



April 1, 2011

VIA ELECTRONIC MAIL

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Senior Technical Advisor
Centers for Medicare and Medicaid Services
Hospital and Ambulatory Policy Group
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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 March 9-10.

ICD-9-CM Topics

Cardiac Valve Replacement: Transcatheter Aortic, Transapical Aortic, and Transcatheter Pulmonary

AHIMA supports the creation of new ICD-9-CM procedure codes for transcatheter replacement of heart valves. The abbreviated names of the procedures (TAVI, TAVR, TPVI, PPVI) should be added as inclusion terms under the appropriate procedure codes.

A note should also be added under the proposed new codes indicating that balloon valvuloplasty is included as part of these procedures and shouldn't be coded separately.

PTCA/Atherectomy: Proposed Revision of Code 00.66

While we support creating a code for transluminal coronary atherectomy so that coronary angioplasty and atherectomy can be uniquely identified, we recommend that consideration be given to making the same distinction for other procedure codes that currently include both angioplasty and atherectomy. For example, codes 00.61 and 00.62 capture both angioplasty and atherectomy of precerebral and intracranial vessels, respectively. Code 39.50 captures angioplasty and atherectomy of other non-coronary vessel(s).

A “code also” note for stent insertion should be added under the proposed new procedure code.

Temporary Therapeutic Endovascular Occlusion of Vessel

AHIMA supports the creation of a new code for temporary therapeutic endovascular occlusion of vessel, but we believe the title of the proposed code, and perhaps the title of existing codes, needs to be revised in order to more clearly distinguish this procedure from other procedures. Based on the presenter’s explanation of the differences between various procedures that occlude vessels, perhaps the title of the proposed code should specify “partial” occlusion and the title of existing code 39.72 should be revised to specify “total” occlusion.

Insertion of Multiple Coils for the Embolization or Occlusion of Head or Neck Vessels

We support CMS’ recommendation not to create codes identifying the number of coils inserted during an embolization or occlusion of an aneurysm. We question the value of adding this type of detail to the classification system.

Implantation of Antimicrobial Envelope

AHIMA supports CMS’ recommendation not to create an ICD-9-CM code for implantation of antimicrobial envelope, as ICD-9-CM does not capture the identification of supplies used in the performance of a procedure.

Implantable Ischemic Detection System (IIDS)

We support CMS’ recommendation not to create a unique ICD-9-CM code for implantable ischemic detection system, as this procedure is still in clinical trials. By the time the procedure has FDA approval, it would be more appropriate to consider creation of a code in ICD-10-PCS than ICD-9-CM.

We disagree with the interim coding advice of using existing pacemaker insertion codes. While implantation of this device may be similar to implanting a pacemaker, it is not a pacemaker and so it would not be appropriate to use pacemaker implantation codes. We support the recommendation made at the meeting to appropriately modify codes 00.56-00.57 so that these codes could be used to capture the implantation of an IIDS.

Insertion of Aqueous Drainage Shunt

We support the creation of a new code for insertion of aqueous drainage shunt. Consideration should be given to deleting the word “sub-conjunctival” from the title of the proposed code so that all aqueous drainage shunts may be classified to this code.

Four-Port Spinal Cord Neurostimulator

AHIMA supports CMS' recommendation to revise existing code 86.98, Insertion or replacement of dual array rechargeable neurostimulator pulse generator so that this code can be used for multiple array (two or more) devices.

We agree with the suggestion made during the meeting that "spinal cord" should be deleted from the proposed inclusion term under code 86.98.

Cardiac Lead Extraction

We agree with CMS' recommendation not to create a unique code for complex lead extraction. ICD-9-CM does not differentiate degrees of difficulty in performing a procedure. Also, "complex" is difficult to define and may not be clearly identified in physician documentation.

Oxidized Zirconium Ceramic Hip Bearing Surface

We agree with CMS' recommendation not to create a unique code for oxidized zirconium hip bearing surface and to continue to assign code 00.77, Hip bearing surface, ceramic-on-polyethylene for this type of bearing surface. An index entry and inclusion term should be added to clarify that this code should be used for oxidized zirconium hip bearing surface.

Insertion of Sling/Tape for Correction of Urinary Stress Incontinence

AHIMA does not support creation of new codes for insertion and removal of sling/tape for correction of urinary stress incontinence. Existing code 59.4, Suprapubic sling operation, would appear to capture this procedure. It is not clear how this procedure differs from the procedures captured by code 59.4.

Sleeve Gastrectomy

We support creation of new codes for laparoscopic vertical (sleeve) gastrectomy and other vertical (sleeve) gastrectomy.

