

ICD-9-CM Coordination and Maintenance Committee Meeting



Marc Hartstein, Director, Hospital and Ambulatory Policy Group

March 5, 2013



ICD-9-CM Coordination and Maintenance Committee Meeting



*Pat Brooks
CMS Co-Chairman*

March 5, 2013

Introductions & Overview

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

Introductions & Overview

- No final decisions made at the meeting
- Public can submit written comments after the meeting
- ICD-9-CM procedure code topics discussed today are for implementation on October 1, 2013
 - Any comparable ICD-10-PCS updates would also be implemented October 1, 2013

Introductions & Overview

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

Introductions & Overview

- New name - ICD-10 Coordination & Maintenance Committee as of the March 2014 meeting
 - At that meeting only ICD-10 issues will be addressed

Introductions & Overview

- Detailed timeline within the C&M handouts
 - April 6, 2013 - Comments due on topics presented today
 - Procedure comments to Pat Brooks, CMS
patricia.brooks2@cms.hhs.gov
 - Diagnosis comments to Donna Pickett, CDC
nchsicd9@cdc.gov
 - April 2013 - Notice of Proposed Rulemaking, IPPS, includes ICD-9-CM diagnosis and procedure updates (but not those from today's meeting)

Introductions & Overview

- 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
- Procedure addendum - <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html>

Introductions & Overview


- Detailed timeline within the C&M handouts (Continued)
 - July 12, 2013 – Deadline for submitting topics for September 18-19, 2013 C&M meeting
 - August 1, 2013 – IPPS final rule published. Includes all final ICD-9-CM codes to be implemented October 1, 2013.

Introductions & Overview

- Detailed timeline within the C&M handouts (Continued)
 - August 2013 – Tentative agenda for September 18-19, 2013 C&M meeting on CMS and CDC websites
 - August 16, 2013 – On-line registration opens for September C&M meeting
 - September 18-19, 2013 – C&M meeting

Introductions & Overview

- 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



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



ICD-10 Implementation Announcements



*Geanelle Herring, CMS
Health Insurance Specialist*

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

March 5, 2013

ICD-10/5010 Implementation

1. CMS set the October 1, 2014 deadline for the ICD-10 transition based on industry feedback.
2. ICD-10 is a linchpin of our work to transform the nation's health care system with the power of eHealth technologies and programs.
3. While CMS has HIPAA enforcement authority, our goal is to work with industry toward a successful ICD-10 transition, not to impose penalties.
4. CMS encourages everyone covered by HIPAA to ensure that their electronic health care administrative transactions are Version 5010 compliant.
5. Everyone should allow at least a year for testing with your business trading partners.
6. Now is the time to get ICD-10 compliant systems in place.
7. Vendors and their customers need to discuss ICD-10 with one another right away if they have not done so already

ICD-10 Resources

- ICD-10 checklists, timelines and other resources are available on the CMS ICD-10 website at **cms.gov/ICD10**
- Subscribe to the CMS **ICD-10 Email Update** for weekly news and updates on resources and events, including step-by-step guidance for making the transition to ICD-10

**[http://cms.gov/Medicare/Coding/ICD10/CMS
ICD-10 Industry Email Updates.html](http://cms.gov/Medicare/Coding/ICD10/CMS_ICD-10_Industry_Email_Updates.html)**



ICD-10 Implementation Announcements



Pat Brooks, CMS

Senior Technical Advisor

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

March 5, 2013

ICD-10 Updates

- CMS will provide a variety of ICD-10 updates during this meeting
 - Updates on ICD-10 implementation issues
 - Availability of ICD-10 MS-DRG v30 mainframe and PC software
 - Updates on ICD-10 conversions of National Coverage Determinations
 - Updated impact analysis of ICD-10 MS-DRGs

ICD-10 Updates

- ICD-10 POA Exempt List updates
- New ICD-10-PCS addendum format

ICD-9-CM and ICD-10-PCS Topics

- Three ICD-9-CM topics considered for October 1, 2013 implementation
 - Any comparable ICD-10-PCS updates would also be considered for October 1, 2013 implementation
- At the conclusion of the procedure topics, CDC will then begin their part of the meeting on diagnosis issues

Availability of ICD-10 Definitions Manuals and Summary of Changes

- MS-DRG V30.0 ICD-10 Definitions Manual
 - Available in text and HTML versions
- MS-DRG V30.0 ICD-10 “Summary of Changes”
- ICD-10 Definitions of Medicare Code Edits

– Posted on ICD-10 website at
<http://www.cms.gov/ICD10>



ICD-10 MS-DRG Software Update



Pat Brooks, CMS

March 5, 2013

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

Availability of Mainframe and PC Software via NTIS

- MS-DRG v30 ICD-10 Mainframe Software
- MCE v30 ICD-10 Mainframe Software
- MSG/MCE v30 ICD-10 PC software

- Available via NTIS at:
 - <http://www.ntis.gov/products/cms-medicare.aspx>

- Links on CMS website at under Related Links at:
 - <http://cms.hhs.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html>

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 FY 2015 inpatient payments will not be available until the IPPS final rule for FY 2015 is issued.



Update on National Coverage Determinations and ICD-10



*Janet Anderson Brock, Director
Division of Operations and
Information Management
Coverage and Analysis Group
Center for Clinical Standards and
Quality, CMS*

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

March 5, 2013

Local Coverage Determinations

- Local coverage determinations (LCDs) are those decisions made by the individual MAC
- These determinations are usually jurisdictionally based
- Each individual MAC is responsible for converting the ICD-9 codes to ICD-10 codes in their LCDs

National Coverage Determinations

- National Coverage Determinations (NCDs) are those decisions made by CMS and applied by each MAC at a national level
 - CMS is responsible for converting the ICD-9 codes to ICD-10 codes in selected NCDs
 - There are approximately 330 NCDs, spanning a range of vintages
 - Not all NCDs are appropriate for translation
 - Non-coverage NCDs that employ edits based on HCPCS
 - Older NCDs on obsolete technology or are generally considered outdated
 - CMS has determined which NCDs should be translated, and we are in the process of completing the systems changes for those NCDs.

