2019

Spine Coding Basics

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Directory of Coding and Audit Services

CODINGAID

2019 Spine Surgery

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Spine Surgery Terminology & Anatomy

Spine Surgery Terminology & Anatomy

Term	Definition
Arthrodesis	Fusion, or permanent joining, of a joint, or point of union of two musculoskeletal structures, such as two bones
Bone grafting	Surgical procedure that replaces missing bone with material from the patient's own body, or from an artificial, synthetic, or natural substitute
Corpectomy	Surgical excision of the main body of a vertebra, one of the interlocking bones of the back.
Cerebrospinal fluid or CSF	The protective body fluid present in the dura, the membrane covering the brain and spinal cord
Decompression	A procedure to remove pressure on a structure.
Diskectomy, discectomy	Surgical removal of all or a part of an intervertebral disc.
Dura	Outermost of the three layers that surround the brain and spinal cord.
Electrode array	Device that contains multiple plates or electrodes.
Electronic pulse generator or neurostimulator	A device that produces low voltage electrical pulses, with a regular or intermittent waveform, that creates a mild tingling or massaging sensation that stimulates the nerve pathways

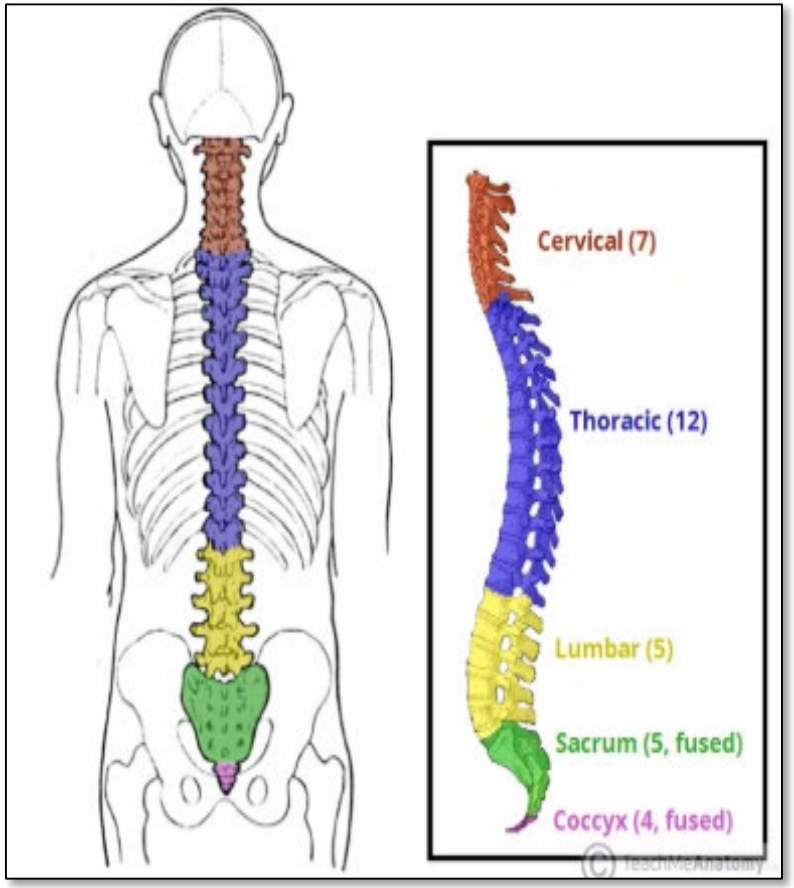
Spine Surgery Terminology & Anatomy

Term	Definition
Epidural space	The space that surrounds the dura, which is the outermost layer of membrane that surrounds the spinal canal. The epidural space houses the spinal nerve roots, blood and lymphatic vessels, and fatty tissues .
Extradural	Present inside the skull but outside the dura mater, which is the thick, outermost membrane covering the brain or within the spine but outside the dural sac enclosing the spinal cord, nerve roots and spinal fluid.
Facet	Smooth area on a bone
Intervertebral disc	A round, flat, fibrous tissue layer between two adjacent vertebrae, the interlocking bones of the spine, consisting of a tough outer layer (anulus fibrosus) and a jellylike central part (nucleus pulposus) that acts as a flexible cushion between the vertebrae to aid in load bearing and shock absorption
Intradural	Within the dura, the tough outer membrane surrounding the central nervous system.
Intramedullary	Within the deep part of a structure, such as in the bone marrow. Subarachnoid space: The space between the pia mater, the inner most layer of the meninges that surround the brain and the spinal cord, and the arachnoid mater, the middle layer of the meninges .
Lamina	A part of a vertebral arch that covers the back surface of the spinal canal, forming a protective roof over the spinal cord.
Lateral extracavitary approach	A surgical approach to the spine, incising along the middle of the back and then turning sharply toward one side to follow the general direction of the ribs of the patient; the incision resembles an L and is often referred to as a hockey stick incision.
Lesion	Area of damaged or diseased tissue, particularly an area that is well–defined.

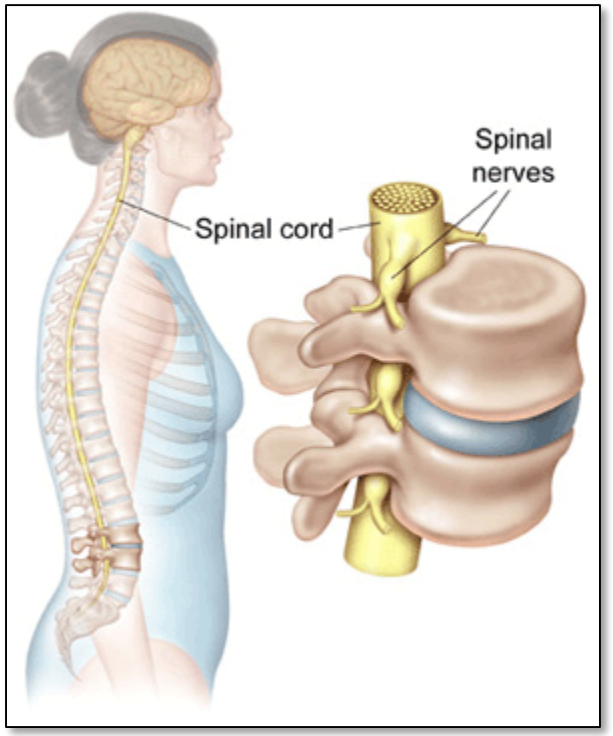
Spine Surgery Terminology & Anatomy

Term	Definition
Nerve root	The portion of a nerve where it connects to the central nervous system, i.e., the brain or spinal cord; the origin of a nerve.
Osteotomy	The cutting of bone for treatment purposes.
Paraspinal muscles	The band of muscles that run next to the spine that support and move the spine.
Pedicle	A paired part of the vertebral arch, the posterior part of a vertebra, that connects a lamina to the vertebral body.
Spinal cord	Group of nerve fibers encased in the vertebral column that connects the brain to the rest of the body
Stereotactic radiosurgery	A noninvasive neurosurgical discipline that uses ionized radiation to destroy target areas.
Subarachnoid space	The space between the pia mater, the inner most layer of the meninges that surround the brain and the spinal cord, and the arachnoid mater, the middle layer of the meninges.
Vertebrae	The bony segments that form the spine and protect the spinal cord; there are 33 segments divided into five different levels — the neck (cervical spine, C1 through C7), upper and middle back (thoracic spine, T1 through T12), lower back (lumbar, L1 through L5), sacral (sacrum, S1 through S5), and tail bone (coccyx which consists of 4 fused bones).

Spine Surgery Terminology & Anatomy



Spine Surgery Terminology & Anatomy



Spine Procedures

Spine Procedures

THE FOUR ELEMENT OF SPINE PROCEDURE CODING

Why: The Diagnosis; the reason for the surgery.

✓ Primary Diagnosis

How: How are you getting there, what approach?

