November 30, 2007

Patricia Brooks, RHIA
Centers for Medicare & Medicaid Services
CMM, HAPG, Division of Acute Care
Mail Stop C4-08-06
7500 Security Boulevard
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 September 27th ICD-9-CM Coordination and Maintenance Committee (C&M) meeting.

Non-Invasive Positive Pressure Ventilation

AHIMA agrees that code modifications are necessary to clarify the proper coding of various types of ventilation. However, the proposal as presented would not resolve all of the coding issues nor provide the necessary clarification. We support the American Hospital Association's recommendation, which would be to delete code 93.90 and create a new subcategory for non-invasive positive pressure ventilation with unique codes for CPAP and BiPAP. CPAP and BiPAP should be classified to the same codes regardless of whether they are delivered via endotracheal tube, face mask, nasal mask, or tracheostomy. It would be confusing to classify CPAP by tracheostomy as non-invasive ventilation, but to classify BiPAP by tracheostomy as invasive ventilation. They should be handled consistently.

The word "invasive" should be added to the title of subcategory 96.7 to clearly distinguish this code from the codes for non-invasive ventilation.

To the extent possible, appropriate inclusion terms should be added under the new subcategory for non-invasive ventilation and under subcategory 96.7 to facilitate selection of the proper code.

1730 M Street, Northwest, Suite 502, Washington, DC 20036
Phone (202) 659-9440 · *fax* (202) 659-9422 · www.ahima.org

As noted by a commenter during the meeting, it would be helpful to add an instructional note indicating that if a patient received non-invasive positive pressure ventilation and was then converted to invasive positive pressure ventilation, both codes should be assigned.

It would be helpful to publish an article in *Coding Clinic for ICD-9-CM* that explains the differences between "non-invasive" and "invasive" ventilation.

SuperOxygenation Therapy

We support the creation of a unique code for SuperOxygenation infusion therapy. We also agree with the commenter who suggested adding Excludes notes for this proposed code at code 93.96, Other oxygen enrichment, code 99.10, Injection or infusion of thrombolytic agent, and subcategory 99.2, Injection or infusion of other therapeutic or prophylactic substance.

Laparoscopic Repair of Hernia

While we support the need to distinguish laparoscopic hernia repairs from other approaches, we are concerned about the number of new codes that would be created as a result of this proposal. To conserve space in ICD-9-CM, consideration should be given to incorporating the new codes for laparoscopic unilateral and bilateral hernia repairs in proposed subcategory 17.1, rather than creating separate subcategories for laparoscopic unilateral and bilateral repairs. Given the growing number of procedures that may ultimately need to be differentiated by laparoscopic versus open approach, consideration may have to be given to creating an adjunct code to indicate that a procedure was performed laparoscopically. This option may become necessary in order to conserve space in ICD-9-CM for future expansion for other types of procedures.

The titles of existing codes 53.01-53.04 and 53.11-53.16 should be revised to state "Open and other" (as opposed to just "open"). The titles of proposed new codes 53.72 and 53.84 also need to state "Open and other."

Surgical Closure of Atrial Appendage

AHIMA supports the creation of a new code for surgical closure of atrial appendage, since none of the existing codes seem to adequately describe this procedure. However, we question the appropriateness of placing this new code in subcategory 37.3, Pericardiectomy and excision of lesion of heart, since according to the presentation at the meeting, this procedure does not involve excision of tissue. Perhaps subcategory 37.9, Other operations on heart and pericardium, would be a more appropriate location. This subcategory is also where the code for insertion of left atrial appendage device is located.

Biventricular Replacement – Artificial Heart

For the biventricular heart replacement proposal, we support option 2, which involved revision of codes 37.52-37.54 and creation of a new code for removal of internal biventricular heart replacement system.

