



FOCUSING ON THE FUNDAMENTALS OF SPINE CODING

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DISCLAIMER

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CPT PROFESSIONAL EDITION



This reference material is the responsibility and under the ownership of the American Medical Association.

Updates and modifications are made yearly to reflect changes in medical treatments.

THE PROCESS OF CODING

Code Selection Process

THE FUNDAMENTALS OF SPINE CODING



Primary Diagnosis

Main Approach

Main Location

Main Procedure(s)

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

THE FOUR FACTORS



Diagnosis

Slightly more complicated part of code selection.

Approach

Approach for each procedure.

Location

Location of each procedure.

Procedure

Elements of the operation.

THE FUNDAMENTALS 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?



THE OPERATIVE REPORT

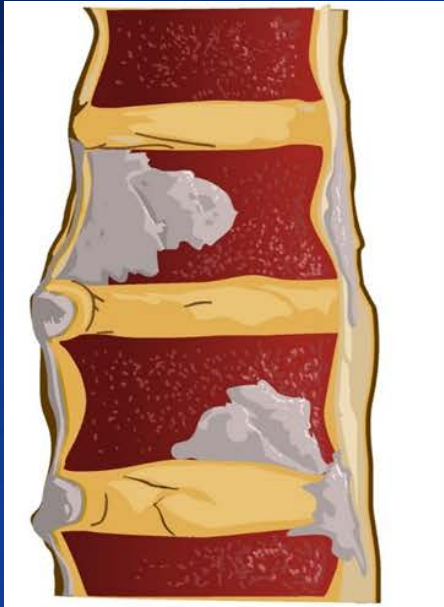
Code Order / Listing



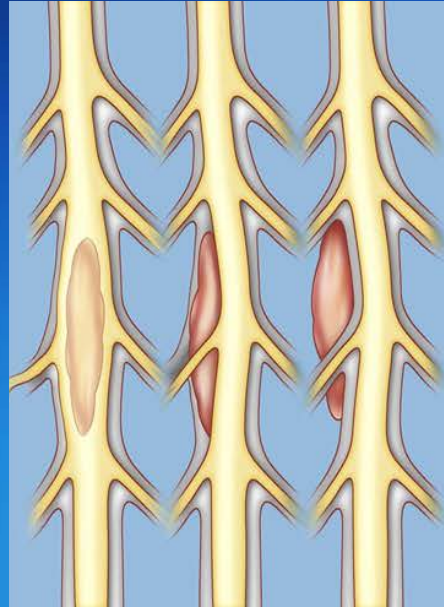
- Place codes in the correct order.
- You don't need to place codes from highest reimbursement to lowest.
- List associated add-on or in addition codes directly under the primary procedure.
- Random coding results in denial and improper reimbursement.

PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS



Lesion



Neoplasm



Deformity



Spinal Condition

PRIMARY DIAGNOSIS

Neoplasm - New or abnormal growth of tissue, e.g.: malignant tumors.

Lesion - Any pathological or traumatic discontinuity of tissue or loss of function of a part, e.g.: infections.

Deformity - A permanent structural deviation from the normal shape or size, e.g.: scoliosis, kyphosis, etc.

Spinal Condition - Spine related condition, e.g.: stenosis, disc herniation, spondylosis, etc.

NEOPLASM VS. SPINE CONDITION

**Lumbar Laminectomy
for Lesion other than
Herniated Disc**

CPT Code: 63267

**Diagnosis
Osteomyelitis M86.9**

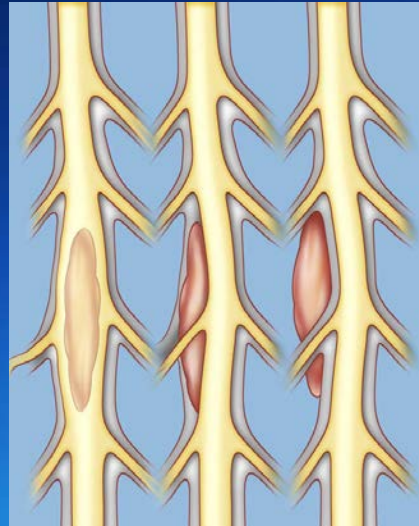
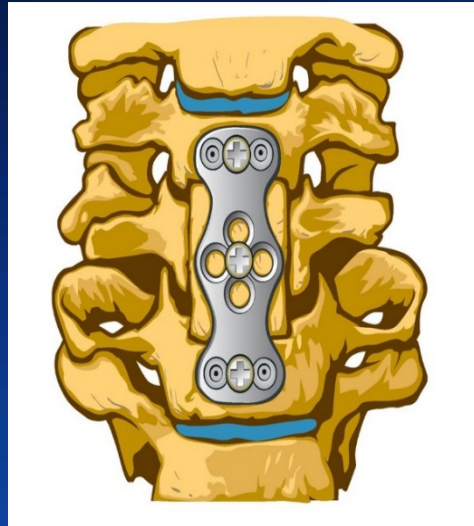


