Spine Surgery Coding

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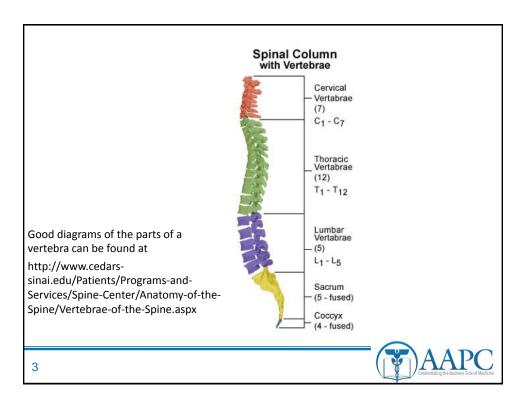
1



Spine Anatomy

- 7 cervical (neck) vertebrae,
- 12 thoracic (chest) vertebrae,
- 5 lumbar (back) vertebrae, and
- 5 fused vertebra that make up the sacrum
- 4 fused vertebra that make up the coccyx





General Notes

- Approach
- Number of levels involved
- Appropriate use of modifiers
- Co-Surgery

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Approach

- Anterior
 - Transoral
 - Extraoral
 - Thoracotomy
 - Thoracolumbar
 - Transperitoneal
 - Retroperitoneal
- Posterior
 - Transpedicular
 - Posterolateral
 - Costovertebral

5



Vertebral Segment vs. Interspace

- A vertebral segment describes the basic constituent part into which the spine may be divided. It represents a single complete vertebral bone with its associated articular processes and laminae.
- A vertebral interspace is the non-body compartment between two adjacent vertebral bodies, which contains the intervertebral disk, and includes the nucleus pulposus, annulus fibrosus, and two cartilagenous endplates.

CPT® Definition

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6

Counting Levels

An interspace is between two vertebra.

Example: L1-L3

Vertebral segment 3 - L1,L2,L3
Interspace 2 - between L1 and L2
between L2 and L3

7



Modifiers

- Modifier 51
 - Used on procedures performed in the same level
 - Do not use on add-on codes
- Modifier 58
 - Procedures performed in different sessions on different days
- Modifier 59
 - Identifies multiple levels on add-on codes

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Modifier 62 - Co-Surgery

- CPT® guidelines for use in spine surgery
 - Not used on bone grafting
 - Not used on instrumentation
- · Medicare has different guidelines
- Reimbursement varies by insurance company

9



Co-Surgery Reimbursement All In CPT®

Physician A

| Code | Modifier | Mod 2 | RVU | 100% | Modifier applied | Co- Surgery |
|-------|----------|----------|-------|------------|----------------------|----------------|
| | | | | | | |
| 22612 | 62 | | 46.91 | \$1,695.52 | \$2,119.40 | \$1,059.70 |
| | | | | | | |
| 63047 | 62 | 51 | 32.23 | \$1,166.41 | \$1,458.01 | \$729.01 |
| | | | | | | |
| 22842 | | | 22.95 | \$870.19 | \$870.19 | \$870.19 |
| | | | | | | |
| 22851 | | | 12.26 | \$464.12 | \$464.12 | \$464.12 |
| | | | | | | |
| 22851 | 59 | | 12.26 | \$464.12 | \$464.12 | \$464.12 |
| | | | | | | |
| 22614 | 62 | | 11.76 | \$443.72 | \$554.65 | \$277.33 |
| 63048 | 62 | | 6.37 | \$235.92 | \$294.90 | \$147.45 |
| 220.0 | <u> </u> | | 2.01 | Ţ0.02 | + == 1.00 | ŢIO |
| 20937 | | | 5.03 | \$188.84 | \$188.84 | \$188.84 |

