

# International Classification of Diseases, 10<sup>th</sup> Revision, Procedure Coding System (ICD-10-PCS) Request Preview

## Welcome page



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

#### Important Information

[Request Guidance](#)

[Request Process and Timeline](#)

[How the Online Application Works](#)

[Preview New Code Sample Request PDF](#)

[Click to see the latest ICD-10-PCS codes](#)

[PRA Disclosure Statement](#)

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Ready to get Started?

Go

Cancel

## New ICD-10-PCS

What type of ICD-10-PCS request would you like to complete?



New ICD-10-PCS



Revise ICD-10-PCS



Delete ICD-10-PCS

Back

# Contact Info

## Requestor Information

*Please note that the MEARIS™ website can only be accessed by individuals who are located in the United States.*

Who is the party submitting the ICD-10-PCS request? (e.g. manufacturer, distributor, healthcare organization/entity)

Name (this is the requestor) \_\_\_\_\_

Provide contact information for the requestor.

 The contact listed here will be included as a contact for this request.

First name	Middle name (optional)	Last name
Organization	Occupation/Job Title	
Email address	Country	United States
US Phone Number	Extension (optional)	
Ex. 1234567890		
Mailing address line 1		
Mailing address line 2 (optional)		
City	State	Zip code
Requestor Type	Other	
Describe "other"		

Next

### Who is the primary contact?

Same as Requestor Contact

First name \_\_\_\_\_ Middle name (optional) \_\_\_\_\_ Last name \_\_\_\_\_

Organization \_\_\_\_\_ Occupation/Job Title \_\_\_\_\_

US Phone Number \_\_\_\_\_ Extension (optional) \_\_\_\_\_

Ex. 1234567890

Email address \_\_\_\_\_ Country \_\_\_\_\_  
United States

Mailing address line 1 \_\_\_\_\_

Mailing address line 2 (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship \_\_\_\_\_  
Other \_\_\_\_\_

Describe "other" \_\_\_\_\_

Back

Next

### Who is the secondary contact?

Same as Requestor Contact

First name	Middle name (optional)	Last name
Organization	Occupation/Job Title	
US Phone Number	Extension (optional)	
<small>Ex. 1234567890</small>	Country	United States
Email address		
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

---

Select the appropriate category



Drug/Therapeutic Agent



Procedure/Technology

Back

## Describe the drug/therapeutic agent

**i** 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

## Provide the diagnostic details for this drug/therapeutic

**i** 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



### 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

## 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

---

Select the appropriate category



Drug/Therapeutic Agent



Procedure/Technology

Back

### Describe the procedure/technology

**i** 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

## Describe the procedure/technology (cont.)

**i** 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](#)

**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

## Provide the diagnostic details for this procedure/technology

**i** 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

### 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

## 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


---

### Are there existing codes currently being reported by facilities to describe this drug or technology?


**i** The response to this question will be utilized to automatically populate the "Current Coding" section in your 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.*



Yes



No



Other/Don't know

[Back](#)

## Provide Code Details

**i** 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

## 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


---

### Are there existing codes currently being reported by facilities to describe this drug or technology?


**i** The response to this question will be utilized to automatically populate the "Current Coding" section in your 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.



Yes



No



Other/Don't know

[Back](#)

## Recommended Code Titles

**i** 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


---

### Are there existing codes currently being reported by facilities to describe this drug or technology?


**i** The response to this question will be utilized to automatically populate the "Current Coding" section in your 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.*



Yes



No



Other/Don't know

[Back](#)

## Provide Code Details

**i** 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

## 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

[Click to see the latest ICD-10-PCS codes for examples of existing code structure and convention.](#)

0 / 3000

Back

Next



## NTAP Info

### Yes Flow


Contact Info    Drug or Technology Info    New Code    **NTAP Info**    FDA Info    Background Paper and Attachments    Summary

---


### Have you applied or are you applying for New Technology Add-on Payment (NTAP) for consideration?

**i** The response to this question will be utilized to automatically populate the "New Technology Application" section in your Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)



Yes



No

**i** [Click here to learn more about starting an NTAP application](#)

Back

## Provide some details about your NTAP application

**i** 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


Contact Info   Drug or Technology Info   New Code   **NTAP Info**   FDA Info   Background Paper and Attachments   Summary

---


### Have you applied or are you applying for New Technology Add-on Payment (NTAP) for consideration?

**i** The response to this question will be utilized to automatically populate the "New Technology Application" section in your Background Paper.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)



Yes



No

**i** [Click here to learn more about starting an NTAP application](#)

Back

# FDA Info

## Approved Flow


Contact Info    Drug or Technology Info    New Code    NTAP Info    **FDA Info**    Background Paper and Attachments    Summary

---


### Is the drug/procedure/technology FDA approved?

**i** The response to this question will be utilized to automatically populate the "Food & Drug Administration (FDA) Approval" section in your Background Paper.


- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)



Approved



Pending Approval



Not Approved

[Back](#)

## Provide FDA Information

**i** 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

---


### Is the drug/procedure/technology FDA approved?

**i** The response to this question will be utilized to automatically populate the "Food & Drug Administration (FDA) Approval" section in your Background Paper.


- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)



Approved



Pending Approval



Not Approved

[Back](#)

## Provide FDA Information

**i** 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

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### Is the drug/procedure/technology FDA approved?

**i** The response to this question will be utilized to automatically populate the "Food & Drug Administration (FDA) Approval" section in your Background Paper.


- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)



Approved



Pending Approval




Not Approved

[Back](#)



## 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

Contact Info	Drug or Technology Info	New Code	NTAP Info	FDA Info	<b>Background Paper and Attachments</b>	Summary
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### Background Paper Preview

**i** The responses below are gathered from different sections that contain these questions.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

**Issue:**  
Here are the full details regarding the ICD-10PCS request.

**Desired Implementation Date:**  
April 1st

**New Technology Application?**  
Yes

name of the technology

Here are the details regarding the NTAP application status

2024

**Food and Drug Administration (FDA) Approved?**  
Approved

03/04/2024

There are no designations for the drug

**Background:**  
Here is the information regarding the clinical indication for this drug/therapeutic. Additionally here are the conditions the drug/therapeutic agent is intended to treat and the population that is currently affected. The new therapy is an improvement on the current process.

**Description of the Drug/Therapeutic Agent:**  
Here is the description of the drug/therapeutic agent.

**Mechanism of Action:**  
Here is the description of the mechanism of action of the drug/therapeutic agent.

**Inpatient Administration of the Drug/Therapeutic Agent:**  
Here is the description of the procedural steps involved and route(s) of administration for the drug/therapeutic.

**Adverse events associated with administration of the Drug/Therapeutic Agent:**  
There have been no complications with the drug/therapeutic agent.

**Current Coding:**  
Yes

Code used to capture the drug or technology

The existing code does not adequately capture the drug

I acknowledge that I have read and verified the Background Paper.

[Back](#) [Next](#)

# Procedure/Technology Flow

Contact Info    Drug or Technology Info    New Code    NTAP Info    FDA Info    **Background Paper and Attachments**    Summary

## Background Paper Preview

**i** The responses below are gathered from different sections that contain these questions.

- Procedure/Technology Background Paper [Sample](#) [Template](#)
- Drug/Therapeutic Agent Background Paper [Sample](#) [Template](#)

**Issue:**  
Here are the full details regarding the ICD-10 request.

**Desired Implementation Date:**  
April 1st

**New Technology Application?**  
Yes

name of the technology

Here are the details regarding the NTAP application status

2024

**Food & Drug Administration (FDA) Approved?**  
Approved

03/04/2024

There are no designations for the technology

**Background:**  
Here is the information regarding the clinical indication.

**Technology:**  
Here is the description of the technology.

**Procedure Description:**  
Here is the procedural steps for the technology.

Only one device can be routinely implanted at a time.

The device is not considered permanent.

The technology is considered as standalone.

**Adverse events associated with performance of the Device/Technology/Service or Procedure:**  
There are no complications.

**Current Coding:**  
Yes

Code used to capture the drug or technology

The existing code does not adequately capture the technology.

I acknowledge that I have read and verified the Background Paper.

[Back](#) [Next](#)

## 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

What type of ICD-10-PCS request would you like to complete?



New ICD-10-PCS



Revise ICD-10-PCS



Delete ICD-10-PCS

Back

## Contact Info

Contact Info

Drug or Technology Info

Revise Code

NTAP Info

FDA Info

Attachments

Summary


### Requestor Information

**Please note** that the MEARIS™ website can only be accessed by individuals who are located in the United States.

Who is the party submitting the ICD-10-PCS request? (e.g. manufacturer, distributor, healthcare organization/entity)

Name (this is the requestor)

Provide contact information for the requestor.

 The contact listed here will be included as a contact for this request.

