

FINAL RULE Fiscal Year 2010

CMS released its final rule last week with a few surprises for Hospitals. Instead of the proposed 1.9% reduction in payment, there will be a 2.1% increase, as reported on July 31, 2009. Although CMS decided not to implement a documentation and coding adjustment for 2010, this should be looked at as a reprieve as it is generally felt that CMS will reduce payments when further data is available. Hospitals should continue with their Clinical Documentation Improvement Programs. With another year to work on improving documentation and coding, your facility will be in a better position for the anticipated reductions CMS will make in hospital payments due to changes in hospital coding practices. CMS does not believe that this reflects an increase in severity of illness, “based on the observed increase in spending due to documentation and coding that occurred in fiscal 2008,”

A review of the new ICD-9-CM codes for 2010 shows 143 new diagnosis codes, and only 14 new procedure codes. There are no invalid procedure codes. There are 16 revised procedure code titles.

To get a jump on the ever popular and highly anticipated October 1 changes, I have included a brief review of the new and revised procedure codes. The revised procedures are already in use, and may be familiar to you; but as noted below they will have a change and/or groups to a new MS-DRG for 2010. The new procedures include some new technology for ICD-9 coding.

Be sure to tune in to the “rest of the story” as it will be published in the *Federal Register* on August 27, 2009.

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Revised Procedure Code Titles & New Codes

Changes to the procedure or re-titling are noted in **bold text**. **New codes for 2010 are printed in bold text.**

00.56: Insertion or replacement of implantable pressure sensor (lead) for intracardiac **or great vessel** hemodynamic monitoring.

MS-DRG's 260, 261, 262, or **264** when both 00.56 and 00.57 used.

00.57: Implantation or replacement of subcutaneous device for intracardiac **or great vessel** hemodynamic monitoring.

MS-DRG's 258, 259, or **264** when both 00.56 and 00.57 used

17.51: Implantation of rechargeable cardiac contractility modulation (CCM), total system.

MS-DRG's **222-227**

17.52: Implantation of rechargeable cardiac contractility modulation (CCM) rechargeable pulse generator only.

MS-DRG's **245**

17.61: Laser interstitial thermal therapy (LITT) of lesion or tissue of brain under guidance.

MS-DRG's **023-027**

17.62: Laser interstitial thermal therapy (LITT) of lesion or tissue of head and neck under guidance.

MS-DRG's **625-627; 820-822; 826-828**

17.63: Laser interstitial thermal therapy (LITT) of lesion or tissue of liver under guidance.

MS-DRG's **356-358; 405-407**

17.69: Laser interstitial thermal therapy (LITT) of lesion or tissue of other and unspecified site under guidance.

MS-DRG's: **163-165; 585, 585; 715-718; 820-822; 826-828**

17.70: Intravenous infusion of clofarabine

Non-O.R. Procedure

33.71: Endoscopic insertion or replacement of bronchial valves(s), single lobe.

Non-O.R. procedure.

33.73: Endoscopic insertion or replacement of bronchial valves(s), multiple lobes.

Non-O.R. procedure

38.24: Intravascular imaging of coronary vessels(s) by optical coherence tomography (OCT)
Non-O.R. procedure

38.25: Intravascular imaging of non-coronary vessels(s) by optical coherence tomography (OCT)
Non-O.R. procedure

39.72: Endovascular embolization or occlusion of head and neck vessels.
MS-DRG's 020-027; 237, 238, 673-675, 907-909, 957-959

39.75: Endovascular embolization or occlusion of vessels(s) of head and neck using bare coils.
MS-DRG's 020-027; 237, 238, 673-675, 907-909, 957-959

39.76: Endovascular embolization or occlusion of vessels(s) of head and neck using bioactive coils.
MS-DRG's 020-027; 237, 238, 673-675, 907-909, 957-959

39.79: Other endovascular procedures on other vessels.
MS-DRG's 020-027, 237, 238, 673-675, 907-909, 957-959

39.90: Insertion of non-drug-eluting peripheral (non-coronary) vessel stent(s)
Non-O.R. procedure.

