The Four Elements

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The Four Elements of Spine Coding

WHY: The diagnosis; the reason for the surgery.

HOW: How are you getting there, what approach?

WHERE: Where is the anatomical location?

WHAT: What is it that you are doing?

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The Four Elements of Spine Coding

Primary Diagnosis
Main Approach
Main Location
Main Procedure

Coding descriptors do not necessarily follow the surgeon’s vernacular.

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PRIMARY DIAGNOSIS
ICD-9-CM Primary Diagnosis

This reference material is the responsibility of the World Health Organization. Their main responsibility is to track diseases and illnesses throughout the world.

Primary Diagnosis

Lesion
Neoplasm
Deformity
Spinal Condition

Primary Diagnosis

Neoplasm - New and abnormal growth of tissue, eg: malignant tumors.
Lesion - Any pathological or traumatic discontinuity of tissue or loss of function of a part, eg: infections.
Deformity - A permanent structural deviation from the normal shape or size, eg: scoliosis, kyphosis, etc.
Spinal Condition - Spine related condition, eg: stenosis, disc herniation, spondylosis, etc.
Neoplasm vs. Spinal Condition

Corpectomy for Myelopathy:
Cervical Spine Code 63081
ICD-9 721.1

Corpectomy for Neoplasm:
Cervical Spine Code 63300
ICD-9 198.5

Neoplasm vs. Spinal Condition
Lumbar Laminectomy for Lesion other than Herniated Disc
CPT Code: 63267
Diagnosis Osteomyelitis: 730.20

Lumbar Laminectomy including Laminectomy, Facetectomy, and Foraminotomy
CPT Code: 63047
Diagnosis: Spinal Stenosis: 724.02

Fusion Revision Surgery vs. Deformity Correction
Flat back syndrome, recurrent spinal stenosis, painful hardware:
ICD-9 722.83, 724.02, etc.

Coding ranges include decompression and fusion coding at each level:
i.e.: 63042, 63044, 22612, 22614, etc.

Adolescent/ adult idiopathic scoliosis:
ICD-9 737.30

Coding range is limited to very specific code groupings for deformity:
i.e.: 22800 or 22810 or 22812, etc.
MAIN APPROACH

Main Approach

<table>
<thead>
<tr>
<th>Anterior</th>
<th>Posterior</th>
<th>Extracavitary Lateral</th>
</tr>
</thead>
</table>

Coding designated by approach, regardless of where you end up.

For example:

No posterior corpectomy codes.

Anterior interbody fusion is not possible via posterior approach.
Each approach should have its own operative note.

i.e. anterior/posterior procedures require separate operative reports.

**Multiple Approaches**

1. Anterior/Lateral
2. Transthoracic
3. Thoracolumbar
4. Retroperitoneal

**Anterior**

1. Anterior Lateral 63300
2. Transthoracic 63301
3. Thoracolumbar 63302
4. Retroperitoneal 63303
Posterior
1. Posterior Lateral
2. Transpedicular
3. Costovertebral

Extracavitary Lateral
1. Thoracic
2. Lumbar

MAIN LOCATION
Main Location

Cervical
Thoracic
Lumbar
Sacral

State All Levels and Interspaces

Example:
T5 – L3 fusion for deformity

NOT  a  Thoracolumbar fusion for deformity
Properly Identify the Exact Location

Using the basic concept of labeling, referencing the exact anatomical location, is critical to the coding process.

Vertebral Interspaces with a "-"
i.e.: C3-C4, C4-C5 for interspaces for discectomies.

Vertebral Segments with ",”
i.e.: C3, C4, C5 for segments of corpectomies.

Vertebral Interspaces with "-"
i.e.: T3-T4, T4-T5 for interspaces for discectomies

Vertebral segments with ",”
i.e.: T3, T4, T5 for segments of corpectomies
Identify Different Locations Properly

Example 1: Patient has severe Spondylosis and Disc Herniation from C3-C6

Operative note indicates the “Procedures Performed”

- Cervical Discectomy
- Cervical Corpectomy

In this case, codes are considered **bundled**.

Identify Different Locations Properly

Further clarification allow for appropriate coding of “Procedures Performed”

- Cervical Discectomy C3 – C4: 63075
- Cervical Corpectomy C5, C6: 63081, 63082

In this case, codes are considered **not bundled**, as they are at different levels.