First name

Middle name (optional)

Last name

Organization

Occupation/Job Title

Email address

Country

United States

US Phone Number

Extension (optional)

Ex. 1234567890

Mailing address line 1

Mailing address line 2 (optional)

City

State

Zip code

Requestor Type

Other

Describe "other"

Next

### Who is the primary contact?

Same as Requestor Contact

First name \_\_\_\_\_ Middle name (optional) \_\_\_\_\_ Last name \_\_\_\_\_

Organization \_\_\_\_\_ Occupation/Job Title \_\_\_\_\_

US Phone Number \_\_\_\_\_ Extension (optional) \_\_\_\_\_  
Ex. 1234567890

Email address \_\_\_\_\_ Country \_\_\_\_\_  
United States

Mailing address line 1 \_\_\_\_\_

Mailing address line 2 (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship  
Other \_\_\_\_\_

Describe "other" \_\_\_\_\_

Back

Next

### Who is the secondary contact?

Same as Requestor Contact

First name Middle name (optional) Last name

Organization Occupation/Job Title

US Phone Number Extension (optional)

Ex. 1234567890

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

---

Select the appropriate category



Drug/Therapeutic Agent



Procedure/Technology

Back

## 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

### 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

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Select the appropriate category



Drug/Therapeutic Agent



Procedure/Technology

Back

## 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

### 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)

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[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](#)

## 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

---

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

### 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

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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

---


**Is the drug/procedure/technology FDA approved?**



Approved



Pending Approval



Not Approved

[Back](#)

## 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

---


Is the drug/procedure/technology FDA approved?



Approved



Pending Approval



Not Approved

Back

## 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

---


Is the drug/procedure/technology FDA approved?



Approved



Pending Approval



Not Approved

Back



## Provide FDA Information

Provide FDA submission date (optional).

Date 

Provide additional FDA details. (optional).

Provide Response

0 / 3000

Back

Next

## Attachments

Contact Info    Drug or Technology Info    Revise Code    NTAP Info    FDA Info    **Attachments**    Summary

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### Upload all supporting documentation or other reference files (optional)

**Uploaded Files**  
It looks like there is nothing here.  
Supported formats include PDF, Word, Excel, Powerpoint, JPEG, PNG, and plain text files

Drag and drop files to upload or [Browse Files](#)

[Back](#) [Next](#)

## Delete ICD-10-PCS

What type of ICD-10-PCS request would you like to complete?



New ICD-10-PCS



Revise ICD-10-PCS



Delete ICD-10-PCS

Back

## Contact Info

Contact Info	Delete Code	Attachments	Summary
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### Requestor Information

*Please note that the MEARIS™ website can only be accessed by individuals who are located in the United States.*

Who is the party submitting the ICD-10-PCS request? (e.g. manufacturer, distributor, healthcare organization/entity)

Name (this is the requestor) \_\_\_\_\_

Provide contact information for the requestor.

 The contact listed here will be included as a contact for this request.

First name	Middle name (optional)	Last name
Organization	Occupation/Job Title	
Email address	Country United States	
US Phone Number Ex. 1234567890	Extension (optional)	
Mailing address line 1		
Mailing address line 2 (optional)		
City	State	Zip code
Requestor Type Other		
Describe "other"		

[Next](#)

### Who is the primary contact?

Same as Requestor Contact

First name \_\_\_\_\_ Middle name (optional) \_\_\_\_\_ Last name \_\_\_\_\_

Organization \_\_\_\_\_ Occupation/Job Title \_\_\_\_\_

US Phone Number \_\_\_\_\_ Extension (optional) \_\_\_\_\_  
Ex. 1234567890

Email address \_\_\_\_\_ Country  
United States

Mailing address line 1 \_\_\_\_\_

Mailing address line 2 (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Relationship  
Other \_\_\_\_\_

Describe "other" \_\_\_\_\_

Back

Next

### Who is the secondary contact?

Same as Requestor Contact

First name \_\_\_\_\_ Middle name (optional) \_\_\_\_\_ Last name \_\_\_\_\_

Organization \_\_\_\_\_ Occupation/Job Title \_\_\_\_\_

US Phone Number \_\_\_\_\_ Extension (optional) \_\_\_\_\_  
Ex. 1234567890

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

Contact Info      Delete Code      **Attachments**      Summary

---

### Upload all supporting documentation or other reference files (optional)

#### Uploaded Files

It looks like there is nothing here.

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[Back](#) [Next](#)