Radiology Cross Coder

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

2006
# Contents

**Introduction** .................................................. i  
Format ......................................................... i  
Icon Key ....................................................... ii  
CPT Codes ...................................................... iii  
Code Links ....................................................... iii  
ICD-9-CM Diagnostic Codes ................................. iii  
ICD-9-CM Procedure Codes ................................ iv  
HCPCS Level II Codes ......................................... iv  
Site of Service ................................................ iv  
Medicare Consolidated Billing ............................... v  
Summary ........................................................ v  

**Diagnostic Radiology (Diagnostic Imaging)** ............. 1  
Head and Neck ................................................ 1  
Chest ............................................................. 31  
Spine and Pelvis .............................................. 51  
Upper Extremities ............................................ 171  
Lower Extremities ............................................ 205  
Abdomen ......................................................... 253  
Gastrointestinal Tract ....................................... 255  
Urinary Tract .................................................. 270  
Gynecological and Obstetrical ............................. 282  
Heart ............................................................ 285  
Vascular Procedures ......................................... 289  
Other Procedures ............................................. 375  

**Diagnostic Ultrasound** ................................... 409  
Head and Neck ................................................. 409  
Chest ............................................................ 422  
Abdomen and Retroperitoneum .............................. 430  
Pelvis ............................................................ 435  
Genitalia .......................................................... 459  
Extremities ...................................................... 461  

**Ultrasonic Guidance Procedures** .......................... 462  
Other Procedures ............................................. 466  

**Radiation Oncology** ....................................... 473  
Clinical Treatment Planning (External and Internal Sources) ................................................................. 473  
Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services ....................................... 473  
Radiation Treatment Delivery ................................ 493  
Radiation Treatment Management .......................... 527  
Proton Beam Treatment Delivery ......................... 532  
Hyperthermia .................................................... 537  
Clinical Intracavitary Hyperthermia ....................... 543  
Clinical Brachytherapy ....................................... 548  

**Nuclear Medicine** ............................................ 575  
Diagnostic ...................................................... 575  
Therapeutic .................................................... 657  

**Glossary** ..................................................... 659  

**Illustrations**  
Radiology Views ................................................ 1  
Spine ............................................................. 50  
Clavical and Upper Arm ..................................... 171  
Hip and Upper Leg ........................................... 204  
Foot ............................................................... 234  
Digestive System ............................................. 265  
Angiography .................................................... 294  
Bone Density Study .......................................... 382  
Ultrasound ....................................................... 409  
Radiation Oncology .......................................... 473  
Thyroid Gland ................................................ 575  
SPECT Equipment ............................................. 585  

---

CPT codes only © 2004 American Medical Association. All Rights Reserved.  
Illustrations © 2004 Ingenix, Inc.
Head and Neck

70010

70010 Myelography, posterior fossa, radiological supervision and interpretation

Corresponding CPT Codes

61055 Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
62284 Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)