Physician A receives \$4200.77

Physician B

| | | | _ | | | |
|-------|----------|----------|-------|------------|------------------|----------------|
| Code | Modifier | Mod 2 | RVU | 100% | Modifier applied | Co- Surgery |
| 22612 | 62 | | 46.91 | \$1,695.52 | \$2,119.40 | \$1,059.70 |
| 63047 | 62 | 51 | 32.23 | \$1,166.41 | \$1,458.01 | \$729.01 |
| 22842 | 80 | | 22.95 | \$870.19 | \$174.07 | \$174.04 |
| 22851 | 80 | | 12.26 | \$464.12 | \$92.82 | \$92.82 |
| 22851 | 80 | 59 | 12.26 | \$464.12 | \$92.82 | \$92.82 |
| 22614 | 62 | | 11.76 | \$443.72 | \$554.65 | \$277.33 |
| 63048 | 62 | | 6.37 | \$235.92 | \$294.90 | \$147.45 |
| 20937 | 80 | | 5.03 | \$188.84 | \$37.77 | \$37.77 |

Physician B receives \$2610.94

5

Co-Surgery Reimbursement All In Medicare Two Specialty

Physician A

Physician B

| Code | Modifier | Mod 2 | RVU | 100% | applied | Surgery |
|-------|----------|-------|-------|------------|------------|------------|
| | | | | | | |
| 22612 | 62 | | 46.91 | \$1,695.52 | \$2,119.40 | \$1,059.70 |
| 63047 | 62 | 51 | 32.23 | \$1,166.41 | \$1,458.01 | \$729.01 |
| 22842 | 62 | | 22.95 | \$870.19 | \$1087.63 | \$543.82 |
| 22851 | 62 | | 12.26 | \$464.12 | \$580.15 | \$290.08 |
| 22851 | 59 | | 12.26 | \$464.12 | \$580.15 | \$290.08 |
| 22614 | 62 | | 11.76 | \$443.72 | \$554.65 | \$277.33 |
| 63048 | 62 | | 6.37 | \$235.92 | \$294.90 | \$147.45 |
| 20937 | | | 5.03 | \$188.84 | \$188.84 | \$188.84 |

| Code | Modifier | Mod 2 | RVU | 100% | Modifier applied | Co- Surgery |
|-------|----------|-------|-------|------------|------------------|----------------|
| 22612 | 62 | | 46.91 | \$1,695.52 | \$2,119.40 | \$1,059.70 |
| 63047 | 62 | 51 | 32.23 | \$1,166.41 | \$1,458.01 | \$729.01 |
| 22842 | 62 | | 22.95 | \$870.19 | \$1087.63 | \$543.82 |
| 22851 | 62 | | 12.26 | \$464.12 | \$580.15 | \$290.08 |
| 22851 | 62 | 59 | 12.26 | \$464.12 | \$580.15 | \$290.08 |
| 22614 | 62 | | 11.76 | \$443.72 | \$554.65 | \$277.33 |
| 63048 | 62 | | 6.37 | \$235.92 | \$294.90 | \$147.45 |
| 20937 | 80 | | 5.03 | \$188.84 | \$37.77 | \$37.77 |

All procedures are 2 in the PRV file except 20937 which is 1.

Physician A receives \$3526.31 Physician B receives \$3375.24

Surgical Procedures

- Excise and/or Decompress
- · Fusion, reconstruct, or replace
- Insertion
- Stabilization



Excision

- Codes found in 20000 or 60000 series
 - Intrinsic bony lesion-22100-22103, 22110-22116
 - Osteotomy- 22206-22226
 - Kyphectomy- 22818-22819
 - Discectomy- 63075-63078
 - Vertebral corpectomy-63081-63103

13



Decompression

- Operative report should describe that a nerve/spinal cord is being decompressed
 - Laminectomy-63001-63017,63045-63048
 - Laminotomy- 63020-63044
 - Laminoplasty-63050-63051
 - Transpedicular approach-63055-63057
 - Costovertebral approach-63064-63066



