http://youtu.be/WLGofe1nPAo>

To receive notification of upcoming MLN Connects videos and calls and the latest Medicare program information on ICD-10, [subscribe](#) to the weekly *MLN Connects™ Provider eNews*.



# ICD-10 Basics MLN Connects™

## National Provider Call

On August 22, 2013, a keynote presentation on ICD-10 basics by Sue Bowman from the American Health Information Management Association (AHIMA), along with an implementation update by CMS was held.

- Benefits of ICD-10
- Similarities and differences from ICD-9
- Coding
  - o Basics of finding a diagnosis code
  - o Placeholder "x"
  - o Unspecified codes
  - o External cause of injury codes
  - o Type of encounter
- Training needs and timelines
- Resources for coding and training
- National implementation issues

<http://cms.hhs.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-08-22-ICD-10-Call.html>

# Questions?



# ICD-10-PCS Topic 1

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## Insertion of Bone Graft Substitute

Presenter:

Michael Janssen, DO  
Center for Spinal Disorders

# Agenda

- Introduction
- Description of P-15 (Peptide Enhanced Bone Graft)
- Cervical fusion and IDE clinical study
- Rationale for new ICD-10-PCS codes
- Q&A

# Introduction

Cerapedics, Inc. is a medical device company developing & commercializing innovative bone graft substitute products based on a small peptide technology:

## P-15 Peptide Enhanced Bone Graft

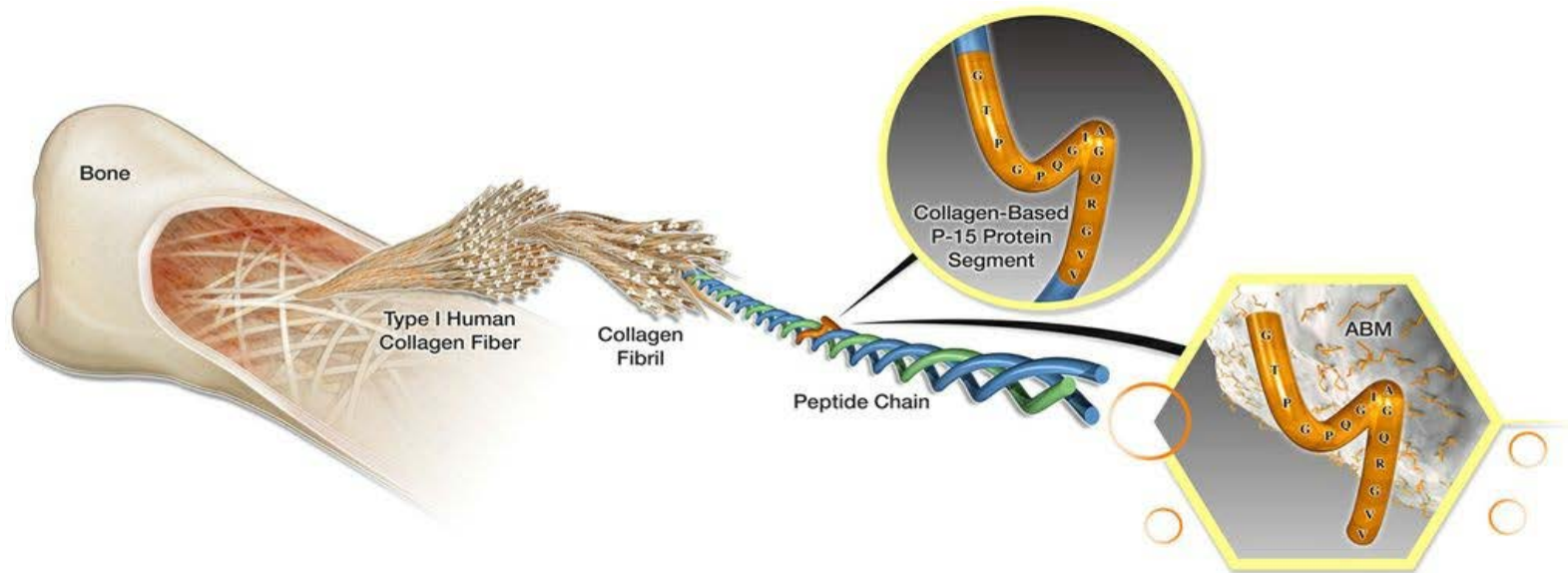
Cerapedics requests that CMS develop ICD-10 procedure codes for the percutaneous and open insertion of P-15 Peptide Enhanced Bone Graft



# P-15 Peptide Enhanced Bone Graft

- Is a synthetic osteoconductive bone substitute that has proven to significantly improve bone repair in dental applications (in the US) and is currently awaiting FDA approval for use in cervical fusion.
- Advantages of P-15 Peptide Enhanced Bone Graft:
  - SAFETY
    - FDA approvals in dental in USA (1999-2002)
    - No ectopic bone formation
    - No antibody formation
    - No tumorigenicity
    - No human tissue
    - No need to harvest iliac crest bone graft (ICBG)
  - EFFICACY
    - Will have FDA IDE level 1 data documenting efficacy relative to autograft
    - Superiority claims versus other bone graft substitutes from prior FDA PMA approvals in dental
  - DATA
    - FDA PMA Approvals in dental (4)
    - FDA Approval for cervical fusion expected in 2014

# P-15 Peptide



- P-15 Peptide is a segment of the type I human collagen protein which is a known cellular binding domain
- Peptides generally have more specific biologic activity than full proteins

# P-15 Peptide Enhanced Bone Graft Technology

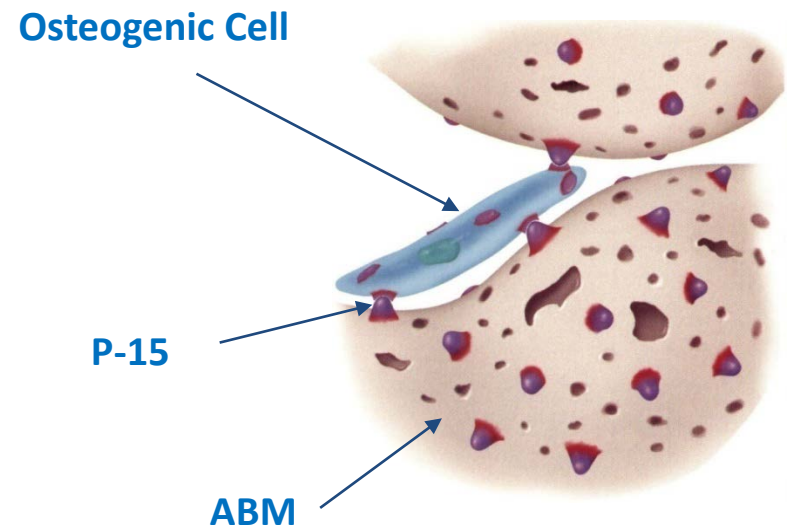
- **“P-15”** peptide is a fifteen amino acid synthetic analog of a cell-binding domain of type I human collagen
- **“ABM”** is Anorganic Bone Mineral (natural hydroxyapatite)
- **“CMC”** (carboxymethylcellulose) hydrogel carrier





