FY09 ICD-9-CM Procedure Code Updates

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Practical Tools for Seminar Learning
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New Procedure Codes for FY 2009

Code 00.49

Super Saturated Oxygen Therapy

- Used to restore coronary blood flow in AMI patients.
  - Current treatment options available to restore coronary artery blood flow in AMI patients include:
    - Pharmacologic (fibrinolytic therapy)
    - Percutaneous Coronary Intervention
    - Surgical Intervention (CABG).

All of these therapies intend to restore blood flow by targeting the coronary artery thrombosis that is the direct cause of the AMI.
**Code 00.49**

- **Super Saturated Oxygen Therapy**
  - Also call AO therapy
  - Automated system that withdraws arterial blood from the patient and mixes it with a small amount of saline, supersaturated oxygen.
  - It is delivered using the same guide components that are already in place for arterial access. The blood is delivered directly to the stented coronary artery via an infusion catheter.

**Code 00.49**

<table>
<thead>
<tr>
<th>New Code 00.49</th>
<th>SuperSaturated oxygen therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aqueous oxygen (AO) therapy</td>
</tr>
<tr>
<td></td>
<td>SSO₂</td>
</tr>
<tr>
<td></td>
<td>SuperOxygenation infusion therapy</td>
</tr>
</tbody>
</table>

Code also any:
- injection or infusion of thrombolytic agent (99.10)
- insertion of coronary artery stent(s) (36.06-36.07)
- intracoronary artery thrombolytic infusion (36.04)
- number of vascular stents inserted (00.45-00.48)
- number of vessels treated (00.40-00.43)
- open chest coronary artery angioplasty (36.03)
- other removal of coronary obstruction (36.09)
- percutaneous transluminal coronary angioplasty [PTCA] (00.66)
- procedure on vessel bifurcation (00.44)

Excludes: other oxygen enrichment (93.96)
other perfusion (39.97)
**Code 00.58**

- Insertion of intra-aneurysm sac pressure monitoring device (intraoperatively)

---

**Aortic Aneurysms**

Occurs when a weak area of the aorta expands or bulges

Abdominal Aortic Aneurysm (AAA)  
Thoracic Aortic Aneurysm (TAA)
Endovascular Aneurysm Repair

Endovascular aneurysm repair includes placement of a graft inside the aneurysmal vessel without surgically opening the diseased vessel.

The potential complication of this procedure is a leak around the graft into the aneurysm sac (endoleak). Imaging is used to detect this complication.

Insertion of intra-aneurysm sac pressure monitoring device is an addition means to monitor intraoperatively.

Code 00.58

Intra-Aneurysm Sac Pressure Monitoring has two components:

• wireless implantable sensor
• external electronic module

The external electronics module wirelessly communicates with the sensor to deliver sac pressure.
Codes 00.59 – 00.69

- Intravascular Pressure Measurement
  - Coronary Arteries
  - Intrathoracic Arteries
  - Peripheral Arteries
  - Other Specified and Unspecified Vessels

- Provides a functional physiological assessment regarding vascular pressure.
  - Comparable to IVUS. Both services are invasive and utilize guide wires and catheters.
  - Procedure is used for clinical decision making and evaluation of interventional outcomes.
  - Fraction Flow Reserve (FFR) is included in codes 00.59 for coronary artery monitoring.
**Code 00.59**

- 00.59 Intravascular pressure measurement of coronary arteries
  
  Includes: fractional flow reserve (FFR)

  **Code also any synchronous diagnostic or therapeutic procedures**

  **Excludes:** intravascular pressure measurement of intrathoracic arteries (00.67)

---

**Code 00.67**

- 00.67 Intravascular pressure measurement of intrathoracic arteries
  
  - Assessment of:
    - aorta and aortic arch
    - carotid

  **Code also any synchronous diagnostic or therapeutic procedures**
**Code 00.68**

- **00.68 Intravascular pressure measurement of peripheral arteries**
  - Assessment of:
    - other peripheral vessels
    - vessels of arm(s)
    - vessels of leg(s)

**Code also any synchronous diagnostic or therapeutic procedures**

**Code 00.69**

- **00.69 Intravascular pressure measurement, other specified and unspecified vessels**
  - Assessment of:
    - iliac vessels
    - intra-abdominal vessels
    - mesenteric vessels
    - renal vessels

**Code also any synchronous diagnostic or therapeutic procedures**

Excludes: intravascular pressure measurement of:
- coronary arteries (00.59)
- intrathoracic arteries (00.67)
- peripheral arteries (00.68)
Codes 17.11 - 17.24

* Laparoscopic Repairs of Inguinal Hernia

- Codes are differentiated by:
  - Direct
  - Indirect
  - Unilateral
  - Bilateral

Other Misc. Procedures
Codes 17.11 - 17.13

New subcategory
17.1 Laparoscopic unilateral repair of inguinal hernia
Excludes: other and open unilateral repair of hernia (53.00 - 53.05)

New code 17.11 Laparoscopic repair of direct inguinal hernia with graft or prosthesis
Laparoscopic repair of direct and indirect inguinal hernia with graft or prosthesis