*Carrier rules apply*

Identify Different Locations Properly

*Examples:* Patient has disease from L3-S1

Op notes states “Procedure Performed”

- Lumbar Interbody Fusion
- Lumbar Lateral Fusion
- Lumbar Laminectomy

*Coding could be of many different combinations.*
Further clarification indicates that the "Procedures Performed"
Lumbar Lateral/Interbody Fusion L4-L5, L5-S1: 22633, 22634
Lumbar Laminectomy L3,L4,L5: 63047, 63048 X 2*
In addition, there were additional implants, grafts and instrumentation utilized.
*Carrier rules apply

Identify Different Locations Properly

MAIN PROCEDURES

Decompression
Fusion
Grafting
Instrumentation
Exploration
Osteotomies
Fracture Treatment
Injections
Miscellaneous
Main Procedures: Account for Everything

Example:
Decompression
Lateral Fusions
Interbody Fusion
Instrumentation
Implants
Grafts

MAIN PROCEDURES: DECOMPRESSIONS

Main Procedures: Decompressions
Decompressions

Coding is based on the interspace and levels and degree of decompression and are certainly diagnosis based.

Most difficult coding in Spine.
Main Procedures: Decompressions

There are several types of decompressions that may be performed during the surgical session.

_The main coding difficulty lies in the language used by the surgeon to describe the type and location._

Main Procedures: Decompressions

Most difficult to decipher. Extent and diagnosis based.

_Coding Examples Represent Cervical Procedures:_

Laminotomy: 63020, 63040
Laminectomy: 63001, 63015, 63045, 63265, 63275
Corpectomy / Vertebrectomy: 63081, 63300, 63304
Laminoplasty: 63050, 63051

Main Procedures: Decompressions

Laminectomy or Corpectomy for:
– Spinal Condition
– Neoplasm
– Lesion

Diagnosis and location will determine the appropriate code.
Main Procedures: Types of Decompression

✓ Corpectomies: The 50/30 rule:
  - 50% removal for cervical
  - 30% removal for Lumbar

✓ No anterior discectomy code for cervical or lumbar in combination with a fusion.

✓ The diagnosis and degree of decompression will determine the code selection.

Main Procedures: Fusion/Decompression Changes

Cervical fusion and discectomy

CPT CODES 22551 & 22552 replace the use of codes 63075 with 22554 and 63076 with 22585 when performed in combination with surgeons or co-surgeons.

New Codes: Decompressions

• For laminotomy/hemilaminectomy performed using an open approach with direct visualization, use codes 63020-63035

• For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle based technique, with indirect imaging, use 62287

• For non-needle based technique with indirect imaging, use codes 0274T or 0275T
Main Procedures: Fusion

Differentiation of Reconstructive Procedure vs. Corrective Procedure vs. Stabilizing Procedure:
- Lateral Deformity
- Interbody

Document and code for exploration

Main Procedures: Fusion

Clarity in the fusion procedure is absolutely necessary to code.

The cases that involve reconstruction and revision must be documented as such and should not be considered a deformity unless it is a pure scoliosis or kyphosis case for curve correction.
Main Procedures: Types of Fusion

Although the term fusion should satisfy the documentation requirements, it is necessary to discuss the other components leading up to the “fusion” procedure.

Clearly dictate the levels of decortication and the subsequent laying of graft or other materials to support the coding.

Main Procedures: Types of Fusion

Describe all the types of fusions performed in the operative session.

Do not make the assumption that the reviewer or coder will know exactly where and what type of fusion was performed.

Count levels of fusion properly.

Main Procedures: Fusion

Number of Levels and Location Matters
Lateral
Posterior: 22600-22614
Deformity
Anterior/Posterior: 22800-22818
Interbody
Anterior: 22554-22585
Posterior: 22630 & 22632
Combination Fusion Procedure (Lumbar): 22633-22634
Specific areas of fusion (Cervical): 22590-22595
These are just examples of the numerous fusion codes available.
### New Codes: Spine Arthrodesis

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22633</td>
<td>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</td>
</tr>
<tr>
<td>22634</td>
<td>each additional interspace and segment, lumbar</td>
</tr>
</tbody>
</table>

**Do not report with 22612 or 22630 when performed at the same interspace or segment**

**Use 22634, additional level combined fusion codes in conjunction with 22633; when additional levels of combined fusion are performed**

*When performing a posterior or posterolateral for fusion at an additional level, use 22614.*

*When performing a posterior interbody fusion at an additional level, use 22632.*

### Application

Two level Combined Fusion Lateral and Interbody at L4-5, L5-S1, Instrumentation, Implants, Same-site Autograft

- 22633: Combined Fusion, primary level
- 22634: Combined Fusion, additional level
- 22842: Segmental Instrumentation
- 22851: Biomechanical Implants
- 22851: Biomechanical Implants
- 20936: Same Site Autograft
Revised Applications of Spine: Arthrodesis Additional Level

• When performing a posterior or posterolateral for fusion at an additional level following a combined fusion, use 22614, not 22612.