Oxiplex® Adhesion Barrier Surgical Gel

We do not support the creation of a new code for insertion of absorbable, viscoelastic gel. We also do not believe code 99.77, Application or administration of adhesion barrier substance, should be assigned for this procedure. According to the proposal, Oxiplex® is not being used as an adhesion barrier. It is an absorbable, viscoelastic gel that reduces the potential for inflammatory mediators that injure, tether, or antagonize the nerve root in the epidural space by creating an acquiescent, semi-permeable environment to protect against localized debris. It coats tissue such as the nerve root in the epidural space to protect the nerve root from the effects of inflammatory mediators originating from either the nucleus pulposus or from blood derived inflammatory cells or cytokines during the healing process. **We believe that no code should be assigned for the use of this gel.**

Laparoscopic Colectomy

AHIMA supports the creation of new codes to distinguish laparoscopic and open colectomy procedures. However, rather than create laparoscopic counterparts for all of the existing colectomy codes, we recommend looking at which procedures are being done laparoscopically and then only create new codes for those procedures.

Intra-Aneurysm Sac Pressure Measurement

We support creation of a new code for insertion of intra-aneurysm sac pressure monitoring device, as well as the proposed addition of appropriate "code also" notes under codes 39.71 and 39.73 and an Excludes note under code 89.61.

Percutaneous Vertebral Augmentation

We support option 2 of the proposal regarding percutaneous vertebral augmentation, which involves revision of the titles of codes 81.65 and 81.66 and changes to the notes under these codes. In order to lessen the confusion surrounding the distinctions between the procedures described by these codes, the distinctions in the codes should focus on actual differences in the procedures themselves, not on whether vertebral height is restored (since this refers to a procedural outcome, which should not affect the procedure code assignment). In fact, reference to restoration of height should be deleted from the inclusion term under code 81.66.

We agree that kyphoplasty and spineoplasty should be added as inclusion terms under code 81.66. Consideration should be given to any other inclusion terms that should be listed under code 81.66 to clarify which procedures are classified to this code. We also recommend that kyphoplasty be retained in the Excludes note under code 81.65, since this term is frequently documented by physicians.

These modifications alone won't resolve the confusion surrounding these codes and the associated medical terms. Further guidance on the differences between codes 81.65 and 81.66 and the procedures classified to these codes should be provided in *Coding Clinic for ICD-9-CM*.

Flow Reserve and Intravascular Pressure Measurement

In the interest of conserving space in ICD-9-CM, AHIMA does **not** support the proposal to create new codes for intravascular pressure measurement. Therefore, we support option 1. These procedures can continue to be adequately captured by assigning codes 89.61, Systemic arterial pressure monitoring, 89.62, Central venous pressure monitoring, and 89.69, Monitoring of coronary blood flow, until ICD-10-PCS is implemented.

Intravascular Spectroscopy

We support option 2, creation of a new procedure code for intravascular spectroscopy in subcategory 38.3, Diagnostic procedures on blood vessels. An Excludes note for this procedure code needs to be added under category 00.2, Intravascular imaging of blood vessels.

Percutaneous Dilatational Tracheostomy

We agree with CMS' recommendation that a new code for percutaneous dilatational tracheostomy not be created and that code 31.29, Other permanent tracheostomy, continue to be assigned for this procedure. We also agree with the recommendation to add an inclusion term for percutaneous dilatational tracheostomy under code 31.29, along with a "code also" note indicating that any synchronous bronchoscopy, if performed, should be coded as well.

Repair of Annulus Fibrosus

AHIMA supports the creation of two new codes for repair of the annulus fibrosus. We also support creating these codes in subcategory 81.6, Other procedures on spine. We agree with the commenter who suggested that a "code also" note should be added under code 80.51, Excision of intervertebral disc, since repair of the annulus fibrosus would typically be performed in conjunction with this procedure.

Addenda

We agree with the proposed addenda revisions presented at the meeting, with one exception. We believe "Debridement, tendon" should be indexed to code 83.39, not code 83.31. As noted in CMS' summary report of the C&M meeting, the Second Quarter 2005 issue of *Coding Clinic for ICD-9-CM* stated that when coding for debridement of areas other than skin and there is no index entry or guidance provided in the tabular entry, the coder should look for other terms such as excision or destruction of lesion of that site. "Excision, lesion, tendon" is indexed to code 83.39, whereas "Excision, lesion, tendon sheath" is indexed to code 83.31. The proposed index entry for "Debridement, tendon" should be consistent with the existing index entry for "Excision, lesion, tendon."

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