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FEDERAL FISCAL YEAR 2011 (FFY11) ICD-9-CM INPATIENT HOSPITAL PROCEDURE CODE CHANGES EFFECTIVE OCTOBER 1, 2010

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- **2011 ICD-9-CM PROCEDURE CODE CHANGES EFFECTIVE OCTOBER 1, 2010**

2011 ICD-9-CM PROCEDURE CODE CHANGES

For all inpatient hospital claims with dates of service October 1, 2010 and after, providers must use the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) procedure codes that are effective October 1, 2010. 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 invalid, new, and revised procedure codes effective October 1, 2010.

Note: The final addendum which describes all changes to the procedure part of ICD-9-CM is posted on CMS' webpage at: <http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>

INVALID PROCEDURE CODES - Effective October 1, 2010	
Procedure Code	Description
39.8	Operations on carotid body, carotid sinus and other vascular bodies

NEW PROCEDURE CODES - Effective October 1, 2010	
Procedure Code	Description
00.60	Insertion of drug-eluting stent(s) of superficial femoral artery
01.20*	Cranial implantation or replacement of neurostimulator pulse generator
01.29*	Removal of cranial neurostimulator pulse generator
17.71*	Non-coronary intra-operative fluorescence vascular angiography [IFVA]
32.27	Bronchoscopic bronchial thermoplasty, ablation of airway smooth muscle
35.97*	Percutaneous mitral valve repair with implant
37.37*	Excision or destruction of other lesion or tissue of heart, thoracoscopic approach
38.97*	Central venous catheter placement with guidance
39.81	Implantation or replacement of carotid sinus stimulation device, total system
39.82	Implantation or replacement of carotid sinus stimulation lead(s) only
39.83	Implantation or replacement of carotid sinus stimulation pulse generator only
39.84	Revision of carotid sinus stimulation lead(s) only
39.85	Revision of carotid sinus stimulation pulse generator
39.86	Removal of carotid sinus stimulation device, total system
39.87	Removal of carotid sinus stimulation lead(s) only
39.88	Removal of carotid sinus stimulation pulse generator only
39.89	Other operations on carotid body, carotid sinus and other vascular bodies
81.88	Reverse total shoulder replacement
84.94*	Insertion of sternal fixation device with rigid plates
85.55*	Fat graft to breast
86.87*	Fat graft of skin and subcutaneous tissue
86.90*	Extraction of fat for graft or banking

REVISED PROCEDURE CODES - Effective October 1, 2010	
Procedure Code	Description
00.55	Insertion of drug-eluting stent(s) of other peripheral vessel(s)
35.96*	Percutaneous balloon valvuloplasty
37.34*	Excision or destruction of other lesion or tissue of heart, endovascular approach
81.02*	Other cervical fusion of the anterior column, anterior technique
81.03*	Other cervical fusion of the posterior column, posterior technique
81.04*	Dorsal and dorsolumbar fusion of the anterior column, anterior technique
81.05*	Dorsal and dorsolumbar fusion of the posterior column, posterior technique
81.06*	Lumbar and lumbosacral fusion of the anterior column, anterior technique
81.07*	Lumbar and lumbosacral fusion of the posterior column, posterior technique
81.08*	Lumbar and lumbosacral fusion of the anterior column, posterior technique
81.32*	Refusion of other cervical spine, anterior column, anterior technique
81.33*	Refusion of other cervical spine, posterior column, posterior technique
81.34*	Refusion of dorsal and dorsolumbar spine, anterior column, anterior technique
81.35*	Refusion of dorsal and dorsolumbar spine, posterior column, posterior technique
81.36*	Refusion of lumbar and lumbosacral spine, anterior column, anterior technique
81.37*	Refusion of lumbar and lumbosacral spine, posterior column, posterior technique
81.38*	Refusion of lumbar and lumbosacral spine, anterior column, posterior technique
81.80	Other total shoulder replacement
83.21*	Open biopsy of soft tissue
86.11*	Closed biopsy of skin and subcutaneous tissue
88.59*	Intra-operative coronary fluorescence vascular angiography
99.14	Injection or infusion of immunoglobulin

Notes:

* These procedure codes were discussed at the March 9-10, 2010 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, 2010.

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.

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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**