The second proposed Excludes note under existing code 43.89, Other partial gastrectomy, is confusing because the description is covers all types of vertical sleeve gastrectomy, but the referenced code is only for the "other" (non-laparoscopic) vertical (sleeve) gastrectomy. Rather than two separate Excludes notes for the two proposed new codes, we recommend creating a single Excludes note for "vertical sleeve gastrectomy" that references both the laparoscopic and "other" codes.

Electromagnetic Navigation Bronchoscopy

There was some confusion during the C&M meeting as to whether visualization of a solitary pulmonary nodule using an electromagnetic tip tracked device involves bronchoscopy or not. Per the background information provided in the topic packet, this device is used as an accessory to a bronchoscope or functions as a bronchoscope. However, the presenter stated this procedure does not involve a bronchoscopy. **Clarification is needed as to whether this procedure can appropriately be considered a bronchoscopy.**

We agree with CMS that this procedure can appropriately be captured with existing ICD-9-CM procedure codes, and we agree that code 33.24, Closed [endoscopic] biopsy of bronchus, or 33.27, Closed endoscopic biopsy of lung, would be the appropriate code if a biopsy is performed. However, if the nodule is visualized only, and no biopsy is performed, code 33.22, Fiber-optic bronchoscopy, would only be appropriate if this procedure can accurately be classified as a bronchoscopy. If it technically is not a bronchoscopy, then code 33.29, Other diagnostic procedures on lung and bronchus, would be a more appropriate choice.

Ultrasound-Enhanced Thrombolysis

AHIMA supports CMS' recommendation not to create a new code for ultrasound-enhanced thrombolysis and to continue to report code 00.01, Therapeutic ultrasound of vessels of head and neck, to capture the ultrasound component of the procedure.

External Ventricular Drainage

We support the creation of new codes to distinguish between an external ventricular drain and an intracranial shunt, the revision of existing code 02.39 to clarify that this code is assigned for extracranial shunt procedures, and the deletion of the inclusion term for "replacement of ventricular catheter" under existing code 02.42, Replacement of ventricular shunt. These modifications will help to clarify the appropriate code assignment for various ventricular drainage procedures.

To provide further clarification of the use of these codes, an Excludes note for code 01.09, Other cranial puncture, should be added under proposed new code 02.21, Insertion or replacement of external ventricular drain [EVD].

Embolization of Uterine Artery

We support the creation of two new codes for uterine artery embolization with and without coils.

Open Left Atrial Appendage Occlusion with "U" Fastener Implant

We support the proposed modifications to code 37.36 to allow open left atrial appendage occlusion with "U" fastener implant to be classified to this code.

We recommend not adding the proposed note concerning the inclusion of procedures done concomitantly with other cardiovascular procedures or stand-alone LAA procedures, as this note is confusing and does not provide clarification on the use of the code.

Appropriate Excludes notes should be added under codes 37.36 and 37.90 in order to clearly differentiate procedures involving a device placed inside the atrial appendage (37.90) from procedures involving a fastener placed on the outside of the atrial appendage (37.36).

Percutaneous Left Atrial Appendage (LAA) Exclusion with Femoral and Epicardial Access

We support the proposed modifications to code 37.36 to clarify that percutaneous left atrial appendage exclusion using epicardial and femoral access is classified to this code.

As indicated by our comments above regarding the proposal concerning open left atrial appendage occlusion with “U” fastener implant, we recommend not adding a proposed note about the inclusion of procedures done concomitantly with other cardiovascular procedures or stand-alone LAA procedures. The proposed note is confusing and does not provide clarification on the use of code 37.36.

Ultrasonic Wound Debridement

We believe further clinical input is needed prior to making any index or tabular changes to clarify the appropriate code assignment for ultrasonic wound debridement. Based on comments made by physicians in attendance at the C&M Committee meeting, there appears to be disagreement as to whether ultrasonic wound debridement should be classified as excisional or nonexcisional. Several physicians at the meeting stated that this procedure excises tissue and meets the definition of excisional debridement.

Hydrosurgery/Versajet Debridement

AHIMA supports CMS’ recommendation to continue to classify hydrosurgery for debridement, including that by Versajet, to code 86.28, Nonexcisional debridement of wound, infection, or burn, rather than creating a unique code.

Nonexcisional Debridement

We support CMS’ recommendation not to create new codes for nonexcisional debridement of layers deeper than the skin and subcutaneous tissue, but to continue to assign code 86.28, Nonexcisional debridement of wound, infection, or burn, for all nonexcisional debridements.

However, there are index entries for debridement of bone, bursa, fascia, and muscle that do not specify excisional vs. nonexcisional and direct you to codes for excision of these sites. To clarify that these codes should not be used for nonexcisional debridement of these sites, we

recommend adding index entries for debridement of these sites that distinguish between excisional and nonexcisional debridement.

