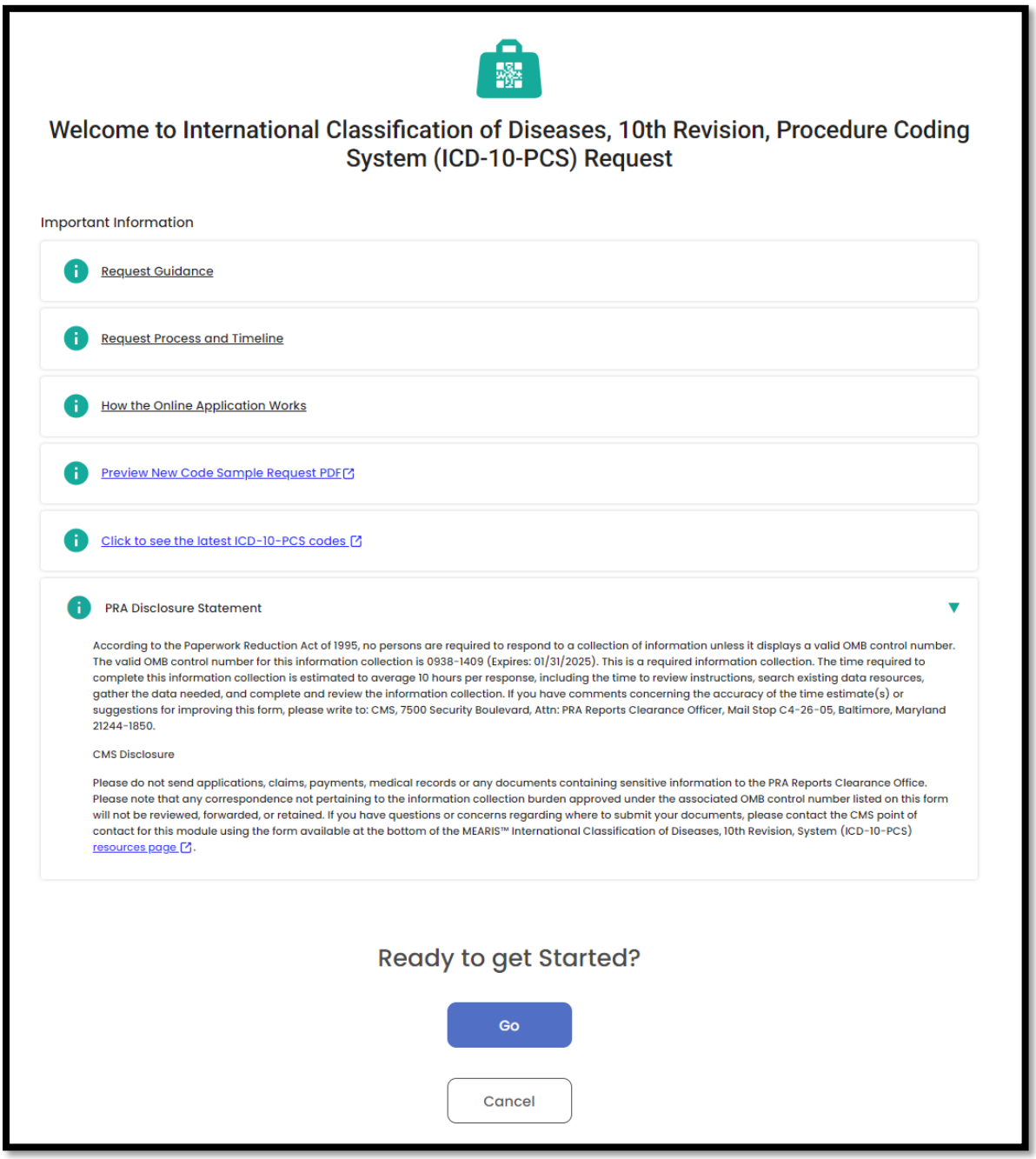
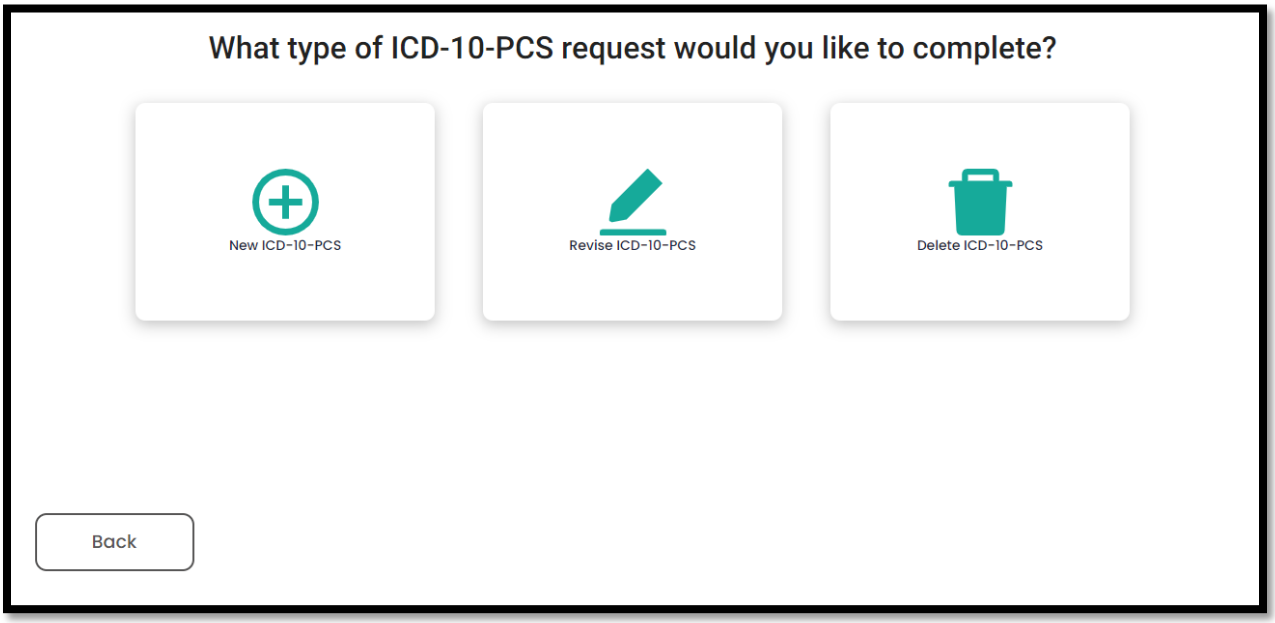
International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) Request Preview

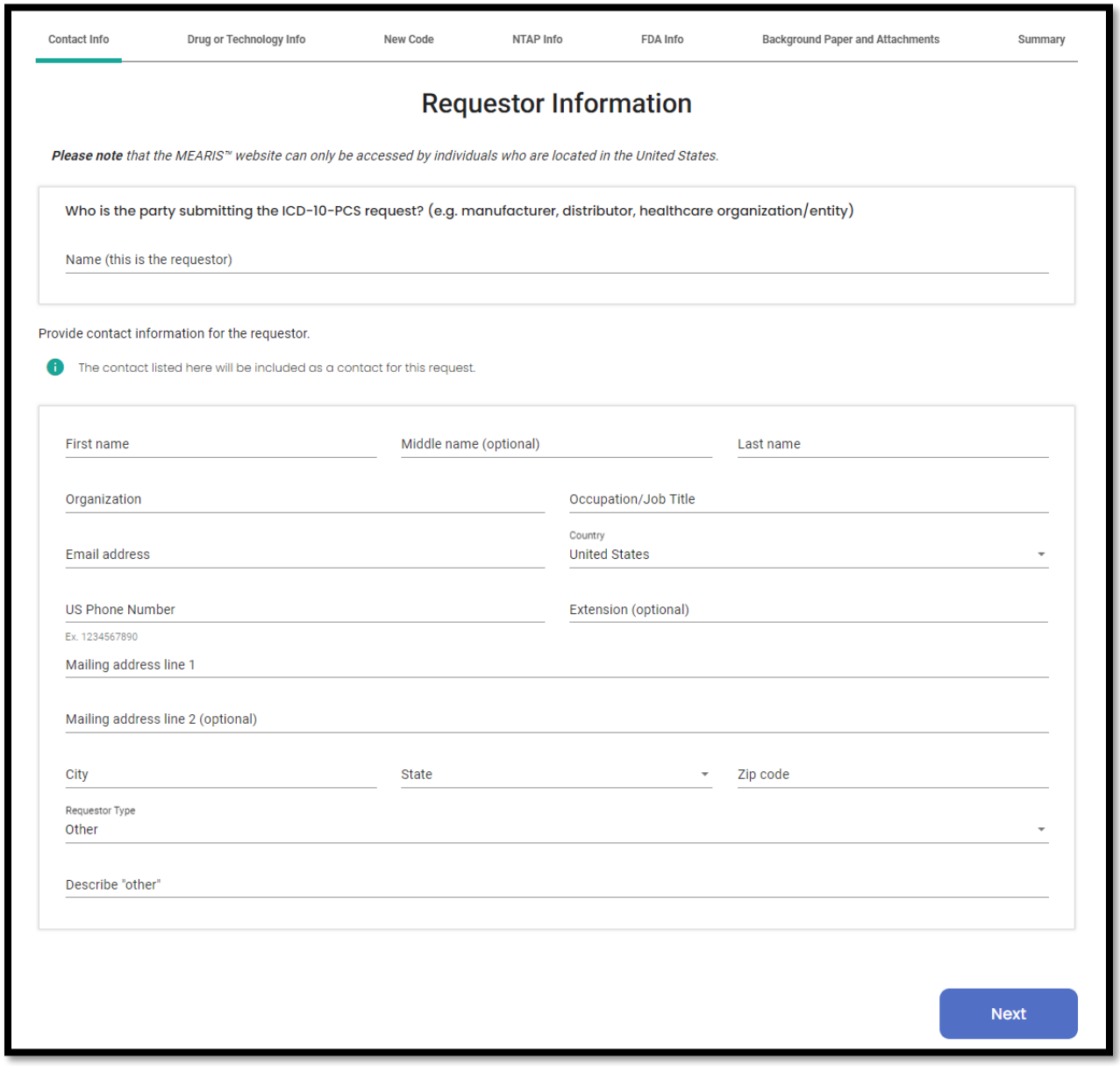
Welcome page

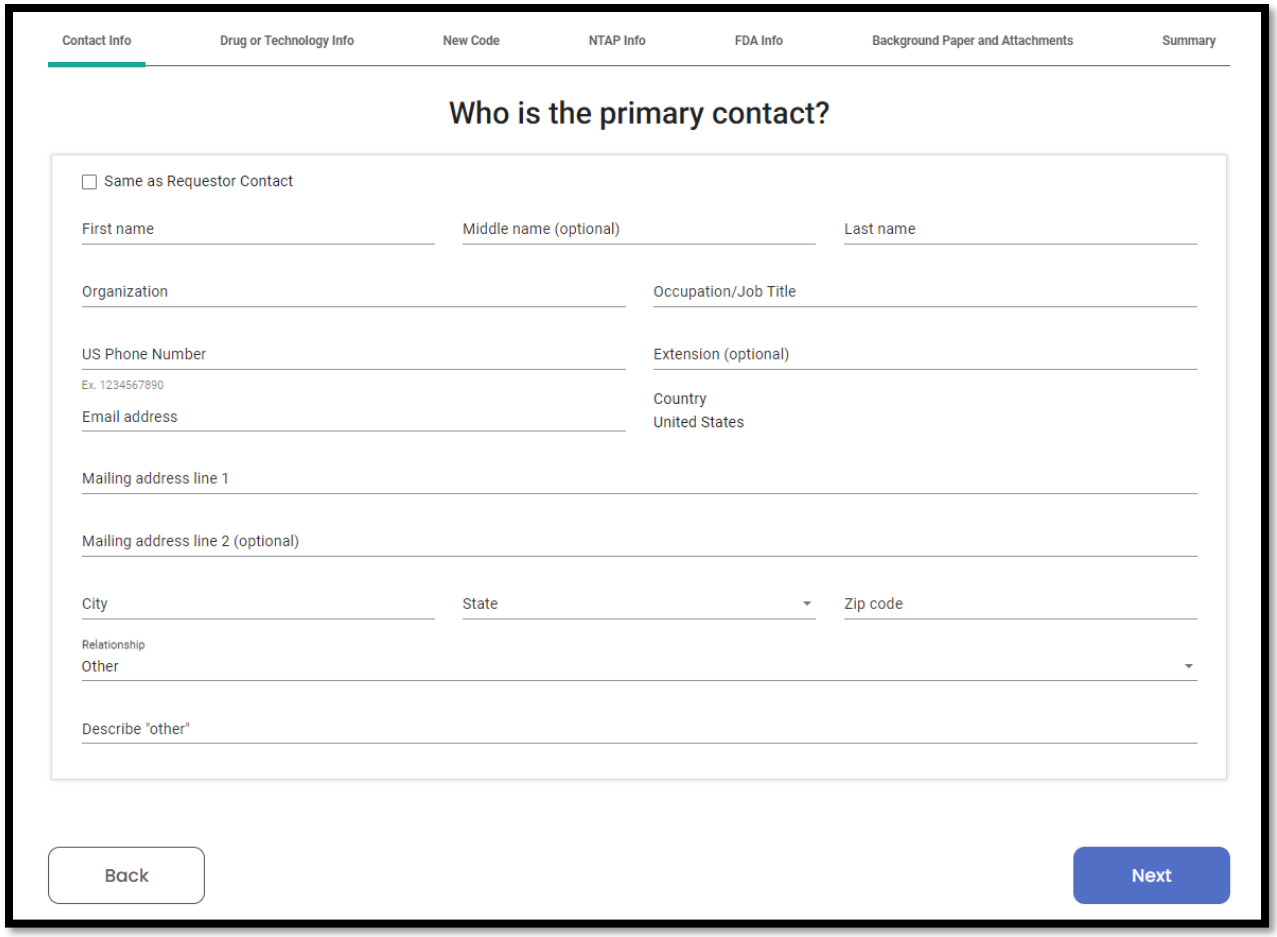


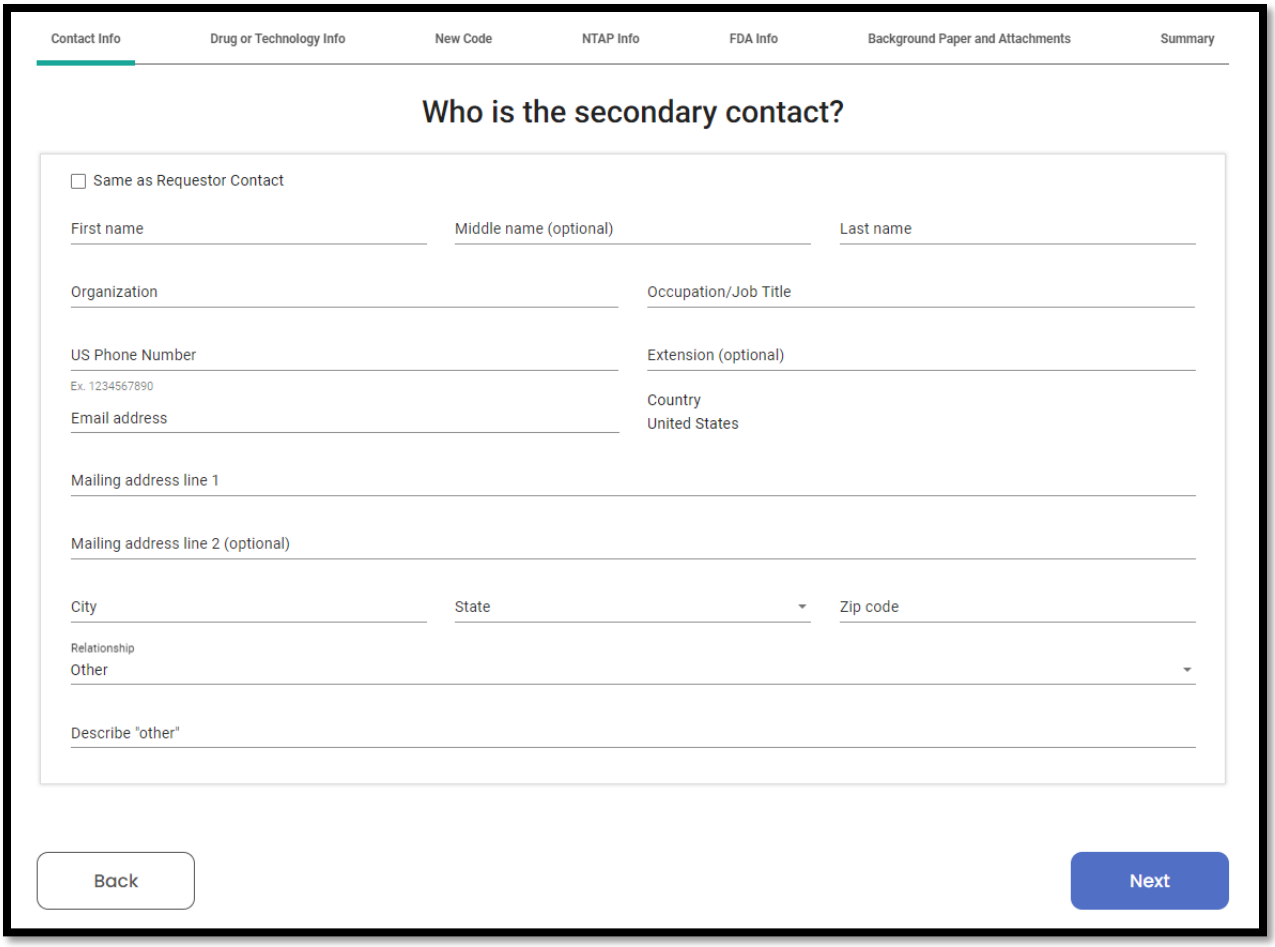
New ICD-10-PCS



Contact Info

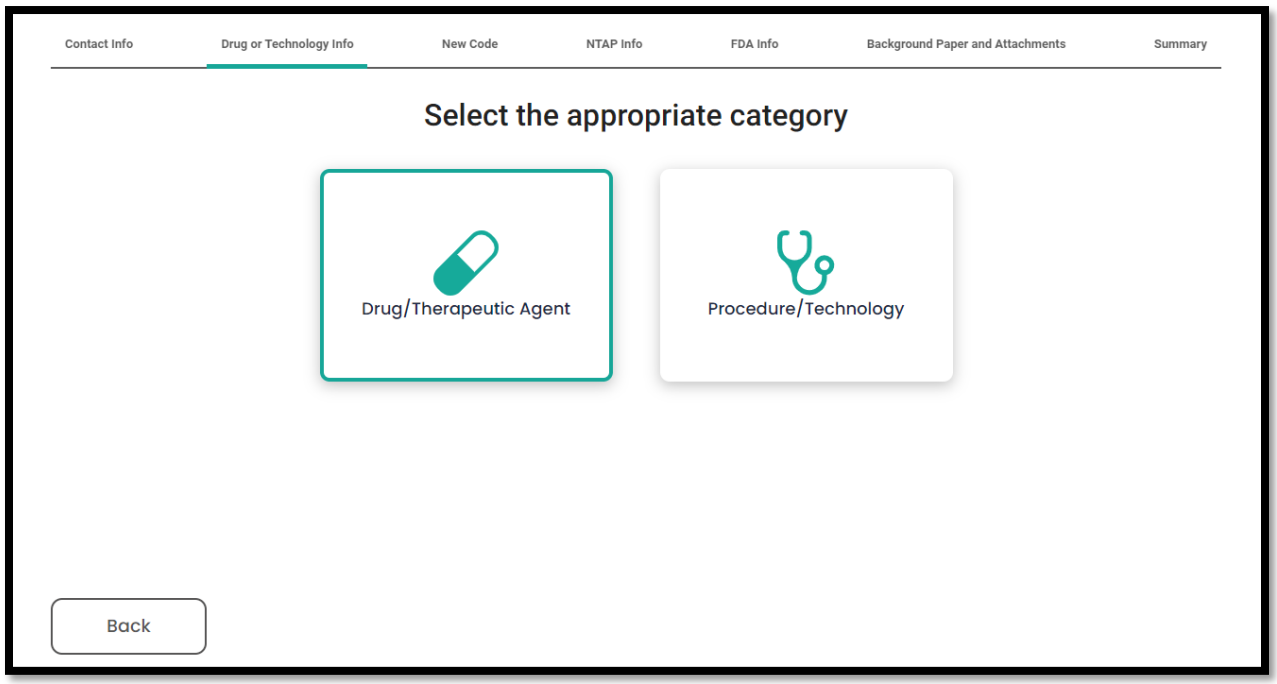


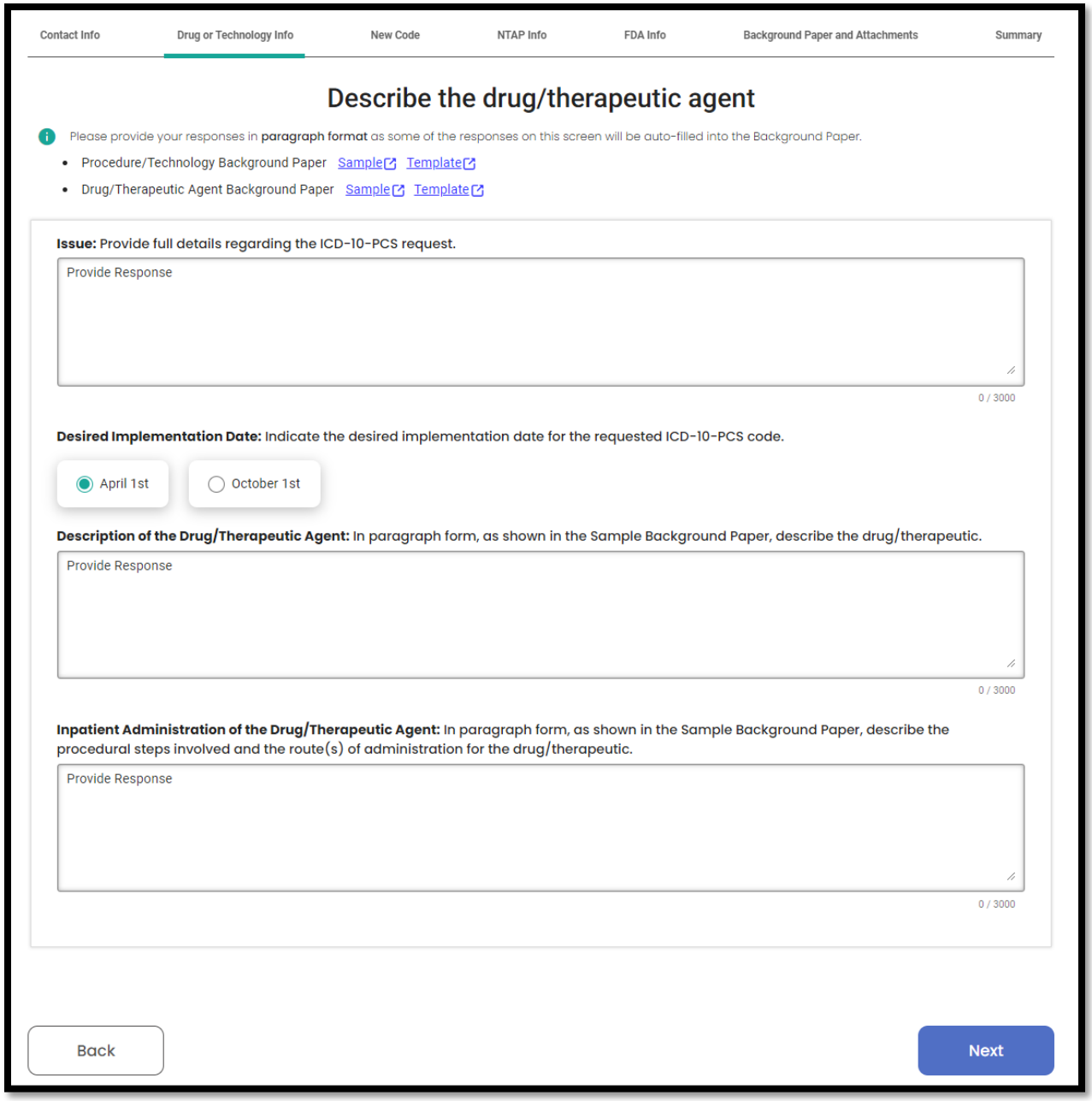

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Who is the primary contact?
Same as Requestor Contact
First name
Middle name (optional)
Last name
Organization
Occupation/Job Title
US Phone Number
Ex. 1234567890
Extension (optional)
Email address
Country
United States
Mailing address line 1
Mailing address line 2 (optional)
City
State
Zip code
Relationship
Other
Describe "other"
Back
Next

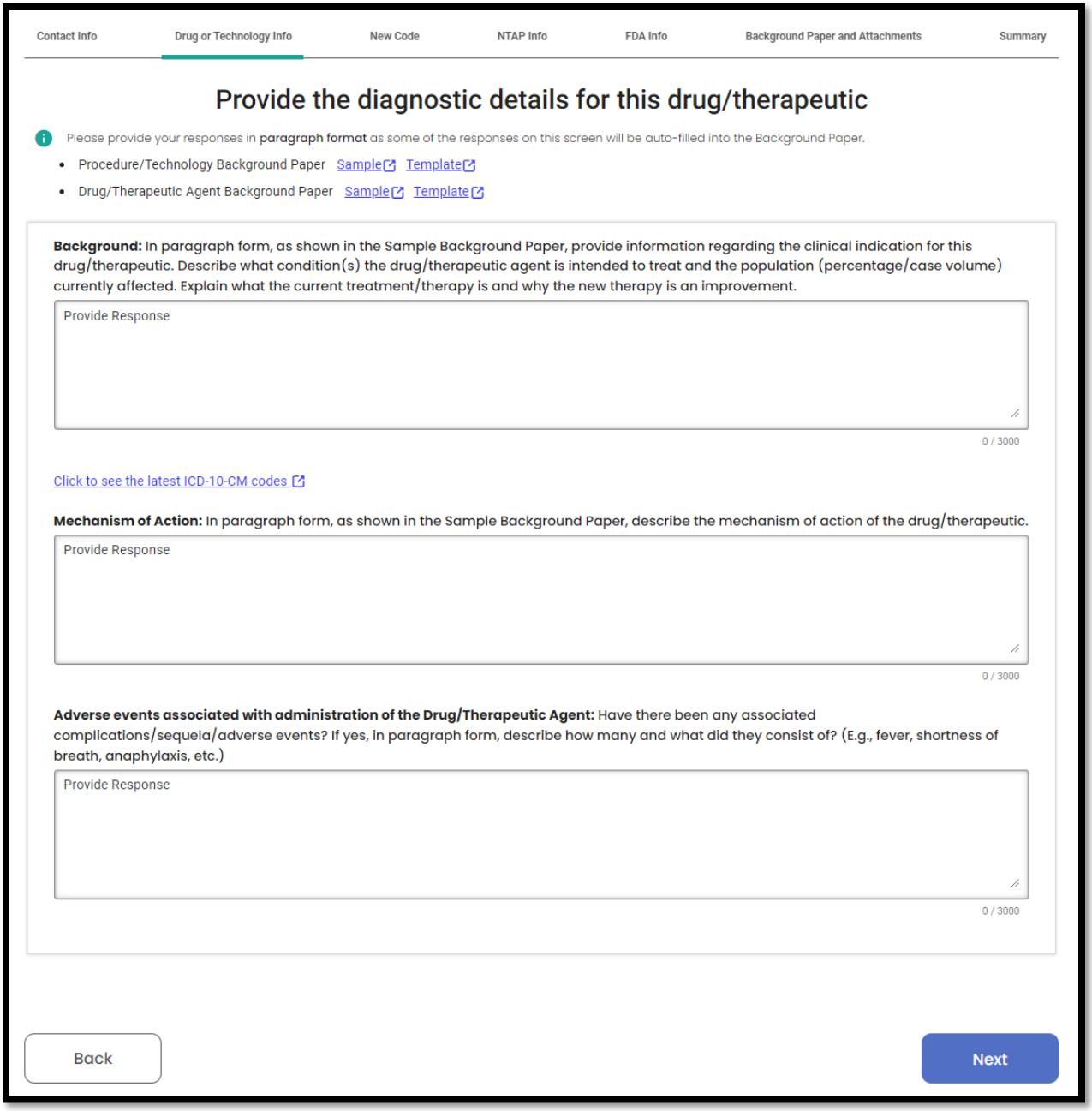

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Who is the secondary contact?
Same as Requestor Contact
First name
Middle name (optional)
Last name
Organization
Occupation/Job Title
US Phone Number
Ex. 1234567890
Extension (optional)
Email address
Country
United States
Mailing address line 1
Mailing address line 2 (optional)
City
State
Zip code
Relationship
Other
Describe "other"
Back
Next

