Coders’ Desk Reference
for ICD-9-CM
Procedures

2014
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Procedural Eponyms

An eponym is the name of a person who has given rise to the name of a particular place, tribe, discovery, or other item. In the medical profession, a disease or procedure may be known by the name of a person thought to have identified the disease or developed a surgical technique. This custom of identifying a procedure by the originator’s name may prove to be problematic for the coder. The following list includes most of the procedures described by eponym in Volume 3 of ICD-9-CM.

**Abbe**
- construction of vagina 70.61 with graft or prosthesis 70.63

**AbioCor®**
- total replacement heart 37.52

**Aburel**
- (intra-amniotic injection for abortion) 75.0

**Adams**
- advancement of round ligament 69.22
- crushing of nasal septum 21.88
- excision of palmar fascia 82.35

**AESOP®**
- (Automated Endoscopic System for Optimal Positioning)-see category 17.4

**Albee**
- bone peg, femoral neck 78.05
- graft for slipping patella 78.06
- sliding inlay graft, tibia 78.07

**Albert**
- (arthrodesis, knee) 81.22

**Aldridge** (Studdiford)
- (urethral sling) 59.5

**Alexander**
- prostatectomy perineal 60.62
- suprapubic 60.3
- shortening of round ligaments of uterus 69.22

**Alexander-Adams** (shortening of round ligaments of uterus) 69.22

**Almooor**
- (extrapetrosal drainage) 20.22

**Altmeier**
- (perineal rectal pull-through) 48.49

**Ammon**
- dacrocystotomy 09.53

**Anderson**
- (tibial lengthening) 78.37

**Anel**
- (dilation of lacrimal duct) 09.42

**Arslan**
- (fenestration of inner ear) 20.61

**Asai**
- (larynx) 31.75

**Baffes**
- (interatrial transposition of venous return) 35.91

**Baldy**
- Webster (uterine suspension) 69.22

**Ball**
- herniorrhaphy (inguinal)
  - bilateral
    - direct w/o graft 53.11
    - with graft 53.14
    - comb direct/indirect w/o graft 53.13
    - with graft 53.16
    - indirect w/o graft 53.12
    - with graft 53.15
    - NOS w/o graft 53.10
    - with graft 53.17
  - unilateral
    - direct w/o graft 53.01
    - with graft 53.03
    - indirect w/o graft 53.02
    - with graft 53.04
    - NOS w/o graft 53.00
    - with graft 53.05
    - undercutting 49.02

**Bankhart**
- (capsular repair into glenoid, for shoulder dislocation) 81.82

**Bardenheuer**
- (ligation of innominate artery) 38.85

**Barkan**
- (goniotomy) 12.52
  - with goniopuncture 12.53

**Barr**
- (transfer of tibialis posterior tendon) 83.75

**Barsky**
- (closure of cleft hand) 82.82

**Bassett**
- (vulvectomy with inguinal lymph node dissection) 71.5, [40.3]

**Bassini**
- herniorrhaphy (inguinal)
  - bilateral
    - direct w/o graft 53.11
    - with graft 53.14
    - comb direct/indirect w/o graft 53.13
    - with graft 53.16
    - indirect w/o graft 53.12
    - with graft 53.15
    - NOS w/o graft 53.10
    - with graft 53.17
  - unilateral
    - direct w/o graft 53.01
    - with graft 53.03
    - indirect w/o graft 53.02
    - with graft 53.04
    - NOS w/o graft 53.00
    - with graft 53.05
    - undercutting 49.02
35-39

Operations on the Cardiovascular System

ICD-10-PCS Spotlight

ICD-10-PCS Coding Guideline: In the Medical/Surgical section (0) of ICD-10-PCS, the root operation Map is defined as locating the route of passage of electrical impulses and/or locating functional areas in the heart.

Coding Scenario: A patient is admitted for comprehensive catheter-based cardiac electrophysiologic mapping of the heart using electrode catheters threaded through venous sheaths into the right heart to obtain intracardiac electrocardiogram readings with subsequent multichannel recordings.

ICD-10-PCS Code Assignment:
02K83ZZ Map, conduction mechanism, percutaneous approach

Coding Clarification: The ICD-10-PCS root operation Map represents procedures that may be documented as cardiac mapping, cortical mapping, electrophysiological studies, or EP studies. Mapping procedures may be performed on the heart and great vessels (02K) or the brain (00K).

The ICD-9-CM classification system for operations performed on the cardiovascular system is divided into categories of procedures according to sites as follows:

- Operations on the Valves and Septa of Heart (35)
- Operations on the Vessels of Heart (36)
- Other Operations on Heart and Pericardium (37)
- Incision, Excision and Occlusion of Vessels (38)
- Other Operations on Vessels (39)

Coding Clarification

Many of the subcategories in this portion of the classification system require a fourth digit for further specificity with regard to type and/or site of the operation performed.

