

#### www.mearis.cms.gov/public/home

Register: To submit and manage a MEARIS™ application or request, you must have or create a registered account.

**Login:** To log in to MEARIS™, applicants and CMS users must be registered.

Resources: Click from a topic list to see information related to that application, request, or the MEARIS™ platform. Request application related questions can be submitted to CMS using the form available under "Contact" on the Resources screen.

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# One place to manage Medicare coding and payment related applications

Register to submit applications and requests





#### **Hospital Inpatient Applications and Requests**

The Inpatient Prospective Payment System (IPPS) sets forth a system of payment for operating costs of acute care hospital inpatient stays under Medicare Part A. Each case is categorized into a diagnosis-related group (DRG) and a payment weight is assigned to it. Medicare makes payments for the costs of approved graduate medical education (GME) programs to hospitals, including hospitals that are not paid under the IPPS.



Click an application to learn more about it.



New Technology Add-on Payments (NTAP)

Coming Soon!



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

Request Deadline 2022: 12/2/2022

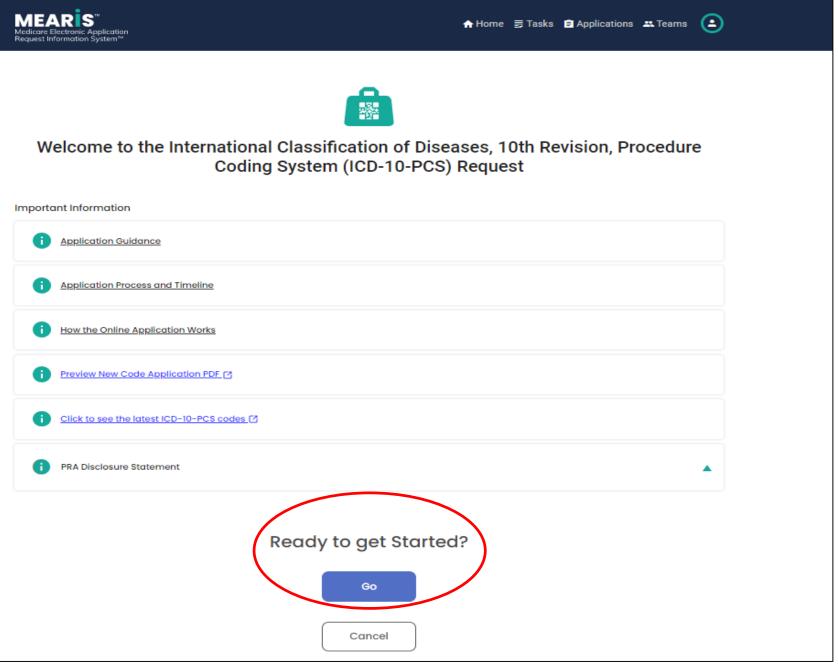


New & Revised Medicare Severity Diagnosis Related Groups (MS-DRG)