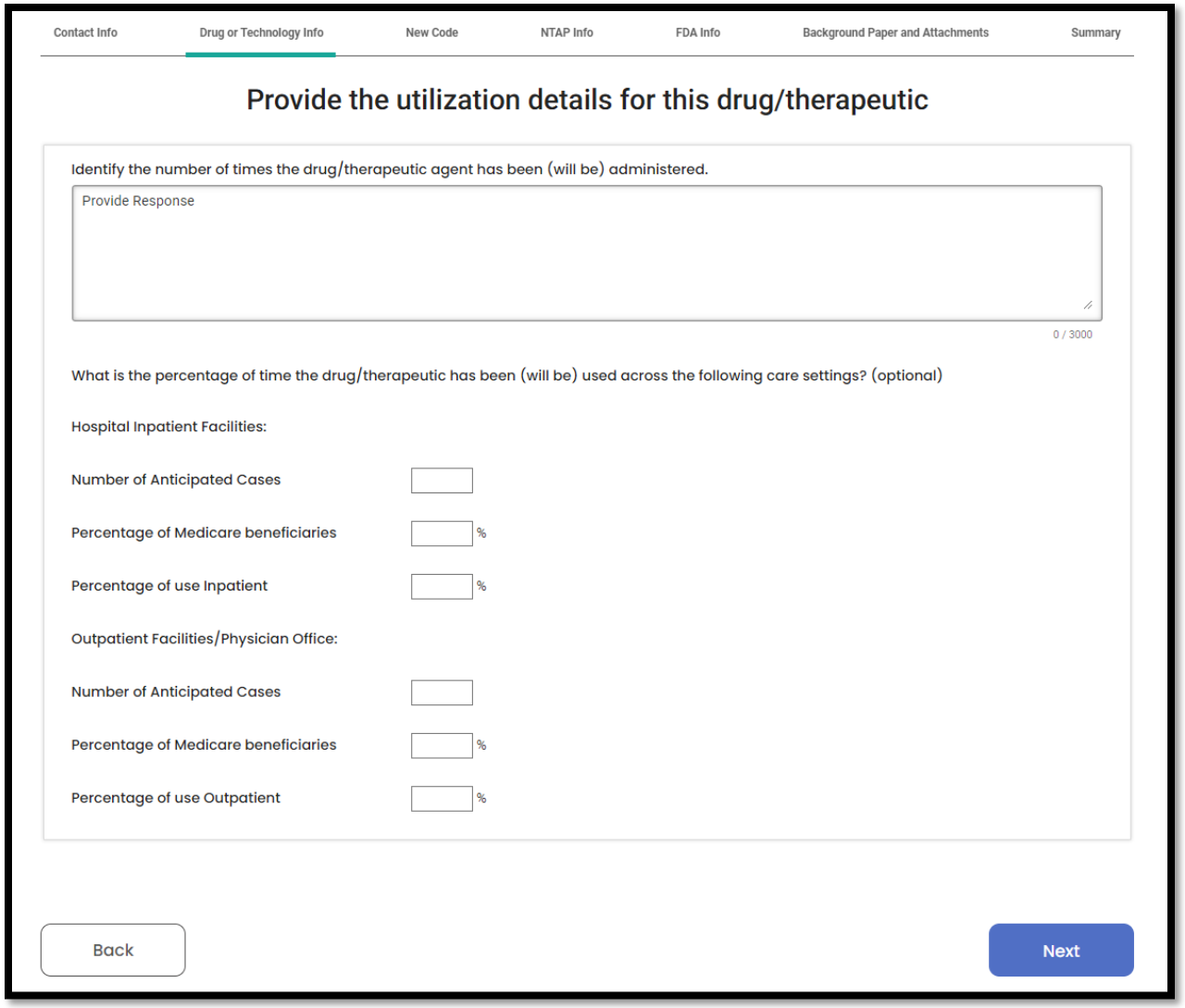
Drug or Technology Info

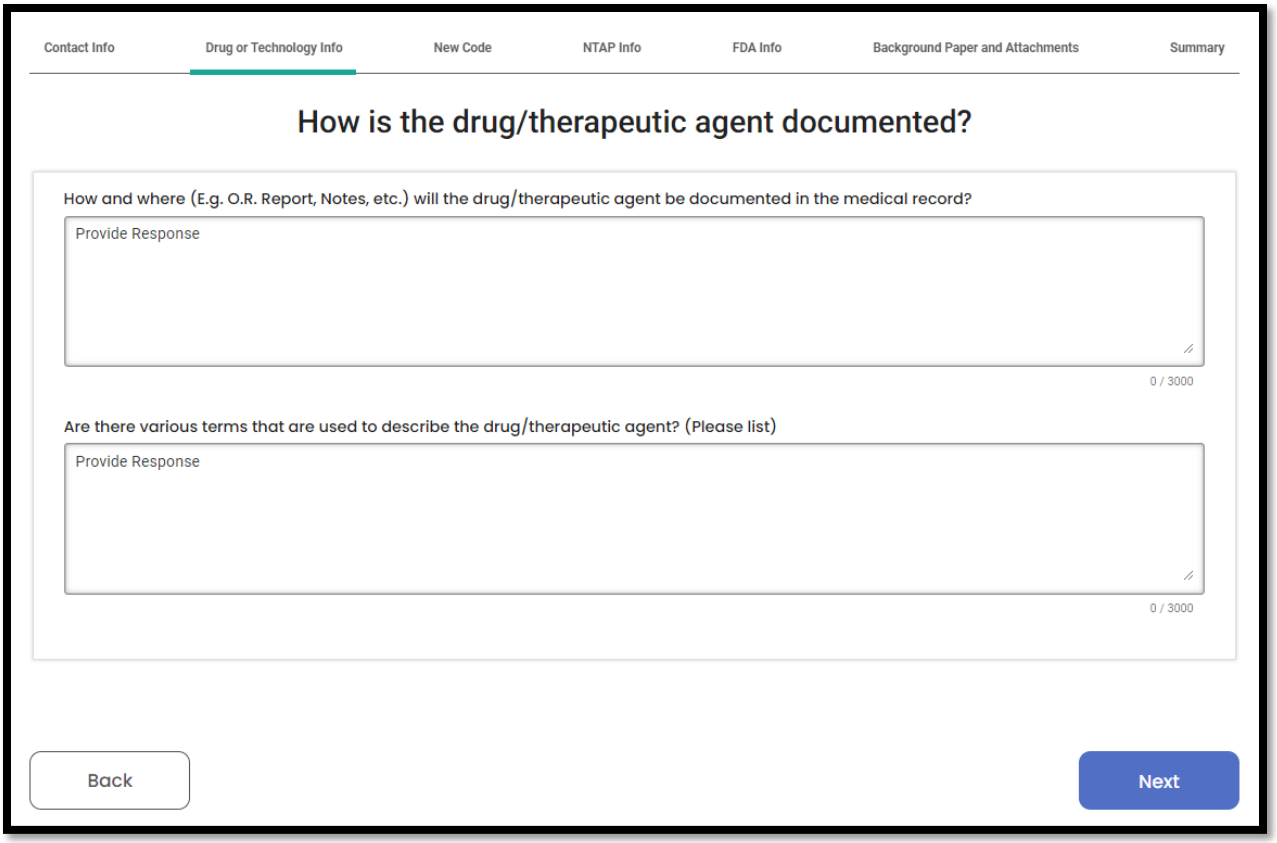
Drug/Therapeutic Agent Flow




Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Describe the drug/therapeutic agent
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Issue: Provide full details regarding the ICD-10-PCS request.
Provide Response
0 / 3000
Desired Implementation Date: Indicate the desired implementation date for the requested ICD-10-PCS code.
April 1st
October 1st
Description of the Drug/Therapeutic Agent: In paragraph form, as shown in the Sample Background Paper, describe the drug/therapeutic.
Provide Response
0 / 3000
Inpatient Administration of the Drug/Therapeutic Agent: In paragraph form, as shown in the Sample Background Paper, describe the procedural steps involved and the route(s) of administration for the drug/therapeutic.
Provide Response
0 / 3000
Back
Next

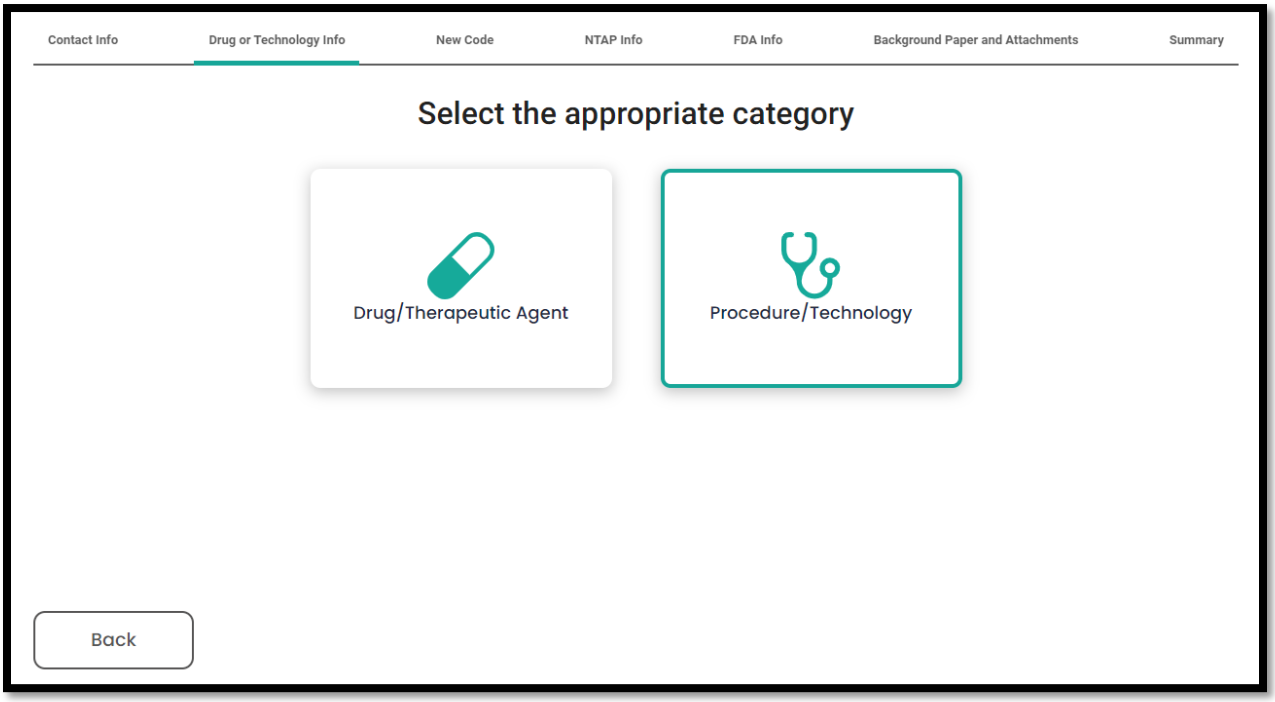

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide the diagnostic details for this drug/therapeutic
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Background: In paragraph form, as shown in the Sample Background Paper, provide information regarding the clinical indication for this drug/therapeutic. Describe what condition(s) the drug/therapeutic agent is intended to treat and the population (percentage/case volume) currently affected. Explain what the current treatment/therapy is and why the new therapy is an improvement.
Provide Response
0 / 3000
Click to see the latest ICD-10-CM codes
Mechanism of Action: In paragraph form, as shown in the Sample Background Paper, describe the mechanism of action of the drug/therapeutic.
Provide Response
0 / 3000
Adverse events associated with administration of the Drug/Therapeutic Agent: Have there been any associated complications/sequela/adverse events? If yes, in paragraph form, describe how many and what did they consist of? (E.g., fever, shortness of breath, anaphylaxis, etc.)
Provide Response
0 / 3000
Back
Next

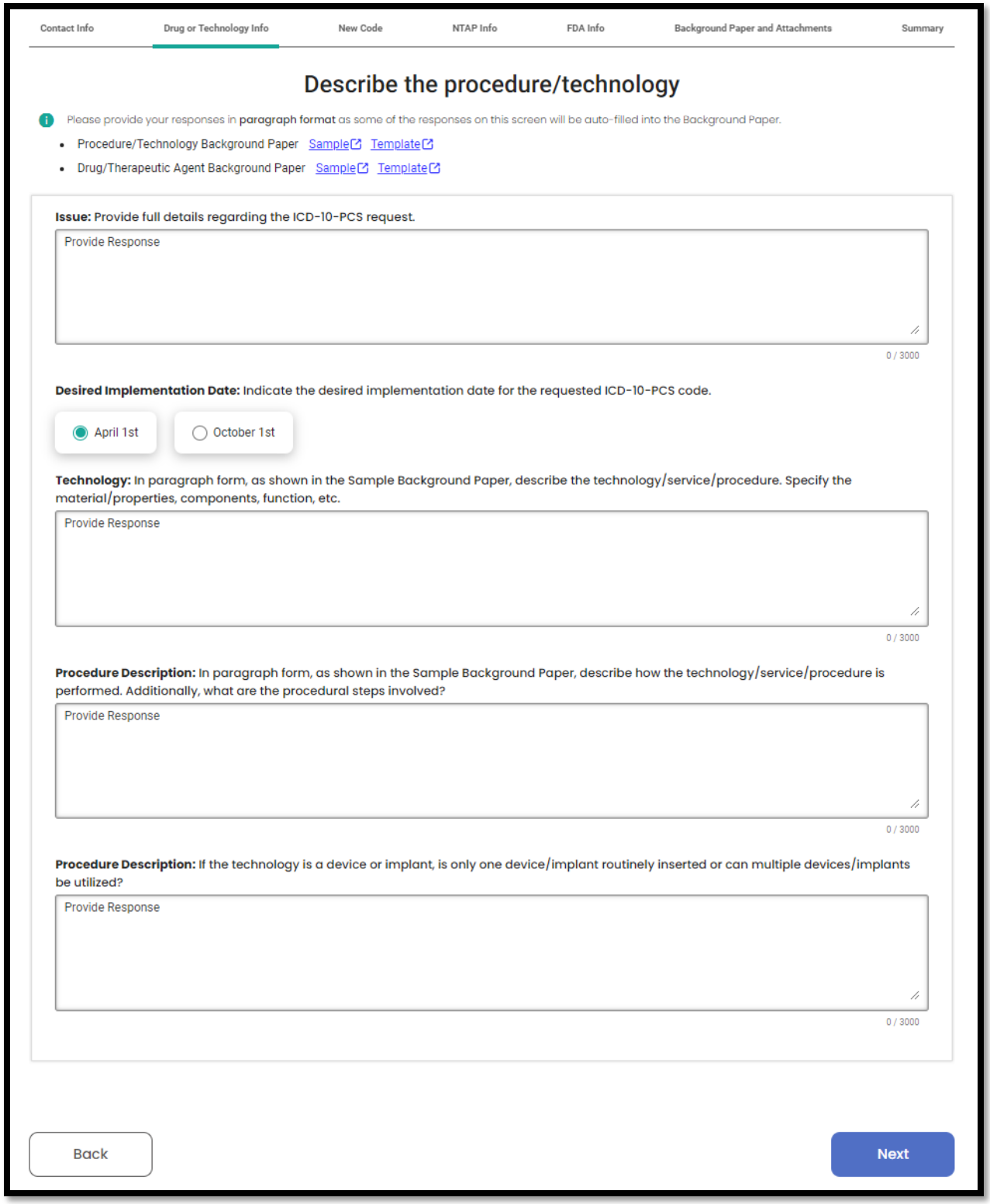

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide the utilization details for this drug/therapeutic
Identify the number of times the drug/therapeutic agent has been (will be) administered.
Provide Response
0 / 3000
What is the percentage of time the drug/therapeutic has been (will be) used across the following care settings? (optional)
Hospital Inpatient Facilities:
Number of Anticipated Cases
Percentage of Medicare beneficiaries
%
Percentage of use Inpatient
%
Outpatient Facilities/Physician Office:
Number of Anticipated Cases
Percentage of Medicare beneficiaries
%
Percentage of use Outpatient
%
Back
Next

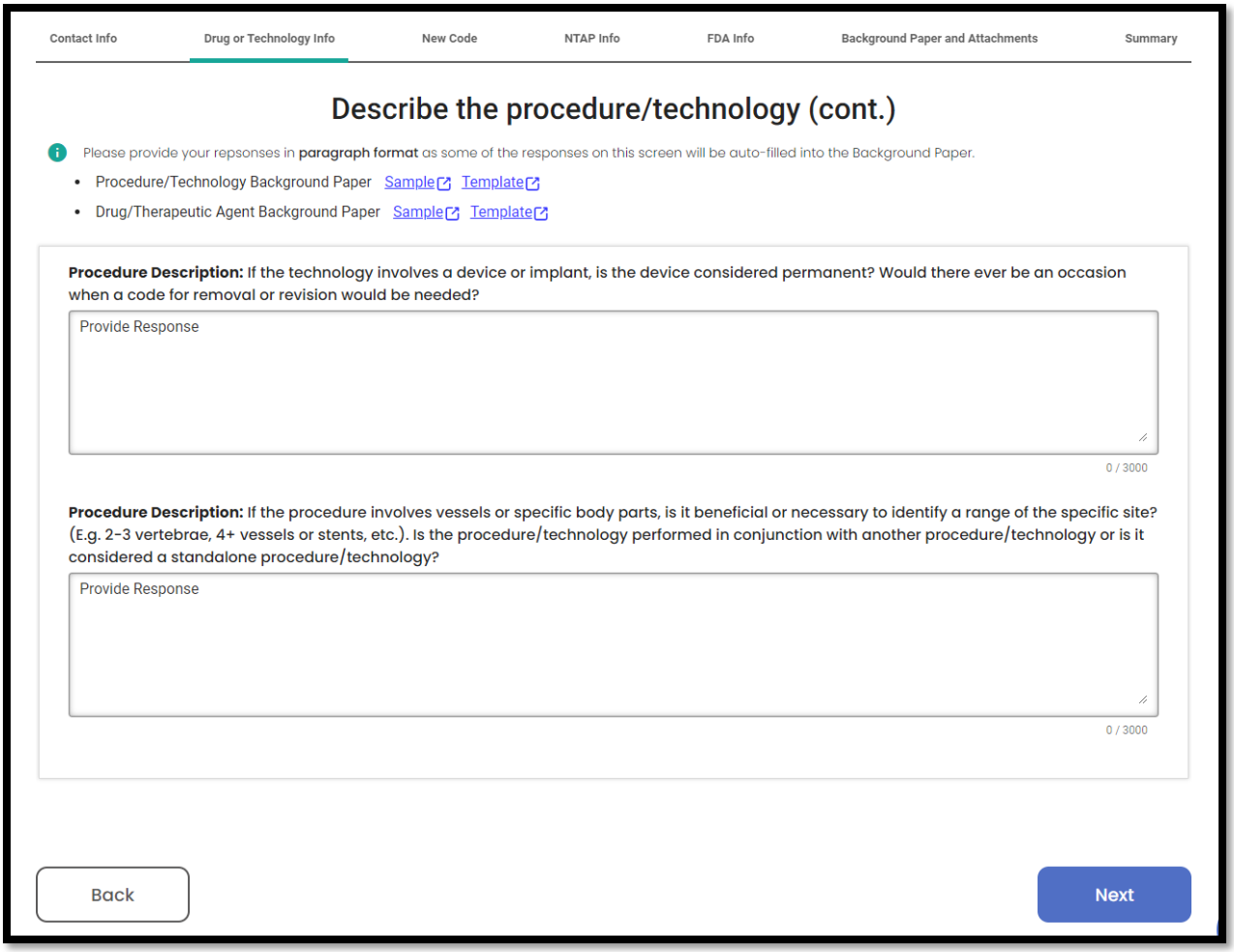

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
How is the drug/therapeutic agent documented?
How and where (E.g. O.R. Report, Notes, etc.) will the drug/therapeutic agent be documented in the medical record?
Provide Response
0 / 3000
Are there various terms that are used to describe the drug/therapeutic agent? (Please list)
Provide Response
0 / 3000
Back
Next

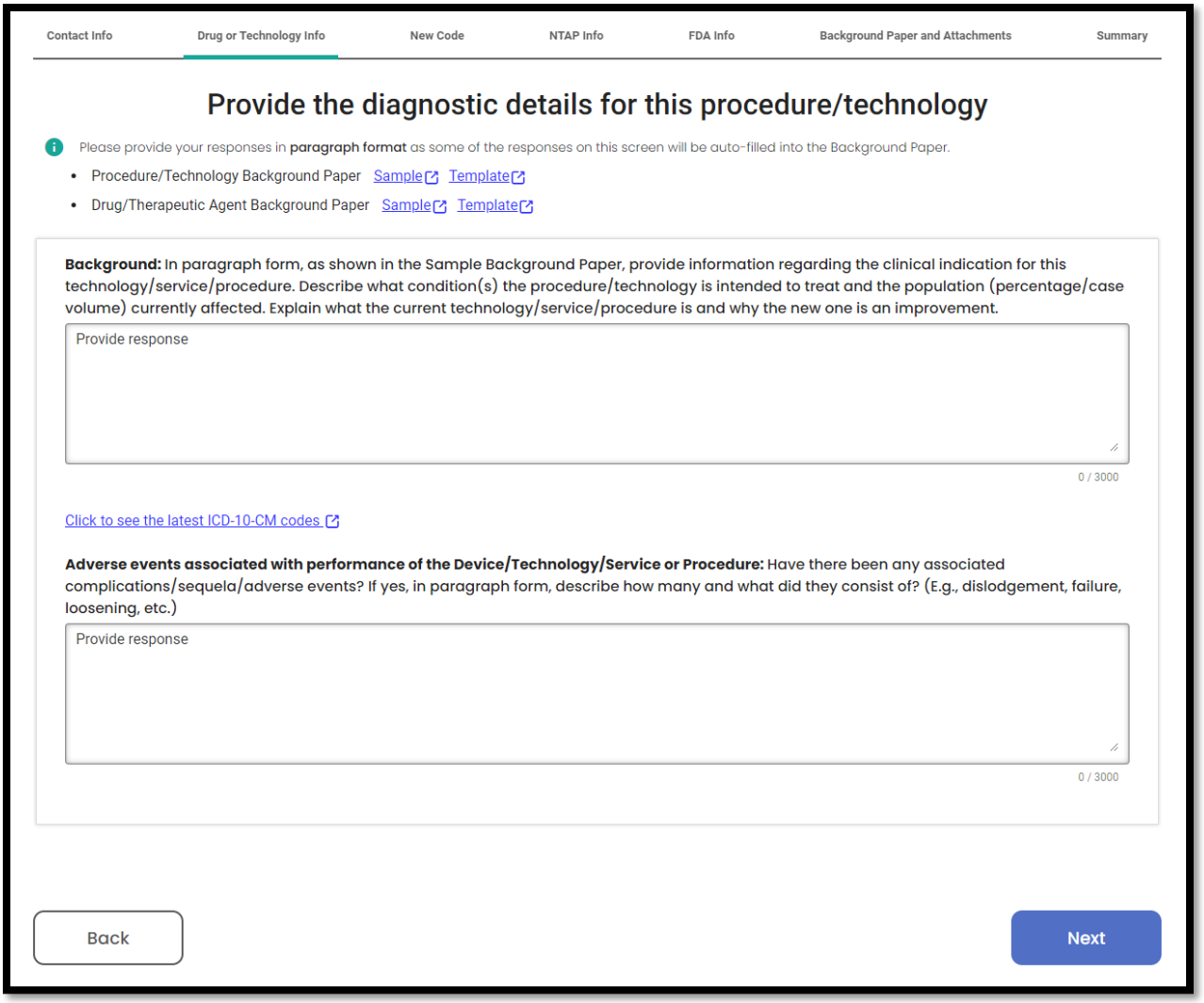
Drug or Technology Info

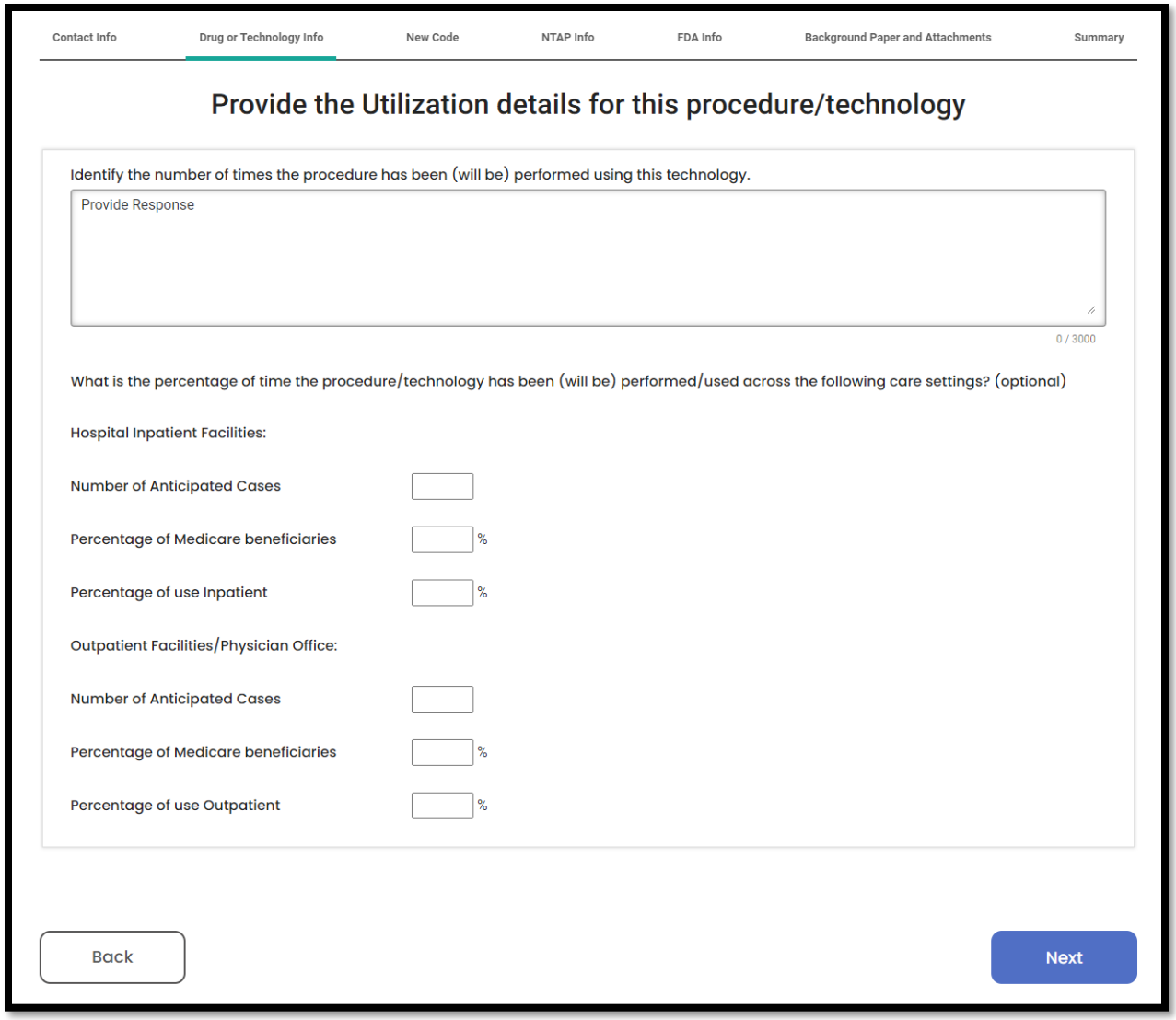
Procedure/Technology Flow

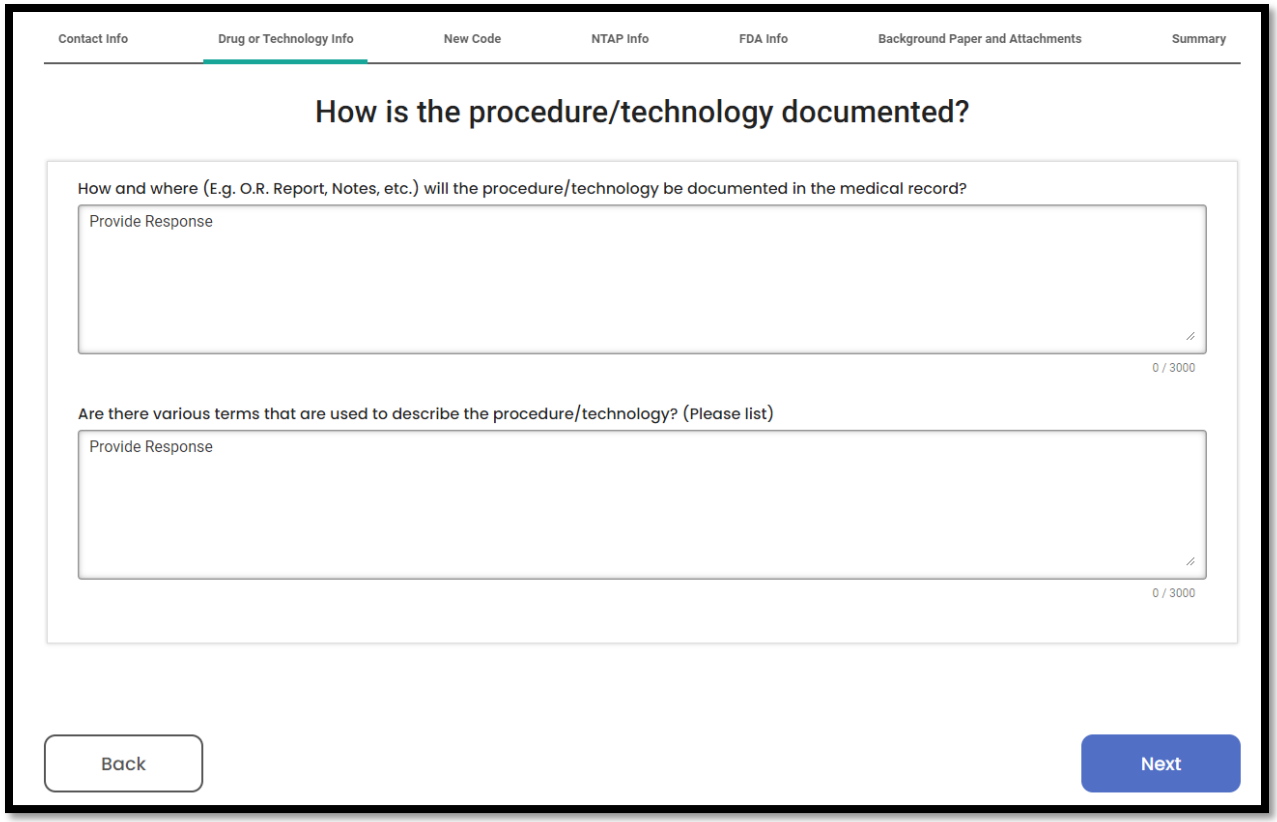



Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Describe the procedure/technology
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Issue: Provide full details regarding the ICD-10-PCS request.
Provide Response
0 / 3000
Desired Implementation Date: Indicate the desired implementation date for the requested ICD-10-PCS code.
April 1st
October 1st
Technology: In paragraph form, as shown in the Sample Background Paper, describe the technology/service/procedure. Specify the material/properties, components, function, etc.
Provide Response
0 / 3000
Procedure Description: In paragraph form, as shown in the Sample Background Paper, describe how the technology/service/procedure is performed. Additionally, what are the procedural steps involved?
Provide Response
0 / 3000
Procedure Description: If the technology is a device or implant, is only one device/implant routinely inserted or can multiple devices/implants be utilized?
Provide Response
0 / 3000
Back
Next


Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Describe the procedure/technology (cont.)
Please provide your repsonses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Procedure Description: If the technology involves a device or implant, is the device considered permanent? Would there ever be an occasion when a code for removal or revision would be needed?
Provide Response
0 / 3000
Procedure Description: 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?
Provide Response
0 / 3000
Back
Next

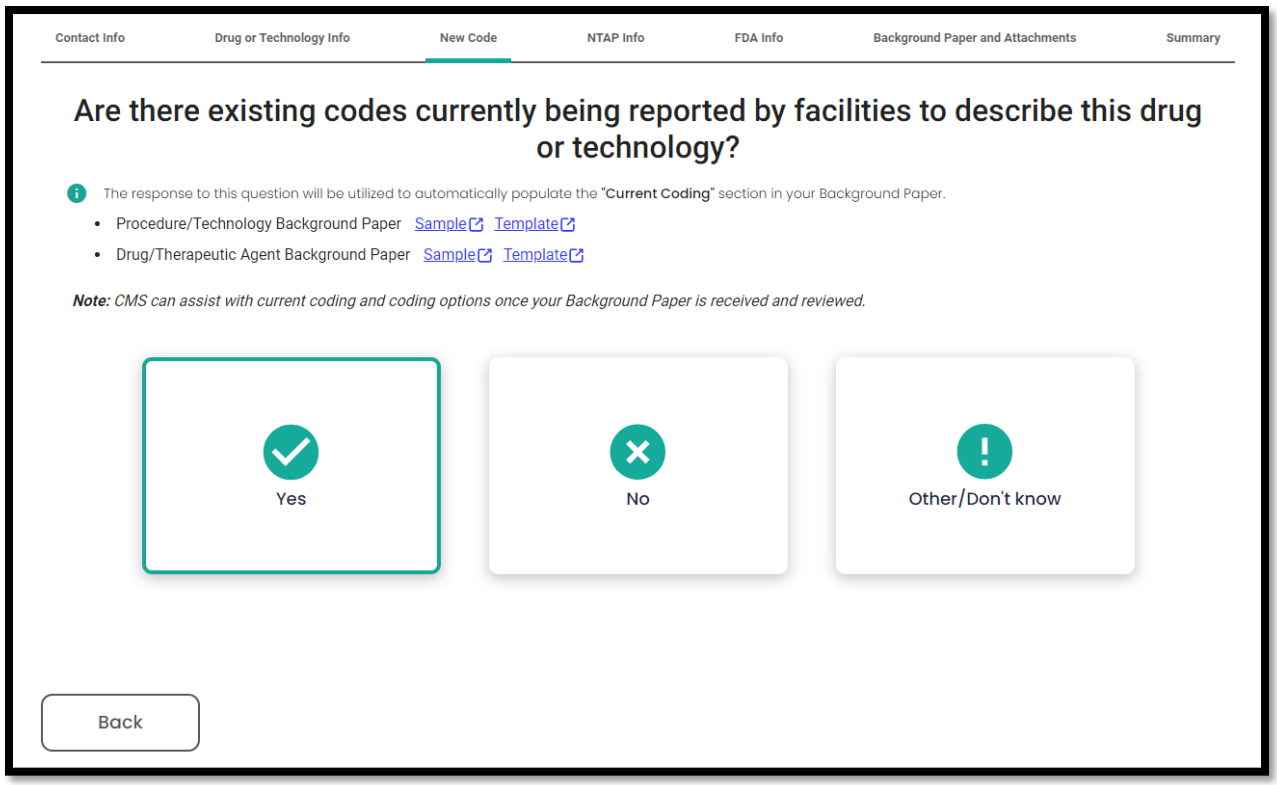

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide the diagnostic details for this procedure/technology
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Background: In paragraph form, as shown in the Sample Background Paper, provide information regarding the clinical indication for this technology/service/procedure. Describe what condition(s) the procedure/technology is intended to treat and the population (percentage/case volume) currently affected. Explain what the current technology/service/procedure is and why the new one is an improvement.
Provide response
0 / 3000
Click to see the latest ICD-10-CM codes
Adverse events associated with performance of the Device/Technology/Service or Procedure: Have there been any associated complications/sequela/adverse events? If yes, in paragraph form, describe how many and what did they consist of? (E.g., dislodgement, failure, loosening, etc.)
Provide response
0 / 3000
Back
Next

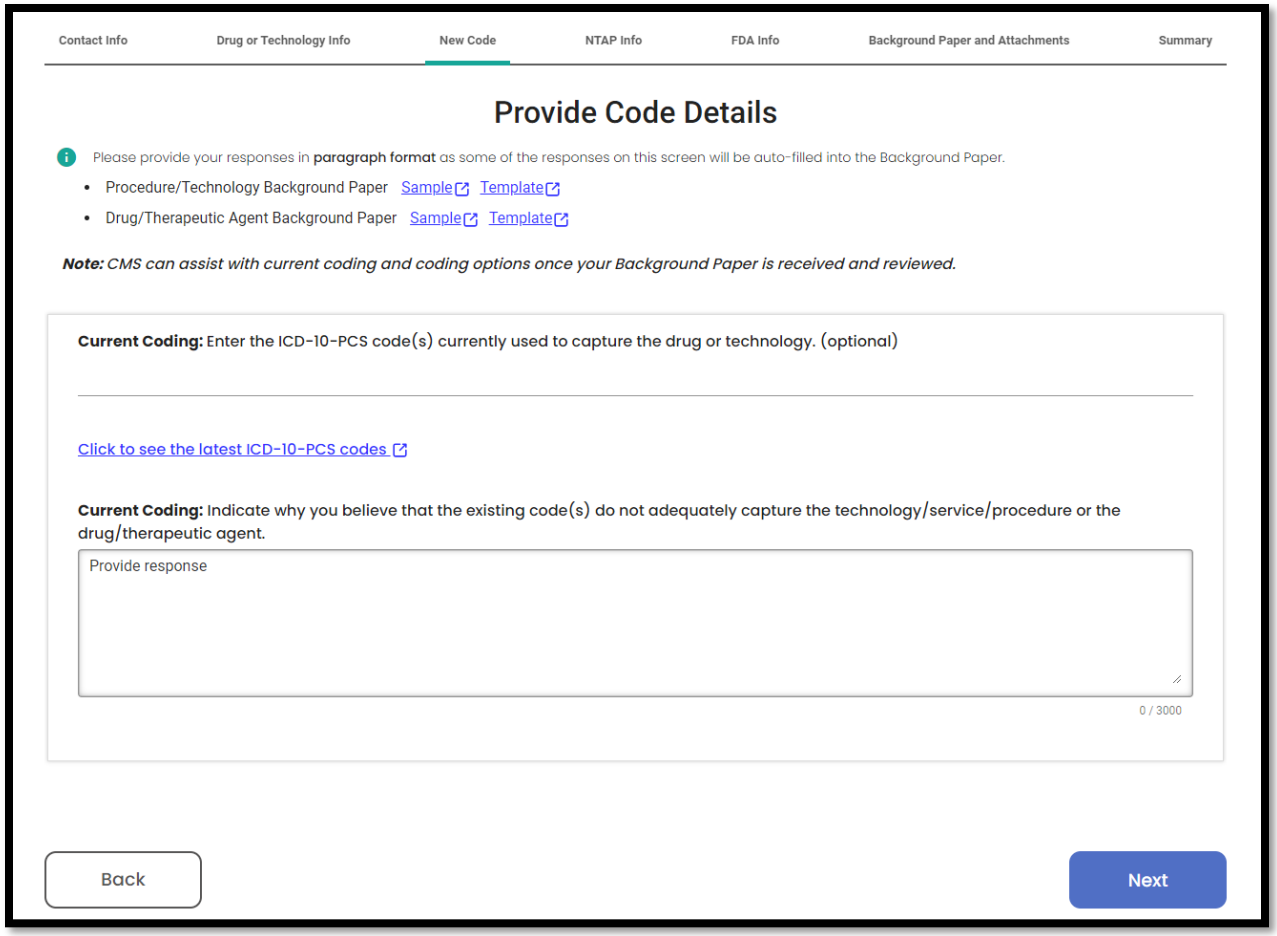

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide the Utilization details for this procedure/technology
Identify the number of times the procedure has been (will be) performed using this technology.
Provide Response
0 / 3000
What is the percentage of time the procedure/technology has been (will be) performed/used across the following care settings? (optional)
Hospital Inpatient Facilities:
Number of Anticipated Cases
Percentage of Medicare beneficiaries
%
Percentage of use Inpatient
%
Outpatient Facilities/Physician Office:
Number of Anticipated Cases
Percentage of Medicare beneficiaries
%
Percentage of use Outpatient
%
Back
Next

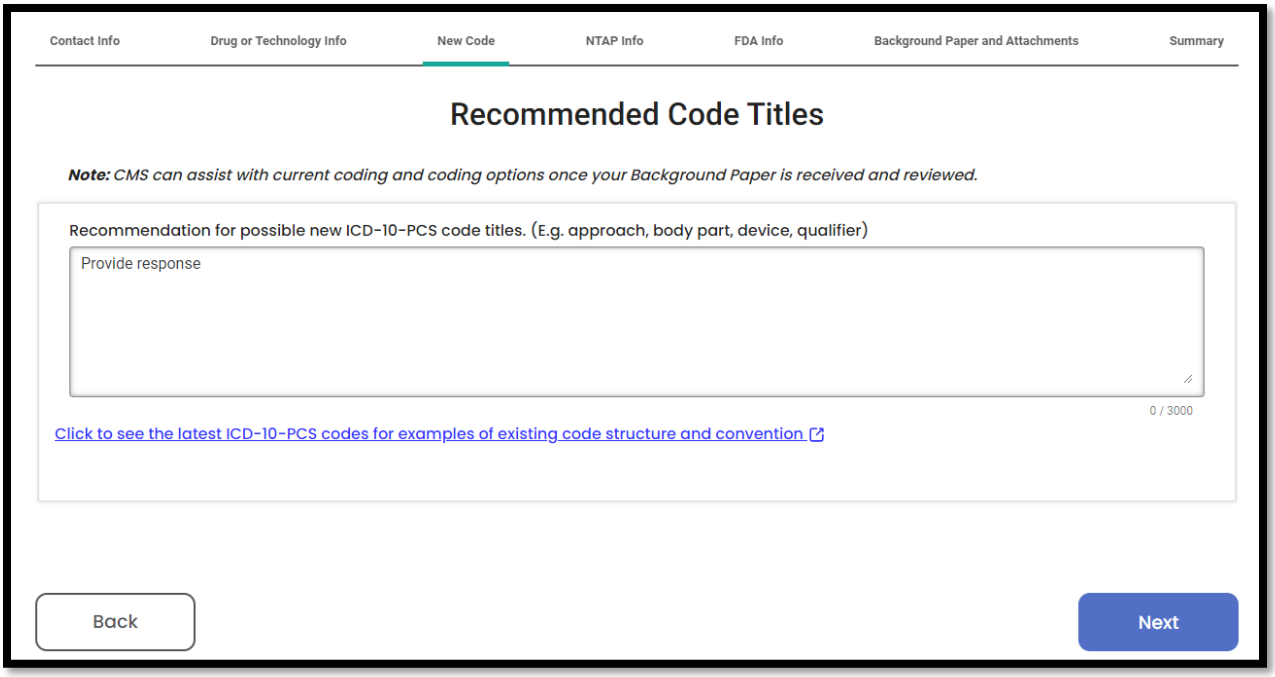

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
How is the procedure/technology documented?
How and where (E.g. O.R. Report, Notes, etc.) will the procedure/technology be documented in the medical record?
Provide Response
0 / 3000
Are there various terms that are used to describe the procedure/technology? (Please list)
Provide Response
0 / 3000
Back
Next

New Code

Yes Flow

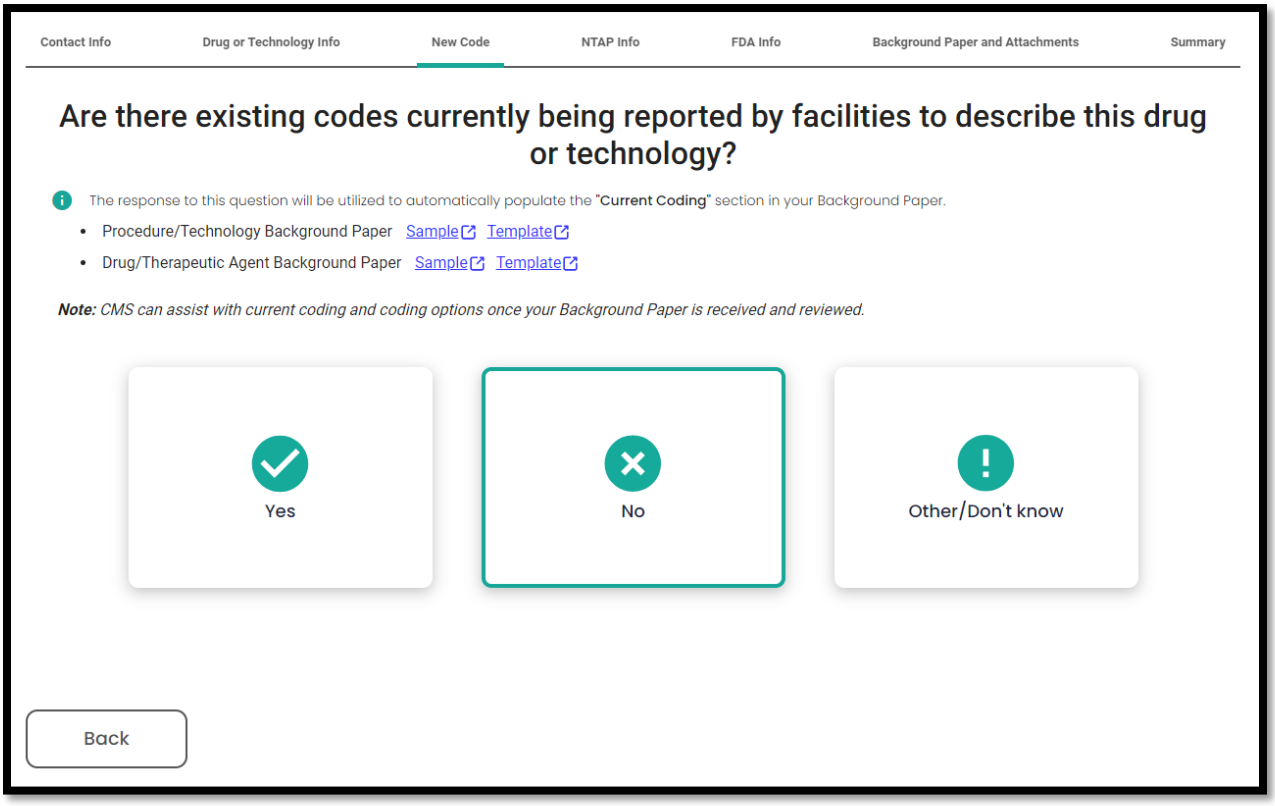


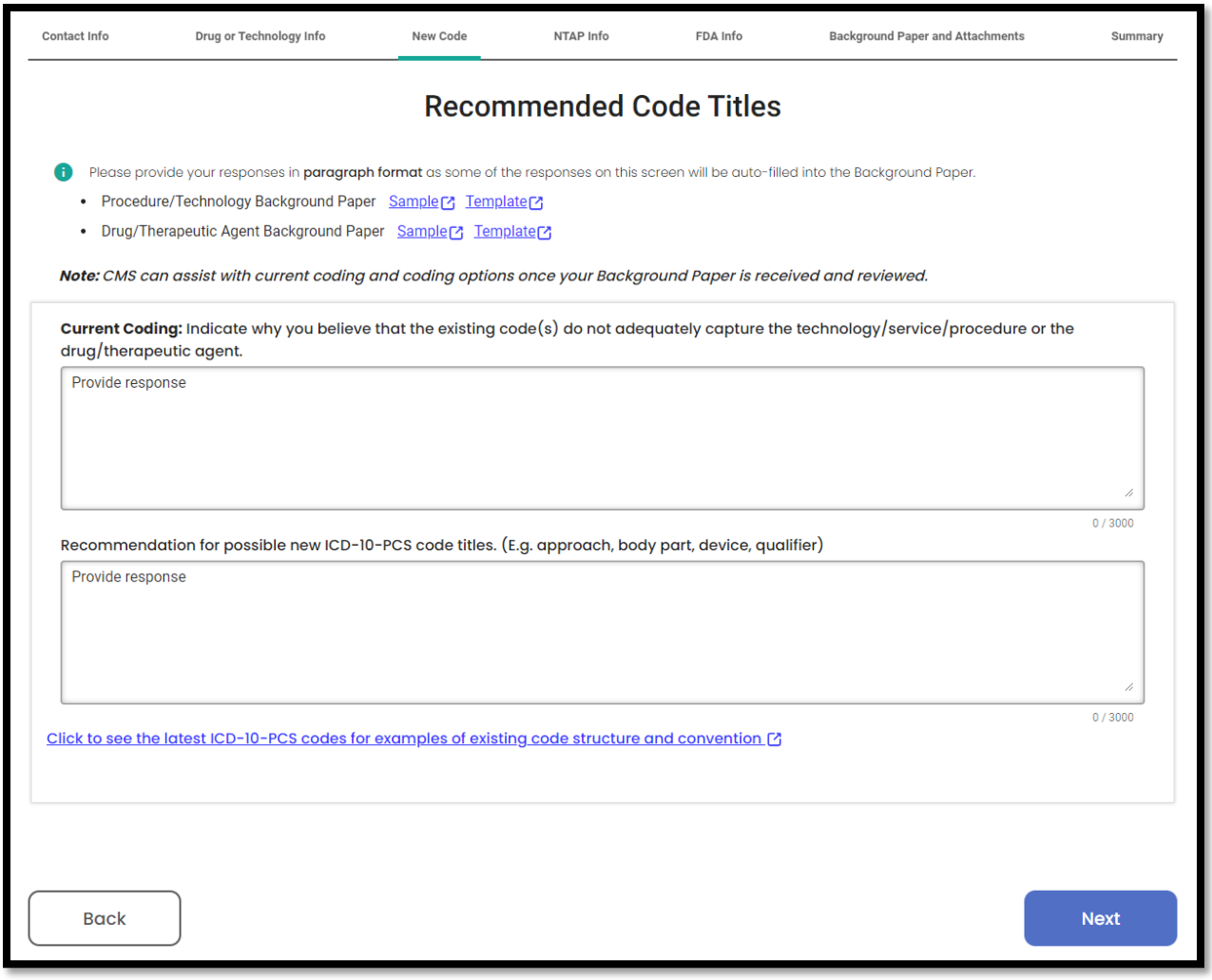

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide Code Details
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Note: CMS can assist with current coding and coding options once your Background Paper is received and reviewed.
Current Coding: Enter the ICD-10-PCS code(s) currently used to capture the drug or technology. (optional)
Click to see the latest ICD-10-PCS codes
Current Coding: Indicate why you believe that the existing code(s) do not adequately capture the technology/service/procedure or the drug/therapeutic agent.
Provide response
0 / 3000
Back
Next


Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Recommended Code Titles
Note: CMS can assist with current coding and coding options once your Background Paper is received and reviewed.
Recommendation for possible new ICD-10-PCS code titles. (E.g. approach, body part, device, qualifier)
Provide response
0 / 3000
Click to see the latest ICD-10-PCS codes for examples of existing code structure and convention
Back
Next

New Code

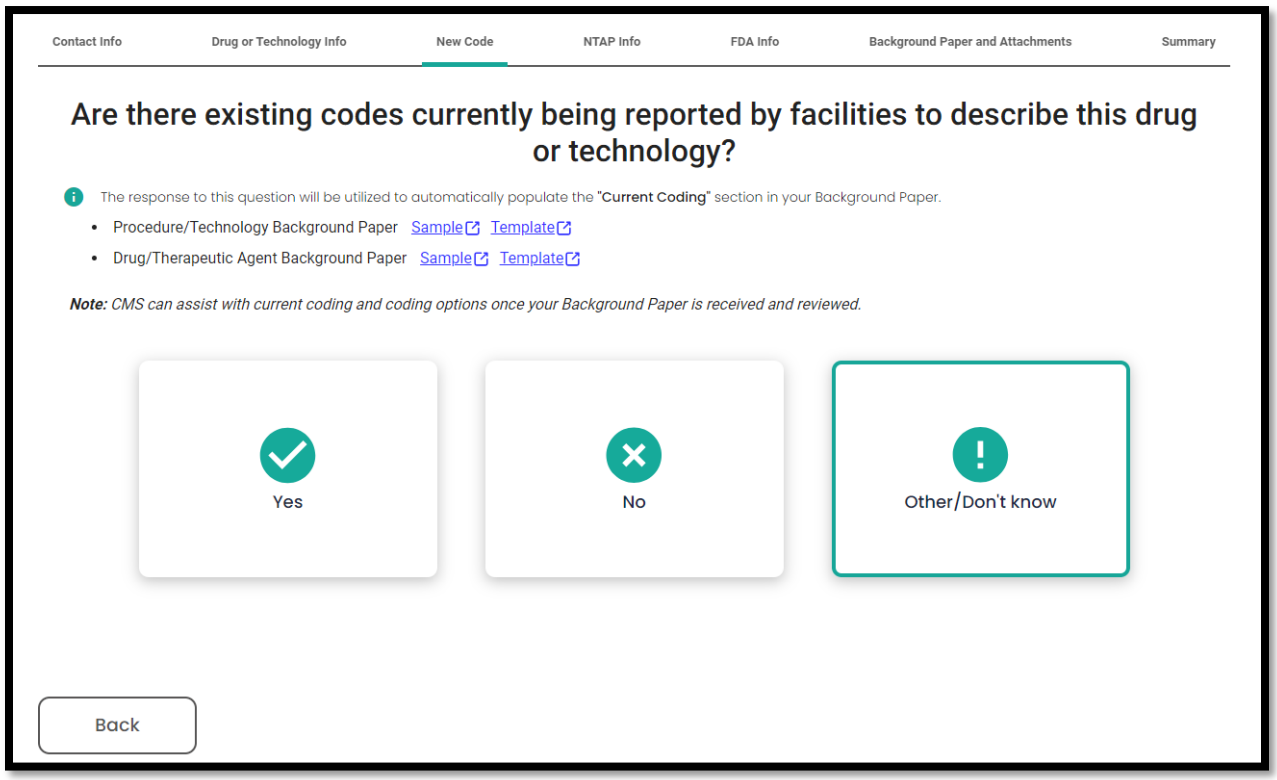
No Flow

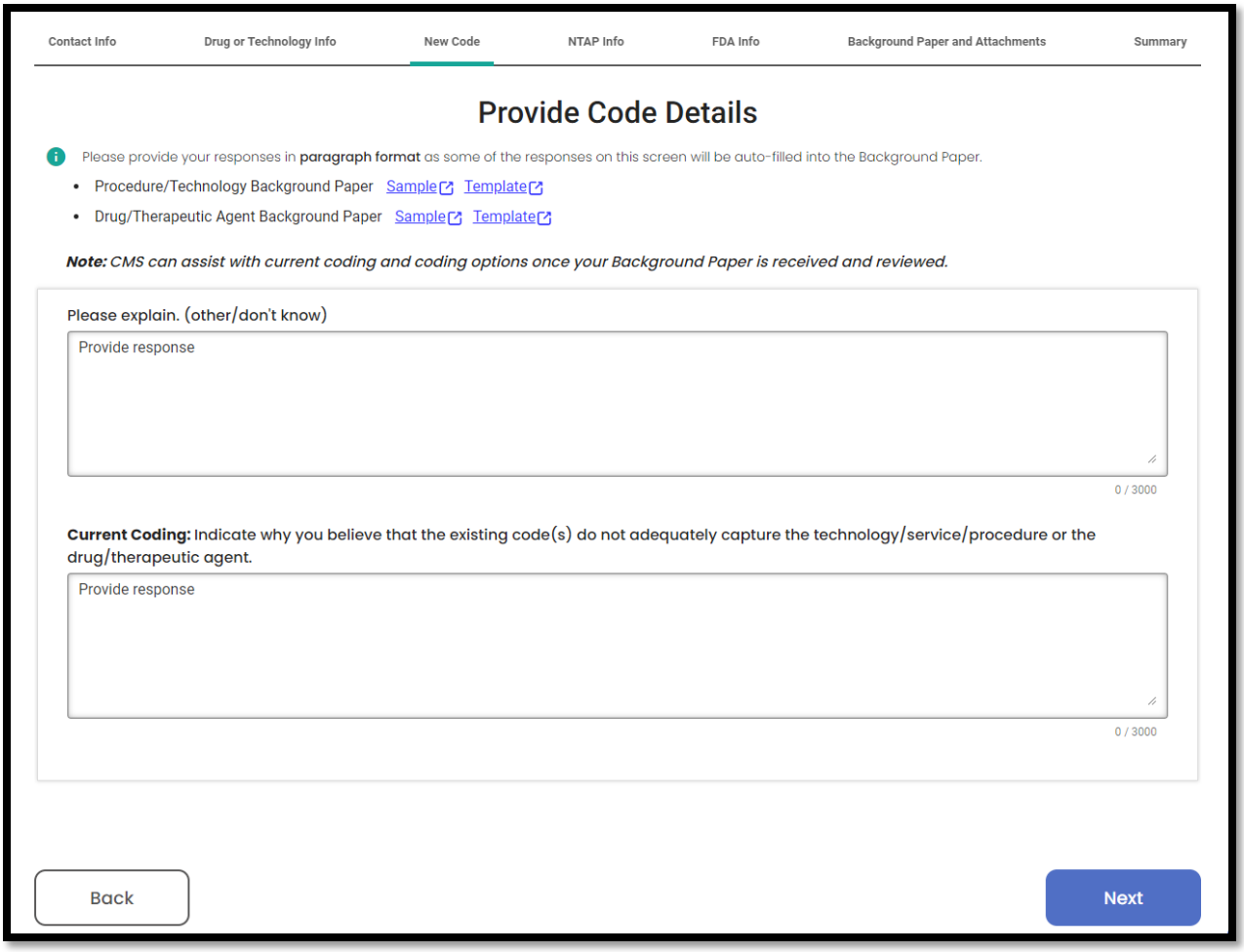


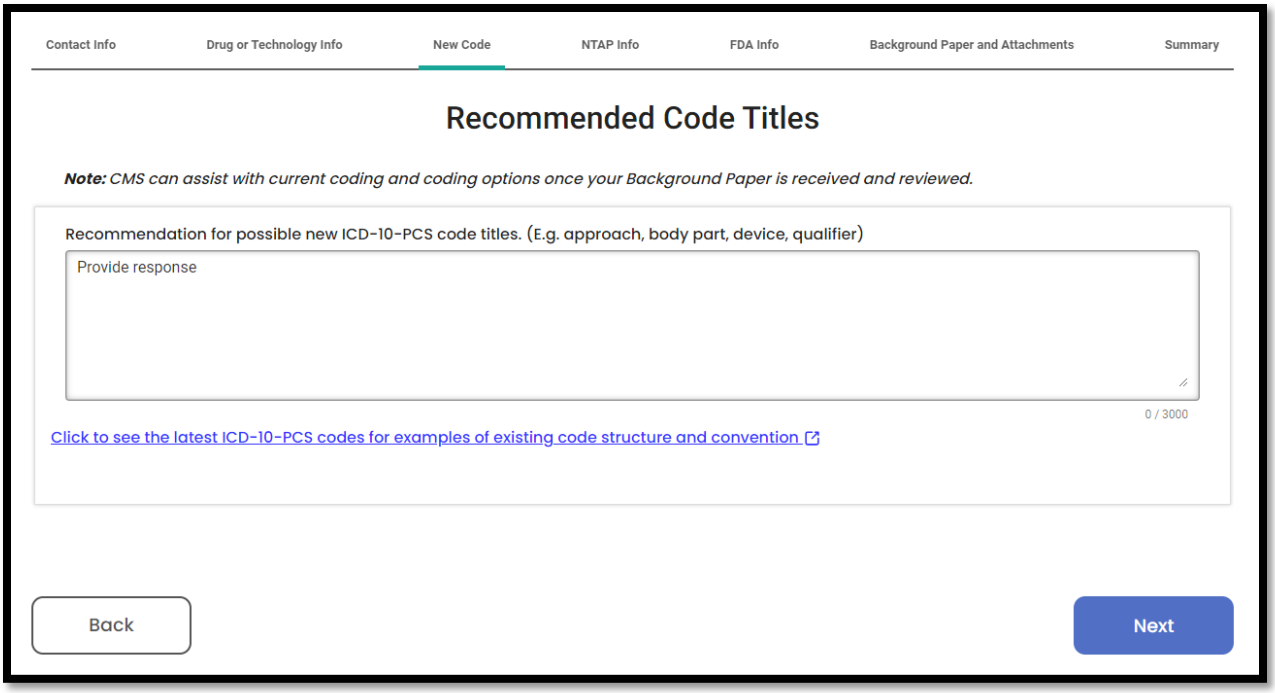

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Recommended Code Titles
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Note: CMS can assist with current coding and coding options once your Background Paper is received and reviewed.
Current Coding: Indicate why you believe that the existing code(s) do not adequately capture the technology/service/procedure or the drug/therapeutic agent.
Provide response
0 / 3000
Recommendation for possible new ICD-10-PCS code titles. (E.g. approach, body part, device, qualifier)
Provide response
0 / 3000
Click to see the latest ICD-10-PCS codes for examples of existing code structure and convention
Back
Next