46.86: Endoscopic insertion of colonic stent(s)
Non-O.R. procedure.

46.87 Other insertion of colonic stent(s)
Non-O.R. procedure.

80.00: Arthrotomy for removal of prosthesis without replacement, unspecified site
MS-DRG's 495-497; 907-909; 957-959

80.01: Arthrotomy for removal of prosthesis without replacement, shoulder
MS-DRG's 495-497; 907-909; 957-959

80.02: Arthrotomy for removal of prosthesis without replacement, elbow
MS-DRG's 495-497; 907-909; 957-959

80.03: Arthrotomy for removal of prosthesis without replacement, wrist
MS-DRG's 495-497; 906; 957-959

80.04: Arthrotomy for removal of prosthesis without replacement, hand and finger
MS-DRG's 495-497; 906; 957-959

80.05: Arthrotomy for removal of prosthesis **without replacement**, hip
MS-DRG's **463, 464, 465**; 907-909; 956

80.06: Arthrotomy for removal of prosthesis **without replacement**, knee
MS-DRG's **463, 464, 465**; 907-909; 956

80.07: Arthrotomy for removal of prosthesis **without replacement**, ankle
MS-DRG's 495-497; 907-909; 957-959

80.08: Arthrotomy for removal of prosthesis **without replacement**, foot and toe
MS-DRG's 495-497; 907-909; 957-959

80.09: Arthrotomy for removal of prosthesis **without replacement**, other specified sites.
MS-DRG's 495-497; 907-909; 957-959

Copies from recent issues of *Coding Clinic for ICD-9-CM* are included below, with helpful coding information on endoscopic pulmonary airway flow measurement and endovascular coil embolization.

Endoscopic Pulmonary Airway Flow Measurement

Coding Clinic, **Fourth Quarter 2008** Page: 174
New Codes Effective with Discharges: October 1, 2008

Effective October 1, 2008, code **33.72, Endoscopic pulmonary airway flow measurement**, has been created for a new technology which assesses pulmonary airflow in patients with various types of lung disease. A balloon catheter is inserted into the diseased portion of the lung during bronchoscopy to diagnose the presence of collateral airflow between lobes of the lung. Collateral airflow measurement may be of interest to physicians who treat patients with severe emphysema using therapies designed to reduce the volume of diseased portions of the lung. Collateral airflow occurs when air finds its way into these diseased portions of the lung through alternate pathways other than primary anatomic airways. Measurement of collateral airflow may be useful in identifying which patients may benefit from therapies such as endobronchial valve therapy and lung volume reduction surgery, which are designed to reduce the volume of the diseased portion of the lung so that air is redirected to healthier lung tissue thus providing better gas exchange and more effective pulmonary physiology. Pulmonary airway flow measurement may assist in identifying which areas of diseased lung are most amenable to these lung volume reduction therapies.

Endovascular Coil Embolizations

Coding Clinic, **Second Quarter 2009** Page: 7
Effective with Discharges: July 7, 2009

.....Assign code **39.79, Other endovascular repair of (aneurysm) of other vessels**, for the endovascular coil embolization. Endovascular embolization, an alternative to invasive surgery, is a procedure that treats a broad spectrum of clinical disorders involving the vasculature of the brain as well as other parts of the body. Endovascular embolization utilizes: particulate agents, such as gelfoam, polyvinyl alcohol and spherical embolics (utilized in uterine artery embolization); coils, liquid sclerosing agents, such as alcohol and tissue adhesives; and other types of embolic materials. When coils are utilized, it is also referred to as coil embolization; use code **39.79, Other endovascular repair of (aneurysm) of other vessels, for coil embolization**. This code assignment can be found in the index to procedures under:

Embolization
artery
coil 39.79