CMS WILL NO LONGER BE PROVIDING PAPER COPIES OF HANDOUTS FOR THE MEETING. ELECTRONIC COPIES OF ALL MEETING MATERIALS WILL BE POSTED ON THE CMS WEBSITE PRIOR TO THE MEETING AT HTTPS://WWW.CMS.HHS.GOV/ICD9PROVIDERDIAGNOSTICCODES/03_MEETINGS.ASP

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Agenda
ICD-9-CM Coordination and Maintenance Committee
Department of Health and Human Services
Centers for Medicare & Medicaid Services
CMS Auditorium
7500 Security Boulevard
Baltimore, MD 21244-1850
ICD-9-CM and ICD-10-CM/PCS
September 19, 2012

Pat Brooks, CMS – Introductions and Committee overview
Co-Chairperson

9:00 AM – 11:00 AM	ICD-10 and Procedure presentations with public comment
11:00 AM – 12:30 PM	Diagnosis presentations with public comment
12:30 PM – 1:30 PM	Lunch break
1:30 PM – 5:00 PM	Continuation of Diagnosis presentations

Note: Proposals for the diagnosis codes will begin following the conclusion of the procedure presentations and will be led by the Centers for Disease Control (CDC). Please visit CDCs website for the Diagnosis agenda located at the following address:
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

Conference lines will be available for those participants who are unable to attend in person. Toll free dial in access for external participants is as follows:
Phone: 1-877-267-1577 Meeting ID: 6601

If dialing in you do NOT need to register on-line for the meeting.

ICD-9-CM Topics: There will be no ICD-9-CM code presentations

ICD-10 Topics:

1.	ICD-10 Implementation Announcements Pages 8-9	Denise Buenning, CMS Pat Brooks
2.	Expansion of Thoracic Aorta Body Part Under Heart and Great Vessels System Pages 10-12	Amy Gruber Sean P. Roddy, MD Chief Vascular Surgery Ellis Hospital Schenectady, NY
3.	Addendum Issues (Temporary Therapeutic Endovascular Occlusion of Vessel, changing body part from thoracic aorta to abdominal aorta) Pages 13-14	Pat Brooks Rhonda Butler, 3M
4.	ICD-10 MS-DRG Update Pages 15-16	Pat Brooks
5.	ICD-10-PCS Addendum Update Plans Page 17	Pat Brooks Rhonda Butler, 3M
6.	ICD-10 HAC Translations Page 18	Celeste Beauregard
7.	ICD-10 MCE Translations Page 19	Mady Hue

Registering for the meeting:

Registration for the September 19, 2012 ICD-9-CM Coordination and Maintenance Committee will open on August 17, 2012.

Information on registering online to attend the meeting can be found at:
http://www.cms.hhs.gov/apps/events/

If dialing in you do **not** need to register online.

For questions about the registration process, please contact Mady Hue at 410-786-4510 or marilu.hue@cms.hhs.gov.

ICD-9-CM TIMELINE

A timeline of important dates in the ICD-9-CM process is described below:

September 19, 2012	ICD-9-CM Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 10, 2012.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
October 2012	Summary report of the Procedure part of the September 19, 2012 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html Summary report of the Diagnosis part of the September 19, 2012 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
October 1, 2012	New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm Procedure addendum - http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html
November 16, 2012	**Deadline for receipt of public comments on proposed code revisions discussed at the September 19, 2012 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2013.**
January 4, 2013	**Deadline for requestors: Those members of the public requesting that topics be discussed at the March 4 – 5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses by this date.**

