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

CENTER FOR MEDICARE

[Recipient Name]
[Title]
[Company]
[Street Address]
[City, ST Zip Code]
[Phone]
[Email]

Dear [Recipient Name]:

CMS has received the ICD-10-PCS procedure code request for *[Topic Title]* submitted on behalf of
[Company]. **[Analyst Name]** is the CMS Analyst who will be coordinating your request. This letter
provides important information regarding the ICD-10 Coordination and Maintenance Committee meeting
process. Please read this letter in its entirety for specific deadlines and presentation requirements in
preparation for the [Date for PCS portion of C & M] meeting.

Pre-meeting Conference Call
[Analyst Name] will contact you to arrange a pre-meeting conference call. The pre-meeting conference
call will be scheduled between **[Date and Date]**.

The purpose of the pre-meeting conference call is to:
- Allow the clinical presenter to have a dry run of the presentation prior to the C&M committee
  meeting.
- Receive feedback from CMS on content and timing of slide deck.
- Facilitate CMS's consideration of procedure coding options and terminology.
- Provide an opportunity to schedule further discussion if needed or any follow-up information
  requested.
- Discuss questions or issues related to **Section 508 Compliance**.

Day of Meeting
Your topic is scheduled to be presented virtually at the ICD-10 Coordination and Maintenance Committee
meeting on **[Day of Week and Date for PCS portion of C & M] at [TIME]**. The meeting will begin
promptly at 9:00 a.m. EST. This is a public meeting in which an array of professional societies, medical
associations, coding professionals, manufacturers, publishers, consultants and vendors participate. As
noted above, we do not discuss reimbursement, payment or MS-DRGs at this meeting. In addition, no
final decisions on the code proposals are made at this meeting.

Presenters (panelists/speakers) **must** join the meeting by **Zoom Webinar invite**. We will provide
communication for the virtual meeting with instructions on how to join the meeting as a presenter or
attendee as soon as it is made available. These instructions will also be displayed on our website at:
https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials.html.

Presentation
You are invited to have a speaker conduct the clinical presentation for the meeting. The purpose of the presentation is to request an ICD-10-PCS procedure code and the content of the presentation should be focused on the need for that code and directed towards the coding professionals in attendance.

Please provide the name, title and email address of the panelists/speakers by **[Date].** Each presentation will be limited to two presenters—the presentation speaker and, if desired, one subject matter expert. ICD-10 Coordination and Maintenance Committee meeting day schedules are always subject to last-minute changes, which may require us to change your allotted time slot. Should this occur, we will notify you as early as possible. However, we strongly suggest that you have a back-up presenter available for your topic. The presentation will be limited to 15 minutes which includes a 10-minute clinical presentation by the speaker and 5 minutes for review of the coding options presented by the CMS Analyst.   As time permits we will allow questions from the virtual audience.

Slides
Please be prepared to provide both a **Section 508 Compliant** PowerPoint and PDF slide deck of the clinical presentation for the pre-meeting conference call that will also be presented at the [Month Year] ICD-10 Coordination and Maintenance (C&M) Committee meeting. The clinical presentation is limited to 10 minutes.

The slide deck should include the following information relevant to the drug/device/technology/service or procedure for purposes of the request:
- Describe the drug/device/technology/service or procedure in general terminology for which you are requesting a new or revised procedure code.
    - What is it?
    - What does it do?
    - How is it used?
    - What are the procedural steps involved?
    - Is it only used for the inpatient setting or is it also used in the outpatient setting?
    - What diagnoses are associated with or indicated for use of the drug/device/technology/service or procedure?
- Where would the drug/device/technology/service or procedure be documented in the medical record for individuals (E.g. medical coders) to identify?
- What are the different naming conventions for the drug/device/technology/service or procedure?
- If it is a drug, what are the routes of administration for the drug?
- If the technology is a device or implant, is only one device/implant routinely inserted or can multiple devices/implants be utilized?
- If the technology involves a device or implant, is the device considered permanent?
- If the procedure involves vessels or specific body parts, is it beneficial or necessary to identify a range of the specific site? (E.g. 2-3 vertebrae, 4+ vessels or stents, etc.)
- Is the procedure/technology performed in conjunction with another procedure/technology or is it considered a standalone procedure/technology?
- Have there been any associated complications/sequela/adverse events? If yes, how many and what did they consist of? (E.g. dislodgement, failure, loosening, etc.)

The slide deck should **not** reference or include:
- New technology add-on payment (NTAP) policy
- MS-DRGs
- Payment or reimbursement

- Embedded videos
- Subjective or superior statements about the drug/device/technology/service or procedure.
- Coding options (CMS will present the coding options at the meeting).

IMPORTANT: All slides must be [Section 508 Compliant](#). There will be no exceptions as we will make the slides available for display on our CMS website. Slides that do not meet Section 508 Compliant standards will not be posted on the CMS website. Slides must be received by **[Date] by email in both PowerPoint and PDF format or at least 48 hours in advance of the pre-meeting conference call once scheduled.**

Background Paper
Prior to the C&M committee meeting, we will be creating the background paper by updating your original draft. We will share a draft of the final background paper with you for your review and comment. The background paper will be part of our agenda and handout packet for the meeting that will be displayed on our website at: https://www.cms.gov/Medicare/Coding/ICD10/C-and-M-Meeting-Materials.html

CMS's coding options and recommendations should not be considered final at the time of the meeting. The Committee may make revisions to the coding options presented based on public comments made during the meeting, as well as, written public comments received after the meeting.

After the Meeting
You will receive a letter following the conclusion of the meeting that outlines next steps in the process. In the event we received audience questions pertaining to your topic during the meeting that were unable to be addressed, we will follow up with you to obtain responses that will also be made available in a Question and Answer document on our ICD-10 Coordination and Maintenance Committee meeting materials web page.

Public Comments
[Date] is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the [Date for PCS portion of C & M] ICD-10 Coordination and Maintenance Committee meeting for implementation on April 1, [Year].

[Date] is the deadline for receipt of public comments on proposed new procedure codes and revisions discussed at the [Date for PCS portion of C & M] ICD-10 Coordination and Maintenance Committee meeting for implementation on October 1, [Year].

Thank you,

CMS Analyst