



## Enlargement of Existing Atrial Septal Defect Creation of New Atrial Septal Defect

Patrick S. Romano, MD MPH and Ginger Cox, RHIT CCS UC Davis Center for Healthcare Policy and Research On behalf of US Agency for Healthcare Research and Quality

March 18, 2015

**ICD-10** Coordination and Maintenance Committee



# Indications for atrial septostomy

### Goals of procedure

- Move saturated blood into the right ventricle, promote mixing of saturated and desaturated blood
- Provide "pop-off" for a right ventricle failing against high pressure
- Dextro-transposition of the great arteries
  - Neonates have "patent foramen ovale"
- Hypoplastic left heart syndrome with restrictive atrial septum (stage 1 palliation)
- Pulmonary hypertension or tricuspid atresia
  Foramen ovale typically closed

#### Diagram of the dextro type of transposition of the great arteries

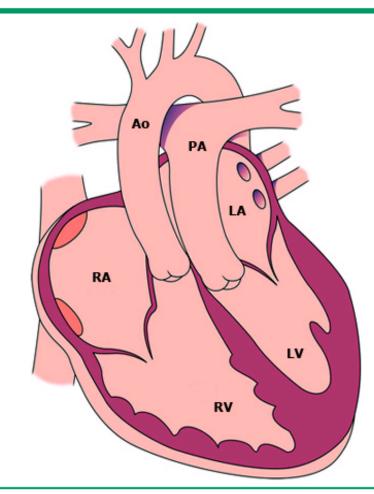


Diagram of the dextro type of transposition of the great arteries showing the abnormal position of the aorta (Ao) and the pulmonary artery (PA).

Ao: aorta; LA: left atrium; LV: left ventricle; PA: pulmonary artery; RA: right atrium; RV: right ventricle.

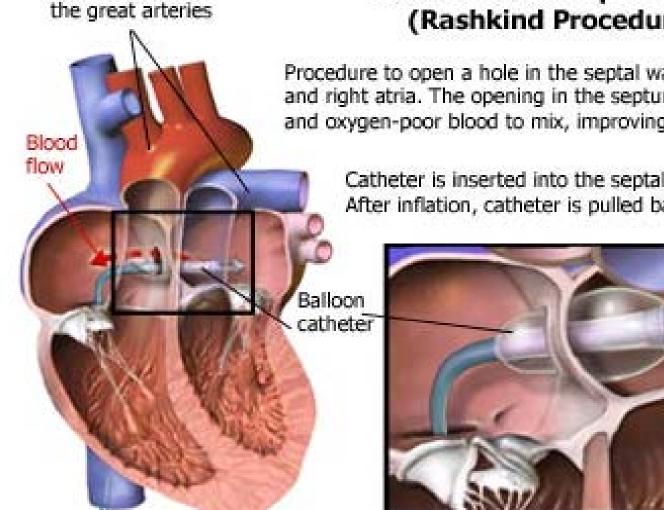
Reproduced with permission from: Multimedia Library of Congenital Heart Disease, Children's Hospital, Boston, editor Robert Geggel MD, www.childrenshospital.org/mml/cvp.





Transposition of

# **Creation or Enlargement**



Balloon Atrial Septostomy (Rashkind Procedure)

Procedure to open a hole in the septal wall dividing the left and right atria. The opening in the septum allows oxygen-rich and oxygen-poor blood to mix, improving circulation.

> Catheter is inserted into the septal hole and inflated. After inflation, catheter is pulled back through hole.



# **ICD-9-CM coding**

• 35.41 Enlargement of existing atrial septal defect

- Rashkind procedure
- Septostomy (atrial)(balloon)\*
- 35.42 Creation of septal defect
  - Blalock-Hanlon operation

\* May also be done by transcatheter "blade," in which case it creates a septal defect where none existed before

# **AHRE** Enlargement of Existing Septal Defect

- Currently ICD-9-CM code 35.41 Enlargement of existing atrial septal defect is mapped to 02QA for "repair" of "heart."
- Repair: "Restoring, to the extent possible, a body part to its normal anatomic structure and function."
- Enlargement of a defect is not repair.
- Atrial septal defect is an abnormal orifice between the left and right atria.
- We propose mapping instead to 0275 for "dilation" of "atrial septum" (defect).
- Dilation: "Expanding an orifice or the lumen of a tubular body part."



#### 0 Medical Surgical 2 Heart and Great Vessels

7 Dilation

#### Body Part

Add value 5 for atrial septum

Requires new row

#### Approach

Use existing values 0 for open; 3 for percutaneous; 4 for percutaneous endoscopic.

#### Device

Use value Z for no device.

#### Qualifier

Use value Z for no qualifier.



# **Creation of septal defect**

- Currently ICD-9-CM code 35.42 Creation of septal defect is mapped to 02B5, "Excision" of "atrial septum."
- Excision: "Cutting out or off, without replacement, a portion of a body part."
- Creating a septal defect percutaneously requires cutting into it, but does not require removal of tissue.
- We propose alternative mapping to 0285, "division" of "atrial septum."
- Division: "Cutting into a body part without draining fluids and/or gases from the body part in order to separate or transect a body part."



0 Medical Surgical 2 Heart and Great Vessels 8 <u>Division</u>

#### **Body Part**

Add value 5 for atrial septum

Does not require new row

#### Approach

Use existing values 0 for open; 3 for percutaneous; 4 for percutaneous endoscopic.

#### Device

Use existing value Z for no device.

Qualifier

Use existing value Z for no qualifier.



# Questions

- Clinical comments
  - psromano@ucdavis.edu
- Coding comments
  - Ginger.cox@ucdmc.ucdavis.edu
- Comments and suggestions to AHRQ
  - Mamatha.pancholi@ahrq.hhs.gov