February 2013	Draft agenda for the Procedure part of the March 4, 2013 ICD-9-CM Coordination and Maintenance Committee meeting posted on CMS homepage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html Draft agenda for the Diagnosis part of the March 5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm Federal Register notice of March 4 – 5, 2013 ICD-9-CM Coordination and Maintenance Committee Meeting will be published.
February 1, 2013	**On-line registration opens for the March 4– 5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**
March 2013	Because of increased security requirements, **those wishing to attend the March 4 – 5, 2013** ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at: **https://www.cms.gov/apps/events/default.asp** **Attendees must register online by February 22, 2013; failure to do so may result in lack of access to the meeting**.
March 4 – March 5 2013	ICD-9-CM Coordination and Maintenance Committee meeting.
April 1, 2013	There were no requests for ICD-9-CM codes to capture new technology for implementation on April 1, 2013. Therefore, there will be no new ICD-9-CM procedure codes implemented on April 1, 2013.
April 6, 2013	Deadline for receipt of public comments on proposed code revisions discussed at the March 4-5, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2013.
April 2013	Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include the final ICD-9-CM diagnosis and procedure codes for the upcoming fiscal year. It will also include proposed revisions to the

	DRG system on which the public may comment. The proposed rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
April 2013	Summary report of the Procedure part of the March 4, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html
	Summary report of the Diagnosis part of the March 5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
June 2013	Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm Procedure addendum - http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html
July 12, 2013	**Those members of the public requesting that topics be discussed at the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.**
August 1, 2013	Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include all the final codes to be implemented on October 1, 2013. This rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
August 2013	Tentative agenda for the Procedure part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage at - http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html

	Tentative agenda for the Diagnosis part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at - http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm Federal Register notice for the September 18 –19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
August 16, 2013	**On-line registration opens for the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**
September 6, 2013	Because of increased security requirements, those wishing to attend the September 18 - 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at: **https://www.cms.gov/apps/events/default.asp** **Attendees must register online by September 6, 2013; failure to do so may result in lack of access to the meeting.**
September 18 –19, 2013	ICD-9-CM Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 6, 2013.** You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.
October 2013	Summary report of the Procedure part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html Summary report of the Diagnosis part of the September 18– 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
October 1, 2013	New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows:

	Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm Procedure addendum - http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html
October 04, 2013	**Deadline for receipt of public comments on proposed code revisions discussed at the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2014.**
November 2013	Any new ICD-9-CM codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2014 will be posted on the following websites: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm
November 15, 2013	**Deadline for receipt of public comments on proposed code revisions discussed at the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2014.**

Partial Code Freeze for ICD-9-CM and ICD-10 Finalized

The ICD-9-CM Coordination and Maintenance Committee implemented a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10 which would end one year after the implementation of ICD-10. The implementation of ICD-10 was delayed from October 1, 2013 to October 1, 2014 by final rule CMS-0040-F issued on August 24, 2012. Links to this final rule may be found at http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html.)
There was considerable support for this partial freeze. The partial freeze will be implemented as follows:

• The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.

• On October 1, 2012 and October 1, 2013 there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.

• On October 1, 2014, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.

• On October 1, 2015, regular updates to ICD-10 will begin.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on and after October 1, 2015 once the partial freeze has ended.

CMS National Provider Calls

CMS hosts a variety of National Provider Calls (NPCs) to help the provider community prepare for the U.S. health care industry's change from the ICD-9-CM to ICD-10 medical coding system. All NPCs are free of charge, and you must register to participate in the live presentations. Presentation materials, written transcripts, and audio recordings from previous ICD-10 NPCs are also available.
To obtain registration information for an upcoming ICD-10 NPC or to obtain the presentation materials, written transcripts, and audio recordings from a previous event, please refer to the National Provider Calls and Events web page at http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html .

The next ICD-10 NPC will be held on October 25, 2012 and will focus on preparing physicians for the implementation of ICD-10. A practicing physician will share advice used at her hospital on educating physicians about the importance of coding and fundamentals concerning ICD-10. See the National Provider Calls and Events web page for information on registering for this call. Other past calls of interest include:

- 11-17-2011 ICD-10 Implementation Strategies and Planning National Provider Call
- 03-23-2010 Basic Introduction to ICD-10-CM National Provider Call
- 11-19-2009 ICD-10-CM/PCS Medicare Severity – Diagnosis Related Group Conversion National Provider Call

Continuing Education Credits

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC), the American Health Information Management Association (AHIMA), and the American Medical Billing Association (AMBA) for participation in CMS National Provider Conference Calls. For more information, visit the Continuing Education Credit Notification web page at http://www.cms.gov/Outreach-and-Education/Outreach/NPC/CEC_Notification.html

Expansion of Thoracic Aorta Body Part Under Heart and Great Vessels System

Issue: Should the ICD-10-PCS body part for thoracic aorta under the Heart and Great Vessels System be expanded to identify both the ascending/aortic arch and descending segments of the thoracic aorta?