# Mechanism of Action

- ABM/P-15 acts as an attachment factor for osteogenic cells
- Cell binding to P-15 peptide
  - Stimulates osteogenesis
  - Facilitates natural production of BMPs and other cytokines
- Natural bone healing occurs leading to fusion

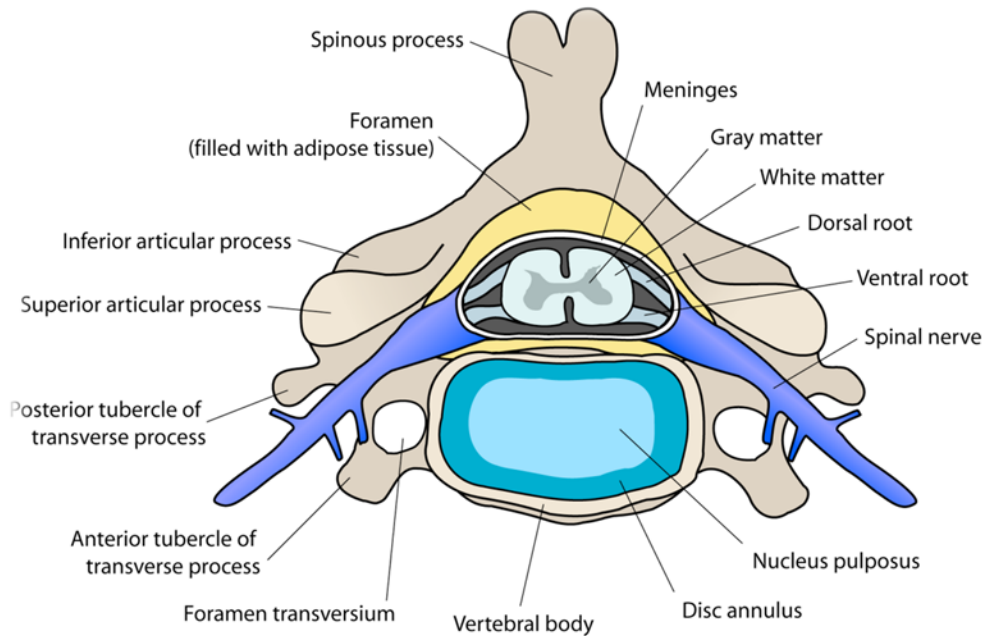


# US IDE Clinical Study

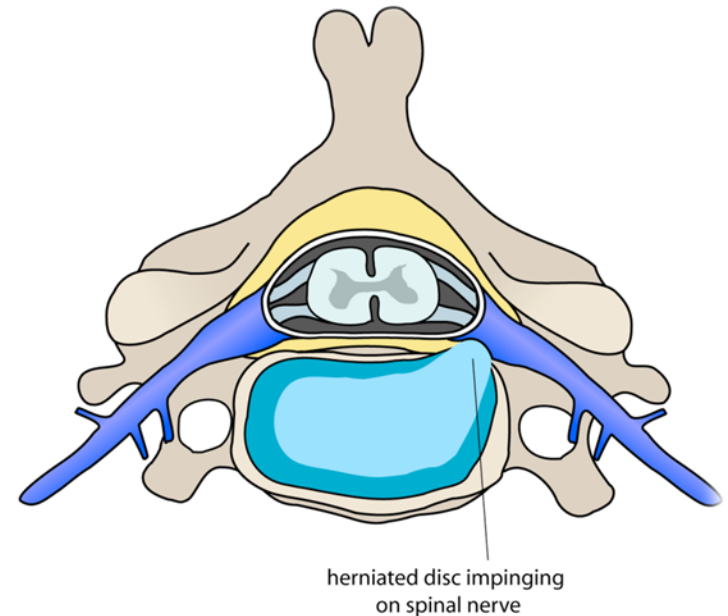
- P-15 Peptide Enhanced Bone Graft is being tested in single level Anterior Cervical Discectomy and Fusion (ACDF) procedures
- Enrollment included Medicare beneficiaries (up to age 70)
- [Enrollment completed in May 2013](#)
- FDA approval expected in 2014



# Anterior Cervical Discectomy and Fusion (ACDF)



**Normal Disc**



**Herniated Disc**

# IDE Trial

## Objective:

The aim of this trial is to evaluate if P-15 Peptide Enhanced Bone Graft (investigational device) is not inferior in effectiveness and safety to local autologous bone (control device) when applied in instrumented anterior cervical discectomy and fusion (ACDF) with use of a structural allograft ring in patients with degenerative cervical disc disease.

## Study Design:

- Prospective, randomized, controlled, multi-center
- 23 investigational sites in the US and Canada
- 250 patients (125 investigational, 125 control)

# IDE Study Outcomes

## **I. Primary:**

- Fusion
- Neck Disability Index (NDI)
- Neurological success
- Complications/Adverse Events

## **II. Secondary:**

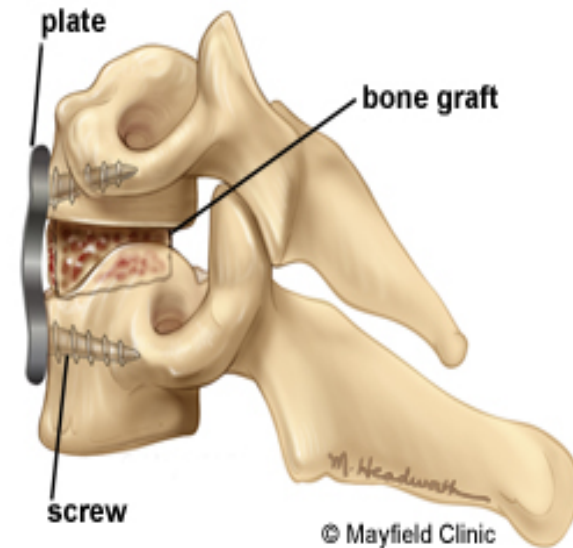
- Pain
- SF 36
- Kyphosis

# ACDF Procedure with the Insertion of P-15 Peptide Enhanced Bone Graft



## Insertion of P-15 Peptide Enhanced Bone Graft

1. Surgeon makes an incision and accesses the affected disc
2. Surgeon removes disc material causing herniation
3. Surgeon prepares disc space for implantation
4. P-15 is loaded into allograft ring
5. Allograft ring is implanted
6. Surgeon places cervical plate and closes incision



# ACDF with P-15 Peptide Enhanced Bone Graft



# Rationale for new ICD-10-PCS code

- P-15 Peptide Enhanced Bone Graft is an alternative to autograft and can be utilized in fusion procedures.
- Currently there are no ICD-9/ICD-10 procedure codes that describe the introduction of a peptide enhanced bone graft.
- There will be FDA IDE data demonstrating the safety and efficacy of P-15 Peptide Enhanced Bone Graft.
- Other autograft alternatives [with IDE data](#) (rhBMP) do have ICD-10 codes and therefore P-15 should have new codes developed to identify the introduction of this device.



# Request:

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CMS develop ICD-10 procedure codes for the percutaneous and open introduction of P-15 Peptide Enhanced Bone Graft.