• When performing a posterior interbody fusion at an additional level following a combined fusion, use 22632, not 22630.

Application

• One level Combined Fusion at L4-L5 and Second level Interbody at L5-S1, Instrumentation, Implants, Same-site Autograft

  • 22633: Combined Fusion, primary level
  • 22632: Interbody Fusion, additional level
  • 22842: Segmental Instrumentation
  • 22851: Biomechanical Implants
  • 22851: Biomechanical Implants
  • 20936: Same Site Autograft

Application

• One level Combined Fusion at L4-L5 and Second level Lateral at L5-S1, Instrumentation, Implants, Same-site Autograft

  • 22633: Combined Fusion, primary level
  • 22614: Lateral Fusion, additional level
  • 22842: Segmental Instrumentation
  • 22851: Biomechanical Implants
  • 20936: Same Site Autograft
Revised Codes: Spine Arthrodesis

22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic, with lateral transverse technique, when performed

22612 Lumbar, with lateral transverse technique, when performed

*The Facet fusion has been transferred to a new T Code Series*

Revised Codes: Spine Arthrodesis

Facet Joint Fusion

0219T Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level: cervical

0220T thoracic

0221T lumbar

0222T each additional vertebral segment

Revised Codes Spine Arthrodesis

• Do not report 0219T – 0222T in conjunction with any radiological service

• Do not report 0219T – 0222T in conjunction with 20930, 20931, 22600-22614, 22840, 22851 at the same level.
MAIN PROCEDURES: GRAFTING

Main Procedures: Grafting

- Autograft vs. Allograft
- Structural vs. Non-Structural
- Same-site, separate incision, bone products.
  Account for all procedures performed.
  Spine specific graft codes are in the 20930-20938 range

Main Procedures: Types of Grafting

[Images of autograft and allograft]
Main Procedures: Types of Grafting

The type of grafting matters as the coding changes based on the graft materials used.

There are so many different products or grafting possibilities that the coder may not even know that the opportunity to code is there without guidance.

Main Procedures: Types of Grafting

and don’t forget bone marrow aspiration

MAIN PROCEDURES: INSTRUMENTATION
Main Procedures: Instrumentation

- Insertion, removal, reinsertion
- Plating, pedicle screws, rods, etc.
- Identify segmental vs. non-segmental
- Identify all levels of placement
- Identify by brand name

Main Procedures: Instrumentation

Non-segmental Instrumentation: Posterior: 22840
Segmental Instrumentation: Posterior: 22842-22844
Spinous Process Wiring: Posterior: 22841
Pelvic Instrumentation: Posterior: 22848
Biomechanical Devices: Anterior/Posterior: 22851
Anterior Instrumentation: Anterior: 22845-22847

Main Procedures: Types of Instrumentation

Instrumentation is billed by “construct” type, and notably by the number of levels or interspaces involved, along with the anatomical placement of the instrumentation.
Main Procedures: Types of Instrumentation

Non Segmental vs Segmental Instrumentation

Posterior Only: Noted by the specific areas where the attachments are made.

Main Procedures: Instrumentation

Pelvic Instrumentation

Posterior Only

Cannot be coded with a 50 Modifier

Bill in conjunction with: Segmental or Non-Segmental Instrumentation

Main Procedures: Types of Instrumentation

Code: 22851

Biomechanical device codes are billable for each interspace where implants are placed.
Main Procedures: Types of Instrumentation

Bill all of the instrumentation for the case.

Main Procedures: Instrumentation Removal/Insertion/Reinsertion

RECENT CODING CHANGES AS OF 2012

Coding Includes:
22849 Reinsertion of Instrumentation
22855 Removal of Anterior Instrumentation
22850 Removal of Posterior Non-Segmental Instrumentation
22852 Removal of Posterior segmental Instrumentation

Revised Codes: Instrumentation

The new instructions indicate that the insertion code is the only code that is to be considered when there is a removal or change of instrumentation during the same operative session as the insertion of the new instrumentation; even if the insertion includes new levels and/or part of the part of the previously instrumented segments.
Revised Codes: Instrumentation

The guidelines further specify that code 22849 representing reinsertion of instrumentation and the removal codes 22850, 22852 and 22855 should not be reported with the insertion codes 22840-22848 if any portion of the surgical area overlaps with a removal, reinsertion or insertion of a new construct.