New Technology Application:
No

Background:
The aorta has two basic portions: the thoracic aorta and the abdominal aorta. The diaphragm is the dividing line between the two portions. The thoracic aorta itself has three anatomic segments: the ascending aorta, the aortic arch between the two segments, and the descending thoracic aorta.

The ascending aorta runs from just above the aortic valve to just before the brachiocephalic (innominate) artery. The aortic arch gives rise to the pre-cerebral and cerebral arteries that supply the head and neck: the brachiocephalic (innominate) artery, the left common carotid artery and the left subclavian artery. The descending thoracic aorta runs from just beyond the left subclavian artery to the level of the diaphragm. Although all classed as part of the thoracic aorta, there are significant anatomic and functional differences between these three segments that greatly impact the course of treatment, surgical risk, and clinical outcomes.

Procedures involving the ascending aorta are inherently more complex and carry higher risk than procedures on the descending thoracic aorta. The ascending aorta arises directly from the aortic valve, so procedures on the ascending aorta may involve concomitant procedures on the aortic valve or, at a minimum, must avoid compromise of the valve. Because much of the ascending aorta lies within the pericardial sac, open procedures are carried out substantially within the pericardium, requiring access and subsequent repair with attendant risks including cardiac tamponade. It is also not uncommon for procedures of the ascending aorta to actively involve at least the proximal portion of the aortic arch due to the disease pathology.

Similarly, manipulating and traversing the curved configuration of the aortic arch makes procedures significantly more challenging and riskier than those on the descending thoracic aorta. Particularly in elderly patients, the aortic arch can be a highly angulated, irregular structure with complex pathology, such as the combination of aneurysm and atherosclerosis. In addition to issues associated with negotiating its structure, aortic arch procedures must factor in the origins of the pre-cerebral and cerebral arteries, preserving flow to these critical vessels while also managing the procedural risk of embolism. Variant anatomy, such as a bovine arch, can present further complexity.

In contrast, the descending thoracic aorta is a more regularly formed structure. It is not contiguous with heart structures and does not lie within the pericardial sac. Its branches, such as the esophageal artery and the intercostal arteries, present far less clinical challenge than those

supplying the brain. For these reasons, descending thoracic aorta procedures generally do not rise to the level of complexity or risk of ascending thoracic or aortic arch procedures.

There are certain procedures on the descending thoracic aorta that are now regularly performed by an endovascular approach. Because it is generally less complex, use of the endovascular approach in the thoracic aorta was pioneered in the descending portion. As the technique developed, it came to be applied to the aortic arch and ascending thoracic aorta. Although endovascular approaches can be used alone, it is common to see hybrid endovascular/open approaches for procedures in the aortic arch and ascending thoracic aorta in patients who are not candidates for conventional open chest surgery.

It should also be noted that while the left subclavian artery is anatomically part of the aortic arch, it may sometimes be addressed incidentally in descending thoracic aorta procedures. For example, when a device is placed to treat an aneurysm of the descending thoracic aorta, the origin of the left subclavian artery may be covered strictly as a means of forming an adequate landing zone for the device. In this situation, the left subclavian work is incidental to a descending thoracic artery procedure. In contrast, when procedures on the ascending aorta extend into the aortic arch, it is usually for directly therapeutic reasons related to the disease extending into the aortic arch.

Distinctly identifying procedures performed in the higher risk and more complex anatomy of the ascending aorta and aortic arch will enable more precise outcome measures and treatment analysis.