Example 63047, 63048

Spinous processes of L5,L4,L3 and the caudal one-third of L2 removed with Leksell rongeur. The laminae of L5,L4, and L3 thinned down with Leksell ronguer. Utilizing a curette, caudal one-third of L5 lamina undercut with curette, and bilateral L5 laminectomy performed with Leksell and Kerrison ronguers. Ligmentum flavum between L5 - S1, L4 - L5, L3 - L4, and L2-L3 were extremely hypertrophied. These were removed with Kerrison rongeur. Bilateral laminectomy performed with Leksell and Kerrison rongeurs at L2,L3, and L4. With the surgeon at the patient's left-hand side, right lateral recess from L2-3 through L5-S1 decompressed with Kerrison rongeur, performing right L2-3, L3-4, L5-S1 medial facetectomies and formaminotomies, decompressing the right L3, L4, L5, S1 nerve roots. This same procedure was performed on the left.

15



Arthrodesis Fusion of Joint

- Can be performed alone or combined with other procedures
 - Anterior 22551-22552, 22554-22556, 22558,22585, 22808-22812
 - Posterior 22590-22595, 22600-22614, 22630-22632, 22800-22804
 - Lateral Extracavitary 22532-22534
 - Transoral or extraoral 22548



Anterior Interbody Arthrodesis

- 22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
- 22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)

17



Example 22551

A needle was placed into the disk at C6-7, and an x-ray was obtained, which helped confirm the level of the procedure. The needle was withdrawn. The anterior bodies of C6 and C7 were cleaned of their overlying tissues utilizing cautery. Caspar pin distractors were placed into the body of C6 an C7, and then another x-ray was obtained, which helped confirm the level of the procedure. The medial and lateral Danek trimline retractors were placed, and the Caspar pin distractor was also placed. Distraction was applied across the disk space. A knife was used to incise the anulus a C6-7. Complete and thorough discectomy was then performed down to and including the cartilaginous endplates. The dissection was taken all the way back to the posterior longitudinal ligament, which was resected. A large amount of disc material was identified posterior to the longitudinal ligament, directly on the C7 nerve on the left. This was completely removed using pituitary rongeurs and nerve hooks. There was now no decompression whatsoever on the C7 nerves or the spinal cord. The inferior endplate of C6 and the superior endplate of C7 were prepared down to flat bleeding surface. An appropriate sized piece of allograft was then impacted into position with an excellent rigid fixation. An anterior plate was applied. And additional X-ray was taken to confirm that the bone graft and hardware were in good position.



New Guideline for 2011 for ACD

Do not report 22554 in conjunction with 63075, even if performed by separate providers. To report anterior cervical discectomy and interbody fusion at the same level during the same session, use 22551

➤ If two physicians are performing discectomy and arthrodesis, they must bill 22551 with the 62 modifier, 63075 and 22554 can not be billed, even separately.

19



22830

Exploration of fusion

- Patients who had previous fusion
- CCI edit if performed with arthrodesis at same level
- Use 59 modifier if used at different level



Arthrodesis Emerging Technology

0195T Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace (2009)

 0196T- each additional interspace (List separately in addition to code for primary procedure)

21



Reconstruct or Replace

- Vertebroplasty 22520-22522
- Kyphoplasty 22523-22525
- Arthroplasty 22856-22865, 0092T, 0095T, 0163T-0165T, 0202T



Cervical ADR

22856 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical

Replaces 0090T

0092T each additional interspace, cervical (List separately in addition to code for primary procedure)

23



Example 22856

At this time distraction pins were placed in the vertebral body of C3 and the proximal aspect of the previous corpectomy graft to allow distraction across the C3-C4 disc space. Self-retaining retractor was placed under the longus coli musculature at the C3-C4 level. Discectomy was performed at C3-C4 of the uncovertebral joints and the posterior longitudinal ligament. The endplates of C3 and C4 were then prepared. Sizing of the disc space of placement of a prestige disc arthroplasty was performed and a 6mm height, 16mm depth Prestige implant was selected for implantation. This was positioned in the interspace in the midline and seated under image intensifier control. Once this was seated this was affixed to the vertebral bodies using standard technique. Appropriate size and position was demonstrated under image intensifier. At this time the proximal distraction pin was removed and the retractors were removed.



