

# New ICD-9-CM Procedure Codes for FY 2010

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by Lou Ann Schraffenberger, MBA, RHIA, CCS, CCS-P, FAHIMA

New ICD-9-CM procedure codes for fiscal year 2010 go into effect October 1, 2009. This article highlights the new and revised procedure codes. The 2009 addenda with all changes to the ICD-9-CM procedure tabular and alphabetic index (volume 3) is located on the Centers for Medicare and Medicaid Services Web site at [www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/04\\_addendum.asp](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/04_addendum.asp).

## New Codes

### Cardiac Contractility Modulation

Cardiac contractility modulation (CCM) signals are electrical impulses within the heart. Unlike a pacemaker, CCM signals do not initiate a new heartbeat. Instead these signals enhance the strength of the heart and overall cardiac performance.

A new subcategory, 17.5, was added to ICD-9-CM this year titled “Additional cardiovascular procedures.” Two new codes were added under this subcategory to identify a new device:

- 17.51, Implantation of rechargeable cardiac contractility modulation (CCM) total system
- 17.52, Implantation or replacement of cardiac contractility modulation (CCM) rechargeable pulse generator only

Impulse Dynamics recently completed a clinical trial study of its CCM device Optimizer III. The device generates CCM therapy signals through three standard pacemaker leads. It provides CCM therapy for patients with moderate to severe heart failure due to ischemic or nonischemic cardiomyopathy with left ventricular dysfunction and a normal QRS duration.

The implantation of the device may occur alone, in the presence of a pre-existing automatic implantable cardioverter-defibrillator (AICD), or in a combined implantation with an AICD. The complete system includes an implantable pulse generator, programmer, charger, monitor data acquisition system, extension cables, and adaptor and leads.

The implantation of the Optimizer III System is more complex and requires more time than a pacemaker or defibrillator insertion because of the additional testing required to determine the appropriate functioning. The device testing performed during the implantation is not coded separately.

A related procedure's code also note was also revised. The revised note under code 37.94, Implantation or replacement of automatic cardioverter/defibrillator, total system, reads “code also any concomitant procedure (e.g., coronary bypass (36.10–36.19) or CCM, total system (17.51)).”

### Laser Interstitial Thermal Therapy under Guidance

Laser interstitial thermal therapy (LITT) under real-time imaging guidance (e.g., MRI, ultrasound) was developed to ablate malignant tumors of the brain, head, neck, and liver as well as benign neoplasms. The treatment may also be called by its brand name, the AutoLITT System procedure.

New subcategory 17.6, Laser interstitial thermal therapy (LITT) under guidance, was created to code specific procedures using this new technology with specific codes: 17.61 for lesions or tissue of the brain, 17.62 for lesions or tissue of head and neck, 17.63 for lesion or tissue of the liver, and 17.69 for lesion or tissue of other and unspecified site under guidance, such as prostate or breast.

### Intravenous Infusion of Clofarabine

A new subcategory, 17.7, was added to allow for the coding of other diagnostic and therapeutic procedures. Added under subcategory 17.7 is new code 17.70, Intravenous infusion of clofarabine. Clolar, the trade name for clofarabine, is a chemotherapeutic agent for the treatment of pediatric patients with relapsed or refractory acute lymphoblastic leukemia after at least two prior regimens. The drug is also an alternative chemotherapy option for elderly patients with acute myeloid leukemia who cannot tolerate the standard induction chemotherapy with its side effects.

New technology add-on payment under the Medicare hospital inpatient prospective payment system has been requested for 2010 and a unique procedure code is required for such a payment.

#### Endoscopic Bronchial Valve Insertion in Single and Multiple Lobes

The insertion of a bronchial valve is captured through the existing ICD-9-CM procedure code 33.71, Endoscopic insertion or replacement of bronchial valve(s). This year a new code, 33.73, was added to describe the endoscopic insertion or replacement of bronchial valve(s) in multiple lobes. The existing code 33.71 was revised to indicate insertion or replacement of bronchial valve(s) in a single lobe.

Endobronchial valve insertion is indicated for the treatment of severe emphysema and the control of prolonged air leaks. Spiration, Inc., developed the IBV Valve System as a minimally invasive procedure to place a small umbrella-shaped valve in selected regions of the bronchial tree using standard bronchoscopic techniques.

The valve is designed to limit airflow to the portions of the lungs distal to the valve, while allowing mucus and air movement in the proximal direction. The clinical resources and time required to perform the procedures on multiple lobes as compared to single-lobe treatment is greater and justifies the addition of a separate code.

#### Intravascular Imaging by Optical Coherence Tomography

Intravascular optical coherence tomography (OCT) is used for the visualization and evaluation of coronary and peripheral vasculature to provide images of the vessel lumen and wall structures. This allows the physician to determine the proper lumen size for stent placement. Intravascular OCT also provides the physician with high-resolution imaging to detect intraluminal thrombus, thin cap fibroatheromas, and the detail and specificity to assess plaques within the vessels.

Two new codes were created:

- 38.24, Intravascular imaging of coronary vessel(s) by optical coherence tomography
- 38.25, Intravascular imaging of non-coronary vessel(s) by optical coherence tomography

Both new codes describe a technology that is different from intravascular (near-infrared) spectroscopy, code 38.23, and are listed in the excludes note below code 38.23.

#### Endovascular Procedures on Vessel(s)

Subcategory 39.7 was retitled “Endovascular procedures on vessel(s)” to remove the terminology of endovascular repair. Existing code 39.72 was also retitled “Endovascular embolization or occlusion of head and neck vessel(s)” to more accurately describe the intent of the procedure.