# Thank You

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# Insertion of Bone Graft Substitute Coding Options

*Mady Hue, CMS*

*September 18, 2013*



# ICD-10-PCS Procedure Coding Options:

## Option 1

Option 1. Do not create a new code. Due to the restrictions of the Partial Code Freeze, CMS is unable to propose a new ICD-10-PCS procedure code at this time to uniquely describe the insertion of bone graft substitute, P-15, as the requester did not submit an application for New Technology. Should the requester decide to submit an application for FY 2015 we can reconsider a new code request.

# Interim Advice

**Interim Advice:** Code the insertion of bone graft substitute, P-15, to 3E0U3GC, Introduction of Other Therapeutic Substance into Joints, Percutaneous Approach.

*Administration*    **3** Administration

*Body System*        **E** Physiological Systems and Anatomical Regions

*Operation*            **0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	Approach	Device	Qualifier
U Joints	3 Percutaneous	G Other Therapeutic Substance	B Recombinant Bone Morphogenetic Protein C Other Substance

# ICD-10-PCS Procedure Coding Options: Option 1 for implementation 10/1/15

Use existing Qualifier value **C** Other Substance in Operation Introduction and add Approach value **0** Open.

*Administration*   **3** Administration

*Body System*   **E** Physiological Systems and Anatomical Regions

*Operation*   **0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	Approach	Device	Qualifier
U Joints	<b><u>0 Open</u></b> 3 Percutaneous	G Other Therapeutic Substance	B Recombinant Bone Morphogenetic Protein <b>C</b> Other Substance

# ICD-10-PCS Procedure Coding Options:

## Option 2

Add new Qualifier value **D** P-15 Peptide Enhanced Bone Graft, in Operation Introduction and add Approach value **0** Open

*Administration*     **3** Administration

*Body System*        **E** Physiological Systems and Anatomical Regions

*Operation*            **0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	Approach	Device	Qualifier
U Joints	<b><u>0 Open</u></b> 3 Percutaneous	G Other Therapeutic Substance	B Recombinant Bone Morphogenetic Protein C Other Substance <b><u>D P-15 Peptide Enhanced Bone Graft</u></b>

# CMS Recommendation & Interim Advice

CMS recommends option 1 for October 1, 2015 implementation to use existing Qualifier value **C** Other Substance in Operation Introduction and add Approach value **0** Open.

**Interim Coding Advice:** Code the insertion of bone graft substitute, P-15, to 3E0U3GC, Introduction of Other Therapeutic Substance into Joints, Percutaneous Approach.

*Administration* **3** Administration

*Body System* **E** Physiological Systems and Anatomical Regions

*Operation* **0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	Approach	Device	Qualifier
U Joints	3 Percutaneous	G Other Therapeutic Substance	B Recombinant Bone Morphogenetic Protein C Other Substance



# ICD-10-PCS Topic 2

## Implantation of Phrenic Neurostimulator

Presenter:

Ralph Augostini, MD

Asst. Prof. Clinical Medicine

Ohio State University –

Davis Heart Lung Research Institute

# Introduction to Proposal

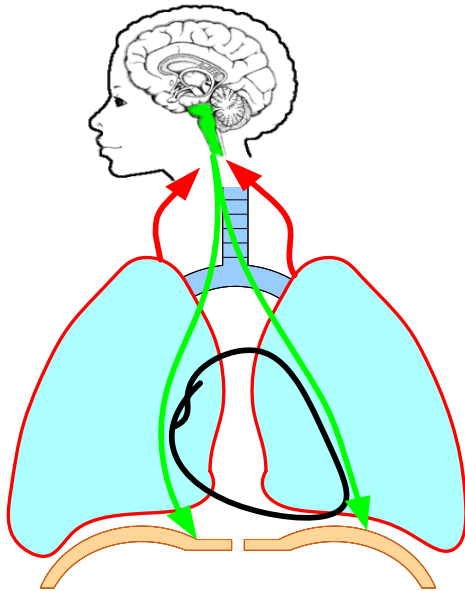
Respicardia has developed a neurostimulation device,  
**the remedē<sup>®</sup> System**, to treat Central Sleep Apnea  
(CSA)

Purpose of this presentation is to request new  
ICD-10 codes for lead placement

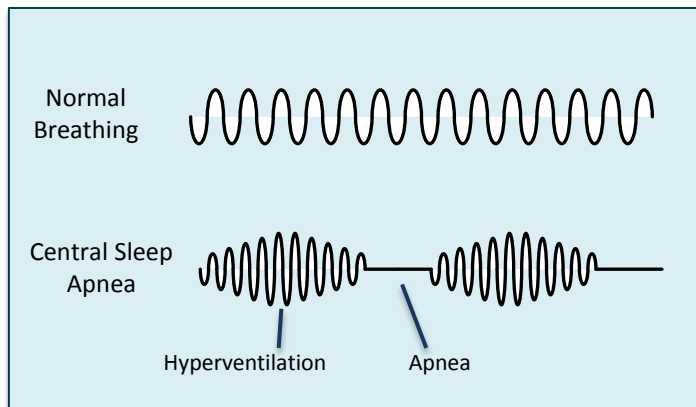
# Today's Agenda

- Overview of Central Sleep Apnea (CSA)
- **remedē**<sup>®</sup> System therapy as a treatment for CSA
- Description of the **remedē**<sup>®</sup> System
- Implant/Explant Procedures of the **remedē**<sup>®</sup> System
- Rationale for new ICD-10-PCS codes
- Q&A

# What is Central Sleep Apnea?



- Pattern of breathing (hyperventilation followed by apnea or hypopnea) caused by a **failure of the brain to respond appropriately to changes in  $\text{CO}_2$**
- CSA is a **devastating disease** that increases hypoxia, ventricular and atrial arrhythmias, arousals, sympathetic activation and results in increased stress on the heart, adverse myocardial remodeling and impaired LV function
- Primarily seen in patients with **heart failure and atrial fibrillation**

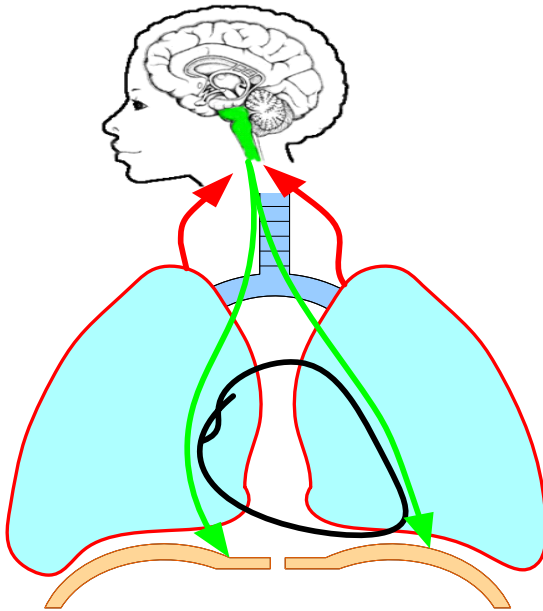


Brenner et al. Trends Cardiovasc Med 2008;18:240-7.

