



November 9, 2009

VIA ELECTRONIC MAIL

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) respectfully submits the following comments on the proposed procedure code modifications presented at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting held on September 16-17.

Insertion of Drug-Eluting Stent(s) of Superficial Femoral Artery

AHIMA agrees with CMS' recommendation to continue using existing codes for insertion of a drug-eluting stent in a peripheral vessel rather than creating a unique for insertion of a drug-eluting stent in the superficial femoral artery. As CMS noted, cases involving this procedure could be easily identified through the use of existing codes because this is the only peripheral site for which approval by the Food and Drug Administration for stent insertion is imminent.

Reverse Total Shoulder Replacement

AHIMA supports the proposed creation of a unique code for reverse total shoulder replacement.

Bronchoscopic Bronchial Thermoplasty

Since it was stated that only about three percent of bronchoscopic bronchial thermoplasties are performed on inpatients, we do not believe a unique ICD-9-CM procedure code is warranted for this procedure. We recommend that existing code 32.26, Other and unspecified ablation of lung lesion or tissue, continue to be assigned for bronchoscopic bronchial thermoplasty. The combination of this procedure code with an asthma diagnosis code will differentiate cases where this procedure was performed from other types of lung ablation.

If CMS decides to create a unique code, the code should not be established until after the Food and Drug Administration has approved the expanded application in asthma. Also, an Excludes note would need to be added under code 32.26.

Circulatory Support Devices

We are concerned about creating device-specific codes, since ICD-9-CM is not intended to be a device terminology and also, this direction could result in a proliferation of new codes. We believe that insertion of the impeller pump circulatory support device is adequately classified by code 37.68, Insertion of percutaneous external heart assist device.

We also believe that consideration should be given to either deleting code 37.62, Insertion of temporary non-implantable extracorporeal circulatory assist device, or revising this code to clarify its use versus the use of code 37.68.

If CMS decides to create a new code, consideration should be given to the code assignments for the removal as well as removal with reinsertion of these devices (whether existing codes should be used or whether new codes would be needed for these procedures as well).

Carotid Sinus Baroreflex Activation Device

AHIMA supports the proposed creation of codes for implantation or replacement of carotid sinus leads and pulse generator as well as codes for the removal of the leads and pulse generator. Rather than creating separate codes for implantation or removal of the total system, we recommend that the combination of the lead and pulse generator codes could provide this information.

Addenda

We agree with the commenter who recommended the inclusion term “via peripherally inserted catheter” under code 37.34, Excision or destruction of other lesion or tissue of heart, other approach, not be deleted as proposed. This inclusion term helps to clarify that catheter-based approaches are included in this code.

We support the remainder of the proposed addenda changes.

Patricia Brooks
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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,

A handwritten signature in cursive script that reads "Sue Bowman".

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