

INGENIX®

Surgical Cross Coder

*Essential links from CPT® codes to
ICD-9-CM and HCPCS Codes*

2009

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- 78.47 Other repair or plastic operations on tibia and fibula
 78.48 Other repair or plastic operations on tarsals and metatarsals
 78.49 Other repair or plastic operations on other bone, except facial bones

20650

- 20650** Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)

ICD-9-CM Diagnostic

- 733.93 Stress fracture of tibia or fibula — (Use additional external cause code(s) to identify the cause of the stress fracture)
 733.95 Stress fracture of other bone — (Use additional external cause code(s) to identify the cause of the stress fracture)
 733.96 Stress fracture of femoral neck — (Use additional external cause code(s) to identify the cause of the stress fracture)
 733.97 Stress fracture of shaft of femur — (Use additional external cause code(s) to identify the cause of the stress fracture)
 733.98 Stress fracture of pelvis — (Use additional external cause code(s) to identify the cause of the stress fracture)
 808.0 Closed fracture of acetabulum
 808.1 Open fracture of acetabulum
 808.53 Multiple open pelvic fractures with disruption of pelvic circle
 812.00 Closed fracture of unspecified part of upper end of humerus ▼
 812.01 Closed fracture of surgical neck of humerus
 812.02 Closed fracture of anatomical neck of humerus
 812.03 Closed fracture of greater tuberosity of humerus
 812.09 Other closed fractures of upper end of humerus
 812.10 Open fracture of unspecified part of upper end of humerus ▼
 812.11 Open fracture of surgical neck of humerus
 812.12 Open fracture of anatomical neck of humerus
 812.13 Open fracture of greater tuberosity of humerus
 812.20 Closed fracture of unspecified part of humerus ▼
 812.21 Closed fracture of shaft of humerus
 812.30 Open fracture of unspecified part of humerus ▼
 812.31 Open fracture of shaft of humerus
 812.40 Closed fracture of unspecified part of lower end of humerus ▼
 812.41 Closed fracture of supracondylar humerus
 812.42 Closed fracture of lateral condyle of humerus
 812.43 Closed fracture of medial condyle of humerus
 812.44 Closed fracture of unspecified condyle(s) of humerus ▼
 812.49 Other closed fracture of lower end of humerus
 812.50 Open fracture of unspecified part of lower end of humerus ▼
 812.51 Open fracture of supracondylar humerus
 812.52 Open fracture of lateral condyle of humerus
 812.53 Open fracture of medial condyle of humerus
 812.54 Open fracture of unspecified condyle(s) of humerus ▼
 812.59 Other open fracture of lower end of humerus
 813.07 Other and unspecified closed fractures of proximal end of radius (alone) ▼
 813.17 Other and unspecified open fractures of proximal end of radius (alone) ▼
 820.00 Closed fracture of unspecified intracapsular section of neck of femur ▼
 820.01 Closed fracture of epiphysis (separation) (upper) of neck of femur
 820.02 Closed fracture of midcervical section of femur
 820.09 Other closed transcervical fracture of femur
 820.10 Open fracture of unspecified intracapsular section of neck of femur ▼
 820.11 Open fracture of epiphysis (separation) (upper) of neck of femur
 820.12 Open fracture of midcervical section of femur
 820.13 Open fracture of base of neck of femur
 820.19 Other open transcervical fracture of femur
 820.20 Closed fracture of unspecified trochanteric section of femur ▼
 820.21 Closed fracture of intertrochanteric section of femur
 820.22 Closed fracture of subtrochanteric section of femur
 820.30 Open fracture of unspecified trochanteric section of femur ▼
 820.31 Open fracture of intertrochanteric section of femur
 820.8 Closed fracture of unspecified part of neck of femur ▼