**Lumbar Laminectomy
including Laminectomy,
Facetectomy, and
Foraminotomy**

CPT Code: 63047

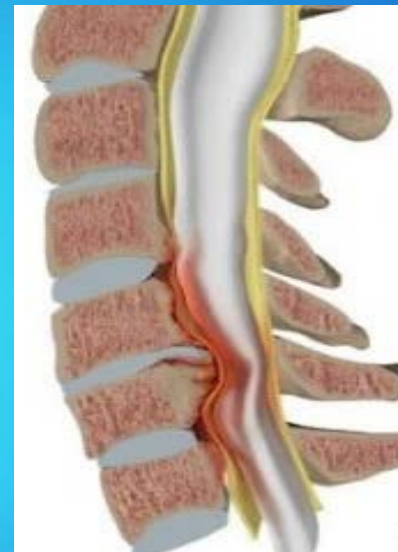
**Diagnosis
Spinal Stenosis M48.061**

NEOPLASM VS. SPINE CONDITION



Corpectomy for Myelopathy:
Cervical Spine Code 63081
ICD-10 M47.12

Corpectomy for Neoplasm:
Cervical Spine Code 63300
ICD-10 C79.51



MAIN APPROACH

MAIN APPROACH



Anterior



Posterior



Extracavitary
Lateral

MAIN APPROACH

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.*



MAIN APPROACH

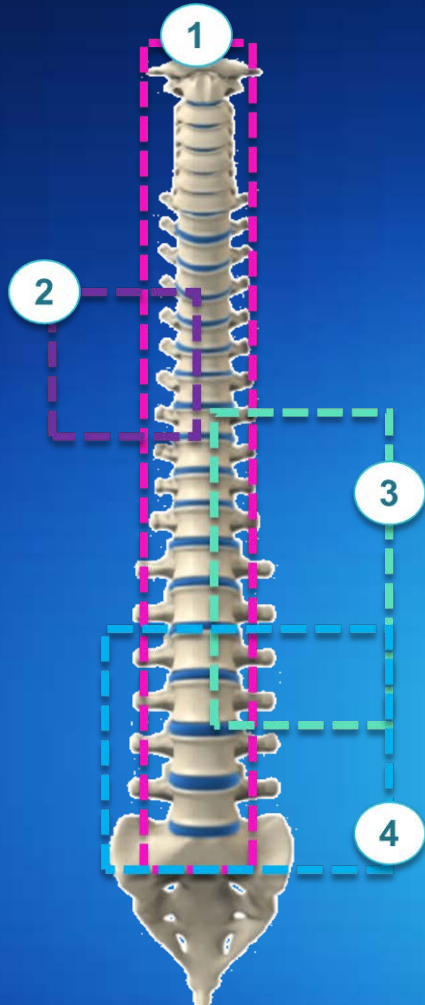


Each approach should have its own operative note.



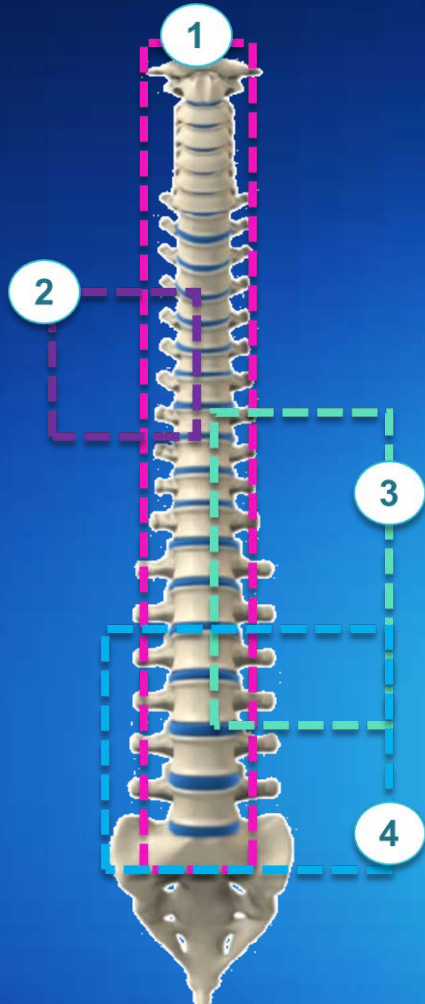
i.e. anterior/posterior procedures require separate operative reports.

