

INGENIX®

Coders' Desk Reference
for ICD-9-CM
Procedures

2009

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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

Almoor (extrapetrosal drainage) 20.22

Altemeier (perineal rectal pull-through) 48.49

Ammon (dacryocystotomy) 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

Bardenheurer (ligation of innominate artery) 38.85

Barkan (goniotomy) 12.52

with gonionpuncture 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

14.41 Scleral buckling with implant

Description

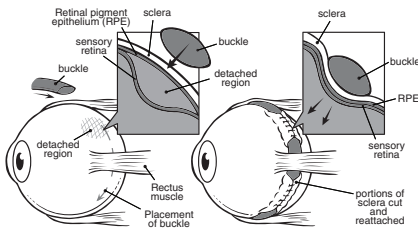
The physician explores the sclera to locate the site overlying a retinal detachment. Stay sutures are placed under involved rectus muscles so the eye may be exposed to the area that will be treated. The physician treats the retinal tear externally, by placing a cold or hot probe over the scleral and depressing it. The burn seals the choroid to the retina at the site of the tear. The physician cuts a groove in the sclera and mattress sutures are placed across this incision. Any subretinal fluid is drained. A Silastic band is laid in the scleral bed and sutured in place. Sometimes, a silicone sponge is placed under the band. Additional cryotherapy or photocoagulation may be accomplished at this time. When the tear has been adequately repaired and supported, the rectus muscle sutures are removed.

Coding Clarification

Because the band is implanted at the same time as the retinal detachment, it is considered an implant and is therefore an inherent part of the scleral buckle procedure.

Coding Guidance

AHA: 3Q, '96, 6



14.49 Other scleral buckling

Description

Code 14.49 is used to report scleral buckling with air tamponade, resection of sclera, or vitrectomy.

Documentation Tip

Review the documentation for specific information regarding the procedure prior to final code selection in order to ensure appropriate code assignment.

Coding Guidance

AHA: 1Q, '94, 16, 17

14.5 Other repair of retinal detachment

Description

When the retina detaches, it separates from its nourishing blood supply and falls into the posterior

cavity of the eye. Loss of vision results. All codes within subcategory 14.5 include repair of retinal detachment with drainage.

14.51 Repair of retinal detachment with diathermy

Description

The physician reattaches the retina by diathermy, where heat is used to seal the retinal tissue to the back of the eye. Diathermy is performed without entering the posterior chamber. The probe is pressed against the sclera overlying the site of the retinal defect, sealing it against the choroid. Any incisions are repaired with layered closures. Injections may be required to reestablish proper intraocular pressure. A topical antibiotic or pressure patch may be applied.

14.52 Repair of retinal detachment with cryotherapy

Description

The physician reattaches the retina by freezing (cryotherapy) and thus sealing the retinal tissue to the back of the eye. The physician explores the sclera and stay sutures are placed under the involved rectus muscles so the eye can be rotated to expose the area to be treated. Sometimes, a rectus muscle is temporarily detached to permit adequate exposure. Cryotherapy is performed without entering the posterior chamber. A probe is pressed against the sclera overlying the site of the retinal defect, sealing it against the choroid. If subretinal fluid must be drained, the physician makes an incision in the sclera (sclerotomy) to permit access to the middle layer of the eye's shell (the choroid), which is perforated so that fluid drains out. Any incisions are repaired with layered closures. Injections may be required to reestablish proper intraocular pressure. A topical antibiotic or pressure patch may be applied.

14.53 Repair of retinal detachment with xenon arc photocoagulation

Description

The physician uses a xenon arc, which goes through a dilated pupil without an incision, to seal the retina back into place against the choroid (vascular, middle layer of the eye's shell). If subretinal fluid must be drained, the physician cuts through the conjunctiva and into the sclera (sclerotomy) to access the choroid, which is perforated so that fluid drains out. Any incisions are repaired with layered closures. Injections may be required to reestablish the intraocular pressure. A topical antibiotic or pressure patch may be applied.

08-16