ICD-9-CM Diagnostic

170.2 Malignant neoplasm of vertebral column, excluding sacrum and coccyx
191.5 Malignant neoplasm of ventricles of brain
191.8 Malignant neoplasm of other parts of brain
192.2 Malignant neoplasm of spinal cord
192.3 Malignant neoplasm of spinal meninges
192.8 Malignant neoplasm of other specified sites of nervous system
198.3 Secondary malignant neoplasm of brain and spinal cord
198.4 Secondary malignant neoplasm of other parts of nervous system
198.5 Secondary malignant neoplasm of bone and bone marrow
213.2 Benign neoplasm of vertebral column, excluding sacrum and coccyx
223.3 Benign neoplasm of spinal cord
224.5 Benign neoplasm of spinal meninges
225.8 Benign neoplasm of other specified sites of nervous system
237.5 Neoplasm of uncertain behavior of brain and spinal cord
237.6 Neoplasm of uncertain behavior of meninges
237.70 Neurofibromatosis, unspecified
237.71 Neurofibromatosis, Type 1 (von Recklinghausen's disease)
237.72 Neurofibromatosis, Type 2 (acoustic neurofibromatosis)
238.1 Neoplasm of uncertain behavior of connective and other soft tissue
239.2 Neoplasms of unspecified nature of bone, soft tissue, and skin
239.8 Neoplasm of unspecified nature of other specified sites
321.1 Meningitis in other fungal diseases — (Code first underlying disease: 110.0-239.9)
321.2 Meningitis due to viruses not elsewhere classified — (Code first underlying disease: 000.0-066.9)
321.3 Meningitis due to mycoplasma — (Code first underlying disease: 066.0-086.9)
321.4 Meningitis in sarcoidosis — (Code first underlying disease: 139)
321.8 Meningitis due to other nonbacterial organisms classified elsewhere — (Code first underlying disease: )
324.1 Intraspinal abscess
324.9 Intracranial and intraspinal abscess of unspecified site
331.4 Communicating hydrocephalus
331.4 Obstructive hydrocephalus
336.0 Syringomyelia and syringobulbia
336.1 Vascular myelopathies
336.2 Subacute combined degeneration of spinal cord in diseases classified elsewhere — (Code first underlying disease: 266.2, 281.0, 281.1)
336.3 Myelopathy in other diseases classified elsewhere — (Code first underlying disease: 140.0-239.9)
336.8 Other myelopathy — (Use additional E code to identify cause)
336.9 Unspecified disease of spinal cord
344.01 Quadriplegia and quadriparesis, C1-C4, complete
344.02 Quadriplegia and quadriparesis, C1-C4, incomplete
344.03 Quadriplegia and quadriparesis, C5-C7, complete
344.04 Quadriplegia and quadriparesis, C5-C7, incomplete
344.09 Other quadriplegia and quadriparesis
344.1 Paraplegia
348.2 Benign intracranial hypertension
349.1 Nervous system complications from surgically implanted device
349.2 Disorders of meninges, not elsewhere classified
349.32 Cerebrospinal fluid rhinorrhea
349.89 Other specified disorder of nervous system
353.1 Lumbosacral plexus lesions
359.1 Hereditary progressive muscular dystrophy
368.2 Diplopia
721.1 Cervical spondylosis with myelopathy
721.2 Thoracic spondylosis without myelopathy
721.3 Lumbosacral spondylosis without myelopathy
721.41 Spondylosis with myelopathy, thoracic region
721.42 Spondylosis with myelopathy, lumbar region
721.5 Spondylosis
721.6 Ankylosing vertebral hyperostosis
721.7 Traumatic spondylosis
721.8 Other allied disorders of spine
722.11 Displacement of thoracic intervertebral disc without myelopathy
722.2 Displacement of intervertebral disc, site unspecified, without myelopathy
722.3 Degeneration of cervical intervertebral disc
722.4 Degeneration of thoracic intervertebral disc
722.51 Degeneration of thoracic or thoracolumbar intervertebral disc
722.52 Degeneration of lumbar or lumbosacral intervertebral disc
722.6 Degeneration of intervertebral disc, site unspecified
722.71 Intervertebral cervical disc disorder with myelopathy, cervical region
722.72 Intervertebral thoracic disc disorder with myelopathy, thoracic region
722.73 Intervertebral lumbar disc disorder with myelopathy, lumbar region
722.81 Postlaminectomy syndrome, cervical region
722.82 Postlaminectomy syndrome, thoracic region
722.83 Postlaminectomy syndrome, lumbar region
722.91 Other and unspecified disc disorder of cervical region
722.92 Other and unspecified disc disorder of thoracic region
722.93 Other and unspecified disc disorder of lumbar region
723.1 Cervicalgia
723.2 Cervicobrachial syndrome (diffuse)
723.4 Brachial neuritis or radiculitis nos
723.5 Torticollis, unspecified
723.6 Spondylosis with myelopathy, lumbar region
723.7 Spondylosis with myelopathy, thoracic region
723.8 Other syndromes affecting cervical region
723.9 Unspecified musculoskeletal disorders and symptoms referable to neck
724.02 Spinal stenosis of lumbar region
724.09 Spinal stenosis, other region other than cervical
724.1 Pain in thoracic spine
724.2 Lumbar
724.3 Sciatica
724.4 Thoracic or lumbosacral neuritis or radiculitis, unspecified
724.5 Unspecified backache
724.6 Disorders of sacrum
724.71 Hypermobility of coccyx
724.72 Thoracic disc disorder with myelopathy, thoracic region
724.73 Lumbar disc disorder with myelopathy, lumbar region
724.74 Intervertebral disc disorder with myelopathy, thoracic region
724.75 Intervertebral disc disorder with myelopathy, lumbar region
724.8 Other symptoms referable to back
724.9 Other unspecified back disorder
729.2 Unspecified neuralgia, neuritis, and radiculitis
729.5 Pain in soft tissues of limb
733.13 Pathologic fracture of vertebrae

Unspecified code
Female diagnosis
Manifestation code
Male diagnosis
Glossary

Abuse. As defined by Medicare, an incident that is inconsistent with accepted sound medical, business, or fiscal practices and directly or indirectly results in unnecessary costs to the Medicare program, improper reimbursement, or reimbursement for services that do not meet professionally recognized standards of care or which are medically unnecessary. Examples of abuse include excessive charges, improper billing practices, billing Medicare as the primary insurance instead of other third-party payers that are primary, and increasing charges for Medicare beneficiaries, but not to other patients.