National Coverage Determinations

CMS transmittals and MLN Matters® Articles are the vehicles used to communicate information regarding NCD translations.

Inquiries related to NCD translations can be sent to the following mailbox:

CAGinquiries@cms.hhs.gov

Please put ICD-10 in the subject line

Links related to NCD ICD-10 conversions (as of 2/22/2013)

(To open a document, right click on any Transmittal # or Download then select "Open Hyperlink")

Transmittal	Issue Date	Subject	CR#	Downloads
Coming soon	Coming soon	International Classification of Diseases (ICD)-10 Conversion from ICD-9 of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR 3 of 3) (ICD-10) -31 NCDs 20.16, 20.30, 20.31, 20.31.1, 20.31.2, 20.4, 20.7, 20.8, 40.1, 40.7, 50.3, 100.14, 110.4, 110.8.1, 150.10, 180.1, 190.1, 190.11, 190.3, 190.5, 190.8, 210.10, 210.2, 210.4, 210.4.1, 210.7, 220.4, 220.6.16, 220.6.19, 260.1, 260.9	8197	Pending release
R1174OTN	2/1/2013	Changes to the Laboratory National Coverage Determination (NCD) Software for ICD-10- 22 NCDs 190.12-190.34	8202	R1174OTN [PDF, 81KB] R1174OTN [ZIP, 641KB]
R2641CP	1/29/2013	Bariatric Surgery for the Treatment of Morbid Obesity National Coverage Determination, Addition of Laparoscopic Sleeve Gastrectomy (LSG)- NCD 100.1	8028	R2641CP [PDF, 186KB] MM8028 [PDF, 104KB]
R1165OTN	1/18/2013	International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR 2 of 3)- 11 NCDs 20.16, 20.20, 20.29, 20.9, 90.1, 210.1, 210.3, 260.1, 260.3.1, 260.5, 270.1	8109	R1165OTN [PDF, 1MB] MM8109 [PDF, 106KB]
R2628CP and R147NCD	1/7/2013 and 9/24/2012	Transcatheter Aortic Valve Replacement (TAVR) Coding Update/Policy Clarification- NCD 20.32 and National Coverage Determination (NCD) for Transcatheter Aortic Valve Replacement (TAVR) -NCD 20.32	8168 and 7897	R2628CP [PDF, 99KB] MM8168 [PDF, 98KB] and R147NCD [PDF, 154KB] MM7897 [PDF, 135KB]

Links related to NCD ICD-10 conversions (as of 2/22/2013) con't.
(To open a document, right click on any Transmittal # or Download then select "Open Hyperlink")

Transmittal	Issue Date	Subject	CR#	Downloads
R2605CP	11/30/2012	Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP)- NCD 160.27	7836	R149NCD [PDF, 102KB]
R2551CP and R143NCD	9/24/2012 and 5/18/2012	Extracorporeal Photopheresis (ICD-10) NCD 110.4 and Extracorporeal Photopheresis (ICD-10) NCD 110.4	7806	R2551CP [PDF, 163KB] MM7806 [PDF, 120KB] and R143NCD [PDF, 113KB] MM7806 [PDF, 120KB]
R1122OTN	9/14/2012	International Classification of Diseases (ICD)-10 Conversion from ICD-9 of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR 1 of 3) (ICD-10) 19 NCDs: 20.19, 20.5, 70.2.1, 80.11, 80.2, 80.2.1, 80.3, 80.3.1, 110.10, 110.21, 110.4, 150.3, 160.18, 160.24, 220.13, 230.9, 250.3, 250.4, 250.5	7818	R1122OTN [PDF, 72KB] R1122OTN1 [ZIP, 314KB] MM7818 [PDF, 101KB]
R2476CP	5/23/2012	Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs (ICD-10)- NCD 210.10	7610	R2476CP [PDF, 469KB]
R2465CP	5/11/2012	Assigned Codes for Home Oxygen Use for Cluster Headache (CH) in a Clinical Trial (ICD-10) - NCD 240.2.2	7820	R2465CP [PDF, 116KB] MM7820 [PDF, 115KB]
R2421CP	3/7/2012	Intensive Behavioral Therapy for Obesity - NCD 210.12	7641	R2421CP [PDF, 295KB] MM7641 [PDF, 147KB]
R133NCD	7/8/2011	Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer- NCD 110.22	7431	R133NCD [PDF, 67KB] MM7431.pdf [PDF, 123KB]



Estimating the Impact of the Transition to ICD-10 on Medicare Inpatient Hospital Payments



*ICD-9-CM Coordination
and Maintenance
Committee*

*Ron Mills, 3M HIS
March 5, 2013*

Objective

- To estimate the impact on aggregate IPPS MS-DRG payments to hospitals due to the transition to ICD-10
 - Update of September 2010 C&M presentation
 - Discussion of reimbursement map replaced with discussion of reasons for MS-DRG shifts
 - Discussion of hospital-type specific results replaced with discussion of sensitivity to coding and case mix
 - New results using MS-DRG v30

Disclaimer

- MS-DRG v32 (FY2015 using ICD-10) will be subject to rule-making.
- These are estimates based on MS-DRG v30, FY2013 weights, and a “replicated” ICD-10 grouper (as much like ICD-9 as possible)
- Estimates use weights only – no provision for outliers, short stays or other adjustments

