Objectives

- Review new FY 2020 ICD-10-PCS codes
- Understand driving forces for new PCS codes
- Create awareness for impactful codes
- Review revised PCS guidelines

- ICD-10-PCS index AND tabular addenda are also available as an appendix at the end of the presentation
## FY 2020 Update Summary

### ICD-10-PCS FY 2020 Version

#### FY 2020 Update Summary

<table>
<thead>
<tr>
<th></th>
<th>2019 Total</th>
<th>New Codes</th>
<th>Revised Titles</th>
<th>Deleted Codes</th>
<th>2020 Total</th>
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<tbody>
<tr>
<td></td>
<td>78,881</td>
<td>734</td>
<td>2</td>
<td>2,056</td>
<td>77,559</td>
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</tbody>
</table>
FY 2020 UPDATE SUMMARY
TOP CONCEPTS

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OVER-ARCHING PCS CHANGES
**OVER-ARCHING CHANGES: GROWTH THEMES**

**Supplement Procedures**

- This change allows the capture of more detail for procedures where additional material is used to reinforce the body part

- 165 New codes were added to supplement table 09U related to sinus body parts

- 48 New codes were added to the Supplement Table 02U related to coronary body part values

**Many body part and qualifier values were added to bypass tables**

- Solves coding problems for coding many different types of bypass procedures

- 144 codes were added in the GI system,

- 35 codes were added in the upper artery bypass table

- 24 codes were added to Thoracic Aorta to innominate artery bypass table
OVER-ARCHING CHANGES: DELETED CODES

Bifurcation Qualifiers Deleted (Exception Heart and Great Vessels Table)

- 1845 Deleted Codes
- The original proposal for the qualifier Bifurcation was intended to capture data regarding procedures on the coronary arteries.

Deleted Peripheral Artery and Central Artery from Transfusion

- 128 codes due to clinically invalid procedures

Breast Procedures and External Approach

- 83 Codes Deleted

- In the Skin and Breast body system of the Medical and Surgical section, they deleted the approach value X External Approach for the breast body part values

- This change facilitates a clear distinction in the classification, between procedures on the breast and procedures on the skin of the chest. All procedures performed on the skin of the breast will be classified to the body part value 5 Skin, Chest, and will use the External approach.
PCS CHANGES
EXTRACTION, BREAST

In the Skin and Breast body system of the Medical and Surgical section, they added the breast body part values and the approach value Open, to enable accurate data for non-excisional debridement of breast tissue, beneath the level of the skin.
PCS CHANGES:  
**BODY PART**

**CORONARY ARTERY BODY PART ADDED TO ROOT OPERATION INSERTION**

- Coronary artery body part values to Insertion table 02H.
- This change allows the capture of detail for procedures on the coronary arteries such as insertion of a stent into the coronary artery to prevent the risk of coronary obstruction following a prosthetic valve deployment.
PCS CHANGES: BODY PART

CORONARY ARTERY TO ROOT OPERATION SUPPLEMENT

In the Heart and Great Vessels body system of the Medical and Surgical section, the coronary artery body part values were added to root operation Supplement table 02U, to enable capture of specific detail for a procedure to reinforce or augment coronary arteries, such as a stent graft placed to seal and reinforce a perforated coronary artery status post atherectomy.
PCS CHANGES

BODY PART

TRANSORIFICE OCCLUSION OF GASTRIC VARICES

Body value 2 Gastric vein was added to the Occlusion table 06L.

This change enables accurate data for transorifrice and transorifrice endoscopic procedures where occlusion of the gastric vein is performed, such as EGD with ligation of gastric varices. This change is consistent with previous changes made to table for the body part value Esophageal Vein.
**PCS CHANGES**

**BODY PART**

**SINUS BODY PART TO ROOT OPERATION SUPPLEMENT**

The sinus body part values were added to the Supplement table 09U.

This change allows the capture of more detail for procedures where additional material is used to reinforce or augment the sinus.
EXTIRPATION OF UPPER AND LOWER JAW

In the General Anatomical Region body system of the Medical and Surgical section, upper and lower jaw body part values were added to the root operation Extirpation. This will allow the capture of an extirpation procedure of the upper and lower jaw such as evacuation of a semisolid hematoma from mandibular and maxillary spaces.
PCS CHANGES: BODY PART/QUALIFIER

BYPASS, GASTROINTESTINAL

In the Gastrointestinal body system of the Medical and Surgical section, they added general body part values 8 Small Intestine and E Large Intestine to Bypass table 0D1, with applicable qualifier values including new general qualifier Small Intestine and new general qualifier Large Intestine, to enable accurate data for bypass procedures where the physician cannot determine the specific anatomical site on the intestine, such as colostomy, in a patient with previous colon resections.
**PCS CHANGES: APPROACH**

**ARTHROSCOPIC IRRIGATION OF JOINTS**

In the Administration section, they added the approach value 4 Percutaneous Endoscopic to Irrigation table 3E1, for the axis 4 body system/region value Joints. This change enables accurate data for procedures where arthroscopic irrigation of a joint is the definitive procedure performed.
Currently, there is not a unique ICD-10-PCS device value in table 0JH to describe a subcutaneous implantable cardioverter defibrillator (S-ICD) lead. In tables 0JH, 0JP and 0JW, root operations Insertion, Removal, and Revision, create device value F Subcutaneous Defibrillator Lead, applied to the corresponding chest/trunk body part value and approach values in the table.

Watch Video here
**PCS CHANGES**

**DEVICE**

**SUBCUTANEOUS IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (S-ICD) LEAD (CONT.)**

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Medical and Surgical</td>
<td>Subcutaneous Tissue and Fascia</td>
<td>0 Open</td>
<td>Drainage Device</td>
<td>0 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Radioactive Element</td>
<td>0 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Monitoring Device</td>
<td>0 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Infusion Device</td>
<td>0 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Autologous Tissue Substitute</td>
<td>0 No</td>
</tr>
<tr>
<td></td>
<td>Subcutaneous</td>
<td>Head</td>
<td>0 Open</td>
<td>Drainage Device</td>
<td>Z No</td>
</tr>
<tr>
<td></td>
<td>Tissue and Fascia</td>
<td>Jaw</td>
<td>0 Open</td>
<td>Drainage Device</td>
<td>Z No</td>
</tr>
<tr>
<td></td>
<td>Trunk</td>
<td>0 Open</td>
<td>Drainage Device</td>
<td>Z No</td>
<td></td>
</tr>
</tbody>
</table>

**Revision: C**

Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device.
Limb discrepancy may be congenital, developmental, or result from trauma or bone diseases.

