American Health Information Management Association (AHIMA)
35 W. Wacker Dr., 16th Floor
Chicago, IL 60601

April 17, 2025

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 posted on the CMS website in March and being considered for October 1, 2025 implementation.

AHIMA is a global nonprofit association of health information professionals, with over 61,000 members and more than 88,500 credentials in the field. The AHIMA mission of empowering people to impact health® drives its members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Leaders within AHIMA work at the intersection of healthcare, technology, and business, occupying data integrity and information privacy job functions worldwide.

<u>Transfer of Vascularized Nasal Tissue</u>

AHIMA supports the creation of new codes to describe the transfer of vascularized nasal tissue in procedures to reconstruct defects in the skull base. However, rather than creating four separate qualifier values to identify individual bones, **we recommend that a single qualifier value for "Skull Base" be created**. We do not believe it is necessary to identify the specific bone, and this information may not always be clearly documented.

We recommend that an additional code be created for the natural or artificial opening endoscopic approach. The endoscopic approach was mentioned by the presenter and also in the C&M materials. Also, at the February 2018 *Coding Clinic for ICD-10-CM/PCS* Editorial Advisory Board meeting, a case was discussed that involved placement of a nasoseptal flap for reconstruction of a skull base defect via an endoscopic endonasal approach.

Introduction of Peptide Enhanced Bone Void Filler in Transforaminal Lumbar Interbody Fusion Procedures

We support the creation of new codes to identify the introduction of peptide enhanced bone void filler in transforaminal lumbar interbody fusion procedures.

Dilation of Arteriovenous Fistula with Cell Impermeable Endoprosthesis

AHIMA supports the establishment of new ICD-10-PCS codes for dilation of an arteriovenous fistula with a cell impermeable endoprosthesis.

Dilation of Carotid Artery with Integrated Embolic Protection

We recommend creating a new code in table X27, Dilation, Cardiovascular System, rather than in table X2A, Assistance, Cardiovascular System, for dilation of the carotid artery with integrated embolic protection. Since this technology is a 3-in-1 system that includes a carotid stent, dilation balloon, and embolic filter, we believe a single code should be created that identifies all the components. No additional code from table 037 would need to be assigned if a code is created in table X27, as the new code would fully describe the procedure performed (dilation, stent placement, embolic filtration).

Creating a code in table X2A for embolic filtration and assigning a separate code from table 037 for the dilation and stent placement would suggest that separate devices were placed. We believe the use of a single integrated system should be described by one code that captures all the elements.

Computer-aided Triage and Notification Software for Measurement of Biomarkers

AHIMA does **not** support the creation of ICD-10-PCS codes to describe the use of computer-aided triage and notification software for sepsis risk using measurement of biomarkers. We believe the use of this software is outside the scope of ICD-10-PCS and is not a procedure that would typically be coded by hospital inpatient coding professionals.

Insertion of a Volume Sensor Management Device

While we support the creation of a code to identify insertion of a volume sensor management device, we do not believe it is necessary for this code to become effective on October 1, 2025, since a New Technology Add-on Payment (NTAP) application is anticipated for Fiscal Year (FY) 2027 consideration rather than for FY 2026.

Division of Aortic Valve Leaflets Using Radiofrequency Energy

While we support the establishment of a unique ICD-10-PCS code to identify division of aortic valve leaflets using radiofrequency energy, we do not believe it is necessary for this code to

become effective on October 1, 2025, since an NTAP application is anticipated for FY 2027 consideration rather than for FY 2026.

Gene Expression Testing System for Whole Blood Samples

AHIMA does **not** support the creation of an ICD-10-PCS code for a gene expression testing system for whole blood samples. We believe this type of testing system is outside the scope of ICD-10-PCS and is not a procedure that would typically be coded by hospital inpatient coding professionals.

Dilation using Expandable Intraluminal Device with Growth Technology

We support the creation of new codes to identify dilation of the thoracic aorta or pulmonary artery with placement of an expandable intraluminal device. **We recommend changing the device value name to "Intraluminal Device, Expandable for Growth."** Since the presenter indicated "growth" is commonly documented when describing the use of this technology, inclusion of this term in the code title would be helpful to facilitate accurate coding. Also, the term "expandable" by itself is not uniquely descriptive of this technology and could apply to other types of stents.

Extracorporeal Pheresis of Ticagrelor

We recommend that CMS consider naming the device value "Filtration, Antithrombotic" to allow the code to be used for the removal of drugs other than just ticagrelor. We understand from CMS' Question and Answer document accompanying the C&M materials that the current FDA submission is specifically for the removal of ticagrelor. So, if approved, that will be the only "on-label" indication for the technology. However, we believe that the device value should be broad enough to encompass removal of any antithrombotic drug, to avoid the need to modify the code or create additional codes when the use of this technology is expanded to include the filtration of other anti-thrombotic drugs.

