



April 1, 2009

VIA ELECTRONIC MAIL

Patricia Brooks, RHIA
Centers for Medicare & Medicaid Services
CMM, HAPG, Division of Acute Care
Mail Stop C4-08-06
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Baltimore, Maryland 21244-1850

Dear Pat:

The American Health Information Management Association (AHIMA) welcomes the opportunity to provide comments on the proposed procedure code modifications presented at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting held on March 11th.

We are very pleased that a final rule for the implementation of ICD-10-PCS has been published. However, since the compliance date isn't until October 1, 2013, it is necessary to conserve space in ICD-9-CM so that modifications to ICD-9-CM can continue to be made as long as necessary until ICD-10-PCS implementation. This means that the merits of new procedure code proposals and number of new codes requested should be carefully evaluated in order to make the best use of the limited number of available codes.

Intravenous Infusion of Clofarabine

We are concerned about the proposed creation of a unique code for intravenous infusion of clofarabine. There will never be enough codes available to distinctly identify every individual drug. All of the remaining available ICD-9-CM procedure codes would be exhausted very quickly by using them to identify specific drugs. Subcategory 00.1, Pharmaceuticals, is already exhausted. ICD-9-CM is not intended to be a drug terminology. Clearly there are many other effective cancer chemotherapeutic drugs that do not have unique ICD-9-CM codes. **AHIMA recommends that a new code not be created for the intravenous infusion of clofarabine and that code 99.25, Injection or infusion of cancer chemotherapeutic substance, continue to be assigned.** If clofarabine is approved for add-on payment status, its use should be identified by another mechanism other than a unique ICD-9-CM procedure code.

If CMS decides to create a unique code for intravenous infusion of clofarabine, we recommend that the title of proposed new subcategory be broader than "other pharmaceuticals" in order to be

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able to create codes in this subcategory for procedures and services other than administration of pharmaceuticals.

Virtual Histology Intravascular Ultrasound (VH-IVUS)

AHIMA does not recommend creation of a unique code for virtual histology intravascular ultrasound, as this technology is adequately captured by an existing code. We also agree with CMS' concern that medical record documentation may not clearly distinguish VH-IVUS from the existing IVUS procedure.

Intravascular Optical Coherence Tomography

We do not recommend creating new codes for intravascular optical coherence tomography and to continue to use existing intravascular diagnostic procedure codes for this technology. The use of intravascular optical coherence tomography may not be clearly documented in the medical record and limitations in the number of procedure codes processed by many payers would likely mean that this service would not be reported.

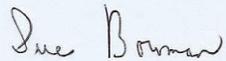
If CMS decides to create new codes for intravascular optical coherence tomography, we prefer option 2 over option 3, since option 2 would result in the creation of fewer codes. The ability to expand ICD-9-CM procedure codes is extremely limited and ICD-9-CM needs to last a few more years until ICD-10-PCS is implemented. There, the number of new codes created for any particular technology needs to be limited during the remaining life of ICD-9-CM in order to ensure the availability of codes as needed for other procedures.

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.

Sincerely,



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