Similar to implanting an intramedullary nail but the system has a small magnet that allows the implant to get shorter or longer.

Lower risk of infections when compared to external fixation devices.

### ICD-10-PCS Value | Definition
---|---
Internal Fixation Device, Intramedullary Limb Lengthening for Insertion in Lower Bones | PRECICE intramedullary limb lengthening system

[Watch video here](#)
TREATMENT OF UNRUPTURED INTRACRANIAL ANEURYSM USING FLOW DIVERTER STENT

There is not a unique ICD-10-PCS device value to describe the use of a Flow Diverter stent that is implanted to treat nonruptured intracranial aneurysm.

Available Devices classified as Flow Diversers:

- Stryker’s Surpass Streamline™ Flow Diverter
- The Pipeline™ Flex embolization device (Medtronic)

Device Key changes have been made related to the entry related to the Pipeline™ Embolization Device.

<table>
<thead>
<tr>
<th>ICD-10-PCS Value</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraluminal Device, Endotracheal Airway in Respiratory System</td>
<td>Includes: Endotracheal tube (cuffed)(double-lumen)</td>
</tr>
<tr>
<td>Intraluminal Device, Flow Diverter for Restriction in Upper Arteries</td>
<td>Includes: Flow Diverter embolization device Pipeline(tm) (Flex) embolization device Surpass Streamline(tm) Flow Diverter</td>
</tr>
</tbody>
</table>
TREATMENT OF UNRUPTURED INTRACRANIAL ANEURYSM USING FLOW DIVERTER STENT

1. An aneurysm is a weak spot in a blood vessel that balloons out and fills with blood.

2. The Pipeline Embolization Device prevents blood flow into the aneurysm, allowing the blood vessel to heal.

3. Over time, the aneurysm will shrink on its own.

Watch video here
PCS CHANGES: QUALIFIER

CEREBRAL VENTRICLE BYPASS QUALIFIER

- New qualifier value Subgaleal Space to the root operation Bypass table 001 for the Cerebral Ventricle body part value.
- This change enables capture of detail for procedures from the cerebral ventricle to the subgaleal space, such as subgaleal shunt placement.
PCS CHANGES:
DURATION/QUALIFIER

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) FOR CARDIOPULMONARY SUPPORT

New duration value A Intraprocedural was added to the table 5A1 Extracorporeal Performance, applied to the physiological system Circulatory and the function value Oxygenation, to identify ECMO support during a procedure that is discontinued at the end of the procedure.

Also they revised existing qualifiers, so they specify the approach used for cannulation, and create two new qualifier values J Membrane, Open Peripheral Veno-arterial Cannulation, and K Membrane, Open Peripheral Venovenous Cannulation.

Current Coding (Prior to 10/1/2019) : ECMO support during a procedure is coded to table 5A1 Extracorporeal Performance using the physiological system value Circulation, the function value Oxygenation, and the appropriate qualifier specifying the method of cannulation.
PCS CHANGES: QUALIFIER/APPROACH

INTRAOPERATIVE FLUORESCENCE LYMPHATIC MAPPING IN GYNECOLOGICAL CANCERS USING INDOCYANINE GREEN (ICG) DYE

PINPOINT as an intraoperative fluorescence visualization system for the identification of lymph nodes during lymphatic mapping in cervical and uterine cancers.

In table 4A1, Monitoring of Physiological Systems, add qualifier value H Indocyanine Green Dye for the body system value Lymphatic and the function value Flow, to enable capture of additional detail for lymphatic mapping procedures using Indocyanine Green dye.

Current Coding (Prior to 10/1/2019): For current coding CMS advises using 4A16X5Z, NO qualifier.
**PCS CHANGES: QUALIFIER**

**FLUORESCENCE GUIDED PROCEDURE FOR OTHER BODY REGIONS**

In section 8, Other Procedures, they created new method value Fluorescence Guided Procedure and new qualifier value Indocyanine Green Dye, applied to all fourth character body region values and applicable approaches.

These changes will enable capture of additional detail for fluorescence-guided procedures that use indocyanine green dye (ICG). Note: Additional detail can be added to Axis 4 to specify the body region.
FLUORESCENCE-GUIDED BRAIN TUMOR SURGERY (FGS) USING GLEOLAN™ (ALA, AMINOLEVULINIC ACID)

Gleolan™ (ALA, aminolevulinic acid), is an optical imaging agent intended for oral administration indicated in patients with glioma, as an adjunct for the visualization of malignant tissue during surgery.
PCS CHANGES:
QUALIFIER

BYPASS THORACIC AORTA TO INNOMINATE ARTERY

In the Heart and Great Vessels body system of the Medical and Surgical section, they added the qualifier value Innominate Artery to Bypass table 021 for the thoracic aorta body part values. This change enables the capture of a bypass procedure from the thoracic aorta to the innominate artery.
PCS CHANGES: QUALIFIER

UPPER ARTERY BYPASS QUALIFIER

In the Upper Arteries body system of the Medical and Surgical section, add new qualifier value Lower Extremity Vein to the root operation Bypass table 031 for the upper extremity artery body part values.

This change enables capture of detail for arteriovenous bypass (fistula) from an upper extremity to a lower extremity vein such as the femoral vein.
PCS CHANGES QUALIFIER

TRANSFER LARGE INTESTINE TO VAGINA

In the Gastrointestinal body system of the Medical and Surgical section, they added the qualifier value Vagina to Transfer table 0DX for the large intestine body part value.

This change enables the capture of vaginal construction procedures using the large intestine to create a neovagina.

Figure 1 - (A): Isolation of 12-15 cm of sigmoid colon, (B): The bowel segment has been positioned to be anastomosed to vulvar mucosa.
PCS CHANGES: QUALIFIER

HYPERTHERMIA ANTINEOPLASTIC CHEMOTHERAPY

In the Administration section, they created new qualifier value Y, Hyperthermia to Introduction table 3E0, for the body part value M, Peritoneal Cavity for the antineoplastic substance.

