DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

SUMMARY REPORT

ICD-9-CM COORDINATION AND MAINTENANCE COMMITTEE

September 15-16, 2010

PROCEDURE DISCUSSIONS

Introductions and Overview

Pat Brooks welcomed the participants to the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting. She explained the purpose of this meeting is to discuss updates to the ICD-9-CM and ICD-10 coding systems. Approximately 330 participants registered to attend the meeting. CMS was able to provide 225 phone lines on a first come, first serve basis for callers to listen to the presentations. Those participating by conference lines were informed that there were four separate conference ID numbers for each segment of the meeting. The morning meeting was scheduled to run from 9:00 AM to 12:30 PM, at which time we would break for lunch. Callers would call in again at 1:30 PM for the afternoon session, which would run until 4:45 PM. The afternoon conference ID number was 88803327. Participants were told to please refer to the Participant dial-in number information posted on the ICD-9-CM website for the call in numbers and the conference ID numbers for each of the four sections of the meeting. Tomorrow's meeting would begin at 9:00 AM and run until the lunch break at 12:30 PM. The afternoon session will begin at 1:30 PM and end at 3:15 PM. A written and audio transcript of the entire meeting will be posted on CMS' ICD-9-CM website under the ICD-9-CM Coordination and Maintenance Committee meeting page.

The agenda and handouts were posted on CMS' and CDC's websites in advance of the meeting to allow listeners to follow the discussions. This included an updated version of the 2010 General Equivalence Mappings (GEMs) including updates made in response to public requests after our last C&M meeting. CMS hoped that this advanced posting of updates to the GEMs would facilitate the morning's discussion of GEM updates. The PowerPoint slides used by the clinical presenters for the afternoon's ICD-9-CM procedure updates could not be posted on the website since they did not meet posting restrictions. Callers would be able to make comments or ask questions during the meeting. Everyone was encouraged to send their written comments after the meeting.

CMS and CDC have "gone green" for the meetings beginning with the March 2010 C&M meeting. CMS no longer prepares paper handouts of the proposal package. This information was included on the meeting announcements and on the website. Those who wished to have a copy of the handouts would need to print their own copies prior to the meetings. To facilitate discussions, PowerPoint slides of the coding options and CMS recommendations were developed.

The morning meeting was devoted to ICD-10 topics including ICD-10-CM and PCS updates as well as maintenance and updates of the GEMs. CMS also discussed the ICD-10 version of the MS-DRGs, which used the GEMs in the conversion process. Discussion of ICD-10 topics would be jointly led by CMS and CDC.

It was announced that the ICD-9-CM procedure portion of the meeting would begin at the conclusion of the ICD-10 topics. This would more than likely begin after the lunch break at 1:30 PM. The procedure section of the meeting would be conducted by staff from the Centers for Medicare & Medicaid Services (CMS). The ICD-9-CM diagnosis portion of the meeting would begin at the conclusion of the ICD-9-CM procedure topics late Wednesday afternoon, or on Thursday, September 16, and would be conducted by staff from the Centers for Disease Control and Prevention (CDC).

Participants were informed that ICD-9-CM procedure code issues discussed at the September 15, 2010 C&M meeting are being considered for implementation on October 1, 2011. The participants were encouraged to refer to the timeline beginning on page 4 for future meeting information and the deadline for receipt of public comments. Important dates included the following:

October 08, 2010	**Deadline for receipt of public comments on proposed ICD-9-CM code revisions discussed at the September 15-16, 2010 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2011. It should be noted that we have not received any official requests for April 1, 2011 code implementations as part of the coding topics being discussed today. Should no one make this official request during today's meeting, there will be no April 1, 2011 code updates.**
November 2010	Any new ICD-9-CM codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2011 will be posted on CMS and CDC's as provided in the posted timeline.

November 12, 2010	**Deadline for receipt of public comments on revisions to the General Equivalence Maps (GEMs) discussed at the September 15, 2010 ICD-9-CM Coordination and Maintenance Committee. However, we encourage the public to continue to send any suggestions/edits on the GEMs for consideration at future C&M meetings. Comments received on the GEMs will be considered for the 2011 GEM updates.**
November 19, 2010	**Deadline for receipt of public comments on proposed ICD-9-CM code revisions discussed at the September 15-16, 2010 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2011.**
January 7, 2011	**Deadline for requestors: Those members of the public requesting that topics be discussed at the March 9 – March 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses by this date.**
March 9-10, 2011	ICD-9-CM Coordination and Maintenance Committee meeting.