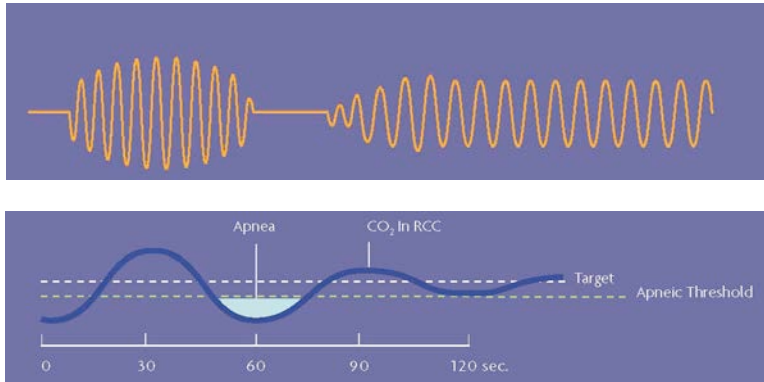
Bitter et al. EJHF 2009; 11:602-8.

Prinz et al. Postgrad Med J 2011;87:485-62

# CSA Can Be Treated by **remedē**® System Therapy

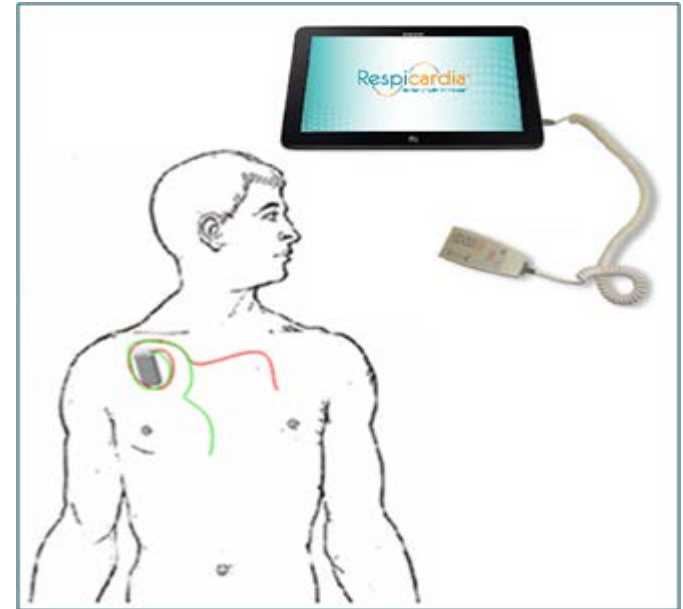


- During sleep, respiration is regulated by the brain's Respiratory Control Center (RCC) whose goal is to maintain a constant blood  $\text{CO}_2$  level
- To keep  $\text{CO}_2$  regulated, the RCC sends signals to the diaphragm via the phrenic nerves and controls the pattern of breathing
- In patients with increased sympathetic drive and overactive chemoreceptors, the RCC sends inappropriate signals to the diaphragm causing an irregular pattern of breathing
- Intervening in this pathway by managed stimulation of the phrenic nerve via the **remedē**® System contracts the diaphragm regulating breathing and stabilizing  $\text{CO}_2$



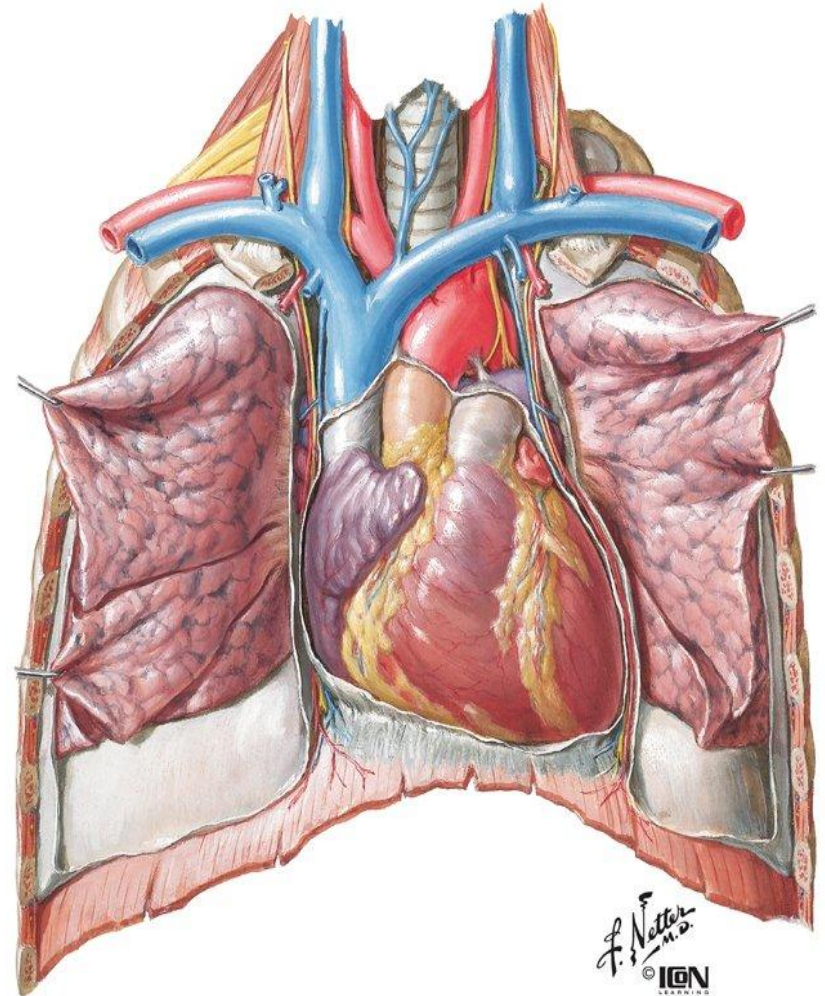
# remedē<sup>®</sup> System Overview

- System Includes:
  - Implantable Neurostimulator
  - Stimulation Lead
  - Sensing Lead
  - Programmer and Wand
- Implanted by an Electrophysiologist
- Provides transvenous unilateral stimulation of the phrenic nerve to treat central sleep apnea using sophisticated set of algorithms



# Two Venous Locations are available for Unilateral Transvenous Stimulation of the Phrenic Nerve

- Left Pericardiophrenic Vein or Right Brachiocephalic Vein
- Placement dependent on patient's anatomy
- Clinical outcomes are comparable for either stimulation location