Question for the Attendees:

1. Is there adequate documentation in the medical record that clearly identifies the segment of the thoracic aorta (ascending/aortic arch or descending) that is being addressed?

Coding Options:

Option 1. Continue to code thoracic aorta as the body part under the Heart and Great Vessels system for procedures to the ascending/aortic arch and descending segments of the thoracic aorta. An example of a graft replacement of the thoracic aorta is illustrated in the following table:

Section: 0 Medical and Surgical
Body System: 2 Heart and Great Vessels
Operation: R Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	Approach	Device	Qualifier
P Pulmonary Trunk Q Pulmonary Artery, Right R Pulmonary Artery, Left S Pulmonary Vein, Right	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute 8 Zooplastic Tissue J Synthetic Substitute	Z No Qualifier

Body Part	Approach	Device	Qualifier
T Pulmonary Vein, Left V Superior Vena Cava W Thoracic Aorta		K Nonautologous Tissue Substitute	

Option 2: To uniquely identify the ascending/aortic arch and descending segments of the thoracic aorta, CMS would revise the current body part W, Thoracic Aorta to Thoracic Aorta, Ascending/Arch and create a new body part X for Thoracic Aorta, Descending, as illustrated in the table below:

Section: 0 Medical and Surgical
Body System: 2 Heart and Great Vessels
Operation: R Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	Approach	Device	Qualifier
P Pulmonary Trunk Q Pulmonary Artery, Right R Pulmonary Artery, Left S Pulmonary Vein, Right T Pulmonary Vein, Left V Superior Vena Cava W Thoracic Aorta, Ascending/Arch X Thoracic Aorta, Descending	0 Open 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute 8 Zooplastic Tissue J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

This option would create 122 new codes under the Heart and Great Vessels body system for the following 12 root operations: Bypass, Destruction, Dilation, Excision, Extirpation, Insertion, Release, Repair, Replacement, Reposition, Supplement, and Restriction.

CMS Recommendation:

Option 2. As outlined above.

Interim Coding:

Continue to code thoracic aorta as the body part under the Heart and Great Vessels system for procedures to the ascending/aortic arch and descending segments of the thoracic aorta.

Temporary Therapeutic Endovascular Occlusion of Vessel

Issue: New ICD-9-CM procedure code 39.77 (Temporary (partial) therapeutic endovascular occlusion of vessel) was created on October 1, 2012 to classify procedures in which the abdominal aorta is partially occluded via an endovascular balloon catheter. This treatment is for patients with cerebral ischemia. Comparable updates were made to ICD-10-PCS on table 02V involving the use of qualifier J-Temporary added under the body system 2-Heart and Great Vessels, root operation V – Restriction, and body part value W-Thoracic Aorta. The ICD-10-PCS selection of body part value was based on the description of the procedure in the original proposal, which described the site of the device as the descending aorta, which typically refers to the descending portion of the thoracic aorta. In fact, the catheter inserted as part of the procedure is inserted into the abdominal aorta, not the thoracic aorta, with balloons just above and just below the renal arteries. Therefore, the insertion of the qualifier J-Temporary should have been added to the Table 04V so that it can be coded with body system 4-Lower Arteries, root operation V-Restriction and body part 0-Abdominal Aorta.

New Technology Application? No.

Food & Drug Administration (FDA) Approval: The FDA approved the CoAxia NeuroFlo™ Catheter device under the Humanitarian Device Exemption (HDE) program. According to the FDA's approval letter, "This device is indicated for the treatment of cerebral ischemia resulting from symptomatic vasospasm following aneurismal subarachnoid hemorrhage, secured by either surgical or endovascular intervention for patients who have failed maximal medical management."

Background: According to the FDA web site, the NeuroFlo™ Catheter is a potential treatment for victims of ischemic stroke who have not responded to other forms of treatment. The catheter is inserted through the femoral artery and into the abdominal aorta where it uses balloons to partially restrict blood flow, diverting flow from the lower extremities to the cerebral collaterals. The assumption is that this may improve neurologic outcomes in these patients. Initial efficacy studies are still pending.

