April 19, 2024

Mady Hue
Technical Advisor
Centers for Medicare and Medicaid Services
CM/TCPG/DCDRG
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Ms. Hue:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the ICD-10-PCS code proposals presented at the March ICD-10 Coordination and Maintenance (C&M) Committee meeting.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

Restriction using Thoracoabdominal Branch Endoprosthesis

AHIMA does **not** support creating a new code for restriction using a thoracoabdominal branched endoprosthesis. We believe the existing codes in tables 02V, Restriction of Heart and Great Vessels, and 04V, Restriction of Lower Arteries, adequately capture insertion of this device.

We also believe that "Manufactured Integrated System" in the proposed code descriptor is not sufficiently descriptive of the specific technology being used nor does it represent typical ICD-10-PCS terminology.

Tibiotalocalcaneal Fusion with Internal Fixation Device

We support the creation of a code in section X to identify the use of a gyroid-sheet lattice design fusion device during a tibiotalocalcaneal fusion procedure, but we recommend that the code descriptor state "Fusion Cage, Gyroid-Sheet Lattice Design" (rather than "Internal Fixation

Device, Gyroid-Sheet Lattice Design") to be consistent with the naming conventions indicated in the slide presentation. The inclusion of a term likely to be found in operative reports will make it easier for coding professionals to identify the use of this technology.

Lymphatic Bypass

AHIMA supports the creation of new root operation table 071, Bypass of Lymphatic and Hemic Systems, with new qualifier values to identify direct lymphatic system bypass to a vein or to another lymphatic structure.

Performance of Extracorporeal Circulatory Filtration

We do **not** support creating a code describing extracorporeal circulatory filtration during percutaneous thrombectomy. We do not feel Performance is the correct root operation because this procedure is not "completely taking over a physiological function." The slide presentation stated that circulatory filtration is the process of removing undesirable intravascular material from the blood using a filtration circuit. Extirpation appears to be the best root operation, but since extirpation is already captured in the code for the thrombectomy performed at the same time, we do not believe the extracorporeal circulatory filtration needs to be separately coded.

Transcatheter Tricuspid Valve Replacement

We support the establishment of a new code in section X to identify transcatheter tricuspid valve replacement using a multi-plane flex bioprosthetic valve.

Fixation of Lumbar Facet Joint

While we support the creation of new codes in section X for lumbar facet joint fusion using paired titanium cages, it is premature to create new codes when a new technology add-on payment (NTAP) application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for lumbar facet joint fusion using paired titanium cages for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

Application of Prademagene Zamikeracel

While AHIMA supports the creation of a unique code to identify application of prademagene zamikeracel (pz-cel) in New Technology table XHR, Replacement, Skin, Subcutaneous Tissue, Fascia and Breast, it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for application of

prademagene zamikeracel for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

Administration of Non-CAR T Immune Effector Cell Therapy

We support the creation of generic codes for non-CAR T-cell engineered immune effector cell therapies in section X, to allow the reporting of reporting of non-CAR T immune effector cell therapies participating in qualified clinical trials.

We are concerned that the word "Other" in the proposed new codes is confusing because it is not clear that it means "other than CAR T-cell" therapies. We recommend that a more descriptive term be used in place of the word "Other," such as "Non-CAR T-cell," or that "non-CAR T-cell" be added in parentheses after the word "Other" to clarify the meaning.

We are also concerned that it will be difficult for coding professionals to identify non-CAR T immune effector cell therapies in the medical record documentation. The specific non-CAR T immune effector cell therapies participating in qualified clinical trials should be added to the Substance Key to facilitate proper coding of these therapies.

Also, it is unclear whether substances that are currently classified in ICD-10-PCS as "immunotherapy" would be classified as non-CAR T therapies once the new codes are effective. We recommend that CMS review the substances currently classified as "immunotherapy" in ICD-10-PCS to determine whether any of them should be classified to the new codes and make any appropriate changes to the Substance Key.

Administration of dasiglucagon

We do **not** support the creation of a new code for administration of dasiglucagon. This service would not typically be coded in the hospital inpatient setting, and in the absence of an NTAP application, it is not clear why it would be useful to assign a code.

Drug-Eluting Resorbable Scaffold System

While we support the creation of a new code in section X for transcatheter balloon dilation with insertion of everolimus-eluting resorbable scaffold, it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for transcatheter balloon dilation with insertion of everolimus-eluting resorbable scaffold for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

Paclitaxel-Coated Balloon Catheter for Percutaneous Coronary Intervention

AHIMA supports option 2, the creation of one new technology value in table XW0, Introduction, to describe the use of a paclitaxel-coated balloon in percutaneous coronary intervention (PCI) procedures. However, we believe it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for use of a paclitaxel-coated balloon in PCI procedures for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

We recommend that "Technology" be deleted from the code descriptor as it is unnecessary and inconsistent with other ICD-10-PCS codes involving the use of a balloon.