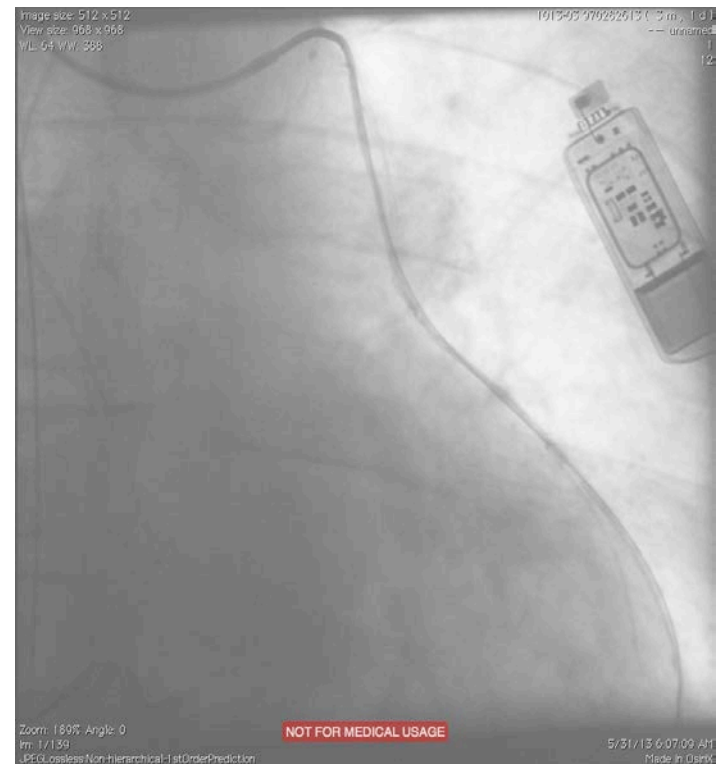


# remedē<sup>®</sup> System Implant Procedure – Left Stimulation Lead Placement

- The Left Stimulation lead is placed into the left pericardiophrenic vein, which is anatomically adjacent to the left phrenic nerve

## Procedure:

1. Gain venous access
2. Locate target vessel
3. Deploy the Left Stimulation lead
4. Test for nerve capture



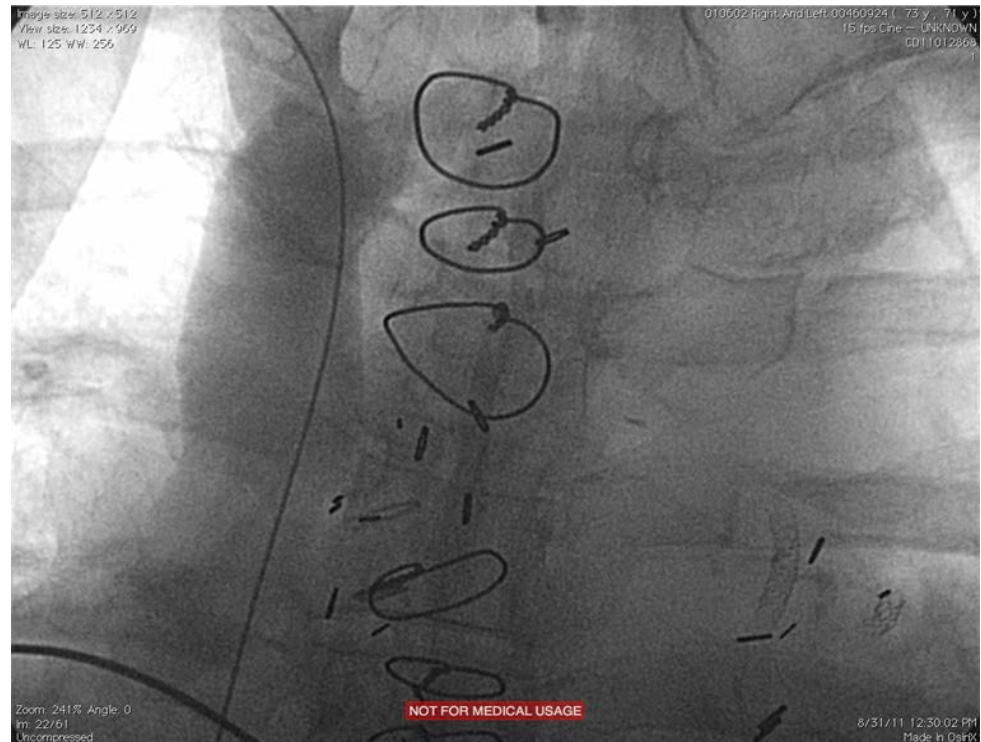


# remedē<sup>®</sup> System Implant Procedure – Right Stimulation Lead Placement

The Right Stimulation lead is placed into the right brachiocephalic vein, which is anatomically adjacent to the right phrenic nerve.

## Procedure:

1. Gain venous access
2. Access target vessel
3. Deploy the Right Stimulation lead
4. Test for nerve capture

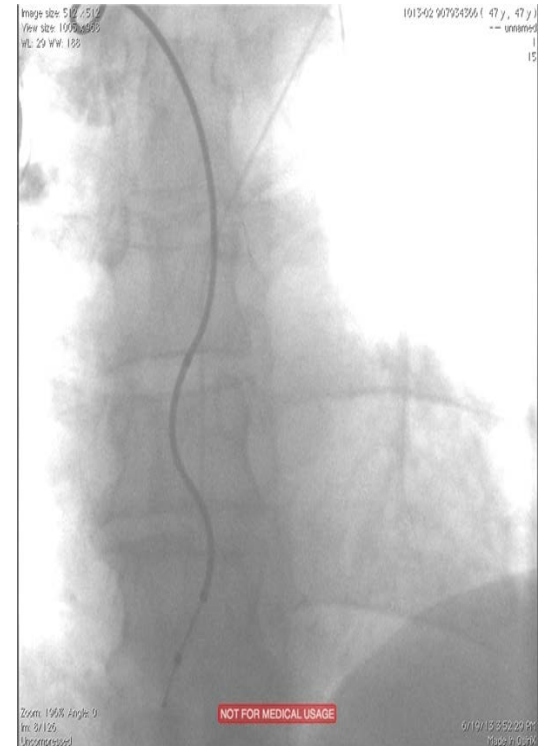
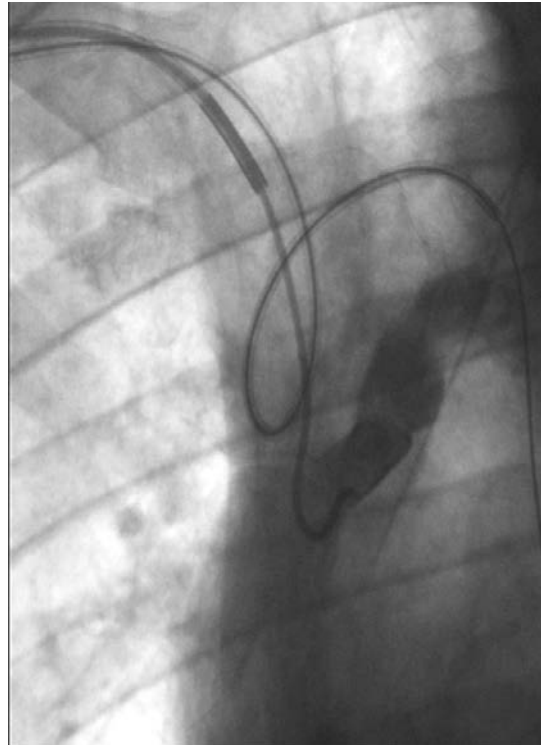


# remedē<sup>®</sup> System Implant Procedure – Sensing Lead Placement

The Sensing lead is placed into the azygos vein after the Stimulation lead is placed.