✓ Main Approach

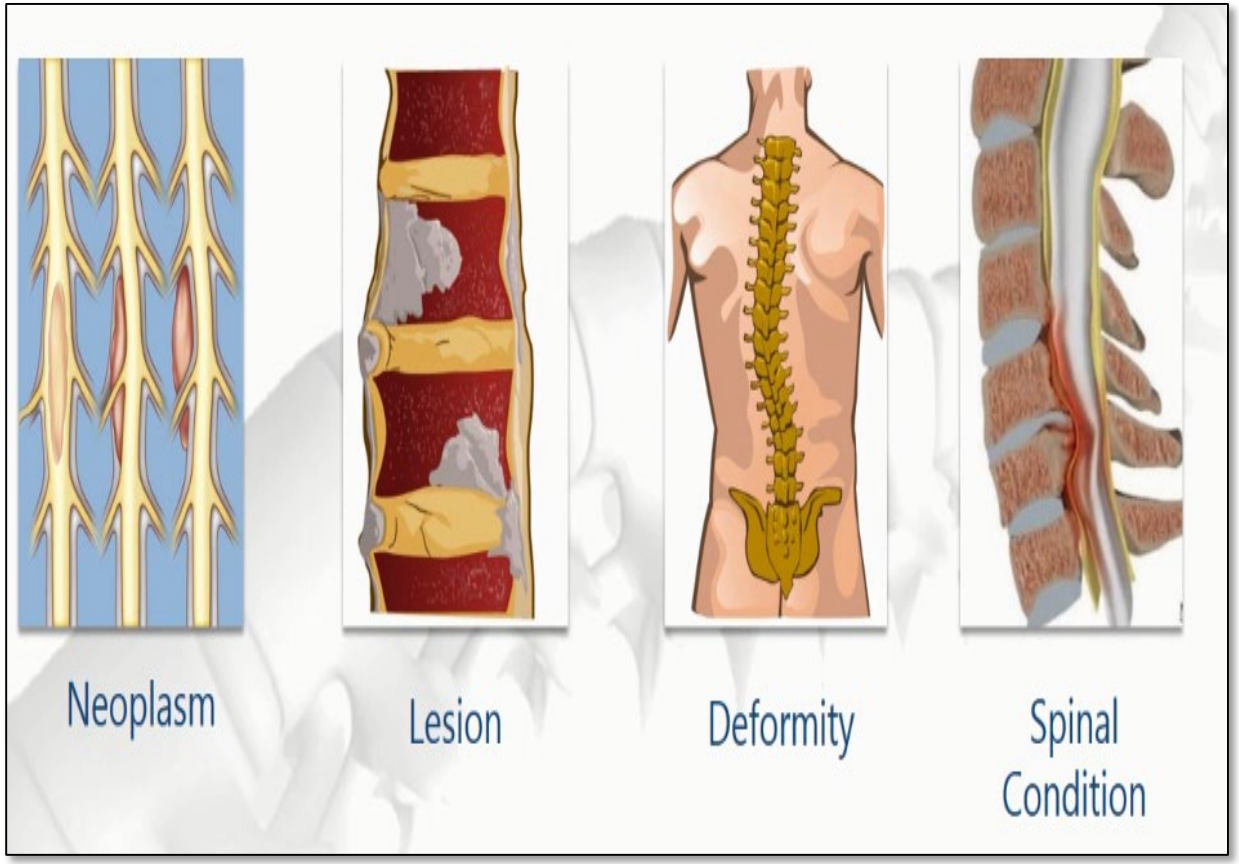
Where: Where is the anatomical location?

✓ Main Location

What: What is it that you are doing?

✓ Main Procedure

Spine Procedures



Neoplasm-New or abnormal growth of tissue(ie malignant tumors)

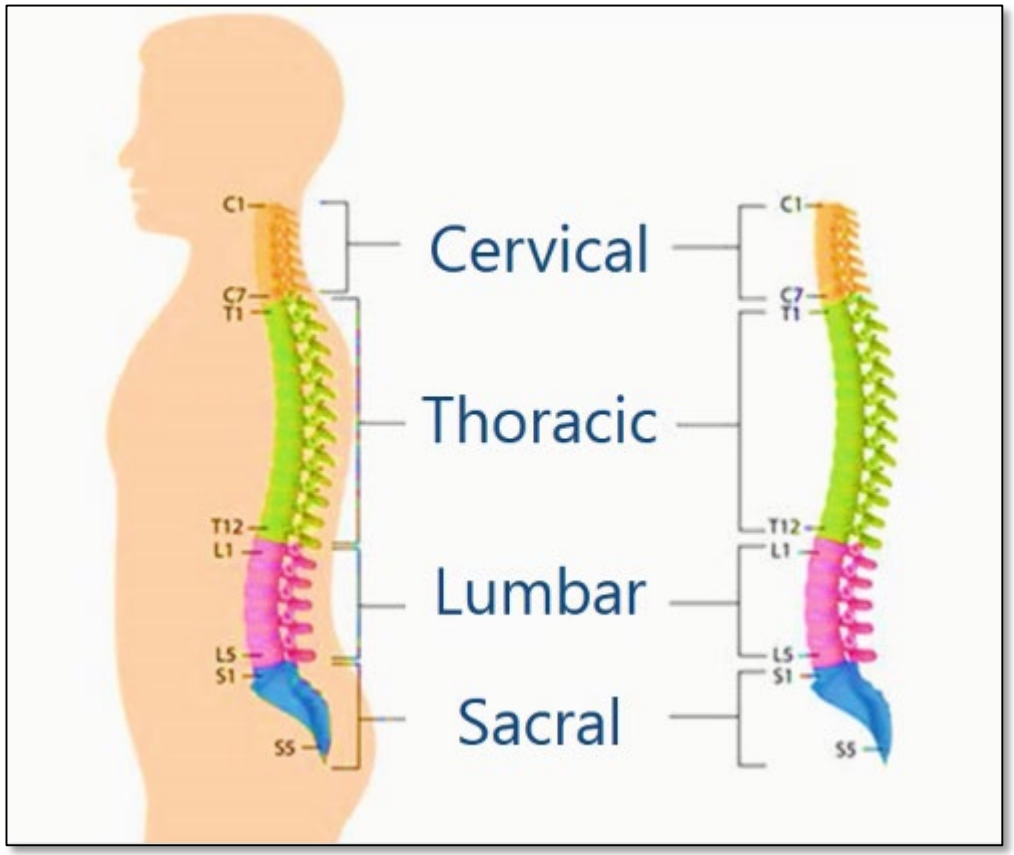
Lesion-Any Pathological or traumatic discontinuity of tissue or loss of function of a part.

Deformity-A permanent structural deviation from the normal shape or size

Spinal Condition-Spine related condition (e.g. stenosis, disc herniation, spondylosis)

Spine Procedures

SPINAL ANATOMY



Spine Procedures

VERTEBRAL SEGMENT VS VERTEBRAL INTERSPACE

Vertebral Segment

CPT defines the Vertebral Segment as 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.

Vertebral Interspace

CPT defines the Vertebral Interspace as the non-bony compartment between two adjacent vertebral bodies, which contains the intervertebral disc, and includes the nucleus pulposus, annulus fibrosus, and two cartilaginous endplates.

Spine Procedures

Each of the CPT descriptors identifies the type of anatomical component involved in the code.

Example: The Surgeon may be doing work in the Vertebral Space.

Vertebral Interspaces are identified with a "-"

i.e.: C3-C4, C4-C5 for interspaces for discectomies.

Vertebral Segments are identified with a ","

i.e.: C3, C4, C5 for segments of corpectomies.

Spine Procedures

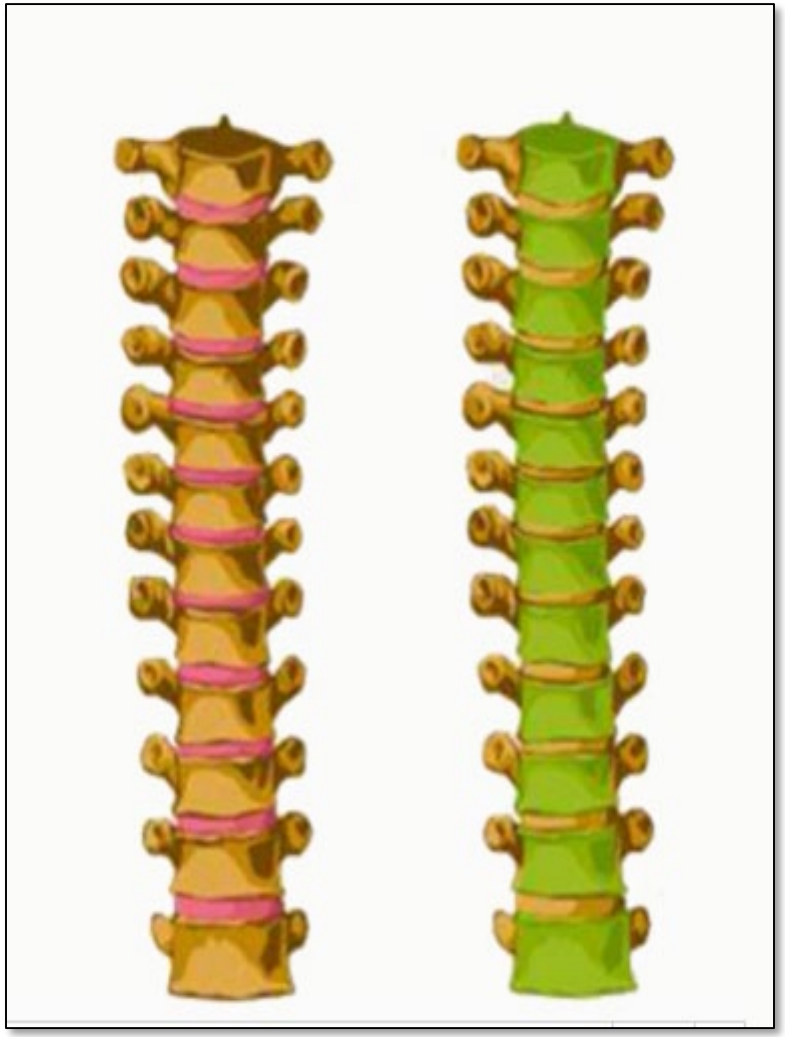
Another Example:

