Procedural Cross Coder

Essential links from ICD-9-CM volume 3 procedure codes to CPT® and HCPCS Level II codes
Introduction

Parallel procedural coding systems have been in place in U.S. medical reimbursement circles for decades. ICD-9-CM volume 3, established in 1975 by the federal Centers for Medicare and Medicaid Services (CMS), is now in its fifth edition. ICD-9-CM, volume 3 is the coding system used by hospitals to report inpatient care. The American Medical Association’s (AMA) Current Procedural Terminology (CPT®), first published in 1966, is now in its fourth edition. This coding system 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-9-CM 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-9-CM and CPT codes. Payers and government statisticians become mired in tracking trends when their statistics contain both code sets. The Optum 2015 Procedural Cross Coder is designed to act as a bridge to connect ICD-9-CM procedural codes and CPT codes. It gives coders an easy-to-use reference when selecting the correct CPT procedural code from ICD-9-CM volume 3 codes. The crosswalk translates the selected procedural codes for services provided by the physician in either the inpatient or outpatient setting.

History

ICD-9-CM volume 3 draws heavily from procedural classifications developed in the early 1970s by an international committee sponsored by the World Health Organization (WHO). Significant work on surgical procedures for this project came from the United States, and that original work is the basis for today’s ICD-9-CM, volume 3. Current procedural coding evolved from a three- to four-digit system necessitated by the demand for more specific clinical detail.

CMS maintains the volume 3 codes, which include operative, diagnostic, and therapeutic procedures. Annual code revisions reflect the goal of a procedure coding system that can be used with equal efficiency both in hospitals and other primary care settings.

Format

The Optum 2015 Procedural Cross Coder offers these features:

- Each ICD-9-CM volume 3 code is linked to all applicable CPT codes, which are printed with their official, complete AMA descriptions.
- Each ICD-9-CM volume 3 code is linked to all applicable surgical HCPCS codes.
- All ICD-9-CM volume 3 codes are valid and of the highest level of specificity.
- The ICD-9-CM volume 3, CPT, and HCPCS code sets have been updated to include 2014 changes.

Organization

Prior to using the Optum 2015 Procedural Cross Coder, take the time to study the format and to understand the conventions of ICD-9-CM and CPT coding. The crosswalk is organized similar to ICD-9-CM volume 3. These codes are presented in numeric order, and the section titles from ICD-9-CM appears at the top of each page. The sections are organized by anatomy, rather than surgical specialty:

- Procedures and Interventions, NEC (00)
- Operations on the Nervous System (01-05)
- Operations on the Endocrine System (06-07)
- Operations on the Eye (08-16)
- Other Miscellaneous Diagnostic and Therapeutic Procedures (17)
- Operations on the Ear (18-20)
- Operations on the Nose, Mouth, and Pharynx (21-29)
- Operations on the Respiratory System (30-34)
- Operations on the Cardiovascular System (35-39)
- Operations on the Hemic and Lymphatic Systems (40-41)
- Operations on the Digestive System (42-54)
- Operations on the Urinary System (55-59)
- Operations on the Male Genital Organs (60-64)
- Operations on the Female Genital Organs (65-71)
- Obstetrical Procedures (72-75)
- Operations on the Musculoskeletal System (76-84)
- Operations on the Integumentary System (85-86)
- Miscellaneous Diagnostic and Therapeutic Procedures (87-99)

The most important factor in ICD-9-CM procedure coding is understanding the rules.

Only valid codes—those that are coded to their highest level of specificity—are included in the crosswalk. If you are seeking information about a code that is not at its highest level of specificity, you should seek your answer among all the valid codes within that rubric. For instance, if you are working with the invalid code 24.3, review 24.31, 24.32, and 24.39 for the best CPT crosswalk.
Miscellaneous Diagnostic and Therapeutic Procedures (87-99)

**87.02**
Other contrast radiogram of brain and skull

**CPT Codes**
- 70010  Myelography, posterior fossa, radiological supervision and interpretation
- 70015  Cisternography, positive contrast, radiological supervision and interpretation

**87.03**
Computerized axial tomography of head

**CPT Codes**
- 61750  Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
- 61751  Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
- 61770  Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
- 70450  Computed tomography, head or brain; without contrast material
- 70460  Computed tomography, head or brain; with contrast material(s)
- 70470  Computed tomography, head or brain, without contrast material, followed by contrast material(s) and further sections
- 76100  Radiologic examination, single plane body section (eg, tomography), other than with urography
- 76101  Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
- 76102  Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral
- 77011  Computed tomography guidance for stereotactic localization
- 77012  Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
- 77013  Computed tomography guidance for, and monitoring of, parenchymal tissue ablation
- 77014  Computed tomography guidance for placement of radiation therapy fields