New code 17.12 Laparoscopic repair of indirect inguinal hernia with graft or prosthesis

New code 17.13 Laparoscopic repair of inguinal hernia with graft or prosthesis, not otherwise specified
Other Misc. Procedures
Codes 17.21 - 17.24

New subcategory
17.2 Laparoscopic bilateral repair of inguinal hernia
  Excludes: other and open bilateral repair of hernia (53.10 - 53.17)

New code 17.21 Laparoscopic bilateral repair of direct inguinal hernia with graft or prosthesis
New code 17.22 Laparoscopic bilateral repair of indirect inguinal hernia with graft or prosthesis
New code 17.23 Laparoscopic bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis
New code 17.24 Laparoscopic bilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified

Codes 17.31 - 17.39

* Laparoscopic Large Intestines
  - Codes are differentiated by:
    - Multiple segmental resection
    - Partial Resection
    - Location of resection
      - Cecum
      - Right Hemicolectomy
      - Transverse Colon
      - Left Hemicolectomy
      - Sigmoidectomy
Codes 17.31 - 17.39

Laparoscopic Codes 17.31 - 17.39

17.3 Laparoscopic partial excision of large intestine
   Excludes: other and open partial excision of large intestine (45.71-45.79)

17.31 Laparoscopic multiple segmental resection of large intestine

17.32 Laparoscopic cecectomy

17.33 Laparoscopic right hemicolecctomy

17.34 Laparoscopic resection of transverse colon

17.35 Laparoscopic left hemicolecctomy

17.36 Laparoscopic sigmoidectomy

17.39 Other laparoscopic partial excision of large intestine
Codes 17.41 – 17.49

- Robotic Assisted Procedures
  - Latest development in minimally invasive surgery (MIS). Robotic surgical systems give surgeons the flexibility of traditional open surgery while operating through tiny incisions.
  - The first system FDA approved is the *da Vinci* Surgical System.

Codes 17.41 – 17.49

- Description of Technology:
  - Ergonomic surgeon’s viewing and control console
  - Patient side cart with four interactive robotic arms
  - High performance 3-D high-definition vision system
  - EndoWrist instruments
Codes 17.41 – 17.49

- Areas using Robotic Assisted Surgery
  - Urology (cystectomy, radical prostatectomy)
  - Gynecology (hysterectomy)
  - General Surgery (cholecystectomy)
  - Cardiothoracic (cardiac ablation)

Codes 17.41 – 17.49

- Robotic Assisted Procedures
  - Codes are differentiated by:
    - Open
    - Laparoscopic
    - Percutaneous
    - Endoscopic
    - Thoracoscopic
    - Other and Unspecified
Codes 17.41 - 17.49

17.41 Open robotic assisted procedure  
Robotic assistance in open procedure

17.42 Laparoscopic robotic assisted procedure  
Robotic assistance in laparoscopic procedure

17.43 Percutaneous robotic assisted procedure  
Robotic assistance in percutaneous procedure

17.44 Endoscopic robotic assisted procedure  
Robotic assistance in endoscopic procedure

17.45 Thoracoscopic robotic assisted procedure  
Robotic assistance in thoracoscopic procedure

17.49 Other and unspecified robotic assisted procedure  
Robotic assistance in other and unspecified procedure

Code 33.72

• Endoscopic Pulmonary Airway Flow Measurement
  • Means of measuring intrapulmonary airflow using intrapulmonary balloon catheters inserted into diseased portions of the lung during bronchoscopy.
  • Code also any diagnostic or therapeutic procedure if performed.
Code 37.36

- Excision or Destruction of Left Atrial Appendage (LAA)
- Patient’s with atrial fibrillation may be a candidate for the surgery if they:
  - Have persistent AF symptoms despite drug compliance
  - Have documented drug resistance
  - Are intolerant of, or contraindicated for chronic anti-arrhythmic drug therapy
  - Are intolerant of, or contraindicated for chronic oral anticoagulation therapy.

To surgically close (exclude) the LAA, the surgeon can use either a surgical staple, clip, or can oversew with sutures. The staple and clip devices are non absorbable permanent implants.
Code 37.55

- Removal of Internal Biventricular Heart Replacement
  - This is not a ventricular assist device (VAD) because when the device is implanted there is very little of the native heart left for the device to assist.
  - Composed on an implantable artificial ventricles and valves. The device is sewn to the patient’s remaining atria (the top half of the heart).

Code 37.55

- 37.55 Removal of internal biventricular heart replacement system
- Explantation of artificial heart
- Code also any concomitant procedure, such as:
  - combined heart-lung transplantation (33.6)
  - heart transplantation (37.51)
  - implantation of internal biventricular heart replacement system (37.52)
- Excludes: explantation [removal] of external heart assist system (37.64)
  - explantation [removal] of percutaneous external heart assist device (97.44)
  - nonoperative removal of heart assist system (97.44)
  - that with replacement or repair of heart replacement system (37.53, 37.54)
**Code 37.60**

- **Implantation or Insertion of Biventricular External Heart Assist System**
  - Provides temporary support for both sides of the native heart.
  - The device is outside the body but connected to the heart.