The vertebral interspace is denoted with "-" (the pink locations)

i.e. T3-T4, T4-T5 for interspaces for discectomies

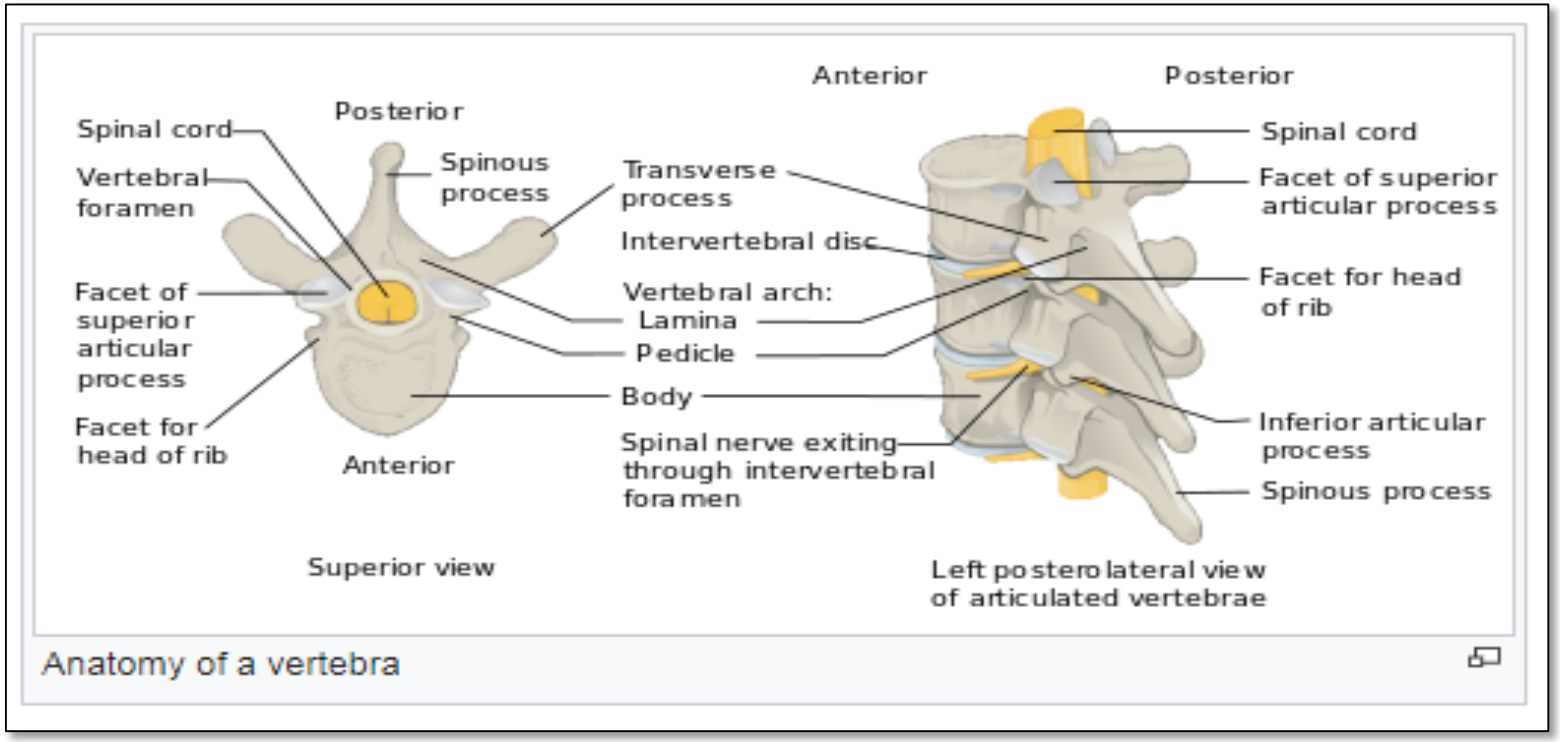
The vertebral segment is denoted with ","

i.e.: T3, T4, T5 for segments of corpectomies (the green locations)



Spine Procedures

ANATOMY TO KNOW



Anatomy of a vertebra

Spine Procedures

✓ Know the approach

Where your Surgeon is making the incision is where you start your coding.

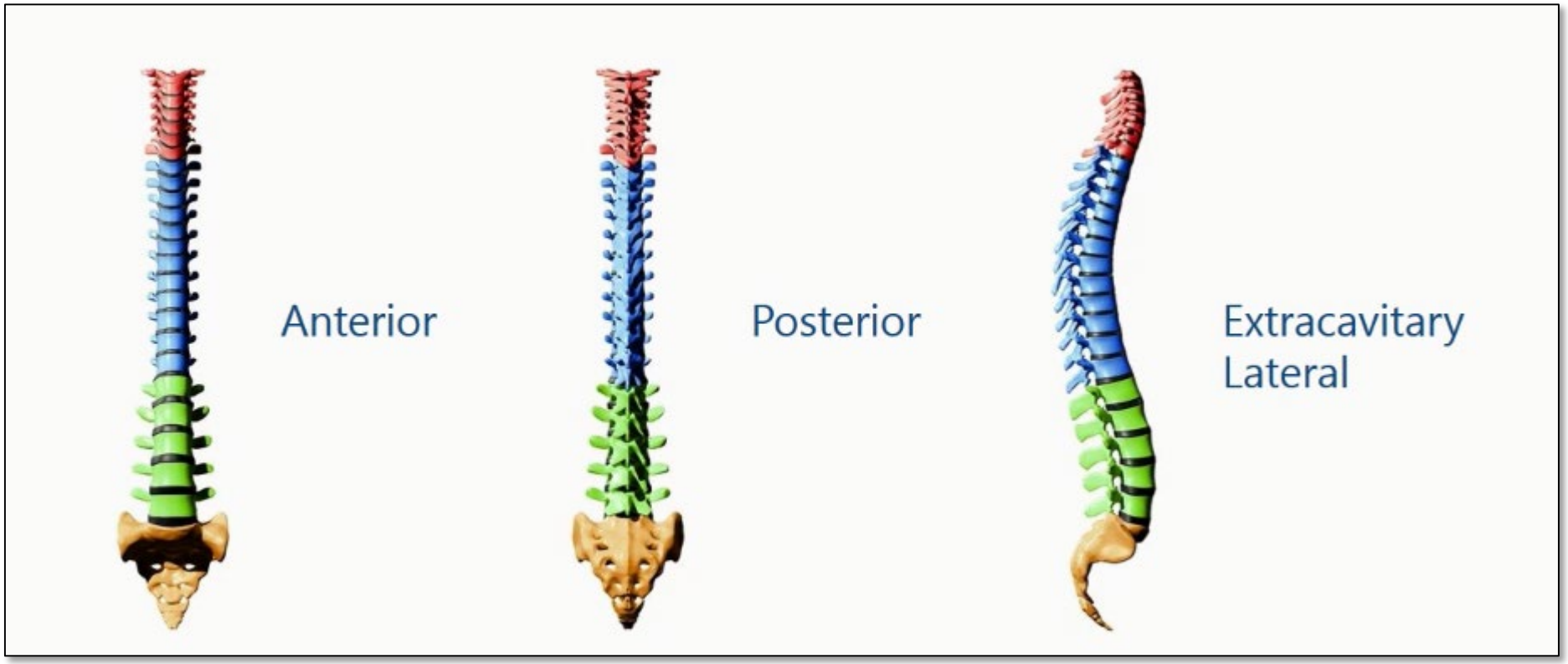
- If your Surgeon has an Anterior Incision (front of the body), start with an Anterior Code
- If your Surgeon has a Posterior Incision (back of the body), start with a Posterior Code

For example:

- Anterior interbody fusion is not possible through a posterior approach.

