Procedural Cross Coder

Essential links from ICD-9-CM volume 3 procedure codes to CPT® and HCPCS Level II code
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Introduction

Parallel procedural coding systems have been in place in U.S. medical reimbursement circles for decades. ICD-9-CM volume 3, established in 1975 by the federal Centers for Medicare and Medicaid Services (CMS), is now in its fifth edition. ICD-9-CM, volume 3 is the coding system used by hospitals to report inpatient care. The American Medical Association’s (AMA) Current Procedural Terminology (CPT®), first published in 1966, is now in its fourth edition. This coding system covers outpatient (office) services, and inpatient (hospital) services performed specifically by the physician. Each system has strengths within the market it serves. Until recently, each was autonomous.

Today’s consolidated health care environment is creating conflicts between the two systems. Many hospitals operate outpatient facilities in which CPT coding is used instead of ICD-9-CM procedural coding. With the advent of ambulatory surgical centers and physician office surgical suites, many procedures that were once performed exclusively for inpatient services now can be performed as either inpatient or outpatient services. Consequently, two coding systems are in use for the same procedures.

Managers have difficulty tracking frequencies or costs when the facility data contains both ICD-9-CM and CPT codes. Payers and government statisticians become mired in tracking trends when their statistics contain both code sets. The Optum 2013 Procedural Cross Coder is designed to act as a bridge to connect ICD-9-CM procedural codes and CPT codes. It gives coders an easy-to-use reference when selecting the correct CPT procedural code from ICD-9-CM volume 3 codes. The crosswalk translates the selected procedural codes for services provided by the physician in either the inpatient or outpatient setting.

History

ICD-9-CM volume 3 draws heavily from procedural classifications developed in the early 1970s by an international committee sponsored by the World Health Organization (WHO). Significant work on surgical procedures for this project came from the United States, and that original work is the basis for today’s ICD-9-CM, volume 3. Current procedural coding evolved from a three- to four-digit system necessitated by the demand for more specific clinical detail.

CMS maintains the volume 3 codes, which include operative, diagnostic, and therapeutic procedures. Annual code revisions reflect the goal of a procedure coding system that can be used with equal efficiency both in hospitals and other primary care settings.

Format

The Optum 2013 Procedural Cross Coder offers these features:

- Each ICD-9-CM volume 3 code is linked to all applicable CPT codes, which are printed with their official, complete AMA descriptions.
- Each ICD-9-CM volume 3 code is linked to all applicable surgical HCPCS codes.
- All ICD-9-CM volume 3 codes are valid and of the highest level of specificity.
- The ICD-9-CM volume 3, CPT, and HCPCS code sets have been updated to include 2013 changes.

Organization

Prior to using the Optum 2013 Procedural Cross Coder, take the time to study the format and to understand the conventions of ICD-9-CM and CPT coding. The crosswalk is organized similar to ICD-9-CM volume 3. These codes are presented in numeric order, and the section title from ICD-9-CM appears at the top of each page. The sections are organized by anatomy, rather than surgical specialty:

- Procedures and Interventions, NEC (00)
- Operations on the Nervous System (01-05)
- Operations on the Endocrine System (06-07)
- Operations on the Eye (08-16)
- Other Miscellaneous Diagnostic and Therapeutic Procedures (17)
- Operations on the Ear (18-20)
- Operations on the Nose, Mouth, and Pharynx (21-29)
- Operations on the Respiratory System (30-34)
- Operations on the Cardiovascular System (35-39)
- Operations on the Hemic and Lymphatic Systems (40-41)
- Operations on the Digestive System (42-54)
- Operations on the Urinary System (55-59)
- Operations on the Male Genital Organs (60-64)
- Operations on the Female Genital Organs (65-71)
- Obstetrical Procedures (72-75)
- Operations on the Musculoskeletal System (76-84)
- Operations on the Integumentary System (85-86)
- Miscellaneous Diagnostic and Therapeutic Procedures (87-99)

The most important factor in ICD-9-CM procedure coding is understanding the rules.