- 820.9 Open fracture of unspecified part of neck of femur ▼
 821.00 Closed fracture of unspecified part of femur ▼
 821.01 Closed fracture of shaft of femur
 821.10 Open fracture of unspecified part of femur ▼
 821.11 Open fracture of shaft of femur
 821.20 Closed fracture of unspecified part of lower end of femur ▼
 821.21 Closed fracture of femoral condyle
 821.22 Closed fracture of lower epiphysis of femur
 821.23 Closed supracondylar fracture of femur
 821.30 Open fracture of unspecified part of lower end of femur ▼
 821.31 Open fracture of femoral condyle
 821.32 Open fracture of lower epiphysis of femur
 821.33 Open supracondylar fracture of femur
 821.39 Other open fracture of lower end of femur
 823.00 Closed fracture of upper end of tibia
 823.01 Closed fracture of upper end of fibula
 823.02 Closed fracture of upper end of fibula with tibia
 823.10 Open fracture of upper end of tibia
 823.11 Open fracture of upper end of fibula
 823.12 Open fracture of upper end of fibula with tibia
 823.20 Closed fracture of shaft of tibia
 823.21 Closed fracture of shaft of fibula
 823.22 Closed fracture of shaft of fibula with tibia
 823.30 Open fracture of shaft of tibia
 823.31 Open fracture of shaft of fibula
 823.32 Open fracture of shaft of fibula with tibia
 823.80 Closed fracture of unspecified part of tibia ▼
 823.81 Closed fracture of unspecified part of fibula ▼
 823.82 Closed fracture of unspecified part of fibula with tibia ▼
 823.90 Open fracture of unspecified part of tibia ▼
 823.91 Open fracture of unspecified part of fibula ▼
 823.92 Open fracture of unspecified part of fibula with tibia ▼
 996.40 Unspecified mechanical complication of internal orthopedic device, implant, and graft — (Use additional code to identify prosthetic joint with mechanical complication, V43.60-V43.69) ▼
 996.49 Other mechanical complication of other internal orthopedic device, implant, and graft — (Use additional code to identify prosthetic joint with mechanical complication, V43.60-V43.69)
 996.67 Infection and inflammatory reaction due to other internal orthopedic device, implant, and graft — (Use additional code to identify specified infections)
 996.78 Other complications due to other internal orthopedic device, implant, and graft — (Use additional code to identify complication: 338.18-338.19, 338.28-338.29)

ICD-9-CM Procedural

- 93.44 Other skeletal traction

HCPCS Level II Supplies & Services

- A4305 Disposable drug delivery system, flow rate of 50 ml or greater per hour

20660

- 20660** Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)

ICD-9-CM Diagnostic

- 805.00 Closed fracture of cervical vertebra, unspecified level without mention of spinal cord injury ▼
 805.01 Closed fracture of first cervical vertebra without mention of spinal cord injury
 805.02 Closed fracture of second cervical vertebra without mention of spinal cord injury
 805.03 Closed fracture of third cervical vertebra without mention of spinal cord injury
 805.04 Closed fracture of fourth cervical vertebra without mention of spinal cord injury
 805.05 Closed fracture of fifth cervical vertebra without mention of spinal cord injury
 805.06 Closed fracture of sixth cervical vertebra without mention of spinal cord injury
 805.07 Closed fracture of seventh cervical vertebra without mention of spinal cord injury
 805.08 Closed fracture of multiple cervical vertebrae without mention of spinal cord injury

54.23 Biopsy of peritoneum

49002**49002** Reopening of recent laparotomy**ICD-9-CM Diagnostic**

338.18 Other acute postoperative pain — (Use additional code to identify pain associated with psychological factors: 307.89)

553.21 Incisional hernia without mention of obstruction or gangrene

557.0 Acute vascular insufficiency of intestine

557.1 Chronic vascular insufficiency of intestine

560.81 Intestinal or peritoneal adhesions with obstruction (postoperative) (postinfection)

560.89 Other specified intestinal obstruction

567.21 Peritonitis (acute) generalized

567.22 Peritoneal abscess

567.23 Spontaneous bacterial peritonitis

567.29 Other suppurative peritonitis

567.31 Psoas muscle abscess

567.38 Other retroperitoneal abscess

567.39 Other retroperitoneal infections

567.81 Choleperitonitis

567.82 Sclerosing mesenteritis

567.89 Other specified peritonitis

568.81 Hemoperitoneum (nontraumatic)

568.9 Unspecified disorder of peritoneum ▼

614.6 Pelvic peritoneal adhesions, female (postoperative) (postinfection) — (Use additional code to identify organism: 041.0, 041.1. Use additional code to identify any associated infertility: 628.2) ♀