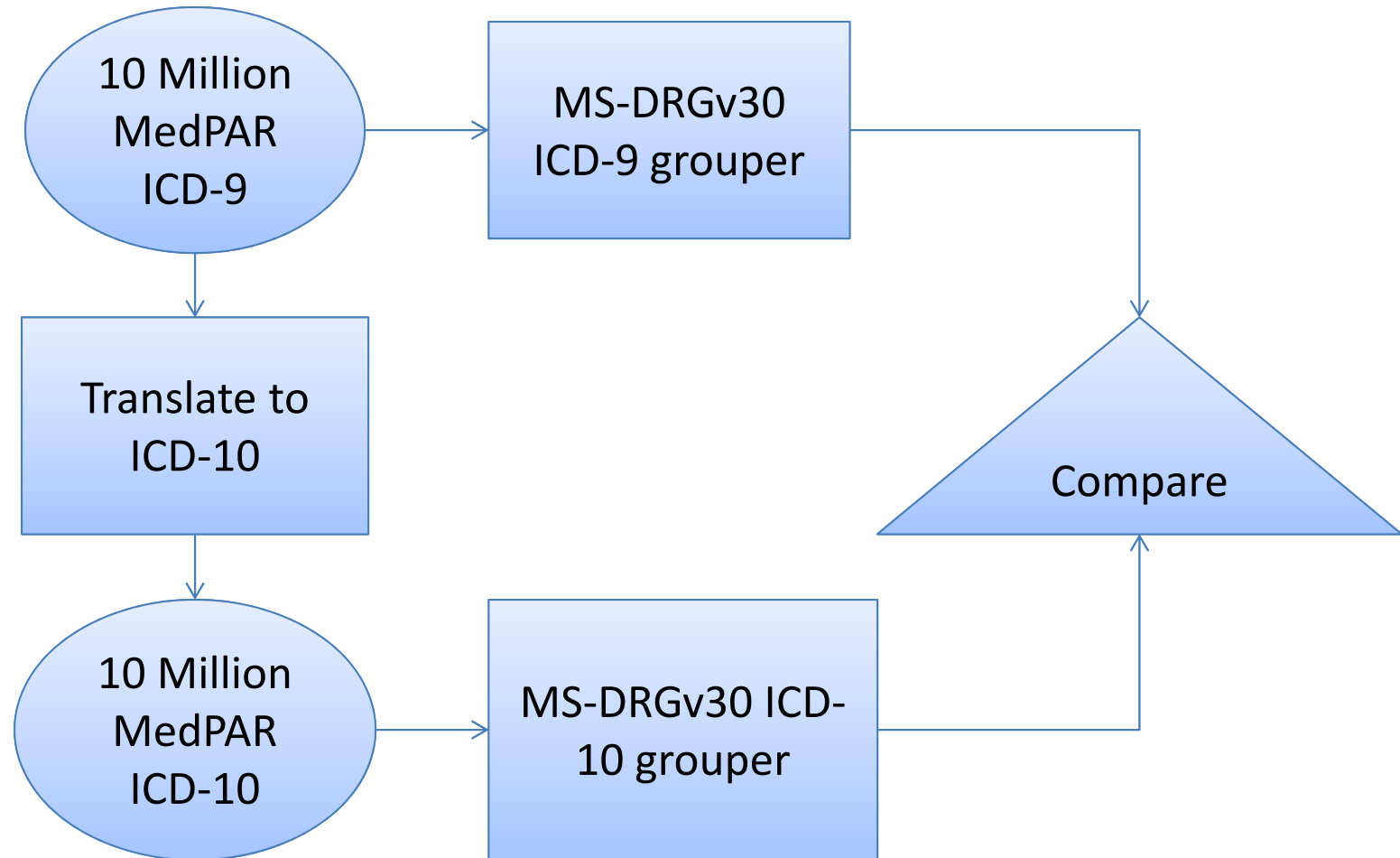
Article Describing Impact

- Estimating the Impact of the Transition to ICD-10 on Medicare Inpatient Hospital Payments
- <http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html> (First zipped documents under Downloads)

How estimates made

1. 10 million MedPAR records coded in ICD-9
2. Group using ICD-9 MS-DRG v30
3. Mechanically convert records to ICD-10
4. Group using ICD-10 MS-DRG v30 grouper
5. Compare results using FY2013 weights

How estimates made



Terminology

- “DRG shift”
 - When the MS-DRG from a record coded in ICD-9 is different from the MS-DRG from the same record coded in ICD-10
- Problem of tiny amounts
 - Weight change of 0.01% easy to misinterpret
 - 1/10000th
 - “One penny per \$100 of reimbursement”