We do not believe it is necessary to identify the number of balloons (as in option 3).

Division of Bioprosthetic Aortic Valve Leaflets

We do **not** support the creation of new codes for division of the aortic valve leaflets in a previously placed bioprosthetic aortic valve using an intraluminal bioprosthetic valve leaflet splitting technology. We believe this procedure is inherent to valve replacement, does not have a separate objective, and should not be coded separately. The Fourth Quarter 2019 issue of *Coding Clinic for ICD-10-CM/PCS* stated that the BASILICA technique (which involved an intentional laceration to the prosthetic aortic valve leaflet to prevent risk of coronary obstruction) performed during an aortic valve replacement procedure should not be coded separately. We believe this *Coding Clinic* example is similar enough to the division of the aortic valve leaflets in a previously placed bioprosthetic aortic valve that the same principle would apply.

We recommend that CMS reconsider the current coding advice described in the code proposal. We do not believe a code from table 02Q, Repair of Heart and Great Vessels, should be assigned for this procedure. We believe this procedure should be considered inherent to the valve replacement procedure and not separately coded.

If CMS decides to create codes for the division of bioprosthetic aortic valve leaflets, these codes should not become effective until the fiscal year for which the NTAP application is submitted. It is premature to create new codes when an NTAP application has not yet been submitted.

Implantation of a Bioengineered Vessel

We support option 3, the addition of a new device value in Medical and Surgical tables 03R, Replacement of Upper Arteries and 04R, Replacement of Lower Arteries, to identify replacement of an extremity artery using a bioengineered human acellular vessel. We prefer option 3 because the new codes would be located in the same table as other arterial replacement procedures.

However, we believe it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for replacement of an extremity artery using a bioengineered human acellular vessel for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

Stereoelectroencephalographic Radiofrequency Ablation of Brain and Nervous Tissue

We support the creation of new qualifier value 4 Stereoelectroencephalographic Radiofrequency Ablation, in table 005, Destruction of Central Nervous System and Cranial Nerves, to identify sEEG radiofrequency ablation of nervous tissue in the brain.

Administration of Antibiotic Using Temporary Joint Spacer System

While AHIMA supports the establishment of a new code in section X to identify local antibiotic instillation using a temporary irrigation joint spacer system, it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for local antibiotic instillation using a temporary irrigation joint spacer system for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

Posterior Fixation of the Thoracolumbar Spine

We do **not** support the creation of new codes for the use of a Carbon/PEEK spinal stabilization device. Existing codes in tables 0RH, Insertion of Upper Joints, and 0SH, Insertion of Lower Joints, capture the insertion of pedicle-based spinal stabilization devices and adequately describe the use of this new device.

We are concerned that creating unique codes for the Carbon/PEEK spinal stabilization device will cause confusion regarding which procedures should be classified to the new codes versus the existing codes for pedicle based spinal stabilization devices. Additionally, the use of the term "PEEK" in the proposed code may be confused with the PEEK spinal cage. If CMS approves new codes for the use of the Carbon/PEEK spinal stabilization device, we recommend that the code descriptor be revised such that "PEEK" is not part of the descriptor.

Administration of bentracimab

While AHIMA supports the establishment of new codes for administration of bentracimab, it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time,

and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for administration of bentracimab for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

Administration of obecabtagene autoleucel

While we support the creation of new codes for intravenous administration of obecabtagene autoleucel, it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for administration of obecabtagene autoleucel for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

We recommend that the generic codes for CAR T-cell therapies be revised to be more clearly distinct from product-specific codes. While CMS has sometimes proposed the inclusion of the word "other" in similar circumstances, we are concerned that the context of the word "other" in an ICD-10-PCS table is not always clear (i.e., it may not be clear which codes the "other" code is related to). **We recommend that CMS consider a new approach for distinguishing generic codes from more specific codes, such as using the term "NEC" (not elsewhere classifiable).**

Administration of odronextamab

We support the creation of new codes in section X to identify the intravenous administration of odronextamab.

Administration of Orca-T Allogeneic T-cell Immunotherapy

We support the establishment of new codes to identify the intravenous administration of Orca-T immunotherapy, but we believe it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for administration of Orca-T immunotherapy for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

Administration of RP-L201 (marnetegragene autotemcel)

We support the creation of new codes to identify the intravenous administration of marnetegragene autotemcel, but we believe it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted

for administration of marnetegragene autotemcel for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

Administration of zanidatamab

While we support the creation of new codes to identify the intravenous administration of zanidatamab, it is premature to create new codes when an NTAP application has not yet been submitted. If new codes are approved, they should not become effective until the fiscal year for which the NTAP application is submitted. New codes for NTAP-related proposals are unnecessary until that time, and they may not be necessary at all if the applicant decides not to submit an NTAP application. If an NTAP application is submitted for administration of zanidatamab for fiscal year 2026 as anticipated, we would support an October 1, 2025 effective date for the new codes.