Request Deadline 2024: 10/20/2022

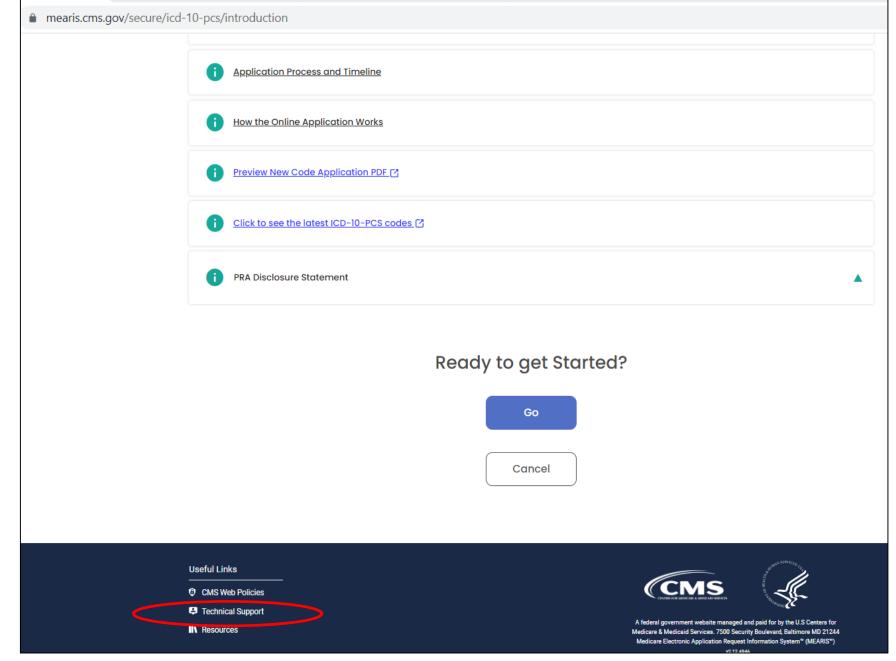


Requestors are strongly encouraged to review each of the links provided on the "Important Information" screen before starting a request





Technical support is available under "Useful Links" at the bottom of the MEARIS™ site





### New ICD-10-PCS Request:

Requests to add new code(s)

#### **Revise ICD-10-PCS Request:**

Requests to revise existing ICD-10-PCS code(s) (e.g. add additional approach)

#### **Delete ICD-10-PCS Request:**

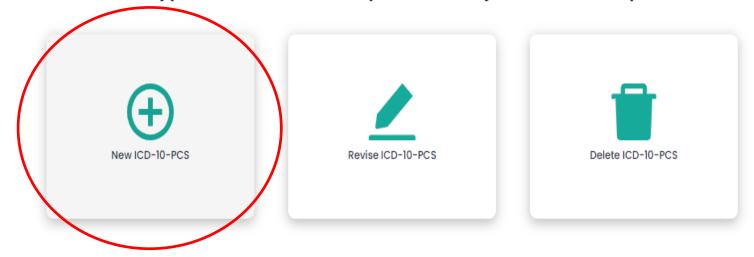
Requests to delete existing ICD-10-PCS code(s)

Any request submitted should include a description of the new code or change being requested, and rationale for why the new code or change is needed.





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









FDA Info



Attachments



Summary

Spartans | The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

Contact Info Drug or Technology Info New Code

#### Who is the primary contact?

NTAP Info

First name	Middle name (optional)		Last name	
First name is required.			Last name is required.	
Organization		Occupation/Job Title		
Organization is required.		Occupation/Job Title is required.		
US Phone Number		Extension (optional)		
Phone Number is required.		0		
Email address		Country United States		
Please enter a valid email address.				
Mailing address line 1				
Mailing address line 1 is required.				
Mailing address line 2 (optional)				
City	State	•	Zip code	
City is required.	State is required.		Zip code is <b>required</b> .	
,				











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Contact Info Drug or Technology Info New Code NTAP Info FDA Info Attachments Summary

#### Who is the secondary contact?

First name	Middle name (optional)		Last name	
First name is required.			Last name is required.	
Organization		Occupation/Job Title		
Organization is required.		Occupation/Job Title is required.		
US Phone Number		Extension (optional)		
Phone Number is required.		Country		
Email address		United States		
Please enter a valid email address.				
Mailing address line 1				
Mailing address line 1 is required.				
Mailing address line 2 (optional)				
City	State		Zip code	
City is required.	State is required.		Zip code is <b>required</b> .	
Deletionekin				
Relationship				

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If "Yes" is selected, another screen will appear to allow the requestor to provide the manufacturers' demographic information.

If "No" is selected, the system will navigate to a screen where the requestor will briefly explain why they have indicated that there is no manufacturer associated with this application.







