

October 2005

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**FY2006
ICD-9-CM
~ and ~
DRG Changes**

***DHIMA Coding
Seminar***

September 21, 2005



ICD-9-CM Procedure Codes

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Selected Topics

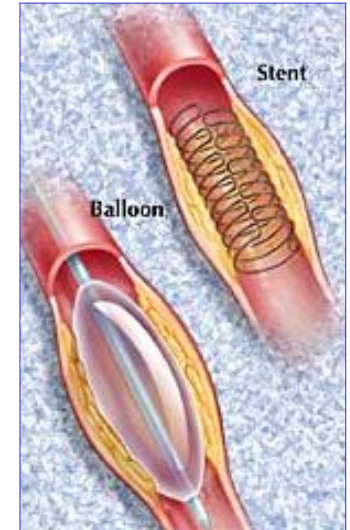
- ❖ Number of vessels/number of stents, 00.4X
- ❖ PTCA and coronary atherectomy, 00.66
- ❖ Prosthetic cardiac support device, 37.41
- ❖ Endovascular graft of thoracic aorta, 39.73
- ❖ Hip replacement, bearing surface, 00.74 to 00.76
- ❖ Revision of hip and knee replacement, 00.7X and 00.8X
- ❖ Joint (cement) spacers, 84.56 and 84.57
- ❖ ALIF, PLIF, and 360° spinal fusion
- ❖ Interspinous process decompression device 84.58
- ❖ External fixation devices, 84.7X
- ❖ Cardiac device pockets, 37.79
- ❖ Rechargeable neurostimulators, 86.94 to 86.98
- ❖ Other DRG and New Tech Add-On Changes

❖ Number of Vessels, Number of Stents

New Category with Eight New Codes

00.4 *Adjunct Vascular System Procedures*

- 00.40 *Procedure on single vessel*
- 00.41 *Procedure on two vessels*
- 00.42 *Procedure on three vessels*
- 00.43 *Procedure on four or more vessels*
- 00.45 *Insertion of one vascular stent*
- 00.46 *Insertion of two vascular stents*
- 00.47 *Insertion of three vascular stents*
- 00.48 *Insertion of four or more vascular stents*



These codes allow detailed identification of both how many vessels were treated and how many stents were used

Coding Points for Using 00.4X

- Always assigned *in addition to* primary codes for therapeutic vascular procedures, eg. angioplasty
- Can be used for *any* vessel, including coronary, peripheral, precerebral and cerebral arteries and veins
- Add one code from 00.40 – 00.43 to show the number of *vessels* treated
- Add one code from 00.44 – 00.48 to show the number of *stents* inserted
- As appropriate, use *both* one code from 00.40 – 00.43 and one code from 00.44 – 00.48
- ☒ *Don't* use with CABG (36.1X) or IVUS (00.2X)

Example of Usage

Example 1

Angioplasty of right external iliac artery and common femoral artery, with insertion of a non-drug-eluting stent into external iliac artery

39.50 *angioplasty,
non-coronary vessels*
39.90 *stent insertion,
peripheral*
00.41 *procedure on two
vessels*
00.45 *one vascular stent*

Example 2

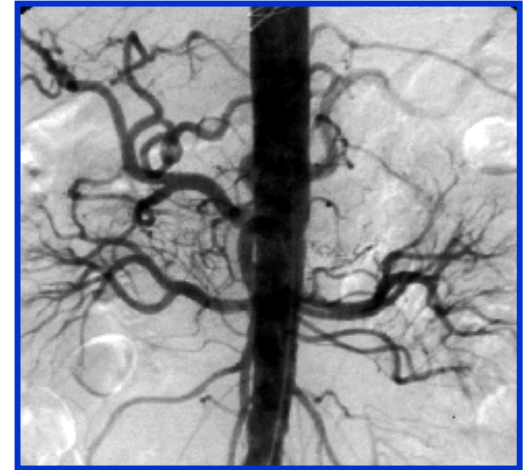
Angioplasty of left renal artery stenosis with insertion of two overlapping drug-eluting stents into left renal artery

39.50 *angioplasty,
non-coronary vessels*
00.50 *DE stent insertion,
peripheral*
00.40 *procedure on one
vessel*
00.47 *two vascular stents*

How Many Vessels?

