



December 1, 2006

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 28th ICD-9-CM Coordination and Maintenance Committee (C&M) meeting.

SPY Intraoperative Fluorescence Vascular Angiography

AHIMA supports option 3, which is the creation of a unique code for intraoperative fluorescence vascular angiography using SPY technique in subcategory 88.5, Angiography using contrast material.

Thoracoscopic Procedures

We support creation of the proposed new codes for thoracoscopic procedures. The existing code for closed biopsy of lung and the proposed new code for thoracoscopic lung biopsy should clearly exclude each other. An inclusion term for declotting of pneumothorax should be added under proposed code 34.52, Thoracoscopic decortication of lung.

Pelvic Prolapse Repair Procedures Involving Graft or Prosthesis

AHIMA recommends that adjunct codes be created (perhaps in subcategory 70.9, Other operations on vagina and cul-de-sac) for identification of synthetic and biologic grafts and prostheses. These adjunct codes could then be assigned in addition to the existing codes for repair of cystocele and rectocele, vaginal construction and reconstruction, vaginal suspension



and fixation, and other pelvic prolapse repair procedures. This approach would conserve space in ICD-9-CM by eliminating the need to create specific combination codes for every pelvic prolapse repair procedure that might involve the use of graft or prosthesis.

Blood Brain Barrier Disruption Chemotherapy

While we support the creation of a code to describe blood brain barrier disruption, we recommend that this terminology (blood brain barrier disruption) be used in the code description. The proposed code description, selective intracerebral arterial infusion, does not specifically describe the intended use of this code and it could result in confusion with other arterial infusions.

We also recommend that an instructional note be added under the proposed new code to indicate that a code for chemotherapy administration should also be assigned. A note should also be added under code 99.25, Injection or infusion of cancer chemotherapeutic substance, to indicate that the new code should be assigned for any blood brain barrier disruption.

Intracranial Monitoring

Although AHIMA believes this proposal has merit, we are concerned that it results in the use of all three of the remaining available codes in subcategory 01.1, Diagnostic procedures on skull, brain, and cerebral meninges. Given the need to continue to maintain ICD-9-CM indefinitely, consideration should be given as to whether the proposal should be consolidated into a single code in order to preserve space in this subcategory for future use. It might be best to wait until ICD-10-PCS is implemented to have three separate codes for intracranial monitoring (at which time space will no longer be a concern). Unfortunately, due to the delay in ICD-10-PCS implementation, the need to conserve space by limiting the number of codes created per proposal (so that future code proposals can be accommodated) has become a significant issue that cannot be ignored. Also, our members have noted that most patients who have intracranial monitoring are complex and generally have a number of other significant procedures to be reported.

Implantation of Carotid Sinus Baroreflex Activation Device

AHIMA supports option 2, which involves the revision of the title of code 39.8, Operations on carotid body and other vascular bodies, and the addition of inclusion terms under this code. We believe it is too premature to create new codes for the implantation and replacement of carotid sinus baroreflex activation device, particularly given the need to conserve space in ICD-9-CM.

Motion Preservation Technologies

Due to the extensive discussion on this topic at the meeting, as well as the need to clarify the terminology used in the proposed codes, we recommend that this topic be revisited at the March 2007 C&M meeting.

We believe that creating distinct codes for various procedures involving motion preservation spinal stabilization devices has merit. However, we are concerned that the terminology used in the proposed codes may not be consistent with that used in physician documentation in medical records.

Patricia Brooks
December 1, 2006
Page 3

In fact, physicians may refer to devices by brand name. In this case, coding professionals would need to know which technology a particular device falls under in order to assign the correct code.

There will be a great deal of confusion over the difference between existing code 84.58, Implantation of interspinous process decompression device, and proposed new code 84.80, Insertion or replacement of interspinous process device(s). We recommend that insertion of any type of interspinous process device be classified to a single code.

Addenda

We support the proposed addenda revisions presented at the meeting, with one exception. We believe it would be problematic to change “peripheral” to “non-coronary” in the title of code 00.55. There are types of non-coronary stents that are not classified to this code, such as precerebral or intracranial stents.

ICD-10-PCS – 2007 Version Options

AHIMA recommends option 3 (one file linked) for the 2007 version of ICD-10-PCS. Also, as was stated during the meeting, we encourage CMS to make user-friendly electronic ICD-10-CM and ICD-10-PCS coding tools available soon. This is particularly needed by colleges and universities so that they can begin providing comprehensive ICD-10-CM/PCS as part of their educational curricula. Students will require training on the new coding systems earlier than current practitioners.

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