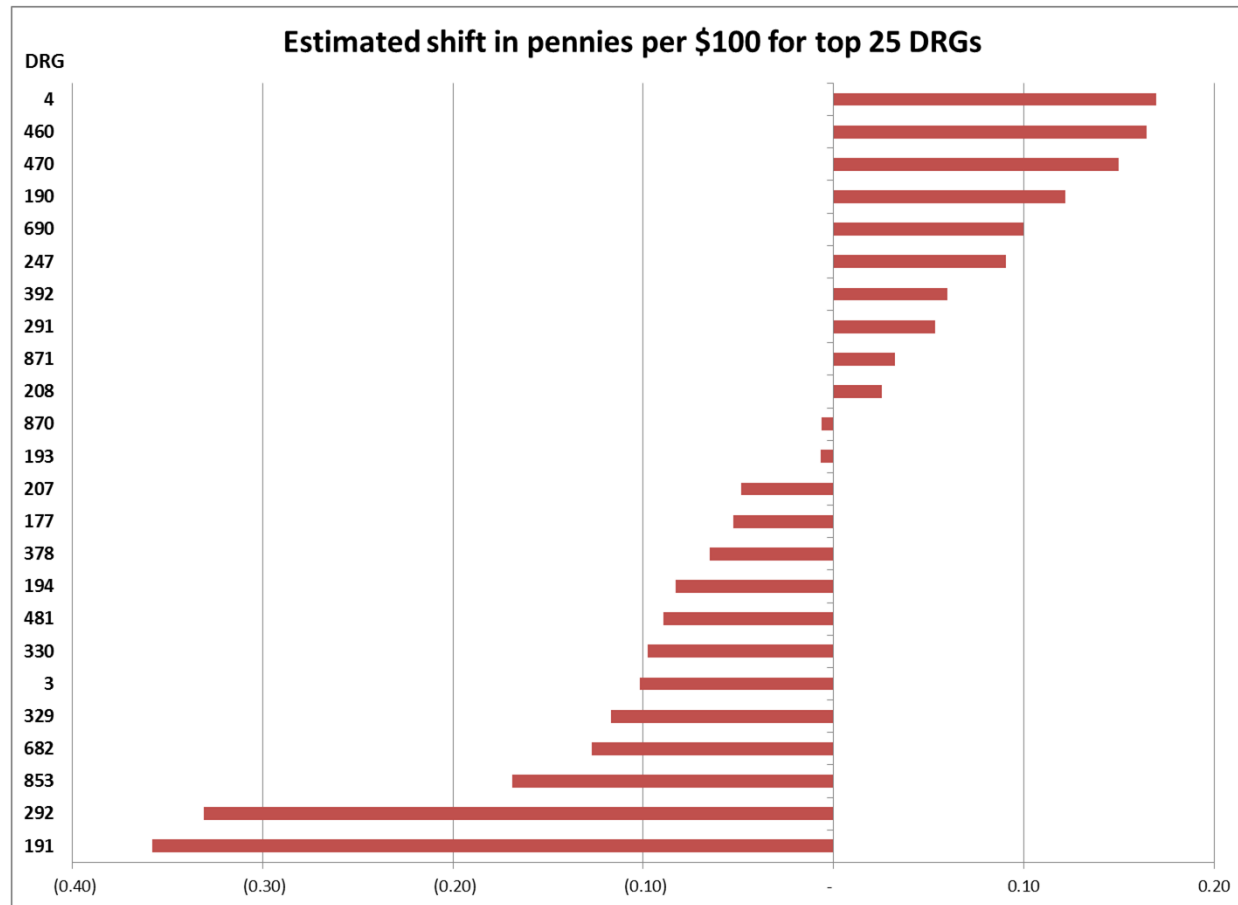
MS-DRG v30 Results

- 99% no change in MS-DRG
- DRG shifts on 1% of the records
 - 45% of the shifts to higher weight DRGs
 - 55% of the shifts to lower weight DRGs
- Net impact across all DRGs:
 - Reduction by 4/10000th or
 - Minus 4 pennies per \$100

Anatomy of net impact

- 10 million MedPAR sample:
 - Total for negative shifts: -14 cents per \$100
 - Total for positive shifts: +10 cents per \$100
 - Net: -4 cents per \$100
- Net change for an institution?
 - Depends on case mix and coding habits

