

CODING COMPANION

2019

Neurosurgery/ Neurology

A comprehensive illustrated guide
to coding and reimbursement



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Getting Started with Coding Companion

Coding Companion for Neurology/Neurosurgery is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, *Coding Companion* lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Evaluation and Management

This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)
could be found in the index under the following main terms:

Antrotomy

Transmastoid, 69501

Excision

Mastoid

Simple, 69501

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

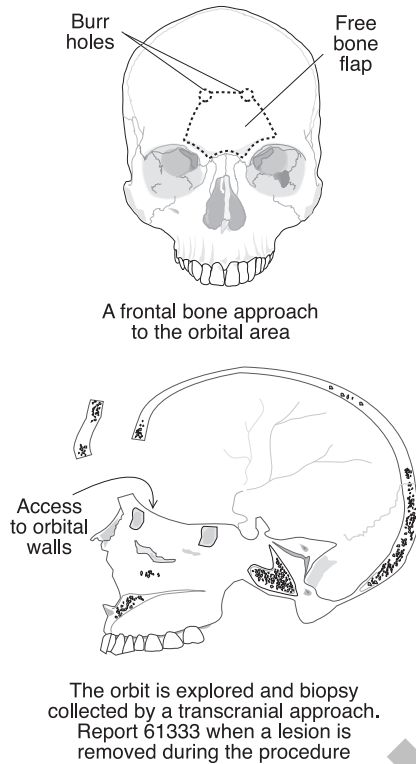
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

61332-61333

61332 Exploration of orbit (transcranial approach); with biopsy
61333 with removal of lesion



Explanation

The physician explores the orbit and removes lesions. The physician incises the frontal scalp area and retracts the scalp posteriorly and the forehead anteriorly. The frontal bone is cut and removed. The forebrain is retracted until the superior margins of the orbit are visualized. In 61332, suspect tissue is biopsied. In 61333, a lesion is excised. The roof of the orbit is reconstructed and freedom of movement of extraocular eye muscles is ensured. The dura is closed and the skull is replaced. The forehead and scalp are reanastomosed and sutured in layers.

Coding Tips

These are unilateral procedures. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers. Modifier 50 identifies a procedure performed identically on the opposite side of the body (mirror image). Note that this procedure is performed via a transcranial approach.

ICD-10-CM Diagnostic Codes

- C69.61 Malignant neoplasm of right orbit
- C69.62 Malignant neoplasm of left orbit
- D18.02 Hemangioma of intracranial structures
- D31.61 Benign neoplasm of unspecified site of right orbit
- D31.62 Benign neoplasm of unspecified site of left orbit
- D48.0 Neoplasm of uncertain behavior of bone and articular cartilage
- D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin
- D49.89 Neoplasm of unspecified behavior of other specified sites

- G36.0 Neuromyelitis optica [Devic]
- Q10.7 Congenital malformation of orbit

AMA: 61332 2014,Jan,11 61333 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
61332	28.6	17.97	11.68	58.25
61333	29.27	18.28	11.97	59.52
Facility RVU	Work	PE	MP	Total
61332	28.6	17.97	11.68	58.25
61333	29.27	18.28	11.97	59.52

	FUD	Status	MUE	Modifiers				IOM Reference
61332	90	A	1(2)	51	50	62*	80	None
61333	90	A	1(2)	51	50	62*	80	

* with documentation

Terms To Know

biopsy. Tissue or fluid removed for diagnostic purposes through analysis of the cells in the biopsy material.

carcinoma in situ. Malignancy that arises from the cells of the vessel, gland, or organ of origin that remains confined to that site or has not invaded neighboring tissue.

craniotomy. Surgical incision made into the cranium or skull for a number of surgical reasons (e.g., decompression, implantation of electrode array, excision, etc.).

exploration. Examination for diagnostic purposes.

hemangioma. Benign neoplasm arising from vascular tissue or malformations of vascular structures. It is most commonly seen in children and infants as a tumor of newly formed blood vessels due to malformed fetal angioblastic tissues.

lesion. Area of damaged tissue that has lost continuity or function, due to disease or trauma. Lesions may be located on internal structures such as the brain, nerves, or kidneys, or visible on the skin.

