



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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FEDERAL FISCAL YEAR 2007 (FFY) ICD-9-CM PROCEDURE CODE CHANGES EFFECTIVE OCTOBER 1, 2006

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2007 ICD-9-CM PROCEDURE CODE CHANGES

For all inpatient claims with dates of service October 1, 2006 and after, providers must use the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) procedure codes that are effective October 1, 2006. 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 that 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 the new, the revised and the invalid procedure codes effective October 1, 2006:

2007 ICD-9-CM Procedure Code Changes

2007 New Procedure Code	2007 New Procedure Code - Description	Restriction
00.44	Procedure on vessel bifurcation	None
00.56	Insertion or replacement of implantable pressure sensor (lead) for intracardiac hemodynamic monitoring	None
00.57	Implantation or replacement of subcutaneous device for intracardiac hemodynamic monitoring	None
00.77*	Hip replacement bearing surface, ceramic-on-polyethylene	None
00.85*	Resurfacing hip, total, acetabulum and femoral head	None
00.86*	Resurfacing hip, partial, femoral head	None

2007 New Procedure Code	2007 New Procedure Code - Description	Restriction
00.87*	Resurfacing hip, partial, acetabulum	None
01.28*	Placement of intracerebral catheter(s) via burr hole(s)	None
13.90*	Operation on lens, Not Elsewhere Classified	None
13.91*	Implantation of intraocular telescope prosthesis	None
32.23*	Open ablation of lung lesion or tissue	None
32.24*	Percutaneous ablation of lung lesion or tissue	None
32.25*	Thoracoscopic ablation of lung lesion or tissue	None
32.26*	Other and unspecified ablation of lung lesion or tissue	None
33.71*	Endoscopic insertion or replacement of bronchial valve(s)	None
33.78*	Endoscopic removal of bronchial device(s) or substances	None
33.79*	Endoscopic insertion of other bronchial device or substances	None
35.55*	Repair of ventricular septal defect with prosthesis, closed technique	None
36.33*	Endoscopic transmyocardial revascularization	None
36.34*	Percutaneous transmyocardial revascularization	None
37.20	Noninvasive programmed electrical stimulation [NIPS]	None
39.74	Endovascular removal of obstruction from head and neck vessel(s)	None
50.23*	Open ablation of liver lesion or tissue	None
50.24*	Percutaneous ablation of liver lesion or tissue	None
50.25*	Laparoscopic ablation of liver lesion or tissue	None
50.26*	Other and unspecified ablation of liver lesion or tissue	None
55.32*	Open ablation of renal lesion or tissue	None
55.33*	Percutaneous ablation of renal lesion or tissue	None
55.34*	Laparoscopic ablation of renal lesion or tissue	None
55.35*	Other and unspecified ablation of renal lesion or tissue	None
68.41	Laparoscopic total abdominal hysterectomy	Hysterectomy Consent Form
68.49	Other and unspecified total abdominal hysterectomy	Hysterectomy Consent Form
68.61	Laparoscopic radical abdominal hysterectomy	Hysterectomy Consent Form
68.69	Other and unspecified radical abdominal hysterectomy	Hysterectomy Consent Form
68.71	Laparoscopic radical vaginal hysterectomy [LRVH]	Hysterectomy Consent Form
68.79	Other and unspecified radical vaginal hysterectomy	Hysterectomy Consent Form
Revised 2007 Procedure Code	2007 Revised Procedure Code - Description	Restriction
01.26*	Insertion of catheter(s) into cranial cavity or tissue	None
01.27*	Removal of catheter(s) from cranial cavity or tissue	None
35.53*	Repair of ventricular septal defect with prosthesis, open technique	None
37.26	Catheter based invasive electrophysiologic testing	None
68.39*	Other and unspecified subtotal abdominal hysterectomy	None
68.59*	Other and unspecified vaginal hysterectomy	None

Invalid 2007 Procedure Code	2007 Invalid Procedure Code - Description	RESTRICTIONS
13.9*	Other operations on lens	None
68.4	Total abdominal hysterectomy	None
68.6	Radical abdominal hysterectomy	None
68.7	Radical vaginal hysterectomy	None

*These procedure codes were discussed at the March 23-24, 2006 ICD-9-CM Coordination and Maintenance Committee meeting and were not finalized in time to include in the proposed rule. They will be implemented on October 1, 2006.

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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 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896