2018

Neurosurgery/Neurology
A comprehensive illustrated guide to coding and reimbursement

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# Contents

Getting Started with Coding Companion ................................................... i
Skin .................................................................................................................. 1
Repair .............................................................................................................. 5
General Musculoskeletal .............................................................................. 29
Head ............................................................................................................... 55
Neck/Thorax ................................................................................................. 59
Back ................................................................................................................ 64
Spine .............................................................................................................. 68
Hand/Fingers .............................................................................................128
Pelvis/Hip ....................................................................................................129
Femur/Knee ...............................................................................................143
Foot/Toes ....................................................................................................145
Endoscopy ....................................................................................................147
Respiratory ....................................................................................................148
Arteries/or Veins .......................................................................................... 151
Stomach ....................................................................................................... 154
Skull/Brain ................................................................................................... 159
Spinal Nerves ............................................................................................... 314
Extracranial Nerves .................................................................................... 403
Ocular Adnexa ............................................................................................ 530
Auditory ....................................................................................................... 531
Medicine Services ....................................................................................... 538
HCPCS ........................................................................................................ 593
Appendix ...................................................................................................... 595
Correct Coding Initiative Update 22.3 ................................................... 631
Evaluation and Management .............................................................. 715
Index ........................................................................................................... 735
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 sequential. 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:
- Category III
- Radiology
- Pathology and Laboratory
- Medicine Services

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 22.3, 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/Products/Updates/. The 2017 edition password is: SPEC17DLC. 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)
- 69501 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, the service or procedure itself 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 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.
Craniotomy for craniosynostosis; frontal or parietal bone flap

**Explanation**
The physician performs a craniotomy for craniosynostosis. Craniosynostosis is a premature closure of the sutures of the skull. The physician incises and retracts the scalp over the fused suture lines. In 61556, the frontal or parietal bones are removed. In 61557, bifrontal bone flaps are raised. The bones are reshaped and a bone flap is created from the harvested bones to enlarge and reshape the skull. If the dura mater was damaged during bone harvest, it is sutured closed. The reshaped bone flap is positioned and secured to neighboring bone. The scalp is reanastomosed and sutured in layers.

**Coding Tips**
Neurosurgeons typically provide the surgical access for the craniofacial plastic surgeon, using 61556–61557. When there are two surgeons of different specialties (e.g., a neurosurgeon provides exposure and a craniofacial surgeon provides the definitive procedure), this is a co-surgery scenario. Both surgeons report the primary procedure with modifier 62 and submit the claim with operative notes attached. Craniofacial plastic surgeons may also report additional reconstruction services using codes from the musculoskeletal section, and the neurosurgeon sometimes acts as an assistant surgeon for these additional services.

**ICD-10-CM Diagnostic Codes**
- Q75.0 Craniosynostosis
- Q75.1 Craniofacial dysostosis
- Q75.2 Hypertelorism
- Q75.3 Macrocephaly
- Q75.4 Mandibulofacial dysostosis
- Q75.5 Oculomandibular dysostosis
- Q75.8 Other specified congenital malformations of skull and face bones
- Q87.0 Congenital malformation syndromes predominantly affecting facial appearance

**HCPSC Equivalent Codes**
N/A

**Terms To Know**
- **anomaly.** Irregularity in the structure or position of an organ or tissue.
- **brachycephaly.** Congenital deformity in which there is an abnormally broad head and a high forehead, associated with early closure of the coronal sutures.
- **congenital.** Present at birth, occurring through heredity or an influence during gestation up to the moment of birth.
- **craniosynostosis.** Congenital condition in which one or more of the cranial sutures fuse prematurely, creating a deformed or aberrant head shape.
- **dura mater.** Outermost, hard, fibrous layer or membrane that surrounds the brain and spinal cord.
- **fontanelle.** Membranous covering over cranial spaces in an infant skull that hasn’t completely ossified and fused.
- **fusion.** Union of adjacent tissues, especially bone.
- **plagiocephaly.** Form of craniosynostosis caused by premature fusion of one of the coronal or lambdoid sutures, resulting in asymmetry in the skull and face that is often described as lopsided.
- **scaphocephaly.** Most common form of craniosynostosis, manifested by a boat-shaped head and caused by early closure of the fontanel and the sagittal suture.
- **skull.** Cranial and facial bones that make up the skeleton of the head. The cranial bones (8) include frontal, parietal (2), temporal (2), occipital, sphenoid, and ethmoid; facial bones (14) include nasal (2), maxillae (2), zygomatic (2), mandible, lacrimal (2), palatine (2), inferior nasal conchae (2), and vomer. Skull base includes the anterior, middle, and posterior fossa; occiput bone; orbital roof; ethmoid and frontal sinus; sphenoid and temporal bones. Skull vault includes the upper, dome-like part of the cranium that includes the frontal and parietal bones.
- **synostosis.** Unnatural fusion of bones that are normally separate or articulate with each other, due to growth of bony tissue between them.
- **trigonocephaly.** Congenital head deformity that is caused by early fusion of the metopic suture causing a wedge-shaped appearance to the front of the head.

**Medicare Edits**

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* with documentation
**Transection or avulsion of other cranial nerve, extradural**

**Explanation**

The physician cuts or avulses another cranial nerve, such as branch nerves of major nerves not listed in previous codes. The physician makes an incision on the face or neck overlying the extradural portion of the other cranial nerve. The tissues are dissected and the nerve is exposed. The nerve is destroyed. The incision is sutured in layers.

**Coding Tips**

For intracranial surgery on the cranial nerves, see 61450 and 61460. For stereotactic lesion of a gasserian ganglion (also referred to as ganglion of trigeminal nerve), see 61790; trigeminal medullary tract, see 61791.

**ICD-10-CM Diagnostic Codes**

- C72.21  Malignant neoplasm of right olfactory nerve
- C72.22  Malignant neoplasm of left olfactory nerve
- C72.31  Malignant neoplasm of right optic nerve
- C72.32  Malignant neoplasm of left optic nerve
- C72.41  Malignant neoplasm of right acoustic nerve
- C72.42  Malignant neoplasm of left acoustic nerve
- C72.59  Malignant neoplasm of other cranial nerves
- G52.0   Disorders of olfactory nerve
- G52.1   Disorders of glossopharyngeal nerve
- G52.3   Disorders of hypoglossal nerve
- G52.7   Disorders of multiple cranial nerves
- G52.8   Disorders of other specified cranial nerves

**Medicare Edits**

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**Modifiers**

- 51
- N/A
- N/A

**Medicare Reference**

- None

* with documentation

**Terms To Know**

- **avulsion.** Forcible tearing away of a part, by surgical means or traumatic injury.