ANTERIOR



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

POSTERIOR



1. Posterior Lateral

63046

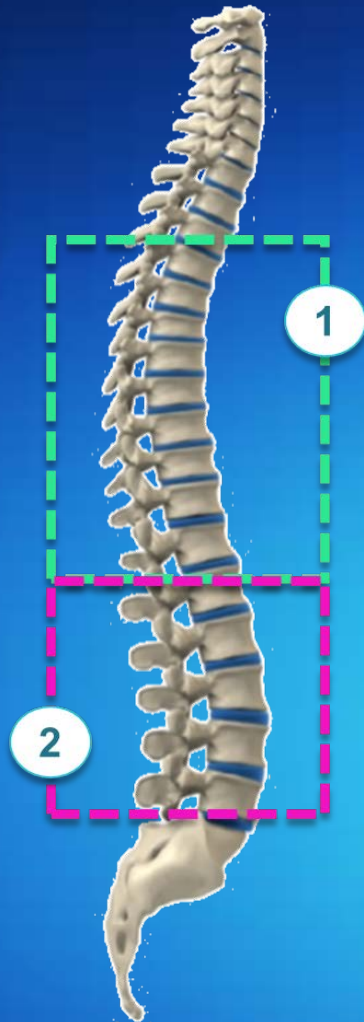
2. Transpedicular

63055

3. Costovertebral

63064

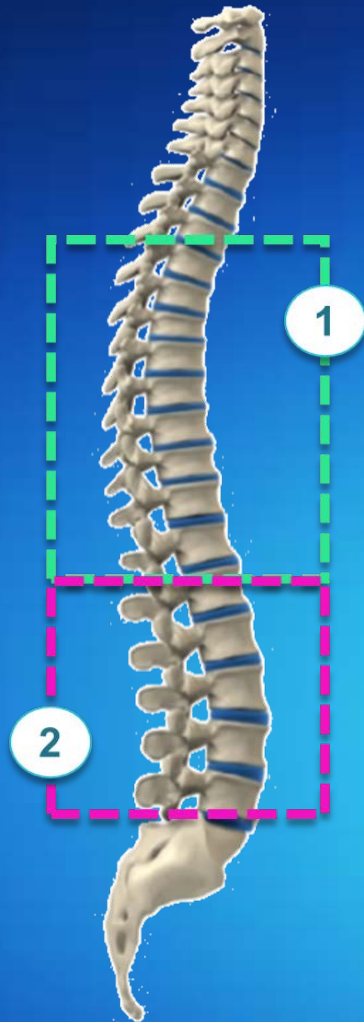
EXTRACAVITARY LATERAL



1. Thoracic

2. Lumbar

EXTRACAVITARY LATERAL



1. Thoracic

63101

2. Lumbar

63102

MAIN LOCATION

MAIN LOCATION

Cervical: C1, C2, C3, C4, C5, C6, C7

Thoracic: T1, T2, T3, T4, T5, T6, T7,
T8, T9, T10, T11, T12

Lumbar: L1, L2, L3, L4, L5

Sacral: S1, S2, S3, S4, S5
Coccyx and Pelvic Unit



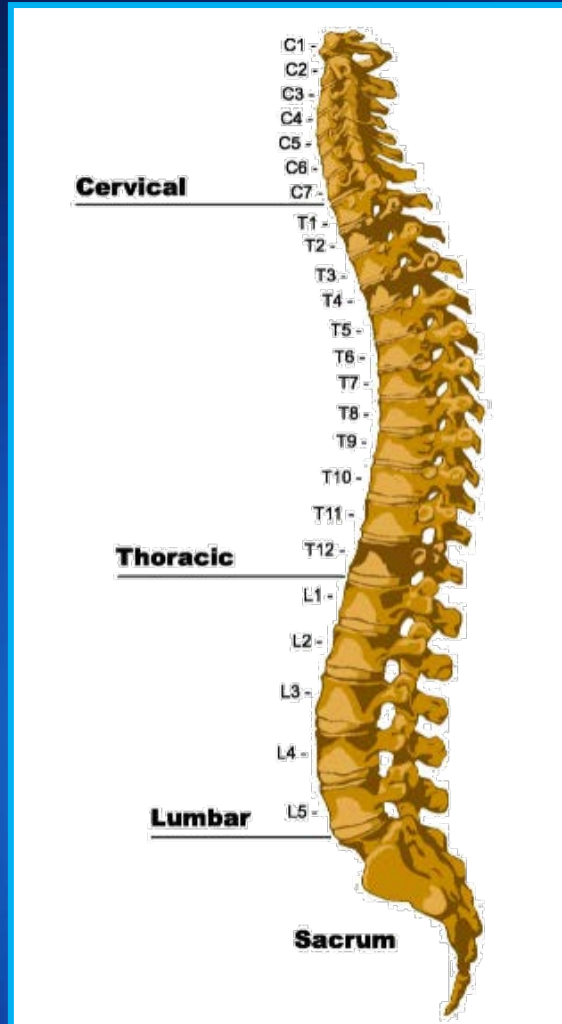
STATE ALL LEVELS & INTERSPACES



Example:
T5 – L3 fusion for deformity NOT thoracolumbar



PROPERLY IDENTIFY THE EXACT LOCATION



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

PROPERLY IDENTIFY THE EXACT LOCATION



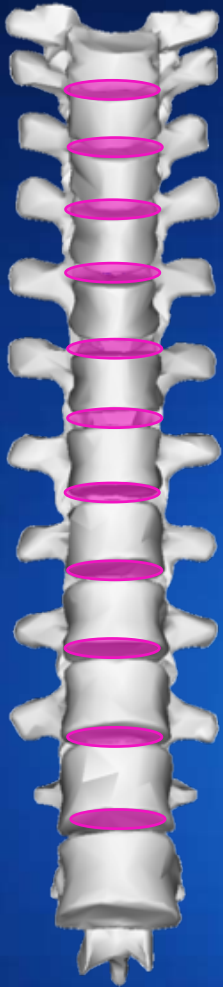
Vertebral Interspaces with a “-”

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

Vertebral Segments with “,”

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

PROPERLY IDENTIFY THE EXACT LOCATION

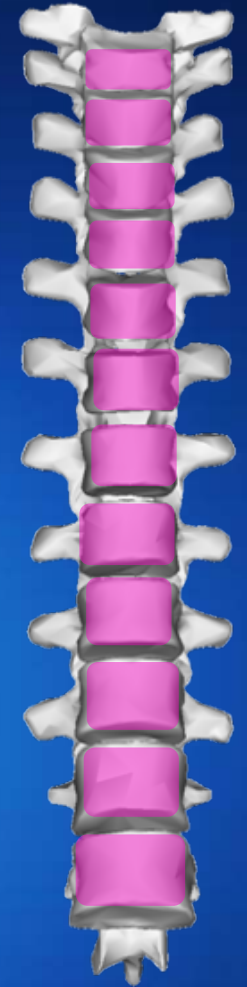


Vertebral interspaces with “-”

e.g.: T3-T4, T4-T5 for interspaces for discectomies

Vertebral segments with “,”

e.g.: 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.

IDENTIFY DIFFERENT LOCATIONS PROPERLY

Examples:

Patient has stenosis from L3-S1

Op notes states “Procedure Performed”

Lumbar Interbody Fusion

Lumbar Posterior Lateral Fusion

Lumbar Laminectomy

Coding could be of many different combinations.

IDENTIFY DIFFERENT LOCATIONS PROPERLY

Further clarification indicates that the “Procedures Performed”

**Lumbar Posterior Lateral / Interbody Fusion L4-L5, L5-S1:
22633, 22634**

**Lumbar Laminectomy L3,L4,L5:
63047, 63048 X2***

In addition, there were additional implants, grafts and instrumentation utilized.

**Carrier rules apply*

MAIN PROCEDURES



MAIN PROCEDURES

Decompression

Instrumentation

Fracture Treatment

Fusion

Exploration

Injections

Grafting

Osteotomies

Miscellaneous

ACCOUNT FOR EVERYTHING



Example:

Decompression

Posterior Lateral Fusions

Interbody Fusions

Instrumentation

Implants

Grafts

MAIN PROCEDURES

Decompression Codes

DECOMPRESSIONS

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

Most difficult coding in Spine.





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.

DECOMPRESSIONS

Most difficult to decipher.
Extent and diagnosis based.

Coding Examples Represent Cervical Procedures:

Laminotomy: 63020, 63040

Laminectomy: 63001, 63015, 63045, 63265, 63275

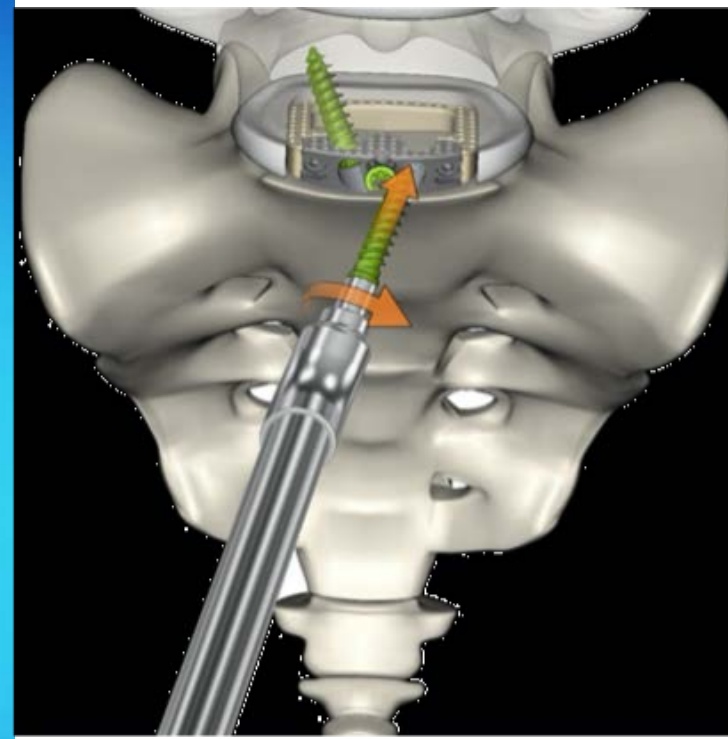
Corpectomy/Vertebrectomy: 63081, 63300, 63304