Spine Procedures

MAIN APPROACH

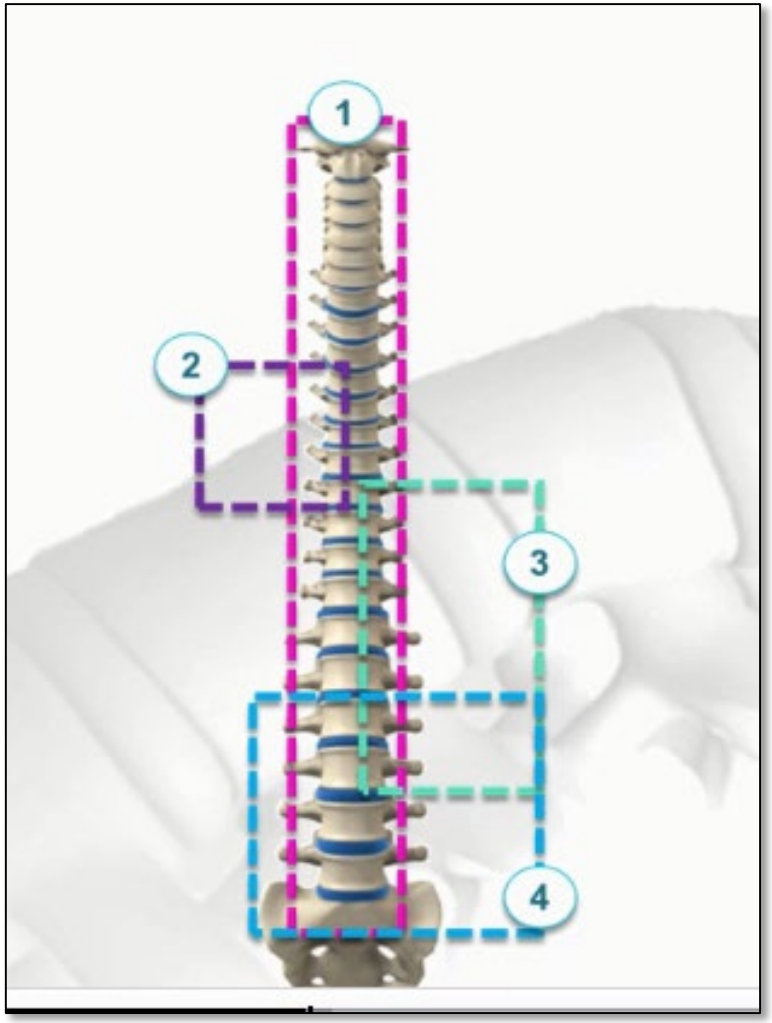


Spine Procedures

Anterior Approach Procedures

There are 4 main types of Anterior Approaches. This information is key because they are clearly indicated in each specific type of CPT Code.

- Anterior/Lateral
- Transthoracic
- Thoracolumbar
- Retroperitoneal



Spine Procedures

Anterior Arthrodesis

CPTs 22548 – 22586

Basic Description

- Also known as a "Fusion" Procedure
- Can be performed for indications such as herniated disc; degenerative, traumatic, and/or congenital lesions; or to stabilize fractures or dislocations of the spine
- CPT choices are separated by the different levels of the spine (Cervical, Thoracic, and Lumbar)
- Patient is placed in the Supine Position (face up)
- An incision is made over the targeted vertebra and dissected down to the interspace
- The physician cleans out the intervertebral disc space, removing the cartilaginous material above and below the vertebra to be fused
- Preparation **includes** discectomy and osteophytectomy for nerve root or spinal cord decompression.
- Application of instrumentation and Bone Graft may be applied to the interspace.

❖ ***Heads Up:*** In addition to choosing your Arthrodesis CPT, there are additional potential charges to account for.

Spine Procedures

Consider these 2 components when Coding an Anterior Arthrodesis Procedure

1) Was Instrumentation applied(screws)? If so, the instrumentation can be billed separately.
   - See CPTS 22845 – 22848, 22853 - 22859
     - The CPT is chosen by the number of Vertebral Segments receiving instrumentation.
     - Only one anterior instrumentation CPT code may be reported through a single skin incision.

2) Was Bone Graft Applied? If so, the Graft Material can be reported separately.
   - See CPTs 20930 – 20938
     - There are 2 different types of Bone Graft that can be applied
       - Auto Graft = Bone fragments taken from the **patient's own** vertebral bodies adjacent to the affected disc, from the spinous process, or laminar fragment.
       - Allograft = Pieces of donor or synthetic bone graft material
   - When choosing your Graft CPT, you'll also need to confirm if the graft was:
     - Morselized = Small Pieces of Bone Graft
     - Structural = Larger Piece of Bone Graft to fill in bony defects

Spine Procedures

In regard to Instrumentation:

NCCI Policy states:

CPT codes 22853 and 22854 describe insertion of interbody biomechanical device(s) into intervertebral disc space(s). Integral anterior instrumentation to anchor the device to the intervertebral disc space when performed is not separately reportable. It is a misuse of anterior instrumentation CPT codes (e.g., 22845-22847) to report this integral anterior instrumentation. However, additional anterior instrumentation (i.e., plate, rod) unrelated to anchoring the device may be reported separately appending an NCCI-associated modifier such as modifier 59.

Spine Procedures

Corpectomy Procedures

CPTs 63300 – 63308

Basic Description:

- Procedure is performed to remove an intraspinal lesion in the extradural or intradural space of the spinal canal
- Select these codes according to location (cervical, thoracic, or lumbar/sacral), approach (anterior/anterolateral, transthoracic, thoracolumbar, transperitoneal, or retroperitoneal) and whether the surgeon cuts into the dura (the fibrous membrane that forms the outer covering of the central nervous system). If the surgeon cuts into the dura, it is an "intradural" procedure; if not, it's extradural.
- Anterior or Anterolateral Procedure –Patient is placed in Supine Position(face up)
- Transverse incision or right vertical incision is made in the lateral neck.
- Physician resects the vertebral body and the intraspinal lesion is excised by the physician.

CPT Guideline

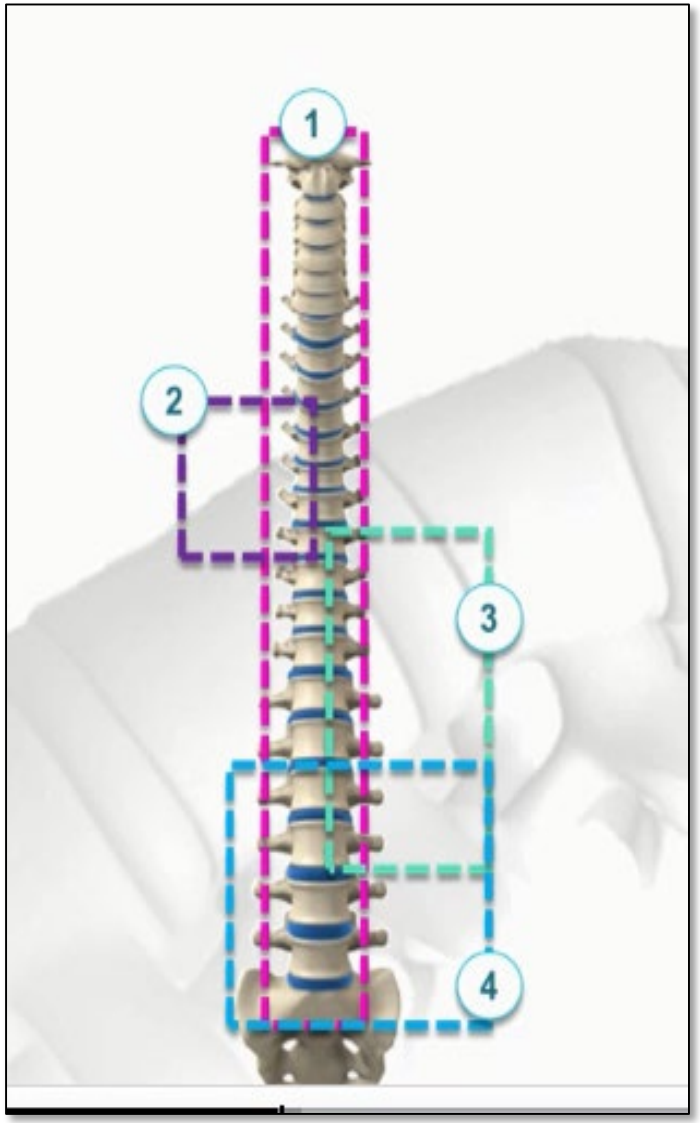
For vertebral corpectomy, the term partial is used to describe removal of a substantial portion of the body of the vertebra. In the cervical spine, the amount of bone removed is defined as at least one-half of the vertebral body. In the thoracic and lumbar spine, the amount of bone removed is defined as at least one-third of the vertebral body.