This change enables the capture of administering hyperthermic intraperitoneal chemotherapy (HIPEC)
PCS CHANGES:
QUALIFIER

ENDOVASCULAR
ARTERIOVENOUS FISTULA
(ENDOAVF) CREATION USING
MAGNETIC-GUIDED
RADIOFREQUENCY ENERGY
AND VENOUS EMBOLIZATION

The WavelinQ endoAVF system is a dual, magnet-lined catheter system that uses radiofrequency energy to create an anastomosis between the ulnar artery and adjacent ulnar vein in the proximal forearm.

The approach value Percutaneous was added to table 031, Bypass of Upper Arteries, for the ulnar and radial artery body part values, the device value No Device, and the qualifier Lower Arm Vein, to identify percutaneous endovascular AV fistula creation using magnetic-guided radio-frequency technique (the WavelinQ system).

Current Coding (Prior to 10/1/19 Discharges): To report these procedures, facilities may use the open approach, which is the only approach currently in Table 031 Bypass of Upper Arteries, the appropriate body part value, and the device value Z No Device.

In addition, report coil embolization of the brachial vein using Table 05L Occlusion of Upper Veins, with the appropriate body part value, the percutaneous approach, and the device value D Intraluminal Device.
**PCS CHANGES:**

**QUALIFIER**

**CELL SUSPENSION AUTOGRAFTING**

**RECELL®** is a type of epithelial autograft that can be used for large wounds such as major burns.

New qualifier Cell Suspension Technique was added to table 0HR, Replacement of Skin and Breast, applied to the skin body part values and the device value Autologous Tissue Substitute, to identify cell suspension autografting.

**Current Coding (Prior to 10/1/19 Discharges):** Report the split-thickness skin harvest from the donor site on the patient using the appropriate body part in table 0HB, Excision of Skin and Breast, and the qualifier Z, to indicate that the skin excision is therapeutic, not diagnostic.

Facilities can report the application of cell suspension autografting using the following ICD-10-PCS code: 3E00XGC Introduction of Other Therapeutic Substance into Skin and Mucous Membranes, External Approach.

More info on Recell can be found here.
PCS CHANGES: QUALIFIER

BRACHYTHERAPY USING UNIDIRECTIONAL SOURCE

Existing ICD-10-PCS codes that describe low-dose rate (LDR) brachytherapy do not specify application that uses a unidirectional source

A new technology application was submitted for CivaSheet® for FY 2020

CivaSheet® is an implantable, LDR brachytherapy device that is indicated for the treatment of selected localized tumors. It is configured as an array of directional radioactive palladium-103 sources encapsulated in an organic polymer and embedded within a flexible, membrane-like bioabsorbable substrate. CivaSheet® is applied during the same operative episode as tumor resection, and can be cut and customized to the body cavity or tissue of the patient.

More info can be found here
T-CELL DEPLETED HEMATOPOIETIC STEM CELLS FOR TRANSPLANTATION

T-cell depletion is a technique utilized with cells from unrelated donors or related donors other than human leukocyte antigens (HLA)-identical sibling donors to reduce the incidence of Graft versus Host Disease (GVHD).

The T-cell depletion procedure occurs following apheresis and prior to the infusion of the cells. TCD HCT has resulted in improved time to engraftment, reduction in the incidence of GVHD, and lower rates of transplant-related complications. With the exception of chronic myeloid leukemia, TCD is not associated with adverse relapse or survival outcomes compared to conventional GVHD prophylaxis.

The medical record should indicate both the order for T-cell depletion and documentation in the procedure note that the cells were T-cell depleted.

New substance value Stem Cells, T-cell Depleted Hematopoietic was added to table 302 of section 3, Administration, applied to the qualifier values specifying an Allogeneic donor source.
NEW TECHNOLOGY CODES
RENAL FUNCTION MONITORING USING FLUORESCENT PYRAZINE

The noninvasive monitoring technology (works in a similar fashion to pulse oximetry by using a light sensor placed on the skin. After the sensor has been placed, the proprietary biocompatible tracer is administered.

**Medibeacon’s** Transdermal GFR Measurement System is a three component system consisting of (1) an optical skin sensor, (2) a monitor and (3) MB-102, which is a proprietary fluorescent tracer agent that glows in the presence of light.

MB102 is a pyrazine based small molecule.

The system has the potential to provide early detection of problems, enable rapid intervention, and thus improve patient outcomes in a cost-effective manner.

**Current Coding (Prior to 10/1/19 Discharges):** Transdermal measurement and/or monitoring of the glomerular filtration rate (GFR) in real-time is not currently coded in the inpatient setting.

For more info and video:
CEREBRAL EMBOLIC PROTECTION DURING TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)

A new code in section X, New Technology, was created to identify cerebral embolic protection during TAVR using a deflection filter placed in the aortic arch. A separate code is assigned for the TAVR procedure.

Periprocedural neurological injury remains an important limitation of TAVR. Under fluoroscopic guidance, the device is positioned in the aortic arch to cover all major cerebral arteries (covering the innominate, left carotid, and left subclavian arteries).

Device Name:

➢ The Keystone Heart TriGuard 3™ Cerebral Embolic Protection Device (CEPD)

Current Coding (Prior to 10/1/19 Discharges): There is no unique ICD-10-PCS code for cerebral embolic protection during TAVR procedures using a deflection filter device placed in the aortic arch. Code for the TAVR procedure only, with the appropriate values from table 02R, Replacement of Heart and Great Vessels. Videos and More Info: (click here)
CEREBRAL EMBOLIC PROTECTION DURING TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) (CONT.)

The TriGUARD 3™ Cerebral Embolic Protection Device

- Self-positioning, self-stabilizing
- Polymeric mesh (pore size 115 x 145 µm)
- 8 Fr OTW delivery
- Designed to protect all three major arteries that supply blood to the brain
- Eliminates need for third access site during TAVI
- Removed upon completion of procedure
PCS CHANGE: NEW TECHNOLOGY

ANGIOPLASTY WITH SUSTAINED RELEASE DRUG-ELUTING STENT FOR ABOVE THE KNEE ARTERIES

Two different purpose built sustained release drug-eluting stent systems: Eluvia for disease above the knee (proximal SFA and PPA) and Saval for disease below the knee (infrapopliteal, tibial and peroneal).

Eluvia™ it is the first and only polymer-based, sustained release drug eluting stent designed to treat and restore blood flow in the peripheral arteries above the knee, specifically the SFA and PPA, and elutes medication that helps to prevent tissue regrowth during the entire period most commonly associated with restenosis.