628.2 Female infertility of tubal origin — (Use additional code for any associated peritubal adhesions: 614.6) ♀

674.34 Other complication of obstetrical surgical wounds, postpartum condition or complication ♀

780.62 Postprocedural fever

789.00 Abdominal pain, unspecified site ▼

789.01 Abdominal pain, right upper quadrant

789.02 Abdominal pain, left upper quadrant

789.03 Abdominal pain, right lower quadrant

789.04 Abdominal pain, left lower quadrant

789.05 Abdominal pain, periumbilic

789.06 Abdominal pain, epigastric

789.07 Abdominal pain, generalized

789.09 Abdominal pain, other specified site

789.1 Hepatomegaly

789.2 Splenomegaly

789.30 Abdominal or pelvic swelling, mass or lump, unspecified site ▼

789.31 Abdominal or pelvic swelling, mass, or lump, right upper quadrant

789.32 Abdominal or pelvic swelling, mass, or lump, left upper quadrant

789.33 Abdominal or pelvic swelling, mass, or lump, right lower quadrant

789.34 Abdominal or pelvic swelling, mass, or lump, left lower quadrant

789.35 Abdominal or pelvic swelling, mass or lump, periumbilic

789.36 Abdominal or pelvic swelling, mass, or lump, epigastric

789.37 Abdominal or pelvic swelling, mass, or lump, epigastric, generalized

789.39 Abdominal or pelvic swelling, mass, or lump, other specified site

996.80 Complications of transplanted organ, unspecified site — (Use additional code to identify nature of complication: 078.5, 199.2, 238.77, 279.50-279.53) ▼

996.81 Complications of transplanted kidney — (Use additional code to identify nature of complication: 078.5, 199.2, 238.77, 279.50-279.53)

996.82 Complications of transplanted liver — (Use additional code to identify nature of complication: 078.5, 199.2, 238.77, 279.50-279.53)

996.86 Complications of transplanted pancreas — (Use additional code to identify nature of complication: 078.5, 199.2, 238.77, 279.50-279.53)

996.87 Complications of transplanted organ, intestine — (Use additional code to identify nature of complication: 078.5, 199.2, 238.77, 279.50-279.53)

996.89 Complications of other transplanted organ — (Use additional code to identify nature of complication: 078.5, 199.2, 238.77, 279.50-279.53)

997.4 Digestive system complications — (Use additional code to identify complications)

997.5 Urinary complications — (Use additional code to identify complications)

998.11 Hemorrhage complicating a procedure

998.12 Hematoma complicating a procedure

998.13 Seroma complicating a procedure

998.31 Disruption of internal operation (surgical) wound

998.32 Disruption of external operation (surgical) wound

998.4 Foreign body accidentally left during procedure, not elsewhere classified

998.51 Infected postoperative seroma — (Use additional code to identify organism)

998.59 Other postoperative infection — (Use additional code to identify infection)

998.7 Acute reaction to foreign substance accidentally left during procedure, not elsewhere classified

ICD-9-CM Procedural

54.12 Reopening of recent laparotomy site

49010**49010** Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)**ICD-9-CM Diagnostic**