New Code

Other/Don’t Know Flow

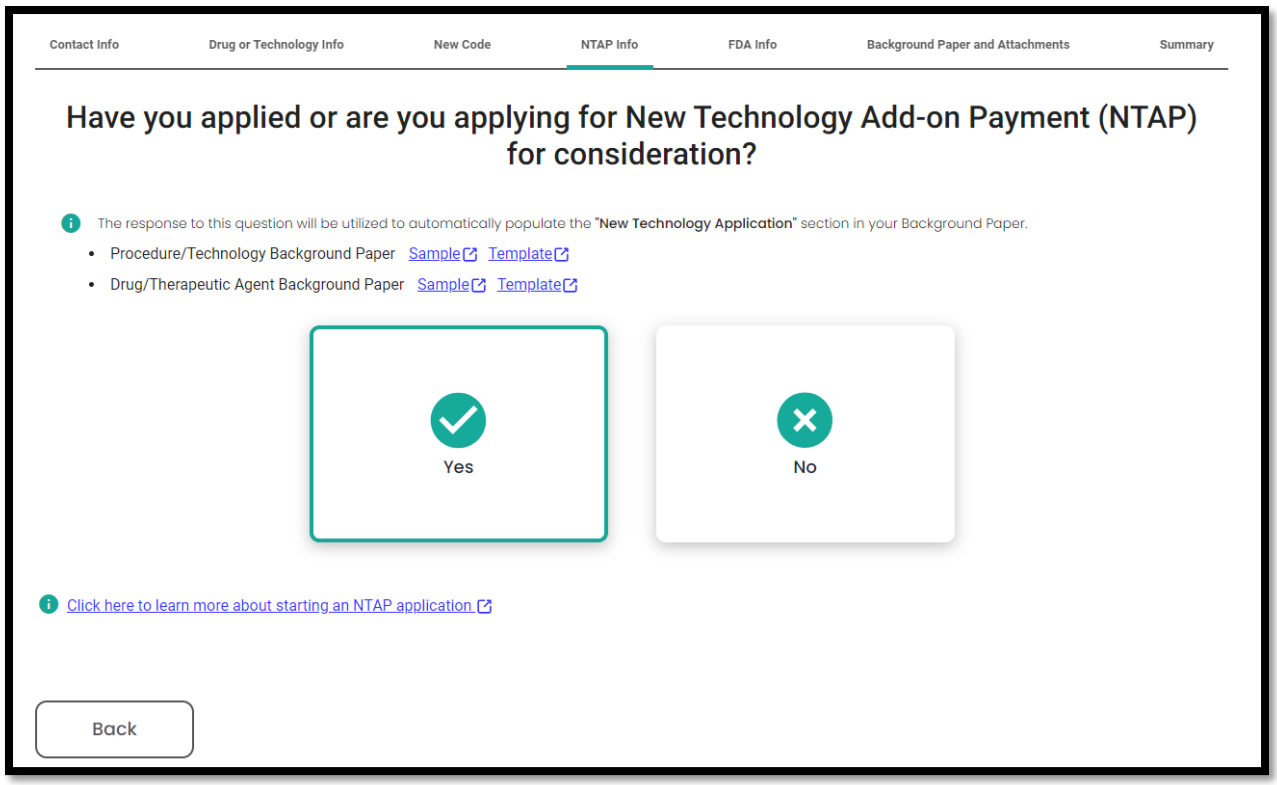


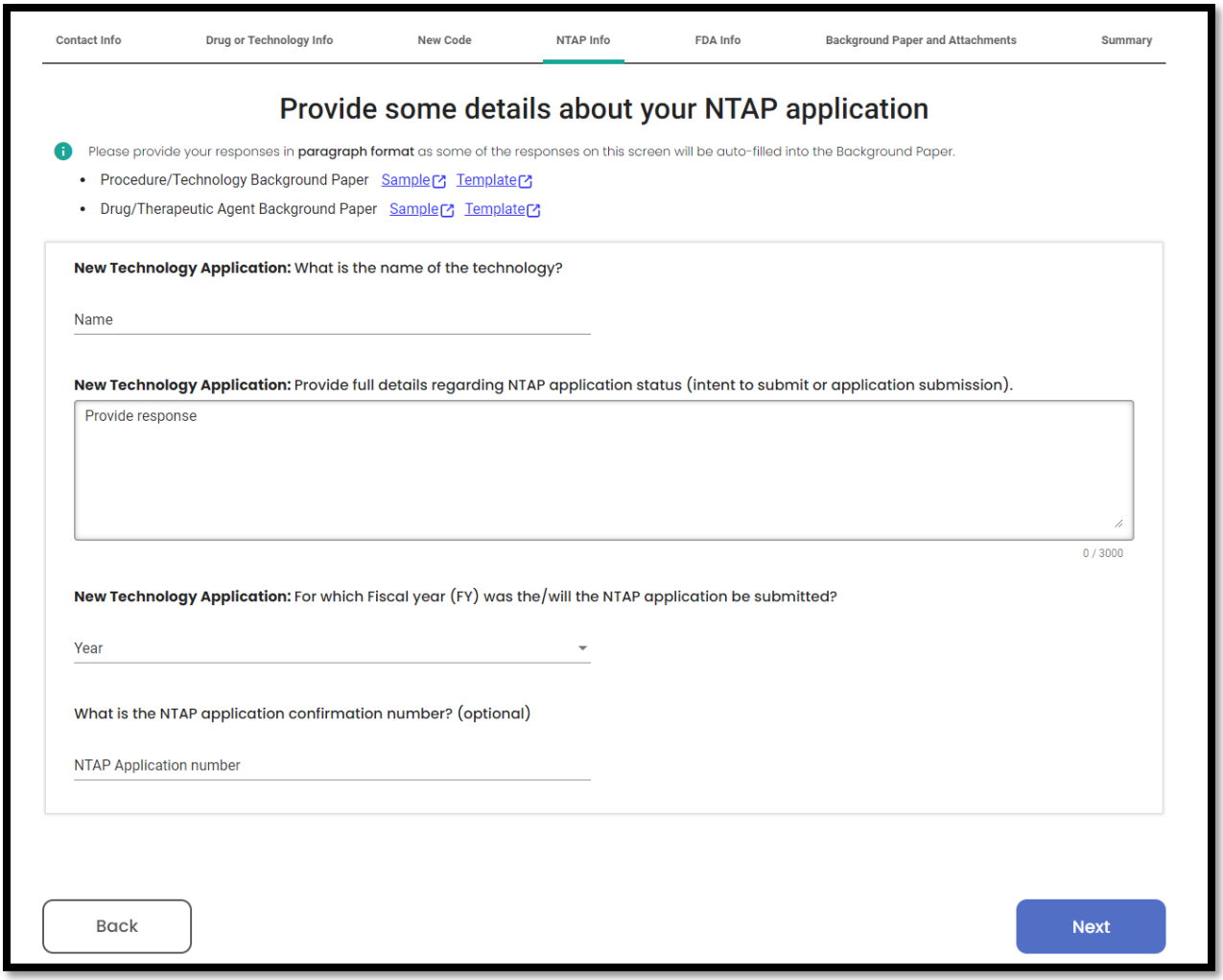

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide Code Details
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Note: CMS can assist with current coding and coding options once your Background Paper is received and reviewed.
Please explain. (other/don't know)
Provide response
0 / 3000
Current Coding: Indicate why you believe that the existing code(s) do not adequately capture the technology/service/procedure or the drug/therapeutic agent.
Provide response
0 / 3000
Back
Next


Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Recommended Code Titles
Note: CMS can assist with current coding and coding options once your Background Paper is received and reviewed.
Recommendation for possible new ICD-10-PCS code titles. (E.g. approach, body part, device, qualifier)
Provide response
0 / 3000
Click to see the latest ICD-10-PCS codes for examples of existing code structure and convention
Back
Next

NTAP Info

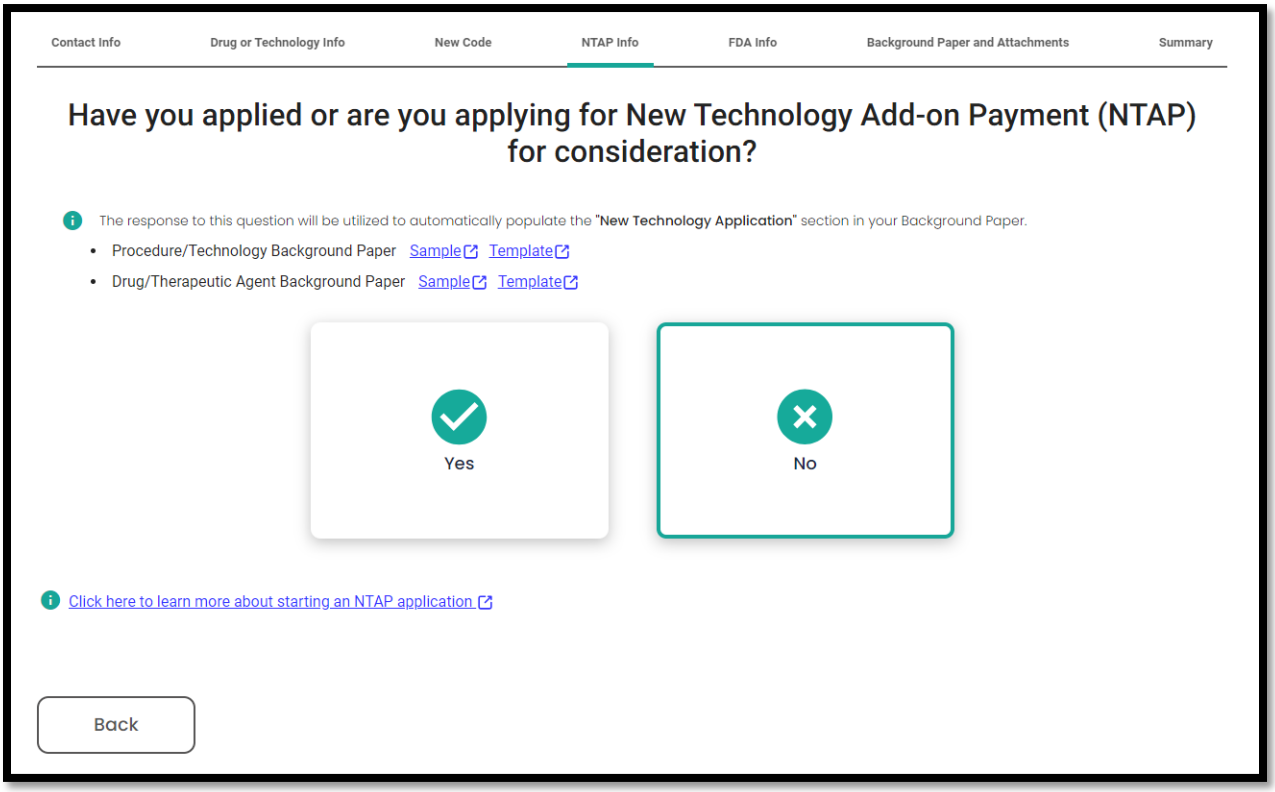
Yes Flow




Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide some details about your NTAP application
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
New Technology Application: What is the name of the technology?
Name
New Technology Application: Provide full details regarding NTAP application status (intent to submit or application submission).
Provide response
0 / 3000
New Technology Application: For which Fiscal year (FY) was the/will the NTAP application be submitted?
Year
What is the NTAP application confirmation number? (optional)
NTAP Application number
Back
Next

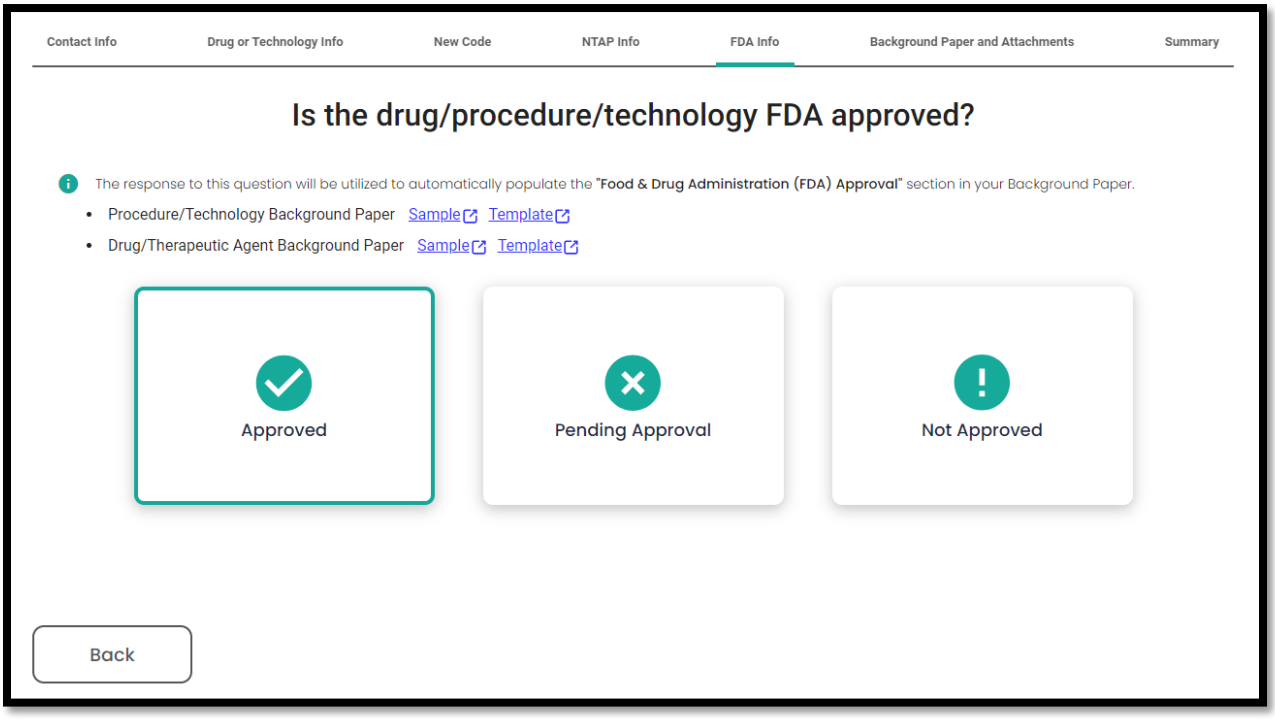
NTAP Info

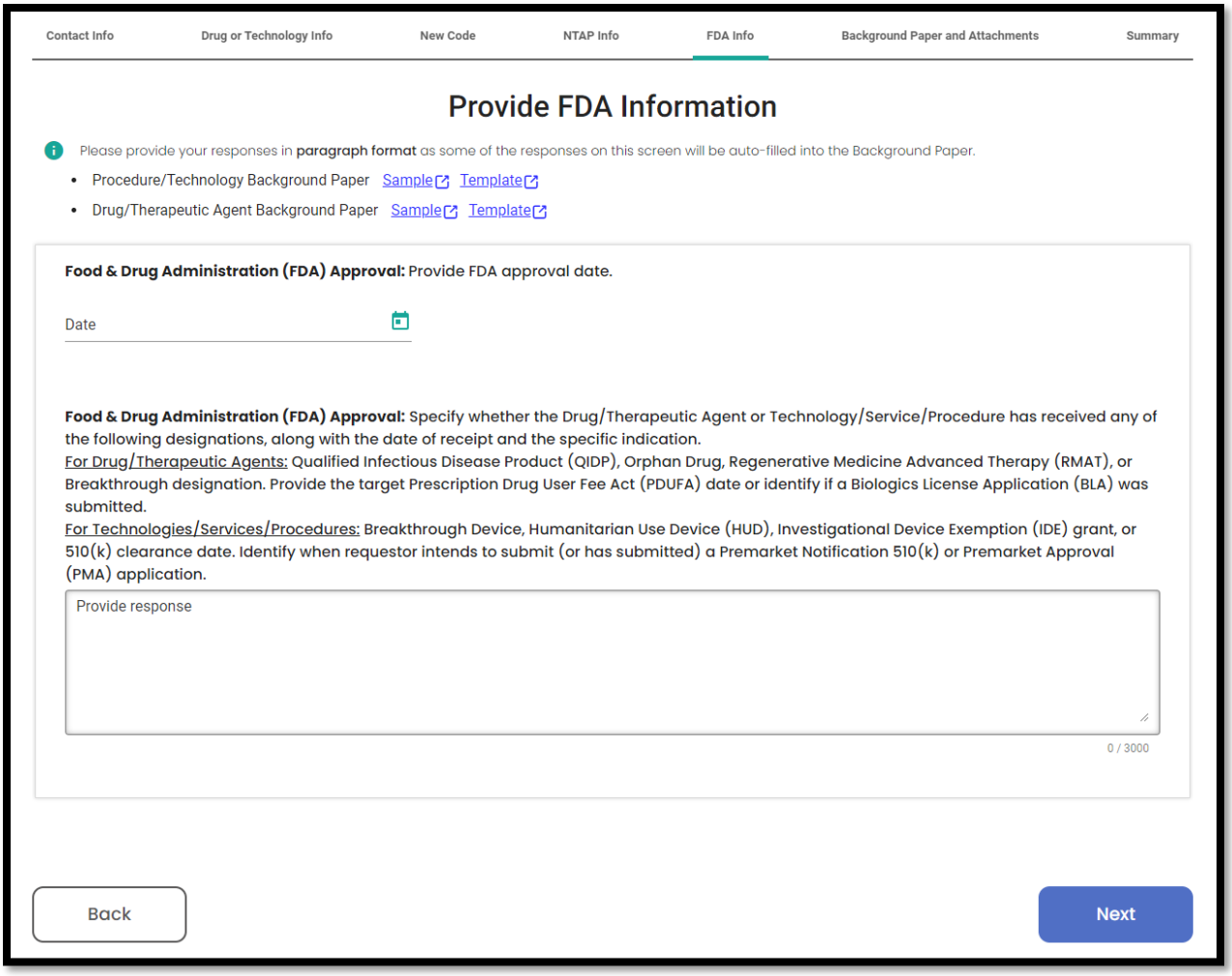
No Flow



FDA Info

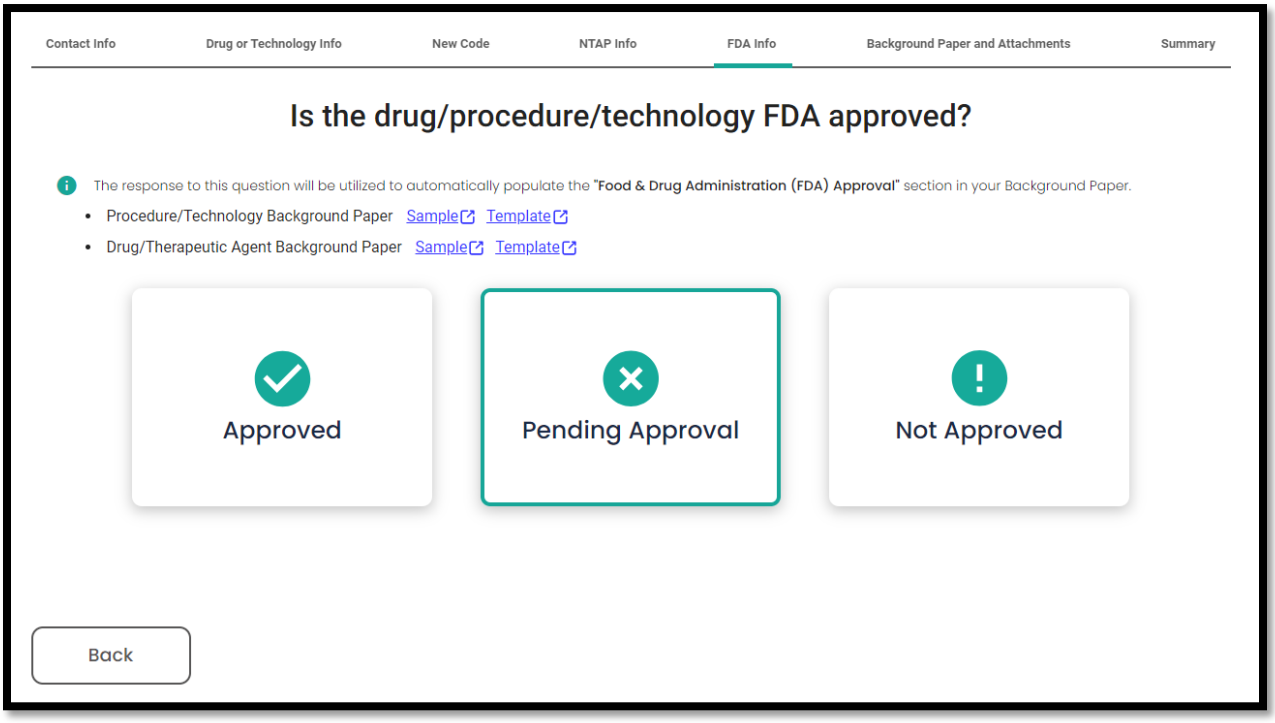
Approved Flow

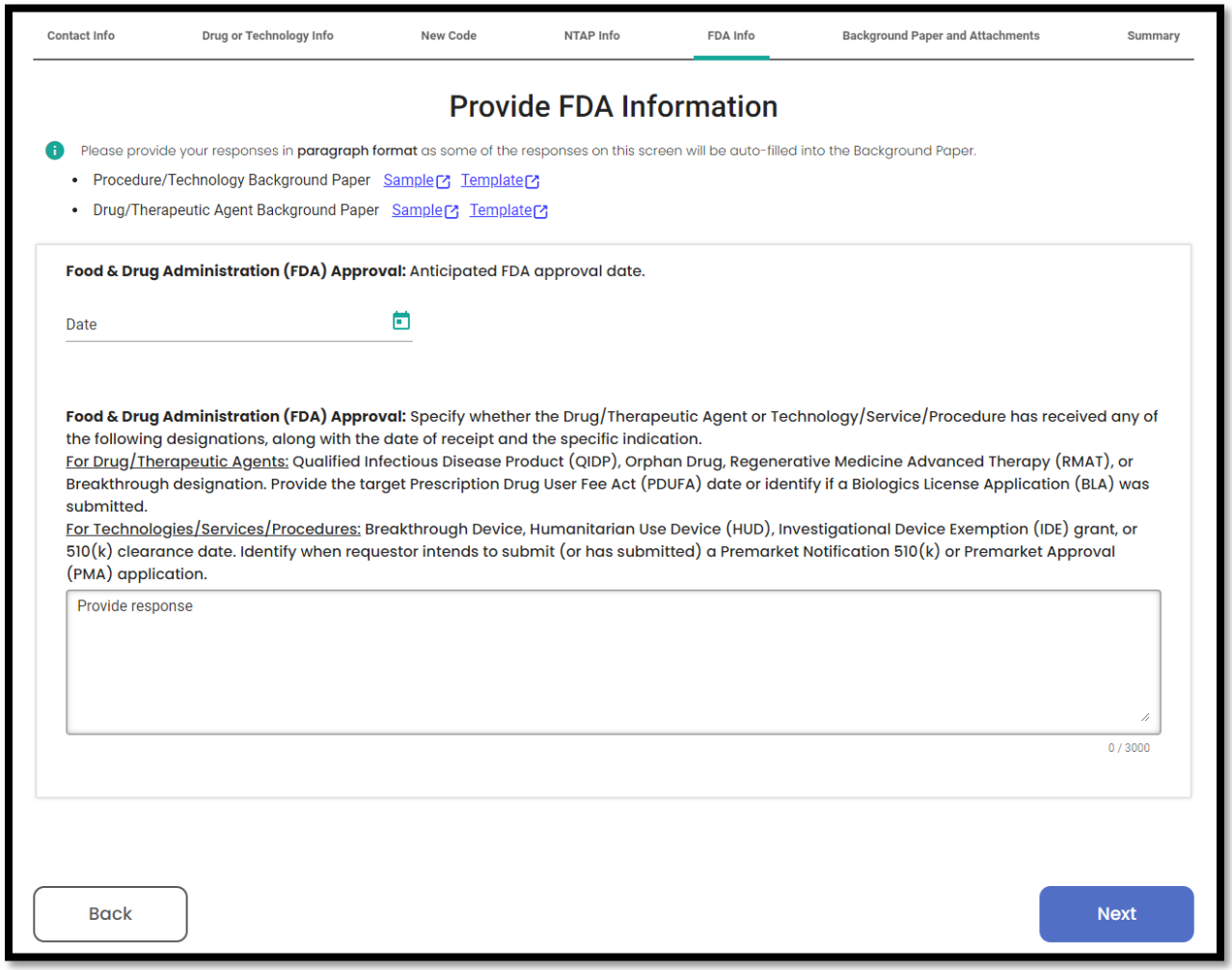



Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide FDA Information
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Food & Drug Administration (FDA) Approval: Provide FDA approval date.
Date
Food & Drug Administration (FDA) Approval: Specify whether the Drug/Therapeutic Agent or Technology/Service/Procedure has received any of the following designations, along with the date of receipt and the specific indication.
For Drug/Therapeutic Agents: Qualified Infectious Disease Product (QIDP), Orphan Drug, Regenerative Medicine Advanced Therapy (RMAT), or Breakthrough designation. Provide the target Prescription Drug User Fee Act (PDUFA) date or identify if a Biologics License Application (BLA) was submitted.
For Technologies/Services/Procedures: Breakthrough Device, Humanitarian Use Device (HUD), Investigational Device Exemption (IDE) grant, or 510(k) clearance date. Identify when requestor intends to submit (or has submitted) a Premarket Notification 510(k) or Premarket Approval (PMA) application.
Provide response
0 / 3000
Back
Next