Spine Procedures

When we apply our Codes we'll see that each one of the 4 have a different representation based on the sub approach that's indicated in the CPT Code.

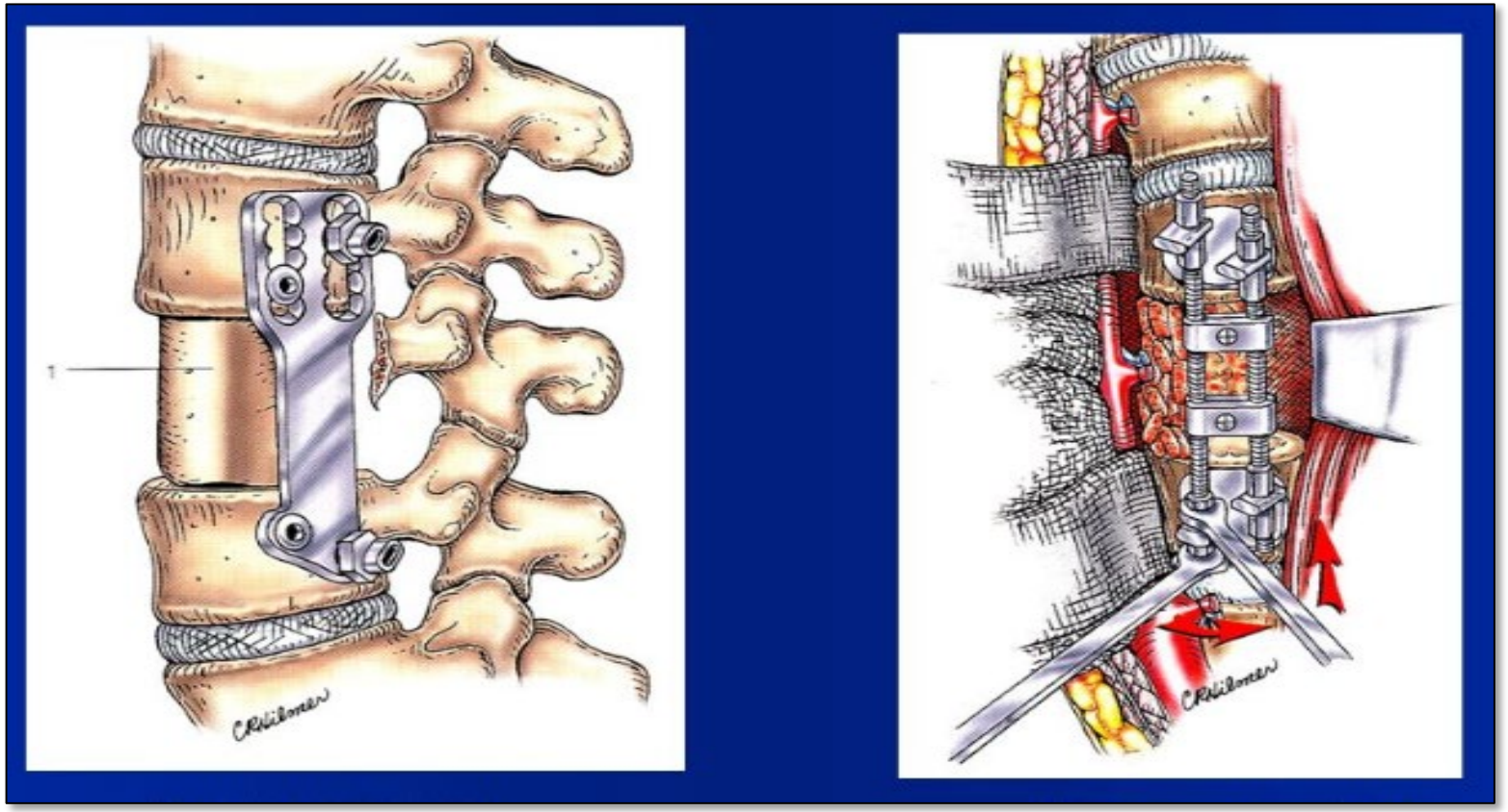
- Anterior/Lateral 63300
- Transthoracic 63301
- Thoracolumbar 63302
- Retroperitoneal 63303

✓ *NOTE*: The type of approach matters. If you can't determine the approach in the Op-note, query your Provider to confirm where they started.



Spine Procedures

INSTRUMENTATION GUIDELINES

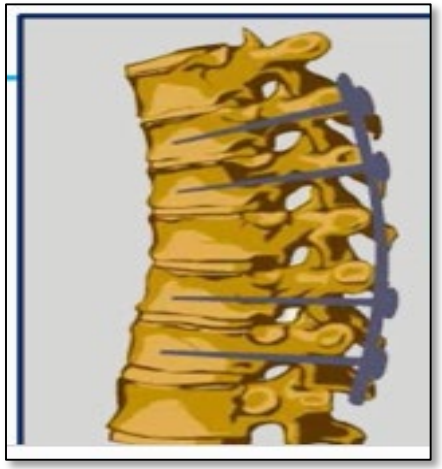


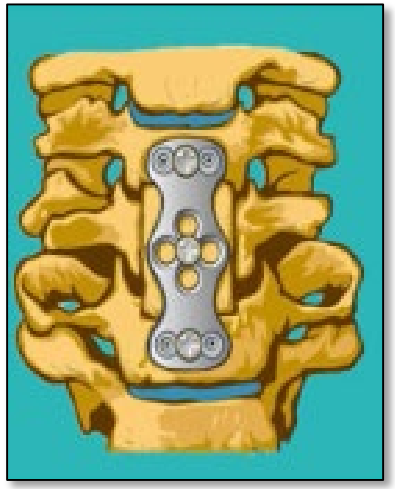
Spine Procedures

INSTRUMENTATION GUIDELINES

Instrumentation is Coded by “construct” type and notably by the number or levels or interspaces involved, along with the anatomical placement of the instrumentation.

We need to know exactly where the instrumentation was placed in order to make the appropriate CPT choices(because we are counting levels and interspaces).





Spine Procedures

INSTRUMENTATION GUIDELINES

Non-segmental Instrumentation: Posterior: 22840

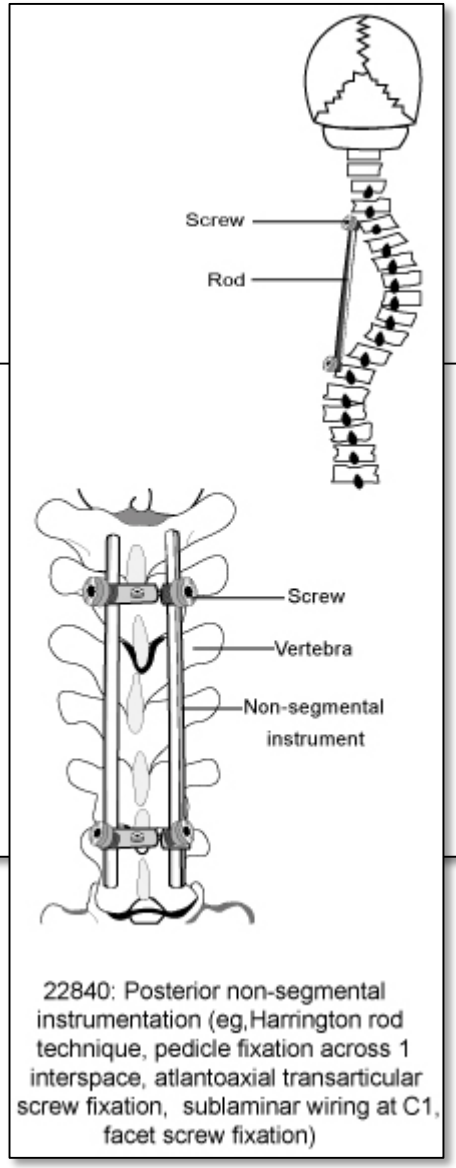
Segmental Instrumentation: Posterior: 22842-22844