Accredited Record Technician (ART). A former certification title awarded to medical records practitioners; now known as a Registered Health Information Technician (RHIT).

Actual charge. Under Medicare, the charge a physician or supplier bills for a service rendered or a supply item.

Acute care facility. Health care facility that provides continuous professional medical care to patients who are in an acute phase of illness.

Add-on codes. A procedure performed in addition to the primary procedure and designated with a + in CPT. Add-on codes are never reported as stand-alone services. They are reported secondarily in addition to the primary procedure.

Adjudication. The process of hearing and settling a case through an objective, judicial procedure. In claims processing, the process of judging claims as payable, partially payable, or rejected.

Adnexa. Appendages, ties, connections, or adjunct parts. Adnexa of the oculi are the eyelids, lacrimal apparatus, and other appendages of the eye. Adnexa of mastoidea are the structures in the mastoid or posterior wall of the middle ear, including the mastoid antrum and its aditus and the mastoid antral cells. Adnexa of the uteri are the uterine appendages (ovaries, uterine tubes, and ligaments of the uterus).

Adventia. Pertaining to the outermost.

AHIMA. American Health Information Management Association.

All-inclusive rate. A flat fee charged by a facility on a daily basis (per diem) or for a total stay. The all-inclusive reimbursement rate usually pertains to state psychiatric hospitals. The UB-92 is used for billing all-inclusive rate accommodations and/or ancillary services. The only billable revenue codes under this rate are 100 (all-inclusive room and board plus ancillary) and 101 (all-inclusive room and board).

Allowable charge (also called approved charge). Fee schedule amount for a medical service under Medicare Part B. The allowable charge is based on relative value units multiplied by a conversion factor and geographical cost index and adjusted according to Medicare’s transition rules.

Ambulatory surgery center (ASC). Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization. To receive reimbursement for treatment of Medicare patients, an ASC must have an agreement with the Centers for Medicare and Medicaid Services (CMS) and meet certain required conditions.

American Academy of Professional Coders (AAPP). 1) From the website, “AAPC (American Academy of Professional Coders) membership spans all 50 states and several foreign countries as well. It is supported by a National Advisory Board made up of certified members representing clinics, facilities, payers, and consulting firms. The AAPP National Advisory Board offers direct input into the certification programs, educational curricula, and membership services offered by the Academy. AAPC is also supported by a National Physician Advisory Board with physicians from many different specialties.” 2) Supports membership in issues relating to coding and reimbursement and offers coder certification.

American Medical Association (AMA). A physician organization, advocate group, and publisher. The AMA publishes a variety of medical and medical coding books including Current Procedural Terminology (CPT), which is a standardized coding system used to document and report medical procedures and other services performed by physician and non-physician providers.

Amniocentesis. The withdrawal of amniotic fluid through a specialized needle placed through the abdominal wall and directly within the amniotic sac of a pregnant uterus. The fluid can provide an accurate source of chromosomal information about the developing fetus.

Ancillary services. Services, other than routine room and board charges, that are incidental to the hospital stay. These services include operating room; anesthesia; blood administration; pharmacy; radiology; laboratory; medical, surgical, and central supplies; physical, occupational, speech pathology; and inhalation therapies; and other diagnostic services.

Angioscopy. A microscope for visualization of capillary blood vessels.

Anterior. The front area or toward the front area of the body; an anatomical reference point used to show the position and relationship of one body structure to another body structure.

Anterolateral. Situated in the front part and off to one side.

Anteromedial. Situated in the front part and off to the medial side.

Anteroposterior and lateral x-ray. Two x-ray projections are included in this examination. See also by separate terms, Anteroposterior and Lateral.

Anteroposterior (AP). Front to back.

Anteroposterior x-ray. X-ray view taken from the front of the body to the back.

Appeal. A specific request (reconsideration) to reverse a denial or adverse coverage or payment decision and potential restriction of benefit reimbursement. An appeal is a special kind of formal complaint to let the carrier know that you disagree with any decision about health care services. This complaint is made directly to the health plan by following a specific process set up by the health plan. The insured or the health care provider can initiate appeals when the insured and the plan disagree with a plan's decision to deny or limit care.