FDA Info

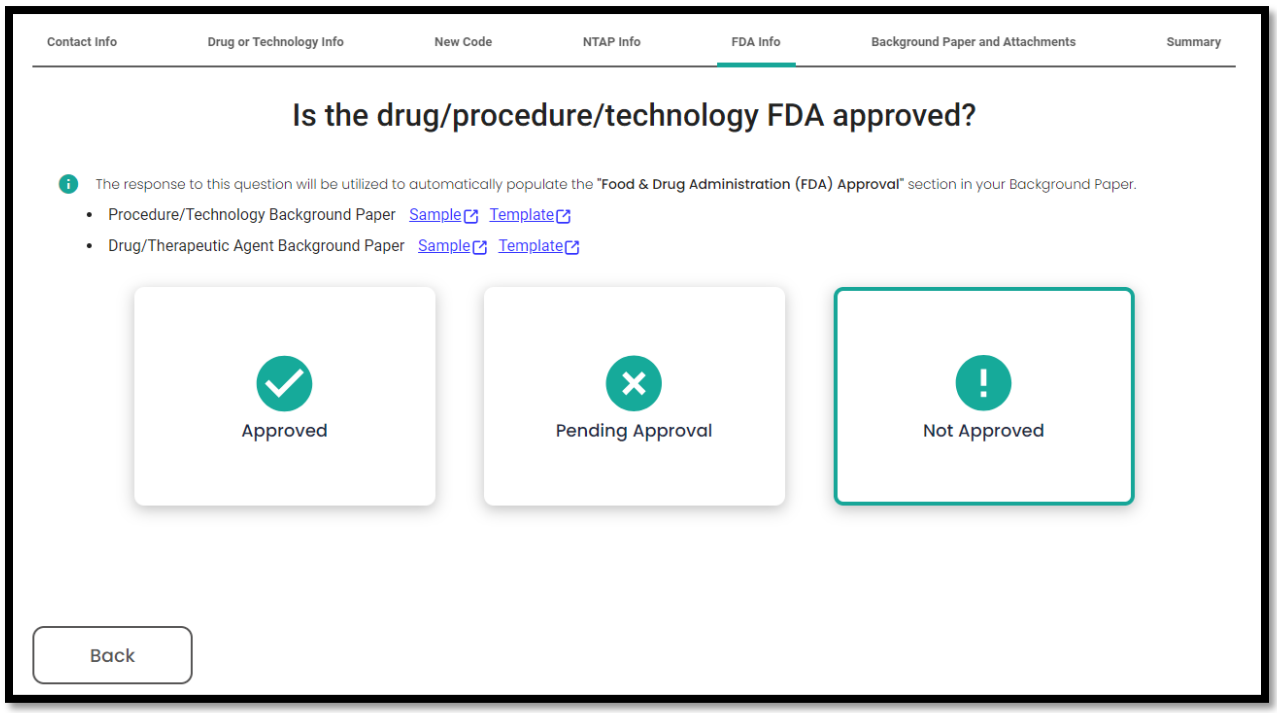
Pending Approval Flow

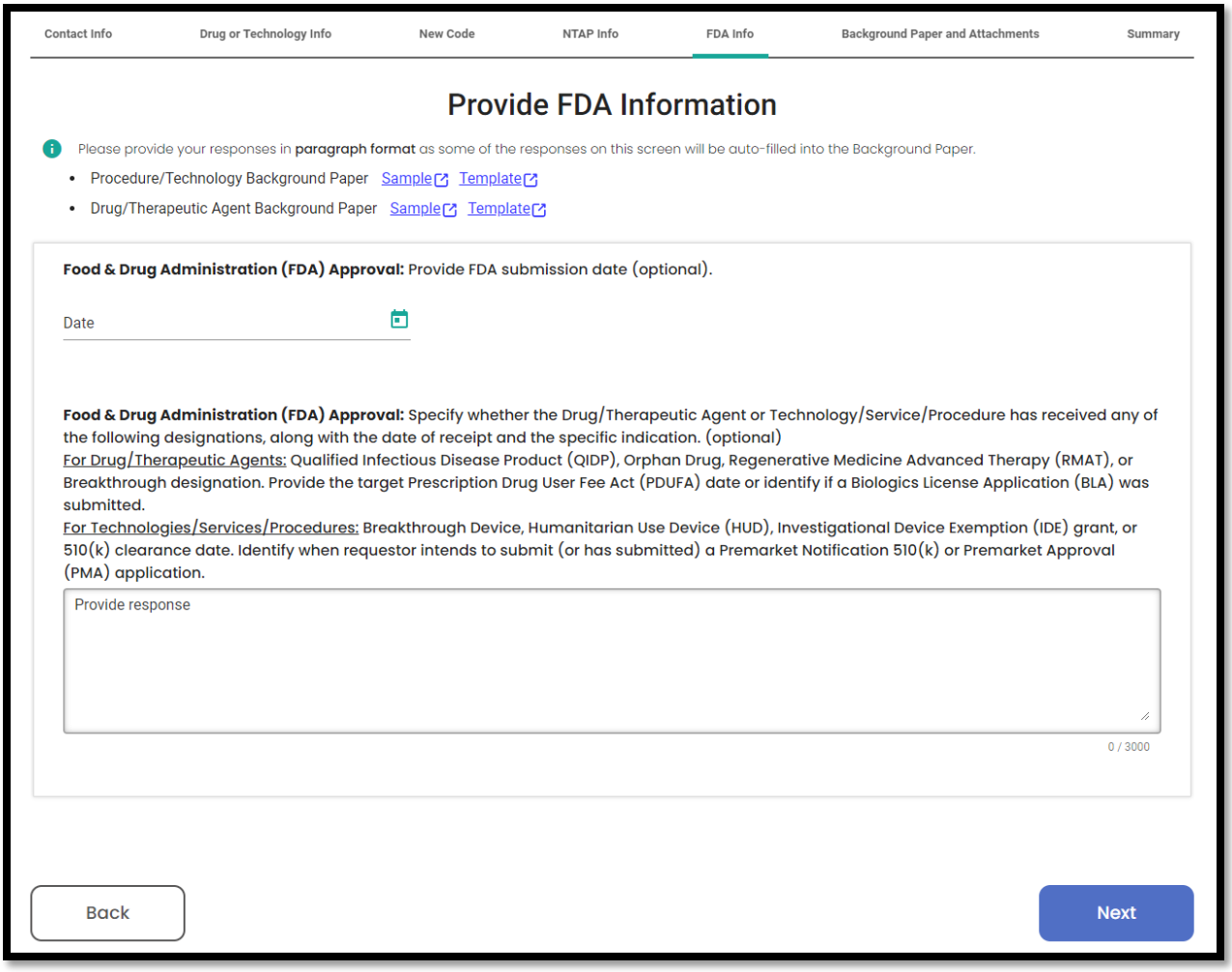



Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide FDA Information
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Food & Drug Administration (FDA) Approval: Anticipated FDA approval date.
Date
Food & Drug Administration (FDA) Approval: Specify whether the Drug/Therapeutic Agent or Technology/Service/Procedure has received any of the following designations, along with the date of receipt and the specific indication.
For Drug/Therapeutic Agents: Qualified Infectious Disease Product (QIDP), Orphan Drug, Regenerative Medicine Advanced Therapy (RMAT), or Breakthrough designation. Provide the target Prescription Drug User Fee Act (PDUFA) date or identify if a Biologics License Application (BLA) was submitted.
For Technologies/Services/Procedures: Breakthrough Device, Humanitarian Use Device (HUD), Investigational Device Exemption (IDE) grant, or 510(k) clearance date. Identify when requestor intends to submit (or has submitted) a Premarket Notification 510(k) or Premarket Approval (PMA) application.
Provide response
0 / 3000
Back
Next

FDA Info

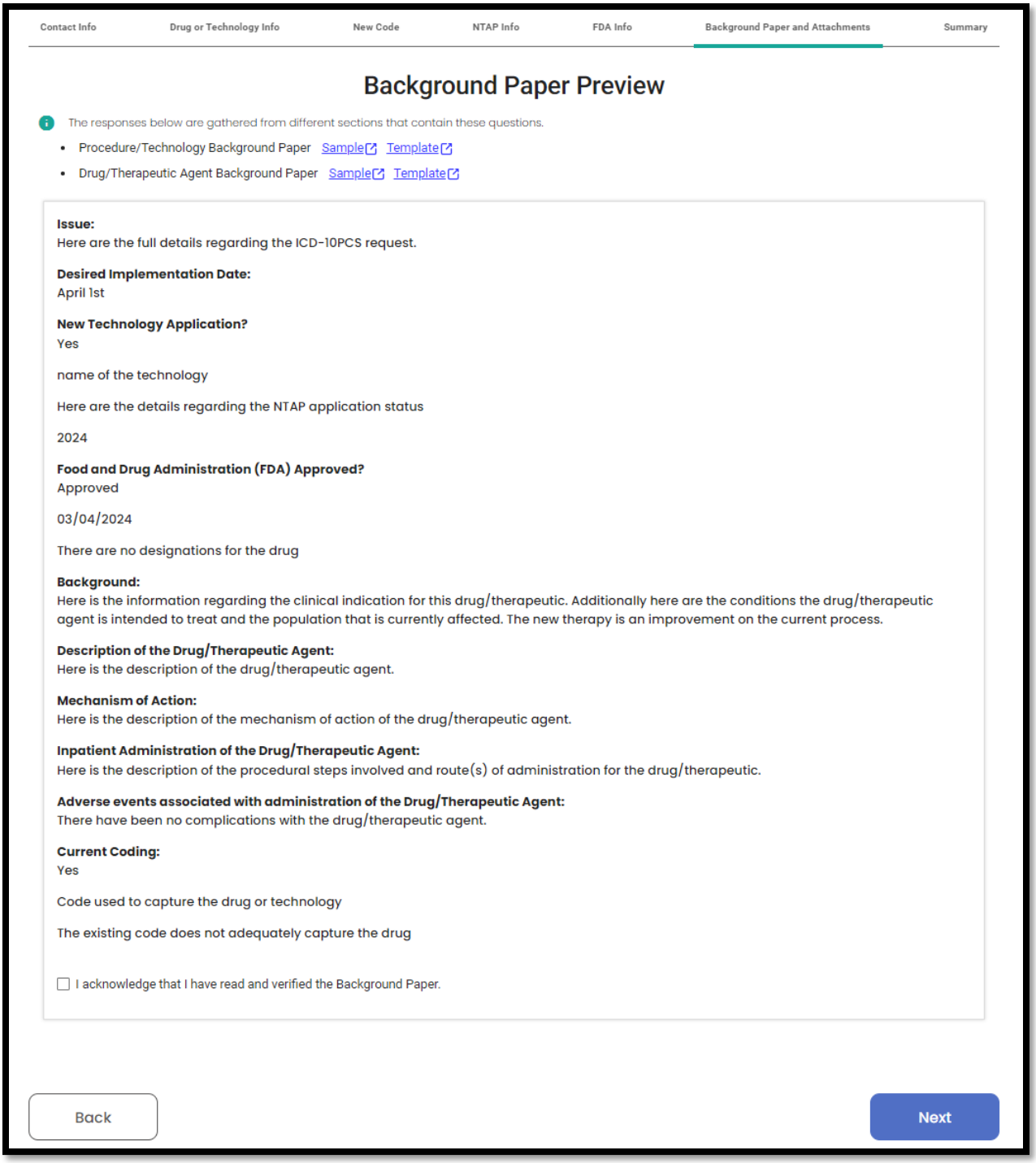
Not Approved Flow



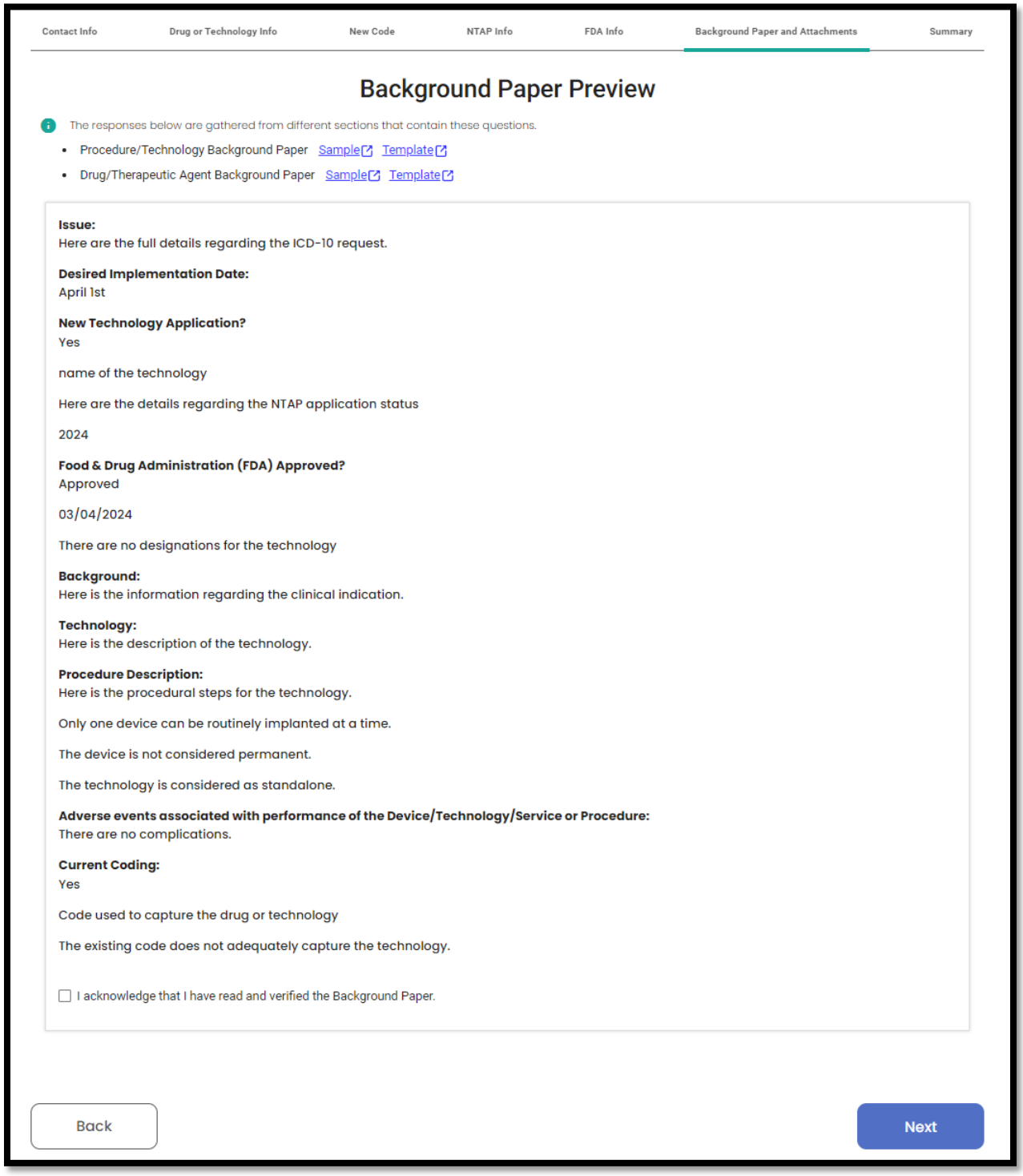

Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Provide FDA Information
Please provide your responses in paragraph format as some of the responses on this screen will be auto-filled into the Background Paper.
Procedure/Technology Background Paper Sample Template
Drug/Therapeutic Agent Background Paper Sample Template
Food & Drug Administration (FDA) Approval: Provide FDA submission date (optional).
Date
Food & Drug Administration (FDA) Approval: Specify whether the Drug/Therapeutic Agent or Technology/Service/Procedure has received any of the following designations, along with the date of receipt and the specific indication. (optional)
For Drug/Therapeutic Agents: Qualified Infectious Disease Product (QIDP), Orphan Drug, Regenerative Medicine Advanced Therapy (RMAT), or Breakthrough designation. Provide the target Prescription Drug User Fee Act (PDUFA) date or identify if a Biologics License Application (BLA) was submitted.
For Technologies/Services/Procedures: Breakthrough Device, Humanitarian Use Device (HUD), Investigational Device Exemption (IDE) grant, or 510(k) clearance date. Identify when requestor intends to submit (or has submitted) a Premarket Notification 510(k) or Premarket Approval (PMA) application.
Provide response
0 / 3000
Back
Next

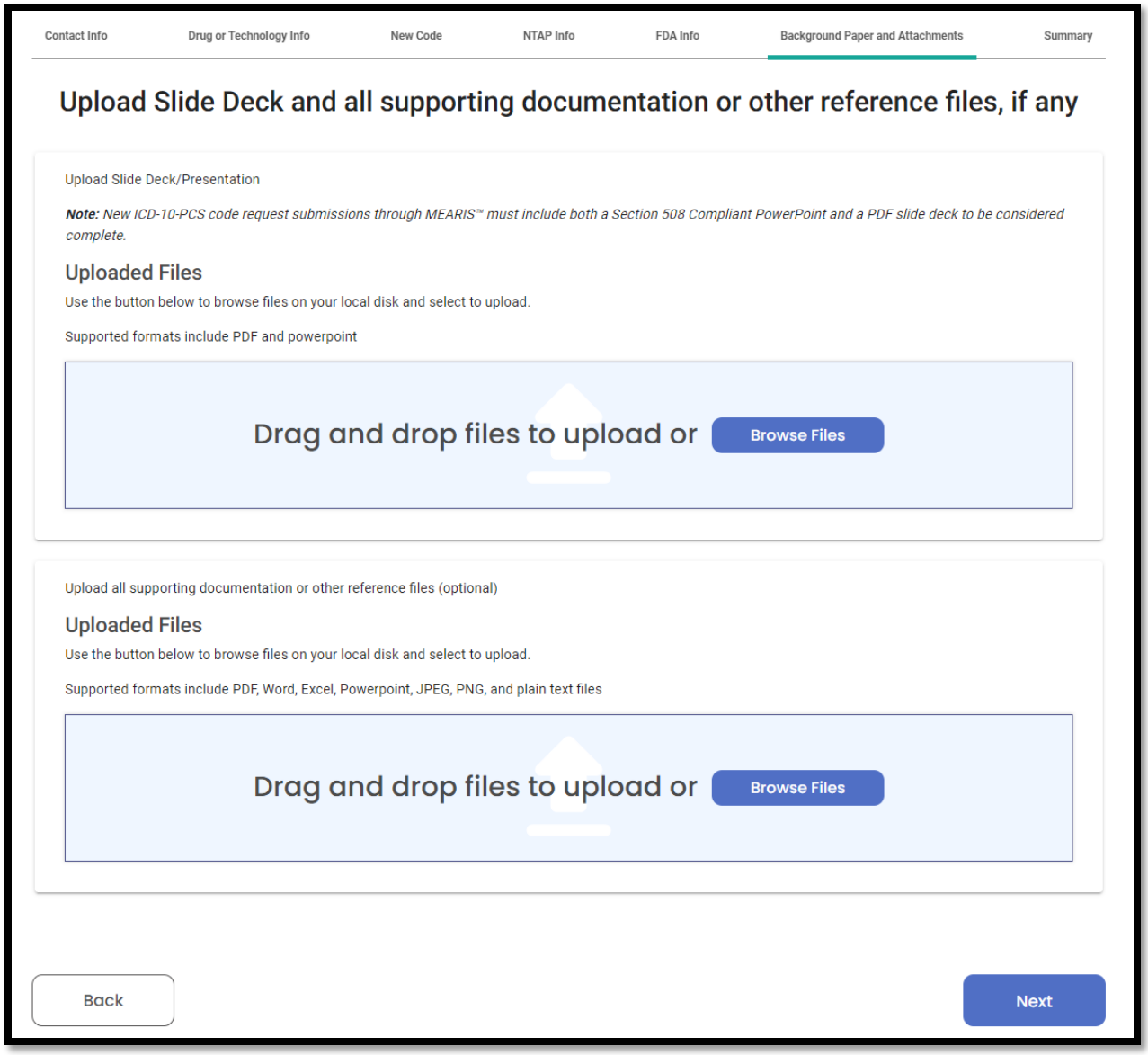
Background Paper and Attachments

Drug/Therapeutic Agent Flow

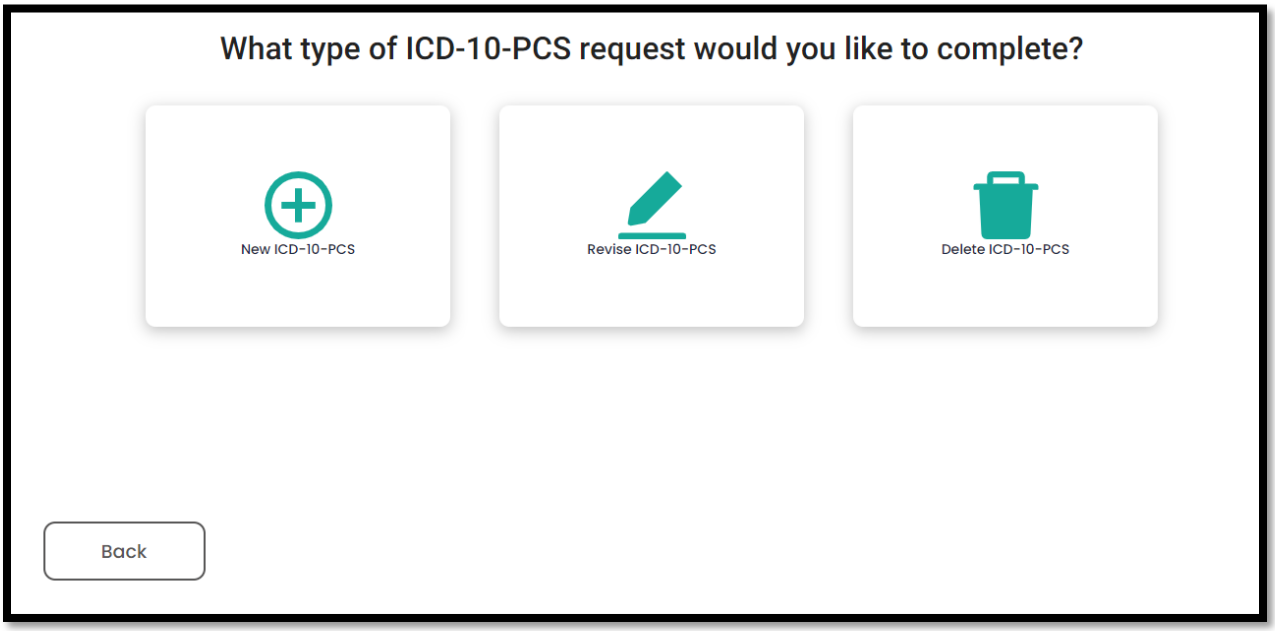


Procedure/Technology Flow




Contact Info
Drug or Technology Info
New Code
NTAP Info
FDA Info
Background Paper and Attachments
Summary
Upload Slide Deck and all supporting documentation or other reference files, if any
Upload Slide Deck/Presentation
Note: New ICD-10-PCS code request submissions through MEARIS™ must include both a Section 508 Compliant PowerPoint and a PDF slide deck to be considered complete.
Uploaded Files
Use the button below to browse files on your local disk and select to upload.
Supported formats include PDF and powerpoint
Drag and drop files to upload or
Browse Files
Upload all supporting documentation or other reference files (optional)
Uploaded Files
Use the button below to browse files on your local disk and select to upload.
Supported formats include PDF, Word, Excel, Powerpoint, JPEG, PNG, and plain text files
Drag and drop files to upload or
Browse Files
Back
Next

