



**Date: 11/8/06 REVISED**

**Medi-Cal**

**Provider Notice: 0047**

**Subject: HCPCS Updates for 2005: ICD-9-CM Volume 3 Procedure Codes  
(Only used by hospitals for inpatient surgical admissions)  
Effective 11/1/05**

Effective for dates of service on or after 11/1/05, Medi-Cal/PHC will implement the 2005 Healthcare Common Procedure Coding System (HCPCS) annual update for ICD-9-CM Volume 3 procedure codes.

**New ICD-9-CM Volume 3 Procedure Codes**

<b>Code</b>	<b>Description</b>
00.16	Pressurized treatment of venous bypass graft (conduit) with pharmaceutical substance
00.17	Infusion of vaspressor agent
00.21	Intravascular imaging of extracranial cerebral vessels
00.22	Intravascular imaging of intrathoracic vessels
00.23	Intravascular imaging of peripheral vessels
00.24	Intravascular imaging of coronary vessels
00.25	Intravascular imaging of renal vessels
00.28	Intravascular imaging, other specified vessel(s)
00.29	Intravascular imaging, unspecified vessel(s)
00.31	Computer assisted surgery with CT/CTA
00.32	Computer assisted surgery with MR/MRA
00.33	Computer assisted surgery with fluoroscopy
00.34	Imageless computer assisted surgery
00.35	Computer assisted surgery with multiple datasets
00.39	Other computer assisted surgery
00.61	Percutaneous angioplasty or atherectomy of precerebral (extracranial) vessel(s)
00.62	Percutaneous angioplasty or atherectomy of intracranial vessel(s)

00.63	Percutaneous insertion of carotid artery stent(s)
00.64	Percutaneous insertion of other precerebral (extracranial) artery stent(s)
00.65	Percutaneous insertion of other intracranial artery stent(s)
00.91	Transplant from live related donor
00.92	Transplant from live non-related donor
00.93	Transplant from cadaver
27.64	Insertion of palatal implant
37.68	Insertion of percutaneous external heart assist device
37.90	Insertion of left atrial appendage device
44.38	Laparoscopic gastroenterostomy
44.67	Laparoscopic procedures for creation of esophagogastric spincteric competence
44.68	Laparoscopic gastroplasty
44.95	Laparoscopic gastric restrictive procedure
44.96	Laparoscopic revision of gastric restrictive procedure
44.97	Laparoscopic removal of gastric restrictive device(s)
44.98	(laparoscopic) adjustment of size of adjustable gastric restrictive device
81.65	Vertebroplasty
81.66	Kyphoplasty
84.53	Implantation of internal limb lengthening device with kinetic distraction
84.54	Implantation of other internal limb lengthening device
84.55	Insertion of bone void filler
84.59	Insertion of other spinal devices
84.60	Insertion of spinal disc prosthesis, NOS
84.61	Insertion of partial spinal disc prosthesis, cervical
84.62	Insertion of total spinal disc prosthesis, cervical
84.63	Insertion of spinal disc prosthesis, thoracic
84.64	Insertion of partial spinal disc prosthesis, lumbosacral
84.65	Insertion of total spinal disc prosthesis, lumbrosacral
84.66	Revision or replacement of artificial spinal disc prosthesis, cervical
84.67	Revision or replacement of artificial spinal disc prosthesis, thoracic
84.68	Revision or replacement of artificial spinal disc prosthesis, thoracic
84.69	Revision or replacement of artificial spinal disc prosthesis, NOS
86.94	Insertion or replacement of single array neurostimulator pulse generator
86.95	Insertion or replacement of dual array neurostimulator pulse generator
86.96	Insertion or replacement of other neurostimulator pulse generator
89.49	Automatic implantable cardioverter/defibrillator (AICD) check
99.78	Aquapheresis

## Revised ICD-9-CM Volume 3 Procedure Codes

Code	Description
00.55	Insertion of drug-eluting peripheral vessel stent(s)
01.22	Removal of intracranial neurostimulator lead(s)
02.93	Implantation or replacement of intracranial neurostimulator lead(s)
03.93	Implantation or replacement of spinal neurostimulator lead(s)
03.94	Removal of spinal neurostimulator lead(s)
04.92	Implantation or replacement of peripheral neurostimulator lead(s)
04.93	Removal of peripheral neurostimulator lead(s)
36.11	(Aorto) coronary bypass of one coronary artery
36.12	(Aorto) coronary bypass of two coronary arteries
36.13	(Aorto) coronary bypass of three coronary arteries
36.14	(Aoroto) coronary bypass of four or more coronary arteries
37.62	Insertion of non-implantable heart assist system
37.63	Repair of heart assist system
37.65	Implant of external heart assist system
37.66	Insertion of implantable heart assist system
39.50	Angioplasty or atherectomy of other non-coronary vessel(s)
39.90	Insertion of non-drug-eluting, peripheral vessel stent(s)
86.05	Incision with removal of foreign body or device from skin and subcutaneous tissue

**The following ICD-9-CM Volume 3 Procedure codes may justify for transplant services:**

41.04	Autologous hematopoietic stem cell transplant w/o purging
41.05	Allogenic hematopoietic stem cell transplant w/o purging
41.07	Autologous hematopoietic stem cell transplant with purging
41.08	Allogenic hematopoietic stem cell transplant with purging
50.51	Auxiliary liver transplant