Only valid codes—those that are coded to their highest level of specificity—are included in the crosswalk. If you are seeking information about a code that is not at its highest level of specificity, you should seek your answer among all the valid codes within that rubric. For instance, if you are working with the invalid code 24.3, review 24.31, 24.32, and 24.39 for the best CPT crosswalk.
Operations on the Nervous System (01-05)

01.01
Cisternal puncture

CPT Codes
61050 Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055 Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)

01.02
Ventriculopuncture through previously implanted catheter

CPT Codes
61020 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
61070 Puncture of shunt tubing or reservoir for aspiration or injection procedure

01.09
Other cranial puncture

CPT Codes
61000 Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001 Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
61050 Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other intracerebral monitoring device
61055 Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other intracerebral monitoring device (separate procedure)
61105 Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents

01.10
Intracranial pressure monitoring

CPT Codes
61107 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
61210 Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
95999 Unlisted neurological or neuromuscular diagnostic procedure

01.11
Closed (percutaneous) (needle) biopsy of cerebral meninges

CPT Codes
61140 Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance

01.12
Open biopsy of cerebral meninges

CPT Codes
61140 Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance

01.13
Closed (percutaneous) (needle) biopsy of brain

CPT Codes
61140 Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance

01.14
Open biopsy of brain

CPT Codes
61140 Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance

01.15
Biopsy of skull

CPT Codes
20220 Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20240 Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)

01.16
Intracranial oxygen monitoring

CPT Codes
61107 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
61210 Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
Operations on the Musculoskeletal System (76-84)

**76.01**
Sequestrectomy of facial bone

**CPT Codes**
- 21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible
- 21026 Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
- 41830 Absextomy, including curettage of osteitis or sequestrectomy

**76.09**
Other incision of facial bone

**CPT Codes**
- 21299 Unilateral craniofacial and maxillofacial procedure

**76.11**
Biopsy of facial bone

**CPT Codes**
- 20220 Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
- 20225 Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
- 20240 Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
- 20245 Biopsy, bone, open; deep (eg, humerus, ischium, femur)

**76.19**
Other diagnostic procedures on facial bones and joints

**CPT Codes**
- 20800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)

**76.2**
Local excision or destruction of lesion of facial bone

**CPT Codes**
- 11010 Debridement including removal of foreign material at the site of an open fracture and/or open dislocation (eg, excisional debridement); skin and subcutaneous tissues
- 11011 Debridement including removal of foreign material at the site of an open fracture and/or open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle
- 11012 Debridement including removal of foreign material at the site of an open fracture and/or open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
- 21020 Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
- 21030 Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
- 21031 Excision of torus mandibularis
- 21032 Excision of mandibular torus palatinus
- 21034 Excision of malignant tumor of maxilla or zygoma
- 21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
- 21047 Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])
- 21048 Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
- 21049 Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])
- 29804 Arthroscopy, temporo-mandibular joint, surgical

**76.31**
Partial mandibulectomy

**CPT Codes**
- 21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible
- 21040 Excision of benign tumor or cyst of mandible; by enucleation and/or curettage
- 21044 Excision of malignant tumor of mandible;
- 21045 Excision of malignant tumor of mandible; radical resection
- 21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
- 21047 Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])
- 31070 Coronoidectomy (separate procedure)
- 31209 Osteoplasty, facial bones; reduction
- 41150 Gluosectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
- 41155 Gluosectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)

**76.39**
Partial ostectomy of other facial bone

**CPT Codes**
- 21026 Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
- 21046 Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
- 31049 Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillecotomy (eg, locally aggressive or destructive lesion[s])
- 31225 Maxillectomy; without orbital exenteration
- 31230 Maxillectomy; with orbital exenteration (en bloc)

**76.41**
Total mandibulectomy with synchronous reconstruction

**CPT Codes**
- 21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible
- 21026 Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
- 21044 Excision of malignant tumor of mandible;
- 21045 Excision of malignant tumor of mandible; radical resection
- 21245 Reconstruction of mandible or maxilla, subperiosteal implant; partial
- 21246 Reconstruction of mandible or maxilla, subperiosteal implant; complete
- 21248 Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
- 21249 Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete

**76.42**
Other total mandibulectomy

**CPT Codes**
- 21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible
- 21044 Excision of malignant tumor of mandible;
- 21045 Excision of malignant tumor of mandible; radical resection