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Contact Info

Drug or Technology Info

New Code

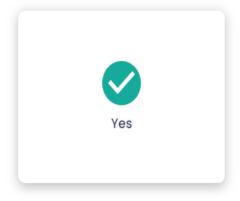
NTAP Info

FDA Info

Attachments

Summary

#### Is there a manufacturer associated with this application?













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Contact Info

Drug or Technology Info

New Code

NTAP Info

FDA Info

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Summary

### Select the appropriate category

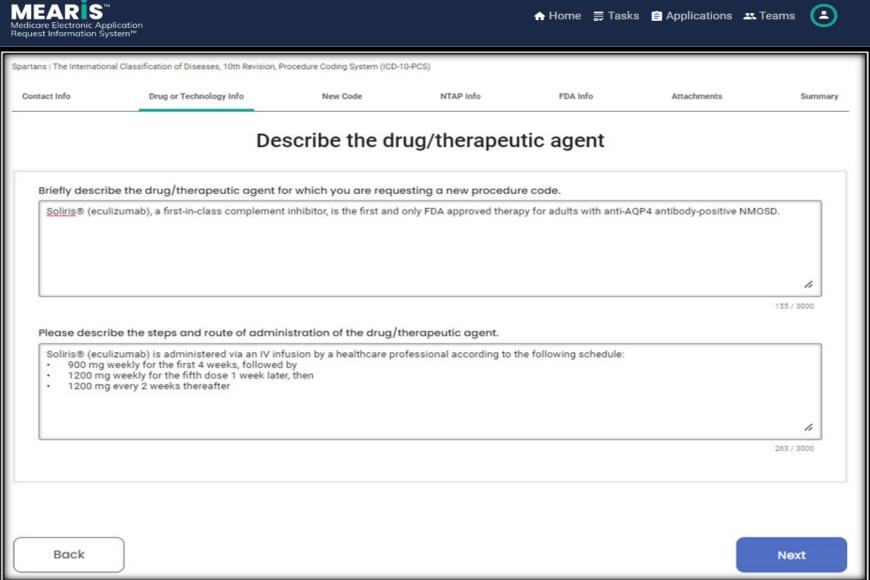






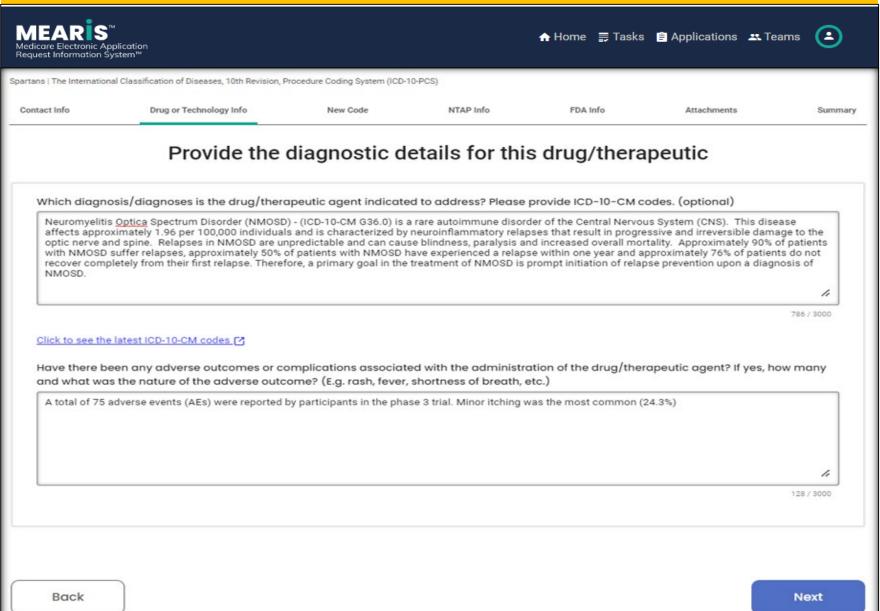
# Describe the drug/therapeutic agent:

- Describe the mechanism of action
  - What is it?
  - What does it do?
  - What are the procedural steps involved?
  - What are the routes of administration for the drug?





- What diagnoses are associated with or indicated for use of the drug/therapeutic agent?
- How is the indication currently treated or managed?
- Have there been any associated complications/sequela/adverse events? If yes, how many and what did they consist of? (E.g. fever, shortness of breath, anaphylaxis, etc.)

