

Procedural

Essential links from ICD-10-PCS
Procedure codes to CPT[®]
and HCPCS Level II codes

2017

ICD-10

A full suite of resources including the latest code set, mapping products, and expert training to help you make a smooth transition. www.optumcoding.com/ICD10

Introduction

Parallel procedural coding systems have been in place in U.S. medical reimbursement circles for decades. ICD-10-PCS, implemented October 1st, 2015 by the federal Centers for Medicare and Medicaid Services (CMS), has replaced ICD-9-CM, volume 3 as the coding system used by hospitals to report inpatient care. The American Medical Association's (AMA) *Current Procedural Terminology* (CPT®), first published in 1966, and currently in its fourth edition is the coding system that 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-10-PCS 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-10-PCS and CPT codes. Payers and government statisticians become mired in tracking trends when their statistics contain both code sets. The Optum360 2016 *Procedural Cross Coder* is designed to act as a bridge to connect ICD-10-PCS procedural codes and CPT codes. It gives coders an easy-to-use reference when selecting the correct CPT procedural code from ICD-10-PCS codes. The crosswalk translates the selected procedural codes for services provided by the physician in either the inpatient or outpatient setting.

History

CMS, the agency responsible for maintaining the inpatient procedure code set in the United States, contracted with 3M Health Information Systems in 1993 to design and then develop a procedure classification system to replace volume 3 of ICD-9-CM. The result, ICD-10-PCS, was initially completed in 1998. The code set has been updated annually since that time to ensure that ICD-10-PCS includes classifications for new procedures, devices, and technologies.

Officially implemented on October 1st, 2015, ICD-10-PCS took over as the new procedural classification system. CMS maintains these codes, which include operative, diagnostic, and therapeutic procedures. Annual code revisions will be made to reflect the goal of a procedure coding system; one that can be used with equal efficiency both in hospitals and other primary care settings.

Format

The Optum360 2016 *Procedural Cross Coder* offers these features:

- Numeric listing of nearly all valid ICD-10-PCS codes and their official, complete government descriptions
- Each ICD-10-PCS code is linked to all applicable CPT codes, which are printed with their official, complete AMA descriptions
- Each ICD-10-PCS code is linked to all applicable surgical HCPCS codes
- All ICD-10-PCS codes represented are valid and of the highest level of specificity
- The ICD-10-PCS, CPT, and HCPCS code sets have been updated to include 2016 changes

Organization

Prior to using the Optum360 2016 *Procedural Cross Coder*, take the time to study the format and to understand the conventions of ICD-10-PCS and CPT coding. There are four primary sections found in the tabular portion of ICD-10-PCS. The first section and the one to which most surgical procedures will be classified is the Medical and Surgical Section. This section is subclassified based on body system and all codes in this section will start with the first character of 0. The Medical and Surgical-Related Section includes procedures such as administration of substances or extracorporeal therapies. This section is subclassified based on the type of procedure with first characters beginning with 1-9. The Ancillary Section includes procedures that range from different types of imaging to rehabilitation or counseling. The subsections in the Ancillary Section will have the first characters of B-F and G-H. The final section, new in 2016, is the New Technology Section. The full breakdown of how the 2016 *Procedural Cross Coder* is organized is as follows:

Medical and Surgical Section

00	Central Nervous System
01	Peripheral Nervous System
02	Heart and Great Vessels
03	Upper Arteries
04	Lower Arteries
05	Upper Veins
06	Lower Veins
07	Lymphatic and Hemic Systems
08	Eye
09	Ear, Nose, Sinus
0B	Respiratory System
0C	Mouth and Throat
0D	Gastrointestinal System
0F	Hepatobiliary System and Pancreas
0G	Endocrine System
0H	Skin and Breast
0J	Subcutaneous Tissue and Fascia
0K	Muscles
0L	Tendons
0M	Bursae and Ligaments
0N	Head and Facial Bones
0P	Upper Bones
0Q	Lower Bones
0R	Upper Joints
0S	Lower Joints
0T	Urinary System
0U	Female Reproductive System
0V	Male Reproductive System
0W	Anatomical Regions, General
0X	Anatomical Regions, Upper Extremities
0Y	Anatomical Regions, Lower Extremities

009C40Z*Drainage of Cerebellum with Drainage Device, Percutaneous Endoscopic Approach***CPT Codes**

64999 Unlisted procedure, nervous system

009C4ZX*Drainage of Cerebellum, Percutaneous Endoscopic Approach, Diagnostic***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009C4ZZ*Drainage of Cerebellum, Percutaneous Endoscopic Approach***CPT Codes**

64999 Unlisted procedure, nervous system

009D00Z*Drainage of Medulla Oblongata with Drainage Device, Open Approach***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009D0ZX*Drainage of Medulla Oblongata, Open Approach, Diagnostic***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009D0ZZ*Drainage of Medulla Oblongata, Open Approach***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009D30Z*Drainage of Medulla Oblongata with Drainage Device, Percutaneous Approach***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009D3ZX*Drainage of Medulla Oblongata, Percutaneous Approach, Diagnostic***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009D3ZZ*Drainage of Medulla Oblongata, Percutaneous Approach***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009D40Z*Drainage of Medulla Oblongata with Drainage Device, Percutaneous Endoscopic Approach***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009D4ZX*Drainage of Medulla Oblongata, Percutaneous Endoscopic Approach, Diagnostic***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009D4ZZ*Drainage of Medulla Oblongata, Percutaneous Endoscopic Approach***CPT Codes**

