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Procedural
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Sample
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
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>CPT Code</th>
<th>CPT Code Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drainage of Cerebellum with Drainage Device, Percutaneous Endoscopic Approach</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Cerebellum, Percutaneous Endoscopic Approach, Diagnostic</td>
<td>61750</td>
<td>Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;</td>
</tr>
<tr>
<td>Drainage of Cerebellum, Percutaneous Endoscopic Approach</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Medulla Oblongata with Drainage Device, Open Approach</td>
<td>61750</td>
<td>Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;</td>
</tr>
<tr>
<td>Drainage of Medulla Oblongata, Open Approach, Diagnostic</td>
<td>61750</td>
<td>Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;</td>
</tr>
<tr>
<td>Drainage of Medulla Oblongata, Open Approach</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Medulla Oblongata with Drainage Device, Percutaneous Approach</td>
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<td>Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;</td>
</tr>
<tr>
<td>Drainage of Medulla Oblongata, Percutaneous Approach, Diagnostic</td>
<td>61750</td>
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</tr>
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<td>Drainage of Medulla Oblongata, Percutaneous Endoscopic Approach</td>
<td>64999</td>
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</tr>
<tr>
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<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Medulla Oblongata with Drainage Device, Percutaneous Endoscopic Approach</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Medulla Oblongata, Percutaneous Endoscopic Approach, Diagnostic</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Olfactory Nerve with Drainage Device, Open Approach</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Olfactory Nerve, Open Approach, Diagnostic</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Olfactory Nerve, Open Approach</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Olfactory Nerve with Drainage Device, Percutaneous Approach</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
<tr>
<td>Drainage of Olfactory Nerve, Percutaneous Approach, Diagnostic</td>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
</tr>
</tbody>
</table>
### 02UD37Z
**Supplement Papillary Muscle with Autologous Tissue Substitute, Percutaneous Approach**

**CPT Codes**
- 33999  Unlisted procedure, cardiac surgery

### 02UD38Z
**Supplement Papillary Muscle with Zooplastic 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 Zooplastic Tissue, Percutaneous Endoscopic Approach**

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

### 02UF37Z
**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

### 02UF07Z
**Supplement Aortic Valve with Autologous Tissue Substitute, Open Approach**

**CPT Codes**
- 33417  Aortoplasty (gusset) for supravalvular 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 Zooplastic 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 supravalvular stenosis
- 33702  Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
- 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 supravalvular 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**
- 33999  Unlisted procedure, cardiac surgery
- 39401  Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed

### 02UF38Z
**Supplement Aortic Valve with Zooplastic Tissue, Percutaneous Approach**

**CPT Codes**
- 33999  Unlisted procedure, cardiac surgery

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<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>CPT Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bypass Right Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach</td>
<td>031S0AG, CPT Codes: 61711</td>
</tr>
<tr>
<td>Bypass Right Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach</td>
<td>031S0JG, CPT Codes: 3799, 61711</td>
</tr>
<tr>
<td>Bypass Right Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach</td>
<td>031S0KG, CPT Codes: 3799, 61711</td>
</tr>
<tr>
<td>Bypass Right Temporal Artery to Intracranial Artery, Open Approach</td>
<td>031S0ZG, CPT Codes: 61711</td>
</tr>
<tr>
<td>Bypass Left Temporal Artery to Intracranial Artery with Autologous Venous Tissue, Open Approach</td>
<td>031T09G, CPT Codes: 3799</td>
</tr>
<tr>
<td>Bypass Left Temporal Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach</td>
<td>031T0AG, CPT Codes: 3799</td>
</tr>
<tr>
<td>Bypass Left Temporal Artery to Intracranial Artery with Synthetic Substitute, Open Approach</td>
<td>031T0JG, CPT Codes: 3799</td>
</tr>
<tr>
<td>Bypass Left Temporal Artery to Intracranial Artery with Nonautologous Tissue Substitute, Open Approach</td>
<td>031T0KG, CPT Codes: 3799</td>
</tr>
<tr>
<td>Destruction of Right Internal Mammary Artery, Open Approach</td>
<td>03500ZZ, CPT Codes: 3799</td>
</tr>
<tr>
<td>Destruction of Right Internal Mammary Artery, Percutaneous Approach</td>
<td>03503ZZ, CPT Codes: 3799</td>
</tr>
<tr>
<td>Destruction of Right Internal Mammary Artery, Percutaneous Endoscopic Approach</td>
<td>03504ZZ, CPT Codes: 37501</td>
</tr>
<tr>
<td>Destruction of Innominate Artery, Open Approach</td>
<td>03520ZZ, CPT Codes: 3799</td>
</tr>
</tbody>
</table>

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