Laminoplasty: 63050, 63051

DECOMPRESSION CODES

Anterior Lumbar Decompression

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

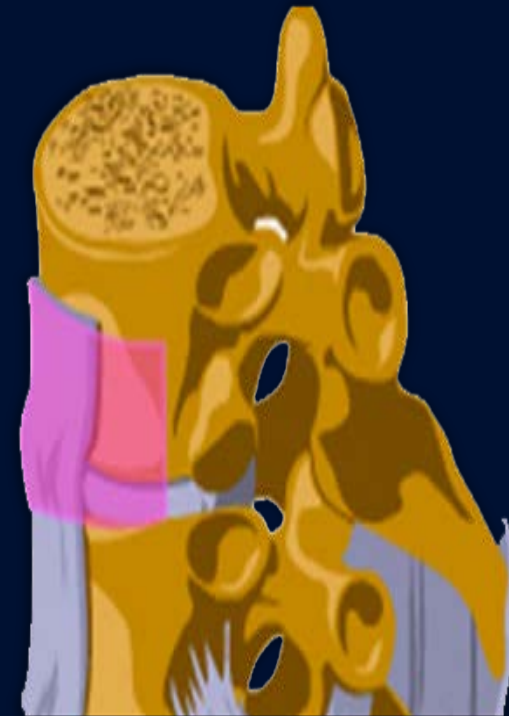


CORPECTOMY RULE

Corpectomies

The 50/30 rule:

- 50% removal for cervical
- 30% removal for thoracic and lumbar



DECOMPRESSION CODES

Corpectomy for Lesion

Intradural

A lesion within the dural space. Codes 63304 – 63307 are further broken down by approach and location. 63308 is used for each additional segment.*

Extradural

A lesion outside of the dural space. Codes 63300 – 63303 are further broken down by approach and location. 63308 is used for each additional segment.*

**You'll notice that the same code is used for each additional segment in both the intradural and extradural cases.*

DECOMPRESSION CODES

Extracavitary Approach

63101

Corpectomy for decompression including tumor or fracture; single segment; thoracic region.

63102

Corpectomy for decompression including tumor or fracture; single segment; lumbar region.

63103

Each additional segment for either region



DECOMPRESSION CODES

Posterior Decompression Overview

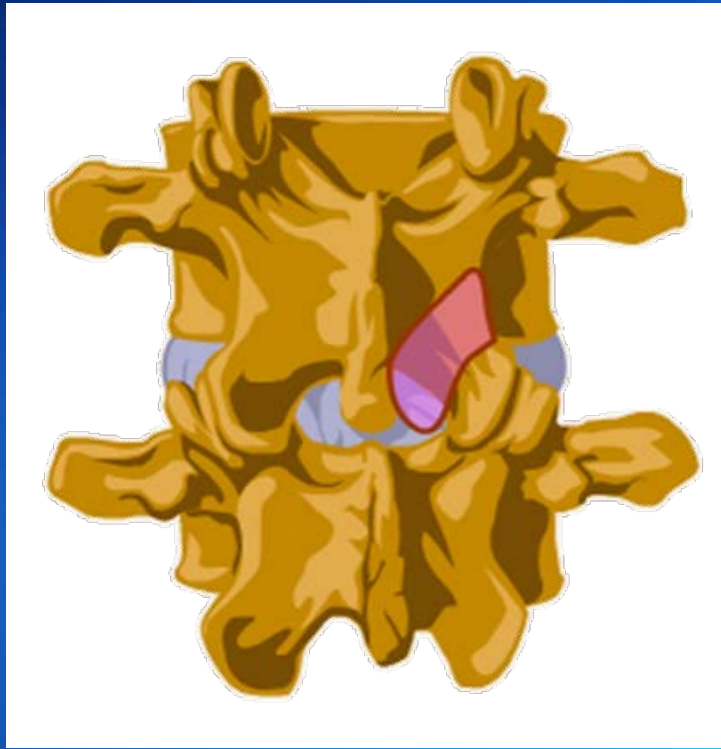
- Not as simple to code as anterior procedures.
- Considerably more available codes.
- High percentage of coding errors.
- Four sub-sections:
 - Laminotomy/Discectomy
 - Laminectomy
 - Laminectomy for Excision of Lesion other than Herniated Disc
 - Laminoplasty
- Very subtle differences.



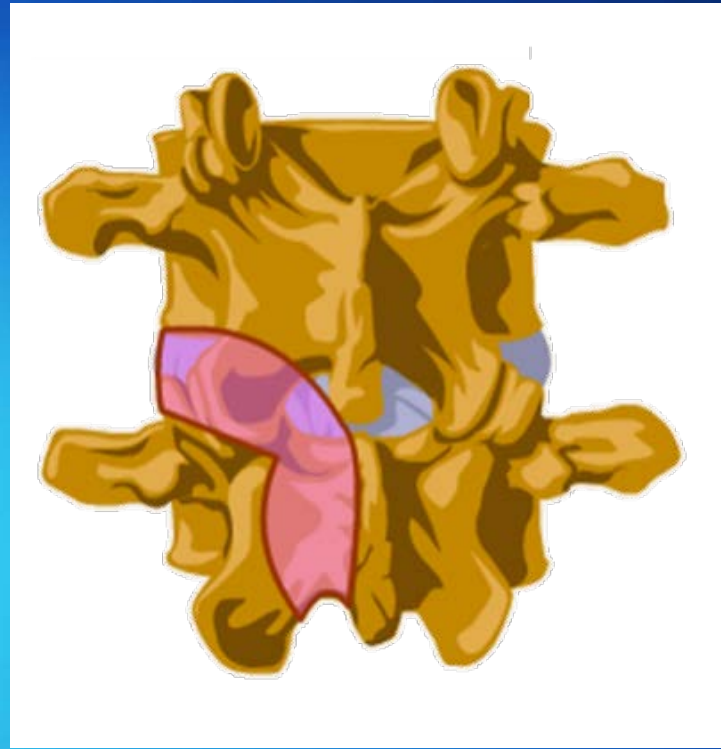
DECOMPRESSION CODES

Laminotomy vs. Laminectomy

Laminotomy



Laminectomy



“One surgeon’s laminotomy is another surgeon’s laminectomy.”