With extensive branching, it's not always clear what counts as a "vessel".

A reasonable rule of thumb: count each separately named vessel as one.



Examples

insertion of two drug-eluting stents, one in the left common femoral artery and one in the left superficial femoral artery

39.50 angioplasty, peripheral
00.55 DE stent insertion, peripheral
00.41 procedure on two vessels
00.46 two vascular stents

angioplasty plus insertion of two stents, one in the middle cerebral *intracranial* artery and one in the MCA-M2 segment

00.66 angioplasty, intracranial
36.07 stent insertion,
00.41 procedure on one vessel
00.46 two vascular stents

How Many Stents?

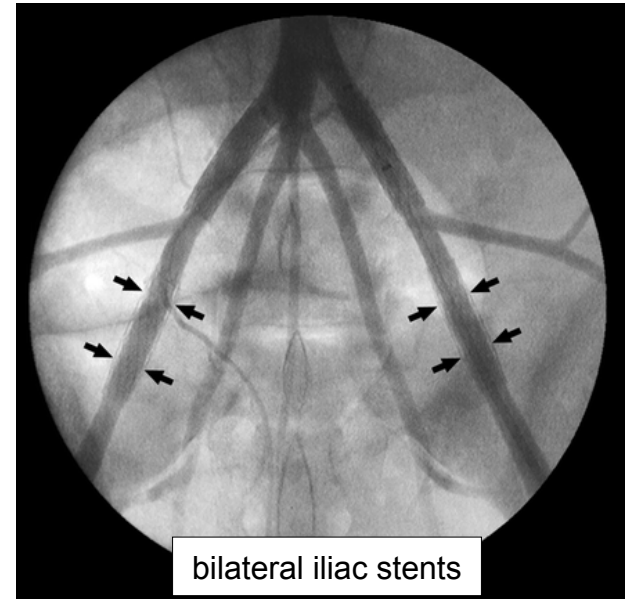
If the procedure report doesn't specify, you can use code 00.45.

*00.45 Insertion of one vascular stent
number of stents, unspecified*

But make it a point to find out.

Look for the device implant stickers in the chart; be sure to double-check the serial numbers so you don't count the same stent twice.

If there are no stickers, the perioperative nurses notes often document the individual devices implanted.



Why Do We Have to Assign So Many Codes?

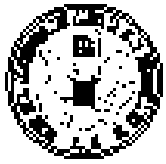
The proposal to create new codes came from four stent manufacturers working in collaboration.

Angioplasty and stents are now being used for complex lesions at multiple sites in multiple vessels. This creates major resource issues for hospitals.

CMS has indicated that it is willing to revisit DRG assignment and payment once reliable encoded data is collected.



No Effect on DRG ... For Now!



Federal Register

“Coders are encouraged to use as many codes as necessary to describe each case, using one code to describe the angioplasty or atherectomy, and one code each for the number of vessels treated and the number of stents inserted.

Coders are encouraged to record codes accurately, as these data will potentially be the basis for future DRG restructuring.”

Federal Register, August 12, 2005, p.47292

Associated Changes to Other Codes

Creation of the new codes in 00.4X for number of vessels and number of stents necessitated related revisions to several other existing codes:



- Restructuring of category 36.0X for coronary angioplasty and stenting
- New code for PTCA of coronary artery
- New and revised “code also” and “*excludes*” notes for existing angioplasty, stent insertion and other therapeutic vascular procedure codes

❖ Restructuring Category 36.0X



Deleted Codes

- ✘ 36.01 *Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy without thrombolytic agent*
- ✘ 36.02 *Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy with thrombolytic agent*
- ✘ 36.05 *Multiple vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy*

Coronary stent codes 36.06 and 36.07 have been retained, with new “code also” notes for the number of vessels (00.45–00.48) and number of stents (00.40–00.43).