Cervical Artificial Discs



Bryan



Cervicore



Cervitech



Mobi-C



Prestige ST



Prodisc C

Lumbar ADR

22857 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar

0163T each additional interspace, lumbar (List separately in addition to code for primary procedure)



ADR Revision

22861 Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical

22862 *lumbar*

0165T Revision including replacement of total disc arthroplasty
(artificial disc), anterior approach, each additional interspace,
lumbar (List separately in addition to code for primary
procedure)

0098T cervical (List separately in addition to code for primary procedure)

27



ADR Removal

22864 Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical

22865 *lumbar*

0164T Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)

0095T cervical (List separately in addition to code for primary procedure)



Bone Grafts

Codes specific to spine procedures 20930 *Allograft, morselized*

29031 Allograft, structural

20936 Autograft, same incision

20937 Autograft, separate incision, morselized

20938 Autograft, separate incision, structural, bicortical, tricortical

29



CPT® Guidelines

 To report bone graft procedures, see 20930-20938. (Report bone graft procedures, see 20930-20938. (Report in addition to code[s] for definitive procedure[s].) Do not append modifier 62 to bone graft codes 20900-20938.



Instrumentation

- Stabilizes surgical site/fusion
 - Posterior
 - Non Segmental 22840
 - Segmental 22842-22844
 - Anterior 22845-22847
 - Wiring of spinous process 22841
 - Pelvic Fixation 22848
 - Biomechanical device 22851

31



CPT® Guidelines

 Insertion of spinal instrumentation is reported separately and in addition to arthrodesis. Instrumentation procedure codes 22840-22848 and 22851 are reported in addition to the definitive procedure(s). Do not append modifier 62 to spinal instrumentation codes 22840-22848 and 22850-22852.



Other Instrumentation Codes

22849 Reinsertion of spinal fixation device

22850 Removal of posterior nonsegmental instrumentation (eg, Harrington rod)

22852 Removal of posterior segmental instrumentation

22855 Removal of anterior instrumentation

33



Stereotactic Navigation

61783 Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)

➤61781-61782 Navigation, cranial



Category III Codes

Effective July 1, 2011http://www.ama-assn.org/resources/doc/cpt/cptcat3codes.pdf-

- 0274T Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
- 0275T lumbar

35



Appeals For Correct Reimbursement

- Use the current fee schedule according to your contract
- Describe in detail corrections necessary for correct reimbursement
- Itemize each procedure



Sample of Appeal Letter Add-on Codes

| fo A n | This letter has been written to appeal the reimbursement received for the surgery of on According to CPT®, as documented in the Introduction to CPT® "All add-on codes found in the CPT® codebook are exempt from the multiple procedure concept (see modifier -51 definition Appendix A)." | | | | | | | | |
|--------------|---|--------|--------------|---------------|------------|--|--|--|--|
| n C | On this claim, add-on code(s) were reimbursed with multiple procedures discounts. Please reprocess this claim based on the itemization below for proper adjudication of this claim. Any discrepancies should be sent in writing with description of discrepancy. | | | | | | | | |
| СРТ | Modifier | Charge | Fee Schedule | Reimbursement | Difference | | | | |
| | | | | | | | | | |

ICD-10-CM Preview Deforming Dorsopathies

M40-49

- M40-Kyphosis and lordosis
- M41-Scoliosis
- M42-Spinal osteochondrosis
- M43-Other deforming dorsopathies
- M45-Ankylosing spondylitis
- M46-Other inflammatory Spondylopathies
- M47-Spondylosis
- M48-Other spondylopathies
- M49-Spondylopathies in diseases classified elsewhere



ICD-10-CM Preview Other Dorsopathies

M50-M54

- M50-Cervical disc disorders
- M51-Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders
- M53-Other and unspecified dorsopathies, not elsewhere classified
- M54-Dorsalgia

39



Spine Coding References

- NASS Common Coding Scenarios for Comprehensive Spine Care
- AAOS Coding Companion
- AAPC Coding Forums