The sustained release of the anti-restenotic drug paclitaxel is intentionally designed to elute beyond twelve months delivering drug when restenosis is most likely to occur, a significantly longer period than the two-month duration of drug deposited from drug-coated balloons and drug-coated stents.

Watch video here
PCS CHANGES:
NEW TECHNOLOGY

ANGIoplasty with sustained release DRUG-ELUTING STENT for below the knee arteries

The Saval Stent System is intended to improve luminal diameter in critical limb ischemia (CLI) subjects with lesions of the infrapopliteal arteries (including infrapopliteal, tibial and peroneal).

The infrapopliteal are all vessels distal to the 3rd portion of the popliteal artery (i.e., from where the anterior tibial arises all the way to the foot) and are all below the knee.

The SAVAL BTK stent system is an investigative device only.

Current Coding for Sustained Release Drug-Eluting Stents (Prior to 10/1/19 Discharges): Angioplasty procedures of the lower extremity arteries that utilize placement of a sustained-release drug-eluting stent can be reported using the device value 4 Intraluminal Device, Drug-Eluting in table 047, Dilation of Lower Arteries, with the applicable body part and approach. A procedure in which multiple sustained-release drug-eluting stents are placed at the angioplasty site can be reported using one of the device values below:

- 5 Intraluminal Device, Drug-eluting, Two
- 6 Intraluminal Device, Drug-eluting, Three
- 7 Intraluminal Device, Drug-eluting, Four or More
T2BACTERIA® PANEL (WHOLE BLOOD NUCLEIC ACID-BASE MICROBIAL DETECTION)

The T2Bacteria® Panel is a new diagnostic technology that can detect five major bacterial pathogens directly from whole blood and provide a result within three to five hours, with an overall sensitivity of 90% and overall specificity of 98%. More rapid effective antimicrobial therapy has been shown to reduce the odds of death by over 50% and reduce the length of stay by an average of 8 days.

The T2Bacteria® Panel is indicated as an aid in the diagnosis of bacteremia and results should be used in conjunction with other clinical and laboratory data. Blood cultures are necessary to recover organisms for susceptibility testing or further identification and for organisms not detected by the T2Bacteria® Panel.

To administer a T2Bacteria diagnostic test, a healthcare professional will collect a blood sample via venipuncture or intravenous catheter.

Current Coding (Prior to 10/1/19 Discharges): If desired, facilities can report the collection of blood from an indwelling vascular catheter for microbial testing using the T2Bacteria Panel with the following ICD-10-PCS code: 8C02X6K Collection of Blood from Indwelling Device in Circulatory System
PCS CHANGES: NEW TECHNOLOGY

ADMINISTRATION OF VABOMERE (MEROPENEM-VARBORBACTAM)

A New Technology Add-on Payment (NTAP) application was submitted and has been approved for Vabomere™ (meropenem-vaborbactam) for FY 2019 but did not submit new code request in time for FY 19.

Vabomere™ was developed to address certain gram-negative bacteria, widely considered to be one of the largest current areas of unmet medical need.

FDA-approved for the treatment of patients 18 years of age and older with complicated urinary tract infections (cUTI) including pyelonephritis caused by the following susceptible microorganisms: Escherichia coli (E. coli), Klebsiella pneumoniae, and Enterobacter cloacae species complex.

Current Coding (Prior to 10/1/2019 Discharges):
Facilities can report the administration of Vabomere™ (meropenem-vaborbactam) with one of the following ICD-10-PCS codes:
- 3E03329 Introduction of Other Anti-Infective into Peripheral Vein, Percutaneous Approach
- 3E04329 Introduction of Other Anti-Infective into Central Vein, Percutaneous Approach
ADMINISTRATION OF ERDAFITINIB

Erdafitinib is an orally-administered fibroblast grown factor receptor (FGFR) tyrosine kinase inhibitor that is a targeted treatment for patients with metastatic or surgically unresectable urothelial cancer.

For patients with metastatic disease, outcomes can be dire because the tumors often progress rapidly and there is a lack of effective treatments, especially in relapsed or refractory disease.

Patients with locally advanced or metastatic urothelial cancer have low survival rates.

A subset of patients, who have a FGFR genetic alteration in the tumor, and who have had disease progression during or following at least one line of prior chemotherapy including within 1 to 2 months of chemotherapy, may benefit from erdafitinib.

**Current Coding (Prior to 10/1/19 Discharges):** Facilities can report the oral administration of erdafitinib with the following ICD-10-PCS code: 3E0DX05 Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach.
ADMINISTRATION OF ERLEADA (APALUTAMIDE), FOR ORAL USE

ERLEADA™ (apalutamide) is an androgen receptor inhibitor indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer (NM-CRPC).

ERLEADA™ is an androgen receptor inhibitor indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer (NM-CRPC).

ERLEADA™ is administered orally. Patients receiving ERLEADA™ should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy.

Current Coding (Prior to 10/1/19 Discharges) : Facilities can report the administration of ERLEADA™ (apalutamide) with the following ICD-10-PCS code: 3E0DX05 Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach.
ADMINISTRATION OF AZEDRA® (IOBENGUANE I-131)

AZEDRA®, a very high specific activity radiopharmaceutical, is the first and only drug approved for the treatment of adult and pediatric patients 12 years and older with unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma (collectively referred to as PPGL) who require systemic anticancer therapy.

Before AZEDRA®, patients in the U.S. had no approved treatment option for advanced PPGL disease.

With the FDA approval of AZEDRA®, for the first time, physicians have an FDA approved treatment option that is proven to control the symptomatic high blood pressure in people with PPGL, shrink and control tumor growth, and reduce dangerous cardiovascular complications, all contributing to improved outcomes.

Current Coding (Prior to 10/1/19 Discharges) If desired, facilities can report the administration of AZEDRA® (Iobenguane I131) with one of the following ICD-10-PCS codes: 3E03305 Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach 3E04305 Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach Facilities may also choose to report CW7NGZZ Systemic Nuclear Medicine Therapy of Whole Body using Iodine 131 (I-131) to capture additional information about the procedure.
ADMINISTRATION OF CAPLACIZUMAB

Caplacizumab is an intravenously administered, humanized bivalent Nanobody® which is FDA approved to treat adults with acquired thrombotic thrombocytopenic purpura (aTTP).

aTTP is a life-threatening, immune-mediated thrombotic microangiopathy characterized by severe thrombocytopenia, hemolytic anemia, and organ ischemia.

It is an Ultra-orphan disease with an estimated incidence of 3-11 cases per million per year in the UK and US.