Anterior Instrumentation: Anterior: 22845-22847

Spinous Process Wiring: Posterior: 22841

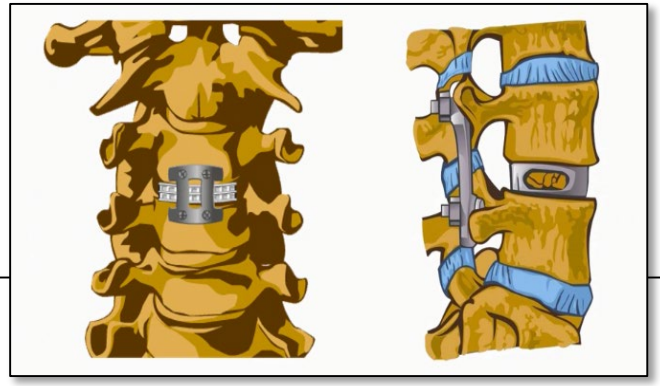
Pelvic Instrumentation Posterior: 22848

Biomechanical Devices: Anterior/Posterior: 22853 - 22854, 22859



22840: Posterior non-segmental instrumentation (eg,Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)

Spine Procedures



INSTRUMENTATION GUIDELINES

Biomechanical Implants

❖ Codes: 22853-22854-22859

- When coding Biomechanical Implants it is important to identify:
  - The interspace where the implants were placed..not the number of implants placed
  - The type of anterior instrumentation that is used when it involves Biomechanical Devices.
  - If the instrumentation has an integrated system or an integrated component, it's important for us to know in order to select the proper code-set.
- It is important to bill for all of the instrumentation for the case. This includes Anterior, Posterior, Lateral, etc., but we need make sure that we have the supportive documentation in the body of our op note in order for us to code each individual construct.

Spine Procedures

INSTRUMENTATION GUIDELINES

Instrumentation Reinsertion and Removal Procedures

CPTs 22849 – 22852, 22855

- Code 22849 should not be reported in conjunction with 22850, 22852, 22855 for the same spinal levels
- Only the appropriate insertion code (22840 -22848) should be reported when previously placed instrumentation is being removed or revised during the same operative session where new instrumentation is inserted at levels including all or part of the previously instrumented segments
- Do not report the reinsertion code (22849) or removal (22850, 22852, 22855) procedures **in addition to insertion of new instrumentation** (22840-22848)

Spine Procedures

INSTRUMENTATION GUIDELINES

22853, 22854 and 22859 may be reported more than once for non contiguous defects

- Cages placed at different levels

Do not append modifier 62 to spinal instrumentation codes:

- 22840-22848, 22850, 22852, 22853, 22854, 22859

For application of an intervertebral bone devise/graft, see 20930, 20931, 20936, 20937, 20938

- Allograft cages 20931

Spine Procedures

INSTRUMENTATION

Examples

- Removed previous hardware at L1-5 and replaced at L1-5
  - Coding just 22849
- Removed previous posterior instrumentation T3-8 and replaced at T5-8, exploration of fusion at T3/4
  - Coding 22830-59; 22842 only
    - Can't bill for the removal as it is considered inclusive in the replacing, but can bill for the exploration of fusion at T3/4 since nothing else was done at that level.

Spine Procedures

GRAFTING PROCEDURES

- Grafting is used quite often in Spine Coding, especially when choices coding cases involving Fusion.
- There are different types grafting and bone products used for grafting. New products hit the market just about everyday!
- When coding, we have choices in Spine Coding that we can look to when coding for grafts.

- Autograft vs. Allograft
- Structural vs. Non-Structural
- Same-site, separate incision, bone products.

As Coders, we need the Surgeon to account for all procedures performed. We will then decide which codes will be selected based on the documentation.

❖ Spine specific graft codes are in the 20930-20939

Spine Procedures

GRAFT TERMINOLOGY

- **Allograft**: A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also called allogeneic graft and homograft.

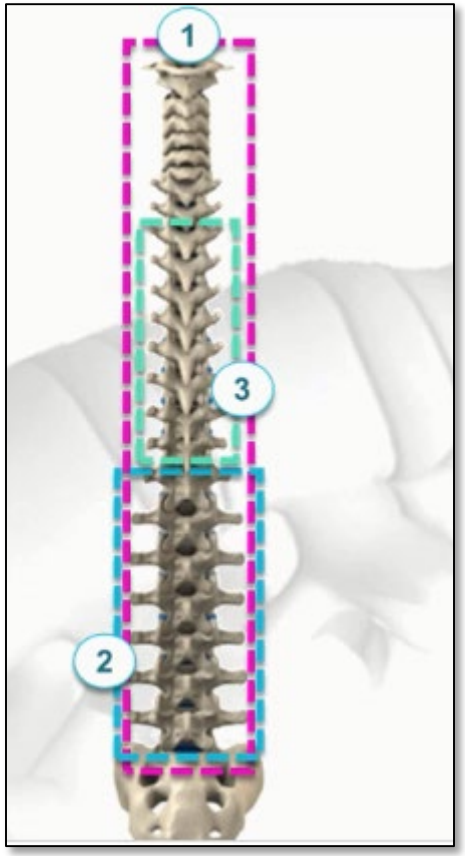
- **Autograft:** A tissue graft harvested from another location in the patient's own body.

- Cadaver: Body of deceased person.
- Morselize: To break into very small pieces, or morsels.
- Osteopromotive: Substance that encourages new bone growth.
- Structural allograft: A single piece of bone for grafting that provides direct support for skeletal structures.
- En bloc: French term for all together or as a whole.
- Bone shaver: Surgical instrument used to remove a very thin slice of bone.
- Localize: To identify a specific area of interest.
- Osteotome: Surgical instrument used to cut bone.

Spine Procedures

There are 3 types of Posterior Approach.

- Posterior Lateral
- Transpedicular
- Costovertebral



Spine Procedures

Posterior, Posterolateral, Lateral Transverse Arthrodesis

CPTs 22590 – 22819

Basic Description

- Also known as a "Fusion" Procedure
- Can be performed for indications such as herniated disc; degenerative, traumatic, and/or congenital lesions; or to stabilize fractures or dislocations of the spine
- CPT choices are separated by the different levels of the spine (Cervical, Thoracic, and Lumbar)
- Patient is placed in the Prone Position (face down)
- An incision is made over the targeted vertebra and dissected down to the vertebra
- A chisel elevator is used to strip away the capsules of the lateral articulations, and the articular cartilage and cortical bone is excised.
- Application of Instrumentation and Bone Graft are placed for stabilization

✓ **TIPS:** Do not report 22612 with 22630 for the same interspace and vertebral segment, see 22633.

❖ ***Heads Up:*** In addition to choosing your Arthrodesis CPT, report any instrumentation and grafts CPTs separately.

Spine Procedures

Lateral Extracavitary Arthrodesis

CPTs 22532 - 22534

Basic Description

- Also known as a "Fusion" Procedure
- CPT choices are separated by the different levels of the spine (Thoracic or Lumbar)
- Posterior Procedure - Patient is placed in the Prone Position (face down)
- An incision is made over the targeted vertebra and dissected down to the vertebra
- The Provider removes the associated transverse process, lateral portion of the facet, and pedicle
- Removes the degenerated disk material from the space, scrapes the cartilage from the vertebral end plates
- Application of instrumentation and Bone Graft may be applied to the interspace.

❖ ***Heads Up:*** In addition to choosing your Arthrodesis CPT, there are additional potential charges to account for.

- ❖ Was Instrumentation applied(screws, plates)? If so, the instrumentation can be billed separately.
  - See CPTS 22840 – 22841, 22853 – 22859
- ❖ Was Bone Graft Applied? If so, the Graft Material can be reported separately.
  - See CPTs 20930 – 20938

Spine Procedures

Lateral Extracavitary Approach for Extradural Exploration/Decompression

CPTs 63101 - 63103

Basic Description

- Also known as a "L.E.C.A." Procedure
- CPT choices are separated by the different levels of the spine (Thoracic or Lumbar)
- Posterior Procedure
- An incision is made over the targeted vertebra and dissected down to the vertebra the Provider removes part of or an entire thoracic vertebral bone and intervertebral disc material

CPT Guideline

For vertebral corpectomy, the term partial is used to describe removal of a substantial portion of the body of the vertebra. In the cervical spine, the amount of bone removed is defined as at least one-half of the vertebral body. In the thoracic and lumbar spine, the amount of bone removed is defined as at least one-third of the vertebral body.