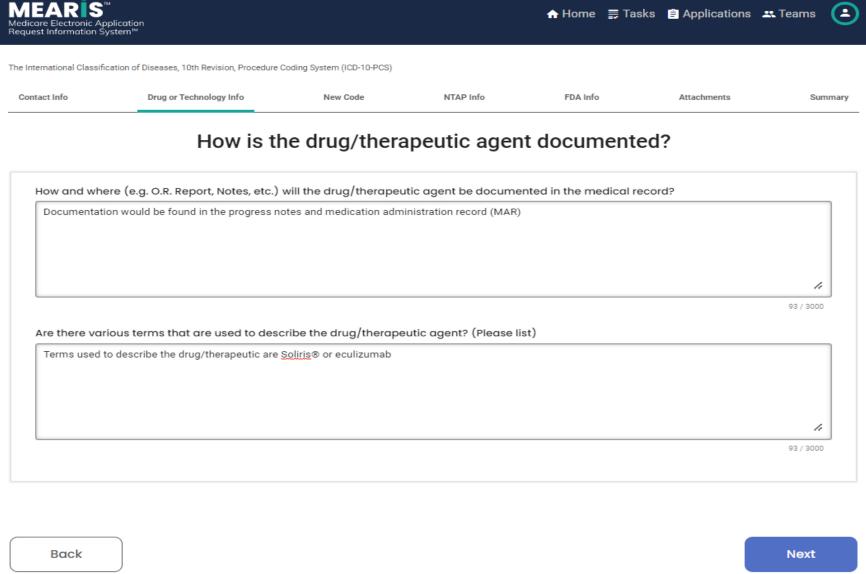




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act Info	Drug or Technology Info	New Code	NTAP Info	FDA Info	Attachments	Sumn
	Provide the	utilization de	etails for thi	s drug/thera	peutic	
Identify the n	umber of times the drug/there	speutic agent has been	(will be) administere	d.		
In clinical trial	ls, this therapeutic was administer	ed to 300 patients				
						1.
Nhat is the n	ercentage of time the drug/th	eraneutic has been (wi	l he) used across the	following care setting	as? (ontional)	69 / 3000
	ercentage of time the drug/th tient Facilities:	erapeutic has been (wi	ll be) used across the	following care setting	gs? (optional)	69 / 3000
Hospital Inpa		erapeutic has been (wi	ll be) used across the	following care setting	gs? (optional)	69/2000
Hospital Inpa Number of An	tient Facilities:		ll be) used across the	following care setting	gs? (optional)	69/2000
Hospital Inpa Number of An	tient Facilities: aticipated Cases	5000	ll be) used across the	following care setting	gs? (optional)	69/2000
Hospital Inpa Number of An Percentage of Percentage of	tient Facilities: aticipated Cases f Medicare beneficiaries	5000	ll be) used across the	following care setting	gs? (optional)	69/2000
Hospital Inpa Number of An Percentage of Percentage of Outpatient Fa	tient Facilities:  hticipated Cases  f Medicare beneficiaries  f use Inpatient	5000	ll be) used across the	following care setting	gs? (optional)	69/3000
Hospital Inpar Number of An Percentage of Percentage of Outpatient Fa	tient Facilities:  hticipated Cases  f Medicare beneficiaries  f use Inpatient  hticilities/Physician Office:	5000 70 % 85 %	ll be) used across the	following care setting	gs? (optional)	69/3000









