New ICD-9-CM Procedure Codes for FY 2012

By Melanie Endicott

The new ICD-9-CM procedure codes go into effect October 1, 2011. This date marks the last regular annual update to the ICD-9-CM code set before the partial code freeze. On October 1, 2012, there will be only limited code updates to ICD-9-CM to capture new technology and new diseases. There will be no updates to ICD-9-CM on October 1, 2013, because ICD-10-CM/PCS will go into effect on that date.

The October 1, 2011, addenda with the changes to the ICD-9-CM procedure tabular and alphabetic index (volume 3) are located on the Centers for Medicare and Medicaid Services Web site. Following are highlights from the update.

External Ventricular Drainage

Two new codes were created in subcategory 02.2, Ventriculostomy, to distinguish between an external ventricular drain (02.21) and an intracranial shunt (02.22). The title of existing code 02.39 was revised from "Other operations to establish drainage of ventricle" to "Ventricular shunt to extracranial site NEC" to better differentiate these procedures.

Code 02.21, Insertion or replacement of external ventricular drain (EVD), is used for procedures such as an EVD set-up, placement of a ventricular catheter for drainage or sampling of cerebrospinal fluid, or for an injection of medication or other substance. Code 02.22, Intracranial ventricular shunt or anastomosis, includes procedures such as an insertion of a Holter valve into the intracranial system, a shunt between two intracranial ventricles, and ventriculocisternostomy.

Aqueous Drainage Device

A new code (12.67) was created to describe the insertion of a subconjunctival aqueous drainage shunt. This procedure is performed in patients with glaucoma who have failed medical and surgical interventions to relieve intraocular pressure. The purpose of the shunt is to capture aqueous fluid from the anterior chamber of the eye and transport the fluid out of the device where it is eventually absorbed into the lymph and blood vessels around the eye. This is a minimally invasive procedure that can be performed under local or topical anesthesia.

Atherectomies

An atherectomy is a minimally invasive catheter-based procedure to remove plaque from arteries and is particularly useful in cases where the plaque is very hard due to calcification. To treat a blockage, an atherectomy catheter is advanced to the blocked area within the artery and a high-speed rotating device ("burr") or a sharp blade at the tip of the catheter is used to grind or shave the plaque away. Multiple passes with the atherectomy catheter may be necessary to remove the plaque from the artery. Following this procedure, a balloon angioplasty or stent insertion may also be performed.

Currently, both percutaneous transluminal coronary angioplasty (PTCA) and percutaneous transluminal coronary atherectomy are coded to 00.66. Beginning October 1, 2011, code 00.66 will be used for PTCAs only, and a newly created code will be used for transluminal coronary arthrectomy (17.55).

Three other atherectomy codes were created to describe atherectomies performed on vessels other than the coronary arteries. They are:

- 17.53, Percutaneous atherectomy of extracranial vessel(s)
- 17.54, Percutaneous atherectomy of intracranial vessel(s)
- 17.56, Percutaneous atherectomy of other noncoronary vessel(s)

"Code also" notes have been added to several codes to indicate the appropriate use of the new atherectomy codes.

Antimicrobial Envelope

Antimicrobial envelopes are often used during the insertion of pacemakers and defibrillators to reduce postoperative infections. Subcategory 17.8 was created to describe other adjunct procedures. A new code under this subcategory was created for the insertion of antimicrobial envelope (17.81).

Endovascular and Transapical Valve Replacement

Traditionally, heart valves were replaced via open heart surgery. Recently, transcatheter heart valve replacement has emerged as a viable treatment option. During the transcatheter procedure, the native valve is destroyed in situ and the new valve is implanted on top of its remains to replace the native valve's structure and function. This technique can be used to replace the aortic and pulmonary valves with either an endovascular or transapical approach.

Five new codes were created under subcategory 35.0, Closed heart valvotomy or transcatheter replacement of heart valve, to describe this new technique:

- 35.05, Endovascular replacement of aortic valve
- 35.06, Transapical replacement of aortic valve
- 35.07, Endovascular replacement of pulmonary valve
- 35.08, Transapical replacement of pulmonary valve
- 35.09, Endovascular replacement of unspecified heart valve

Implantable Pressure Sensor

Code 38.26, Insertion of implantable pressure sensor without lead for intracardiac or great vessel hemodynamic monitoring, was added for FY 2012. A note under this code states, "The sensor is a standalone device and is not physically connected to a separately implanted monitor."

Endovascular Procedures on Vessels

Two new codes were added to subcategory 39.7, Endovascular procedures on vessels, to classify procedures in which the vessel is partially or temporarily occluded via an endovascular balloon catheter (39.77) and endovascular implantation of branching or fenestrated graft(s) in the aorta (39.78).

Sleeve Gastrectomy

Sleeve gastrectomy, also called vertical sleeve gastrectomy (VSG), is a common procedure used to treat obesity. During this procedure, the greater curvature of the stomach is removed, leaving a portion of the stomach that is approximately the size and shape of a banana. The sleeve gastrectomy can be performed as a definitive, one-stage procedure or as the first of a two-stage operation. During the two stage operation, the sleeve gastrectomy is performed first, allowing the patient to lose significant weight prior to undergoing the second procedure (gastric bypass or duodenal switch) several months later. The new code is 43.82, Laparoscopic vertical (sleeve) gastrectomy.

Uterine Artery Embolization

Until October 1, 2011, there was no unique code to identify uterine artery embolization (UAE). Previously there was much confusion among coders on how to code these procedures correctly. Two new codes were created to describe UAE with coils (68.24) and UAE without coils (68.25).

For a review of FY 2012 diagnosis codes, see "New ICD-9-CM Diagnosis Codes for FY 2012," from the September print issue.

Editor's note: An error in the new code for Laparoscopic vertical (sleeve) gastrectomy appearing in the original publication of this article was corrected September 8, 2011.

Editor's note: An error in the new code for Transluminal coronary arthrectomy appearing in the original publication of this article was corrected September 23, 2011.

References

Centers for Medicare and Medicaid Services. "Summary Report: ICD-9-CM Coordination and Maintenance Committee Meeting, March 9–10."

Centers for Medicare and Medicaid Services. "Updates and Revisions to ICD-9-CM Procedure Codes (Addendum)."

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