



**DIVISION OF MEDICAL SERVICES
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**HOSPITAL BULLETIN
2006 ICD-9 PROCEDURE CODES**

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- **2006 ICD-9-CM PROCEDURE CODE CHANGES**

2006 ICD-9-CM PROCEDURE CODE CHANGES

Effective for dates of service on and after October 1, 2005, Missouri Medicaid will require the 2006 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) procedure codes on inpatient claims. There will be no 90-day grace period in billing discontinued ICD-9-CM procedure codes. ICD-9-CM procedure codes submitted on claims must be valid at the time the service is provided.

Listed below are the new, the revised and the invalid procedure codes for 2006:

New 2006 Procedure Codes

| New 2006 Procedure Code | New 2006 Procedure Codes - Description | Restriction |
|--------------------------------|--|--------------------|
| 00.18 | Infusion of immunosuppressive antibody therapy during induction phase of solid organ transplantation | None |
| 00.40 | Procedure on single vessel | None |
| 00.41 | Procedure on two vessels | None |
| 00.42 | Procedure on three vessels | None |
| 00.43 | Procedure on four or more vessels | None |
| 00.45 | Insertion of one vascular stent | None |
| 00.46 | Insertion of two vascular stents | None |
| 00.47 | Insertion of three vascular stents | None |
| 00.48 | Insertion of four or more vascular stents | None |
| 00.66 | Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy | None |
| 00.70 | Revision of hip replacement, both acetabular and femoral components | None |

| New 2006 Procedure Code | New 2006 Procedure Codes - Description | Restriction |
|----------------------------|--|-------------|
| 00.71 | Revision of hip replacement, acetabular component | None |
| 00.72 | Revision of hip replacement, femoral component | None |
| 00.73 | Revision of hip replacement, acetabular liner and/or femoral head only | None |
| 00.74 | Hip replacement bearing surface, metal-on-polyethylene | None |
| 00.75 | Hip replacement bearing surface, metal-on-metal | None |
| 00.76 | Hip replacement bearing surface, ceramic-on-ceramic | None |
| 00.80 | Revision of knee replacement, total (all components) | None |
| 00.81 | Revision of knee replacement, tibial component | None |
| 00.82 | Revision of knee replacement, femoral component | None |
| 00.83 | Revision of knee replacement, patellar component | None |
| 00.84 | Revision of total knee replacement, tibial insert (liner) | None |
| 01.26 | Insertion of catheter into cranial cavity | None |
| 01.27 | Removal of catheter from cranial cavity | None |
| 37.41 | Implantation of prosthetic cardiac support device around the heart | None |
| 37.49 | Other repair of heart and pericardium | None |
| 39.73 | Endovascular implantation of graft in thoracic aorta | None |
| 81.18 | Subtalar joint arthroereisis | None |
| 84.56 | Insertion of (cement) spacer | None |
| 84.57 | Removal of (cement) spacer | None |
| 84.58 | Implantation of interspinous process decompression device | None |
| 84.71 | Application of external fixator device, monoplanar system | None |
| 84.72 | Application of external fixator device, ring system | None |
| 84.73 | Application of hybrid external fixator device | None |
| 86.97 | Insertion or replacement of single array rechargeable neurostimulator pulse generator | None |
| 86.98 | Insertion or replacement of dual array rechargeable neurostimulator pulse generator | None |
| 92.20 | Infusion of liquid brachytherapy radioisotope | None |
| | 2006 Revised Procedure Code Titles | |
| 37.79 | Revision or relocation of cardiac device pocket | None |
| 78.10 | Application of external fixator device, unspecified site | None |
| 78.11 | Application of external fixator device, scapula, clavicle, and thorax [ribs and sternum] | None |
| 78.12 | Application of external fixator device, humerus | None |

| Revised 2006 Procedure Code | Revised 2006 Procedure Codes - Description | Restriction |
|------------------------------------|---|--------------------|
| 78.13 | Application of external fixator device, radius and ulna | None |
| 78.14 | Application of external fixator device, carpals and metacarpals | None |
| 78.15 | Application of external fixator device, femur | None |
| 78.16 | Application of external fixator device, patella | None |
| 78.17 | Application of external fixator device, tibia and fibula | None |
| 78.18 | Application of external fixator device, tarsals and metatarsals | None |
| 78.19 | Application of external fixator device, other | None |
| 81.53 | Revision of hip replacement, not otherwise specified | None |
| 81.55 | Revision of knee replacement, not otherwise specified | None |
| 86.94 | Insertion or replacement of single array neurostimulator pulse generator, not specified as rechargeable | None |
| 86.95 | Insertion or replacement of dual array neurostimulator pulse generator, not specified as rechargeable | None |
| | 2006 Invalid Procedure Codes | |
| 36.01 | Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy without mention of thrombolytic agent | |
| 36.02 | Single vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy with mention of thrombolytic agent | |
| 36.05 | Multiple vessel percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy with or without mention of thrombolytic agent | |
| 37.4 | Repair of heart and pericardium | |
| 81.61 | 360 degree spinal fusion, single incision approach | |

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MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-573-635-8908 and using Option one.

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

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