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Contact Info

Drug or Technology Info

New Code

NTAP Info

FDA Info

Attachments

Summary

### Select the appropriate category

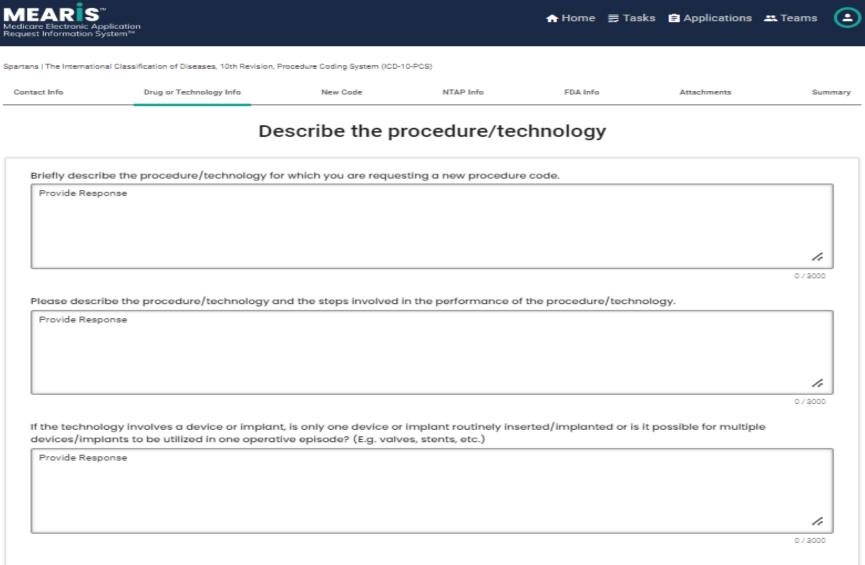






Describe the device/technology/service or procedure.

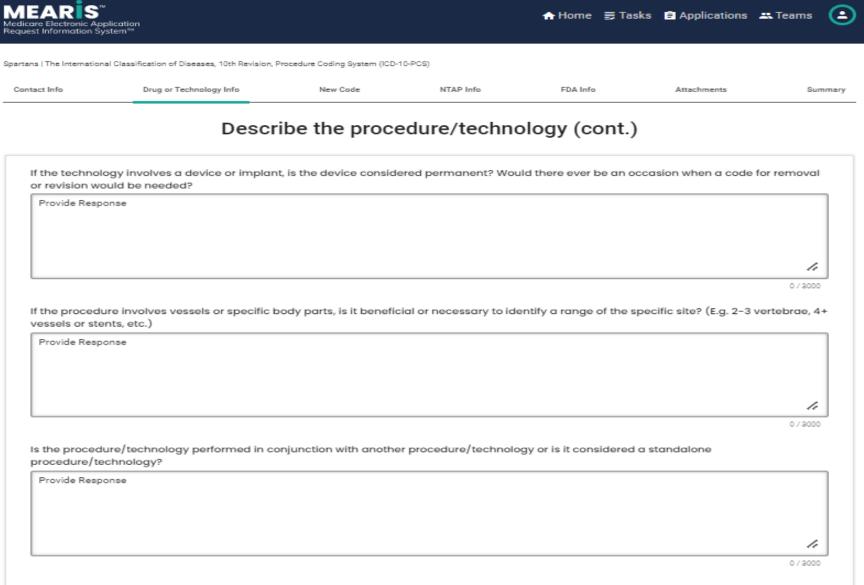
- What is it?
- What does it do?
- How is it used?
- What are the procedural steps involved?
- If the technology is a device or implant, is only one device/implant routinely inserted or can multiple devices/implants be utilized?





# Describe the device/technology/service or procedure.

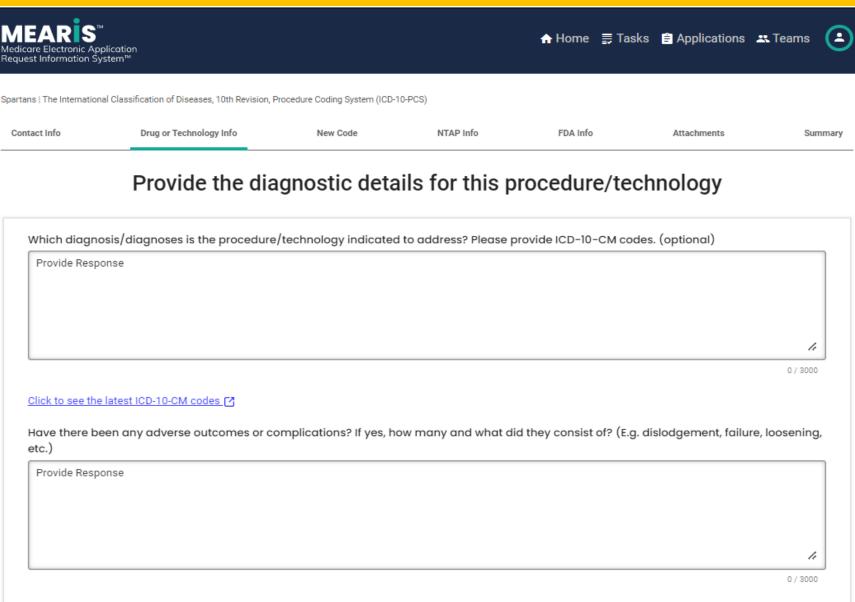
- If the technology involves a device or implant, is the device considered permanent?
- If the procedure involves
   vessels or specific body parts,
   is it beneficial or necessary to
   identify a range of the specific
   site? (E.g. 2-3 vertebrae, 4+
   vessels or stents, etc.)
- Is the procedure/technology performed in conjunction with another procedure/technology or is it considered a standalone procedure/technology?