Participants should review the posted timeline for additional information about ICD-9-CM including finalization of code titles, posting of addendum, and the process for requesting code revisions.

The C&M Committee meetings serve as a public forum to discuss proposed revisions to the ICD-9-CM and ICD-10. The public is given a chance to offer comments and ask questions about the proposed revisions. **No final decisions on code revisions take place at the meeting.**

The public is offered an opportunity to make additional written comments by mail or e-mail. Email comments are preferred since this avoids delays in mailroom screenings and deliveries.

Comments on the **procedure** part of the meeting should be sent to:
Pat Brooks
Patricia.brooks2@cms.hhs.gov

Comments on the **diagnosis** part of the meeting should be sent to:
Donna Pickett
Dfp4@cdc.gov

CMS ICD-9-CM home page

CMS has information on ICD-9-CM at the following web address: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes . Detailed information is provided on the homepage on the process of requesting a new or revised code. CMS implemented an online registration for the ICD-9-CM Coordination and Maintenance Committee Meetings. A link to the registration site is provided above as well as on the ICD-9-CM homepage.

Process for requesting code revisions

The process for requesting a coding change was explained, and is explained on the ICD-9-CM CMS website. The request for a procedure code change should be sent to Pat Brooks at least two months prior to the C&M meeting. The request should include detailed background information describing the procedure, patients on whom the procedure is performed, any complications, and other relevant information. If this procedure is a significantly different means of performing a procedure than is already identified in ICD-9-CM, this difference should be clearly described. The manner in which the procedure is currently coded should be described along with information from the requestor on why they believe the current code is not appropriate. Possible new or revised code titles should then be recommended.

CMS staff will use this information in preparing a background paper to be presented at the C&M meeting. The CMS background paper includes a CMS recommendation on any proposed coding revisions. The background paper is distributed for discussion at the C&M meeting and posted on the website for viewing after the meeting.

A presentation is made at the C&M meeting, which describes the clinical issues and the procedure. CMS staff will coordinate a discussion of possible code revisions. The participants at the meeting are encouraged to ask questions concerning the clinical and coding issues at the meeting as well as in writing after the meeting. Comments concerning proposed code revisions are taken for consideration. Final decisions on code revisions are made through a clearance process within the Department of Health and Human Services. No final decisions are made at the meeting.

April 1 code updates

It was announced that there will be no new procedure codes implemented on April 1, 2011.

Final decisions on new ICD-9-CM codes

As indicated in the timeline, the public is informed of approved ICD-9-CM code title updates through the inpatient prospective payment system (IPPS) proposed rule. This proposed rule is anticipated to be published in April 2011. Any codes approved after the March 9-10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be included in the IPPS final rule published by August 1, 2011. A complete copy of the addendum will be published on CMS and CDC's websites by early June 2011.

ICD-10 TOPICS:

Freezing of Codes Prior to Implementation of ICD-10

At the September 2009 C&M meeting, extensive discussions took place on the issue of whether or not there should be a partial freeze of ICD-9-CM and ICD-10-CM/PCS codes prior to the implementation of ICD-10 on October 1, 2013. Considerable interest was expressed in dramatically reducing the number of annual updates to both coding systems. It was suggested that such a reduction in code updates would allow vendors, providers, system maintainers, payers, and educators a better opportunity to prepare for the implementation of ICD-10. Subsequent to this meeting, additional public comments on this issue were received. Most of the comments supported a limited freeze of both ICD-9-CM and ICD-10 coding systems. After carefully reviewing the oral and written comments, the ICD-9-CM Coordination and Maintenance Committee finalized a decision on a Partial code freeze for ICD-9-CM and ICD-10. Information on this code freeze is included in the Partial Code Freeze document in the agenda and handouts starting on page 10.

