Case Log Mapping Update: April 2018
Review Committee for Neurological Surgery

The Review Committee has made the following changes to the CPT code mappings:

The following previously untracked CPT codes have been added to DC16 Pediatric Trauma

61550  Craniectomy for craniosynostosis; single cranial suture
61552  Craniectomy for craniosynostosis; multiple cranial sutures
61556  Craniectomy for craniosynostosis; frontal or parietal bone flap
61557  Craniectomy for craniosynostosis; bifrontal bone flap
61558  Extensive craniectomy for multiple cranial suture craniosynostosis (e.g., cloverleaf skull) not requiring bone grafts
61559  Extensive craniectomy for multiple cranial suture craniosynostosis (e.g., cloverleaf skull); recontouring with multiple osteotomies and bone autografts (e.g., barrel-stave procedure) (includes obtaining grafts)

All existing entries where the code reflected “non-tracked” have been updated.
Previously Announced Case Log Mapping Update: August 2017

- **62380** has been added to DC12 Adult lumbar discectomy.
- Arteriography and stereotactic frame placement were previously tracked critical care defined case categories. These are now reportable but non-tracked categories.
- All CPT codes listed as reportable but non-tracked categories (craniofacial, spinal tumor/AVM, and miscellaneous/unclassified) that did not also map to a defined case category have been removed, except as noted below. This change will prevent the inadvertent selection of a primary CPT code from the reportable/untracked list when the case should in fact count toward a defined case category.
- **20250** and **20251** were moved from miscellaneous to DC11 Adult spinal posterior cervical.
- **62294** has been moved from miscellaneous to DC3b Endovascular therapy for vascular lesion.
- Several CPT codes previously listed as miscellaneous were remapped to both an adult and a pediatric defined case category. To get the appropriate credit for a case, the defined case category must be selected when the case is entered into the system. These CPT codes are:
  - 22212, 22214, 22216, 22222, 22224, 22226 (DC13 if adult patient; DC17 if pediatric patient)
  - 63172, 63173, 63180, 63182 (DC11 if adult patient; DC17 if pediatric patient)
- Several CPT codes previously listed as non-tracked spinal tumor/AVM were mapped to both an adult and a pediatric defined case category. To get the appropriate credit for a case, the defined case category must be selected when the case is entered into the system. These CPT codes are:
  - 63250, 63265, 63270 (DC11 if adult patient; DC17 if pediatric patient)
  - 63251, 63252, 63266-68, 63271-73 (DC13 if adult patient; DC17 if pediatric patient)
  - 22110, 63275, 63280, 63285 (DC11 if adult patient; DC17 if pediatric patient)
  - 22112, 22114, 22116, 63276-78, 63281-83, 63286, 63287, 63290 (DC13 if adult patient; DC17 if pediatric patient)
  - 63301-03, 63305-07 (DC13 if adult; patient DC17 if pediatric patient)
- **63308** was previously non-tracked but is now mapped to DC10 (cervical), DC13 (thoracic), and DC17. If this code is selected as the primary code, then a DC category must also be selected to ensure appropriate credit.
Previously Announced Case Log Mapping Update: August 2016

The Review Committee made the following changes to the required minimum numbers:

1. While vascular lesion cases must be reported as either craniotomy (DC3a) or endovascular (DC3b), the minimum number of all vascular lesion cases must be 50. This replaces the previous requirement for 40 DC3a cases and 10 DC3b cases.

2. DC24 stereotactic frame placement and DC28 arteriography have been removed as defined case categories. The total number of required critical care procedures is now 60.

3. The total number of all defined cases is now 400.
Previously Announced Case Log Mapping Update: March 2016

The Review Committee corrected the mapping of several CPT codes that affected the following defined case categories:

- **DC1** Adult Craniotomy for Brain Tumor
- **DC2** Adult Craniotomy for Trauma
- **DC3b** Adult Endovascular Therapy for Tumor or Vascular Lesion
- **DC5** Adult Transsphenoidal Sellar/Parasellar Tumors
- **DC6** Adult Extracranial Vascular Procedures
- **DC7** Adult Radiosurgery
- **DC8** Adult Functional Procedures
- **DC9** Adult VP Shunt
- **DC11** Adult Posterior Cervical Approaches for Decompression/Stabilization
- **DC13** Adult Thoracic/Lumbar Instrumentation Fusion
- **DC15** Pediatric Craniotomy for Brain Tumor
- **DC16** Pediatric Craniotomy for Trauma
- **DC18** Pediatric VP Shunt
- **DC19** Adult and Pediatric Epilepsy