Provide information regarding the clinical indication for this device/technology/service or procedure.

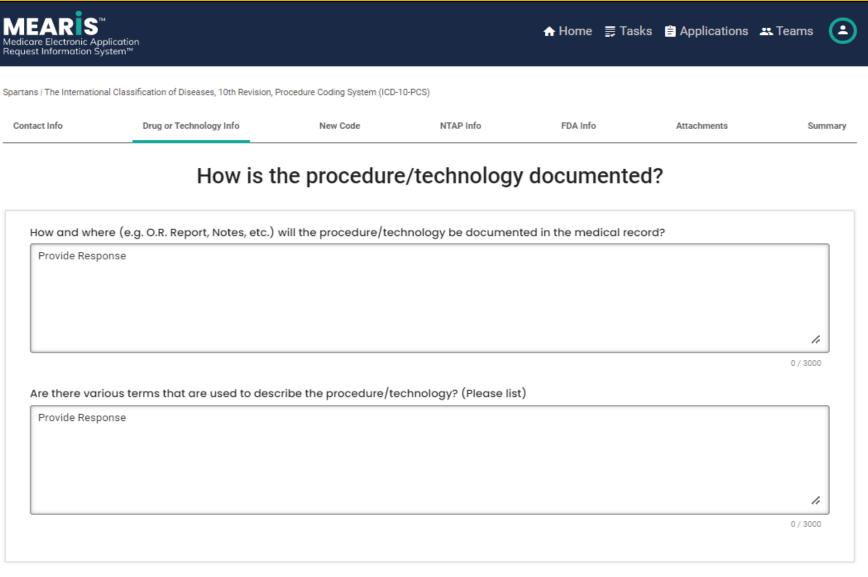
- What diagnoses are associated with or indicated for use of the device/technology/service or procedure?
- How is the indication currently treated or managed?
- Have there been any associated complications/sequela/adverse events? If yes, how many and what did they consist of? (E.g. dislodgement, failure, loosening, etc.)





MEARIS" Medicare Electronic App Request Information Sy				♠ Home 👼 Tasl	ks 🖹 Applications 🚨	. Teams
Spartans   The Internation	al Classification of Diseases, 10th Revision, P	rocedure Coding System (ICD-	10-PCS)			
Contact Info	Drug or Technology Info	New Code	NTAP Info	FDA Info	Attachments	Summary
	Provide the Uti	lization deta	ails for this pr	ocedure/ted	chnology	
	umber of times the procedure h	as been (will be) perf	ormed using this techn	ology.		
Provide Resp	onse					
						0/3000
What is the p	ercentage of time the procedure	technology has bee	en (will be) performed/	used across the follow	wing care settings? (op	tional)
Hospital Inpa	tient Facilities:					
Number of Ar	nticipated Cases					
Percentage o	f Medicare beneficiaries	%				
Percentage o	f use Inpatient	96				
Outpatient Fo	acilities/Physician Office:					
Number of Ar	nticipated Cases					
Percentage o	f Medicare beneficiaries	%				
Percentage o	f use Outpatient	96				