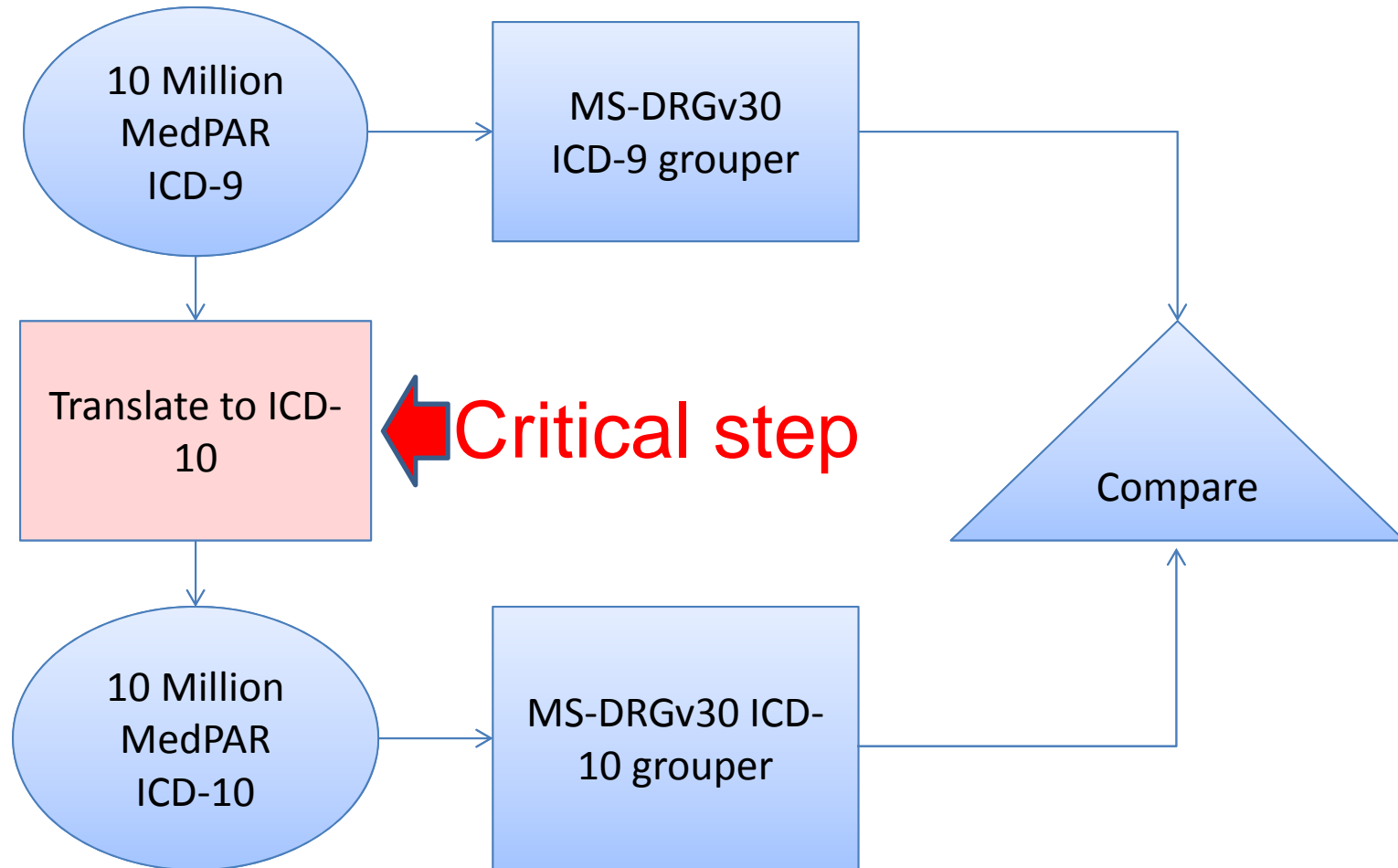
Influence of case mix



Results

These results are very sensitive
to the quality of the ICD-10
coding

Area of greatest sensitivity



Translation intentions

- “What would the coder do?”
- Using the information in the ICD-9 codes, correctly code the record in ICD-10
- Ignore the MS-DRG logic
- A coder with access to the original medical record can often do a better job

Impact of translation techniques

Translation technique	DRG shifts
Translation as performed.	1.0%
Do not look for groups of ICD-9 codes that translate into single ICD-10 codes	3.1%
Do not add procedures where appropriate to reflect procedural information in ICD-9 diagnoses which ICD-10 does not have.	3.5%
When the GEMs translate one ICD-9 code into two or more ICD-10 codes (a “cluster”) to get the same meaning, put <i>only one of</i> the ICD-10 codes in the cluster on the record. Quick and easy – one ICD-10 code for each ICD-9 code.	4.5%

Groupers

Why can't the ICD-10 grouper be made to behave exactly like the ICD-9 grouper?

Unavoidable differences

- Myth:
 - ICD-10 just adds detail to ICD-9
- Reality:
 - Distinctions no longer in common use have been removed from ICD-10.
 - Some areas (e.g. OB) use a different approach to classification.
 - ICD-10-PCS procedure codes have no diagnostic content.
 - Some coding guidelines have changed.

How shifts were minimized

- When an ICD-10 code contains conditions previously classified in different ICD-9 codes:
 - Treat the ICD-10 code like the more frequently occurring ICD-9 code
 - Cases which use the less frequent ICD-9 code now become shifts
- Example: **F32.9**, Major depression, unspecified
 - **311** Depressive disorder, NEC
 - **296.20** Major depression, unspecified (a CC)

Common MS-DRG shifts

- 40% of shifts to lower weight MS-DRGs come from losing a CC or MCC
- 75% of shifts to higher weight MS-DRGs come from gaining a CC or MCC

Top 10 MS-DRG shifts (1-5)

DRG	Description	+/-	Reason
812	Red blood cell disorders w/o MCC	Pos	Change in coding guidelines for anemia
981	Extensive O.R. procedure unrelated to principal diagnosis w/MCC	Neg	Mostly MCC loss. Sometimes more detailed ICD-10 can better relate procedure to diagnoses
391	Esophagitis, gastroent & misc digest disorders w MCC	Neg	K22.8 Other diseases of esophagus, treated like 530.89 (not an MCC) instead of 530.82 (MCC).
885	Psychoses	Neg	F32.9 , Major depression, unspecified, treated like 311 Depression NEC instead of 296.20 (a CC).
066	Intracranial hemorrhage or cerebral infarction w/o CC/MCC	Pos	I63.59 , Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery, treated like 433.81 (not excluded as CC) instead of 433.31 (excluded as CC)

Top 10 MS-DRG shifts (6-10)

DRG	Description	+/-	Reason
191	Chronic obstructive pulmonary disease with CC	Neg	ICD-10 does not differentiate sub-types of COPD the way ICD-9 does. J44.1 , COPD with exacerbation, treated like more common non-CCs. Better documentation and coding of the cause of the COPD exacerbation (e.g. pneumonia) can bring back the CC or MCC.
011	Tracheostomy for face, mouth and neck diagnoses with MCC	Pos	Tracheostomy was included in ICD-9 procedure 304 , Radical laryngectomy, but is coded separately in ICD-10.
974	HIV with major related condition and MCC	Neg	In ICD-10 A41 sepsis codes treated like 995.91 , excluded as MCC for 974.
292	Heart failure and shock with CC	Neg	Hypertension in ICD-10 no longer has malignant/benign distinction. Coding of the specific manifestation that led in ICD-9 to the “malignant” determination will often justify a CC.
037	Extracranial procedures with MCC	Pos	See slide 46 for MS-DRG 066