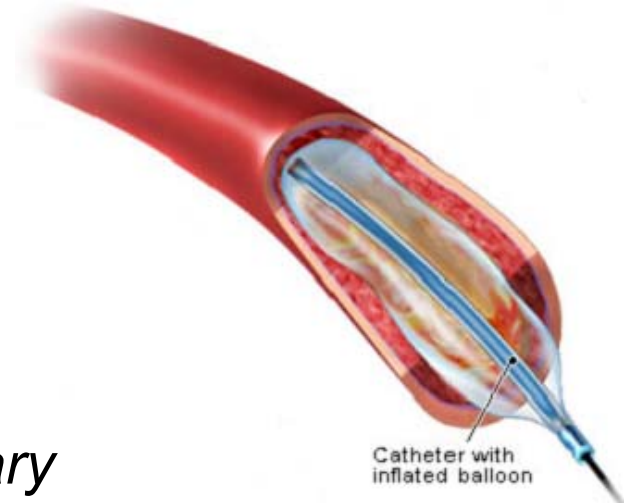
❖ PTCA and Coronary Atherectomy

New Code

00.66 Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy

Deleted codes 36.01, 36.02 and 36.05 are being replaced by a single new code, 00.66.

There are no longer distinctions for thrombolytic agent or multiple vessels. Instead, there are “code also” notes for thrombolytic agent (99.10) and number of vessels (00.45–00.48) as well as number of stents (00.40–00.43) and insertion of coronary stent (36.06-36.07).



Other New and Revised “Code Also” and “*Excludes*” Notes

No changes were made to the codes for angioplasty, atherectomy and stenting of vessels of other sites.

	<u>Peripheral</u>	<u>Precerebral</u>	<u>Intracranial</u>
• <i>angioplasty/ atherectomy</i>	39.50	00.61	00.62
• <i>stent insertion</i>	00.55, 39.90	00.63, 00.64	00.65

For all of these existing codes, “code also” notes have been updated for number of vessels (00.45–00.48) and number of stents (00.40–00.43). Other “code also” and “*excludes*” notes have also been added or relocated to help differentiate between the vascular sites.

❖ Prosthetic Cardiac Support Device

New Code

37.41 Implantation of prosthetic cardiac support device around the heart

- Used in the treatment of heart failure
- Addresses the underlying physiologic mechanism of CHF as well as symptoms
- Attempts to reverse the heart muscle “remodeling” which leads to flabby, dilated ventricular walls