Current Coding:

0 Medical and Surgical
2 Heart and Great Vessels
V Restriction: Partially closing an orifice or the lumen of a tubular body part

Body Part	Approach	Device	Qualifier
W Thoracic Aorta	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	D Intraluminal Device	J Temporary

Coding Options:
Option 1: Do not change ICD-10-PCS table 02V involving the use of qualifier J-Temporary under the body system 2-Heart and Great Vessels and body part value W-Thoracic Aorta.

Option 2: Modify the ICD-10-PCS table as follows to recognize that the catheter is inserted into the abdominal aorta, not the thoracic aorta.

0 Medical and Surgical
2 Heart and Great Vessels
V Restriction: Partially closing an orifice or the lumen of a tubular body part

Body Part	Approach	Device	Qualifier
W Thoracic Aorta	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	D Intraluminal Device	**Delete** ~~J Temporary~~ Z No Qualifier

0 Medical and Surgical
4 Upper Arteries
V Restriction: Partially closing an orifice or the lumen of a tubular body part

Body Part	Approach	Device	Qualifier
0 Abdominal Aorta	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	D Intraluminal Device	**Add** J Temporary Z No Qualifier

CMS Recommendation:
CMS recommends Option 2. Modify the ICD-10-PCS table to recognize that the catheter is inserted into the abdominal aorta, not the thoracic aorta. This update would be made after the partial code freeze ends – one year after the implementation of ICD-10.

ICD-10 MS-DRG Conversion Project Updates

Information on the ICD-10 MS-DRG conversion project can be found at http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html. The final version of the ICD-10 MS-DRGs will be subject to rulemaking. CMS welcomes comments on the ICD-10 MS-DRG conversion project updates.

Planned updates and deliverables

November 2012:	v30 ICD-10 MS-DRG Definitions Manual Summary of changes from v29 to v30
Early 2013:	Mainframe and PC version of v30 ICD-10 MS-DRG software available through NTIS

Posted documents and information on ordering v30 software will be posted at http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html

2013 ICD-10-PCS Postings

The 2013 ICD-10-PCS Reference Manual was reformatted and updated so that it passed 508 compliance requirements. The updated manual is posted at http://www.cms.gov/Medicare/Coding/ICD10/2013-ICD-10-PCS-GEMs.html

ICD-10 MS-DRG and MCE v30 Updates

ICD-10 Medicare Severity Diagnosis Related Groups (MS-DRG) v30

The update to the ICD-10 MS-DRG v30 software will include the following:

- Changes outlined in the "Summary of Changes" document for ICD-10 MS-DRG v29
- All logic changes for ICD-9 MS-DRG v30 published in the FY2013 IPPS final rule
- Addition of new FY2013 ICD-10 diagnoses and procedure codes
- Removal of deleted FY2013 ICD-10 diagnoses codes
- Changes based on evaluation of comments sent to CMS
- Changes based on internal and BETA site review

All changes provided in the MS-DRG software will be documented in the "ICD-10 MS-DRG v30 Summary of Changes" document and Definitions Manual.

ICD-10 Medicare Code Editor (MCE) v30

The update to the ICD-10 MCE v30 software will include the following:

- Changes outlined in the "Definitions of Medicare Code Edits" user manual for ICD-10 MCE v29
- All changes for ICD-9 MCE v30 published in the FY2013 IPPS final rule
- Addition of new FY2013 ICD-10 diagnoses to appropriate edits
- Removal of deleted FY2013 ICD-10 diagnoses from assigned edits
- Changes to several code lists based on industry comments

All changes provided in the MCE software will be documented in the "ICD-10 Definitions of Medicare Code Edits" user manual.

ICD-10-PCS Addendum Update

ICD-10-PCS Addenda

ICD-10-PCS provides computer generated addenda files in both PDF and text format that identify changes to the ICD-10-PCS tables. A comprehensive report of changes for all three source files (tables, index, definitions) at the level of detail suitable for technical developers can be obtained by using one of the many file comparison tools to compare the updated XML files with the previous year's version.