152.0 Malignant neoplasm of duodenum

157.0 Malignant neoplasm of head of pancreas

157.1 Malignant neoplasm of body of pancreas

157.2 Malignant neoplasm of tail of pancreas

157.3 Malignant neoplasm of pancreatic duct

157.4 Malignant neoplasm of islets of Langerhans — (Use additional code to identify any functional activity)

157.8 Malignant neoplasm of other specified sites of pancreas

157.9 Malignant neoplasm of pancreas, part unspecified ▼

158.0 Malignant neoplasm of retroperitoneum

158.8 Malignant neoplasm of specified parts of peritoneum

158.9 Malignant neoplasm of peritoneum, unspecified ▼

195.2 Malignant neoplasm of abdomen

197.4 Secondary malignant neoplasm of small intestine including duodenum

197.5 Secondary malignant neoplasm of large intestine and rectum

197.6 Secondary malignant neoplasm of retroperitoneum and peritoneum

197.7 Secondary malignant neoplasm of liver

198.89 Secondary malignant neoplasm of other specified sites

199.0 Disseminated malignant neoplasm

200.03 Reticulosarcoma of intra-abdominal lymph nodes

202.80 Other malignant lymphomas, unspecified site, extranodal and solid organ sites ▼

202.83 Other malignant lymphomas of intra-abdominal lymph nodes

209.01 Malignant carcinoid tumor of the duodenum — (Code first any associated multiple endocrine neoplasia syndrome: 258.01-258.03)(Use additional code to identify associated endocrine syndrome, as: carcinoid syndrome: 259.2)

209.30 Malignant poorly differentiated neuroendocrine carcinoma, any site — (Code first any associated multiple endocrine neoplasia syndrome: 258.01-258.03)(Use additional code to identify associated endocrine syndrome, as: carcinoid syndrome: 259.2)

209.67 Benign carcinoid tumor of hindgut, not otherwise specified — (Code first any associated multiple endocrine neoplasia syndrome: 258.01-258.03)(Use additional code to identify associated endocrine syndrome, as: carcinoid syndrome: 259.2)

209.69 Benign carcinoid tumor of other sites — (Code first any associated multiple endocrine neoplasia syndrome: 258.01-258.03)(Use additional code to identify associated endocrine syndrome, as: carcinoid syndrome: 259.2)

211.8 Benign neoplasm of retroperitoneum and peritoneum

229.8 Benign neoplasm of other specified sites

235.4 Neoplasm of uncertain behavior of retroperitoneum and peritoneum

239.5 Neoplasm of unspecified nature of other genitourinary organs

569.5 Abscess of intestine

780.62 Postprocedural fever

789.00 Abdominal pain, unspecified site ▼

789.01 Abdominal pain, right upper quadrant

789.02 Abdominal pain, left upper quadrant

Appendix A

Add-On Codes

- 0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)
- 0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)
- 0063T Percutaneous intradiscal annuloplasty, any method, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (List separately in addition to 0062T for primary procedure)
- 0076T Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)
- 0079T Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch (List separately in addition to code for primary procedure)
- 0081T Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 0092T Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
- 0095T Removal of total disc arthroplasty, anterior approach; each additional interspace (List separately in addition to code for primary procedure)
- 0098T Revision of total disc arthroplasty, anterior approach; each additional interspace (List separately in addition to code for primary procedure)
- 0151T Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3D image postprocessing, function evaluation (left and right ventricular function, ejection-fraction and segmental wall motion) (List separately in addition to code for primary procedure)
- 0159T Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)
- 0163T Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace
- 0164T Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace
- 0165T Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace
- 0172T Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure)
- 0173T Monitoring of intraocular pressure during vitrectomy surgery (List separately in addition to code for primary procedure)
- 0174T Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)
- 0189T Remote real-time interactive videoconferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
- 0190T Placement of intraocular radiation source applicator (List separately in addition to primary procedure)
- 0196T Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)
- 01953 Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional nine percent total body surface area or part thereof (List separately in addition to code for primary procedure)
- 01968 Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
- 01969 Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
- 11001 Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)
- 11008 Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)
- 11101 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
- 11201 Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)
- 11732 Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
- 11922 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq. cm (List separately in addition to code for primary procedure)
- 13102 Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
- 13122 Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
- 13133 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
- 13153 Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
- 15003 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
- 15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
- 15101 Split graft, trunk, arms, legs; each additional 100 sq. cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15111 Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15116 Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15121 Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq. cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15131 Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15136 Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15151 Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)