Cerebral and Somatic Oximetry

We support CMS' recommendation not to create a new code for tissue oxygen saturation monitoring using near-infrared spectroscopy. However, we do not agree with the advice to assign code 38.23, Intravascular spectroscopy, unless the code title is revised. According to the background material provided in the topic packet and the presentation, this procedure is noninvasive and therefore not intravascular. Without a revision to code 38.23 to include noninvasive spectroscopy procedures, code 89.39, Other nonoperative measurements and examinations, would seem to be a more appropriate code assignment for tissue oxygen saturation monitoring using near-infrared spectroscopy.

Ultrasound Assisted Lysis of Intravascular Thrombus

We support CMS' recommendation not to create a new ICD-9-CM procedure code and to continue to use codes in category subcategory 00.0, Therapeutic ultrasound, to capture the use of ultrasound technology during thrombolysis.

ICD-9-CM Procedure Addenda

AHIMA supports CMS' recommendation not to create a new code for endovascular embolization with head or neck vessel reconstruction. As suggested at the September C&M Committee meeting, existing code 39.72, Endovascular embolization or occlusion of head and neck vessels, should be assigned for this procedure, and direction to this code should be provided through appropriate index entries and tabular instructional notes.

We are concerned about the proposed modification of the index entry for "Angioplasty, percutaneous transluminal (balloon), basilar," that would create separate index entries for the precerebral and intracerebral portions of the basilar artery. If an angioplasty of both the precerebral and intracerebral areas of the basilar artery is performed, should two codes be assigned? If the documentation only indicates a percutaneous transluminal angioplasty of the basilar artery was performed, and does not mention whether it was the intracerebral or precerebral portion, which code should be assigned?

We support the remaining ICD-9-CM Procedure Addenda modifications.

ICD-10-PCS Topics

Ankle, Hip and Knee Joint Replacement

We support creation of new device values specifying cemented and uncemented implants, but do not support offering an "unspecified" device option (we support a modified version of option 3

that was presented at the C&M Committee meeting). Allowing an “unspecified” value to use when documentation is insufficient to determine whether the synthetic joint substitute was cemented or uncemented is inconsistent with the principles and design of ICD-10-PCS.

Interspinous Process Internal Fixation Procedures

We are not convinced that a distinction needs to be made in ICD-10-PCS as to the use of dynamic stabilization versus static distraction interspinous process internal fixation devices. However, based on the clinical and public input received, if CMS believes this distinction is necessary, we favor revising the existing PCS 7th character qualifier value Interspinous Process in tables 0RH and 0SH for vertebral joint body parts to specify Interspinous Process, Dynamic Stabilization, and creating a new qualifier value to specify Interspinous Process, Static Distraction (option 3 presented at the C&M Committee meeting).

We oppose option 2 because it appears to provide a default when the documentation does not specify the type of interspinous process internal fixation device.

Proposed Change to Spinal Fusion Procedures: Request for Deleting Device Value in PCS Tables

We support the proposed deletion of the PCS device values from the Fusion tables for the intervertebral joint body parts that specify internal fixation device as the means of accomplishing the fusion of the spine. We agree with CMS that internal fixation performed as part of a spinal fusion should not be separately coded.

Implantable Meshes

AHIMA supports CMS’ recommendation to extend the device value Zooplasic Tissue to the “Supplement” tables in body systems T (Urinary), U (Female Reproductive), W (Anatomical Regions, General), and Y (Anatomical Regions, Lower Extremities).

Intraoperative Nerve Measurement and Monitoring

We support CMS’ recommendation to extend existing PCS values in tables 4A0 and 4A1 to include the body part value Peripheral Nervous and the approach value Percutaneous.

Regional Brain Oxygen Saturation Monitoring Using Near-Infrared Spectroscopy

We support extending PCS values in table 4A1 to specify External approach in the 5th character and No Qualifier in the 7th character, for external oxygen saturation monitoring as well as pressure and temperature monitoring, for both the regional brain and intracranial sites(option 2 presented at the C&M Committee meeting). It makes sense to add flexibility for reporting non-invasive pressure and temperature monitoring as well as external oxygen saturation monitoring.

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Regional Somatic Saturation Monitoring Using Near-Infrared Spectroscopy

AHIMA supports adding new values to the PCS Monitoring tables to identify monitoring of oxygen saturation in the soft tissue of various body regions. However, it was not clear from the proposal whether there is real clinical value in identifying the specific body region (e.g., Musculoskeletal) in the 4th character (option 2 presented at the C&M Committee meeting) rather than creating a single new physiological system value Anatomical Regions and extending PCS values in table 4A1 to specify External approach in the 5th character and Saturation in the 6th character (option 3). Therefore, **we prefer option 3**, which would create a single code for non-invasive oxygen saturation monitoring of all anatomical regions other than the brain and circulatory system.

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.

Sincerely,

A handwritten signature in cursive script that reads "Sue Bowman".

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