Shoulder Arthroplasty Using the Subscapularis-Sparing Technique

We support the creation of new codes for total shoulder arthroplasty using the subscapularis-sparing technique.

Dilation using Temporary Retrievable Intraluminal Device

We recommend that codes for insertion of a temporary retrievable intraluminal device be created in table X27, Dilation, Cardiovascular System, rather than in table X2H, Insertion, Cardiovascular System. The objective of placement of the temporary intraluminal device is dilation of the artery. If a new code is created in table X27 rather than in table X2H, only the new code in table X27 should be assigned, and not an additional angioplasty code from table 047.

Continuous Glucose Monitoring

AHIMA does **not** support the creation of ICD-10-PCS codes for continuous monitoring of interstitial glucose. We believe this service is outside the scope of ICD-10-PCS and is not a procedure that would typically be coded by hospital inpatient coding professionals.

Insertion of Implantable Endocardial Pacing System

We support the creation of new codes to capture the insertion of an implantable endocardial pacing system.

Restriction of the Thoracic Aorta with Hybrid Intraluminal Device

We support the creation of ICD-10-PCS codes for restriction of the thoracic aorta with a hybrid intraluminal device. However, **we recommend that CMS consider a different term for the device value name that is more likely to be documented** in the medical record. We are concerned that "uncovered with support cuff" is not the way this device will typically be described in medical record documentation, and thus it will be difficult for coding professionals to identify the use of this device. One possible option for the device value name is "Hybrid Prosthesis with PTFE Felt Cuff."

To further facilitate proper coding, "AMDS Hybrid Prosthesis" should be added to the Device Key and the Index.

Stereotactic-aided Intraprocedural Neuronavigation System

We support the establishment of a unique code to describe the use of a stereotactic-aided intraprocedural neuronavigation system to insert a temporary infusion device for the delivery of eladocagene exuparvovec-tneq.

Sacroiliac Joint Fusion/Pelvic Fracture Fixation with Threaded Implant System

AHIMA does **not** support the creation of new ICD-10-PCS codes to describe sacroiliac joint fusion or pelvic fracture fixation with a threaded implant system. We do not believe this level of detail regarding the device's design should be included in ICD-10-PCS. We are also concerned that it may be difficult for coding professionals to identify the use of this technology in medical record documentation. Existing Fusion and Reposition codes are adequate.

If CMS decides to create new codes for this technology, we recommend changing the device value name to "Internal Fixation Device, Bone Density Pattern" for simplicity and clarity. Also, consideration should be given as to whether new codes are also needed in table XNH, Insertion of Bones, for stabilization of non-displaced pelvic fractures.

Quantitative Analysis of Human Milk Macronutrient Content

AHIMA does **not** support the creation of an ICD-10-PCS code for quantitative analysis of human milk macronutrient content for nutrition management. We believe this test system is outside the scope of ICD-10-PCS and is not a procedure that would typically be coded by hospital inpatient coding professionals.

Morphological Structure Analysis System

We do **not** support the creation of an ICD-10-PCS code to describe the use of a point of care morphological structure analysis system for the intraoperative analysis of tissue. We believe the use of this system is outside the scope of ICD-10-PCS and is not a procedure that would typically be coded by hospital inpatient coding professionals.

Inspection of Upper GI Tract using Ingestible Wireless Capsule

We support the creation of a new code for an ingestible wireless capsule for inspection of the upper GI tract.

Insertion of Posterior Cervicothoracic Spinal Stabilization System

AHIMA does **not** support the creation of ICD-10-PCS codes for insertion of a molybdenum rhenium posterior cervicothoracic spinal stabilization device. We do not believe this level of detail regarding the device's composition should be included in ICD-10-PCS. We are also concerned that it may be difficult for coding professionals to identify the use of this technology in medical record documentation. We believe existing codes in table 0RH, Insertion of Upper Joints, adequately describe the use of this spinal stabilization device.

Cervical Spinal Fusion with Custom-Made Anatomically Designed Interbody Fusion Device

We support the creation of new codes for cervical interbody fusion using a custom-made anatomically designed device.

Radiofrequency Ablation of the Cardiac Plexus

While we support the creation of a unique code to describe radiofrequency ablation of the cardiac plexus, we do not believe it is necessary for this code to become effective on October 1, 2025, since an NTAP application is anticipated for FY 2027 consideration rather than for FY 2026.