Two new codes differentiate this procedure from another embolization procedure that uses endovascular coils. New code 39.75 is titled “Endovascular embolization or occlusion of vessel(s) of head and neck using bare coils.” New code 39.76 is the same procedure, using bioactive coils to embolize or occlude the vessel(s) of the head and neck. Bare coils may also be described as bare platinum coils (BPC), which are primarily bare metal.

The more advanced bioactive coils include biodegradable polymers designed to enhance occlusion rates and thrombus formation. This new generation of coils has gained acceptance in the medical community for treating cerebral aneurysms. Fitting the aneurysm with microcoils disrupts the flow of blood into the aneurysm and initiates a healing response. The new bioactive coil device trade name is Cerecyte Microcoils.

Finally, code 39.79 was also retitled “Other endovascular procedures on other vessels” to describe less specified procedures.

## Endoscopic Insertion of Colonic Stent

The placement of self-expandable colonic stents for pain relief from malignant or benign colonic obstruction as palliative treatment or a bridge to surgery has become acceptable practice over the past several years. The stents can be placed endoscopically or by nonendoscopic means using fluoroscopy or rectal guiding tube.

New codes for FY 2010 describe the dilation of the colon using stents: code 46.86 for endoscopic insertion of colonic stent(s), and code 46.87 for other insertion of colonic stent(s).

The Food and Drug Administration has approved the Colonic Z-Stent sold by Wilson-Cook Medical and the Enteral Wallstent and Ultraflex Precision Colonic stents, both sold by Microvasive Corporation/Boston Scientific. Dilation of the colon, duodenum, ileum, or jejunum can be accomplished with the use of a colonic stent.

## Revised Codes

### Virtual Histology Intravascular Ultrasound

An inclusion term of virtual histology intravascular ultrasound (VH-IVUS) was added to subcategory code 00.2, Intravascular imaging of blood vessels, to acknowledge the correct coding of VH-IVUS to this series of codes. VH-IVUS is a newer technology that allows for real-time compositional assessment of atherosclerotic plaques in coronary arteries. This imaging is improved over the two-dimensional views of coronary angiography.

VH-IVUS provides color-coded tissue map of plaque composition superimposed on cross-sectional images of the coronary arteries. Imaging of coronary arteries with VH-IVUS is coded with 00.24, Intravascular imaging of coronary vessels.

### Insertion or Replacement of Implantable Pressure Sensor Lead or Subcutaneous Device

Revisions have been made to two code titles to recognize the procedure may be performed on the great vessels as well as within the heart:

- 00.56, Insertion or replacement of implantable pressure sensor (lead) for intracardiac or great vessel hemodynamic monitoring
- 00.57, Implantation or replacement of subcutaneous device for intracardiac or great vessel hemodynamic monitoring

### Reminder to Code Insertion of Pseudophakos

A code also reminder note to code any synchronous insertion of a pseudophakos was added to three existing cataract extraction procedures:

- 13.2 Extracapsular extraction of lens by linear extraction technique
- 13.3 Extracapsular extraction of lens by simple aspiration (and irrigation) technique
- 13.4 Extracapsular extraction of lens by fragmentation and aspiration technique

### Closed (Endoscopic) Biopsy of Bronchus

The tabular list and alphabetic index entries were added to clarify the types of procedures that would be coded to 33.24, Closed (endoscopic) biopsy of bronchus. Other terminology used by the physician to describe the same procedure include transbronchoscopic needle aspiration (TBNA) and Wang needle aspiration biopsy of the bronchus.

### Reminder to Code Biopsy with Mediastinal Procedure

A code also reminder note was added below code 34.1, Incision of mediastinum, to “code also any biopsy, if performed.” Also under code 34.22, Mediastinoscopy, a code also note was revised to read “code also any biopsy, if performed.” Previously the note under code 34.22 only specified lymph node biopsy. The new note allows for the coding of a biopsy of any location performed with the mediastinoscopy.

### Angioplasty and Stenting of Noncoronary Vessel(s)

Code 39.50, Angioplasty or atherectomy of other noncoronary vessel(s), was clarified with the addition of a note that the insertion of a drug-eluting peripheral vessel stent when performed should be coded with 00.55 in addition to code 39.50. Another code also note was revised to state the insertion of a nondrug-eluting peripheral vessel stent(s) or stent-graft(s) in addition to the angioplasty would be coded with 39.90. One other clarification was made to code 39.90 by revising the title to read "Insertion of nondrug-eluting peripheral (non-coronary) vessel stent(s)" to emphasize the location of the stent placements.

#### Arthrotomy for Removal of Prosthesis without Replacement and Other Joint Surgery

Codes 80.00–80.09 were retitled "Arthrotomy for removal of prosthesis without replacement according to the joint involved in this surgery." These codes will be used when a prosthetic joint must be removed due to infection or other reason but is not immediately replaced with another artificial joint.

A note was added below subcategory 81.5 directing the coder to omit the code for the removal of a prior prosthesis when a joint replacement of the lower extremity is performed.

Finally, the inclusion term "partial" was added beneath code 81.54, Total knee replacement, and 81.84, Total elbow replacement, to indicate these codes are used for both a total and a partial knee or elbow replacement.

Lou Ann Schraffenberger ([louann.schraffenberger@advocatehealth.com](mailto:louann.schraffenberger@advocatehealth.com)) is manager of clinical data, Center for Health Information Services at Advocate Health Care, Oak Brook, IL.

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