



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.

The screenshot shows the MEARIS website interface. At the top, the URL bar displays `mearis.cms.gov/public/home`. The header includes the MEARIS logo and navigation links for **Login** and **Resources**. The main content area features a large heading: **One place to manage Medicare coding and payment related applications**, followed by the subtext **Register to submit applications and requests** and a prominent **Register** button. Below this, a section titled **Hospital Inpatient Applications and Requests** provides information about the Inpatient Prospective Payment System (IPPS) and includes a link to **Click an application to learn more about it.** At the bottom, three cards are displayed: **New Technology Add-on Payments (NTAP)** (marked 'Coming Soon!'), **The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)** (with a **Request Deadline 2022: 12/2/2022**), and **New & Revised Medicare Severity Diagnosis Related Groups (MS-DRG)** (with a **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

The MEARIS logo consists of the word "MEARIS" in a bold, blue, sans-serif font, with a small "TM" symbol. Below it, the text "Medicare Electronic Application Request Information System" is written in a smaller, blue, sans-serif font.

HomeTasksApplicationsTeams

A green icon of a medical bag with a white cross and a grid pattern.

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

Important Information

An information icon (a lowercase 'i' inside a circle).

[Application Guidance](#)

An information icon (a lowercase 'i' inside a circle).

[Application Process and Timeline](#)

An information icon (a lowercase 'i' inside a circle).

[How the Online Application Works](#)

An information icon (a lowercase 'i' inside a circle).

[Preview New Code Application PDF](#)

An information icon (a lowercase 'i' inside a circle).

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

An information icon (a lowercase 'i' inside a circle).

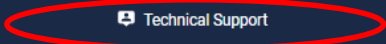
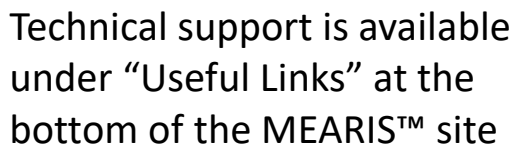
[PRA Disclosure Statement](#)

A small green upward-pointing triangle icon.

Ready to get Started?

Go

Cancel





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?



New ICD-10-PCS



Revise ICD-10-PCS



Delete ICD-10-PCS

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

Contact Info

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Summary

Who is the primary contact?

First name

First name is required.

Middle name (optional)

Last name

Last name is required.

Organization

Organization is required.

Occupation/Job Title

Occupation/Job Title is required.

US Phone Number

Phone Number is required.

Extension (optional)

Email address

Please enter a valid email address.

Country

United States

Mailing address line 1

Mailing address line 1 is required.

Mailing address line 2 (optional)

City

City is required.

State

State is required.

Zip code

Zip code is required.

Relationship

Relationship is required.

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Who is the secondary contact?

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

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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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Is there a manufacturer associated with this application?

Yes

No

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Select the appropriate category



Drug/Therapeutic Agent



Procedure/Technology

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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?

Drug/Therapeutic Agent

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Describe the drug/therapeutic agent

Briefly describe the drug/therapeutic agent for which you are requesting a new procedure code.

Soliris® (eculizumab), a first-in-class complement inhibitor, is the first and only FDA approved therapy for adults with anti-AQP4 antibody-positive NMOSD.

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Please describe the steps and route of administration of the drug/therapeutic agent.

Soliris® (eculizumab) is administered via an IV infusion by a healthcare professional according to the following schedule:

- 900 mg weekly for the first 4 weeks, followed by
- 1200 mg weekly for the fifth dose 1 week later, then
- 1200 mg every 2 weeks thereafter

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- 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.)

Drug/Therapeutic Agent

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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)

Neuromyelitis Optica Spectrum Disorder (NMOSD) - (ICD-10-CM G36.0) is a rare autoimmune disorder of the Central Nervous System (CNS). This disease affects approximately 1.96 per 100,000 individuals and is characterized by neuroinflammatory relapses that result in progressive and irreversible damage to the optic nerve and spine. Relapses in NMOSD are unpredictable and can cause blindness, paralysis and increased overall mortality. Approximately 90% of patients with NMOSD suffer relapses, approximately 50% of patients with NMOSD have experienced a relapse within one year and approximately 76% of patients do not recover completely from their first relapse. Therefore, a primary goal in the treatment of NMOSD is prompt initiation of relapse prevention upon a diagnosis of NMOSD.

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[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.)

A total of 75 adverse events (AEs) were reported by participants in the phase 3 trial. Minor itching was the most common (24.3%)

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Drug/Therapeutic Agent

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Summary

Provide the utilization details for this drug/therapeutic

Identify the number of times the drug/therapeutic agent has been (will be) administered.

In clinical trials, this therapeutic was administered to 300 patients

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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

5000

Percentage of Medicare beneficiaries

70 %

Percentage of use Inpatient

85 %

Outpatient Facilities/Physician Office:

Number of Anticipated Cases

0

Percentage of Medicare beneficiaries

0 %

Percentage of use Outpatient

0 %

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Drug/Therapeutic Agent



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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?

Documentation would be found in the progress notes and medication administration record (MAR)



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Are there various terms that are used to describe the drug/therapeutic agent? (Please list)

Terms used to describe the drug/therapeutic are Soliris® or eculizumab



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Select the appropriate category



Drug/Therapeutic Agent



Procedure/Technology

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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?

Procedure/Technology

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Describe the procedure/technology

Briefly describe the procedure/technology for which you are requesting a new procedure code.

Provide Response

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Please describe the procedure/technology and the steps involved in the performance of the procedure/technology.

Provide Response

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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



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?

Procedure/Technology

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Describe the procedure/technology (cont.)

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

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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.)

Provide Response

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Is the procedure/technology performed in conjunction with another procedure/technology or is it considered a standalone procedure/technology?

Provide Response

0 / 3000



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.)

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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

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[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

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Procedure/Technology

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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



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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

 %



Procedure/Technology

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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



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Are there various terms that are used to describe the procedure/technology? (Please list)

Provide Response



0 / 3000



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

Yes

No

Other/Don't know

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



Yes



No

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

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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

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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

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Is the drug/procedure/technology FDA approved?

Approved

Pending Approval

Not Approved

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To be considered complete, new ICD-10-PCS procedure code request submissions through MEARIS™ **must** 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.

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Summary

Upload all supporting documentation, presentations, 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

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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.

A screenshot of the MEARIS (Medicare Electronic Application Request Information System) confirmation page. The page has a dark blue header with the MEARIS logo and navigation links: Home, Tasks, Applications, Teams, and a user profile icon. The main content area is white and features a large green checkmark icon. Below the icon, it states: "You have successfully submitted a International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) request". The submission confirmation code is "ICD220114PV9LU". It also shows that confirmation details have been sent to three email addresses: yewande.odukoya@, mssmith@abc.com, and jsmith@abc.com. There is a "Download as PDF" button. A section titled "So, what's next?" contains a bulleted list of instructions. At the bottom right of the main content area is a "Back To Home" button. The footer is dark blue and includes "Useful Links" (CMS Web Policies, Technical Support, Resources), the CMS logo, the Department of Health and Human Services logo, and a small text block stating: "A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244. Medicare Electronic Application Request Information System (MEARIS) v1.7.184".