The ICD-9-CM Coordination and Maintenance Committee will implement a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10 on October 1, 2013. There was considerable support for this partial freeze. The partial freeze will be implemented as follows:

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets will be made on October 1, 2011.
- On October 1, 2012, there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2013, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2014, regular updates to ICD-10 will begin.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on and after October 1, 2014 once the partial freeze has ended.

Codes discussed at the September 15 – 16, 2010 and March 9 – 10, 2011 ICD-9-CM Coordination and Maintenance Committee meeting will be considered for implementation on

October 1, 2011, the last regular updates for ICD-9-CM and ICD-10. Code requests discussed at the September 14 – 15, 2011 and additional meetings during the freeze will be evaluated for either the limited updates to capture new technologies and diseases during the freeze period or for implementation to ICD-10 on October 1, 2014. The public will be actively involved in discussing the merits of any such requests during the period of the partial freeze.
Please see the audio and written transcripts for detailed information on the Code Freeze presentation and open discussions.

General Equivalence Mapping (GEMs) Discussions

The 2010 ICD-10-CM and ICD-10-PCS GEMs are posted on CMS' website at http://www.cms.hhs.gov/ICD10. The ICD-10-CM GEMs are also posted on CDC's website at http://www.cdc.gov/nchs/icd/icd10cm.htm Providers and payers are beginning to use the GEMs to convert their payment systems, edits, quality measures, and other systems from ICD-9-CM to ICD-10. By doing so, issues and questions about the GEMs have been raised. Based on these questions and feedback, CMS has updated the 2010 GEMs in response to these issues and posted the files on the C&M website for the September 15-16, 2010 meeting. The file names for these GEM documents on the C&M website are:

Diagnosis code GEM files:
2010_I10gem.txt
2010_I9gem.txt

Procedure code GEM files:
Gem_i9pcs.txt
Gem_pcsi9.txt

CMS hoped that the availability of these updated files would facilitate discussions for the meeting. Pat Brooks announced that many would recognize issues they have brought to CMS' attention, for which CMS made GEM updates. CMS greatly appreciates the feedback received, and welcomes any additional feedback as others apply the GEMs to their conversion activities.

Pat Brooks also encouraged participants to review another technical document that CMS posted on the ICD-9-CM website with other documents for the meeting. This document is called General Equivalence Mappings, Documentation for Technical Users and has the file name GemsTechDoc.pdf. This 31 page technical document was developed to assist users in understanding the purpose of the GEMs and how to use them. There are detailed examples of points covered. CMS hopes that this document will be of great assistance as others begin to convert data and policy statements from ICD-9-CM to ICD-10 using the GEMs.

ACA requirements for the GEMs (crosswalks)

Section 10109(c) of the Affordable Care Act (ACA) requires the Secretary of Health and Human Services (HHS) to task the C&M Committee to convene a meeting before January 1, 2011, to receive stakeholder input regarding the crosswalk between the Ninth and Tenth Revisions of the

International Classification of Diseases (ICD-9 and ICD-10, respectively), posted to the CMS website at http://www.cms.gov/ICD10, for the purpose of making appropriate revisions to said crosswalk. Section 10109(c) further requires that any revised crosswalk be treated as a code set for which a standard has been adopted by the Secretary, and that revisions to this crosswalk be posted to the CMS website.
The C&M Committee would use the first half of the first day of the September C&M Committee meeting, 9:00 a.m. to 12:30 p.m. Wednesday, September 15, 2010, to fulfill the above-referenced ACA requirements for this meeting to be held prior to January 1, 2011, and receive public input regarding the above-referenced crosswalk revisions. No other meeting will be convened by the C&M Committee for this ACA purpose. Interested parties and other stakeholders were requested to submit their written comments and other relevant documentation at the meeting, or no later than November 12, 2010 to Pat Brooks and Donna Pickett at the email addresses provided in the posted agenda. These suggestions will be considered for the 2011 GEM updates which will be posted in January 2011.

The ACA requirements for the crosswalks refer to the General Equivalent Mappings (GEMs). The GEMs were created to assist the industry in converting ICD-9-CM applications to ICD-10. The ACA requirements do not cover the Reimbursement mappings. The Reimbursement mappings were created as a supplemental tool at the request of a private payer.