---

**Code 37.60**

37.60  Implantation or insertion of biventricular external heart assist system

Temporary cardiac support for both left and right ventricles, inserted in the same operative episode

Includes: open chest (sternotomy) procedure for cannulae attachments

Note: Device (outside the body but connected to heart) with external circulation pump. Ventriculotomy is included; do not code separately.

Excludes: implantation of internal biventricular heart replacement system (artificial heart) (37.52)
implant of pulsation balloon (37.61)
insertion of percutaneous external heart assist device (37.68)
insertion of temporary non-implantable extracorporeal circulatory assist device (37.62)
**Code 38.23**

- **Intravascular Spectroscopy**
  - Used to characterize the composition of coronary plaques in patients undergoing catheterization or stent placement.
  - The detection of lipid rich plaques can assist in determining whether it is appropriate for drug eluting stent(s) to be implanted rather than bare metal.

**Code 38.23**

The procedure consists of the following:

- Consist of a laser light source
- Automated pullback rotation device
- Small fiberoptic catheter
**Codes 45.81 - 45.83**

**Total intra-abdominal colectomy**

New codes differentiate between open and laparoscopic approaches:

- **New code 45.81** Laparoscopic total intra-abdominal colectomy
- **New code 45.82** Open total intra-abdominal colectomy
- **New code 45.83** Other and unspecified total intra-abdominal colectomy

**Pull-through resection of rectum**

- Performed by dividing and removing the rectum at the level of the sphincter muscles.
  - Distal colon is then pulled through the sphincter complex and approximated to the anus by sutures
- **Approaches:**
  - Laparoscopic
  - Open
  - Other
**Codes 48.40 – 48.49**

<table>
<thead>
<tr>
<th>New code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.40</td>
<td>Pull-through resection of rectum, not otherwise specified (Pull-through resection NOS) Excludes: abdominoperineal pull-through NOS (48.50)</td>
</tr>
<tr>
<td>48.42</td>
<td>Laparoscopic pull-through resection of rectum</td>
</tr>
<tr>
<td>48.43</td>
<td>Open pull-through resection of rectum</td>
</tr>
<tr>
<td>48.49</td>
<td>Other pull-through resection of rectum</td>
</tr>
</tbody>
</table>

Add exclusion term:

- Excludes: laparoscopic pull-through resection of rectum (48.42)
- Open pull-through resection of rectum (48.43)
- Pull-through resection of rectum, not otherwise specified (48.40)

---

**Abdominoperineal resection of rectum**

- Anus, rectum, sigmoid colon are removed
  - Stoma, or opening, is made between the large intestine and the skin

![Image of digestive system highlighting the area removed in an abdominoperineal resection of rectum]
**Codes 48.50 - 48-59**

| New code 48.50 | Abdominoperineal resection of the rectum, not otherwise specified |
| New code 48.51 | Laparoscopic abdominoperineal resection of the rectum |
| New code 48.52 | Open abdominoperineal resection of the rectum |
| New code 48.59 | Other abdominoperineal resection of the rectum |

Excludes: abdominoperineal resection of the rectum, NOS (48.50) \nlaparoscopic abdominoperineal resection of the rectum (48.51) \nopen abdominoperineal resection of the rectum (48.52)

**Codes 53.42 & 53.43**

Laparoscopic Repair of Umbilical Hernia

New code 53.42 Laparoscopic repair of umbilical hernia with graft or prosthesis

New code 53.43 Other laparoscopic umbilical herniorrhaphy
**Codes 53.62 & 53.63**

Laparoscopic incisional hernia repair
- Acquired defect of anterior abdominal wall

New code 53.62 Laparoscopic incisional hernia repair with graft or prosthesis

New code 53.63 Other laparoscopic repair of other hernia of anterior abdominal wall with graft or prosthesis

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**Codes 53.71 – 53.75**

- Diaphragmatic hernia repair
  - A diaphragmatic hernia is an abnormal opening in the diaphragm, occurring before birth, that allows part of the abdominal organs to migrate into the chest cavity.
  - Codes separated into 2 approaches:
    - Abdominal
    - Thoracic
## Codes 53.71 - 53.75

**New subcategory 53.7**  
Repair of diaphragmatic hernia, abdominal approach

**New code 53.71**  
Laparoscopic repair of diaphragmatic hernia, abdominal approach

**New code 53.72**  
Other and open repair of diaphragmatic hernia, abdominal approach

**New code 53.75**  
Repair of diaphragmatic hernia, abdominal approach, not otherwise specified  
*Excludes: laparoscopic repair of diaphragmatic hernia (53.71) other and open repair of diaphragmatic hernia (53.72)*

## Codes 53.83 & 53.84

**New code 53.83**  
Laparoscopic repair of diaphragmatic hernia, with thoracic approach

**New code 53.84**  
Other and open repair of diaphragmatic hernia, with thoracic approach  
*Excludes: repair of diaphragmatic hernia with thoracic approach, NOS (53.80)*
Anulus Fibrosus Repair

Following a surgical diskectomy, an open hole is left in the anulus fibrosus of the disk.

