DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics, Meeting of the ICD–10 Coordination and Maintenance Committee

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, announces the following meeting of the ICD–10 Coordination and Maintenance (C&M) Committee. This meeting is open to the public, limited only by the number of audio lines available. Online registration is required.

DATES: The meeting will be held on March 19, 2024, from 9 a.m. to 5 p.m., EDT, and March 20, 2024, from 9 a.m. to 5 p.m., EDT.

ADDRESSES: This is a virtual meeting. Register in advance at *https://cms.zoomgov.com/webinar/register/WN_zqbhSXNtSEmAVWJhs4-4kA.* The Webinar ID is 161 010 6901; the Passcode is 681647. After registering, you will receive a confirmation email containing information about joining the meeting. Further information will be provided on each of the respective web pages when it becomes available. For CDC, NCHS: *https://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm.* For the Centers for Medicare & Medicaid Services, Department of Health and Human Services: *https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials.*

FOR FURTHER INFORMATION CONTACT: Traci Ramirez, Medical Classification Specialist, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782–2064. Telephone: (301) 458–4454; Email: *TRamirez@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: The ICD–10 Coordination and Maintenance (C&M) Committee is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Tenth Revision, Clinical Modification (CM) and ICD–10 Procedure Coding System (PCS).

Matters to be Considered: The tentative agenda will include discussions on the ICD–10–CM and ICD–10–PCS topics listed below. Agenda items are subject to change as priorities dictate. Please refer to the posted agenda for updates one month prior to the meeting.

ICD–10–PCS Topics:

1. Restriction Using Thoracoabdominal Branch Endoprosthesis *
2. Tibiotalocalcaneal Fusion with Fixation Implant *
3. Fiber Optic 3D Real-time Device Guidance **
4. Visualization and Analysis of Brain Networks in Magnetic Resonance Imaging *
5. Lymphatic Bypass
6. Performance of Circulatory Filtration
7. Quantitative Antimicrobial Susceptibility Testing of Blood Cultures
8. Transcatheter Tricuspid Valve Replacement *
9. Cellular Assessment via Microfluidic Deformability Cytometry **
10. Fixation of Lumbar Facet Joint
11. Extracorporeal Blood Pathogen Removal **
12. Application of prademagene zamikeracel **
13. Adoptive Immune Therapy
14. Administration of dasiglucagon
15. Drug-eluting Resorbable Scaffold System
16. Continuous Monitoring and Assessment of Vascular Blood Flow *
17. Paclitaxel-coated Balloon Catheter for Percutaneous Coronary Intervention
18. Division of Bioprosthetic Aortic Valve Leaflets **
19. Computer-aided Triage and Notification for Measurement of Intracranial Cerebrospinal Fluid Flow *
20. Implantation of Bioengineered Vessel **
21. Rapid Antimicrobial Susceptibility Testing of Blood Cultures *
22. Stereoelectroencephalographic Radiofrequency Ablation of Brain and Nervous Tissue
23. Insertion of Antibiotic Instilling Joint Spacer **
24. Posterior Fixation of the Thoracolumbar Spine *
25. Section X Updates
26. Addenda and Key Updates
27. Administration of bentracimab **
28. Administration of cefepime-taniborbactam *
29. Administration of ceftobiprole medocaril *
30. Administration of obecabtagene autoleucel **
31. Administration of odronextamab *
32. Administration of Orca-T **
33. Administration of RP–L201 (marnetegragene autotemcel) *
34. Administration of zanidatamab **
35. Donislecel-jujn Allogeneic Pancreatic Islet Cellular Suspension for Hepatic Portal Vein Infusion *

* Requestor has submitted a new technology add-on payment (NTAP) application for FY 2025 consideration.

** Request is for an October 1, 2024, implementation date, and the requestor intends to submit an NTAP application for FY 2026 consideration.

Presentations for procedure code requests are conducted by both the requestor and the Centers for Medicare & Medicaid Services (CMS) during the C&M Committee meeting. Discussion from the requestor generally focuses on the clinical issues for the procedure or technology, followed by the proposed coding options from a CMS analyst. Topics presented may also include requests for new procedure codes that relate to a new technology add-on payment (NTAP) policy request.