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

009F00Z*Drainage of Olfactory Nerve with Drainage Device, Open Approach***CPT Codes**

64999 Unlisted procedure, nervous system

009F0ZX*Drainage of Olfactory Nerve, Open Approach, Diagnostic***CPT Codes**

64999 Unlisted procedure, nervous system

009F0ZZ*Drainage of Olfactory Nerve, Open Approach***CPT Codes**

64999 Unlisted procedure, nervous system

009F30Z*Drainage of Olfactory Nerve with Drainage Device, Percutaneous Approach***CPT Codes**

64999 Unlisted procedure, nervous system

009F3ZX*Drainage of Olfactory Nerve, Percutaneous Approach, Diagnostic***CPT Codes**

64999 Unlisted procedure, nervous system

02UD37Z

Supplement Papillary Muscle with Autologous Tissue Substitute, Percutaneous Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery

02UD38Z

Supplement Papillary Muscle with Zooplasic Tissue, Percutaneous Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery

02UD3JZ

Supplement Papillary Muscle with Synthetic Substitute, Percutaneous Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery

02UD3KZ

Supplement Papillary Muscle with Nonautologous Tissue Substitute, Percutaneous Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery

02UD47Z

Supplement Papillary Muscle with Autologous Tissue Substitute, Percutaneous Endoscopic Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery
39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed

02UD48Z

Supplement Papillary Muscle with Zooplasic Tissue, Percutaneous Endoscopic Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery
39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed

02UD4JZ

Supplement Papillary Muscle with Synthetic Substitute, Percutaneous Endoscopic Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery
39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed

02UD4KZ

Supplement Papillary Muscle with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery
39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed

02UF07Z

Supplement Aortic Valve with Autologous Tissue Substitute, Open Approach

CPT Codes

33417 Aortoplasty (gusset) for supra-ventricular stenosis
33602 Closure of semilunar valve (aortic or pulmonary) by suture or patch
33702 Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass

02UF08Z

Supplement Aortic Valve with Zooplasic Tissue, Open Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery

02UF0JZ

Supplement Aortic Valve with Synthetic Substitute, Open Approach

CPT Codes

33417 Aortoplasty (gusset) for supra-ventricular stenosis
33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass

02UF0KZ

Supplement Aortic Valve with Nonautologous Tissue Substitute, Open Approach

CPT Codes

33417 Aortoplasty (gusset) for supra-ventricular stenosis
33602 Closure of semilunar valve (aortic or pulmonary) by suture or patch
33702 Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass

02UF37Z

Supplement Aortic Valve with Autologous Tissue Substitute, Percutaneous Approach

CPT Codes

33417 Aortoplasty (gusset) for supra-ventricular stenosis
33602 Closure of semilunar valve (aortic or pulmonary) by suture or patch
33702 Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass

02UF38Z

Supplement Aortic Valve with Zooplasic Tissue, Percutaneous Approach

CPT Codes

33999 Unlisted procedure, cardiac surgery

031S0AG

Bypass Right Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach

CPT Codes

61711 Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries

031S0JG

Bypass Right Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach

CPT Codes

37799 Unlisted procedure, vascular surgery

031S0KG

Bypass Right Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach

CPT Codes

37799 Unlisted procedure, vascular surgery
61711 Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries

031S0ZG

Bypass Right Temporal Artery to Intracranial Artery, Open Approach

CPT Codes

61711 Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries

031T09G

Bypass Left Temporal Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach

CPT Codes

37799 Unlisted procedure, vascular surgery

031T0AG

Bypass Left Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach

CPT Codes

61711 Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries

031T0JG

Bypass Left Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach

CPT Codes

37799 Unlisted procedure, vascular surgery

031T0KG

Bypass Left Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach

CPT Codes

37799 Unlisted procedure, vascular surgery
61711 Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries

031T0ZG

Bypass Left Temporal Artery to Intracranial Artery, Open Approach

CPT Codes

61711 Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries

03500ZZ

Destruction of Right Internal Mammary Artery, Open Approach

CPT Codes

37799 Unlisted procedure, vascular surgery

03503ZZ

Destruction of Right Internal Mammary Artery, Percutaneous Approach

CPT Codes

37799 Unlisted procedure, vascular surgery

03504ZZ

Destruction of Right Internal Mammary Artery, Percutaneous Endoscopic Approach

CPT Codes

37501 Unlisted vascular endoscopy procedure

03510ZZ

Destruction of Left Internal Mammary Artery, Open Approach

CPT Codes

37799 Unlisted procedure, vascular surgery

03513ZZ

Destruction of Left Internal Mammary Artery, Percutaneous Approach

CPT Codes

37799 Unlisted procedure, vascular surgery

03514ZZ

Destruction of Left Internal Mammary Artery, Percutaneous Endoscopic Approach

CPT Codes

37501 Unlisted vascular endoscopy procedure

03520ZZ

Destruction of Innominate Artery, Open Approach

CPT Codes

37799 Unlisted procedure, vascular surgery