American Health Information
Management Association®

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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 22nd ICD-9-CM Coordination and Maintenance (C&M) Committee meeting.

Intraoperative Electron Radiation Therapy (IOERT)

AHIMA supports creation of a new code for intraoperative electron radiation therapy. This code should clearly be intended for a distinct type of radiation therapy, not merely the fact that a mobile unit was used to provide the therapy.

Consideration should be given to creation of a new code in category 92, Nuclear Medicine, since that is where other radiation therapy procedures are located, rather than creating a code in chapter 17. While there isn't space for a new code in subcategory 92.2, Therapeutic radiology and nuclear medicine, there is space in category 92.

Also, an Excludes note should be added under code 92.25, Teleradiotherapy using electrons to capture intra-operative electron radiation therapy, to direct people to the new code.

Intraoperative Neurophysiologic Monitoring (IOM)

We support creation of a new code for intra-operative neurophysiologic monitoring. However, additional inclusion terms are needed to clarify the types of monitoring procedures that are intended

to be included in this code.

The value of assigning additional codes for the specific neurophysiologic tests is uncertain. Several of the procedure codes mentioned in the proposal that are used for some of the neurophysiologic tests that would be included in the new code are very general codes that don't describe a particular test (such as code 03.39, Other diagnostic procedures on spinal cord and spinal canal). And reporting these additional codes wouldn't link them to the new code for intra-operative neurophysiologic monitoring. These codes could represent neurophysiologic tests performed at any time during the hospitalization, not just those performed as part of intra-operative neurophysiologic monitoring.

We recommend that instruction on the use of the new code for intra-operative neurophysiologic monitoring should be provided in *Coding Clinic for ICD-9-CM*, since coding for these tests can be confusing, and there may be confusion regarding the intent of this code and the type of intra-operative neurophysiologic tests it is intended to capture.

Thoracoscopic Procedures

AHIMA supports the creation of new codes for thoracoscopic procedures on the thymus and lung. However, the titles of existing codes 07.81, 07.82, and 07.92 need to be revised to clarify that these codes do not include the thoracoscopic approach, since no approach is currently specified in these codes.

STARR Procedure for Males

We agree with the CMS recommendation to revise the index entry for the STARR procedure so that patients of either gender would be assigned to the same code. The procedure code assignment should be based on the specific procedure being performed, regardless of the patient's diagnosis.

Transjugular Biopsy of Liver

We support the creation of a unique code for transjugular biopsy of the liver. We also agree with the suggestion made during the meeting that a code should be created for laparoscopic liver biopsy as well, since this a common procedure that is currently classified to code 50.19, Other diagnostic procedures on liver.

Recalled Devices

AHIMA does **not** support the creation of a procedure code for replacement of recalled device or device under warranty. We do not believe this information belongs in ICD-9-CM. Also, the proposed code title does not make it clear as to the types of recalls that would be included in the code (e.g., Food and Drug Administration recall, manufacturer recall, field action). Coding professionals would not necessarily have all of the information, such as warranty information, that they would need to appropriately assign this code.

It is appropriate to capture information about recalled devices on the reimbursement claim, but not through ICD-9-CM procedure codes. The National Uniform Billing Committee created Condition Codes 49 and 50 to identify product recalls. Condition Code 49 is titled "Product Replacement within Product Lifecycle" and is to be reported when a product is replaced earlier than the anticipated lifecycle due to an indication that the product is not functioning properly (product is under warranty). Condition Code 50 is titled "Product Replacement for Known Recall of a Product" and is to be used when the manufacturer or Food and Drug Administration has identified the product for recall and therefore replacement. **We believe these Condition Codes adequately covers the circumstances for which the proposed ICD-9-CM code is intended and, therefore, obviate the need to create a new procedure code.**

Motion Preserving Technologies

We support option 2, which involved deletion of code 84.58, Implantation of interspinous process decompression device, and creation of a new subcategory for insertion, replacement and revision of posterior motion preservation spinal stabilization device(s). We also recommend that instructions be added to allow assignment of code 03.09, Other exploration and decompression of spinal canal, when a surgical decompression is performed in conjunction with one of these new procedure codes. The decompression would not be considered an operative approach when performed with one of the new codes for motion preserving procedures.

We applaud CMS' efforts to bring forward a clear, comprehensive proposal for a complex group of procedures.

Addenda

We have the following comments on the proposed Addenda changes:

A proposed "code also" note under subcategory 80.0, Arthrotomy for removal of prosthesis, and a proposed Index entry under "Removal, prosthesis, joint structures," appear to be conflicting. Under subcategory 80.0, the proposed "code also" note is instructing you to code both the arthotomy for removal of prosthesis and the revision of prosthesis, whereas the proposed Index entry is directing you to code only the revision for a removal of a joint prosthesis with replacement. So, the Tabular and Index would provide conflicting instructions. **We believe that only the code for revision of joint prosthesis should be assigned (which would be consistent with the proposed Index entry rather than the proposed "code also" note in the Tabular section).**

The proposed Index entry for "robotic assisted surgery" directs you to see "Operation (Procedure) (Surgery), by site." The specific procedure performed should be coded, not "operation, by site." And many procedures are not indexed under the main term "Operation," but rather they are indexed under the type of procedure. **We recommend that the Index instruct users to assign the appropriate code for the procedure performed, rather than direct users to the main term "operation."**

Urgent Need to Adopt ICD-10-PCS

AHIMA is very concerned about how much longer ICD-9-CM can continue to be maintained. As demonstrated by the creation of new codes in the last remaining available chapter, it is very clear that all reasonable approaches for stretching its capacity will soon be exhausted, necessitating nothing short of a complete replacement. We commend CMS for their Herculean effort in being able to keep ICD-9-CM going for this long, since as far back as the early 1990's, the National Committee on Vital and Health Statistics noted that ICD-9-CM was running out of codes and needed to be replaced soon.

Any further attempts at Band-Aid solutions will result in a complete breakdown of the coding system, leading to unacceptable consequences for the quality of our healthcare data and all of the purposes for which it is used. We are worried about what will happen once ICD-9-CM has run out of available code numbers. Although it has been suggested that perhaps the ICD-9-CM system structure could be completely disrupted in order to use any available code number in the body system chapters, AHIMA opposes the random assignment of procedure codes to inappropriate chapters and believes this is an unacceptable approach for addressing the dwindling availability of codes. This approach would not only disrupt the structure to such extent that it would essentially be a different coding system, it would also increase coding errors, and have a major detrimental effect on data quality. We also oppose a suggestion that codes that are used infrequently could be deleted and re-used, since this would have a major negative impact on trend data and research. **We believe the ultimate solution in order to maintain the integrity and quality of national healthcare data is to implement ICD-10-PCS as a replacement for the ICD-9-CM procedural coding 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,

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Director, Coding Policy and Compliance