CMS has modified the approach for presenting the new NTAP-related ICD–10–PCS procedure code requests that involve the administration of a therapeutic agent. For the March 19–20, 2024, ICD–10 C&M Committee meeting, consistent with the requirements of section 1886(d)(5)(K)(iii) of the Social Security Act, applicants submitted requests to create a unique procedure code to describe the administration of a therapeutic agent, such as the option to create a new code in Section X within the ICD–10–PCS procedure code classification. CMS will initially display only those meeting materials associated with the NTAP-related ICD–10–PCS procedure code requests that involve the administration of a therapeutic agent on the CMS website in early March 2024 at: *https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials.*

The nine NTAP-related ICD–10–PCS procedure code requests that involve the administration of a therapeutic agent are:

1. Administration of bentracimab **
2. Administration of cefepime-taniborbactam *
3. Administration of ceftobiprole medocaril *
4. Administration of obecabtagene autoleucel **
5. Administration of odronextamab *
6. Administration of Orca-T **
7. Administration of RP–L201 (marnetegragene autotemcel) *
8. Administration of zanidatamab **
9. Donislecel-jujn Allogeneic Pancreatic Islet Cellular Suspension for Hepatic Portal Vein Infusion *

* Requestor has submitted an NTAP application for FY 2025 consideration.

** Request is for an October 1, 2024, implementation date, and the requestor intends to submit an NTAP application for FY 2026 consideration.

These topics will not be presented during the March 19–20, 2024, meeting. CMS will solicit public comments regarding any clinical questions or coding options included for these procedure code topics in advance of the meeting continuing through the end of the respective public comment periods. Members of the public should send any questions or comments to the CMS mailbox at: *ICDProcedureCodeRequest@cms.hhs.gov.*

CMS intends to post a question-and-answer document in advance of the meeting to address any clinical or coding questions that members of the public may have submitted. Following the conclusion of the meeting, CMS will post an updated question-and-answer document to address any additional clinical or coding questions that members of the public may have submitted during the meeting that CMS was not able to address or that were submitted after the meeting.

The NTAP-related ICD–10–PCS procedure code requests that do not involve the administration of a therapeutic agent and all non-NTAP-related procedure code requests will continue to be presented during the virtual meeting on March 19, 2024, consistent with the standard meeting process.

CMS will make all meeting materials and related documents available at: *https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials.* Any inquiries related to the procedure code topics scheduled for the March 19, 2024, ICD–10 C&M Committee meeting day that are under consideration for October 1, 2024, implementation should be sent to the CMS mailbox at: *ICDProcedureCodeRequest@cms.hhs.gov.*

ICD–10–CM Topics:

1. Abnormal Anti-cyclic Citrullinated Peptide Antibody and/or Rheumatoid Factor Without Current or Prior Clinical Diagnosis of Rheumatoid Arthritis
2. APOL1-mediated Kidney Disease
3. Baked Egg Tolerance
4. Baked Milk Tolerance
5. Coding of Firearms Injuries Default
6. DLG4-related Synaptopathy
7. Flank Anatomical Specificity
8. Glutamate Receptor, Ionotropic, Gene-related Neurodevelopmental Disorders
9. Gulf War Illness
10. Hyperoxaluria
11. Post-exertional Malaise
12. SCN2A-related Disorders
13. SLC6A1-related Disorders
14. STXBP1-related Disorders
15. Usher Syndrome
16. Addenda

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

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Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–1402]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Surveillance of HIV-related service barriers among Individuals with Early or Late HIV Diagnoses (SHIELD)'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on October 06, 2023, to obtain comments from the public and affected agencies. CDC received two comments to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Surveillance of HIV-related service barriers among Individuals with Early or Late HIV Diagnoses (SHIELD) (OMB Control No. 0920–1402, Exp. 05/31/2026)—Revision—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

National HIV Surveillance System (NHSS) data indicate that 36,940 adolescents and adults received an HIV diagnosis in the United States and dependent areas in 2019. During 2015–2019, the overall rate of annual diagnoses decreased only slightly, from 12.4 to 11.1 per 100,000 persons. Although not every jurisdiction reports complete laboratory data needed to identify the stage of infection, data from the majority of jurisdictions show that many of these cases were classified as Stage 0 (6.9%) or Stage 3 (21.5%) infection (*i.e.,* cases diagnosed in early infection or late infection, respectively). Early and late diagnoses represent recent failures in prevention and testing systems, and opportunities to