Donna Pickett, CDC; Rhonda Butler, 3M; and Pat Brooks, CMS, would describe an update to the 2010 GEMs based on the comments and suggestions they have received in the past few months. After this update, CMS and CDC would then provide the opportunity for additional suggestions or feedback on the GEMs and the need for any additional updates. While this meeting will fulfill the ACA requirements for the GEMs, they will continue to encourage comments on GEM updates at future meetings of the C&M committee. We now are three years away from the implementation of ICD-10. Everyone should use this time to prepare for the transition to ICD-10. With this in mind, attention was then turned to the ICD-10 GEMs 2010 Version Update document which begins on page 11 of the agenda and handouts document.
Please see the audio and written transcripts for detailed information on the GEMs presentation and open discussions.

MS-DRG Impact Analysis
During previous C&M meetings, CMS has discussed using the GEMs to convert policies and payment systems from ICD-9-CM to ICD-10 codes. CMS has had detailed presentations on the conversion of the MS-DRGs from ICD-9-CM to ICD-10 using the GEMs. Questions have been raised about the accuracy of using the Reimbursement Mappings (posted on CMS' website) to convert ICD-10 codes back to ICD-9-CM and to continue using current payment logic. Some payers are evaluating this approach instead of converting their payment systems to ICD-10 codes in advance of the implementation of ICD-10.

CMS asked their contractor, 3M to perform an analysis of the impact of moving to an ICD-10 based MS-DRG system which was developed using the GEMs. CMS also asked 3M to compare

this approach to that of converting ICD-10 codes back to ICD-9-CM codes and using the current payment logic. CMS believes that these discussions will allow the health care industry to more fully evaluate our efforts of data conversions using the GEMs. The work has been summarized in an article entitled "Impact of the Transition to ICD-10 on Medicare Inpatient Hospital Payments". The article begins on page 21 of your handouts. The methodology and results of this study were discussed by Ron Mills and Elizabeth McCullough from 3M.
Please see the audio and written transcripts for detailed information on the MS-DRG Impact Analysis presentations and discussions.

V28.0 ICD-10 MS-DRGs

CMS included a document titled "Version 28.0 ICD-10 MS-DRGs Updates" beginning on page 31 of the agenda and handout document. This document provides information on CMS' plans to produce a Version 28.0 of the ICD-10 MS-DRGs. The initial test conversion of MS-DRGs included all of the MS-DRG definitions and appendices in the definitions manual except appendix C containing the CC exclusion list.

In order to develop a working grouper, conversion of the CC exclusion logic was necessary. This was completed in early 2010, in addition to an interim update of the test conversion to version 27.0 MS-DRGs. The next stage of CMS' ICD-10 MS-DRG conversion involves the following two major initiatives:

- Developing ICD-10 MS-DRG grouping software
- Updating the ICD-10 MS-DRGs to version 28.0

Based on internal review and public comment, several changes were implemented while developing the preliminary ICD-10 MS-DRG grouper software. Some logic changes were necessary to enable completion of an ICD-10 MS-DRG grouper that met CMS' stated goal, of developing an ICD-10 MS-DRG grouper that produces the same results as the ICD-9-CM MS-DRG grouper. Logic changes include:

- Two new lists, "Principal Diagnosis is its own MCC" and "Principal Diagnosis is its own CC" were added to the grouper to handle ICD-10-CM codes that translate to two or more separate codes in ICD-9-CM. The grouper logic was modified so that when one of the codes on the list is the principal diagnosis, the patient will be considered to have an MCC or CC based solely on the principal diagnosis.