### Procedure:

1. Gain venous access
2. *Locate* target vessel
3. Deploy the Sensing lead into the azygos vein
4. Perform final stabilization and electrical testing of leads

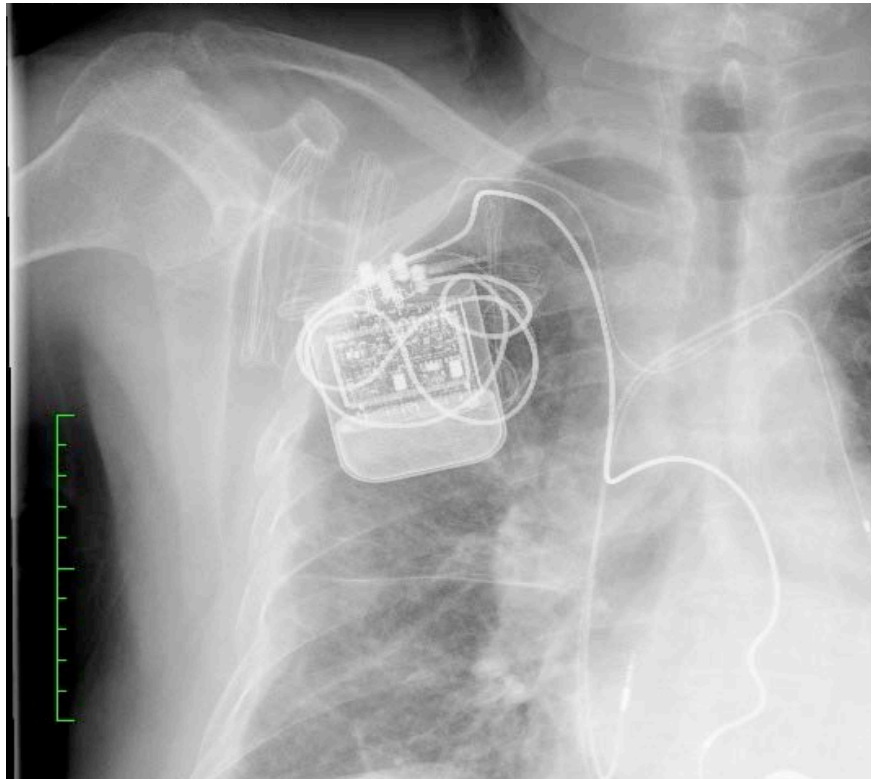


# remedē<sup>®</sup> System Implant Procedure – Neurostimulation Device Placement

The stimulator is implanted via a submuscular or subcutaneous approach in the pectoral region

## Procedure:

1. Form device pocket
2. Connect leads to the device
3. Place device in pocket
4. Perform Concomitant Device Testing (when required)
5. Close device pocket
6. Perform final electrical test



# remedē<sup>®</sup> System Removal

- The removal of the **remedē<sup>®</sup>** System should only be performed by qualified personnel for indications consistent with the HRS guidelines<sup>1</sup>
- The equipment utilized to remove the stimulation lead and sensing lead would be the common equipment used for other transvenous leads including: locking stylet, removal sheaths and fluoroscopy
- Removal procedure similar to removal of other implantable transvenous leads

1 Transvenous Lead Extraction: Heart Rhythm Society Expert Consensus on Facilities, Training, Indications and Patient Management

# Medicare Beneficiaries

- Central Sleep Apnea is associated predominantly with **structural heart disease** and **symptomatic heart failure**
- Risk factors include
  - Male
  - Elderly
  - Arrhythmias
  - Heart Failure Hospitalizations

# Rationale for new ICD-10-PCS codes

- Currently there are no ICD-10 codes that describe the transvenous placement of a stimulating lead into the right brachiocephalic or left pericardiophrenic vein or a sensing lead into the azygos vein
- We request CMS develop ICD-10 PCS codes that describe the implantation and removal of both the stimulating and sensing leads

# Implantation of Phrenic Neurostimulator Coding Options



*Amy Gruber*

*September 18, 2013*

# ICD-10 Procedure Coding options:

## Option 1

- Coding option 1a. Continue to assign one of the following ICD-10-PCS codes for the implantation of the neurostimulator generator:

**0JH60MZ Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach**

**0JH63MZ Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach**



# ICD-10 Procedure Coding Options

## con't:

- Coding option 1a. con't.

Continue to assign one of the following ICD-10-PCS codes for the placement of the stimulation lead into the right brachiocephalic or left pericardiophrenic vein and a sensing lead in the azygos vein:

**01HY0MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Open Approach**

**01HY3MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Approach**

**01HY4MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Endoscopic Approach**

# ICD-10 Procedure Coding Options: Option 1b.

- Coding option b. Continue to assign one of the following ICD-10-PCS codes for the removal of the neurostimulator generator.

**OJPT0MZ Removal of Stimulator Generator from Subcutaneous Tissue and Fascia, Trunk, Open Approach**

**OJPT3MZ Removal of Stimulator Generator from Subcutaneous Tissue and Fascia, Trunk, Percutaneous Approach**

# Coding option 1b. Con't.

Continue to assign one of the following ICD-10-PCS codes for the removal of the stimulation lead from the right brachiocephalic or left pericardiophrenic vein and a sensing lead in the azygos vein:

**01PY0MZ Removal of Neurostimulator Lead from Peripheral Nerve, Open Approach**

**01PY3MZ Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Approach**

**01PY4MZ Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Endoscopic Approach**

**01PYXMZ Removal of Neurostimulator Lead from Peripheral Nerve, External Approach**

# Coding option 2a.

- Option 2a. Continue to assign one of the ICD-10-PCS codes listed above for the implantation of the neurostimulator generator. CMS would add device value, M Neurostimulator Lead, under the root operation of Insertion of Upper Veins, Azygos Vein. CMS would also create under the root operation for Insertion of Upper Veins; two new body parts W, to identify the Pericardiophrenic Vein, and X, to identify the Brachiocephalic Vein. In addition, device value M Neurostimulator Lead, would also be added for these 2 veins as illustrated below.

# ICD-10-PCS Coding Option 2a con't.

<i>Section</i>	<b>0</b>	Medical and Surgical
<i>Body System</i>	<b>5</b>	Upper Veins
<i>Operation</i>	<b>H</b>	Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a function but does not physically take the place of a body part

Body Part	Approach	Device	Qualifier
0 Azygos vein	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	<u>M Neurostimulator Lead</u>	Z No Qualifier
<u>W Pericardiophrenic Vein</u>			
<u>X Brachiocephalic Vein</u>			

## Option 2b.

b. Continue to assign one of the ICD-10-PCS codes listed above for the removal of the neurostimulator generator. CMS would add 3 body part characters: 0 Azygos Vein, 1 Pericardiophrenic Vein and 3 Brachiocephalic Vein under the root operation of Removal of Upper Veins. CMS would also create a new device value M Neurostimulator Lead, as illustrated below.

