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October 11, 2024

Mady Hue  
Technical Advisor  
Centers for Medicare and Medicaid Services  
CM/TCPG/DICDRG  
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 September ICD-10 Coordination and Maintenance (C&M) Committee meeting that are being considered for April 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.

### **Transcatheter Bypass of Left Atrium to Right Atrium via Coronary Sinus**

AHIMA does **not** support the creation of a new code for transcatheter bypass of left atrium to right atrium via the coronary sinus. We believe the existing codes in table 021, Bypass of Heart and Great Vessels, adequately capture this procedure.

If CMS does decide to create a code for this procedure, the code should be created in table 021 rather than in section X.

We do not support an April 1 implementation date for this procedure. If a new code is created, it should become effective October 1, 2025.

### **External Fixation with Automated Strut Adjustment**

We do **not** support the proposed creation of new codes to identify the attachment of a hexapod ring-fixation system with automated strut adjustment. Codes are currently available for similar devices when the system is used for limb lengthening and fracture reduction. We believe the existing codes adequately capture the device described in the code proposal. Creation of a unique device value would cause confusion with existing device values.

We do not support an April 1 implementation date for this procedure. If new codes are created, they should become effective October 1, 2025.

### **Extracorporeal Interstitial Fluid Removal**

AHIMA does **not** support the proposal for a new code for extracorporeal interstitial fluid removal using a wearable garment. The use of a wearable garment is outside the scope of ICD-10-PCS.

We do not agree that Assistance is the appropriate root operation for the use of this technology. If a new code is created, Hyperthermia should be considered instead, since the C&M materials described the technology as facilitating the extraction of excess interstitial fluid by activating the sweating system.

We also do not support an April 1 implementation date. If CMS creates a new code, it should not become effective until October 1, 2025. Since the requester intends to submit a New Technology Add-on Payment (NTAP) application for Fiscal Year 2026, a new code is not needed before October 1, 2025.

### **Insertion of Heterotopic Bicaval Valves into Right Atrium**

Codes were created last year for insertion of this same device in the inferior vena cava and superior vena cava. Apparently, these codes are now intended to describe the stent portion of the bioprosthetic valve placement and the proposed codes are intended to describe the valve portion of the device that is placed in the right atrium. When the existing codes were implemented, there was no indication that they were only intended to capture the stent portion of the device. In fact, the device value name identifies the valve (Intraluminal Device, Bioprosthetic Valve).

We do not believe the stent portion and valve portion of this device should be separately coded. Since the device value for both the existing codes and the proposed new code identifies the valve, assigning both sets of codes gives the impression that bioprosthetic valves were placed in the inferior vena cava or superior vena cava and in the right atrium. But even if the device value name in the existing codes was modified, we still believe that only one code should be assigned for insertion of heterotopic bioprosthetic valve(s). If new codes are created based on the September 2024 C&M code proposal, **we recommend that the existing codes be deleted.**

We disagree with the proposed root operation of Supplement. The code proposal for the existing codes that was presented at the September 2022 C&M meeting stated “these heterotopic valves

are intended to replace the function of the defective regurgitant tricuspid valve.” The definition of the root operation Replacement is “Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part.” **We believe that placement of a heterotopic bioprosthetic valve in the right atrium meets the definition of Replacement.** This definition does not require that the native valve be physically replaced, but only that the function of the valve is replaced. The new code should be created in table X2R, with new device value “Intraluminal Device, Heterotopic Bioprosthetic Valve(s)” applied to body part J Tricuspid Valve. The term “heterotopic” will make it clear that the bioprosthetic valve is located in a different place from the native valve. If it is important to capture that the valve is in the right atrium, this information can be added to the device value name.

We do not support an April 1 implementation date for this new code. We recommend implementation of the new code on October 1, 2025.

### **Administration of emapalumab-lzsg**

While AHIMA supports the creation of new codes to identify the intravenous administration of emapalumab-lzsg, we do not support an April 1 implementation date. Since the requester intends to submit an NTAP application for Fiscal Year 2026, a new code is not needed before October 1, 2025.

Proposed new code number XW033DA has already been used, so a different code number will be needed for intravenous administration of emapalumab-lzsg.

### **Administration of tarlatamab-dlle**

While AHIMA supports the creation of new codes to identify the intravenous administration of tarlatamab-dlle, we do not support an April 1 implementation date. Since the requester intends to submit an NTAP application for Fiscal Year 2026, a new code is not needed before October 1, 2025.

Proposed new code numbers XW033CA and XW043CA have already been used, so different code numbers will be needed for intravenous administration of tarlatamab-dlle.

### **Addenda and Key Updates**

We recommend that the proposed new code for cardiac stereotactic body radiotherapy (SBRT) be created in section D Radiation Therapy, where codes for stereotactic radiosurgery are located. While radiation therapy is commonly performed for cancer treatment, it is also performed for other medical conditions. ICD-10-PCS codes aren’t generally defined by the diagnosis for which the procedure is performed. SBRT is a type of radiation therapy and should be classified in section D.

While we support creating a unique code for mechanical cervical ripening in labor induction, we recommend adding “cervical ripening” to the Index at Dilation, Cervix, to explain the meaning

of the qualifier value J Temporary and provide clarification as to the procedure the new code is intended to capture.

Regarding the proposed addition of qualifier value C Other Substance applied to body region value U Joints, we do not agree that this code should be used to capture the utilization of bone graft material in open ankle joint fusions. The use of bone graft material is already captured in the codes in the Fusion tables. However, there may be other substances used in joint procedures for which this code might be useful.

Since the definition of Wound Management in section F, Physical Rehabilitation and Diagnostic Audiology, includes vacuum-assisted closure, the proposed new code for negative pressure wound therapy in table 8E0, Other Procedures of Physiological Systems and Anatomical Regions, would overlap with the wound management codes in table F08. We recommend that modifications be made to the Wound Management definition in section F so that the codes in table F08 are clearly distinct from the proposed new code as well as from other wound management codes in ICD-10-PCS.

While we support the proposal to create a code for cricothyrotomy, we recommend that *Coding Clinic for ICD-10-CM/PCS* publish advice clarifying that if a tracheostomy is performed subsequent to a cricothyrotomy, both procedures should be coded.

We recommend that the name “OTL-200” be retained in the Index after the name has been revised in table XW1 Transfusion, so that it is possible to still find the correct code if the drug is looked up by its old name.

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

Thank you for the opportunity to comment on the proposed ICD-10-PCS modifications being considered for April 1, 2025 implementation. 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](mailto:sue.bowman@ahima.org).

Sincerely,



Lauren Riplinger, JD  
Chief Public Policy and Impact Officer