- Some ICD-9-CM codes require multiple ICD-10-PCS codes to describe the procedure. Procedure logic in surgical MS-DRGs was developed to take into account the need for ICD-10-PCS code clusters to produce the same grouper results.
    - Heart Assist System
    - Kidney/Pancreas Transplant
    - Major brain device implant

- Neurostimulators
- Cardiac Defibrillators
- Resection of Abdominal Aorta and Other Thoracic Vessels with Replacement
- Implant/replace subcutaneous cardiac device
- Lead-device pairs creating an O.R. procedure
- Permanent Cardiac Pacemaker Implant

- An ICD-10-PCS delivery code list was developed to enable correct assignment of obstetrics records indicating vaginal delivery to MS-DRGs 774 and 775 Vaginal Delivery

Updating the ICD-10 MS-DRGs to version 28.0

The same process used for the interim update of ICD-10 MS-DRGs from version 26.0 to version 27.0 will be followed in updating ICD-10 MS-DRGs to version 28.0. The update process is as follows:

- The 2011 version GEMs are used to translate the approximately 500 ICD-9-CM code lists comprising the MS-DRGs to comparable lists of ICD-10-CM/PCS codes
- Initial tests ensure that all ICD-10-CM codes are assigned to an MDC and all ICD-10-PCS codes are represented in the logic
- The draft converted lists are analyzed for issues, (e.g., list assignment conflicts, necessary ICD-10-PCS clusters) and all issues are resolved
- The converted lists receive additional clinical review as needed

Version 28.0 ICD-10 MS-DRG Update Timeline

Date	Event
August 2010	Version 28.0 ICD-9-CM MS-DRGs published in FY 2011 final rule
October 2010	2011 update of ICD-10-PCS posted
January 2011	2011 update of ICD-10-CM and diagnosis and procedure GEMs posted
February 2011	Version 28.0 ICD-10 MS-DRGs definitions manual posted
March 2011	V28.0 ICD-10 grouper release

ICD-10-PCS Updates

A document entitled ICD-10-PCS FY 2011 Update begins on page 33 of the agenda and handouts document. The document summarizes the updates to ICD-10-PCS for FY 2011.
For details on this presentation and discussion, see the audio and written transcripts of the meeting.

ICD-10-CM Updates

Donna Pickett provided an update on the plans for the FY 2011 ICD-10-CM. A handout on this subject begins on page 36 of the agenda and handouts document.
For details on this presentation and discussion, see the audio and written transcripts of the meeting.

ICD-9-CM TOPICS:

Implantable Hemodynamic Monitoring System

Jay S. Yadav, MD, conducted a clinical presentation on a newer type of hemodynamic monitoring system, the Champion HF System, which utilizes an implantable wireless sensor in combination with an external monitor to transmit pulmonary artery pressure information and cardiac output from a patient's home to the treating physician. The data allows the physician to detect and manage the patient's condition and prevent deterioration resulting in hospitalization. Amy Gruber led the coding proposal discussion. An issue paper on this topic begins on page 38 of the agenda and handouts document.

For details on this presentation and discussion, see the audio and written transcripts of the meeting.

Endovascular Embolization with Head or Neck Vessel Reconstruction

Giuseppe Lanzino, MD, facilitated a clinical discussion on a stent-like device known as the Pipeline™ Embolization Device, which is used to treat intracranial aneurysms by rebuilding the vessel from within. Ann Fagan led the coding proposal discussion. An issue paper on this topic begins on page 41of the agenda and handouts document.

For details on this presentation and discussion, see the audio and written transcripts of the meeting.

Fenestrated Endograft Repair of Abdominal Aortic Aneurysms

Tara Mastracci, MD, presented the clinical aspects of a new technology, the "fenestrated" stent-graft, that has been developed to offer an endovascular repair option to a subset of patients who are not candidates for using the standard endovascular devices currently on the market. Ann Fagan led the coding proposal discussion. An issue paper on this topic begins on page 44 of the agenda and handouts document.

For details on this presentation and discussion, see the audio and written transcripts of the meeting.

Contrast Dye Removal

Robert Van Tassel, MD, conducted a clinical presentation on a new technology, the CINCOR™ Contrast Removal System, which assists physicians in the removal of contrast dye in cardiovascular procedures. Mady Hue led the coding proposal discussion. An issue paper on this topic begins on page 44 of the agenda and handouts document.

For details on this presentation and discussion, see the audio and written transcripts of the meeting.

Addenda

Mady Hue presented the procedure addenda proposals. No opposition was received. Participants were encouraged to submit comments by the deadline. The addenda proposal can be found on pages 51-52 of the agenda and handouts document.

For details on this presentation and discussion, see the audio and written transcripts of the meeting.