DECOMPRESSION CODES

Posterior: Laminectomy for Excision of Lesion other than Herniated Disc



- Special group of codes for removal of lesions.
- The largest decompression procedures.
- **Differentiator:** Type and depth of the invasion of lesion or tumor.

DECOMPRESSIONS WITH INTERBODY FUSIONS

Decompressive procedures may be combined with the interbody fusion procedures in some cases. The need for the decompression must be identified by way of diagnosis 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.

***This does not reflect the position of all carriers. CMS does not permit submission of the decompression at the same level as the interbody fusion.**



Must be a full and complete decompressive procedure in order to code independently.

MAIN PROCEDURES

Fusion Codes

FUSION TYPES

Differentiation of Reconstructive Procedure

VS.

Corrective Procedure

VS.

Stabilizing Procedure:

Lateral

Deformity

Interbody


Document and code for exploration.

FUSION CLARIFICATION

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.

FUSION DISCUSSION

An illustration of a human spine, rendered in shades of yellow and orange. A single vertebra is shown in a cross-sectional view, revealing the internal structure, including the vertebral body, the intervertebral disc, and the spinal canal. The rest of the spine is shown in a more stylized, blocky manner. The background is a solid blue color.

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.

FUSION LEVELS



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.

FUSION

Number of Levels and Location Matters

Posterior Lateral:
22600-22614

Combination Fusion Procedure (Lumbar):
22633-22634

Deformity Anterior/Posterior:
22800-22818

Specific areas of fusion (Cervical):
22590-22595

Interbody

Anterior: 22554-22585 Posterior: 22630, 22632 Lateral: 22532-22534

These are just examples of the numerous fusion codes available.

FUSION CODES

Spinal Deformity

- **22800-22819**: Related to abnormal curvatures of the spine.
- Three groups of deformity codes in your handbook:
 - Posterior approach
 - Anterior approach
 - Specifically for kyphectomies
- Only used when the primary diagnosis is a deformity.



EXPLORATION OF FUSION

Document and code for exploration of fusion, code 22830, when all of the work involved in the exploration has been completed. Detail the levels involved, the findings and the medical decision-making process in the body of the op note.

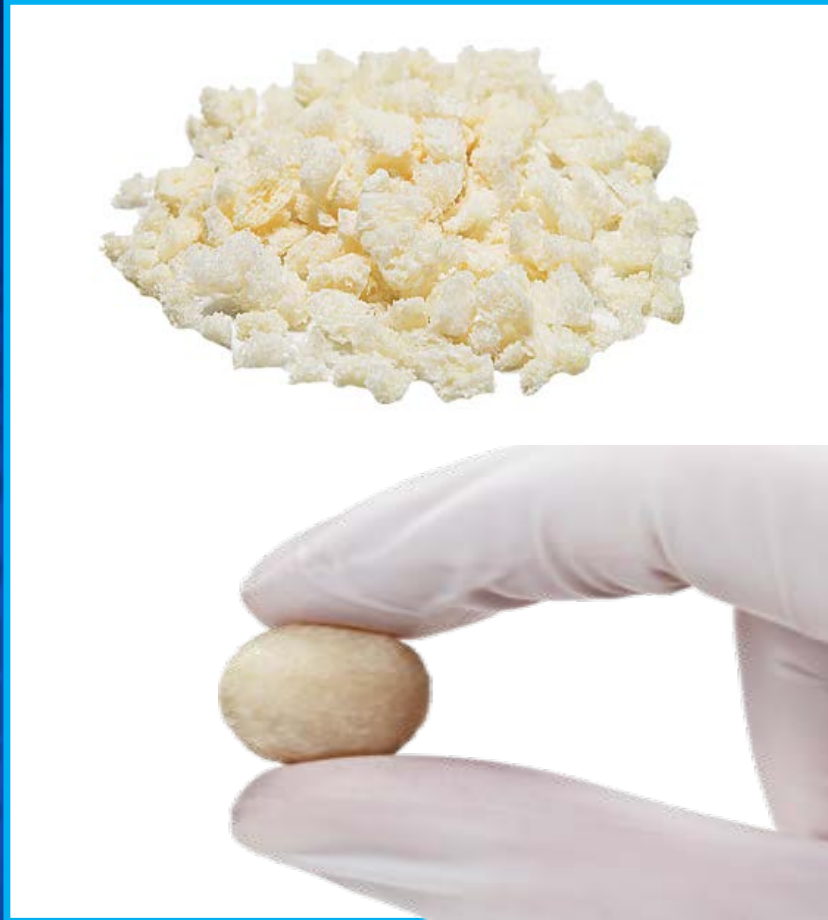
Expect to do an appeal and be sure to authorized this procedure in the pre-auth process!

MAIN PROCEDURES

Fusion Codes: Grafting

GRAFTING TYPES

ALLOGRAFTS



AUTOGRAFT



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.