The revised CPT codes are:

- **61150** Burr Hole(s) or trephine, with drainage of brain abscess or cyst
  - Previously mapped to DC1 and now mapped to DC2 for adult patient type
  - Previously mapped to DC15 and now mapped to DC16 for pediatric patient type

- **61151** Burr hole(s) or trephine, with subsequent tapping (aspiration) of intracranial abscess or cyst
  - Previously mapped to DC1 and now mapped to DC2 for adult patient type
  - Previously mapped to DC15 and now mapped to DC16 for pediatric patient type

- **61524** Craniectomy, infratentorial or posterior fossa, for excision or fenestration of cyst
  - Previously mapped to DC1 and now mapped to DC2 for adult patient type
  - Previously mapped to DC15 and now mapped to DC16 for pediatric patient type

- **61120** Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
  - Previously mapped to DC2 and now mapped to DC9 for adult patient type
  - Previously mapped to DC2 and now mapped to DC18 for pediatric patient type

- **61545** Craniotomy with elevation of bone flap; for excision of craniopharyngioma
  - Previously mapped to DC5 and now mapped to DC1 for adult patient type
  - Previously mapped to DC5 and now mapped to DC15 for pediatric patient type

- **61546** Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
  - Previously mapped to DC5 and now mapped to DC1 for adult patient type
  - Previously mapped to DC5 and now mapped to DC15 for pediatric patient type
61583 Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
Previously mapped to DC5 and now mapped to DC1 for adult patient type
Previously mapped to DC5 and now mapped to DC15 for pediatric patient type

61584 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
Previously mapped to DC5 and now mapped to DC1 for adult patient type
Previously mapped to DC5 and now mapped to DC15 for pediatric patient type

61770 Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
Previously mapped to DC7 and now mapped to DC1 for adult patient type
Previously mapped to DC7 and now mapped to DC15 for pediatric patient type

61623 Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
Previously mapped to DC6 and now mapped to DC3b

63600 Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
Previously mapped to DC7 and now mapped to DC8

22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Previously mapped to DC11 and now mapped to DC13

61735 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
Previously mapped to DC19 and now mapped to DC8

0075T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel
Previously mapped to DC28 and now mapped to DC3b

0076T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)
Previously mapped to DC28 and now mapped to DC3b
35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel
   Previously mapped to DC28 and now mapped to DC3b

35476 Transluminal balloon angioplasty, percutaneous; venous
   Previously mapped to DC6 and now mapped to DC3b

37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
   Previously mapped to DC6 and now mapped to DC3b

37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection
   Previously mapped to DC6 and now mapped to DC3b

These changes were applied to all cases currently in the Case Log System.

Please note: to obtain credit for a pediatric procedure when the CPT code maps to both an adult DC and a pediatric DC, the patient type “pediatric” must be selected from the patient type drop-down list. If a code maps only to an adult DC, the selection of “pediatric” will not give credit for a pediatric case.

The complete CPT code mapping report is available within the Case Log System.
Previously Announced Case Log Mapping Update: October 2015

The Review Committee corrected the mapping of five CPT codes that affected the following defined case categories:

- DC1 Adult Craniotomy for Brain Tumor
- DC3a Adult Craniotomy for Intracranial Vascular Lesion
- DC4 Adult Craniotomy for Pain
- DC6 Adult Extracranial Vascular Procedures
- DC16 Pediatric Craniotomy for Trauma
- DC17 Pediatric Spinal Procedures

The revised CPT codes are:

- **61340** Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
  
  Previously mapped to DC17 and is now mapped to DC4

- **61343** Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (e.g., Arnold-Chiari malformation)
  
  Previously mapped to DC1 and DC17 and is now mapped to DC4

- **61345** Other cranial decompression, posterior fossa
  
  Previously mapped to DC17 and is now mapped to DC16

- **61440** Craniotomy for section of tentorium cerebelli (separate procedure)
  
  Previously mapped to DC17 and is now mapped to DC16

- **61711** Anastomosis, arterial, extracranial-intracranial (e.g., middle cerebral/cortical) arteries
  
  Previously mapped to DC6 and is now mapped to DC3a

These changes were applied to all cases currently in the Case Log System. The complete CPT code mapping report, also available within the Case Log System, now shows the DC category for each CPT code listed.