normal heart

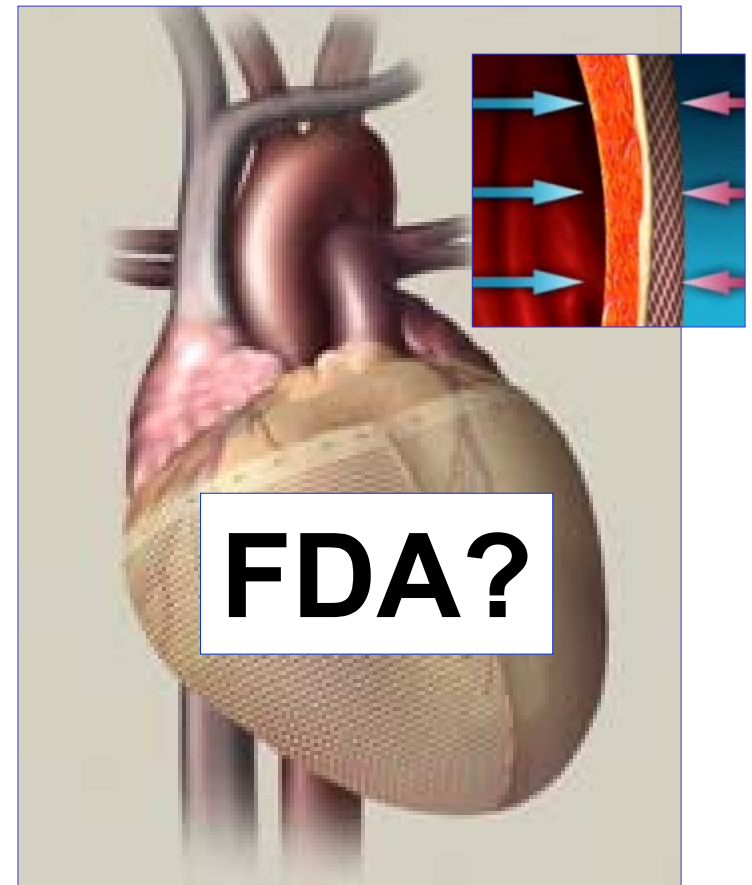


heart failure

Procedural Points

✦ *Specific device:* **CorCap™ CSD** by Acorn

- Procedure involves placing a permanent mesh “sock” around the heart, via open chest approach
 - The mesh reduces stress on the ventricular wall and limits the degree of dilation
- FDA Advisory panel voted *against* recommending approval in June 2005



❖ Endovascular Graft of Thoracic Aorta

New Code

39.73 *Endovascular implantation of graft in thoracic aorta*

- Used to treat aneurysm, dissection or injury of *thoracic* aorta (the arch)
- Relines the lumen of the aortic arch while excluding the dilated segment from circulation
- Provides alternative to conventional open resection with graft replacement (mortality rates from 5% to 20%)



Procedural Points

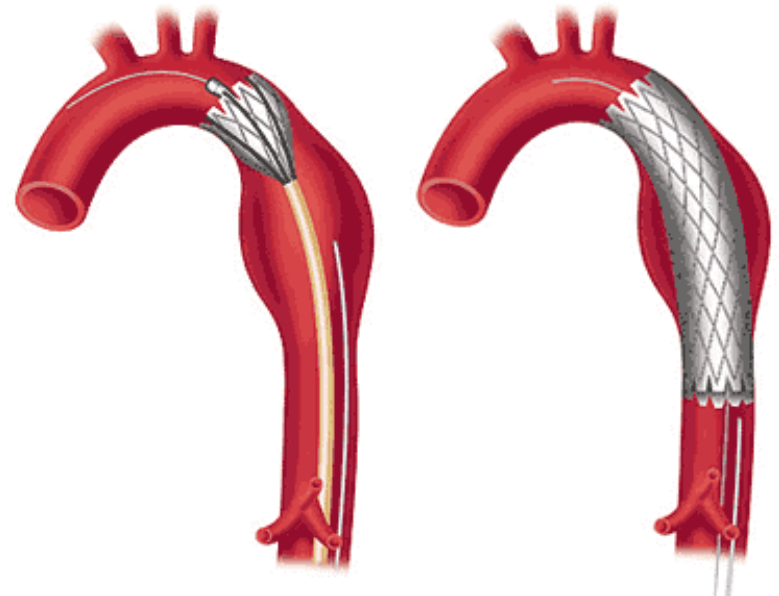
* *Specific devices:*

GORE TAG™ Thoracic Endoprosthesis (FDA approved)
Medtronic **TALENT** Thoracic Stent Graft (in clinical trials)

* *Acronym:*

EGITA (endovascular graft insertion in thoracic aorta)

- A fabric-covered stent (“stent-graft”) is delivered and deployed at the site
- The technique is also used in the abdominal aorta (39.71, AneuRx ®)



DRG Impact

Endovascular Graft of Thoracic Aorta

Code 39.73 is assigned to DRGs 110 and 111 when a cardiovascular disorder is used as the principal diagnosis.



*“Therefore, beginning October 1, 2005, cases that include code **39.73** will be eligible to receive new technology add-on payments up to **\$10,599**, or half the cost of the device.”*

Federal Register, August 12, 2005, p.47357

→ Use of **39.73** is what alerts CMS that the claim is eligible for the new tech DRG add-on payment.



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