Nanobodies represent a novel therapeutic class of proteins.

Current Coding (Prior to 10/1/19 Discharges) : If desired, facilities can report the administration of caplacizumab with one of the following ICD-10-PCS codes: 3E013GC Introduction of Other Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach 3E033GC Introduction of Other Therapeutic Substance into Peripheral Vein, Percutaneous Approach 3E043GC Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach.
ADMINISTRATION OF CONTEPO™ (FOSFOMYCIN)

Increasing rates of Enterobacteriaceae resistance to fluoroquinolones and beta-lactam antibiotics have limited both classes use as first-line therapies among inpatients with infections caused by suspected or confirmed MDR pathogens.

CONTEPO™ (fosfomycin) is a novel, potentially first-in-class in the United States.

CONTEPO™’s (fosfomycin) unique mechanism of action will provide treatment against most contemporary multidrug resistant (MDR) pathogens with limited treatment options.

Current Coding (Prior to 10/1/19 Discharges) If desired, facilities can report the administration of fosfomycin for injection with one of the following ICD-10-PCS codes: 3E03329 Introduction of Other Anti-infective into Peripheral Vein, Percutaneous Approach 3E04329 Introduction of Other Anti-infective into Central Vein, Percutaneous Approach.
ADMINISTRATION OF TAGRXOFUSP-ERZS (ELZONRIS™) ANTINEOPLASTIC

Tagraxofusp-erzs is an intravenously administered antineoplastic approved for treatment of Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) \((C86.4, \text{Blastic NK-cell lymphoma})\) in adults and in pediatric patients 2 years and older.

BPDCN is a highly aggressive hematologic cancer that is most frequently diagnosed in males between the ages of 60 and 70. Primary sites include the skin and bone marrow.

Treatment leads to growth arrest and apoptosis in leukemia blasts and cancer stem cells.

There is no other FDA-approved treatment or standard of care for BPDCN, and patients have a poor prognosis, with median overall survival of approximately 8 to 14 months.

Current Coding (Prior to 10/1/19 Discharges): Facilities can report the administration of tagraxofusp-erzs with one of the following ICD-10-PCS codes:

- 3E03305 Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach
- 3E04305 Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach
PCS CHANGES:
NEW TECHNOLOGY

ADMINISTRATION OF IMI/REL
(IMIPENEM/CILASTATIN/RELEBACTAM)

The FDA has designated the combination of relebactam with imipenem/cilastatin for intravenous use as a Qualified Infectious Disease Product (QIDP) with Fast Track status for the treatment of complicated urinary tract infections (cUTI), complicated intra-abdominal infections (cIAI) and hospital-acquired bacterial pneumonia/ventilator-associated bacterial pneumonia (HABP/VABP).

IMI/REL has shown to be effective against MDR Pseudomonas aeruginosa and Klebsiella pneumoniae.

Current Coding (Prior to 10/1/19 Discharges): If desired, facilities can report the administration of IMI/REL (imipenem/cilastatin/relebactam) with one of the following ICD-10-PCS codes:
- 3E03329 Introduction of Other Anti-Infective into Peripheral Vein, Percutaneous Approach
- 3E04329 Introduction of Other Anti-Infective into Central Vein, Percutaneous Approach
ADMINISTRATION OF JAKAFI® (RUXOLITINIB)

Jakafi® for the treatment of patients with acute graft versus host disease (GVHD) who have had an inadequate response to corticosteroids, submitted with Orphan Drug and Breakthrough Therapy designations

Jakafi® is dosed orally and can be administered with or without food. No other formulations are available.

Allogeneic hematopoietic stem cell transplantation (allo-HSCT) represents a potentially curative treatment option for several high-risk or relapsed hematologic malignancies, as well as for certain non-malignant hematologic disorders. Despite the increasing use of allo-HSCT and advances in methodology, outcomes remain suboptimal. Major barriers to successful outcomes include relapse of the underlying malignancy and transplant-related complication

Jakafi® is expected to often be initiated in the inpatient setting (60-80% of the time during either hospital admission for alloHSCT, or upon need for hospital re-admission for treating patients with acute GVHD who have had an inadequate response to corticosteroids)

Current Coding (PRIOR to Discharges of 10/1/2019):
3E0DXGC Introduction of Other Therapeutic Substance into Mouth and Pharynx, External Approach
ADMINISTRATION OF VENCLEXTA® (VENETOCLAX TABLETS)

The FDA approved Venclexta for the treatment of newly-diagnosed AML patients that are ineligible for intensive chemotherapy, either due to age greater than 75 or due to the presence of comorbidities.

AML patients who are ineligible for intensive chemotherapy currently receive lower intensity treatments that result in low complete remission rates and therefore have a median survival of 5 to 10 months.

Venclexta is an orally administered.

Current Coding (Prior to 10/1/19 Discharges)
Facilities can report the administration of Venclexta with the following ICD-10- PCS code: 3E0DX05 Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach
ADMINISTRATION OF XOSPATA® (GILTERITINIB)

XOSPATA® (gilteritinib) is an oral medication approved for the treatment of adult patients who have relapsed or refractory (R/R) Acute Myeloid Leukemia (AML) with a FLT3 mutation.

Represents 1.1% of all new cases of cancer in the United States.

XOSPATA® (gilteritinib) is orally administered.

Current Coding (Prior to 10/1/19 Discharges): Facilities can report the oral administration of XOSPATA® (gilteritinib) with the following ICD-10-PCS code:
3E0DX05 Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach.
GUIDELINE CHANGES
D1.a

Brachytherapy is coded to the modality Brachytherapy in the Radiation Therapy section. When a radioactive brachytherapy source is left in the body at the end of the procedure, it is coded separately to the root operation Insertion with the device value Radioactive Element.

*Example:* Brachytherapy with implantation of a low dose rate brachytherapy source left in the body at the end of the procedure is coded to the applicable treatment site in section D, Radiation Therapy, with the modality Brachytherapy, the modality qualifier value Low Dose Rate, and the applicable isotope value and qualifier value. The implantation of the brachytherapy source is coded separately to the device value Radioactive Element in the appropriate Insertion table of the Medical and Surgical section. The Radiation Therapy section code identifies the specific modality and isotope of the brachytherapy, and the root operation Insertion code identifies the implantation of the brachytherapy source that remains in the body at the end of the procedure.

