DEPARTMENT OF HEALTH & HUMAN SERVICES
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CENTER FOR MEDICARE

ICD-10 Coordination and Maintenance Committee Meeting
Department of Health and Human Services
Centers for Medicare & Medicaid Services
ICD-10-PCS Topics Clarifications, Questions and Answers
March 7, 2023

ICD-10 Coordination and Maintenance Committee Meeting Updates

1) This document provides updated guidance on the interim coding advice that was recommended for *Topic #05 - Insertion of Lengthening Device for Esophageal Atresia* discussed during the meeting.

On page 27 of the Agenda packet the Interim Coding Advice is currently displayed as follows:

> **Interim Coding Advice**: Continue to code as above under Current Coding.

The coding options are currently displayed as follows:

> **Current Coding:** There are no unique ICD-10-PCS codes to describe transoral and percutaneous gastrostomy insertion of magnetic devices in the esophagus for non-surgical lengthening of the esophagus. Code the procedure by assigning both codes below, found in table 0DH, Insertion of Gastrointestinal System.

0DH57YZ Insertion of Other Device into Esophagus, Via Natural or Artificial Opening
and
0DH53YZ Insertion of Other Device into Esophagus, Percutaneous Approach

Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
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*
5 Esophagus	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**1** Radioactive Element **2** Monitoring Device **3** Infusion Device **D** Intraluminal Device **U** Feeding Device **Y** Other Device	**Z** No Qualifier
5 Esophagus	**7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**1** Radioactive Element **2** Monitoring Device **3** Infusion Device **B** Intraluminal Device, Airway **D** Intraluminal Device **U** Feeding Device **Y** Other Device	**Z** No Qualifier

Coding Options

Option 1. Do not create new ICD-10-PCS codes for insertion of magnetic devices for non-surgical lengthening of the esophagus. Continue coding as listed in current coding.

Option 2. In section X New Technology table XDH, Insertion of Gastrointestinal System, create new device value J Magnetic Lengthening Device, applied to the body part values 2 Esophagus, Middle and 3 Esophagus, Lower, to identify transoral and percutaneous gastrostomy insertion of magnetic devices for non-surgical lengthening of the esophagus.

Section	**X** New Technology
Body System	**D** Gastrointestinal System
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 / Substance / Technology*	*Qualifier*
ADD 2 Esophagus, Middle	**7** Via Natural or Artificial Opening	**ADD J** Magnetic Lengthening Device	**9** New Technology Group 9
ADD 3 Esophagus, Lower	**3** Percutaneous	**ADD J** Magnetic Lengthening Device	**9** New Technology Group 9

CMS Recommendation: CMS is interested in audience input.

It was brought to our attention by a commenter that if the patient has an existing gastrostomy, the approach value 7 Via Natural or Artificial Opening should be added to the table for the lower esophagus body part. In subsequent conversation with the requestor to gain additional clarification, the requestor confirmed that all of the pediatric patients up to one year of age, with esophageal atresia indicated for the insertion of magnetic devices must have a mature, healed gastrostomy for feeding before the non-surgical lengthening of the esophagus can be performed.

We are therefore correcting the current coding and interim advice to reflect the proper codes that should be reported to identify insertion of magnetic devices for non-surgical lengthening of the esophagus.

We are correcting current coding for this request to the following:

Current Coding: There are no unique ICD-10-PCS codes to describe transoral and established percutaneous gastrostomy insertion of magnetic devices in the esophagus for non-surgical lengthening of the esophagus. Code the procedure by assigning the code below two times, found in table 0DH, Insertion of Gastrointestinal System.

0DH57YZ	Insertion of Other Device into Esophagus, Via Natural or Artificial Opening
	and
0DH57YZ	Insertion of Other Device into Esophagus, Via Natural or Artificial Opening

Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
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*
5 Esophagus	**7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**1** Radioactive Element **2** Monitoring Device **3** Infusion Device **B** Intraluminal Device, Airway **D** Intraluminal Device **U** Feeding Device **Y** Other Device	**Z** No Qualifier

We are also correcting coding option 2 for consideration of this request to the following:

Option 2. In section X New Technology table XDH, Insertion of Gastrointestinal System, create new device value J Magnetic Lengthening Device, applied to the body part values 2 Esophagus, Middle and 3 Esophagus, Lower, to identify transoral and established percutaneous gastrostomy insertion of magnetic devices for non-surgical lengthening of the esophagus.