Not repairing this defect may contribute to:
- Recurrent disc herniation
- Higher rate of reoperation
- Poor patient outcomes
Anulus Fibrosus Repair

- **Types of Repair Include:**
  - Microsurgical suture
    - Autograft may be used
  - Soft tissue re-approximation
    - XClose™ Tissue Repair System
  - Surgical mesh
    - InClose™ Surgical Mesh System

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**Code 80.53**

**New code 80.53**  Repair of the anulus fibrosus with graft or prosthesis
- Anular disc repair
- Closure (sealing) of the anulus fibrosus defect
  - Includes:
    - microsurgical suture repair with fascial autograft
    - soft tissue re-approximation repair with tension bands
    - surgical mesh repair

**Code also any:**  application or administration of adhesion barrier substance, if performed (99.77)
- intervertebral discectomy, if performed (80.51)
- locally harvested fascia for graft (83.43)
### Code 80.54

**New code 80.54** Other and unspecified repair of the anulus fibrosus
- Anular disc repair
- Closure (sealing) of the anulus fibrosus defect
- Microsurgical suture repair without fascial autograft
- Percutaneous repair of the anulus fibrosus

**Code also any:** application or administration of adhesion barrier substance, if performed (99.77)
- Intervertebral discectomy, if performed (80.51)

### Total Reconstruction of the Breast

**Current code, 85.7 Total Reconstruction of Breast, is not sufficient for evolving complexity of procedures**
## Total Breast Reconstruction

<table>
<thead>
<tr>
<th></th>
<th>Pedicled Latissimus flap</th>
<th>Pedicled TRAM flap</th>
<th>Free TRAM flap</th>
<th>DIEP flap</th>
<th>SIEA flap</th>
<th>GAP flap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical development</td>
<td>1970s</td>
<td>1980s</td>
<td>Early 1990s</td>
<td>Mid 1990s</td>
<td>Late 1990s</td>
<td>Late 1990s</td>
</tr>
<tr>
<td>Donor location</td>
<td>Back</td>
<td>Abdomen</td>
<td>Abdomen</td>
<td>Abdomen</td>
<td>Abdomen</td>
<td>Gluteal</td>
</tr>
<tr>
<td>Tissues used</td>
<td>Muscle, fat, skin</td>
<td>Muscle, fat, skin</td>
<td>Muscle, fat, skin</td>
<td>Fat, skin</td>
<td>Fat, skin</td>
<td>Fat, skin</td>
</tr>
<tr>
<td>Surgical technique</td>
<td>Remains attached</td>
<td>Remains attached</td>
<td>Dissected free, Microvascular Anastomosis</td>
<td>Dissected free, Microvascular Anastomosis</td>
<td>Dissected free, Microvascular Anastomosis</td>
<td>Dissected free, Microvascular Anastomosis</td>
</tr>
<tr>
<td>Implant</td>
<td>Sometimes</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

## Breast Reconstruction

- **7 Main Categories of Reconstruction Techniques:**
  - Implant
  - Latissimus flap
  - Pedicled transverse rectus abdominis musculocutaneous (TRAM) flap
  - Free TRAM flap
  - Deep inferior epigastric perforator (DIEP) flap
  - Superficial inferior epigastric artery (SIEA) flap
  - Gluteal artery perforator (GAP) flap
### Breast Reconstruction

#### New subcategory 85.7  Total reconstruction of breast

<table>
<thead>
<tr>
<th>Codes 85.70 – 85.72</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New subcategory 85.7  Total reconstruction of breast</strong></td>
</tr>
</tbody>
</table>
| **New code 85.70** | Total reconstruction of breast, not otherwise specified  
Perforator flap, free |
| **New code 85.71** | Latissimus dorsi myocutaneous flap |
| **New code 85.72** | Transverse rectus abdominis myocutaneous (TRAM) flap, pedicled  
Excludes: transverse rectus abdominis myocutaneous (TRAM) flap, free (85.73) |