35 Operations on the valves and septa of the heart

Description

The heart is a dual-pumping mechanism, which is divided by a partition called the septum, into left and right sections. Both the right and left heart sections are further divided into upper and lower sections called chambers. The upper chambers are referred to as the atria and the lower chambers are referred to as the ventricles. The atria receive blood from the veins of the body via the vena cava, while the ventricles pump blood through the aorta to the arteries of the body.

Valves allow for the controlled flow of blood, and when functioning normally, prevent the back-flow of blood, ensuring that circulation occurs to and from the heart in the proper, uninterrupted direction.

Valves are defined as follows:

- **Mitral (bicuspid) valve:** Separates the left atrium and left ventricle, allowing blood to flow from the left atrium into the left ventricle.
- **Aortic (semilunar) valve:** Separates the left ventricle and aorta, allowing the blood to flow from the heart to the arteries of the body via the aorta.
- **Pulmonary (semilunar) valve:** Separates the right ventricle and the pulmonary artery, allowing blood to flow to the lungs for oxygenation.
- **Tricuspid (atrioventricular) valve:** Separates the right atrium and ventricle, allowing the blood to flow into the right ventricle from the right atrium.

Category 35 provides codes for incisions, repairs, replacements, and other operations on the valves, septa, and certain adjacent cardiac structures.
Coding Guidance
AHA: 4Q, '05, 119-120

Coding Scenario
A hospital patient was taken to the operative suite for scheduled prosthetic mitral valve replacement and CSD implant for management of mitral valve insufficiency and chronic diastolic heart failure. Measurements for CSD were taken via TEE. The patient was placed on cardiopulmonary bypass and both procedures were performed successfully and without incident.

Code Assignment:
424.0 Mitral valve insufficiency
428.32 Diastolic heart failure, chronic
35.24 Other replacement of mitral valve
37.41 Implantation of prosthetic cardiac support device around the heart
39.61 Cardiopulmonary bypass
88.72 Transesophageal echocardiography

37.49 Other repair of heart and pericardium

Description
This procedure code describes other repairs of the heart and pericardium not more specifically classified elsewhere.

Repair of a cardiac wound may be performed with cardiopulmonary bypass. The physician gains access to the heart using an incision through the sternum (median sternotomy) or the left anterior chest wall (thoracotomy). A pericardial window may be created if the diagnosis of penetrating cardiac trauma is not confirmed. Once penetrating trauma has been confirmed, the pericardial sac is incised and clotted blood and fluid removed. The entire heart is inspected and wound site(s) identified. Small lacerations are repaired with sutures and reinforced with Teflon felt pledges to anchor the sutures. Lacerations to small coronary vessels are ligated. Lacerations to larger coronary vessels are repaired. Large myocardial wounds may require synthetic grafting to cover the wound. The surgical incision is closed. Chest tubes and/or a mediastinal drainage tube may be left in place following the procedure.

37.5 Heart transplantation

Description
This subcategory includes heart replacement procedures, including implantation and repair or replacements of implantable heart replacement systems or components.

Coding Clarification
Heart replacement procedures are reserved for patients suffering from end-stage heart disease, recalcitrant to other treatment options.

37.51 Heart transplantation

Description
The patient is placed on cardiopulmonary bypass. Cardiac transplantation may be performed by one of two techniques: total orthotopic heart replacement or heterotopic implantation. A total orthotopic heart replacement involves excising the ventricles, atrial appendages, and most of the coronary sinus from the donor heart. The recipient heart is opened. The atria, aorta, and pulmonary artery of the recipient heart are anastomosed to the donor heart. The sinoatrial nodes of both the donor and recipient heart are left intact. In a heterotopic implantation, the donor’s organs are placed by sewing the left atrium of the donor heart to the left atrium of the recipient and sewing together the atrial septum and the right atrium. The donor aorta is trimmed to an appropriate length and sewn to the ascending aorta of the recipient. Immunosuppressive drugs may be given to the patient before, during, and after the operation. Cardiopulmonary bypass is discontinued when the donor heart begins functioning in the recipient.

Coding Clarification
Code 37.51 excludes combined heart-lung transplantation (33.6)

37.52 Implantation of internal biventricular heart replacement system

Description
The physician exposes the heart by median sternotomy. Pockets are created for the components of the system. The sites of pocket implantation may vary depending on the patient’s anatomy. The implanted battery and controller may be implanted below the ribs, anterior to the rectus abdominus muscle sheath. The transcutaneous energy transfer (TET) coil may be implanted anterior to the pectoral muscle. The patient is placed on cardiopulmonary bypass.