Revised Codes: Instrumentation
Removal / Reinsertion

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22845-22847</td>
<td>Anterior Instrumentation</td>
</tr>
<tr>
<td>22840-22844</td>
<td>Posterior Instrumentation</td>
</tr>
<tr>
<td>22848</td>
<td>Pelvic Instrumentation</td>
</tr>
<tr>
<td></td>
<td>Cannot bill these removal of instrumentation codes below if any new instrumentation is placed in any segment where there is a removal.</td>
</tr>
<tr>
<td>22850-22855</td>
<td>Removal of anterior or posterior instrumentation</td>
</tr>
</tbody>
</table>

MAIN PROCEDURES:
OSTEOTOMY
Anterior and Posterior Account for all segments by anatomical location. Often performed with fusion for deformity correction. Can bill for both anterior and posterior osteotomy procedures. Do not bill decompression codes at the same level.

Main Procedures: Osteotomy

Code for Both Types:

Smith Peterson
22212-22226

Pedicle Subtraction
22206-22208

Do not bill decompression codes at the same level.

MAIN PROCEDURES: FRACTURE TREATMENT
Main Procedures: Types of Fracture Treatment

Open and closed coding opportunities

Document and dictate both when applicable

Account for all levels.

Do not bill decompression with fracture codes.

Main Procedures: Fracture Treatment

Open & Closed Coding Opportunities

Document and dictate both when applicable.

Account for all levels

Fracture codes for closed procedures: 22305-22315

Fracture codes for open posterior procedures: 22325-22328

Corpectomy codes for open anterior fractures*: 63081-63091

Ondontoid Fracture Codes,*anterior approach: 22318 & 22319
Main Procedures: Fracture Treatment

Corpectomy codes for anterior fractures:
63081-63091

Code for the fusion, instrumentation and other associated procedure codes.

Main Procedures: Fracture Treatment

Fracture codes for open posterior procedures:
22325-22328

Code for the fusion, instrumentation and other associated procedure codes.

Miscellaneous Coding: New Technology

Kyphoplasty
Vertebroplasty
Arthroplasty
Stimulators
Excisions
Infection
Biopsy
Injections
Fluoroscopy
Halo/Tongs
Microscope
Miscellaneous Procedures: Kyphoplasty Vertebroplasty

Code for all levels and be sure to have the preoperative documentation in order.
Codes: 22520-22525

CT or Fluoro Imaging
Codes: 72291-72292

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Miscellaneous Procedures: Arthroplasty

Identify procedure by
- Insertion**
- Removal
- Revision

Code for both anterior
- Codes: 22856-22865
  0092T-0098T

and posterior
- Codes: 0200T-0222T

**Includes the discectomy

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Miscellaneous Procedures: Stimulators

Includes coding for:
- Insertion
- Removal
- Revision

And for the programming of the generators, etc.
Miscellaneous Procedures: Excisions

Rarely used
For removal of anterior or posterior bony component due to lesion without decompression of spinal cord or nerve roots.

Codes: 22100-22114

Miscellaneous Procedures: Infection

Infection coding is specific to anatomical region:
- Cervical and thoracic 22010
- Lumbar 22015

Cannot code with removal of instrumentation codes.

Code: 10180: Post operative wound infection

Miscellaneous Procedures: Biopsy

Code by location and type of biopsy required.
Considered inclusive to other global procedures.

Codes: 20200-20251
Miscellaneous Procedures: Injections

Many coding changes in this area on a continuous basis.
Follow carrier guidelines on a regular basis.
Document medical necessity and results on a procedural basis.

Miscellaneous Procedures: Fluoroscopy

Many carriers and societies consider fluoroscopy included in the surgical procedure if the surgeon is doing the actual reading in real time.
This coding opportunity presents itself in both the injection and “plasty” procedures.

Miscellaneous Procedures: Halo/Tongs

Coding is available for these procedures and may or may not be covered based on carrier guidelines.
Code 20660-20661
Often considered part of a more global procedure.
Miscellaneous Procedures: Microscope

Indicating the need and documenting that a microscopic dissection was performed is absolutely necessary.

Code: 69990

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