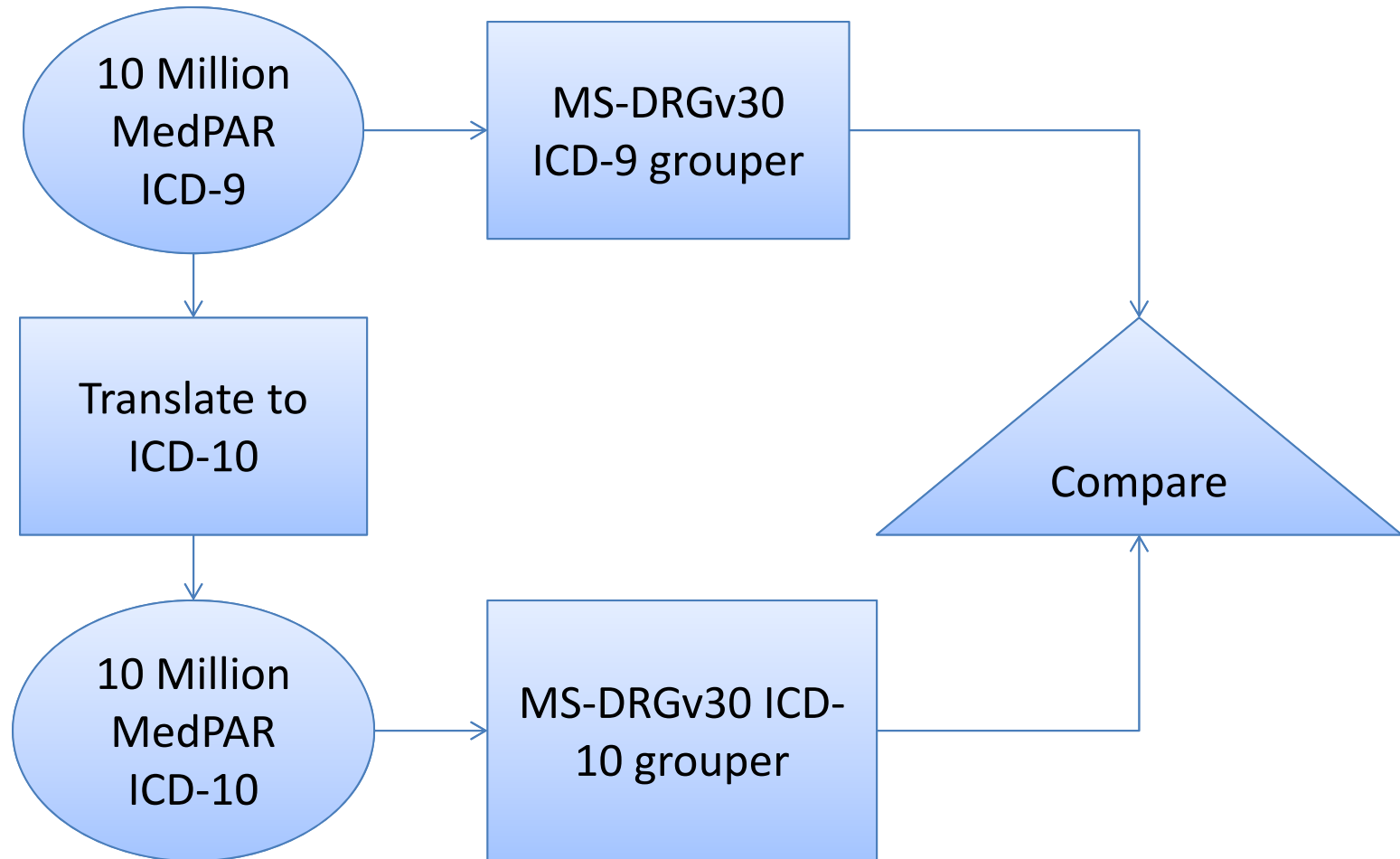
Lessons learned

- If you do an analysis like this with your own data, pay close attention to the mechanism you use to translate from ICD-9 to ICD-10.
- Documentation improvement targeted only on new ICD-10 detail may be useful in the long run, but may not help much with first year MS-DRG reimbursement.
- What will help is general documentation improvement in areas that are not fully coded now, especially where there are differences in the classifications.

Some good news

- Anecdotal evidence from some institutions which have dual coded ICD-9 and ICD-10, or have re-coded in ICD-10 records with apparent MS-DRG shifts:
 - Coder coded records are less likely to change their MS-DRG from ICD-9 to ICD-10
 - When the day comes, net reimbursement impact may be less than that estimated here.

Questions





ICD-10 HAC and POA List



Celeste Beauregard, CMS

March 5, 2013

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

- Information on the V30 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

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

- An ICD-10-CM/PCS HAC Translation Feedback Mailbox has been set up for receiving comments.
- The feedback link is titled “CMS HAC Feedback” and is located on the CMS HAC webpage http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html

ICD-10 POA Exempt List

The FY 2013 ICD-10 POA Exempt List is posted to
the CMS website

<http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Coding.html>



ICD-10-PCS Addenda Update



Rhonda Butler, 3M

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

March 5, 2013

New and Deleted Codes

- Three new codes added and three codes deleted, effective October 1, 2013
- Proposed at September 2012 C&M meeting
 - New codes
 - 04V00DJ Restriction of Abdominal Aorta with Temporary Intraluminal Device, Open Approach
 - 04V03DJ Restriction of Abdominal Aorta with Temporary Intraluminal Device, Percutaneous Approach
 - 04V04DJ Restriction of Abdominal Aorta with Temporary Intraluminal Device, Percutaneous Endoscopic Approach

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	J Temporary

Deleted Codes

- 02VW0DJ Restriction of Thoracic Aorta with Intraluminal Device, Temporary, Open Approach
- 02VW3DJ Restriction of Thoracic Aorta with Intraluminal Device, Temporary, Percutaneous Approach
- 02VW4DJ Restriction of Thoracic Aorta with Intraluminal Device, Temporary, Percutaneous Endoscopic Approach

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

Revised ICD-10-PCS Section Title

- In response to public comment
- Change the Radiation Oncology section title
 - Current title: Radiation Oncology
 - Revised title: Radiation Therapy
- Allows codes to be used for radiation therapy procedures regardless of the diagnosis