Spine Procedures

DECOMPRESSIONS

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

- ✓ Always start with your diagnosis when coding Decompressions as the Decompression CPT choice is totally directed by the diagnosis.
- ✓ There are several types of Decompressions that can be performed during the surgical session.

Decompressions can be performed in a wide range of Procedures, below are Cervical procedures w/ Decompression to name a few.

Laminotomy: 63020, 63040

Laminectomy: 63001, 63015, 63045, 63265, 63275

Corpectomy/Vertebrectomy:63081, 63300, 63304

Laminoplasty: 63050, 63051

Spine Procedures

Decompressions with Posterior Lumbar Interbody Fusions

- Decompressive procedures may be combined with lumbar interbody fusion procedures in some cases.
- The need for the decompression must be identified by the diagnosis(medical necessity) and supported by clearly reporting the decompressive procedure in the op note.
- The op-note must demonstrate the need for the decompression, the actual work involved in the decompression and the results, including the actual spinal elements decompressed(what nerve roots were decompressed).
  - ✓ *Note- This does not reflect the position of all carriers. CMS does not permit submission of the decompression at the same level of the interbody fusion.*
  - ✓ *Note- The documentation must support a full and complete decompressive procedure in order to code independently.*

Spine Procedures

BUNDLING EDITS

Bundling of decompression spine

- *"25. CMS payment policy **does not allow separate** payment for CPT codes 63042 (laminotomy...; lumbar) or 63047 (laminectomy...; lumbar) with CPT codes 22630 or 22633 (arthrodesis; lumbar) when performed **at the same interspace**.*
- *If the two procedures are performed at different interspaces, the two codes of an edit pair may be reported with modifier 59 appended to CPT code 63042 or 63047."*
- This is a CMS - Federally Funded program policy - private payers my have different ones
- CPT now also states this since 2016

Spine Procedures

EXPLORATION OF FUSION DOCUMENTATION

CPT 22830-Exploration of spinal fusion

There is much debate whether this procedure should be coded when another Fusion is performed.

In order to code for this procedure we have to make sure that the Surgeon has documented all of the work involved in the exploration and that the exploration has been completed. Detail of the levels involved, the findings and the medical decision making process should all be listed in the op-note.

- ✓ *Note*- CMS does not allow an exploration of Fusion and Refusion at the same levels.

- ✓ While coding your Op-note be sure to confirm that the Surgeon has described all of the types of Fusion performed in the operative session.
- ✓ Do not make the assumptions, if the documentation is not clear, reach out to your Surgeon.
- ✓ Count levels of Fusion properly.

Spine Procedures

EXPLORATION OF FUSION

- 22830 - Exploration of Fusion
  - CPT and CCI states can be reported IF different level
    - Example exploration and refusion at L2/3 just 22612 would be reported not additional 22830
    - Example exploration of L2/3 and L3/4 with refusion at L3/4 - you could report both - different level
    - NASS feels you should check with your given payer/carrier if they will allow same levels

Spine Procedures

FRACTURE TREATMENTS

Types of Fracture Treatments:

There are different types of fractures, but we code based on the fracture treatment regardless of the type of fracture.

We may come across Open, Closed, or both fracture treatments.

Documentation should include both when applicable and account for all levels as it is possible to have multiple fractures.

✓ *Note:* Do not bill for Decompression with fracture codes as they are bundled.

Spine Procedures

FRACTURE TREATMENTS

For the Open and Closed opportunities:

- Account for all levels
- Fracture codes for closed procedure:22310-22315
- Fracture codes for open posterior procedures: 22325-22328
- Corpectomy codes for open anterior fractures: 63081-63091
- Odontoid Fracture Codes, anterior approach: 22318-22319

Spine Procedures

FRACTURE TREATMENTS

Corpectomy codes for anterior fractures: 63081-63091

- ✓ Code for the fusion, instrumentation and other associated procedure codes.
- ✓ Note: Some patient may have a Pathological Fracture, so you'll want to be sure that you are selecting the correct fracture code based on the diagnosis.

Fracture codes for Open Posterior Procedures: 22325-22328

They are identified by the anatomical level.

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

Spine Procedures

Miscellaneous Procedures

The procedures below may not be billed as often as the others, but they are coding opportunities and we should be aware of these code-sets.

- Kyphoplasty/Vertebroplasty
- Arthroplasty
- Stimulators
- Excisions
- Infection
- Injections

Kyphoplasty/Vertebroplasty

CPT Range 22510-22515

- Based on anatomical location
- Code for all levels
- These codes include CT and Fluoro Imaging

Spine Procedures

Arthroplasty

CPT Range 22856-22865

Identify procedure by

- Insertion
- Removal
- Revision

✓ *Note*: Includes the discectomy

Stimulators CPT

Range 63650-63688

Includes coding for:

- Insertion
- Removal
- Revision
- Programming of the Generator

Spine Procedures

Excisions

CPT Range 22100-22114

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

Infection

Specific to anatomical region

- Cervical and Thoracic 22010
- Lumbar 22015
  - ✓ *Note*: Cannot code with removal of instrumentation codes
  - ✓ *Note*: Do not confuse these codes with CPT 10180- Post-Operative Wound Infection. CPT 10180 is for the superficial type of wound cleanup/repair.

Spine Procedures

OSTEOTOMY

There are different types of Osteotomies: (see below)

- Smith Peterson – CPTs 22210-22226
- Pedicle Subtraction- CPTs 22206-22208
    - Subtraction procedure: Excision or removal of a structure.

The key with Osteotomies is to make sure that your are selecting Anterior vs. Posterior.

- ✓ *Note:* Do not code Osteotomies with Decompression codes at the same level as they are bundled. Decompression is bundled "into" Osteotomy.

When coding for Osteotomies, you should be taking account of the following criteria in order to make your CPT choice.

- Anterior/Posterior
- Account for all segments by anatomical location
- Often performed with Fusion for deformity correction.
- Can code for both Anterior and Posterior Osteotomy procedures in the same case.

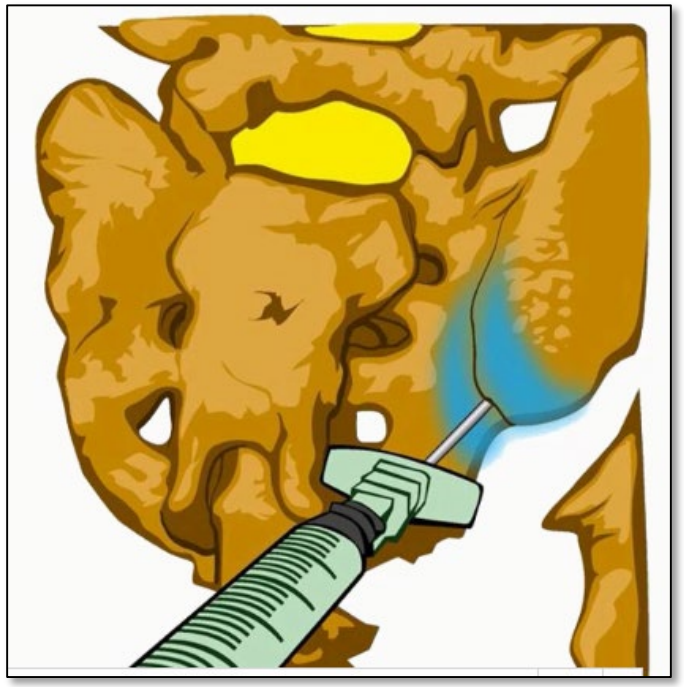
Spine Procedures

INJECTIONS

There are many CPTs for injections.

Follow carrier guidelines on a regular basis.

Documentation should include Medical Necessity and results of the procedure.



Spine Procedures

ENDOSCOPIC DECOMPRESSION OF NEURAL ELEMENTS AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISCS

Range Specific Guideline

Definitions

For purposes of CPT coding, the following definitions of approach and visualization apply. The primary approach and visualization define the service, whether another method is incidentally applied. Surgical services are presumed open, unless otherwise specified.

Percutaneous: Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without the use of any device that allows visualization through a surgical incision.

Endoscopic: Spinal procedures performed with continuous direct visualization of the spine through an endoscope.

Open: Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.

Indirect visualization: Image-guided (eg, CT or fluoroscopy), not light-based visualization.

Direct visualization: Light-based visualization; can be performed by eye, or with surgical loupes, microscope, or endoscope.

