



November 18, 2010

VIA ELECTRONIC MAIL

Patricia Brooks, RHIA  
Senior Technical Advisor  
Centers for Medicare and Medicaid Services  
Hospital and Ambulatory Policy Group  
Mail Stop C4-08-06  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Dear Ms. Brooks:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the proposed procedure code modifications presented at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting held on September 15-16.

### **Implantable Hemodynamic Monitoring System**

AHIMA supports the proposal to create a unique code for insertion of implantable wireless pressure sensor for intracardiac or great vessel hemodynamic monitoring. As described during the C&M meeting, this technology is different from the hemodynamic monitoring system represented by existing codes 00.56-00.57.

We recommend that an Excludes note for the new code be added under codes 00.56 and 00.57 and that the titles of these codes be modified to more clearly distinguish them from the technology represented by the new code (perhaps by adding “wired” to the code titles, since the proposed code describes a “wireless” device). We also recommend that the proposed Excludes note under the new code be modified to better distinguish the technology classified to codes 00.56-00.57 and the new code.

### **Endovascular Embolization with Head or Neck Vessel Reconstruction**

We recommend that existing code 39.72, Endovascular embolization or occlusion of head and neck vessels, be assigned for the Pipeline™ device and that direction to this code be provided through appropriate index entries and tabular instructional notes. We believe this approach is preferable to creating a unique code for endovascular embolization with head or neck vessel vascular remodeling support because medical record documentation may not clearly

**Patricia Brooks**  
**November 18, 2010**  
**Page 2**

distinguish the newer stent-like devices from other types of aneurysm repair. Also, code 39.72 adequately encompasses aneurysm repairs involving the Pipeline™ device. Creation of a new code would likely result in confusion because it would appear to overlap with code 39.72.

### **Fenestrated AAA Endovascular Graft**

We support creation of a unique code for endovascular implantation of fenestrated graft(s) in abdominal aorta and corresponding revisions to code 39.71. The index should provide a default for endovascular implantation of graft in abdominal aorta that is not documented as fenestrated or non-fenestrated.

### **Contrast Dye Removal**

We do not recommend creating a unique code for catheter-based removal of contrast media or adding an inclusion term for this procedure under code 37.29, Other diagnostic procedures on heart and pericardium. The removal of contrast media should not be coded separately. And this procedure is not diagnostic in nature, so code 37.29 would not be appropriate.

### **Addenda**

We support the proposed addenda changes.

Thank you for the opportunity to comment on the proposed procedure code revisions. If you have any questions, please feel free to contact me at (312) 233-1115 or [sue.bowman@ahima.org](mailto:sue.bowman@ahima.org).

Sincerely,



Sue Bowman, RHIA, CCS  
Director, Coding Policy and Compliance