Revise ICD-10-PCS



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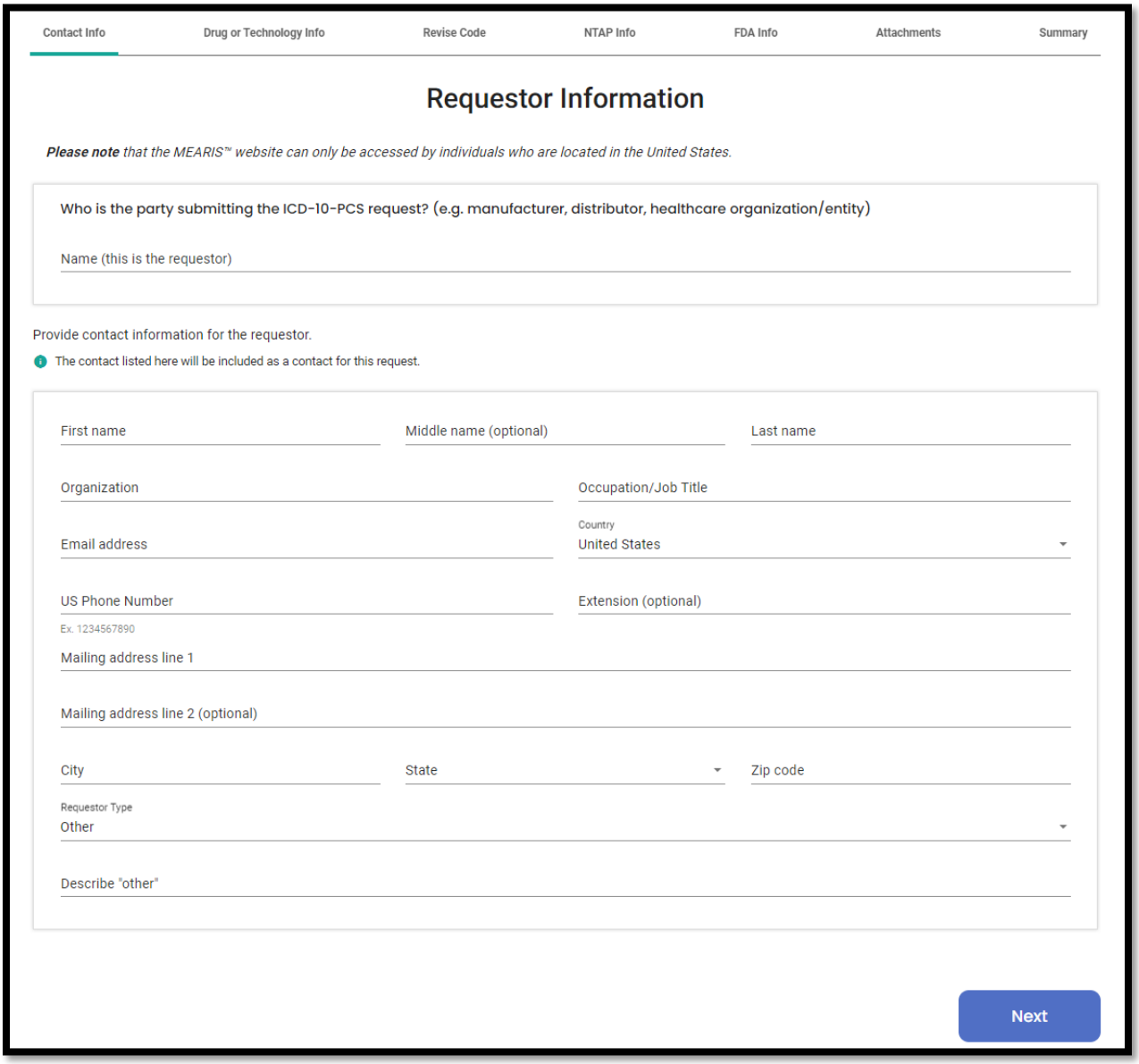
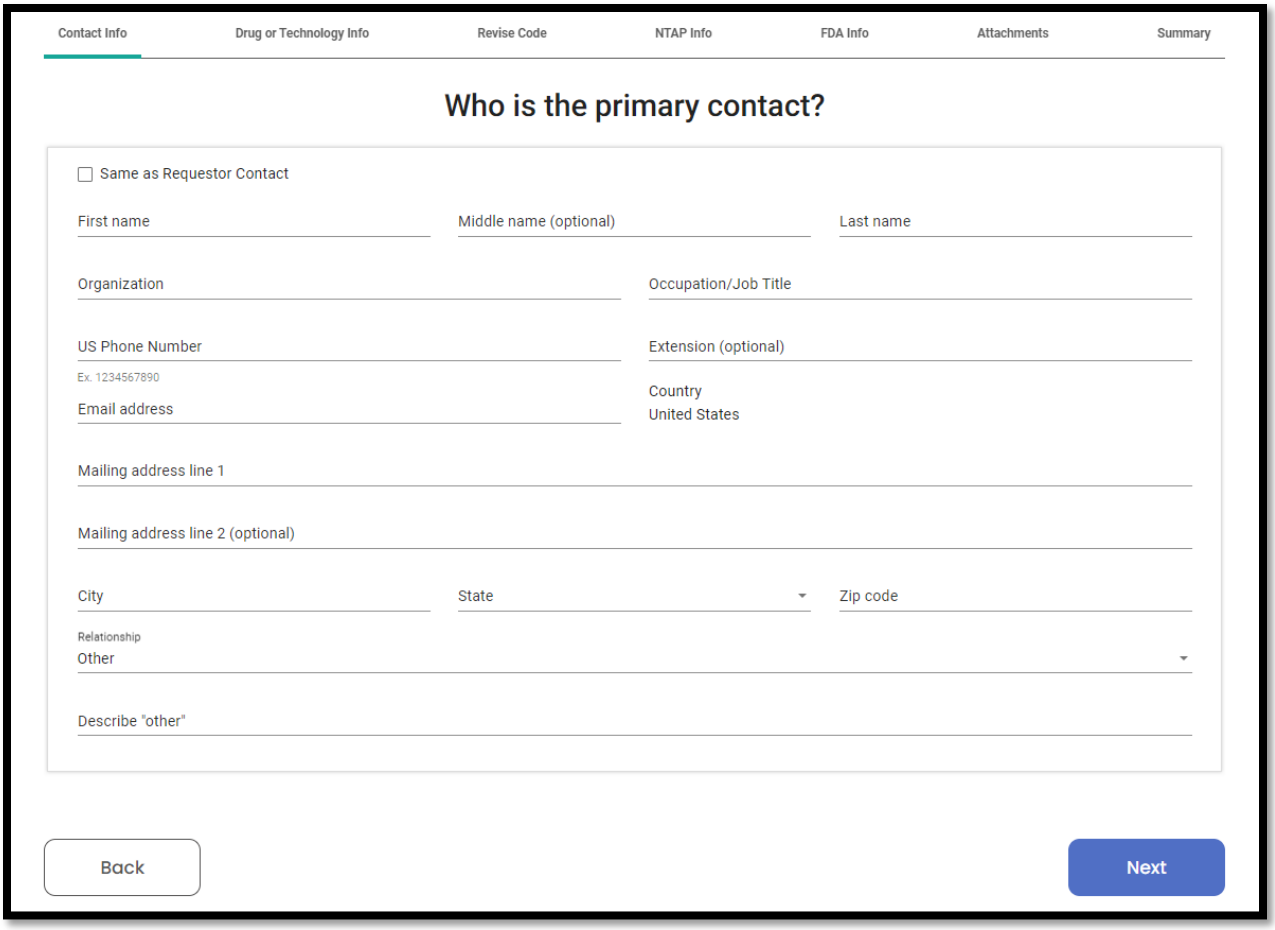
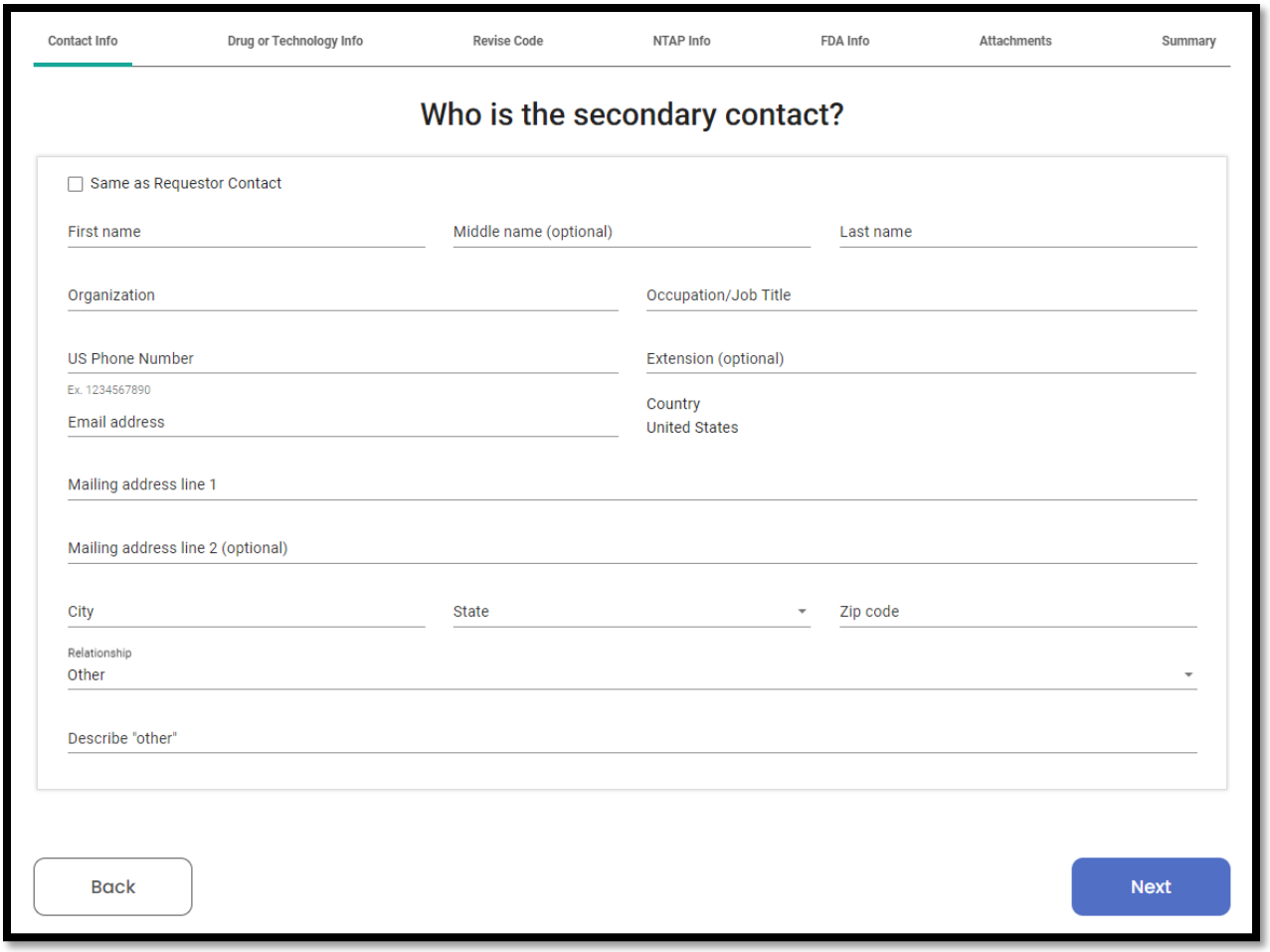
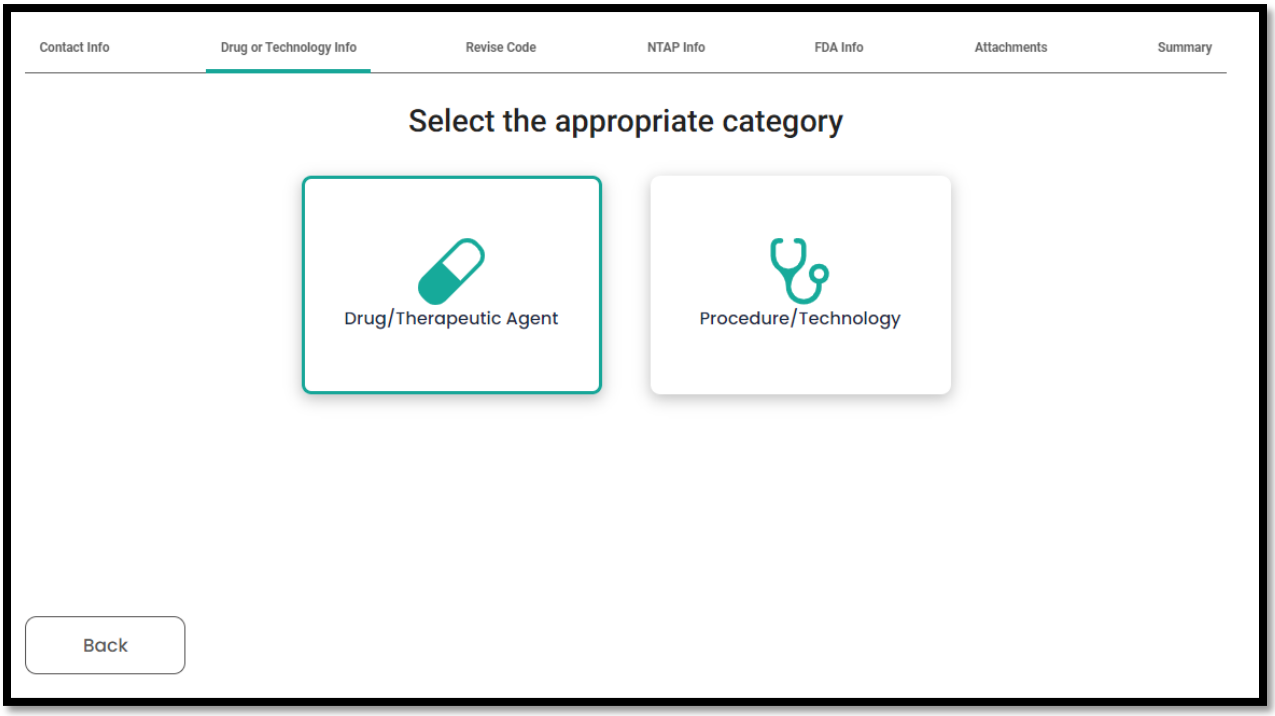


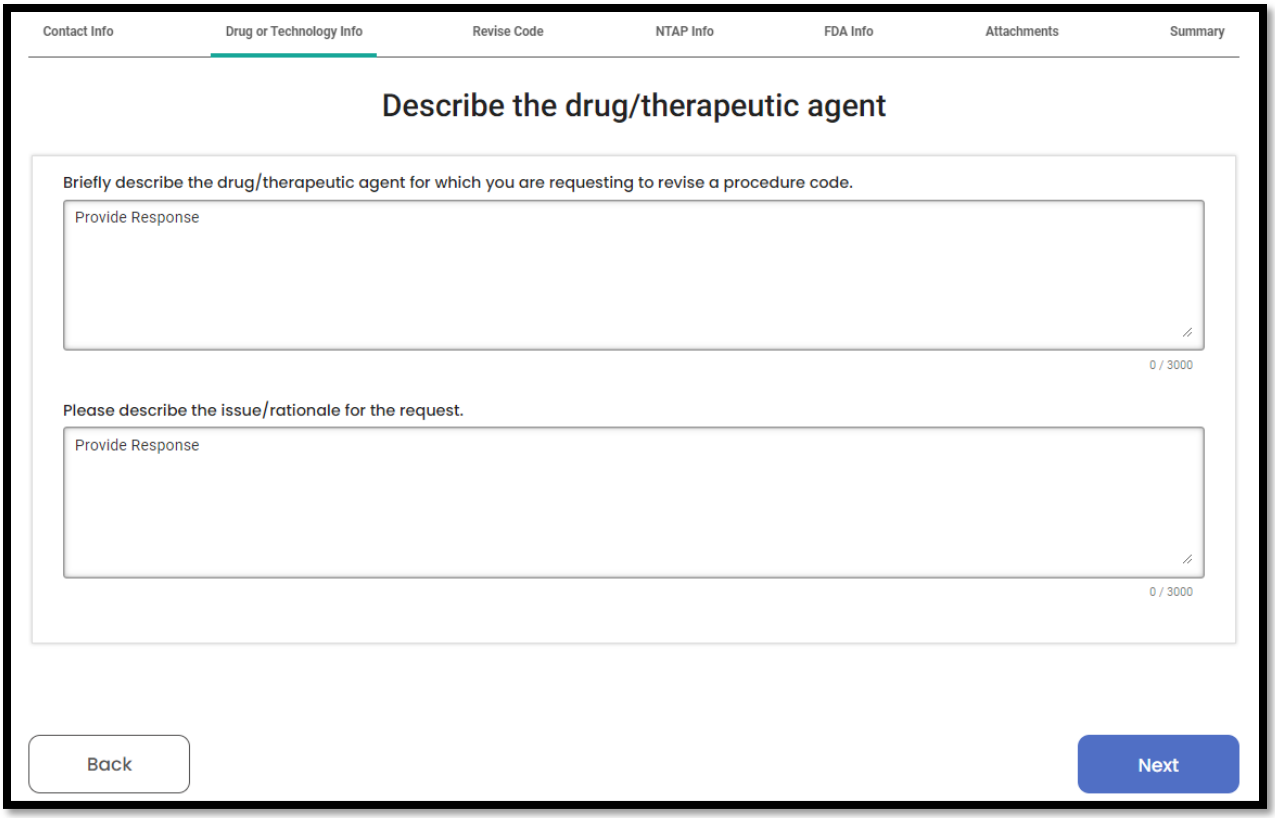

Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Who is the primary contact?
Same as Requestor Contact
First name
Middle name (optional)
Last name
Organization
Occupation/Job Title
US Phone Number
Ex. 1234567890
Extension (optional)
Email address
Country
United States
Mailing address line 1
Mailing address line 2 (optional)
City
State
Zip code
Relationship
Other
Describe "other"
Back
Next

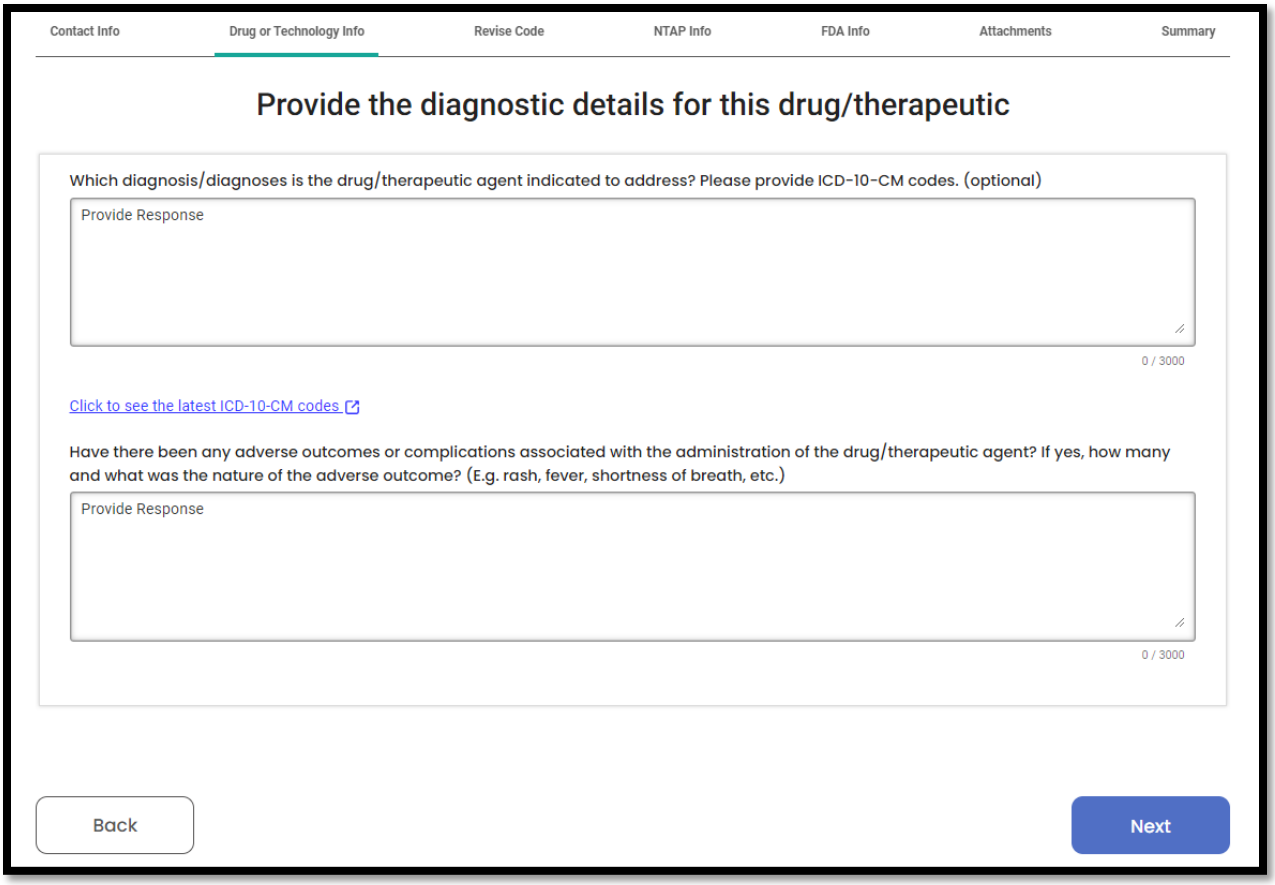

Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Who is the secondary contact?
Same as Requestor Contact
First name
Middle name (optional)
Last name
Organization
Occupation/Job Title
US Phone Number
Ex. 1234567890
Extension (optional)
Email address
Country
United States
Mailing address line 1
Mailing address line 2 (optional)
City
State
Zip code
Relationship
Other
Describe "other"
Back
Next

Drug or Technology Info

Drug/Therapeutic Agent Flow

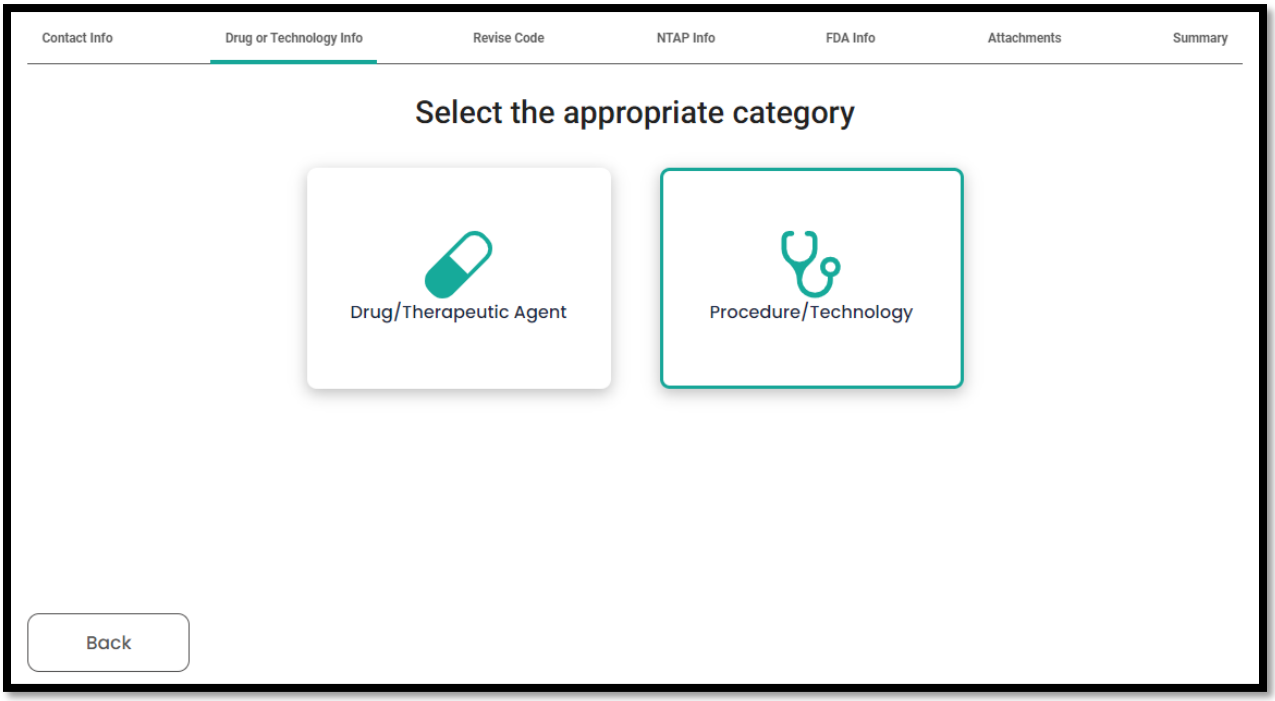


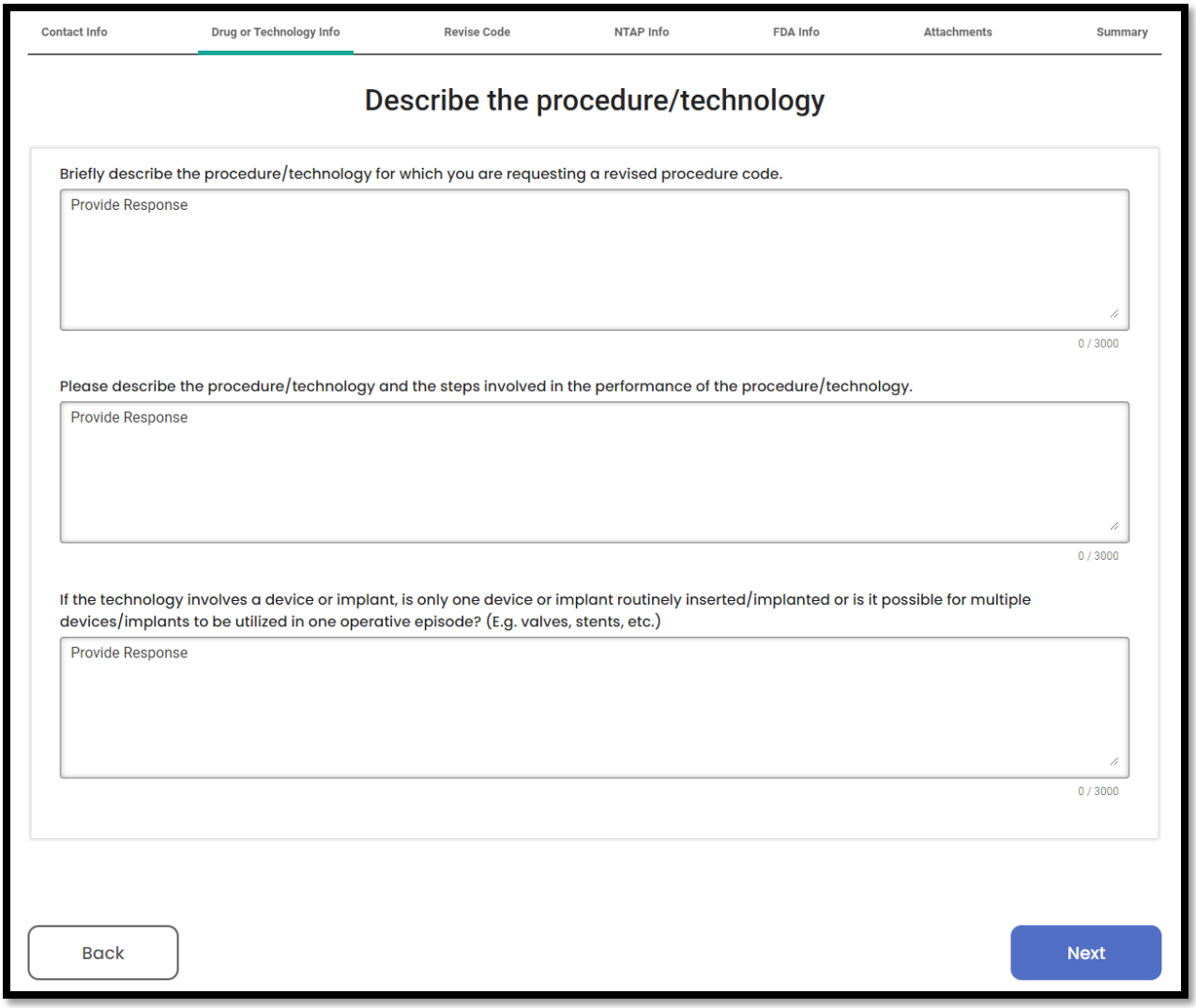

Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Describe the drug/therapeutic agent
Briefly describe the drug/therapeutic agent for which you are requesting to revise a procedure code.
Provide Response
0 / 3000
Please describe the issue/rationale for the request.
Provide Response
0 / 3000
Back
Next

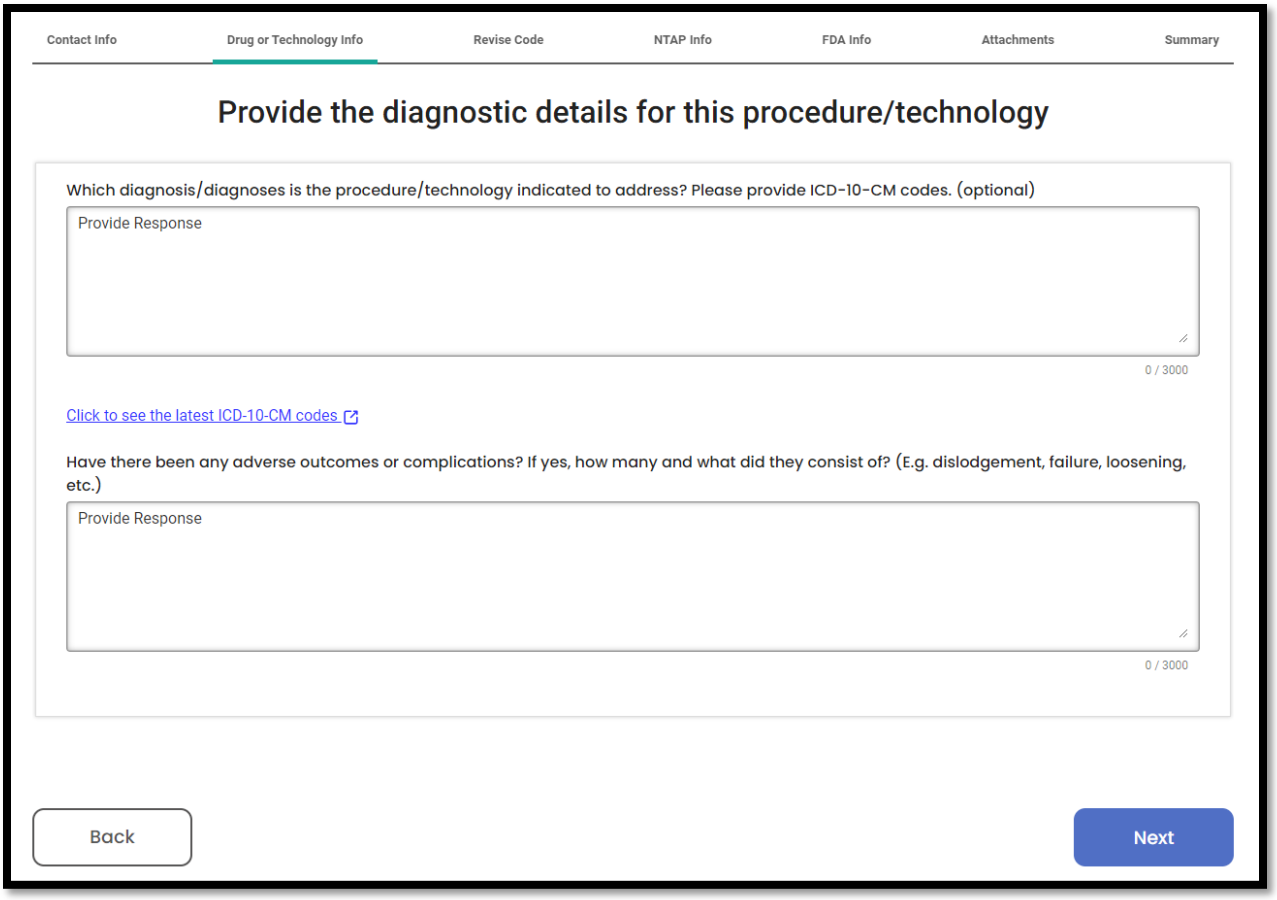

Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Provide the diagnostic details for this drug/therapeutic
Which diagnosis/diagnoses is the drug/therapeutic agent indicated to address? Please provide ICD-10-CM codes. (optional)
Provide Response
0 / 3000
Click to see the latest ICD-10-CM codes
Have there been any adverse outcomes or complications associated with the administration of the drug/therapeutic agent? If yes, how many and what was the nature of the adverse outcome? (E.g. rash, fever, shortness of breath, etc.)
Provide Response
0 / 3000
Back
Next