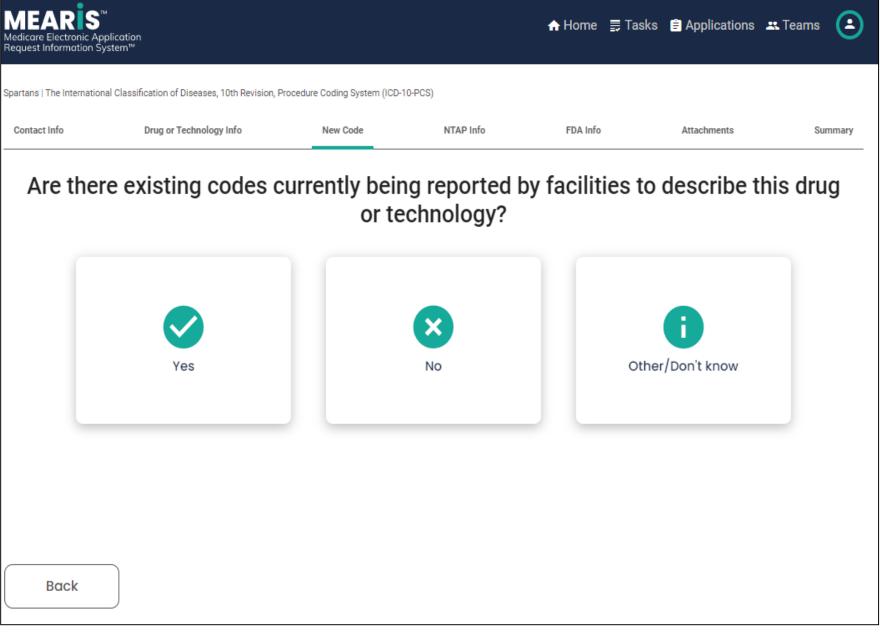




#### Select:

- Yes Requestor will enter the ICD-10-PCS code(s) currently used, if known, and indicate why they believe that existing codes do not adequately capture the drug or technology
- No
- Other/Don't know –
   Requestor will provide an explanation

Requestors will have the opportunity to provide a recommendation for possible new ICD-10-PCS code titles (e.g. approach, body part, device, qualifier)











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Contact Info

Drug or Technology Info

New Code

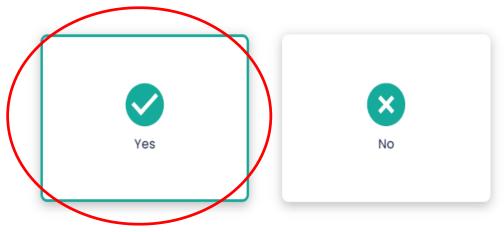
NTAP Info

FDA Info

Attachments

Summary

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



Click here to learn more about starting an NTAP application [2]





Contact Info

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Drug or Technology Info



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New Code

### Provide some details about your NTAP application

NTAP Info

FDA Info

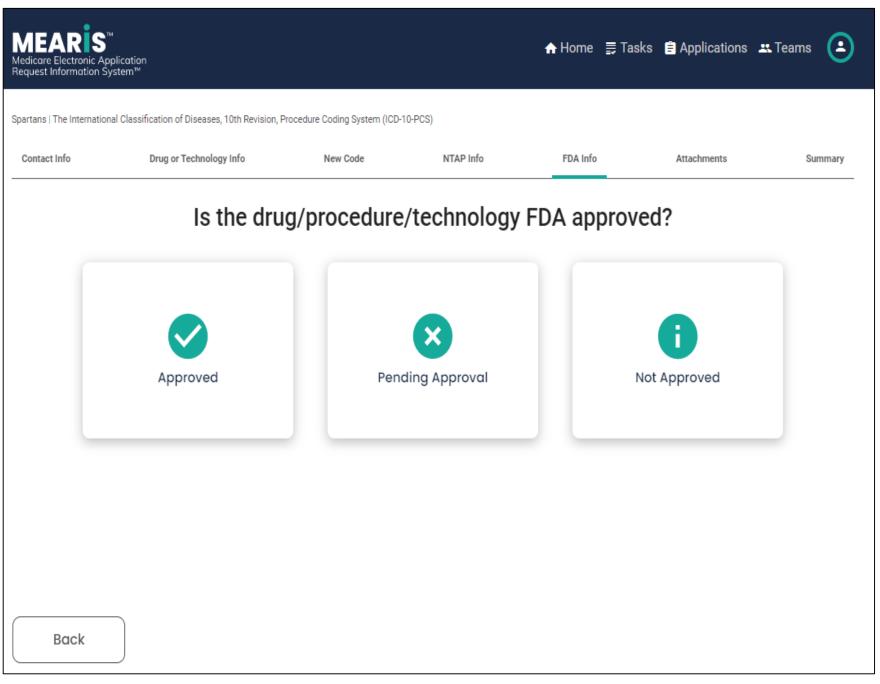
What is the name of the technology?		
Name		
or which Fiscal year (FY) was the/will the NTAI	application be submitted?	
Year		
What is the NTAP application confirmation nun	nber? (optional)	
NTAP Application number		
NTAL Application number		