ICD-10-PCS Addenda Format for Annual Update—Index and Definitions

- CMS received public comment requesting a more detailed set of addenda for the Index and Definitions files for future updates
- Development currently underway
- Will be posted in both PDF and text file formats

ICD-10-PCS Addenda Format for Annual Update—Production Process

- The files will be produced using an automated process
- Must meet federal accessibility requirements (508c compliance standards)
- PDF file for individual users who want to review the changes made
- Text file format for technical users
 - machine readable file
 - uses a separate term to identify each element defined in the source content

Index Addenda

PDF Example

Index Addenda, PDF example

(addenda entries beginning with D)

Blank line

No change

D

Add

Distal humerus

Add

use Humeral Shaft, Right

Add

use Humeral Shaft, Left

Add

Distal humerus, involving joint

Add

use Joint, Elbow, Right

Add

use Joint, Elbow, Left

Add

Driver stent (RX) (OTW) *use Intraluminal Device*

Blank line

Index Addenda

Text Example

Index Addenda, Text example (addenda entries beginning with D)

Lttr	D	
Main	Add	Distal humerus
	Add	use Humeral Shaft, Right
	Add	use Humeral Shaft, Left
Main	Add	Distal humerus, involving joint
	Add	use Joint, Elbow, Right
	Add	use Joint, Elbow, Left
Main	Add	Driver stent (RX) (OTW) use Intraluminal Device

Definitions Addenda PDF Example

Definitions Addenda, PDF example (Device definitions addenda in E-I)

No change	Extraluminal Device	
Revise from		LAP-BAND® Adjustable Gastric Banding System
Revise to		LAP-BAND® adjustable gastric banding system
Delete	Hearing Device, Bone Conduction in Head and Facial Bones	Bone anchored hearing device
Add	Hearing Device in Head and Facial Bones	Bone anchored hearing device
No change	Infusion Device	
Add		InDura, intrathecal catheter (1P) (spinal)
Add		Tunneled spinal (intrathecal) catheter

Definitions Addenda

Text Example

Definitions Addenda, Text example (Device definitions addenda in E-I)

Row

Term Extraluminal Device

Includes Revise from LAP-BAND® Adjustable Gastric Banding System

Includes Revise to LAP-BAND® adjustable gastric banding system

Row Delete

Term Delete Hearing Device, Bone Conduction in Head and Facial Bones

Includes Delete Bone anchored hearing device

Row Add

Term Add Hearing Device in Head and Facial Bones

Includes Add Bone anchored hearing device



Infusion of 4-Factor Prothrombin Complex Concentrate (4F-PCC)

Amy Gruber, CMS

March 5, 2013



ICD-9-CM Procedure Coding Options:

- Option 1. Continue to assign code 99.06, Transfusion of coagulation factors, for the Infusion of 4-Factor Prothrombin Complex Concentrate (4F-PCC).
- Option 2. Create a new code under subcategory 00.9, Other procedures and interventions, to uniquely capture the Infusion of 4-Factor Prothrombin Complex Concentrate (4F- PCC).

Option 2 (con't):

- New code 00.96
Infusion of 4-Factor Prothrombin Complex
Concentrate

Infusion of 4F-PCC

Excludes:

transfusion of coagulation factors (99.06)

transfusion of Factor IX complex (99.06)

CMS Recommendation:

Option 2. As described above.

In the interim, continue to assign code 99.06, Transfusion of coagulation factors for the infusion of 4-Factor Prothrombin Complex Concentrate (4F-PCC).

ICD-10-PCS Coding Options:

- Option 1. Continue to assign one of the following ICD-10-PCS codes under section 3 - Administration, body system 0 – Circulatory, operation 2 – Transfusion, for the Infusion of 4-Factor Prothrombin Complex Concentrate (4F-PCC).
- **30230W1** Transfusion of Nonautologous Factor IX into Peripheral Vein, Open Approach
- **30233W1** Transfusion of Nonautologous Factor IX into Peripheral Vein, Percutaneous Approach

Option 1 (con't):

- **30240W1** Transfusion of Nonautologous Factor IX into Central Vein, Open Approach
- **30243W1** Transfusion of Nonautologous Factor IX into Central Vein, Percutaneous Approach
- **30250W1** Transfusion of Nonautologous Factor IX into Peripheral Artery, Open Approach
- **30253W1** Transfusion of Nonautologous Factor IX into Peripheral Artery, Percutaneous Approach
- **30260W1** Transfusion of Nonautologous Factor IX into Central Artery, Open Approach
- **30263W1** Transfusion of Nonautologous Factor IX into Central Artery, Percutaneous Approach

Option 2:

- Option 2. Create a new substance, B, 4-Factor Prothrombin Complex Concentrate, under section 3 - Administration, body system 0 – Circulatory, operation 2 – Transfusion, for the Infusion of 4-Factor Prothrombin Complex Concentrate (4F-PCC).

Option 2 (con't):

3 Administration

0 Circulatory

2 Transfusion: Putting in blood or blood products

Body System/Region	Approach	Substance	Qualifier
3 Peripheral Vein 4 Central Vein	0 Open 3 Percutaneous	<u>B 4-Factor</u> <u>Prothrombin</u> <u>Complex</u> <u>Concentrate</u>	1 Nonautologous
5 Peripheral artery 6 Central artery	0 Open 3 Percutaneous	<u>B 4-Factor</u> <u>Prothrombin</u> <u>Complex</u> <u>Concentrate</u>	1 Nonautologous

CMS Recommendation and Interim Advice:

- Option 2. As described above.
- In the interim, continue to assign one of the following ICD-10-PCS codes under section 3 - Administration, body system 0 – Circulatory, operation 2 – Transfusion, for the infusion of 4-Factor Prothrombin Complex Concentrate (4F-PCC).