Drug or Technology Info

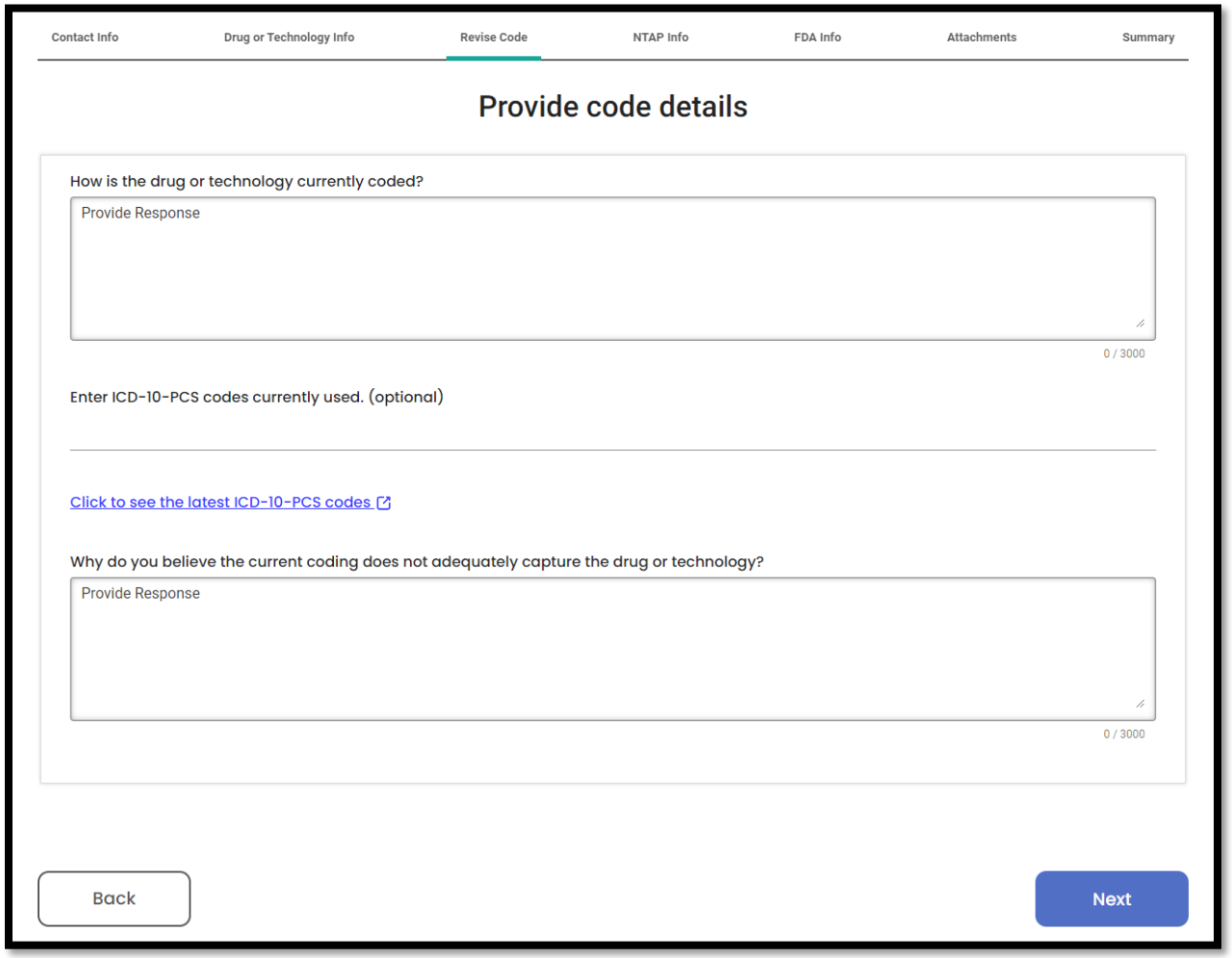
Procedure/Technology Flow

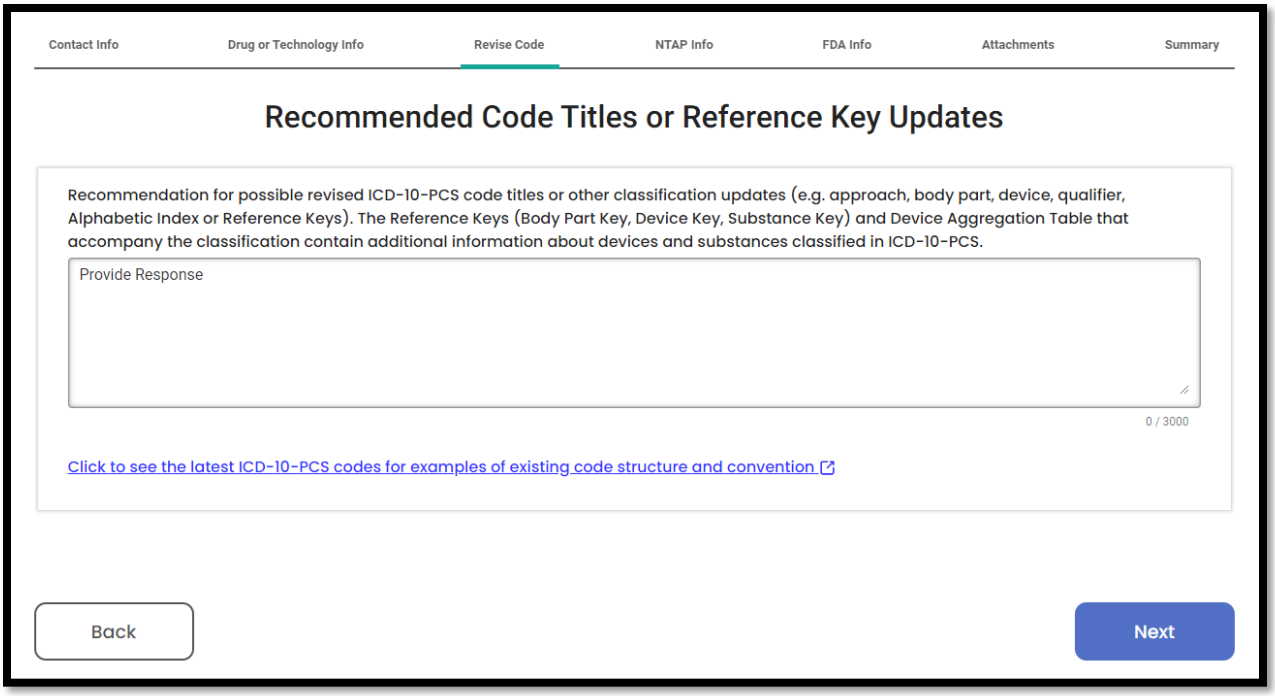



Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Describe the procedure/technology
Briefly describe the procedure/technology for which you are requesting a revised procedure code.
Provide Response
0 / 3000
Please describe the procedure/technology and the steps involved in the performance of the procedure/technology.
Provide Response
0 / 3000
If the technology involves a device or implant, is only one device or implant routinely inserted/implanted or is it possible for multiple devices/implants to be utilized in one operative episode? (E.g. valves, stents, etc.)
Provide Response
0 / 3000
Back
Next


Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Provide the diagnostic details for this procedure/technology
Which diagnosis/diagnoses is the procedure/technology indicated to address? Please provide ICD-10-CM codes. (optional)
Provide Response
0 / 3000
Click to see the latest ICD-10-CM codes
Have there been any adverse outcomes or complications? If yes, how many and what did they consist of? (E.g. dislodgement, failure, loosening, etc.)
Provide Response
0 / 3000
Back
Next

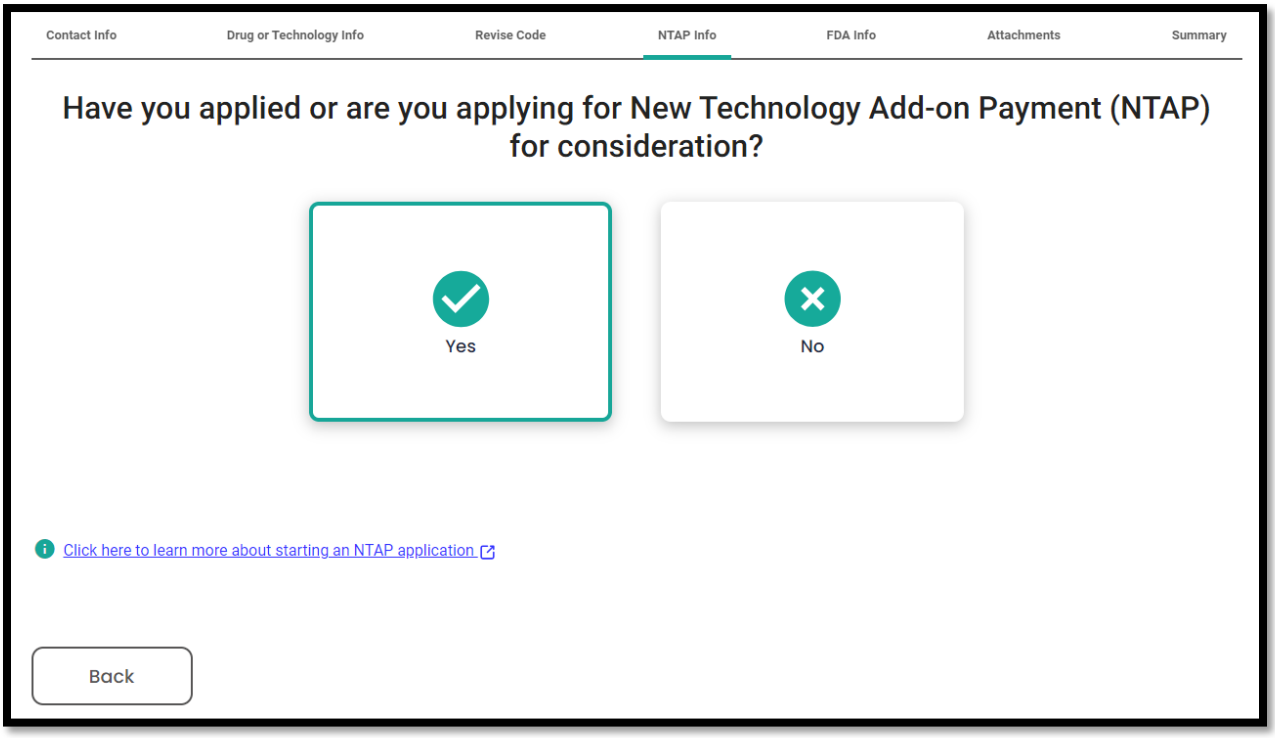
Revise Code

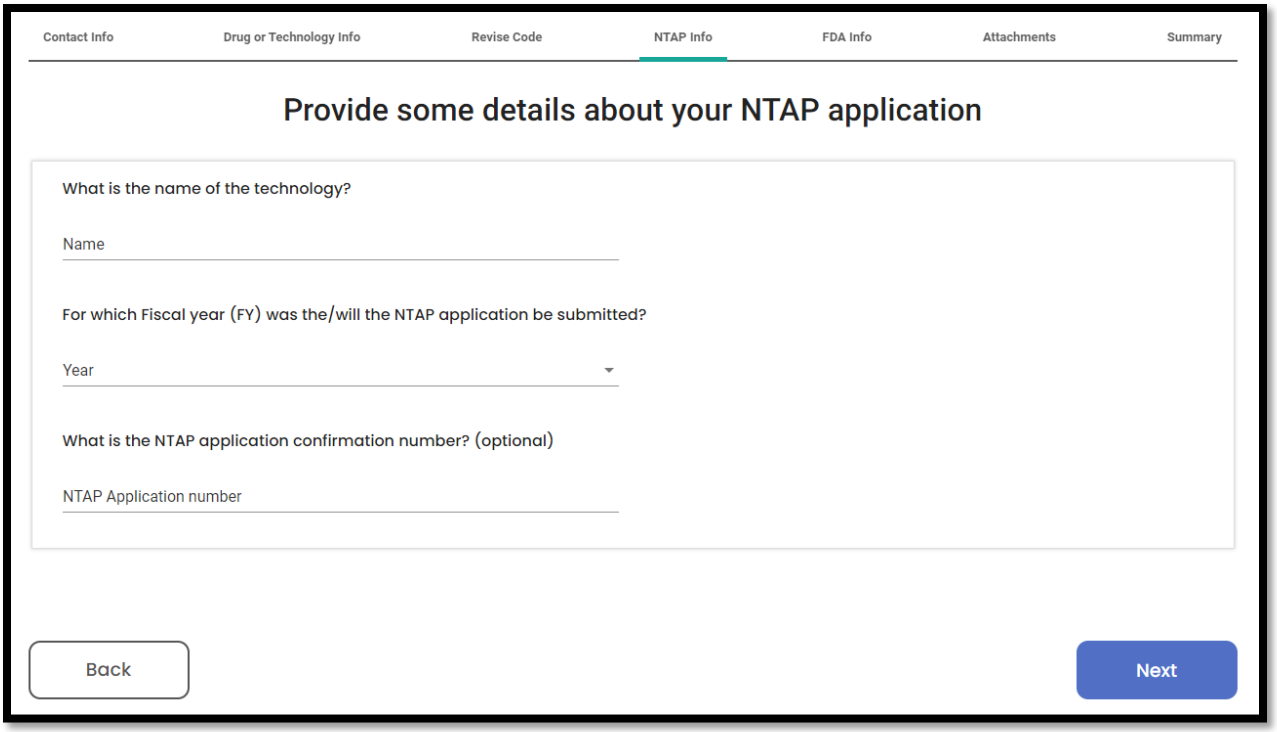

Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Provide code details
How is the drug or technology currently coded?
Provide Response
0 / 3000
Enter ICD-10-PCS codes currently used. (optional)
Click to see the latest ICD-10-PCS codes
Why do you believe the current coding does not adequately capture the drug or technology?
Provide Response
0 / 3000
Back
Next


Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Recommended Code Titles or Reference Key Updates
Recommendation for possible revised ICD-10-PCS code titles or other classification updates (e.g. approach, body part, device, qualifier, Alphabetic Index or Reference Keys). The Reference Keys (Body Part Key, Device Key, Substance Key) and Device Aggregation Table that accompany the classification contain additional information about devices and substances classified in ICD-10-PCS.
Provide Response
0 / 3000
Click to see the latest ICD-10-PCS codes for examples of existing code structure and convention
Back
Next

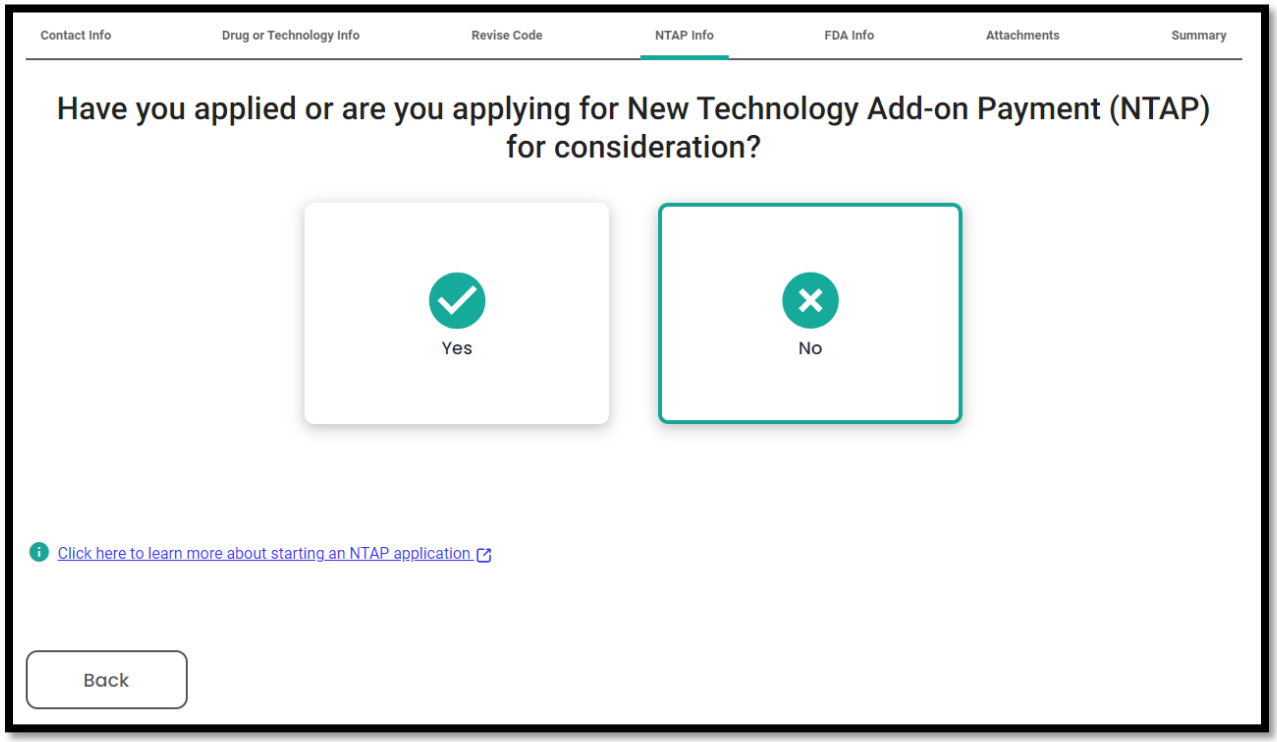
NTAP Info

Yes Flow



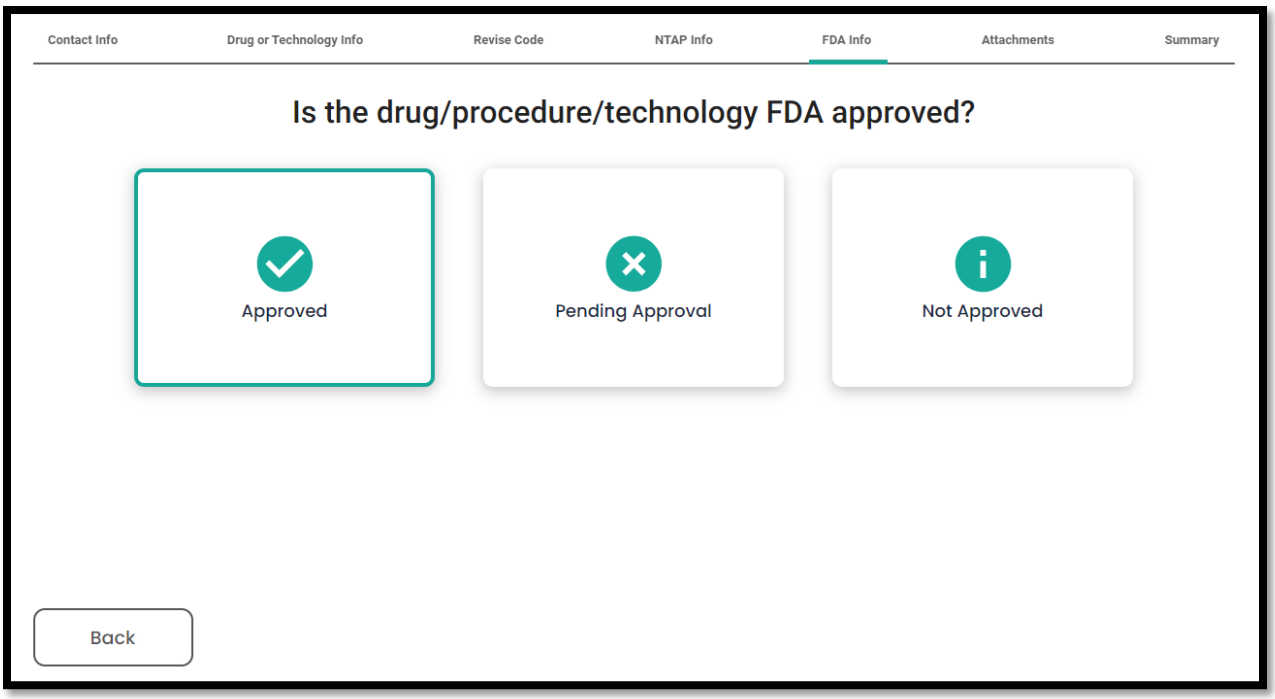

Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Provide some details about your NTAP application
What is the name of the technology?
Name
For which Fiscal year (FY) was the/will the NTAP application be submitted?
Year
What is the NTAP application confirmation number? (optional)
NTAP Application number
Back
Next

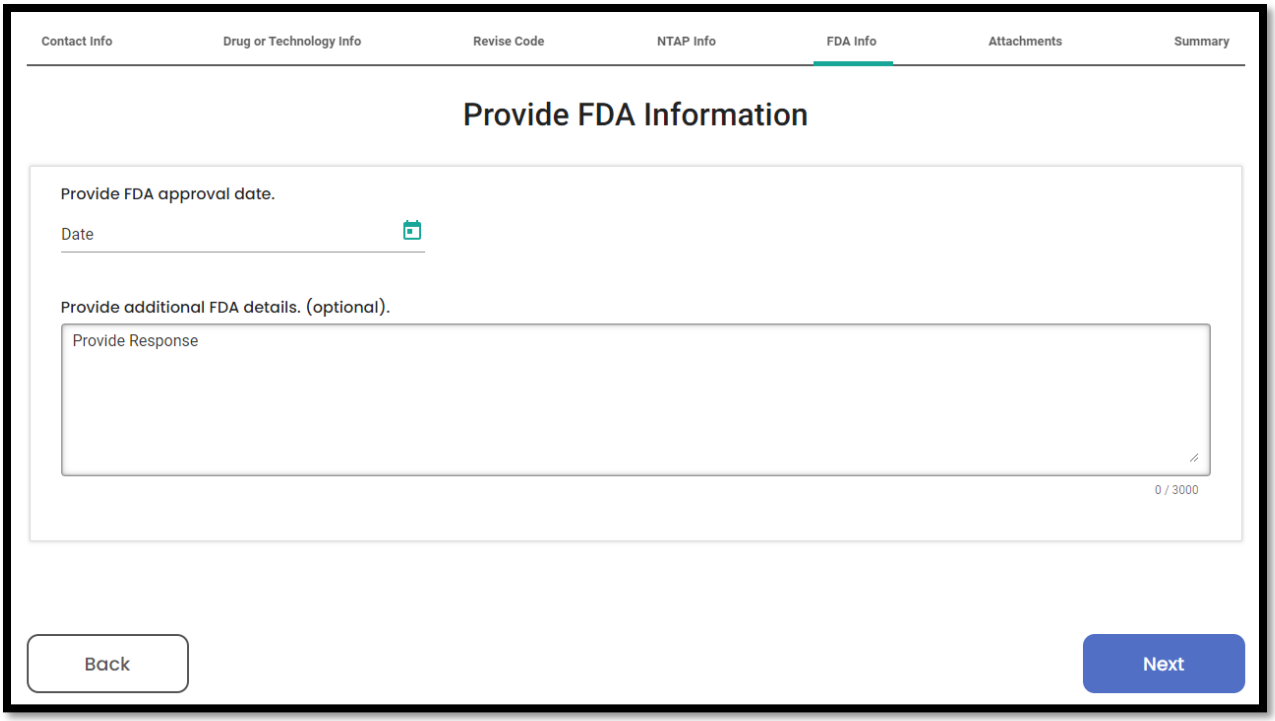
No Flow


Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Have you applied or are you applying for New Technology Add-on Payment (NTAP) for consideration?
Yes
No
Click here to learn more about starting an NTAP application
Back

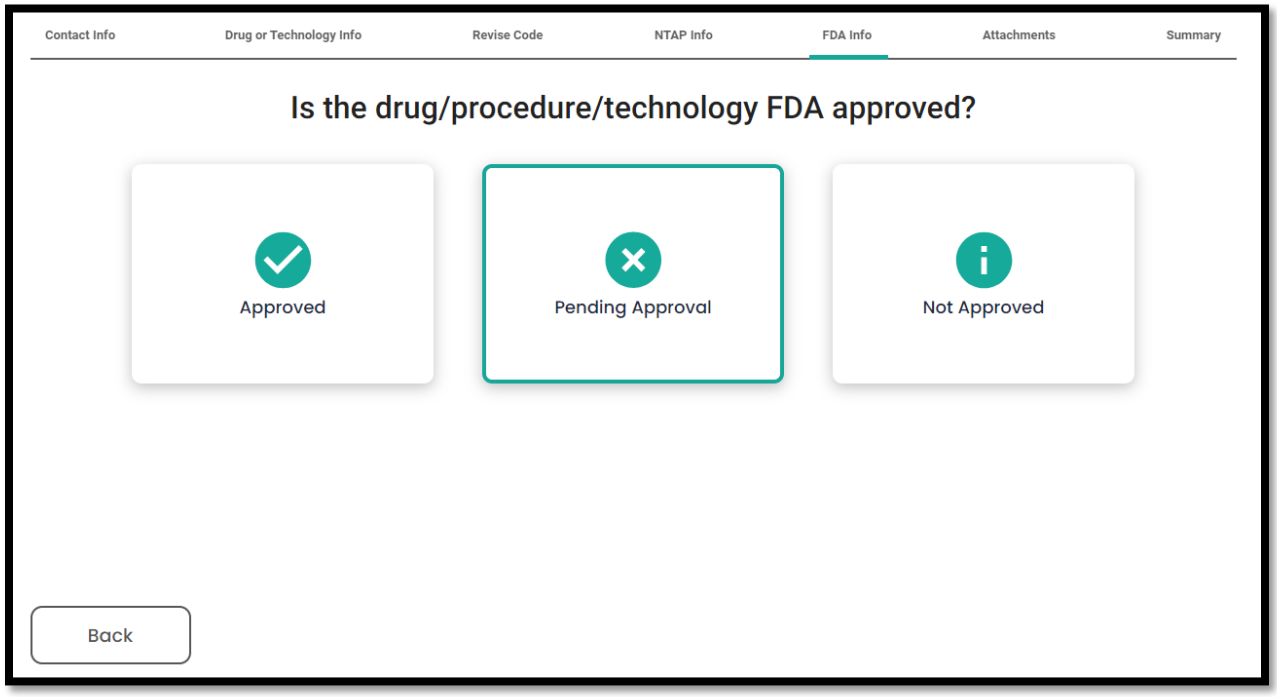
FDA Info

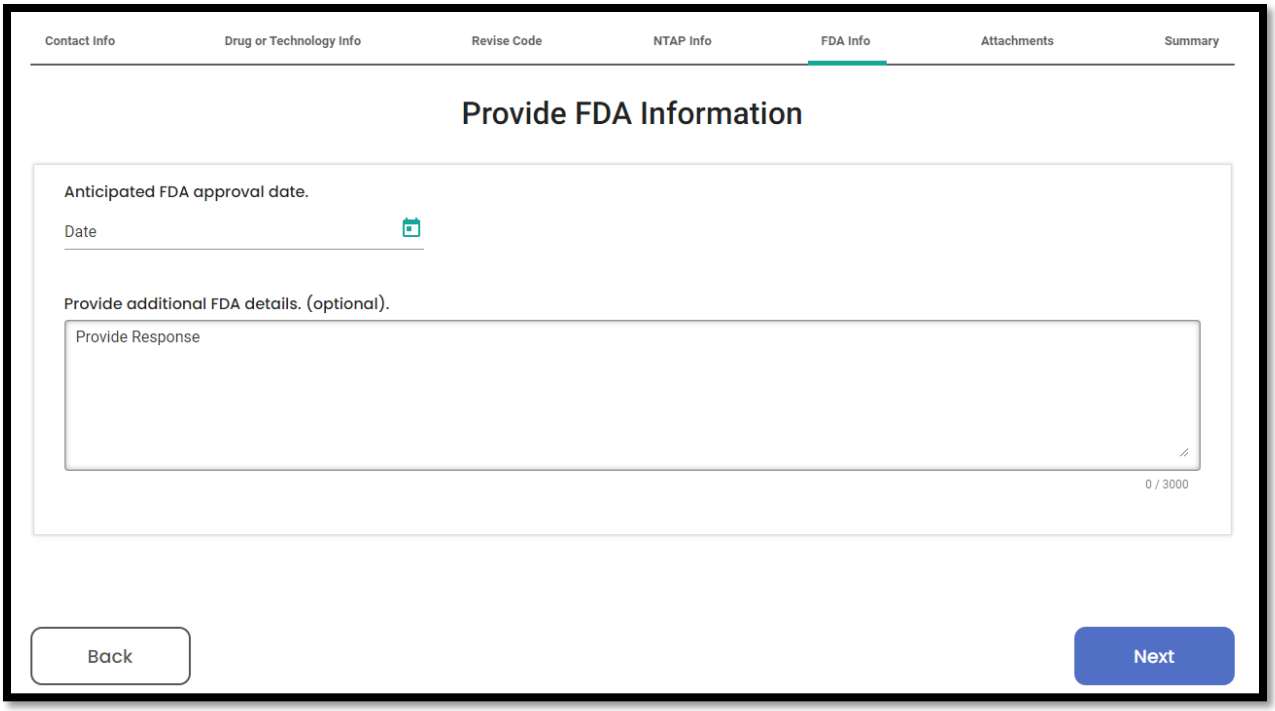
Approved Flow



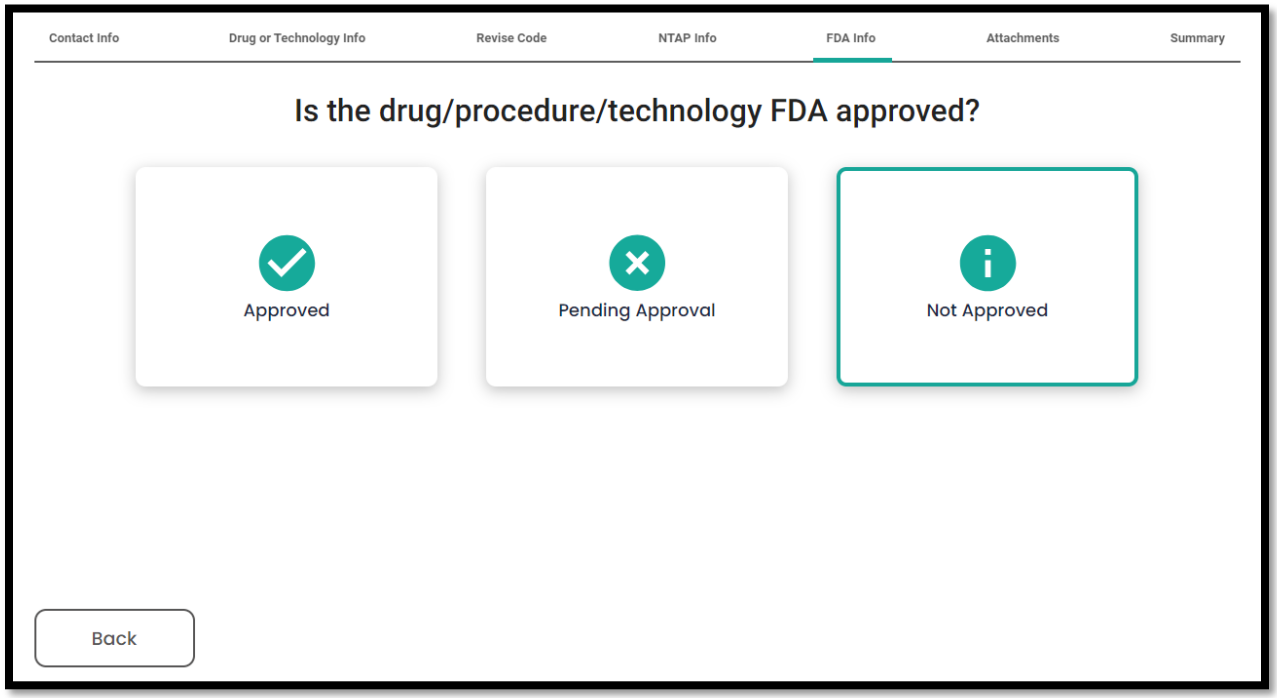

Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Provide FDA Information
Provide FDA approval date.
Date
Provide additional FDA details. (optional).
Provide Response
0 / 3000
Back
Next

