

PROVIDER BULLETIN

Volume 34 Number 04

<http://dss.mo.gov/mhd/>

September 19, 2011

FEDERAL FISCAL YEAR 2012 (FFY12) ICD-9-CM INPATIENT HOSPITAL PROCEDURE CODE CHANGES EFFECTIVE OCTOBER 1, 2011

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2012 ICD-9-CM PROCEDURE CODE CHANGES

For all inpatient hospital claims with dates of service October 1, 2011 and after, providers must use the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) procedure codes that are effective October 1, 2011. 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, 2011.

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, 2011

Procedure Code	Description
02.2*	Ventriculostomy

NEW PROCEDURE CODES - Effective October 1, 2011	
Procedure Code	Description
02.21*	Insertion or replacement of external ventricular drain [EVD]
02.22*	Intracranial ventricular shunt or anastomosis
12.67*	Insertion of aqueous drainage device
17.53*	Percutaneous atherectomy of extracranial vessel(s)
17.54*	Percutaneous atherectomy of intracranial vessel(s)
17.55*	Transluminal coronary atherectomy
17.56*	Atherectomy of other non-coronary vessel(s)
17.81*	Insertion of antimicrobial envelope
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
38.26	Insertion of implantable pressure sensor without lead for intracardiac or great vessel hemodynamic monitoring
39.77*	Temporary (partial) therapeutic endovascular occlusion of vessel
39.78*	Endovascular implantation of branching or fenestrated graft(s) in aorta
43.82*	Laparoscopic vertical (sleeve) gastrectomy
68.24*	Uterine artery embolization [UAE] with coils
68.25*	Uterine artery embolization [UAE] without coils

REVISED PROCEDURE CODES - Effective October 1, 2011	
Procedure Code	Description
00.56	Insertion or replacement of implantable pressure sensor with lead for intracardiac or great vessel hemodynamic monitoring
00.61*	Percutaneous angioplasty of extracranial vessel(s)
00.62*	Percutaneous angioplasty of intracranial vessel(s)
00.64*	Percutaneous insertion of other extracranial artery stent(s)
00.66*	Percutaneous transluminal coronary angioplasty [PTCA]
02.39*	Ventricular shunt to extracranial site NEC
13.65*	Excision of secondary membrane [after cataract]
35.20*	Open and other replacement of unspecified heart valve
35.21*	Open and other replacement of aortic valve with tissue graft
35.22*	Open and other replacement of aortic valve
35.23*	Open and other replacement of mitral valve with tissue graft
35.24*	Open and other replacement of mitral valve
35.25*	Open and other replacement of pulmonary valve with tissue graft
35.26*	Open and other replacement of pulmonary valve
35.27*	Open and other replacement of tricuspid valve with tissue graft
35.28*	Open and other replacement of tricuspid valve
37.36*	Excision, destruction, or exclusion of left atrial appendage (LAA)
39.50*	Angioplasty of other non-coronary vessel(s)
39.71*	Endovascular implantation of other graft in abdominal aorta
39.72*	Endovascular (total) embolization or occlusion of head and neck vessels
43.89*	Open and other partial gastrectomy
86.95*	Insertion or replacement of multiple array neurostimulator pulse generator, not specified as rechargeable
86.98*	Insertion or replacement of multiple array (two or more) rechargeable neurostimulator pulse generator

Notes:

* These procedure codes were discussed at the March 9-10, 2011 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, 2011.

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**