GRAFTING

Autograft vs. Allograft

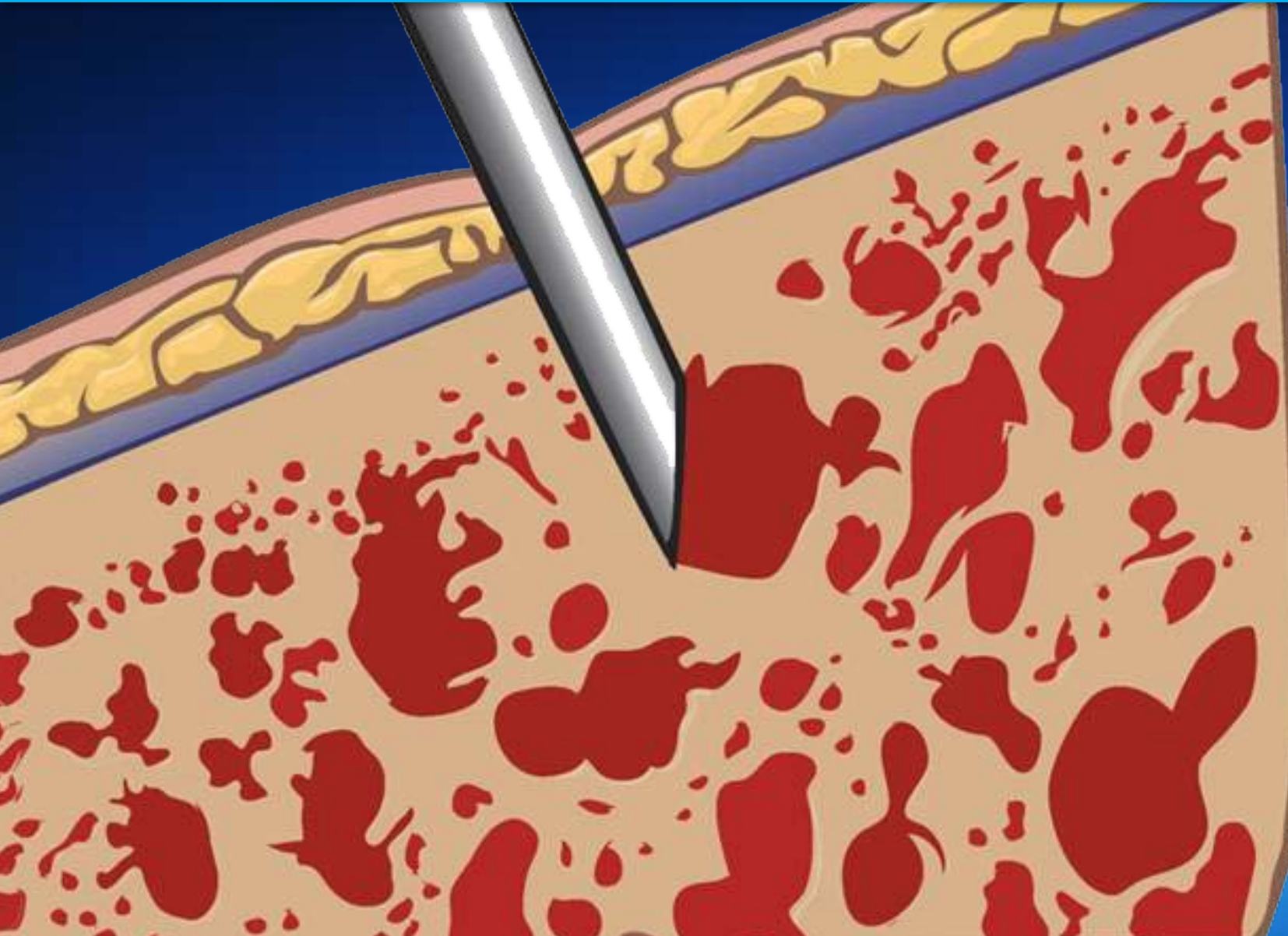
Structural vs. Non-Structural

Same-site, separate incision, bone products.

Account for all procedures performed.

Spine specific graft codes are in the 20930-20938 range.

BMA FOR SPINE

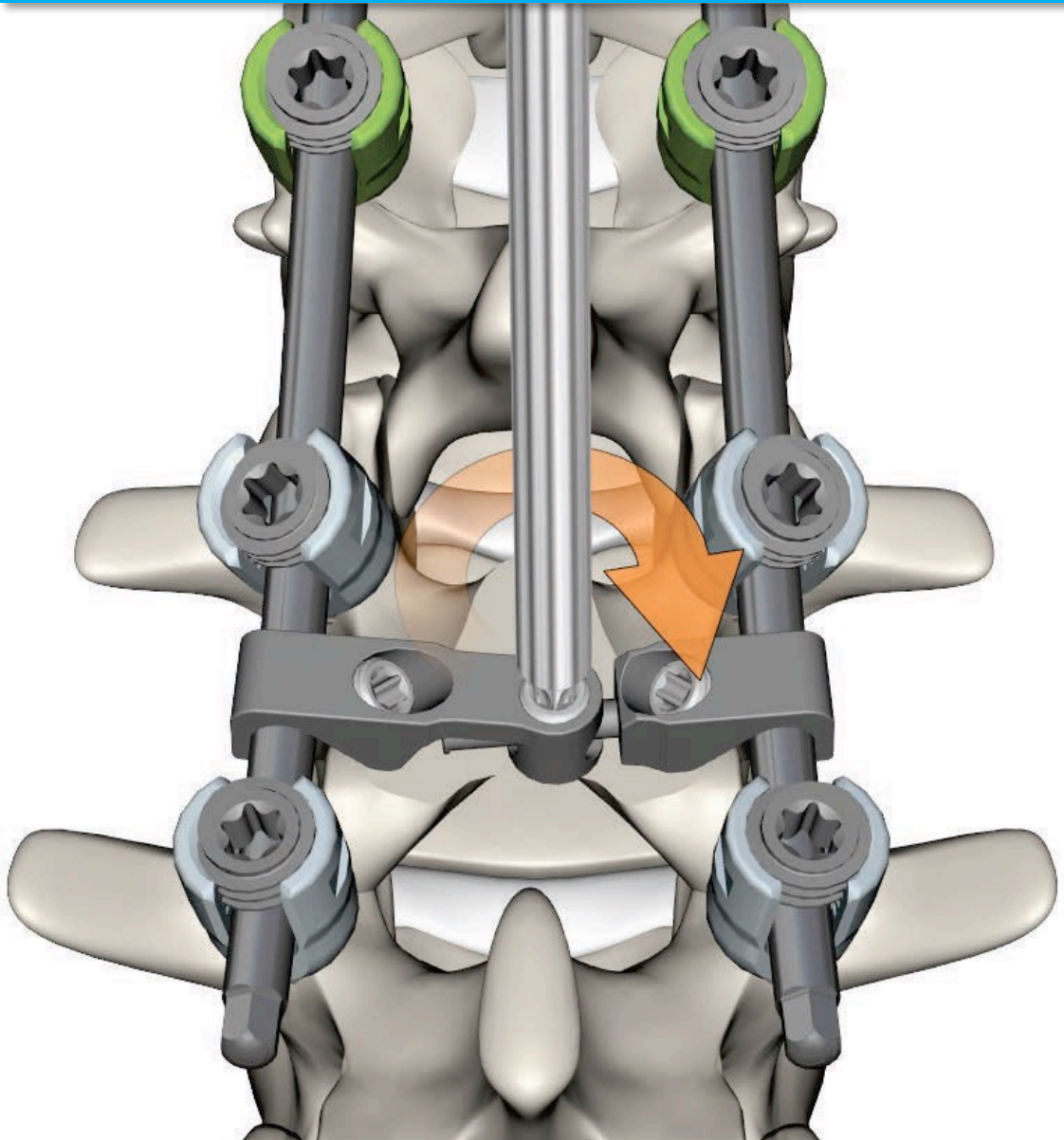


...and don't forget
bone marrow
aspiration code
20939 for spine
procedures only.

