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FEDERAL FISCAL YEAR 2009 (FFY09) ICD-9-CM INPATIENT HOSPITAL PROCEDURE CODE CHANGES EFFECTIVE OCTOBER 1, 2008

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2009 ICD-9-CM PROCEDURE CODE CHANGES

For all inpatient hospital claims with dates of service October 1, 2008 and after, providers must use the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) procedure codes that are effective October 1, 2008. 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 invalid, new, and revised procedure codes effective October 1, 2008:

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

INVALID PROCEDURE CODES – Effective October 1, 2008

Procedure Code	Description
45.8	Total intra-abdominal colectomy
48.5	Abdominoperineal resection of rectum
53.7	Repair of diaphragmatic hernia, abdominal approach
85.7*	Total reconstruction of breast

NEW PROCEDURE CODES – Effective October 1, 2008

Procedure Code	Description
00.49	SuperSaturated oxygen therapy
00.58	Insertion of intra-aneurysm sac pressure monitoring device (intraoperative)
00.59	Intravascular pressure measurement of coronary arteries
00.67	Intravascular pressure measurement of intrathoracic arteries
00.68	Intravascular pressure measurement of peripheral arteries

NEW PROCEDURE CODES – Effective October 1, 2008 (continued)	
Procedure Code	Description
00.69	Intravascular pressure measurement, other specified and unspecified vessels
17.11	Laparoscopic repair of direct inguinal hernia with graft or prosthesis
17.12	Laparoscopic repair of indirect inguinal hernia with graft or prosthesis
17.13	Laparoscopic repair of inguinal hernia with graft or prosthesis, not otherwise specified
17.21	Laparoscopic bilateral repair of direct inguinal hernia with graft or prosthesis
17.22	Laparoscopic bilateral repair of indirect inguinal hernia with graft or prosthesis
17.23	Laparoscopic bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis
17.24	Laparoscopic bilateral repair of inguinal hernia with graft or prosthesis, not otherwise specified
17.31	Laparoscopic multiple segmental resection of large intestine
17.32	Laparoscopic cecectomy
17.33	Laparoscopic right hemicolectomy
17.34	Laparoscopic resection of transverse colon
17.35	Laparoscopic left hemicolectomy
17.36	Laparoscopic sigmoidectomy
17.39	Other laparoscopic partial excision of large intestine
17.41*	Open robotic assisted procedure
17.42*	Laparoscopic robotic assisted procedure
17.43*	Percutaneous robotic assisted procedure
17.44*	Endoscopic robotic assisted procedure
17.45*	Thoracoscopic robotic assisted procedure
17.49*	Other and unspecified robotic assisted procedure
33.72*	Endoscopic pulmonary airway flow measurement
37.36	Excision or destruction of left atrial appendage (LAA)
37.55	Removal of internal biventricular heart replacement system
37.60	Implantation or insertion of biventricular external heart assist system
38.23	Intravascular spectroscopy
45.81	Laparoscopic total intra-abdominal colectomy
45.82	Open total intra-abdominal colectomy
45.83	Other and unspecified total intra-abdominal colectomy
48.40	Pull-through resection of rectum, not otherwise specified
48.42	Laparoscopic pull-through resection of rectum
48.43	Open pull-through resection of rectum

REVISED PROCEDURE CODES – Effective October 1, 2008	
Procedure Code	Description
37.52*	Implantation of total internal biventricular heart replacement system
37.53	Replacement or repair of thoracic unit of (total) replacement heart system
37.54	Replacement or repair of other implantable component of (total) replacement heart system
37.62*	Insertion of temporary non-implantable extracorporeal circulatory assist device
37.64*	Removal of external heart assist system(s) or device(s)
37.65*	Implant of single ventricular (extracorporeal) external heart assist system
45.71	Open and other multiple segmental resection of large intestine
45.72	Open and other cecectomy
45.73	Open and other right hemicolectomy
45.74	Open and other resection of transverse colon
45.75	Open and other left hemicolectomy
45.76	Open and other sigmoidectomy
45.79	Other and unspecified partial excision of large intestine
53.01	Other and open repair of direct inguinal hernia

REVISED PROCEDURE CODES – Effective October 1, 2008 (continued)	
Procedure Code	Description
53.02	Other and open repair of indirect inguinal hernia
53.03	Other and open repair of direct inguinal hernia with graft or prosthesis
53.04	Other and open repair of indirect inguinal hernia with graft or prosthesis
53.11	Other and open bilateral repair of direct inguinal hernia
53.12	Other and open bilateral repair of indirect inguinal hernia
53.13	Other and open bilateral repair of inguinal hernia, one direct and one indirect
53.14	Other and open bilateral repair of direct inguinal hernia with graft or prosthesis
53.15	Other and open bilateral repair of indirect inguinal hernia with graft or prosthesis
53.16	Other and open bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis
53.41	Other and open repair of umbilical hernia with graft or prosthesis
53.49	Other open umbilical herniorrhaphy
53.61	Other open incisional hernia repair with graft or prosthesis
53.69	Other and open repair of other hernia of anterior abdominal wall with graft or prosthesis
81.65	Percutaneous vertebroplasty
81.66	Percutaneous vertebral augmentation
84.56*	Insertion or replacement of (cement) spacer
93.90*	Non-invasive mechanical ventilation
96.70*	Continuous invasive mechanical ventilation of unspecified duration
96.71*	Continuous invasive mechanical ventilation for less than 96 consecutive hours
96.72*	Continuous invasive mechanical ventilation for 96 consecutive hours or more

The code title for procedure code 37.52 was revised after the proposed rule.

*These procedure codes were discussed at the March 19-20, 2008 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, 2008.

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 site.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website 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.

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

- MC+ Fee-for-Service
- MO HealthNet 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