



December 3, 2008

VIA ELECTRONIC MAIL

Patricia Brooks, RHIA
Centers for Medicare & Medicaid Services
CMM, HAPG, Division of Acute Care
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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 September 24-25.

Cardiac Contractility Modulation (CCM)

AHIMA supports the creation of new codes for cardiac contractility modulation. We agree with the recommendation made during the C&M Committee meeting that the Excludes note under proposed code 17.51, Implantation of rechargeable cardiac contractility modulation, total system [CCM], should be deleted.

Endovascular Bioactive Coil

We support the proposal to create a new code for endovascular treatment of vessel(s) of head or neck using bioactive coils. We also agree that the title of subcategory 39.7, Endovascular repair of vessel, needs to be modified because “repair” does not accurately describe the procedures in this subcategory. However, we are concerned that “treatment” is too generic and could technically include many procedures currently classified elsewhere. We do not have a recommendation for a more descriptive word. If a better word cannot be identified, perhaps the word “other” in the code title would be helpful, along with Excludes notes to clarify that endovascular procedures classified elsewhere should not be assigned a code from subcategory 39.7.

We recommend that an additional unique code be created for “other endovascular treatment of vessel(s) of head or neck using other or unspecified types of coils,” and that bare metal coils should be classified to this code instead of added as an inclusion term under code 39.72,

Endovascular treatment of head and neck vessels. The title of code 39.72 should be revised to state “other and unspecified endovascular treatment of head and neck vessels.”

Endoscopic Bronchial Valve Insertion in Single and Multiple Lobes

We support the creation of a new code for endoscopic insertion or replacement of bronchial valve(s) in multiple lobes and the revision of code 33.71 to indicate a single lobe.

Vascular Imaging

We **oppose** the creation of a unique code for near-infrared (peripheral) vascular imaging. While we recognize the value of near-infrared vascular imaging technologies to enhance access to venous structure, we do not believe this service should be uniquely identified in ICD-9-CM. The placement of an intravenous line and associated technologies are not typically coded in the hospital inpatient setting.

Laser Interstitial Thermal Therapy (LITT)

Comments on this proposal were submitted previously, since an April 1, 2009 implementation date had been requested.

Intraoperative Anesthetic Effect Monitoring and Titration (IAEMT)

We **oppose** the creation of a unique code for intraoperative anesthetic effect monitoring and titration (IAEMT). This service can be adequately captured by existing codes 00.94, Intraoperative neurophysiologic monitoring, and 89.14, Electroencephalogram. The use of code 00.94 is not limited to any particular specialty, nor should it be, and the title is broad enough to capture IAEMT.

Endoscopic Insertion of Colonic Stent

We support the proposal for new codes to describe endoscopic and other insertion of colonic stent(s).

Addenda

We support the proposed addenda changes, although it is surprising that partial knee and elbow replacements don't have unique codes. They represent different procedures than total joint replacements, and partial knee replacement is a relatively common procedure.

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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