Spine Procedures

Endoscopic discectomy

- New code for endoscopic decompression of spinal cord 62380- describes that CPT added new code for endoscopic decompression of neural elements. CMS is proposing that a work RVU value of 9.09 be assigned to this code.
- 62380 - Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
  - (For open procedures, see 63030, 63056). (For bilateral procedure, report 62380 with modifier 50)

Spine Procedures

CPT Example

- A 42 year-old male has had severe back pain with sciatica and weakened foot dorsiflexion. He has not responded to restricted activities… An MRI confirmed clinical signs, and shows a herniated disc at L4/5 as well as erosion of the cartilage and possible bone spurs in the facet joint at the same level. The disc herniation and bone spurs are compressing the nerve L5 exiting nerve root.
- "A needle is inserted through the skin into the disc space via transforaminal or interlaminar approach. The stiletto of the needle is removed and a guidewire is put through the needle in place. A skin incision is made and soft tissue is sequentially dilated over the wire under fluoro control. Special bone burrs or reamers are used to carefully enlarge the foramen under fluoro and guidewire control, in order to insert a beveled working tube through which a working channel endoscope is provided… **All neural structures are decompressed by removal of the herniated disc… All nucleus material from within the canal as well as bone fragments from within the disc space are removed**…"

Case Study

Case Study

- **Break Down Procedure into Individual Components**
- Procedure List:
  - C5 corpectomy
  - C3-C4, C6-C7 and C7-T1 anterior cervical discectomy with fusion with PEEK titanium composite interbody spacer and demineralized bone matrix allograft
  - Anterior arthrodesis, C4-C6, with expandable titanium cage and morselized autograft
  - Anterior plating C3 through T1 with Orthofix Hallmark titanium plate
  - Harvest autograft through the same incision

- Your first course of action should be interpreting and deciphering each individual procedure. Here's a breakdown of the procedures performed and their respective anatomical sites:
  - C5, Corpectomy
  - C3-C4, Anterior cervical fusion and discectomy
  - C4-C5, Anterior cervical fusion
  - C5-C6, Anterior cervical fusion
  - C6-T1, Anterior cervical fusion and discectomy

Case Study

- Since the physician documents a decompressive corpectomy, you will apply code 63081 (Vertebral corpectomy [vertebral body resection], partial or complete, anterior approach with decompression of spinal cord and/or nerve root[s]; cervical, single segment). If the provider had performed a corpectomy for excision of an intraspinal lesion, you would apply code 63300 (Vertebral corpectomy [vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical]).
- Next, you will address the anterior cervical fusion and discectomy codes. For C3-C4, you will apply code 22551 (Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2). Additionally, you will apply modifier 59 (Distinct procedural service) (or XU [Unusual Non-Overlapping Service] for Medicare patients) to 22551 due to the correct coding initiative (CCI) edit between 63081 and 22551.
- For C6-C7 and C7-T1, you will apply code +22552 (... each additional interspace [List separately in addition to code for separate procedure]) twice, one for each additional interspace. Additionally, you will apply modifier 59 to each of these codes as well due to the CCI edit.
- Your next step is to tackle the C4-C5 and C5-C6 anterior cervical fusions. For these procedures, apply code 22554 (Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace [other than for decompression]; cervical below C2) for C4-C5 and +22585 (... each additional interspace [List separately in addition to code for primary procedure]) for C5-C6. Since CCI bundles these procedures with code 22551, you will apply modifier 59 to both of these procedures as well.
- ."Notice that the C5 corpectomy reported with CPT® 63081 includes the discectomy above and below C5 - C4-C5 and C5-C6 - precluding reporting of 22551/+22552 for these levels as well. Since the discectomies adjacent to the C5 vertebral body are included in CPT® 63081, the arthrodesis codes 22554/+22585 must be employed to account for the fusion performed

Case Study

- Next, outline the various additional facets to each procedure, such as spinal instrumentation devices and grafting:
  - C5 PEEK cage
  - C3-T1 plate
  - C3-C4, C6-C7, C7-T1 cages
  - Autograft
  - Allograft
- Lastly, you want to establish codes for the cages, plate, and autograft. For the anterior cervical fusion discectomy cages at C3-C4, C6-C7, and C7-T1, you will apply code +22853 (Insertion of interbody biomechanical device[s] [eg, synthetic cage, mesh] with integral anterior instrumentation for device anchoring [eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace [List separately in addition to code for primary procedure]). Apply three of these codes for the three cervical/cervicothoracic interspaces.
- There is additionally a cage placement at the C5 corpectomy defect, which is correctly reported with CPT® +22854 (Insertion of intervertebral biomechanical device[s] [eg, synthetic cage, mesh] with integral anterior instrumentation for device anchoring [eg, screws, flanges], when performed, to vertebral corpectomy[ies] [vertebral body resection, partial or complete] defect, in conjunction with interbody arthrodesis, each contiguous defect [List separately in addition to code for primary procedure]).
- For the separate C3-T1 plate, you will use code +22846 (Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)). Since anterior spinal instrumentation (e.g. +22846) bundles into +22853 and +22854 when a separate plate is not used (i.e. anterior spinal fixation is not separately reportable when integrated fixation through the cage is performed), you will use modifier 59 for this code. Morselized allograft is reported with CPT® +20930. Finally, for the harvest autograft of the same site, apply code +20936 (Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)).

Case Study

THE CODES

63081	+22585-59	+20936
22551-59	+22853 x 3	+20930
+22552-59 x 2	+22854	
22554-59	+22846-59	

Diagnosis Codes

Diagnosis Codes

COMMON SPINE ICD-10 CODES

Cervical	
M54.2	Cervicalgia
M50.11 - M50.13	Cervical disc disorder with radiculopathy
M50.31 - M50.33	Other cervical disc degeneration
M50.020 - M50.123	Cervical disc disorder with myelopathy
M50.220 - M50.223	Other cervical disc displacement
M50.321 - M50.323	Other cervical disc degeneration
M50.821 - M50.823	Other cervical disc disorders
M48.01 - M48.03	Cervical Spinal stenosis

Diagnosis Codes

COMMON SPINE ICD-10 CODES

Cervical	
M43.6	Torticollis
M47.811 - M47.813	Spondylosis without myelopathy or radiculopathy
M41.122 - M41.123	Adolescent idiopathic scoliosis
M41.41 - M41.43	Neuromuscular scoliosis,
M53.81 - M53.83	Other specified dorsopathies
M54.11 - M54.12	Radiculopathy
M54.13	Cervicobrachial syndrome
G54.0	Brachial plexus disorders

Diagnosis Codes

COMMON SPINE ICD-10 CODES

Thoracic	
M54.14	Radiculopathy, thoracic region
M94.0	Chondrocostal junction syndrome [Tietze]
M51.34	Other intervertebral disc degeneration, thoracic region
M51.24	Other intervertebral disc displacement, thoracic region
M51.04	Intervertebral disc disorders with myelopathy, thoracic region
M51.84	Other intervertebral disc disorders thoracic region
M48.9	Spondylopathy, unspecified

Diagnosis Codes

COMMON SPINE ICD-10 CODES

Thoracic	
M54.6	Pain in thoracic spine
M99.02	Segmental and somatic dysfunction of thoracic region
M53.84	Other specified dorsopathies
M41.124	Adolescent idiopathic scoliosis
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.14	Other spondylosis with myelopathy, thoracic region
M48.04	Spinal stenosis, thoracic region
M96.1	Post laminectomy syndrome, not elsewhere classified

Diagnosis Codes

COMMON SPINE ICD-10 CODES

Lumbar	
M54.5	Low back pain
M51.15 - M51.17	Intervertebral disc disorders with radiculopathy
M51.36 - M51.37	Other intervertebral disc degeneration, lumbar region/lumbosacral region
M47.816 - M47.817	Spondylosis without myelopathy or radiculopathy, lumbar region/lumbosacral region
M54.31 - M54.32	Sciatica, right side / left side
M54.41 - M54.42	Lumbago with sciatica, right side / left side
M54.16 - M54.17	Radiculopathy, lumbar region / lumbosacral region
M53.86	Other specified dorsopathies, lumbar region

Diagnosis Codes

Lumbar	
M53.3	Sacrococcygeal disorders, not elsewhere classified
M47.16	Other spondylosis with myelopathy, lumbar region
M41.116	Juvenile idiopathic scoliosis, lumbar region
M41.126	Adolescent idiopathic scoliosis, lumbar region
M41.46	Neuromuscular scoliosis, lumbar region

Q & A