Section	**X** New Technology
Body System	**D** Gastrointestinal System
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 / Substance / Technology*	*Qualifier*
ADD 2 Esophagus, Middle **ADD 3** Esophagus, Lower	**7** Via Natural or Artificial Opening	**ADD J** Magnetic Lengthening Device	**9** New Technology Group 9

In addition, we are adding a coding option 3 for consideration of this request:

Option 3. In table 0DH, Insertion of Gastrointestinal System, create new device value J Magnetic Lengthening Device, applied to the body part values 2 Esophagus, Middle and 3 Esophagus, Lower, to identify transoral and established percutaneous gastrostomy insertion of magnetic devices for non-surgical lengthening of the esophagus.

Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
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*
5 Esophagus	**7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**1** Radioactive Element **2** Monitoring Device **3** Infusion Device **B** Intraluminal Device, Airway **D** Intraluminal Device **U** Feeding Device **Y** Other Device	**Z** No Qualifier
ADD 2 Esophagus, Middle **ADD 3** Esophagus, Lower	**7** Via Natural or Artificial Opening	**ADD J** Magnetic Lengthening Device	**Z** No Qualifier

2) For *Topic #07 - Insertion of a Short-term External Heart Assist System with Conduit* discussed during the meeting, we are adding a coding option 3 for consideration of this request.

On page 32 of the Agenda packet the coding options are currently displayed as follows:

Coding Options

Option 1. Do not create new ICD-10-PCS codes for the insertion of a short-term external heart assist system using an axillary artery or ascending thoracic aorta conduit. Continue coding as described in current coding.

Option 2. In table X2H, Insertion of Cardiovascular System, create new device value F Conduit to Short-term External Heart Assist System, applied to the body part values 5 Axillary Artery, Right, and X Thoracic Aorta, Ascending to identify insertion of short-term external heart assist system using a conduit attached to the right axillary artery or to the ascending aorta respectively. A separate code would continue to be reported for the insertion of the external heart assist system as described in current coding.

Section	**X** New Technology
Body System	**2** Cardiovascular System
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 / Substance / Technology*	*Qualifier*
ADD 5 Axillary Artery, Right **ADD X** Thoracic Aorta, Ascending	**0** Open	**ADD F** Conduit to Short-term External Heart Assist System	**9** New Technology Group 9

CMS Recommendation: Option 2, as described above.

A commenter expressed interest in reviewing an alternative option, such as adding a code in the Med/Surg section of the ICD-10-PCS classification, therefore, we are adding a coding option 3 for consideration of this request.

Option 3. In table 03H, Insertion of Upper Arteries, create new device value H Synthetic Substitute, Conduit, applied to the body part values 5 Axillary Artery, Right and X Thoracic Aorta, Ascending, and the approach 0 Open, to identify insertion of short-term external heart assist system using a conduit attached to the right axillary artery or to the ascending aorta respectively. A separate code would continue to be reported for the insertion of the external heart assist system as described in current coding.

Section	**0** Medical and Surgical
Body System	**3** Upper Arteries
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*
5 Axillary Artery, Right **X** Thoracic Aorta, Ascending/Arch	**0** Open	**ADD H Synthetic Substitute, Conduit**	**Z** No Qualifier

The CMS recommendation for this topic continues to be Option 2 as described.

3) For *Topic #6 – Extraluminal Vein Graft Support during Coronary Artery Bypass Grafting* we are adding a coding option 3 for consideration of this request based on comments received.

On page 29 of the Agenda packet the coding options are currently displayed as follows:
Coding Options

Option 1. Do not create new ICD-10-PCS codes for placement of an extraluminal vein graft support device during CABG. Continue coding as listed in current coding.

Option 2. In New Technology table X2U, Supplement, Cardiovascular System, create new device value 7 Vein Graft Extraluminal Support Device(s), applied to the appropriate coronary artery body part value(s), to identify placement of an extraluminal vein graft support device during CABG.

Section	**X** New Technology
Body System	**2** Cardiovascular System
Operation	**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 / Substance / Technology*	*Qualifier*
ADD 0 Coronary Artery, One Artery **ADD 1** Coronary Artery, Two Arteries **ADD 2** Coronary Artery, Three Arteries **ADD 3** Coronary Artery, Four or More Arteries	**0** Open	**ADD 7** Vein Graft Extraluminal Support Device(s)	**9** New Technology Group 9

CMS Recommendation: Option 2, as described above.