Interim Advice (con't)

- **30230W1** Transfusion of Nonautologous Factor IX into Peripheral Vein, Open Approach
- **30233W1** Transfusion of Nonautologous Factor IX into Peripheral Vein, Percutaneous Approach
- **30240W1** Transfusion of Nonautologous Factor IX into Central Vein, Open Approach
- **30243W1** Transfusion of Nonautologous Factor IX into Central Vein, Percutaneous Approach
- **30250W1** Transfusion of Nonautologous Factor IX into Peripheral Artery, Open Approach
- **30253W1** Transfusion of Nonautologous Factor IX into Peripheral Artery, Percutaneous Approach

Interim Advice (con't):

- **30260W1** Transfusion of Nonautologous Factor IX into Central Artery, Open Approach
- **30263W1** Transfusion of Nonautologous Factor IX into Central Artery, Percutaneous Approach



Implantation of Transprostatic Struts



Mady Hue

March 5, 2013

ICD-9-CM Procedure Coding options:

- Coding 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-9-CM procedure code at this time to uniquely describe the implantation of transprostatic struts 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.

ICD-9-CM Procedure Coding options:

- **Interim Coding:** CMS recommends procedure code 58.6, Dilation of urethra, to identify the implantation of transprostatic struts used to open the prostatic urethra.

ICD-10-PCS Coding Options:

- **Option 1.** Code the implantation of transprostatic struts to open the prostatic urethra to the root operation Supplement.
- 0 Medical and Surgical
- T Urinary System
- U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	Approach	Device	Qualifier
D Urethra	0 Open 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic X External	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

ICD-10-PCS Coding Options:

- **0TUD8JZ** Supplement Urethra with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
- **0TUDXJZ** Supplement Urethra with Synthetic Substitute, External Approach

Rationale: Currently, in ICD-10-PCS, the female equivalent “lift” procedures for incontinence are coded in this manner. In this procedure for males, the device is being used to keep the urethra open and functioning correctly, instead of having the prostate push on it.

ICD-10-PCS Coding Options:

Prostatic urethra

Use: Urethra

The body part key currently instructs to use the body part “Urethra” for prostatic urethra.

ICD-10-PCS Coding Options:

- Option 2. Code the procedure with root operation Dilation.
- 0 Medical and Surgical
- T Urinary System
- 7 Dilation: Expanding an orifice or the lumen of a tubular body

Body Part	Approach	Device	Qualifier
3 Kidney Pelvis, Right	0 Open	D Intraluminal Device	Z No Qualifier
4 Kidney Pelvis, Left	3 Percutaneous	Z No Device	
6 Ureter, Right	4 Percutaneous		
7 Ureter, Left	Endoscopic		
8 Ureters, Bilateral	7 Via Natural or Artificial Opening		
B Bladder	8 Via Natural or Artificial Opening		
C Bladder Neck	Endoscopic		
D Urethra			

ICD-10-PCS Coding Options:

- Option 3. Code the procedure with root operation Insertion, body part Prostate and consider new device value?
- 0 Medical and Surgical
- V Male Reproductive System
- H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	Approach	Device	Qualifier
0 Prostate	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	1 Radioactive Element <u>M ?</u>	Z No Qualifier

ICD-10-PCS Coding Options:

- **Option 4.** Add the body part value Prostate to root operation Supplement in the ICD-10-PCS tables, with applicable approach values (3 codes)
- 0 Medical and Surgical
- V Male Reproductive System
- U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	Approach	Device	Qualifier
0 <u>Prostate</u>	0 Open 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	J Synthetic Substitute	Z No Qualifier



Implantation of Epiretinal Prosthesis



Celeste Beauregard

March 5, 2013

ICD-9-CM Procedure Coding Options:

Option 1. Do not create any new procedure codes for the implantation of an epiretinal visual prosthesis.

There is currently no ICD-9-CM code for the implantation of epiretinal visual prosthesis,

- Codes 14.73(Mechanical vitrectomy by anterior approach) and 14.74 (Other mechanical vitrectomy) are reported for the vitrectomy.
- The vitrectomy codes can continue to be used as a proxy for the implant of the epiretinal visual prosthesis. Any other associated procedures could also be reported.

ICD-9-CM Procedure Coding Options:

Option 2. Create new ICD-9-CM procedure codes for Implantation of epiretinal visual prosthesis.

Create new subcategory:

14.8 Implantation of epiretinal visual prosthesis

Option 2 (con't):

Create three New Codes:

14.81 Implant of epiretinal visual prosthesis

Includes lens removal if present, scleral buckling, vitrectomy, epiretinal membrane peeling and pericardial grafting

14.82 Removal of epiretinal visual prosthesis

Includes 360-degree limbal peritomy and vitrectomy if performed, and device extraction

14.83 Removal of epiretinal visual prosthesis

Includes tack replacement, device relocation, and/or replacement of pericardial grafting, if needed

CMS Recommendation:

Option 2. As described above.

In the interim, continue reporting codes 14.73 (Mechanical vitrectomy by anterior approach) and 14.74 (Other mechanical vitrectomy) for the vitrectomy as well as any other associated procedures.

Proposed ICD-10-PCS Code:

- New ICD-10-PCS device value Epiretinal Visual Prosthesis in table 08H Insertion of Eye for the retina body part values.
- Section 0 Medical and Surgical
- Body System 8 Eye
- Operation H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	Approach	Device	Qualifier
0 Eye, Right 1 Eye, Left	3 Percutaneous x External	1 Radioactive Element 3 Infusion Device	Z No Qualifier
E Retina, Right F Retina, Left	0 Open 3 Percutaneous	5 <u>Epiretinal Visual Prosthesis</u>	Z No Qualifier