---

**Table:**

<table>
<thead>
<tr>
<th>Specific factors</th>
<th>Pedicled Latissimus flap</th>
<th>Pedicled TRAM flap</th>
<th>Free TRAM flap</th>
<th>DEEP flap</th>
<th>SIEA flap</th>
<th>GAP flap</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR time (hours)</td>
<td>3.6&lt;sup&gt;+&lt;/sup&gt;</td>
<td>4.1&lt;sup&gt;-2.4&lt;/sup&gt;&lt;sup&gt;[10] &lt;/sup&gt;</td>
<td>6.5&lt;sup&gt;-11&lt;/sup&gt;&lt;sup&gt;[21, 25] &lt;/sup&gt;</td>
<td>5.8&lt;sup&gt;-11&lt;/sup&gt;&lt;sup&gt;[26, 30] &lt;/sup&gt;</td>
<td>8.6&lt;sup&gt;-2.0&lt;/sup&gt;&lt;sup&gt;[31, 40] &lt;/sup&gt;</td>
<td>5.2&lt;sup&gt;-3.4&lt;/sup&gt;&lt;sup&gt;[41] &lt;/sup&gt;</td>
</tr>
<tr>
<td>Days in ICU</td>
<td>0&lt;sup&gt;+&lt;/sup&gt;</td>
<td>0.1&lt;sup&gt;-0.1&lt;/sup&gt;&lt;sup&gt;[10] &lt;/sup&gt;</td>
<td>1.8&lt;sup&gt;-0.1&lt;/sup&gt;&lt;sup&gt;[11, 25] &lt;/sup&gt;</td>
<td>1.1&lt;sup&gt;-0.1&lt;/sup&gt;&lt;sup&gt;[26, 30] &lt;/sup&gt;</td>
<td>1.3&lt;sup&gt;-0.1&lt;/sup&gt;&lt;sup&gt;[31, 40] &lt;/sup&gt;</td>
<td>1.2&lt;sup&gt;-0.1&lt;/sup&gt;&lt;sup&gt;[41] &lt;/sup&gt;</td>
</tr>
<tr>
<td>Length of stay (days)</td>
<td>7&lt;sup&gt;[9] &lt;/sup&gt;</td>
<td>4.7&lt;sup&gt;-5.9&lt;/sup&gt;&lt;sup&gt;[21, 25] &lt;/sup&gt;</td>
<td>5.1&lt;sup&gt;-7.7&lt;/sup&gt;&lt;sup&gt;[21, 35, 40] &lt;/sup&gt;</td>
<td>4.7&lt;sup&gt;-8.5&lt;/sup&gt;&lt;sup&gt;[25, 35, 40] &lt;/sup&gt;</td>
<td>4.3&lt;sup&gt;-2.3&lt;/sup&gt;&lt;sup&gt;[31, 40] &lt;/sup&gt;</td>
<td>4.1&lt;sup&gt;[42] &lt;/sup&gt;</td>
</tr>
<tr>
<td>Total fluid loss (%)</td>
<td>10&lt;sup&gt;+&lt;/sup&gt;&lt;sup&gt;[9] &lt;/sup&gt;</td>
<td>0.9&lt;sup&gt;-1.1&lt;/sup&gt;&lt;sup&gt;[21, 25] &lt;/sup&gt;</td>
<td>0.9&lt;sup&gt;-1.1&lt;/sup&gt;&lt;sup&gt;[26, 30] &lt;/sup&gt;</td>
<td>0.9&lt;sup&gt;-1.1&lt;/sup&gt;&lt;sup&gt;[31, 40] &lt;/sup&gt;</td>
<td>0.9&lt;sup&gt;-1.1&lt;/sup&gt;&lt;sup&gt;[41] &lt;/sup&gt;</td>
<td>0.9&lt;sup&gt;[42] &lt;/sup&gt;</td>
</tr>
<tr>
<td>Total complication rate (%)</td>
<td>41&lt;sup&gt;+&lt;/sup&gt;&lt;sup&gt;[9, 10, 15] &lt;/sup&gt;</td>
<td>25&lt;sup&gt;-41&lt;/sup&gt;&lt;sup&gt;[21, 25] &lt;/sup&gt;</td>
<td>38&lt;sup&gt;-51&lt;/sup&gt;&lt;sup&gt;[21, 35, 40] &lt;/sup&gt;</td>
<td>30&lt;sup&gt;[31, 40] &lt;/sup&gt;</td>
<td>27&lt;sup&gt;-35&lt;/sup&gt;&lt;sup&gt;[41] &lt;/sup&gt;</td>
<td>22&lt;sup&gt;[42] &lt;/sup&gt;</td>
</tr>
<tr>
<td>Good cosmetic appearance (%)</td>
<td>68&lt;sup&gt;+&lt;/sup&gt;&lt;sup&gt;[9] &lt;/sup&gt;</td>
<td>67&lt;sup&gt;-73&lt;/sup&gt;&lt;sup&gt;[21, 25] &lt;/sup&gt;</td>
<td>65&lt;sup&gt;-73&lt;/sup&gt;&lt;sup&gt;[21, 35, 40] &lt;/sup&gt;</td>
<td>93&lt;sup&gt;[31, 40] &lt;/sup&gt;</td>
<td>100&lt;sup&gt;[41] &lt;/sup&gt;</td>
<td>---</td>
</tr>
<tr>
<td>High patient satisfaction (%)</td>
<td>87&lt;sup&gt;+&lt;/sup&gt;&lt;sup&gt;[10] &lt;/sup&gt;</td>
<td>76&lt;sup&gt;-79&lt;/sup&gt;&lt;sup&gt;[21, 25] &lt;/sup&gt;</td>
<td>78&lt;sup&gt;-80&lt;/sup&gt;&lt;sup&gt;[21, 35, 40] &lt;/sup&gt;</td>
<td>93&lt;sup&gt;[31, 40] &lt;/sup&gt;</td>
<td>100&lt;sup&gt;[41] &lt;/sup&gt;</td>
<td>---</td>
</tr>
</tbody>
</table>

* Based on Beth Israel Deaconess Medical Center’s experience with unilateral breast reconstruction.
### Codes 85.73 – 85.76