MAIN PROCEDURES

Instrumentation

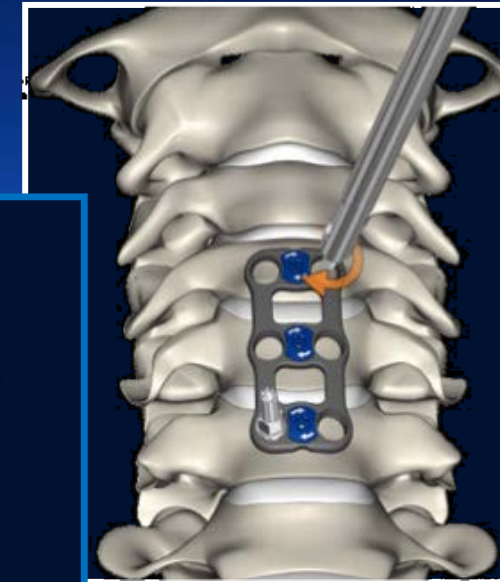
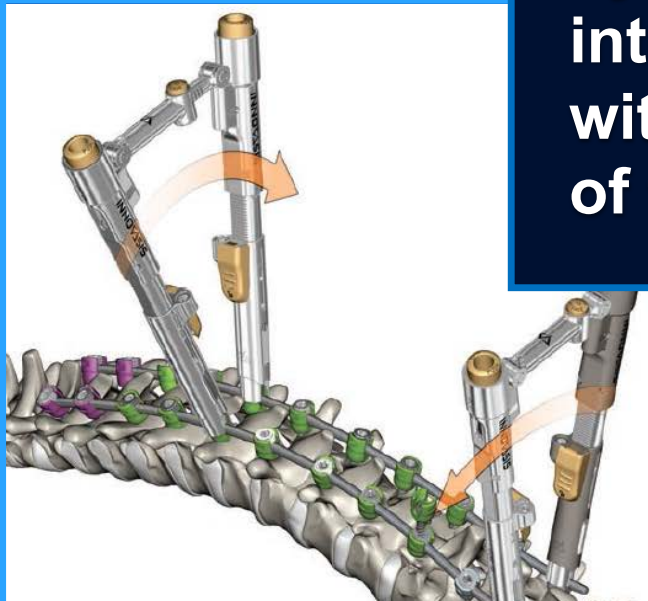
INSTRUMENTATION



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

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.



INSTRUMENTATION



Biomechanical Devices: Anterior/Posterior: **22853 22854 22859**

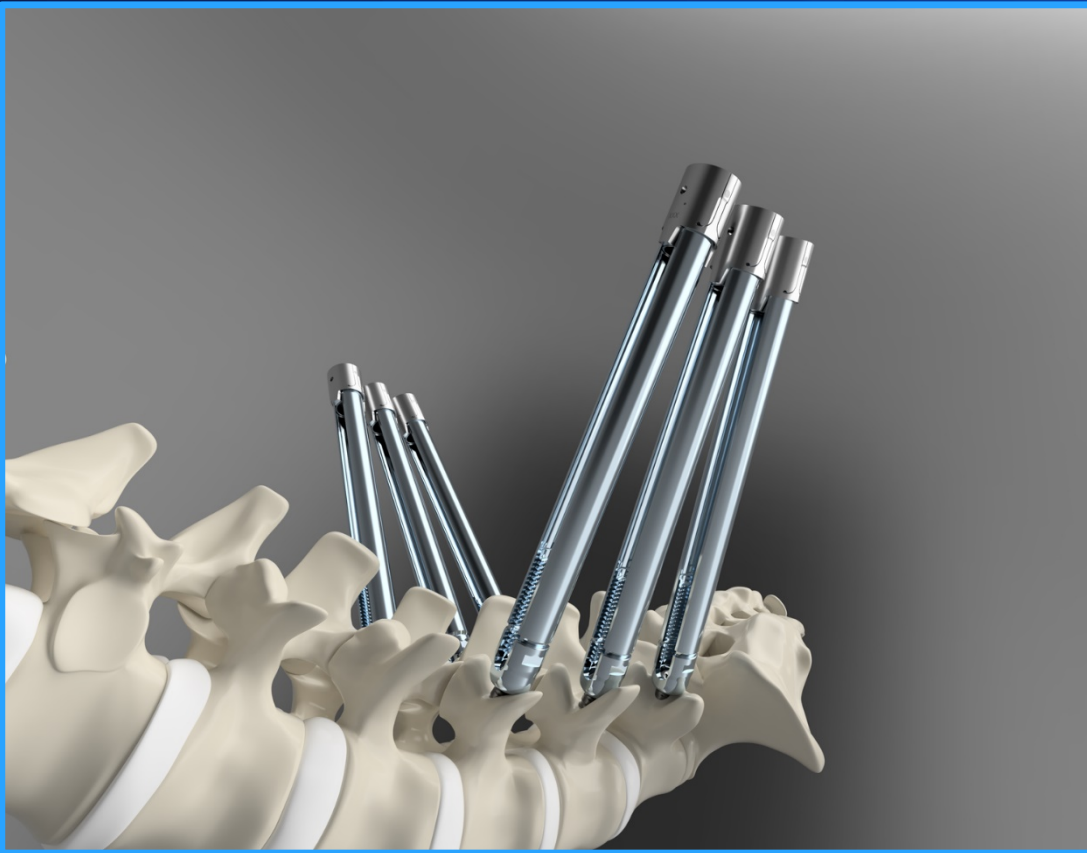
Anterior Instrumentation: Anterior: **22845 22846 22847**