Administration of Donislecel-jujn (Lantidra^{TM})

AHIMA supports the creation of new codes in section X to identify the intravenous administration of donislecel-jujn.

Comments on Remaining ICD-10-PCS Code Proposals

AHIMA does **not** support the creation of new codes for the technologies listed below because we believe these services are outside the scope of ICD-10-PCS and are not procedures that would typically be coded by hospital inpatient coding professionals. Continuing to create ICD-10-PCS codes for specific drugs, laboratory tests, analytic or guidance tools to facilitate the performance of procedures or for operative planning purposes, or the use of software to aid in diagnosis and treatment, as a mechanism to identify technologies that may be subject to an NTAP in the future, is an inappropriate use of the ICD-10-PCS coding system and is not sustainable in the long-term. As shown by the Section X Updates presented during C&M meetings, some of these technologies for which unique codes were created in the past were not approved for an NTAP and thus the codes were rarely utilized, and in some cases, the codes were assigned for a low volume of cases even when an NTAP was approved.

Our members have told us that ICD-10-PCS codes for services outside of the types of procedures typically coded by hospital inpatient coding professionals are often not reported because hospitals have found the administrative burden of coding these services outweighs the NTAP they would receive. These codes are easily missed, as the services are often not clearly documented in the medical record or the documentation is in a location not typically reviewed by coding professionals. **We urge CMS to pursue other options for identifying these types of services for the purpose of administering NTAPs, such as consideration of using HCPCS level II codes to identify the administration of specific drugs.**

> Endovascular Procedures using Fiber Optic 3D Guidance
>
> Visualization and Analysis of Brain Networks in Magnetic Resonance Imaging

Quantitative Antimicrobial Susceptibility Testing of Blood Cultures using Small Molecule Sensor Array Technology

Cellular Assessment via Microfluidic Deformability Cytometry

Extracorporeal Blood Pathogen Removal

Continuous Monitoring and Assessment of Vascular Blood Flow

Computer-aided Triage and Notification for Measurement of Intracranial Cerebrospinal Fluid Flow

Rapid Antimicrobial Susceptibility Testing of Blood Cultures

Administration of cefepime-taniborbactam

Administration of ceftobiprole medocaril

If CMS decides to create new codes for any of these new technologies, we recommend that only codes for technologies for which an NTAP application has been submitted for fiscal year 2025 be implemented on October 1, 2024. **If an NTAP application is anticipated for fiscal year 2026 or later, we recommend that implementation of approved codes be delayed until after an NTAP application has been submitted.**

Section X Update

AHIMA recommends that when the rationale for CMS' recommendation for disposition of a section X code is unrelated to CMS frequency data, this additional information (such as non-Medicare frequency data) should be provided in an additional column in the Section X Update table. Without this information, the basis for CMS' recommendation is unclear and it is not possible to reasonably comment on these recommendations. For example, it is not clear why option 1 (leaving the code in section X) is being proposed for code XT25XE5, Monitoring of kidney using fluorescent pyrazine, external approach, new technology group 5, since the Medicare frequency data is very low. Similarly, option 1 is also being proposed for code XW033S5, Introduction of iobenguane i-131 antineoplastic into peripheral vein, percutaneous approach, new technology group 5, and this code has been reported very few times according to the Medicare frequency data.

We otherwise support CMS' recommendations regarding the Group 5 section X codes.

Addenda and Key Updates

We support the proposed ICD-10-PCS Index and Table Addenda modifications and Body Part, Device, and Substance Key updates.

The four lines under "Thoracotomy" in the Proposed ICD-10-PCS Index modifications should be indented under the main term "Thoracotomy" when these changes are finalized:

Revise from Thoracotomy see Drainage, Anatomical Regions, General 0W9
Revise to   Thoracotomy
        Add see Control bleeding in, Mediastinum 0W3C
        Add see Control bleeding in, Pericardial Cavity 0W3D
        see Drainage, Anatomical Regions, General 0W9
        Add Exploratory see Inspection, Mediastinum 0WJC

Thank you for the opportunity to comment on the proposed ICD-10-PCS modifications. If you have any questions, please feel free to contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or sue.bowman@ahima.org.

Sincerely,

Lauren Riplinger, JD
Chief Public Policy and Impact Officer