Administration of fosfomycin anti-infective

AHIMA supports the creation of codes for the administration of fosfomycin anti-infective. Since codes for the administration of this drug existed previously and were just deleted last year, we recommend that CMS consider re-using the same substance value, K, that was used in the previous ICD-10-PCS codes. Since the newly proposed codes are for administration of the exact same drug, we do not believe re-using the substance value would be inappropriate.

Administration of xanomeline & trospium chloride

We do **not** support the creation of a new code for the oral administration of xanomeline and trospium chloride. We do not believe it is appropriate to create ICD-10-PCS codes for oral administration of drugs. Also, it may be difficult for coding professionals to identify the use of this drug in medical record documentation.

Administration of iloprost

We support the creation of new ICD-10-PCS codes for the intravenous administration of iloprost.

Administration of fibrinogen (human) concentrate

We support the creation of codes for the intravenous administration of fibrinogen concentrate.

Administration of letetresgene autoleucel (lete-cel)

While we support creating new codes for the intravenous administration of letetresgene autoleucel (lete-cel), we do not believe it is necessary for these codes to become effective on October 1, 2025, since an NTAP application is anticipated for FY 2027 consideration rather than for FY 2026.

Administration of mozafancogene autotemcel (fanca-cel)

While we support the creation of ICD-10-PCS codes for the intravenous administration of mozafancogene autotemcel (fanca-cel), we do not believe it is necessary for these codes to become effective on October 1, 2025, since an NTAP application is anticipated for FY 2027 consideration rather than for FY 2026.

Administration of aztreonam-avibactam

We support the creation of new codes for the intravenous administration of aztreonam-avibactam.

Administration of rozanolixizumab-noli

We support the creation of an ICD-10-PCS code for the subcutaneous administration of rozanolixizumab-noli.

Section X Update

For the Group 6 Section X codes listed below that have very low utilization in the Medicare frequency data, we recommend that CMS consider deleting the codes and corresponding Index entries from the classification without directing users to existing ICD-10-PCS codes (option 3). It is not clear why CMS is proposing option 2 (deleting the section X code and referring users to an existing code) for these codes rather than option 3, since the example given for option 3 would appear to fit these codes (the procedure is not reported as anticipated in the data, therefore the absence of a unique code for this technology/procedure in the classification has minimal impact).

> XW03326 Introduction of nerinitide into peripheral vein, percutaneous approach

> XW04326 Introduction of omadacycline anti-infective into central vein, percutaneous approach

> XW03366 Introduction of lefamulin anti-infective into peripheral vein, percutaneous approach

> XW04366 Introduction of lefamulin anti-infective into central vein, percutaneous approach

> XW0DX66 Introduction of lefamulin anti-infective into mouth and pharynx, external approach

> XW043B6 Introduction of omadacycline anti-infective into central vein, percutaneous approach

The following Group 6 Section X codes are proposed for retention because they are used in the treatment of COVID-19. However, these codes have very low volume in the Medicare data (0 cases of code XW013G6 have been reported), so it is not clear why CMS is recommending the Section X code be retained. We recommend that CMS consider deleting these codes.

> XW013G6 Introduction of REGN-COV2 monoclonal antibody into subcutaneous tissue, percutaneous approach

> XW033L6 Introduction of CD24Fc immunomodulator into peripheral vein, percutaneous approach

> XW043L6 Introduction of CD24Fc immunomodulator into central vein, percutaneous approach

We agree with the rest of CMS' recommendations for the disposition of Group 6 Section X codes.

Addenda and Key Updates

Rather than creating multiple codes for the use of different types of temporary intraoperative embolic protection devices in table 5A0, Assistance of Physiological Systems, we recommend creating a single code simply identifying that cerebral embolic filtration was performed. We do not believe it is necessary to identify the specific type of device. It can be difficult for coding professionals to determine the type of device from the medical record documentation, and the distinction between devices, such as "single capture filter" and "single deflection filter," is not always clear.

AHIMA supports the rest of the proposed ICD-10-PCS Index and Table Addenda modifications and Body Part and Substance Key updates.

Thank you for the opportunity to comment on the ICD-10-PCS code proposals being considered for October 1, 2025 implementation. **We continue to urge CMS to consider the adoption of alternative mechanisms for identifying devices or drugs for NTAP purposes other than continuing to create ICD-10-PCS codes for technologies and services outside of procedures typically coded by hospital inpatient coding professionals.** Our members have told us that the growth in these additional reporting requirements has decreased coding productivity and added to the administrative burden for a labor workforce that is experiencing significant shortages.

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