



April 9, 2008

VIA ELECTRONIC MAIL

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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 March 19<sup>th</sup> ICD-9-CM Coordination and Maintenance (C&M) Committee meeting.

### **Robotic Assisted Surgery**

AHIMA supports creation of a code to specifically identify the use of robotic assistance during a procedure, but we recommend that a single code for “robotic assisted procedure” be created rather than creating codes that specify the approach. The approach will be captured in the primary procedure code and does not need to be identified in the robotic assistance code. If there is a need to specify the approach for procedures that are currently not split out by approach, proposals should be presented for creating new codes for these procedures rather than capturing the approach through the code for robotic assistance. For example, all radical prostatectomies, regardless of approach, are classified to a single code. If there is a need to identify the specific approach used, such as laparoscopy, the prostatectomy code should be expanded to capture this information.

### **Total Reconstruction of the Breast**

We support the expansion of code 85.7, Total reconstruction of breast, to create codes that distinguish different types of breast reconstruction. In order to allow room for further expansion for new breast reconstruction procedures in the future, we recommend that the proposed new codes for TRAM flaps be consolidated down to one or two codes. This could be accomplished by either

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eliminating the unspecified TRAM flap code and requiring that the code for either free or pedicled TRAM flap be assigned, or by keeping the unspecified TRAM flap code and combined free and pedicled TRAM flaps into a single code. Alternatively, unspecified TRAM flap, free TRAM flap, and pedicled TRAM flap could be combined into a single code. While we recognize the distinctions between a free and pedicled TRAM flap, we feel that some consolidation of the TRAM flap codes is necessary in order to leave sufficient room for future expansion of the breast reconstruction codes, particularly since there is no definitive implementation date for ICD-10-PCS and, therefore, it is unknown how much longer ICD-9-CM will need to continue to be updated.

### **Episiotomy and Repair of Spontaneous Lacerations**

We support the proposal to allow coding of both an episiotomy and repair of an obstetric laceration when the episiotomy extends spontaneously.

Based on the comments during the meeting, we believe clarification is needed regarding the appropriate use of code 75.62, Repair of current obstetric laceration of rectum and sphincter ani, and how this code description fits with current terminology in the medical record documentation regarding the degree of obstetric laceration.

### **Endoscopic Pulmonary Airway Flow Measurement**

We question the need to create a unique code for endoscopic pulmonary airway flow measurement. The presenter indicated that this procedure is typically performed on an outpatient basis, and ICD-9-CM procedure codes are not reported for outpatient procedures. **Given the need to conserve space in ICD-9-CM and the fact that this procedure is typically performed on an outpatient basis, we recommend that no new code be created.** For those occasional instances when this procedure is performed on an inpatient basis, the bronchoscopy code could continue to be assigned. Consideration could also be given to assigning code 33.29, Other diagnostic procedures on lung and bronchus, for this procedure.

If CMS decides to go ahead and create a code in subcategory 33.7 for endoscopic pulmonary airway flow measurement, the title of this subcategory would need to be broadened because it is currently limited to therapeutic procedures.

### **Implantation of Bilateral Ventricular Assist Devices**

AHIMA supports the proposed revisions to subcategory 37.6 to improve clarity and specificity of the coding of implantation of bilateral ventricular assist devices. We also agree with the recommendation made during the meeting that common brand names for ventricular assist devices be added to the index.

### **Addenda**

AHIMA supports the proposed Addenda changes.

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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](mailto:sue.bowman@ahima.org).

Sincerely,

*Sue Bowman*

Sue Bowman, RHIA, CCS

Director, Coding Policy and Compliance