# ICD-10-PCS Coding option 2b. Con't.

*Section*                **0**            Medical and Surgical

*Body System*        **5**            Upper Veins

*Operation*           **P**            Removal: Taking out or off a device from a body part

Body Part	Approach	Device	Qualifier
0 Azygos vein	0 Open	<u>M Neurostimulator</u> <u>Lead</u>	Z No Qualifier
	3 Percutaneous		
	4 Percutaneous		
<u>1 Pericardiophrenic Vein</u>	Endoscopic		
<u>3 Brachiocephalic Vein</u>			

# CMS' Recommendation:

Option 1. As stated above. Reporting of the neurostimulator procedure codes in addition to the diagnosis code for Central Sleep Apnea would identify this procedure.



# Interim Coding Advice

In the interim, continue to assign one of the following ICD-10-PCS codes for the implantation of the neurostimulator generator:

**0JH60MZ Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach**

**0JH63MZ Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach**

Continue to assign one of the following ICD-10-PCS codes for the placement of the stimulation lead into the right brachiocephalic or left pericardiophrenic vein and a sensing lead in the azygos vein:

**01HY0MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Open Approach**

**01HY3MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Approach**

**01HY4MZ Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Endoscopic Approach**

# Interim Coding Advice con't.

Continue to assign one of the following ICD-10-PCS codes for the removal of the neurostimulator generator:

**OJPT0MZ Removal of Stimulator Generator from Subcutaneous Tissue and Fascia, Trunk, Open Approach**

**OJPT3MZ Removal of Stimulator Generator from Subcutaneous Tissue and Fascia, Trunk, Percutaneous Approach**

# Interim Coding Advice

Continue to assign one of the following ICD-10-PCS codes for the removal of the stimulation lead from the right brachiocephalic or left pericardiophrenic vein and a sensing lead in the azygos vein:

**01PY0MZ Removal of Neurostimulator Lead from Peripheral Nerve, Open Approach**

**01PY3MZ Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Approach**

**01PY4MZ Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Endoscopic Approach**

**01PYXMZ Removal of Neurostimulator Lead from Peripheral Nerve, External Approach**

# Addenda

Received request to add the below intraluminal stent systems to the Device Key effective FY 2015 to assist in accurately identifying the appropriate coding table and PCS code assignment.

Term		Intraluminal Device
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Includes	Add	Absolute Pro Vascular Self-Expanding Stent System (OTW)
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Includes	Add	Acculink Carotid Stent System (RX)
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Includes	Add	Herculink Elite Renal and Biliary Stent System (RX)
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Includes	Add	Omnilink Elite Vascular Balloon-Expandable Stent System
----------	-----	---------------------------------------------------------

Term		Intraluminal Device, Drug-eluting in Heart and Great Vessels
------	--	--------------------------------------------------------------

Includes	Revise from	XIENCE V Everolimus Eluting Coronary Stent System
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Includes	Revise to	XIENCE Everolimus Eluting Coronary Stent System
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# ICD-10 GEMs Update



*Pat Brooks, CMS*

*Rhonda Butler, 3M*

*ICD-9-CM Coordination and  
Maintenance Committee Meeting*

*September 18, 2013*

# FY 2014 GEMs Update

- FY 2014 Procedure GEMs posted August 2013 for review and public comment
- FY 2014 Diagnosis GEMs posted August 2013 for review and public comment
  - Both on CMS website along with GEMs User Guide, Documentation for Technical Users and GEMs Update Summary, at <http://www.cms.gov/ICD10>
- Diagnosis GEMs also on CDC website at <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- All changes to date resulting from public comment and internal review have been incorporated into the FY 2014 GEMs

# Types of GEMs Comments Received

- Suggested additional translation alternatives based on inclusion criteria (e.g., same term is in the index for both ICD-9 and ICD-10)
- Requested new cluster translations for completeness
- Recommended revising entries that do not meet inclusion criteria
- Additional examples included in this meeting's agenda

# Public comment: Diagnosis GEMs entry for “screening for gout”

## 2013 entry

V77.5 Screening for gout

**To** Z13.0 Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

## Updated 2014 entry

V77.5 Screening for gout

**To/from** Z13.89 Encounter for screening for other disorder

## Comment

The updated entry is a closer match. The ICD-10-CM index entry *Screening (for) > gout* refers to Z13.89.

The entry has also been added to the ICD-10-CM to ICD-9-CM GEM.



# Public comment: ICD-10-CM to ICD-9-CM GEM entry for “open angle glaucoma”

## 2013 entry

H40.11X[0-4] Primary open angle glaucoma (5 codes)

To 365.11 Primary open angle glaucoma

## Updated 2014 entry

### Example

H40.11X2 Primary open-angle glaucoma, moderate stage

To Choice List 1 365.11 Primary open angle glaucoma

### AND

Choice List 2 365.71 Mild stage glaucoma

**Comment** The updated entries (70 ICD-10-CM codes in category H40) are a more complete set of translation alternatives, revised to create ICD-9 target cluster entries that include the ICD-9 glaucoma stage code specified in the source system ICD-10-CM code.

# Public comment: ICD-9-CM to PCS GEM entry for “cardiomyostimulation system”

## 2013 entry

37.67 Implantation of cardiomyostimulation system

**To** Choice List 1 0KX[F,G]0ZZ Transfer Right Trunk Muscle, Open Approach (2 codes)

**AND** Choice List 2 OPT[1,2]0ZZ Resection of Right Rib, Open Approach (2 codes)

**AND** Choice List 3 02HN[0,3,4]MZ Insertion of Cardiac Lead into Pericardium, Open Approach (3 codes)

## Updated 2014 entry

37.67 Implantation of cardiomyostimulation system

**To** 02QA[0,3,4]ZZ Repair Heart, Open Approach (3 codes)

**Comment** The cluster translation of the ICD-9 code did not meet inclusion criteria because the translation added detail is not specified in the source system code. The general PCS root operation Repair is a more appropriate translation.

# Future GEMs Updates

- CMS has agreed to maintain the GEMs for at least 3 years after ICD-10 implementation to assist with the analysis of trend data
- Public comment on GEMs entries for future updates should be sent to
  - Diagnosis GEMs
    - Donna Pickett [dfp4@cdc.gov](mailto:dfp4@cdc.gov)
  - Procedure GEMs
    - Pat Brooks [patricia.brooks2@cms.hhs.gov](mailto:patricia.brooks2@cms.hhs.gov)

# ICD-10-PCS Reimbursement Mappings



*Pat Brooks, CMS*

*ICD-9-CM Coordination  
and Maintenance  
Committee Meeting*

*September 18, 2013*

# Reimbursement Map Improvements

- Prior to FY2014, the Reimbursement Map was designed to map ICD-10 codes as individual units and used simple ICD-9 code frequency rules to choose an ICD-9 code to map to
- The FY2014 Reimbursement Map was developed with enhanced logic that takes account of critical differences between ICD-10 and ICD-9 that impact MS-DRG assignment, and analyzes the ICD-10 coded record rather than individual ICD-10 codes to more closely match the logic of MS-DRGs