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>85.73</td>
<td>Transverse rectus abdominis myocutaneous (TRAM) flap, free</td>
</tr>
<tr>
<td></td>
<td>Excludes: Transverse rectus abdominis myocutaneous (TRAM) flap, pedicled (85.72)</td>
</tr>
<tr>
<td>85.74</td>
<td>Deep inferior epigastric artery perforator (DIEP) flap, free</td>
</tr>
<tr>
<td>85.75</td>
<td>Superficial inferior epigastric artery (SIEA) flap, free</td>
</tr>
<tr>
<td>85.76</td>
<td>Gluteal artery perforator (GAP) flap, free</td>
</tr>
</tbody>
</table>

### Code 85.79

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>85.79</td>
<td>Other total reconstruction of breast</td>
</tr>
<tr>
<td></td>
<td>Excludes: deep inferior epigastric artery perforator (DIEP) flap, free (85.74)</td>
</tr>
<tr>
<td></td>
<td>gluteal artery perforator flap, free (85.76)</td>
</tr>
<tr>
<td></td>
<td>lastissimus dorsi myocutaneous flap (85.71)</td>
</tr>
<tr>
<td></td>
<td>perforator flap, free (85.70)</td>
</tr>
<tr>
<td></td>
<td>superficial inferior epigastric artery (SIEA) flap, free (85.75)</td>
</tr>
<tr>
<td></td>
<td>total reconstruction of breast, not otherwise specified (85.70)</td>
</tr>
<tr>
<td></td>
<td>transverse rectus abdominis myocutaneous (TRAM) flap, free (85.73)</td>
</tr>
<tr>
<td></td>
<td>transverse rectus abdominis myocutaneous (TRAM) flap, pedicled (85.72)</td>
</tr>
</tbody>
</table>
Revised Procedure Codes
FY 2009

Revised codes 37.52 - 37.54

- Replacement Heart System
  - Current code series updated to specify the following:
    - Total heart system
    - Internal biventricular device
### Revised code 37.52

<table>
<thead>
<tr>
<th>Revised code title 37.52</th>
<th>Implantation of total internal biventricular heart replacement heart system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delete inclusion term</td>
<td>Implantation of fully implantable total replacement heart system, including ventriculectomy</td>
</tr>
<tr>
<td>Revise exclusion term</td>
<td>Excludes: implantation of heart assist system[VAD] (37.62, 37.65, 37.66, 37.68)</td>
</tr>
</tbody>
</table>

### Revised codes 37.53 & 37.54

<table>
<thead>
<tr>
<th>Revised code title 37.53</th>
<th>Replacement or repair of thoracic unit of (total) replacement heart system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised code title 37.54</td>
<td>Replacement or repair of other implantable component of (total) replacement heart system</td>
</tr>
<tr>
<td>Revise exclusion term</td>
<td>Excludes: replacement or repair of thoracic unit of (total) replacement heart system (37.53)</td>
</tr>
</tbody>
</table>
### Revised code 37.62

<table>
<thead>
<tr>
<th>Revised code title 37.62</th>
<th>Insertion of temporary non-implantable extracorporeal heart circulatory assist system device</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add inclusion term</td>
<td>Acute circulatory support device</td>
</tr>
<tr>
<td>Add inclusion term</td>
<td>Short-term circulatory support (up to six hours)</td>
</tr>
<tr>
<td>Revise exclusion term</td>
<td>Implantation of total internal biventricular heart replacement heart system [artificial heart] (37.52)</td>
</tr>
<tr>
<td>Add exclusion term</td>
<td>Implant of external heart assist system (37.65)</td>
</tr>
<tr>
<td>Add exclusion term</td>
<td>Insertion of implantable extracorporeal heart assist system (37.66)</td>
</tr>
<tr>
<td>Add exclusion term</td>
<td>Removal of heart assist system (37.64)</td>
</tr>
<tr>
<td>Add note</td>
<td>Note: Includes explanation of this device; do not code separately.</td>
</tr>
</tbody>
</table>

### Revised code 37.64

<table>
<thead>
<tr>
<th>Revised code title 37.64</th>
<th>Removal of external heart assist system(s) or device(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add inclusion term</td>
<td>Explantation of external device(s) providing left and right ventricular support</td>
</tr>
<tr>
<td>Add inclusion term</td>
<td>Explantation of single external device and cannulae</td>
</tr>
<tr>
<td>Add exclusion term</td>
<td>Excludes: temporary non-implantable extracorporeal circulatory assist device (37.62)</td>
</tr>
</tbody>
</table>
Revised code 37.65

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise code title</td>
<td>37.65 Implant of single ventricular (extracorporeal) external heart assist system</td>
</tr>
<tr>
<td>Add inclusion term</td>
<td>Insertion of one device into one ventricle</td>
</tr>
<tr>
<td>Revise exclusion term</td>
<td>Excludes: implantation of total internal biventricular heart replacement heart system (37.52)</td>
</tr>
<tr>
<td>Add exclusion term</td>
<td>Insertion of implantable heart assist system (37.66)</td>
</tr>
<tr>
<td>Add exclusion term</td>
<td>Insertion or implantation of two external VADs for simultaneous right and left heart support (37.60)</td>
</tr>
<tr>
<td>Add exclusion term</td>
<td>that without sternotomy (37.62)</td>
</tr>
<tr>
<td>Add note</td>
<td>Note: Insertion or implantation of one external VAD for left or right heart support</td>
</tr>
</tbody>
</table>