A commenter suggested that the number of coronary arteries does not need to be specified since the proposed code is considered an adjunct code and the number of arteries bypassed would be reflected in the Bypass code. The proposed new code already specifies that number of devices placed since device value is 7 Vein Graft Extraluminal Support Device(s) and therefore the code is assigned once regardless of the number of these devices placed. CMS agrees that if we specify the number of coronary arteries in the proposed new section X code, we risk creating confusion in the coded data, because the number of coronary arteries in the section X code would only apply to the number of coronary arteries using the extraluminal vein graft support and there may be coronary arteries bypassed that use arterial conduit or don't use this device, resulting in Bypass codes from table 021 and section X codes from table X2U where the body part values do not match.

We are adding the option to create a single code as follows:
Option 3. In New Technology table X2U, Supplement, Cardiovascular System, create new device value 7 Vein Graft Extraluminal Support Device(s), applied to body part value 2 Coronary Artery/Arteries, to identify placement of an extraluminal vein graft support device during CABG.

Section	**X** New Technology
Body System	**2** Cardiovascular System
Operation	**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 / Substance / Technology*	*Qualifier*
ADD 2 Coronary Artery/Arteries	**0** Open	**ADD 7** Vein Graft Extraluminal Support Device(s)	**9** New Technology Group 9

The CMS recommendation for this topic is revised to Option 3, as described above.

CORRECTIONS

Topic #10 - Insertion of Percutaneous Mechanical Circulatory Support Device into Thoracic Aorta

On page 42 of the Agenda packet, a typographical error was noted in coding option 2 where the term "monitoring" was reflected instead of the term "support" in the last sentence.

We are correcting coding option 2 for consideration of this request to the following:

Option 2. In tables 02H, 02P, and 02W, Insertion, Removal, and Revision of Heart and Great Vessels, add existing body part value W Thoracic Aorta, Descending, applied to the device value R Short-term External Heart Assist System to identify insertion of a percutaneous short-term external heart assist pump into the thoracic aorta. Continue to report the cardiac support as described in current coding.

QUESTIONS & ANSWERS

Below we provide the CMS responses to questions or comments submitted for the procedure code topics using the "Q&A" feature during the March 7, 2023 virtual ICD-10 Coordination and Maintenance Committee Meeting.

Question: How long is recovery once a bioprosthetic femoral venous valve for chronic venous insufficiency is implanted?

Response: In ongoing clinical trials, patients are being kept overnight in the hospital as a precaution, but are able to stand and walk at discharge. Soreness from the surgery generally disappears within 30 days of implantation

Question: How does the implantation of a bioprosthetic femoral venous valve for chronic venous insufficiency differ from placing a device in the arteries to combat stenosis?

Response: The VenoValve® implantation procedure is different from placing an arterial stent. First, veins are significantly different from arteries in form and substance. Most arterial stents are placed percutaneously, while the VenoValve® is implanted via an open surgical procedure. Second, the function of the VenoValve® is also very different from an arterial stent. The VenoValve® does not address stenosis of the vein, rather, it replaces the function of venous valves in the leg to prevent reflux. In the event that a patient also has stenosis in a vein, they may require a venous stent in addition to the VenoValve®.

Question: For the topic "Implantation of Bioprosthetic Femoral Venous Valves", why was the root operation Insertion selected in the coding options instead of Replacement?

CMS Response: Replacement was not deemed an appropriate option because the body part value specifies the femoral vein, and no portion of the femoral vein itself is removed and replaced during this procedure. CMS also considered the root operation Supplement in that the procedure augments the ability of the femoral vein body part to return the blood to the heart and bioprosthetic devices are not typically classified to the root operation Insertion. However, after subsequent discussion and concerns expressed by the requestor over the use of the root operation Supplement to classify this procedure, CMS agreed to propose the root operation Insertion.

Question: How does the Aveir™ AR System, a programmable system composed of a single implanted leadless pacemaker into the right atrium that provides single-chamber pacing therapy, differ in objective from model LSP112V currently in clinical trial for single chamber pacing?