CMS has historically not produced detailed addenda for the ICD-10-PCS Index files or the Definitions files during the initial period of ICD-10-PCS development. CMS provided examples of the kinds of changes from year to year in the What's New PDF document. CMS is undertaking the development of a more detailed addendum for future updates. Announcements concerning the more detailed addendum will be made at the March 2013 ICD-9-CM Coordination and Maintenance Committee meeting. CMS welcomes input from users and software developers concerning the ICD-10-PCS addendum.

General Explanation of ICD-10-PCS Content

The complete, official ICD-10-PCS content (tables, index, definitions) is published in XML format, in response to overwhelming industry demand for a standard electronic format that allows vendors and developers of ICD-10-PCS based systems to efficiently and accurately represent ICD-10-PCS content in their products or integrate the content into their systems as needed. XML is the official representation of ICD-10-PCS. It includes all of the necessary information in a standard, accessible electronic format, with accompanying XSD schema files that define the elements of the XML files.

ICD-10-PCS is made available in a consolidated PDF file as well, for convenient public review. The PDF is generated from the XML. Because the PDF file is *derived from* the constituent source XML files, it is not recommended as the source for developing products and applications.

Annual generation of ICD-10-PCS tables

The annual generation of the ICD-10-PCS tables is accomplished using computer algorithms to represent the valid combination of values in the most efficient representation possible (i.e., the fewest number of rows). Shifting of a row boundary itself is an *effect* of a change to the ICD-10-PCS that is fully documented by the existing table addenda in the form of a new value, or the expanded use of a value within the table. A shift in the position of a table row is not in itself a change to ICD-10-PCS. The definition of a table row is fully specified in the source XML files. Therefore, any change in the position of a table row from one year to the next can be obtained by comparing the XML files between the two years.

FY 2013 New Hospital Acquired Condition (HAC) ICD-9-CM Codes Conversion to ICD-10-CM/PCS

Information on the v29 HAC conversion to ICD-10-CM/PCS is part of the ICD-10 MS-DRG Conversion Project which can be found at http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html in Appendix I 'Hospital Acquired Conditions (HACs) List'.

As discussed previously we will have the v30 HAC conversion to ICD-10-CM/PCS, which will include the FY 2013 new HACs, also located at the following CMS webpage http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html in Appendix I 'Hospital Acquired Conditions (HACs) List'.

We encourage the public to review these translations and to submit comments on these translations. A CMS ICD-10-CM/PCS HAC Translation Feedback Mailbox has been set up for this purpose. This feedback link is titled 'CMS HAC Feedback' and is located on the HAC website under the ICD-10-CM/PCS HACs List link on the left side of the page at the following link: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html. Again we welcome all input on these HAC translations into ICD-10-CM/PCS.

We also continue to encourage the public to review the educational materials and draft code sets currently available for ICD-10-CM/PCS at the CMS Web site at: http://www.cms.gov/ICD10/. In addition, the ICD-10-CM coding guidelines can be viewed on the CDC Web site at http://www.cdc.gov/nchs/icd/icd10cm.htm.

ICD-10 MCE Translations

The Medicare Code Editor (MCE) has been translated to ICD-10 codes and contains the updates to match the ICD-9-CM version 30 that becomes effective October 1, 2012 (FY 2013).

As of June 2012, version 29 of the ICD-10 MCE has been available for review and comment on the CMS ICD-10 MS-DRG Conversion Project webpage located at the following link: http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html

The version 30 MCE will become available in November 2012 and will be posted on the same CMS webpage: http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html

We welcome public comments on this part of the ICD-10 conversions. Just as we are accepting comments on the DRG and HAC List Conversion, we encourage and welcome comments on the MCE conversions as well.

Comments on the version 30 ICD-10 MCE translations can be sent electronically to Mady Hue at the following e-mail address: Marilu.Hue@cms.hhs.gov