*Exception:* Implantation of Cesium-131 brachytherapy seeds embedded in a collagen matrix to the treatment site after resection of brain tumor is coded to the root operation Insertion with the device value Radioactive Element, Cesium-131 Collagen Implant. The procedure is coded to the root operation Insertion only, because the device value identifies both the implantation of the radioactive element and a specific brachytherapy isotope that is not included in the Radiation Therapy section tables.

*Guideline Changes: New Guidelines*

*Radiation Therapy Section Guidelines (section D)*

D. Radiation Therapy Section

*Brachytherapy*
Radiation Therapy Section Guidelines (section D)
D. Radiation Therapy Section
D1.b
A separate procedure to place a temporary applicator for delivering the brachytherapy is coded to the root operation Insertion and the device value Other Device.

Examples: Intrauterine brachytherapy applicator placed as a separate procedure from the brachytherapy procedure is coded to Insertion of Other Device, and the brachytherapy is coded separately using the modality Brachytherapy in the Radiation Therapy section.
Intrauterine brachytherapy applicator placed concomitantly with delivery of the brachytherapy dose is coded with a single code using the modality Brachytherapy in the Radiation Therapy section.
GUIDELINES PAGE 1, PARAGRAPH 3 REVISED

These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-PCS itself. They are intended to provide direction that is applicable in most circumstances. However, there may be unique circumstances where exceptions are applied. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tables, Index and Definitions of ICD-10-PCS, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-PCS procedure codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The procedure codes have been adopted under HIPAA for hospital inpatient healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those procedures that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved.
GUIDELINE CHANGES:
REVISED GUIDELINES

Conventions A9
Updated the Table in the example as the table was out of date

A9
Within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table. In the example below, 0JHT3VZ is a valid code, and 0JHW3VZ is not a valid code.

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcutaneous Tissue and Fascia, Head and Neck</td>
<td>0 Open 3 Percutaneous</td>
<td>1 Radioactive Element 3 Infusion Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>Subcutaneous Tissue and Fascia, Upper Extremity</td>
<td>3 Percutaneous</td>
<td>Y Other Device</td>
<td></td>
</tr>
<tr>
<td>Subcutaneous Tissue and Fascia, Lower Extremity</td>
<td>0 Open 3 Percutaneous</td>
<td>1 Radioactive Element 3 Infusion Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>Subcutaneous Tissue and Fascia, Trunk</td>
<td>0 Open 3 Percutaneous</td>
<td>1 Radioactive Element 3 Infusion Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>Infusion Pump</td>
<td>Y Other Device</td>
<td>Y Other Device</td>
<td>Y Other Device</td>
</tr>
</tbody>
</table>
GUIDELINE CHANGES:
REVISED GUIDELINES

B2. Body System, B2.1A

B2. Body System

General guidelines
B2.1a
The procedure codes in Anatomical Regions, General, Anatomical Regions, Upper Extremities and Anatomical Regions, Lower Extremities can be used when the procedure is performed on an anatomical region rather than a specific body part, or on the rare occasion when no information is available to support assignment of a code to a specific body part.

Examples: Chest tube drainage of the pleural cavity is coded to the root operation Drainage found in the body system Anatomical Regions, General. Suture repair of the abdominal wall is coded to the root operation Repair in the body system Anatomical Regions, General.

Amputation of the foot is coded to the root operation Detachment in the body system Anatomical Regions, Lower Extremities.

2019 Guideline

Examples: Control of postoperative hemorrhage is coded to the root operation Control found in the general anatomical regions body systems. Chest tube drainage of the pleural cavity is coded to the root operation Drainage found in the general anatomical regions body systems. Suture repair of the abdominal wall is coded to the root operation Repair in the general anatomical regions body system.
B3. Root Operation, B3.1b

2020 Guideline

B3.1b Components of a procedure specified in the root operation definition or explanation as integral to that root operation are not coded separately. Procedural steps necessary to reach the operative site and close the operative site, including anastomosis of a tubular body part, are also not coded separately. Examples: Resection of a joint as part of a joint replacement procedure is included in the root operation definition of Replacement and is not coded separately. Laparotomy performed to reach the site of an open liver biopsy is not coded separately. In a resection of sigmoid colon with anastomosis of descending colon to rectum, the anastomosis is not coded separately.

Exceptions: Mastectomy followed by breast reconstruction, both resection and replacement of the breast are coded separately.

2019 Guideline

B3.1b Components of a procedure specified in the root operation definition and explanation are not coded separately. Procedural steps necessary to reach the operative site and close the operative site, including anastomosis of a tubular body part, are also not coded separately. Examples: Resection of a joint as part of a joint replacement procedure is included in the root operation definition of Replacement and is not coded separately. Laparotomy performed to reach the site of an open liver biopsy is not coded separately. In a resection of sigmoid colon with anastomosis of descending colon to rectum, the anastomosis is not coded separately.
GUIDELINE CHANGES: REVISED GUIDELINES

B3.5. Root Operation

2020 Guideline

*Overlapping body layers*

B3.5

If root operations such as Excision, Extraction, Repair or Inspection are performed on overlapping layers of the musculoskeletal system, the body part specifying the deepest layer is coded.

*Example:* Excisional debridement that includes skin and subcutaneous tissue and muscle is coded to the muscle body part.

2019 Guideline

*Overlapping body layers*

B3.5

If the root operations Excision, Repair or Inspection are performed on overlapping layers of the musculoskeletal system, the body part specifying the deepest layer is coded.

*Example:* Excisional debridement that includes skin and subcutaneous tissue and muscle is coded to the muscle body part.
B3.9. Root Operation

2020 Guideline

*Excision for graft*
B3.9
If an autograft is obtained from a different procedure site in order to complete the objective of the procedure, a separate procedure is coded, except when the seventh character qualifier value in the ICD-10-PCS table fully specifies the site from which the autograft was obtained.

*Examples:* Coronary bypass with excision of saphenous vein graft, excision of saphenous vein is coded separately.

Replacement of breast with autologous deep inferior epigastric artery perforator ( DIEP) flap, excision of the DIEP flap is not coded separately. The seventh character qualifier value Deep Inferior Epigastric Artery Perforator Flap in the Replacement table fully specifies the site of the autograft harvest.

2019 Guideline

*Excision for graft*
B3.9
If an autograft is obtained from a different procedure site in order to complete the objective of the procedure, a separate procedure is coded.

*Example:* Coronary bypass with excision of saphenous vein graft, excision of saphenous vein is coded separately.