**87.05**
Contrast dacryocystogram

**CPT Codes**
- 68850  Injection of contrast medium for dacryocystography
- 70170  Dacryocystography, nasolacrimal duct, radiological supervision and interpretation

**87.06**
Contrast radiogram of nasopharynx

**CPT Codes**
- 70370  Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
- 70371  Complex dynamic pharyngeal and speech evaluation by cine or video recording
- 74230  Swallowing function, with cineradiography/videoradiography

**87.07**
Contrast laryngogram

**CPT Codes**
- 70373  Laryngography, contrast, radiological supervision and interpretation

**87.08**
Cervical lymphangiogram

**CPT Codes**
- 75805  Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
- 75807  Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation

**87.09**
Other soft tissue x-ray of face, head, and neck

**CPT Codes**
- 42550  Injection procedure for sialography
- 70134  Radiologic examination, internal auditory meati, complete
- 70360  Radiologic examination; neck, soft tissue
- 70380  Radiologic examination, salivary gland for calculus
- 70390  Sialography, radiological supervision and interpretation
- 74210  Radiologic examination; pharynx and/or cervical esophagus
- 77002  Fluoroscopic guidance for needle placement (eg, biopsy; aspiration, injection, localization device)

**87.11**
Full-mouth x-ray of teeth

**CPT Codes**
- 70320  Radiologic examination, teeth; complete, full mouth

**87.12**
Other dental x-ray

**CPT Codes**
- 70300  Radiologic examination, teeth; single view
- 70310  Radiologic examination, teeth; partial examination, less than full mouth
- 70330  Cephalogram, orthodontic
- 70355  Orthopantogram (eg, panoramic x-ray)

**87.13**
Temporomandibular contrast arthrogram

**CPT Codes**
- 21116  Injection procedure for temporomandibular joint arthrography
- 70332  Temporomandibular joint arthrography, radiological supervision and interpretation
Operations on the Respiratory System (30-34)

30.01 Marsupialization of laryngeal cyst
CPT Codes
31599 Unlisted procedure, larynx

30.09 Other excision or destruction of lesion or tissue of larynx
CPT Codes
31300 Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31320 Laryngotomy (thyrotomy, laryngofissure); diagnostic
31512 Laryngoscopy, indirect; with removal of lesion
31540 Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541 Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545 Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
31546 Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)
31578 Laryngoscopy, flexible fiberoptic; with removal of lesion

30.1 Hemilaryngectomy
CPT Codes
31370 Partial laryngectomy (hemilaryngectomy); horizontal
31375 Partial laryngectomy (hemilaryngectomy); laterovertical
31380 Partial laryngectomy (hemilaryngectomy); anterovertical
31382 Partial laryngectomy (hemilaryngectomy); antero-latero-vertical

30.21 Epiglottidectomy
CPT Codes
31420 Epiglottidectomy

30.22 Vocal cordectomy
CPT Codes
31300 Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy

30.29 Other partial laryngectomy
CPT Codes
31370 Partial laryngectomy (hemilaryngectomy); horizontal
31375 Partial laryngectomy (hemilaryngectomy); laterovertical
31380 Partial laryngectomy (hemilaryngectomy); anterovertical
31382 Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31400 Arytenoidectomy or arytenoidopexy, external approach
31560 Laryngoscopy, direct, operative, with arytenoidectomy;
31561 Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope

30.3 Complete laryngectomy
CPT Codes
31365 Laryngectomy; total, with radical neck dissection
31367 Laryngectomy; subtotal supraglottic, without radical neck dissection
31368 Laryngectomy; subtotal supraglottic, with radical neck dissection
31390 Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395 Pharyngolaryngectomy, with radical neck dissection; with reconstruction

30.4 Radical laryngectomy
CPT Codes
31365 Laryngectomy; total, with radical neck dissection
31367 Laryngectomy; subtotal supraglottic, without radical neck dissection
31368 Laryngectomy; subtotal supraglottic, with radical neck dissection
31390 Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395 Pharyngolaryngectomy, with radical neck dissection; with reconstruction

31.0 Injection of larynx
CPT Codes
31313 Laryngoscopy, indirect; with vocal cord injection
31570 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope

HCPCS Level II Procedure Codes
C9742 Laryngoscopy, flexible fiberoptic, with injection into vocal cord(s), therapeutic, including diagnostic laryngoscopy, if performed

31.1 Temporary tracheostomy
CPT Codes
31600 Tracheostomy, planned (separate procedure);