

PROVIDER BULLETIN

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**FEDERAL FISCAL YEAR 2010 (FFY10)
 ICD-9-CM INPATIENT HOSPITAL PROCEDURE CODE CHANGES
 EFFECTIVE OCTOBER 1, 2009**

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- **2010 ICD-9-CM PROCEDURE CODE CHANGES EFFECTIVE OCTOBER 1, 2009**

2010 ICD-9-CM PROCEDURE CODE CHANGES

For all inpatient hospital claims with dates of service October 1, 2009 and after, providers must use the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) procedure codes that are effective October 1, 2009. The Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set Rule requires the use of national/medical code sets that are valid at the time the service is provided, and ICD-9-CM is a national/medical code set. ICD-9-CM codes submitted on claims must be valid at the time the service is provided.

Listed below are new and revised procedure codes effective October 1, 2009. There are no invalid procedure codes for FFY10.

Note: The final addendum which describes all changes to the procedure part of ICD-9-CM is posted on CMS' Web page at:

http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp.

NEW PROCEDURE CODE TITLES – Effective October 1, 2009	
Procedure Code	Description
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
17.61	Laser interstitial thermal therapy [LITT] of lesion or tissue of brain under guidance
17.62	Laser interstitial thermal therapy [LITT] of lesion or tissue of head and neck under guidance

NEW PROCEDURE CODE TITLES – Effective October 1, 2009 (cont.)	
Procedure Code	Description
17.63	Laser interstitial thermal therapy [LITT] of lesion or tissue of liver under guidance
17.69	Laser interstitial thermal therapy [LITT] of lesion or tissue of other and unspecified site under guidance
17.70*	Intravenous infusion of clofarabine
33.73	Endoscopic insertion or replacement of bronchial valve(s), multiple lobes
38.24*	Intravascular imaging of coronary vessel(s) by optical coherence tomography [OCT]
38.25*	Intravascular imaging of non-coronary vessel(s) by optical coherence tomography [OCT]
39.75	Endovascular embolization or occlusion of vessel(s) of head or neck using bare coils
39.76	Endovascular embolization or occlusion of vessel(s) of head or neck using bioactive coils
46.86	Endoscopic insertion of colonic stent(s)
46.87	Other insertion of colonic stent(s)

REVISED PROCEDURE CODE TITLES – Effective October 1, 2009	
Procedure Code	Description
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
33.71	Endoscopic insertion or replacement of bronchial valve(s), single lobe
39.72	Endovascular embolization or occlusion of head and neck vessels
39.79	Other endovascular procedures on other vessels
39.90*	Insertion of non-drug-eluting peripheral (non-coronary) vessel stent(s)
80.00	Arthrotomy for removal of prosthesis without replacement, unspecified site
80.01	Arthrotomy for removal of prosthesis without replacement, shoulder
80.02	Arthrotomy for removal of prosthesis without replacement, elbow
80.03	Arthrotomy for removal of prosthesis without replacement, wrist
80.04	Arthrotomy for removal of prosthesis without replacement, hand and finger
80.05	Arthrotomy for removal of prosthesis without replacement, hip
80.06	Arthrotomy for removal of prosthesis without replacement, knee
80.07	Arthrotomy for removal of prosthesis without replacement, ankle
80.08	Arthrotomy for removal of prosthesis without replacement, foot and toe
80.09	Arthrotomy for removal of prosthesis without replacement, other specified sites

Notes:

* These procedure codes were discussed at the March 11-12, 2009 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. However, they will be implemented on October 1, 2009.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**