Reference: Deep inferior epigastric artery perforator flap breast reconstruction ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Pages: 13-14 Effective with discharges: September 24, 2018
GUIDELINE CHANGES:
REVISED GUIDELINES

B4.1b. Body Part

2020 Guideline

B4.1b
If the prefix “peri” is combined with a body part to identify the site of the procedure, and
the site of the procedure is not further specified, then the procedure is coded to the body
part named. This guideline applies only when a more specific body part value is not
available.
Examples: A procedure site identified as perirenal is coded to the kidney body part when
the site of the procedure is not further specified.
A procedure site described in the documentation as peri-urethral, and the documentation
also indicates that it is the vulvar tissue and not the urethral tissue that is the site of the
procedure, then the procedure is coded to the vulva body part.

A procedure site documented as involving the periosteum is coded to the corresponding
bone body part.

2019 Guideline

B4.1b
If the prefix “peri” is combined with a body part to identify the site of the procedure, and
the site of the procedure is not further specified, then the procedure is coded to the body
part named. This guideline applies only when a more specific body part value is not
available.
Examples: A procedure site identified as perirenal is coded to the kidney body part when
the site of the procedure is not further specified.
A procedure site described in the documentation as peri-urethral, and the documentation
also indicates that it is the vulvar tissue and not the urethral tissue that is the site of the
procedure, then the procedure is coded to the vulva body part.

Reference: Excisional debridement of periosteum  ICD-10-CM/PCS Coding
Clinic, Third Quarter ICD-10 2018 Pages: 17-18
Effective with discharges: September 24, 2018
E1. NEW TECHNOLOGY

E. New Technology Section

General guidelines

E1a
Section X codes fully represent the specific procedure described in the code title, and do not require additional codes from other sections of ICD-10-PCS. When section X contains a code title which fully describes a specific new technology procedure, and it is the only procedure performed, only the section X code is reported for the procedure. There is no need to report an additional code in another section of ICD-10-PCS.

Example: XW04321 Introduction of Ceftazidime-Avibactam Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 1, can be coded to indicate that Ceftazidime-Avibactam Anti-infective was administered via a central vein. A separate code from table 3E0 in the Administration section of ICD-10-PCS is not coded in addition to this code.

E1b
When multiple procedures are performed, New Technology section X codes are coded following the multiple procedures guideline.

Example: Dual filter cerebral embolic filtration used during transcatheter aortic valve replacement (TAVR), X2A5312 Cerebral Embolic Filtration, Dual Filter in Innominate Artery and Left Common Carotid Artery, Percutaneous Approach, New Technology Group 2, is coded for the cerebral embolic filtration, along with an ICD-10-PCS code for the TAVR procedure.

Magnetically controlled growth rod (MCGR) placed during a spinal fusion procedure, a code from table XNS. Reposition of the Bones is coded for the MCGR, along with an ICD-10-PCS code for the spinal fusion procedure.

D. New Technology Section

General guidelines

D1
Section X codes are standalone codes. They are not supplemental codes. Section X codes fully represent the specific procedure described in the code title, and do not require any additional codes from other sections of ICD-10-PCS. When section X contains a code title which describes a specific new technology procedure, only that X code is reported for the procedure. There is no need to report a broader, non-specific code in another section of ICD-10-PCS.

Example: XW04321 Introduction of Ceftazidime-Avibactam Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 1, can be coded to indicate that Ceftazidime-Avibactam Anti-infective was administered via a central vein. A separate code from table 3E0 in the Administration section of ICD-10-PCS is not coded in addition to this code.
CONCLUSIONS
Conclusions

- Bifurcation Qualifiers Deleted (Exception Heart and Great Vessels Table)
- In the Skin and Breast body system of the Medical and Surgical section, X External Approach for the breast body part values was deleted to facilitate a clear distinction in the classification, between procedures on the breast and procedures on the skin of the chest
- Multiple changes made to accommodate different bypass procedures
- Multiple revisions to better align coding terminology with clinical terminology
- Guidelines added or revised to take in to account newer coding advice or to provide new guidance
Sources & Citations

• ICD-10-PCS Topics, ICD-10 Coordination and Maintenance Committee Meeting, March 5, 2019
• ICD-10-PCS Topics, ICD-10 Coordination and Maintenance Committee Meeting, September 11, 2018
• ICD-10-PCS Topics, ICD-10 Coordination and Maintenance Committee, March 6, 2018
• IPPS Final Rule
• ICD-10-PCS Official Guidelines for Coding and Reporting FY 2020
• FY 2020 Final Rule Tables
  • https://www.keystoneheart.com/us/clinical-evidence/presentations/
  • https://www.medibeacon.com/products/nephrology/renal-function-system/
  • https://www.nuvasive.com/procedures/limb-lengthening/precice-system/
  • https://avitamedical.com/about-recell
Sources & Citations

Electronic Tabular and Index and Guidelines

Thank you
ICD-10-PCS INDEX AND TABULAR ADDENDA
# ICD-10-PCS Index and Tabular Addenda: Body Part Key Changes

<table>
<thead>
<tr>
<th>PCS Value</th>
<th>Definition</th>
<th>Coding Clinic Reference/Rationale for code changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Popliteal Artery, Left</td>
<td>Tibioperoneal trunk</td>
<td>Femoral artery to tibioperoneal trunk bypass, ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Page: 25 Effective with discharges: September 24, 2018</td>
</tr>
<tr>
<td>Popliteal Artery, Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subcutaneous Tissue and Fascia</td>
<td><strong>Submandibular Space</strong></td>
<td>Incision and drainage of submandibular space, ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Page:16 Effective with discharges: September 24, 2018</td>
</tr>
<tr>
<td>Skin, Chest</td>
<td>Brest procedures, Skin only</td>
<td>Excisional debridement of breast tissue and skin, ICD-10-CM/PCS Coding Clinic, First Quarter ICD-10 2018 Pages: 14-15 Effective with discharges: February 18, 2018</td>
</tr>
</tbody>
</table>
### ICD-10-PCS INDEX AND TABULAR ADDENDA:
ROOT OPERATION DEFINITION

<table>
<thead>
<tr>
<th>PCS Value</th>
<th>Change</th>
<th>Coding Clinic Reference/Rationale for code changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Explanation Deleted The site of the bleeding is coded as an anatomical region and not to a specific body part</td>
<td>It can now be coded to the specific body part as they added control in the ear nose and sinus body system to be able to capture control of epistaxis. Therefore the explanation is no longer valid.</td>
</tr>
</tbody>
</table>
### ICD-10-PCS INDEX AND TABULAR ADDENDA: DEVICE (NEW)