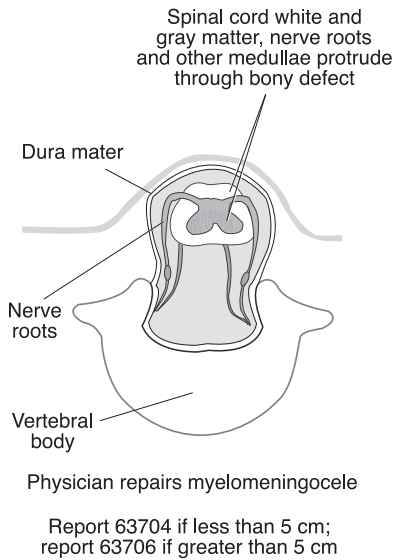
malignant. Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other body areas.

neoplasm. New abnormal growth, tumor.

orbit. Bony cavity that contains the eyeball, formed by seven bones of the skull: frontal, sphenoid, maxilla, zygomatic, palatine, lacrimal, and ethmoid.

63704-63706

63704 Repair of myelomeningocele; less than 5 cm diameter
63706 larger than 5 cm diameter



Explanation

The physician corrects a defect in which the spinal cord, malformed nerve roots, and meninges all protrude through the defect, often directly exposed to the outside of the body. Surgery can be performed in one of many ways, though most require fusion from the thoracic region to the sacrum. The physician places the patient prone and incises the defect to the subarachnoid space. Using a microscope, the edges of the neural placode are trimmed of skin, dural remnants, and fat. The lateral edges of the placode are sutured together to form a tube. The dura is incised and closed. Skin is closed with sutures. Report 63704 if the myelomeningocele is less than 5 cm in diameter; report 63706 if the defect is more than 5 cm in diameter.

Coding Tips

A myelomeningocele is a spinal birth defect consisting of a cystic sac, cerebrospinal fluid, meninges, and part of the spinal cord (depending on the spinal level of the defect). A meningocele is a spinal birth defect consisting of a cystic sac, cerebrospinal fluid, and meninges. If this procedure is completed through an operating microscope, report 69990 in addition to the primary procedure. However, head gear (e.g., loupes or binoculars) is considered an integral part of this procedure. Complex skin closure is reported separately. For tissue transfer or rearrangement, see 14000–14001; skin grafts, see 15200–15201; flaps, see 15734, 15756, and 15757. For repair of a meningocele, see 63700–63702. For repair of a dural/CSF leak or pseudomeningocele with laminectomy, see 63709. Do not append modifier 63 to 63704–63706 as the description or nature of the procedure includes infants up to 4 kg.

ICD-10-CM Diagnostic Codes

G96.19 Other disorders of meninges, not elsewhere classified
 Q05.0 Cervical spina bifida with hydrocephalus

- Q05.1 Thoracic spina bifida with hydrocephalus
- Q05.2 Lumbar spina bifida with hydrocephalus
- Q05.3 Sacral spina bifida with hydrocephalus
- Q05.5 Cervical spina bifida without hydrocephalus
- Q05.6 Thoracic spina bifida without hydrocephalus
- Q05.7 Lumbar spina bifida without hydrocephalus
- Q05.8 Sacral spina bifida without hydrocephalus

AMA: 63704 2014,Jan,11 63706 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
63704	22.43	16.71	9.17	48.31
63706	25.35	18.05	10.39	53.79
Facility RVU	Work	PE	MP	Total
63704	22.43	16.71	9.17	48.31
63706	25.35	18.05	10.39	53.79

	FUD	Status	MUE	Modifiers				IOM Reference
63704	90	A	1(3)	51	N/A	62*	80	None
63706	90	A	1(3)	51	N/A	62*	80	

* with documentation

Terms To Know

cerebrospinal fluid. Thin, clear fluid circulating in the cranial cavity and spinal column that bathes the brain and spinal cord.

closure. Repairing an incision or wound by suture or other means.

defect. Imperfection, flaw, or absence.

dura mater. Outermost, hard, fibrous layer or membrane that surrounds the brain and spinal cord.

fusion. Union of adjacent tissues, especially bone.

incision. Act of cutting into tissue or an organ.

meninges. Tough membranous protectors of the central nervous system that cover the brain and spinal cord comprising three layers: the dura mater, arachnoid mater, and pia mater.

operating microscope. Compound microscope with two or more lens systems or several grouped lenses in one unit that provides magnifying power to the surgeon up to 40X.

prone. Lying face downward.