Revised Open & Other Procedures

With the new laparoscopic codes created, the existing codes needed to be modified to capture open and other types of approaches.
## Revised codes 45.71 - 45.75

| Revised subcategory title 45.7 | Open and other partial excision of large intestine |
| Add exclusion term | Excludes: laparoscopic partial excision of large intestine (17.31 - 17.39) |
| Revised code title 45.71 | Open and other multiple segmental resection of large intestine |
| Revised code title 45.72 | Open and other c Cecectomy |
| Revised code title 45.73 | Open and other r Right hemicolectomy |
| Revised code title 45.74 | Open and other r Resection of transverse colon |
| Revised code title 45.75 | Open and other l Left hemicolectomy |

## Revised codes 45.76 & 45.79

| Revised code title 45.76 | Open and other s Sigmoidectomy |
| Revised code title 45.79 | Other and unspecified partial excision of large intestine |
### Revised codes 53.01 & 53.02

<table>
<thead>
<tr>
<th>Revised Code</th>
<th>Revised Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.01</td>
<td>Other and open repair of direct inguinal hernia</td>
</tr>
<tr>
<td>53.02</td>
<td>Other and open repair of indirect inguinal hernia</td>
</tr>
</tbody>
</table>

- **Revise subcategory title 53.0** Unilateral repair of inguinal hernia
- Add exclusion term: Excludes: laparoscopic unilateral repair of inguinal hernia (17.11-17.13)
- **Revise code title 53.01** Other and open repair of direct inguinal hernia
- Add inclusion term: Direct and indirect inguinal hernia
- **Revise code title 53.02** Other and open repair of indirect inguinal hernia

### Revised codes 53.03 & 53.04

<table>
<thead>
<tr>
<th>Revised Code</th>
<th>Revised Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.03</td>
<td>Other and open repair of direct inguinal hernia with graft or prosthesis</td>
</tr>
<tr>
<td>53.04</td>
<td>Other and open repair of indirect inguinal hernia with graft or prosthesis</td>
</tr>
</tbody>
</table>
Revised codes 53.11 - 53.13

<table>
<thead>
<tr>
<th>Revised subcategory title 53.1</th>
<th>Other bilateral repair of inguinal hernia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add exclusion term</td>
<td>Excludes: laparoscopic bilateral repair of inguinal hernia (17.21 - 17.24)</td>
</tr>
<tr>
<td>Revise code title 53.11</td>
<td>Other and open bilateral repair of direct inguinal hernia</td>
</tr>
<tr>
<td>Revise code title 53.12</td>
<td>Other and open bilateral repair of indirect inguinal hernia</td>
</tr>
<tr>
<td>Revise code title 53.13</td>
<td>Other and open bilateral repair of inguinal hernia, one direct and one indirect</td>
</tr>
</tbody>
</table>

Revised codes 53.14 - 53.16

| Revise code title 53.14        | Other and open bilateral repair of direct inguinal hernia with graft or prosthesis |
| Revise code title 53.15        | Other and open bilateral repair of indirect inguinal hernia with graft or prosthesis |
| Revise code title 53.16        | Other and open bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis |
### Revised codes 53.41 & 53.49

<table>
<thead>
<tr>
<th>Revised code title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.41</td>
<td>Other and open repair of umbilical hernia with graft or prosthesis</td>
</tr>
<tr>
<td>53.49</td>
<td>Other open umbilical herniorrhaphy Excludes: other laparoscopic umbilical herniorrhaphy (53.43) repair of umbilical hernia with graft or prosthesis (53.41, 53.42)</td>
</tr>
</tbody>
</table>

### Revised codes 53.61 & 53.69

<table>
<thead>
<tr>
<th>Revised code title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.61</td>
<td>Other open incisional hernia repair with graft or prosthesis Add exclusion term Excludes: laparoscopic incisional hernia repair with graft or prosthesis (53.62)</td>
</tr>
<tr>
<td>53.69</td>
<td>Other and open repair of other hernia of anterior abdominal wall with graft or prosthesis Add exclusion term Excludes: other laparoscopic repair of other hernia of anterior abdominal wall with graft or prosthesis (53.63)</td>
</tr>
</tbody>
</table>
**Revised codes 81.65 & 81.66**

- **Vertebroplasty vs. Vertebral Augmentation**
  - Vertebroplasty is a single step procedure with the injection of bone cement to stabilize the vertebrae.
  - Vertebral Augmentation is a two step procedure using cement and inflatable balloon.