<table>
<thead>
<tr>
<th>PCS Value</th>
<th>Additions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Fixation Device, Intramedullary Limb Lengthening for insertion in Upper Bones</td>
<td>PRECICE intramedullary limb lengthening system</td>
</tr>
<tr>
<td>Internal Fixation Device,</td>
<td></td>
</tr>
<tr>
<td>Intramedullary Limb Lengthening for Insertion in Lower Bones</td>
<td></td>
</tr>
<tr>
<td>Intraluminal Device, Flow Diverter for Restriction in Upper Arteries</td>
<td><em>Flow Diverter embolization device</em></td>
</tr>
<tr>
<td></td>
<td><em>Pipeline(tm) (Flex) embolization device</em></td>
</tr>
<tr>
<td></td>
<td><em>Surpass Streamline(tm) Flow Diverter</em></td>
</tr>
<tr>
<td>Monitoring Device</td>
<td>Reveal (DX)(XT)</td>
</tr>
<tr>
<td></td>
<td>Reveal (LINQ)(DX)(XT)</td>
</tr>
<tr>
<td>Radioactive Element</td>
<td>CivaSheet(R)</td>
</tr>
<tr>
<td>Subcutaneous DefibrillatorLead in Subcutaneous Tissue and Fascia</td>
<td>S-ICD(tm) lead</td>
</tr>
</tbody>
</table>

Reclassified from intraluminal device
### ICD-10-PCS INDEX AND TABULAR ADDENDA: SUBSTANCE

<table>
<thead>
<tr>
<th>PCS Value</th>
<th>Addition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Infective Envelope</td>
<td>Antibacterial Envelope (TYRX) (AIGISRx) TYRX Antibacterial Envelope</td>
</tr>
<tr>
<td>ICD-10-PCS Value</td>
<td>Definition</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Andexanet Alfa, Factor Xa Inhibitor Reversal Agent</td>
<td>Factor Xa Inhibitor Reversal Agent, Andexanet Alfa</td>
</tr>
<tr>
<td>Apalutamide Antineoplastic</td>
<td>ERLEADA(tm)</td>
</tr>
<tr>
<td>Coagulation Factor Xa, Inactivated</td>
<td>Andexanet Alfa, Factor Xa Inhibitor Reversal Agent</td>
</tr>
<tr>
<td></td>
<td>Andexxa</td>
</tr>
<tr>
<td></td>
<td>Coagulation Factor Xa, (Recombinant) Inactivated</td>
</tr>
<tr>
<td></td>
<td>Factor Xa Inhibitor Reversal Agent, Andexanet Alfa</td>
</tr>
<tr>
<td>Fosfomycin Anti-infective</td>
<td>CONTEPO(tm)</td>
</tr>
<tr>
<td></td>
<td>Fosfomycin injection</td>
</tr>
<tr>
<td>Gilteritinib Antineoplastic</td>
<td>XOSPATA(R)</td>
</tr>
<tr>
<td>Imipenem-cilastatin-relebactam Anti-infective</td>
<td>IMI/REL</td>
</tr>
<tr>
<td></td>
<td>SAVAL below-the-knee (BTK) drug-eluting stent system</td>
</tr>
<tr>
<td></td>
<td>SAVAL below-the-knee (BTK) drug-eluting stent system</td>
</tr>
<tr>
<td></td>
<td>SAVAL below-the-knee (BTK) drug-eluting stent system</td>
</tr>
<tr>
<td></td>
<td>SAVAL below-the-knee (BTK) drug-eluting stent system</td>
</tr>
<tr>
<td>Iobenguane I-131 Antineoplastic</td>
<td>AZEDRA(R)</td>
</tr>
<tr>
<td></td>
<td>Iobenguane I-131, High Specific Activity (HSA)</td>
</tr>
<tr>
<td>Meropenem-vaborbactam Anti-infective</td>
<td>Yabomere(tm)</td>
</tr>
<tr>
<td>Ruxolitinib</td>
<td>Jakafi(R)</td>
</tr>
<tr>
<td>Tagraxofusp-erzs Antineoplastic</td>
<td>ELZONRIS(tm)</td>
</tr>
<tr>
<td>Venetoclax Antineoplastic</td>
<td>Venclexta(R)</td>
</tr>
<tr>
<td>FY 2019</td>
<td>FY 2020</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Ablation, See Destruction</td>
<td>Ablation, See Control Bleeding in Destruction</td>
</tr>
<tr>
<td>Block, Nerve, anesthetic injection 3E0T3CZ</td>
<td>Block, Nerve, anesthetic injection 3E0T3BZ</td>
</tr>
<tr>
<td>N/A</td>
<td>Dismembered pyeloplasty see Repair, Kidney Pelvis</td>
</tr>
<tr>
<td>FY 2019</td>
<td>FY 2020</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>N/A</td>
<td>Submandibular space use Subcutaneous Tissue and Fascia, Face</td>
</tr>
<tr>
<td>N/A</td>
<td>Tibioperoneal trunk use Popliteal Artery, Right use Popliteal Artery, Left</td>
</tr>
<tr>
<td>N/A</td>
<td>TYRX Antibacterial Envelope use Anti-Infective Envelope</td>
</tr>
</tbody>
</table>
ANDEXANET ALFA TO COAGULATION FACTOR XA, INACTIVATED

In the New Technology section, revise the axis 6 device/substance/technology value from Andexanet Alfa to Coagulation Factor Xa, Inactivated. To reflect the final generic name of the drug.

In addition, the manufacturer Portola requests the addition of the brand name Andexxa to the Substance Key.

Provides an antidote, when reversal of Eliquis (apixaban) and Xarelto (rivaroxaban) anticoagulants is needed for life-threatening bleeding.

Eliquis (apixaban) and Xarelto (rivaroxaban) are Alternate blood thinners (anticoagulants) to warfarin used to treat and prevent blood clots and to prevent stroke in people with atrial fibrillation.

The use of warfarin reduces the rate of ischemic stroke in patients with atrial fibrillation but requires frequent monitoring and dose adjustment. Rivaroxaban, an oral factor Xa inhibitor, may provide more consistent and predictable anticoagulation than warfarin.