# ICD-10 MS-DRGs Update



*ICD-9-CM Coordination  
and Maintenance  
Committee Meeting*

*Pat Brooks, CMS  
Janice Bonazelli, 3M*

# Availability of MS-DRG/MCE ICD-10 Definitions Manuals and Summary of Changes

- The following will be available on the CMS.GOV website in late October 2013:
  - MS-DRG V31.0 ICD-10 Definitions Manual
    - Available in text and HTML versions
  - MS-DRG V31.0 ICD-10 “Summary of Changes”
  - ICD-10 Definitions of Medicare Code Edits
- Posted on ICD-10 website at <http://www.cms.gov/ICD10>

# Availability of Mainframe and PC Software via NTIS

The following will be available via NTIS by late October:

- MS-DRG v31 ICD-10 Mainframe Software
- MCE v31 ICD-10 Mainframe Software

The following will be available via NTIS by late November:

- MSG/MCE v31 ICD-10 PC software
- Available via NTIS at:
  - <http://www.ntis.gov/products/cms-medicare.aspx>



# MS-DRG ICD-10 Software

- The pilot MS-DRG ICD-10 software is released for purposes of review and evaluation
- The official MS-DRG ICD-10 software to be used to determine FY2015 inpatient payments will not be available until the IPPS final rule for FY2015 is issued.

# ICD-10 Key Updates



- *Body Part Key*
- *Device Key*
- *Substance Key*

*Mady Hue, CMS*

*Rhonda Butler, 3M*

# ICD-10-PCS Body Part Key

FY 2014 Body Part Key Updates	
Denticulate ligament	<b>Use:</b> Spinal meninges
Femoropatellar joint	<b>Use:</b> Knee Joint, Right Knee Joint, Left Knee Joint, Femoral Surface, Right Knee Joint, Femoral Surface, Left
Femorotibial joint	<b>Use:</b> Knee Joint, Right Knee Joint, Left Knee Joint, Tibial Surface, Right Knee Joint, Tibial Surface, Left
Patellofemoral joint	<b>Use:</b> Knee Joint, Right Knee Joint, Left Knee Joint, Femoral Surface, Right Knee Joint, Femoral Surface, Left
Spinal nerve, cervical	<b>Use:</b> Cervical Nerve
Spinal nerve, lumbar	<b>Use:</b> Lumbar nerve
Spinal nerve, sacral	<b>Use:</b> Spinal nerve
Spinal nerve, thoracic	<b>Use:</b> Thoracic nerve
Tibiofemoral joint	<b>Use:</b> Knee Joint, Right Knee Joint, Left Knee Joint, Tibial Surface, Right Knee Joint, Tibial Surface, Left

# ICD-10-PCS Device Key

An initial release of the PCS Device Key was posted in 2011. More than 300 entries have been developed that initially used two sources for the entries:

1. Device names used in the ICD-9-CM index, both common names and proprietary names
2. Devices receiving FDA approval in the past five years (*this is not a requirement, it was a starting point to ensure devices that were no longer on the market did not get included*)

As with the PCS Body Part Key, there are two lookup formats for the Device Key, for ease of printing and using off-line. The Device Key is available in both device name lookup and PCS device value lookup formats. Device names include both common and proprietary names. Device name lookup can be accessed by clicking the *Device Key* link in the ICD-10-PCS pdf file. PCS device value can be accessed by clicking the *Definitions* link followed by the *Medical and Surgical – Device* link in the ICD-10-PCS pdf file.

# FY 2015 Device Key Proposal

## *Common/Proprietary Name Lookup Format*

The PCS Device Key listed by common or proprietary name used to find corresponding PCS device value for a specific device.

Device	Use
Absolute Pro Vascular Self-Expanding Stent System (OTW)	Intraluminal Device
Acculink Carotid Stent System (RX)	Intraluminal Device
Herculink Elite Renal and Biliary Stent System (RX)	Intraluminal Device
Omnilink Elite Vascular Balloon-Expandable Stent System	Intraluminal Device
XIENCE Everolimus Eluting Coronary Stent System	Intraluminal Device, Drug-eluting in Heart and Great Vessels

# FY 2015 Device Key Proposal con't.

## *PCS Device Value Name Lookup Format*

The PCS Device Key listed by PCS device value name can be used to see the common and proprietary names classified to a given device value.

Device	Includes
Intraluminal Device	Absolute Pro Vascular Self-Expanding Stent System (OTW) Acculink Carotid Stent System (RX) Herculink Elite Renal and Biliary Stent System (RX) Omnilink Elite Vascular Balloon-Expandable Stent System
Intraluminal Device, Drug-eluting in Heart and Great Vessels	XIENCE Everolimus Eluting Coronary Stent System

# Substance Key Updates



*ICD-9-CM Coordination  
and Maintenance  
Committee Meeting*

*September 18, 2013  
Rhonda Butler, 3M*

# ICD-10-PCS Substance Key

## Examples for Public Comment

- Examples were developed using substance names currently listed in the ICD-9-CM index
  - Both common names and proprietary names included
- To be included in future updates of the ICD-10-PCS Definitions
  - Official ICD-10-PCS content
- Format and intended use is the same as the PCS Body Part Key and the PCS Device Key
  - Example format included in this meeting's agenda



# PCS Substance Key Table Formats

- Entries will be listed in two formats for convenient printing and viewing off-line
- Substance Key format
  - Listed by substance name--both common and proprietary
- Definitions format
  - Listed by PCS substance value

# PCS Substance Table Formats Compared

- Substance Key format example

Kcentra

**Use:** 4-Factor Prothrombin Complex Concentrate in Administration section

- Definitions format example

4-Factor Prothrombin Complex Concentrate

**Includes:** Kcentra

# PCS Substance Key Examples: Listing by Common or Proprietary Name

ALGSRx Antibacterial Envelope

**Use:** Anti-Infective Envelope in Administration section

Antimicrobial envelope

**Use:** Anti-Infective Envelope in Administration section

Bone morphogenetic protein 2 (BMP 2)

**Use:** Recombinant Bone Morphogenetic Protein in Administration section

Clolar

**Use:** Clofarabine in Administration section

- Additional examples (in table format) included in this meeting's agenda

# PCS Substance Definitions Examples: Listing by PCS Substance Value

4-Factor Prothrombin Complex Concentrate in Administration section

**Includes:** Kcentra

Adhesion Barrier in Administration section

**Includes:** Seprafilm

Anti-Infective Envelope in Administration section

**Includes:** AIGISRx Antibacterial Envelope

Antimicrobial envelope

Clofarabine in Administration section

**Includes:** Clolar

- Additional examples included in this meeting's agenda

# Benefits of the Substance Key

- An official coding resource
  - Facilitate understanding of the current uses of existing values
  - Encourage consistent coding
- A common resource for updating PCS
  - Provide a standardized basis for all to evaluate requests at future Coordination & Maintenance meetings

# Call for Substance Key Entries

- CMS welcomes the public to submit specific entries they would like added to the ICD-10-PCS Substance Key
  - Entries should be for substances relevant to inpatient facility coding
  - Entries should include the proprietary and/or common name and the recommended ICD-10-PCS substance value
- Requests for ICD-10-PCS Substance Key entries should be sent to
  - Pat Brooks [patricia.brooks2@cms.hhs.gov](mailto:patricia.brooks2@cms.hhs.gov)