**Approved** – Requestor will provide the FDA approval date and, if applicable, any additional FDA details

Pending Approval – Requestor will provide the anticipated FDA approval date and, if applicable, any additional FDA details

**Not Approved** - Requestor will provide the FDA submission date and, if applicable, any additional FDA details

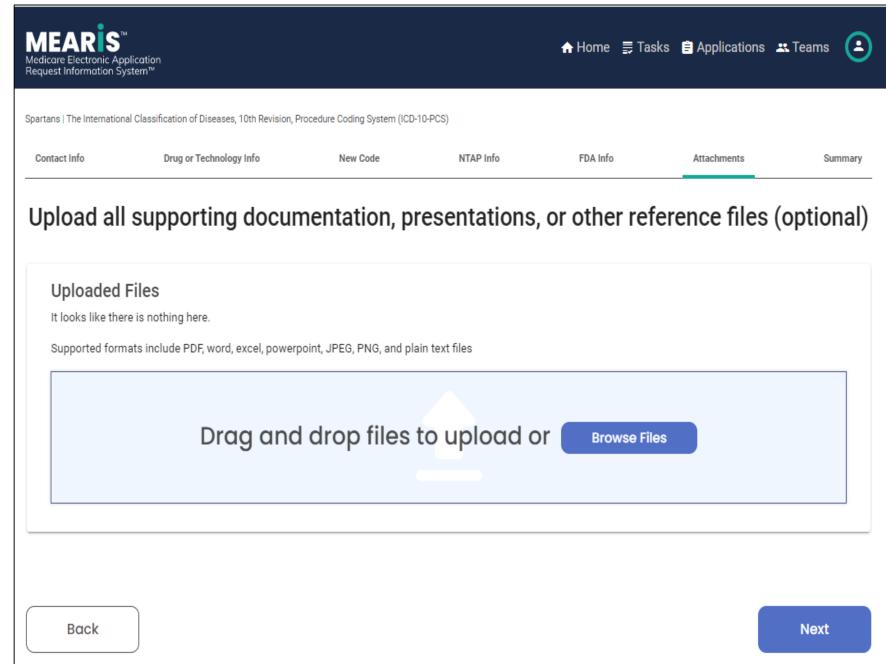




To be considered complete, new ICD-10-PCS procedure code request submissions through MEARIS™ <u>must</u> include:

- A background paper which also indicates if the code request is for consideration for an October 1 or an April 1 implementation date;
- Section 508 Compliant PPT and PDF slide decks for presentation.

Examples of procedure code background papers and slide presentations presented at ICD-10 C&M Committee meetings can be found in agenda and meeting materials of this and previous meetings.





The time required for request application submission, including the time needed to gather relevant information as well as to complete the form may be extensive depending on the nature of the code request.

Requestors are encouraged to start in advance of the due date to ensure adequate time for submission.

ICD-10-PCS code request application submissions are due December 2, 2022 to be considered for the March 7-8, 2023 ICD-10 Coordination and Maintenance Committee Meeting.







You have successfully submitted a International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) request



Submission Confirmation Code: ICD220114PV9LU

Confirmation details have been sent to:

I mssmith@abc.com | jsmith@abc.com



- . An email notification has been sent to the contact(s) you provided on this request.
- The contacts that you have identified will have access to the team and associated applications.
- This request can be viewed under the applications list.
- While reviewing your request, CMS may request additional information or supporting documentation.