---

**Technique Snapshot**

- Kyphoplasty
- SKyphoplasty
- Percutaneous Vertebral Augmentation
- Spineoplasty
- StaXx FX System

*Other techniques are available*
Revised Codes 81.65 & 81.66

- **Revised code title 81.65**
  - Percutaneous Vertebroplasty
- **Add exclusion term**
  - Excludes: percutaneous vertebral augmentation (81.66)
- **Revised code title 81.66**
  - Kyphoplasty Percutaneous vertebral augmentation
- **Revised inclusion term**
  - Insertion of inflatable balloon, bone tamp, or other device displacing (removing) (compacting) bone to create a space (cavity) (void) for partial restoration of height of diseased or fractured vertebral body prior to the injection of bone void filler (cement) (polymethylmethacrylate) (PMMA) or other substance
- **Add inclusion term**
  - Arcuplasty
  - Kyphoplasty
  - SKyphoplasty
  - Spineoplasty

Revised code 84.56

- Insertion or replacement of (cement) spacer.
  - The term replacement has been added.
Revised Code 93.90

Non-invasive mechanical ventilation
- In recent years respiratory treatment modalities have changed CPAP is a form of NIPPV and should have its own code.
- The terms CPAP, BiPAP, PEEP, and PPV can have different meanings to physicians and pulmonologist. Therefore creating an inconsistency in physician documentation and code assignment.

Revised Code 93.90

CPAP - continuous positive airway pressure:
Machine delivers a constant elevated airway pressure to the patient. This pressure is the same during inspiration and expiration and thus no breathing (ventilatory) assistance is provided. CPAP is used to stabilize airway structures in obstructive sleep apnea and stabilize alveolar structures in conditions such as pulmonary edema. CPAP is most commonly delivered by a facemask but can be provided through an endotrachael tube or tracheostomy.
Revised Code 93.90

**PPV - positive pressure ventilation:**
Machine delivers a higher pressure during inspiration than during expiration to the patient. PPV thus provides breathing (ventilatory) assistance. PPV is used to provide breathing (ventilatory) assistance for patients with acute respiratory failure through either a facemask (non-invasive PPV or NPPV) or an endotrachael tube or a tracheostomy (invasive). NPPV is also sometimes used during sleep to provide breathing (ventilatory) assistance to patients with sleep apnea or chronic CO2 retention. PPV (and NPPV) can be provided with a variety of different pressure and flow configurations as well as with or without backup machine breaths (e.g. assist control (ACV), volume assist control (VACV), pressure assist control (PACV), pressure support (PSV), airway pressure release ventilation (APRV), and synchronized intermittent mandatory ventilation.

---

Revised Code 93.90

**PEEP - positive end expiratory pressure:**
Machine delivers an elevated pressure during expiration to maintain stability of alveolar structures as the lung empties. PEEP is often used in conjunction with the higher inspiratory pressures and breathing (ventilatory) assistance of PPV. PEEP technically is part of CPAP except that with CPAP the elevated expiratory pressures are equal to the inspiratory pressures and thus, as described above, no breathing (ventilatory) assistance is supplied. A common mistake is to refer to “CPAP with pressure support” - what this really means is pressure support ventilation with PEEP.
**Revised Code 93.90**

- **Coding Issue:**
  - Positive pressure ventilation can be delivered invasively or non-invasively. Terms associated with PPV may include: assist control volume (ACV), adaptive support ventilation, airway pressure release ventilation (APRV), pressure assist control ventilation.
  - The differentiating factor continues to be based on whether or not the patient receives invasive or non-invasive positive pressure ventilation.

---

**Revised Code 93.90**

- **Revise code title 93.90**
  - Continuous positive airway pressure [CPAP]
  - Non-invasive mechanical ventilation

- **Add inclusion term**
  - BiPAP without (delivery through) endotracheal tube or tracheostomy
  - CPAP without (delivery through) endotracheal tube or tracheostomy
  - Mechanical ventilation NOS
  - Non-invasive PPV
  - NPPV
### Revised Code 93.90

- **Add inclusion term**: That delivered by non-invasive interface:
  - face mask
  - nasal mask
  - nasal pillow
  - oral mouthpiece
  - oronasal mask

- **Add exclusion term**: Excludes: invasive (through endotracheal tube or tracheostomy) continuous mechanical ventilation (96.70 - 96.72)

- **Add note**: Note: Patients admitted on non-invasive mechanical ventilation that subsequently require invasive mechanical ventilation; code both types of mechanical ventilation.

### Revised Codes 96.70 - 96.72

- **Revise code title 96.70**: Continuous invasive mechanical ventilation of unspecified duration

- **Revise inclusion term**: Invasive M mechanical ventilation NOS

- **Revise code title 96.71**: Continuous invasive mechanical ventilation for less than 96 consecutive hours

- **Revise code title 96.72**: Continuous invasive mechanical ventilation for 96 consecutive hours or more
Resource/Reference List

- Measurement of Intra Sac Pressure in Aneurysm following EVAR, Roddy, Sean P., September 2007
- Coding Issues Involving Non-Invasive Ventilation, American College of Chest Physicians, American Thoracic Society, National Association of Medical Direction for Respiratory Care, September 2007
- Percutaneous Vertebral Augmentation, Patel, Chetan, September 2007
- CMS Updates to ICD-9-CM
  http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/

Resource/Reference List

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