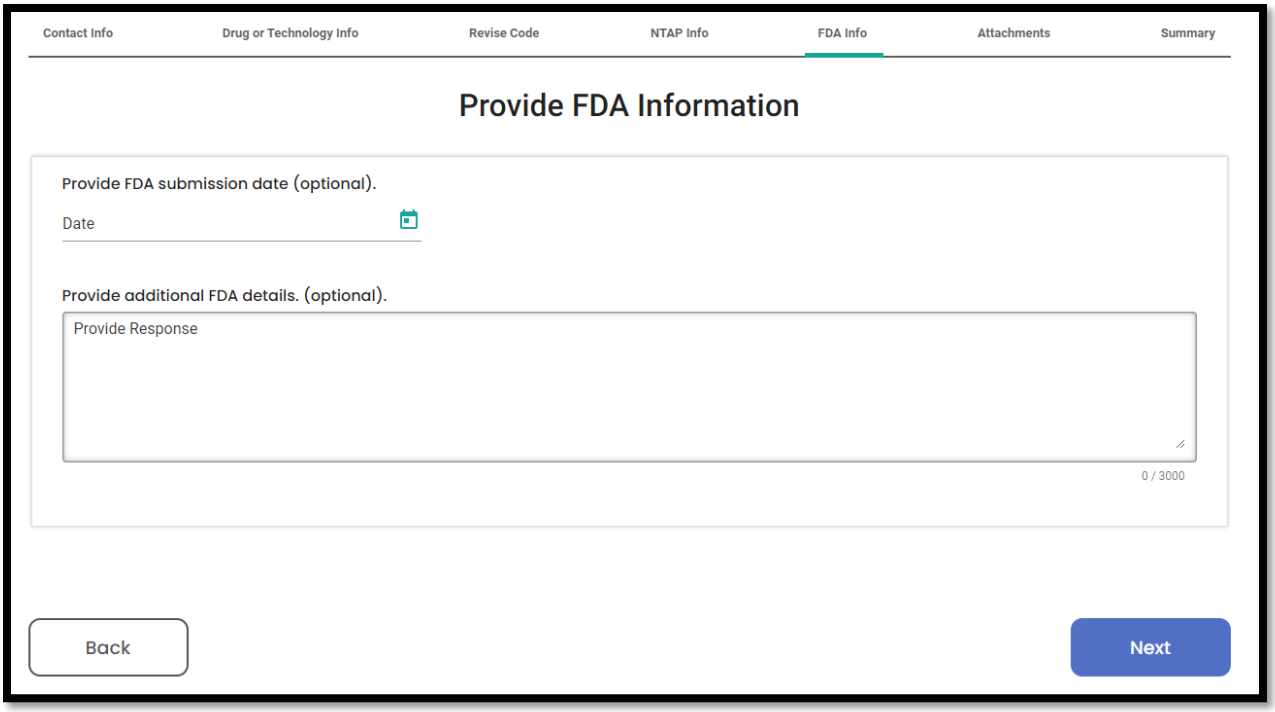
Pending Approval Flow



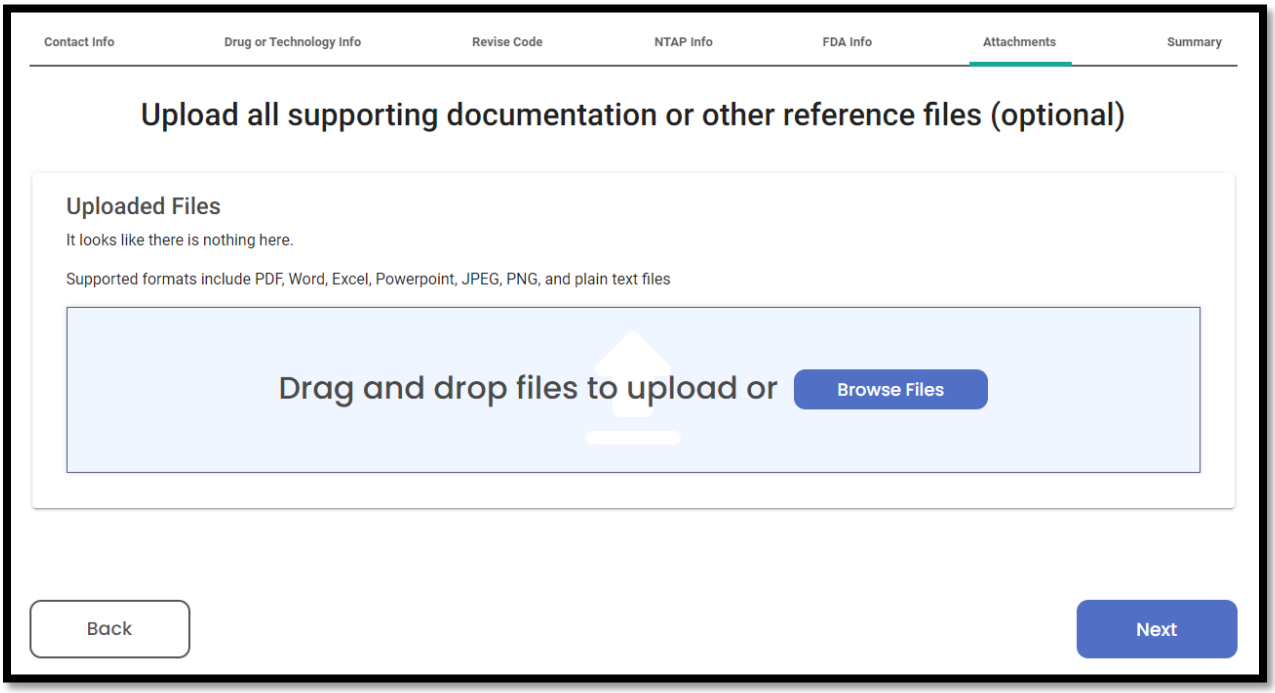

Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Provide FDA Information
Anticipated FDA approval date.
Date
Provide additional FDA details. (optional).
Provide Response
0 / 3000
Back
Next

Not Approved Flow

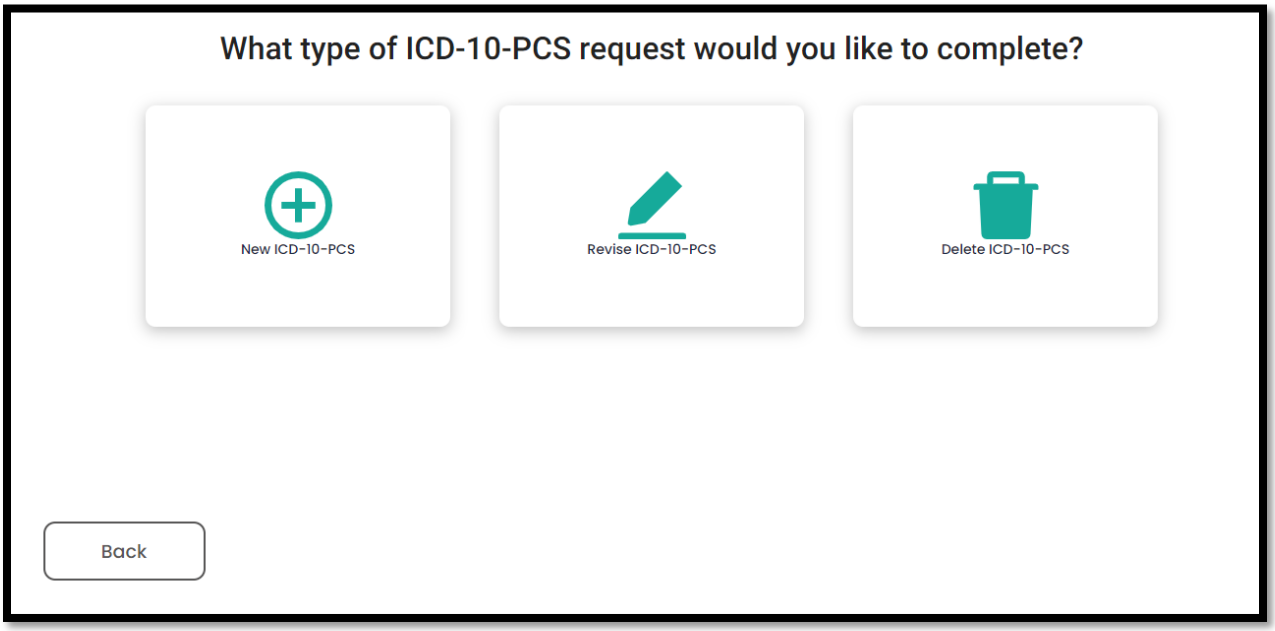



Contact Info
Drug or Technology Info
Revise Code
NTAP Info
FDA Info
Attachments
Summary
Provide FDA Information
Provide FDA submission date (optional).
Date
Provide additional FDA details. (optional).
Provide Response
0 / 3000
Back
Next

Attachments



Delete ICD-10-PCS



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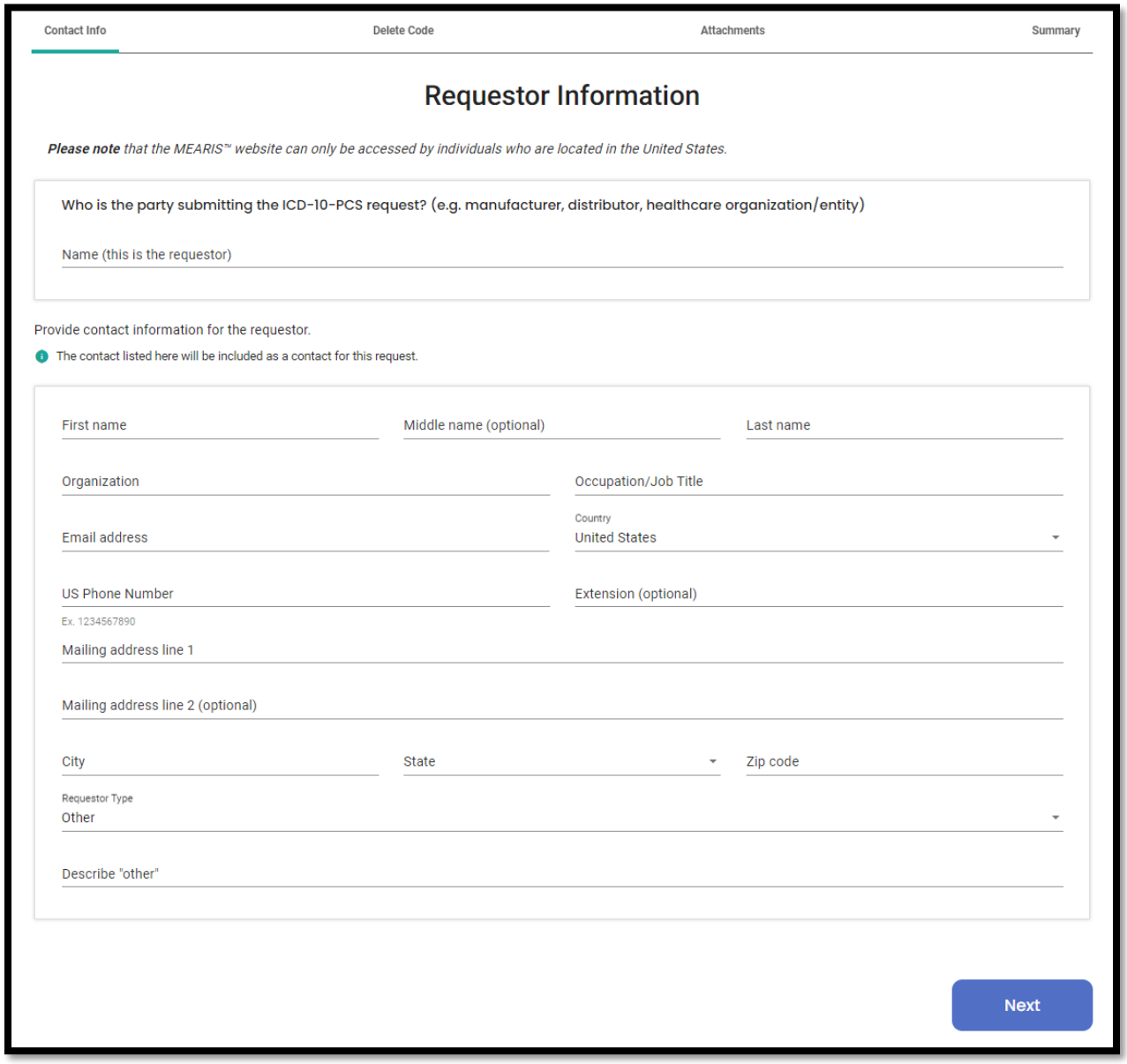
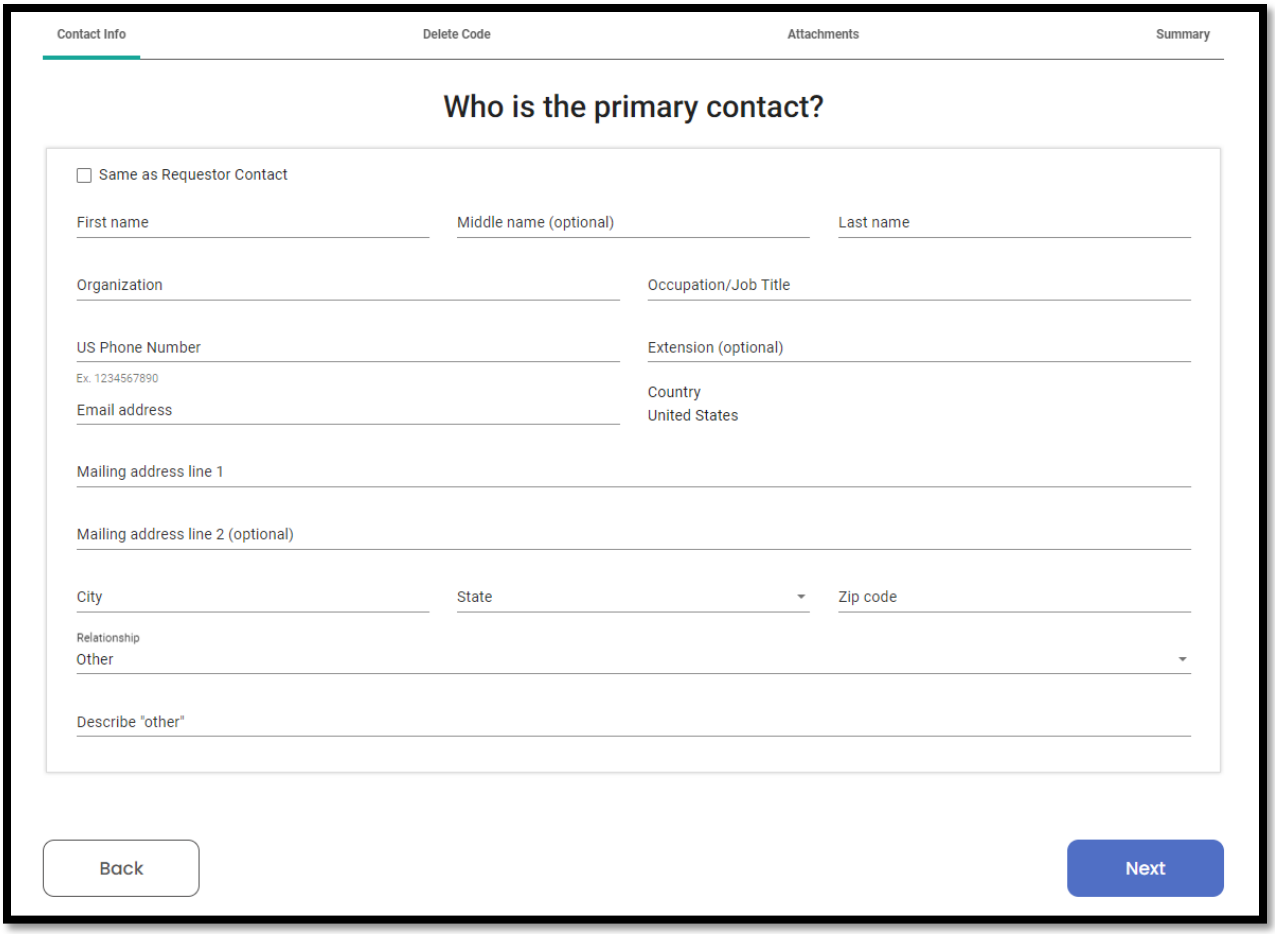
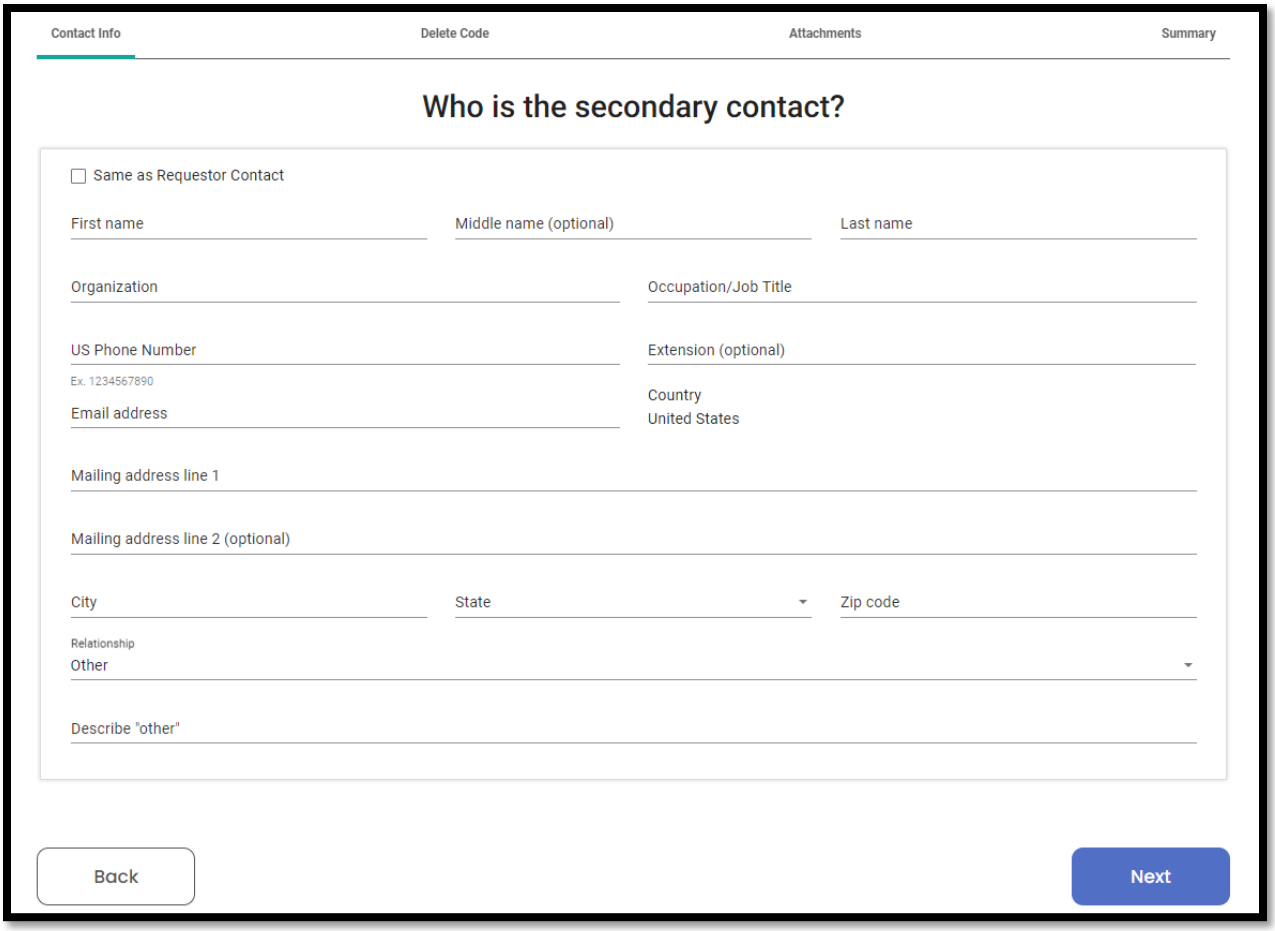
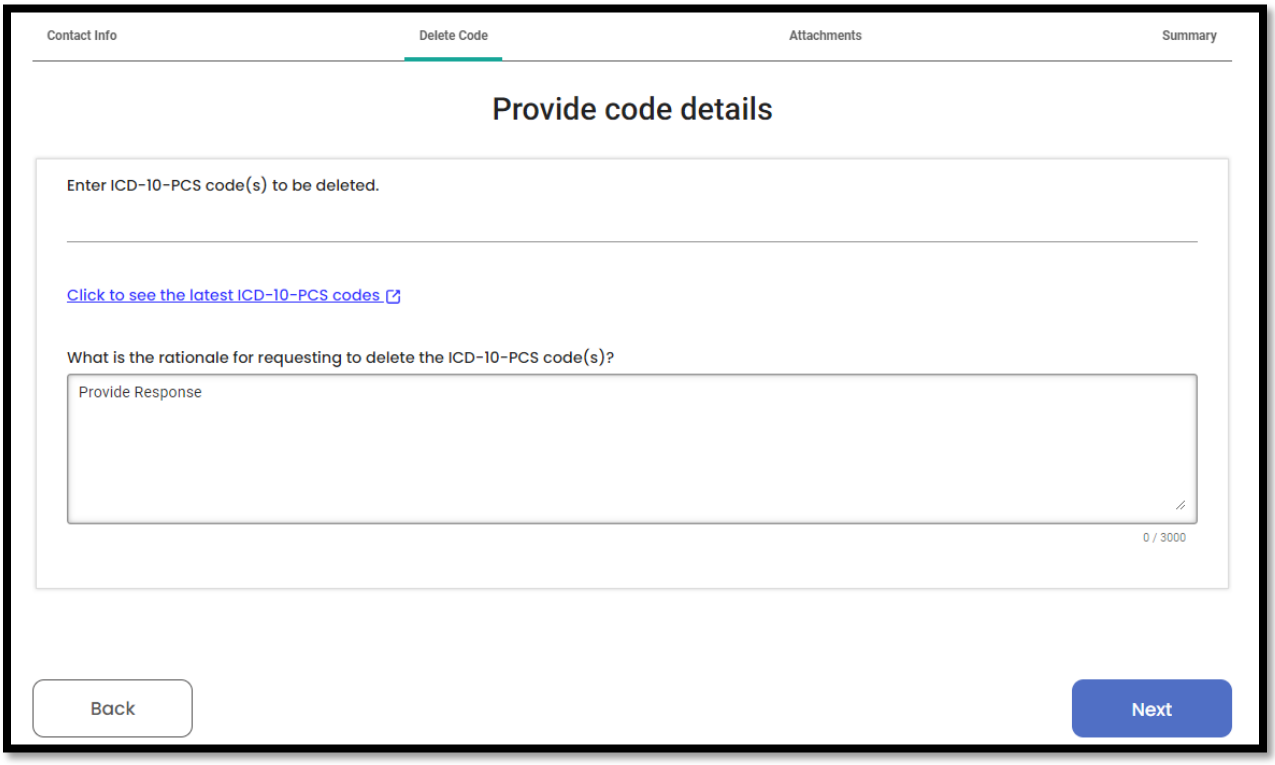



Contact Info
Delete Code
Attachments
Summary
Who is the primary contact?
Same as Requestor Contact
First name
Middle name (optional)
Last name
Organization
Occupation/Job Title
US Phone Number
Ex. 1234567890
Extension (optional)
Email address
Country
United States
Mailing address line 1
Mailing address line 2 (optional)
City
State
Zip code
Relationship
Other
Describe "other"
Back
Next


Contact Info
Delete Code
Attachments
Summary
Who is the secondary contact?
Same as Requestor Contact
First name
Middle name (optional)
Last name
Organization
Occupation/Job Title
US Phone Number
Ex. 1234567890
Extension (optional)
Email address
Country
United States
Mailing address line 1
Mailing address line 2 (optional)
City
State
Zip code
Relationship
Other
Describe "other"
Back
Next

Delete Code


Contact Info
Delete Code
Attachments
Summary
Provide code details
Enter ICD-10-PCS code(s) to be deleted.
Click to see the latest ICD-10-PCS codes
What is the rationale for requesting to delete the ICD-10-PCS code(s)?
Provide Response
0 / 3000
Back
Next

Attachments