Response: Model LSP112V, also known as Aveir™ VR, is one of the modular components of the Aveir™ DR dual chamber leadless pacemaker system. Aveir™ VR is being investigated in the LEADLESS II IDE Study for the Aveir™ VR Leadless Pacemaker System (NCT04559945). The objective of this clinical investigation is to evaluate the clinical safety and effectiveness of the Aveir™ right ventricular single chamber leadless pacemaker (Aveir™ VR LP) in a patient population indicated for VVI(R) pacing to support regulatory pre-market submissions for VVI(R) pacing indications in various geographies.

The Aveir™ dual chamber leadless pacemaker (Aveir™ DR LP) system is being investigated in the Aveir™ DR i2i Study for Aveir™ Dual-Chamber Leadless i2i IDE Study (NCT05252702). The objective of this clinical investigation is to evaluate the clinical safety and effectiveness of the Aveir™ dual chamber leadless pacemaker (Aveir™ DR LP) system.

Question: CMS has proposed coding options to describe insertion of magnetic devices for non-surgical lengthening of the esophagus. Would we need removal code options for the subsequent surgery for the removal of the magnets?

CMS Response: If there is support for new codes, then CMS would consider creating codes to describe the removal of the of magnetic devices for non-surgical lengthening of the esophagus as well.

Question: How is the VEST™ Venous External Support device prevented from returning to its original size after being stretched?

Response: The design of the VEST™ Venous External Support device is such that once fully expanded, it maintains configuration and does not close. The material has memory so it stays in place without the need to secure to the anastomoses.

Question: For the topic "Insertion of a Short-term External Heart Assist System with Conduit", how would removal or revision of the conduit be coded?

CMS Response: Facilities can report the removal or revision of an axillary artery or ascending thoracic aorta conduit to a Short-term External Heart Assist System using the device value Y Other Device in table 03P Removal of Upper Arteries or table 03W Revision of Upper Arteries.

Question: How will Extravascular implantable defibrillator leads (EV ICD) respond to an auto-defibrillator that is applied in a public space as a response to a cardiac event?

Response: The EV ICD system is intended to preclude the need for external defibrillation (e.g. from an automated external defibrillator), as the EV ICD system provides anti-tachycardia pacing, cardioversion and defibrillation capabilities without the need for external device therapy. However, an AED is not contraindicated for use in patients with the EV ICD.

GENERAL QUESTIONS

Question: I may have missed this at the beginning of the session this morning. The ICD-10-PCS codes discussed at the ICD-10 Coordination and Maintenance Committee Meeting will possibly be implemented on October 1, 2023 for FY 2024. Is that correct?

CMS Response: Yes, as reflected in the Agenda packet, the ICD-10-PCS code proposals presented on March 7, 2023 are being considered for implementation on October 1, 2023. If any portion of the meeting was missed, the link to the recording from the procedure code portion of the March 7, 2023 ICD-10 Coordination and Maintenance Committee Meeting will be made available at https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials.html.

April 7, 2023 is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the March 7, 2023 ICD-10 Coordination and Maintenance Committee meeting being considered for implementation on October 1, 2023.

Question: How do we get certificates of attendance to get Continuing Education Units (CEUs) for attending today?

CMS Response: CMS does not provide certificates of attendance for ICD-10 Coordination and Maintenance (C&M) Committee Meetings. After registering to attend the March 7-8, 2023 ICD-10 Coordination and Maintenance Committee meeting, a confirmation email containing information about joining the webinar as proof of registration should have been received.

As reflected on page 9 of the Agenda packet, CEUs may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation. If you have any questions concerning obtaining your continuing education credits, please contact the respective organization, not CMS.

Question: Where can we get the Agenda and meeting materials?

CMS Response: The Final Agenda and meeting materials for the procedure code topics discussed during the virtual meeting on March 7, 2023 are available on the CMS website at https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials.

The Agenda packet for the diagnosis code topics discussed during the virtual meeting on March 7-8, 2023 is available on the CDC website at https://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm.

We encourage attendees to join our ICD-10 subscriber list to receive information such as when meeting materials have been made available and other ICD-10 related updates.

Question: How do I join the ICD-10 Coordination and Maintenance Committee Meetings subscriber list?

CMS Response: Instructions for joining the ICD-10 Coordination and Maintenance Subscriber GovDelivery list were included in the March 7, 2023 Agenda packet for the procedure code topics and are also available in the Downloads section of the CMS webpage at: https://www.cms.gov/Medicare/Coding/ICD10/ICD-10-Coordination-and-Maintenance-Committee-Meetings.