Non-segmental Instrumentation: Posterior: **22840**

Segmental Instrumentation: Posterior: **22842 22843 22844**

Pelvic Instrumentation: Posterior: **22848**

MINIMALLY INVASIVE PROCEDURES



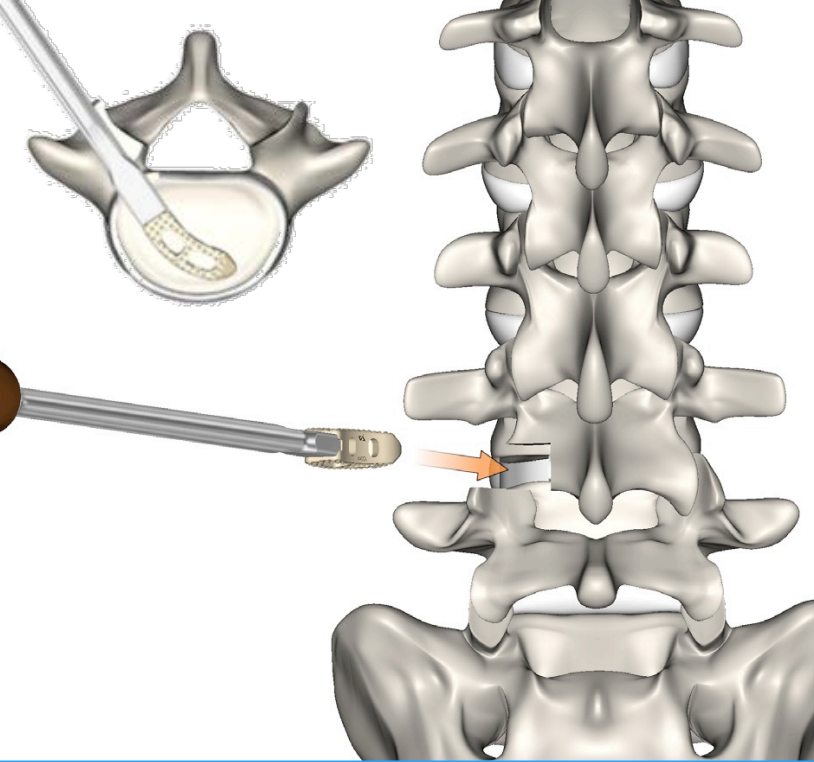
- Coverage is Policy Specific
- Need to use the proper code if one exists for MIS only
- Use the Open Procedure codes for those that do not have an MIS option

BIOMECHANICAL IMPLANTS

Code: 22853, 22854, 22859

Biomechanical device codes are billable for each interspace where implants are placed.





INSTRUMENTATION

Biomechanical Implant Codes

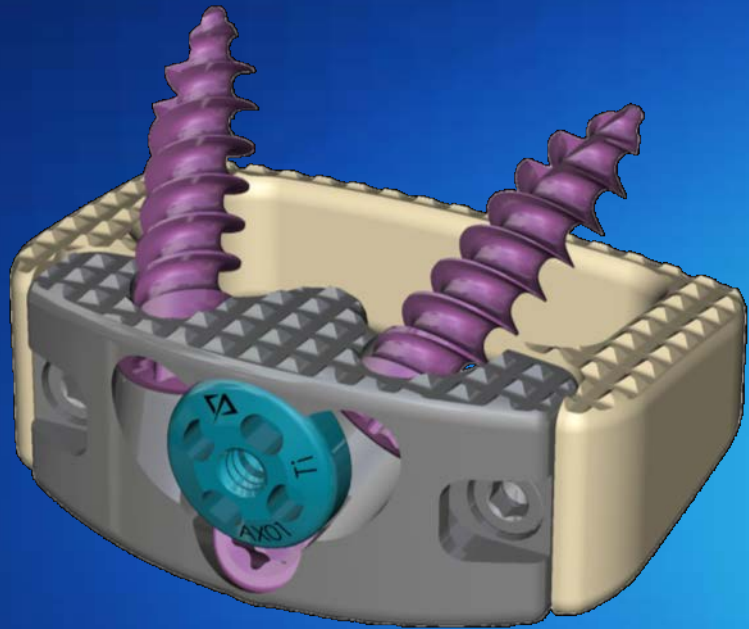
22853 - Insertion of interbody biomechanical device(s) with integral instrumentation for device anchoring, when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace

22854 - Insertion of intervertebral biomechanical device(s) with integral anterior instrumentation for device anchoring, when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect

22859 - Insertion of intervertebral biomechanical device(s) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect

BIOMECHANICAL IMPLANTS

Integrated Systems



- Systems are of the same brand
- They interlock and anchor into the body of the vertebral segments
- Cannot be used with any other product line
- Packaging does not imply independent products

INSTRUMENTATION CODES

Anterior Instrumentation

22845

(2-3 segments)



22846

(4-7 segments)



22847

(8+ segments)



INDEPENDENT PLATING SYSTEM

Coding for these systems is available as long as it meets certain criteria:

- Must not interlock into an implant of any type
- Must be screwed into the anterior vertebral body of each level
- Must be able to use this with any implant brand



INSTRUMENTATION

Posterior Non-Segmental vs. Segmental

NON-SEGMENTAL



SEGMENTAL



INSTRUMENTATION

Posterior Instrumentation Codes

22840 - Posterior non-segmental instrumentation.

22842 - Posterior segmental instrumentation; 3 to 6 segments.

22843 - 7 to 12 vertebral segments.

22844 - 13 or more vertebral segments.

INSTRUMENTATION

Removal Revision

22849 - Reinsertion of spinal fixation device

22850 - Removal of posterior non-segmental instrumentation

22852 - Removal of posterior segmental instrumentation

22855 - Removal of anterior instrumentation

MAIN PROCEDURES

Osteotomy

OSTEOTOMY

Code for Both Types:

Smith Peterson

22210 - 22226

Pedicle Subtraction

22206 - 22208

*Do not bill decompression
codes at the same level.*



OSTEOTOMY

Anterior and Posterior

Account for all segments by anatomical location.

Often performed with fusion for deformity correction.

Can code for both anterior and posterior osteotomy procedures.

Do not bill decompression codes at the same level.

OSTEOTOMY

22210-22216

Removal of bone for a purpose other than a lesion, using a posterior or posterolateral approach. As in the case of excision, the codes are divided by anatomical region, and measured by single segments.

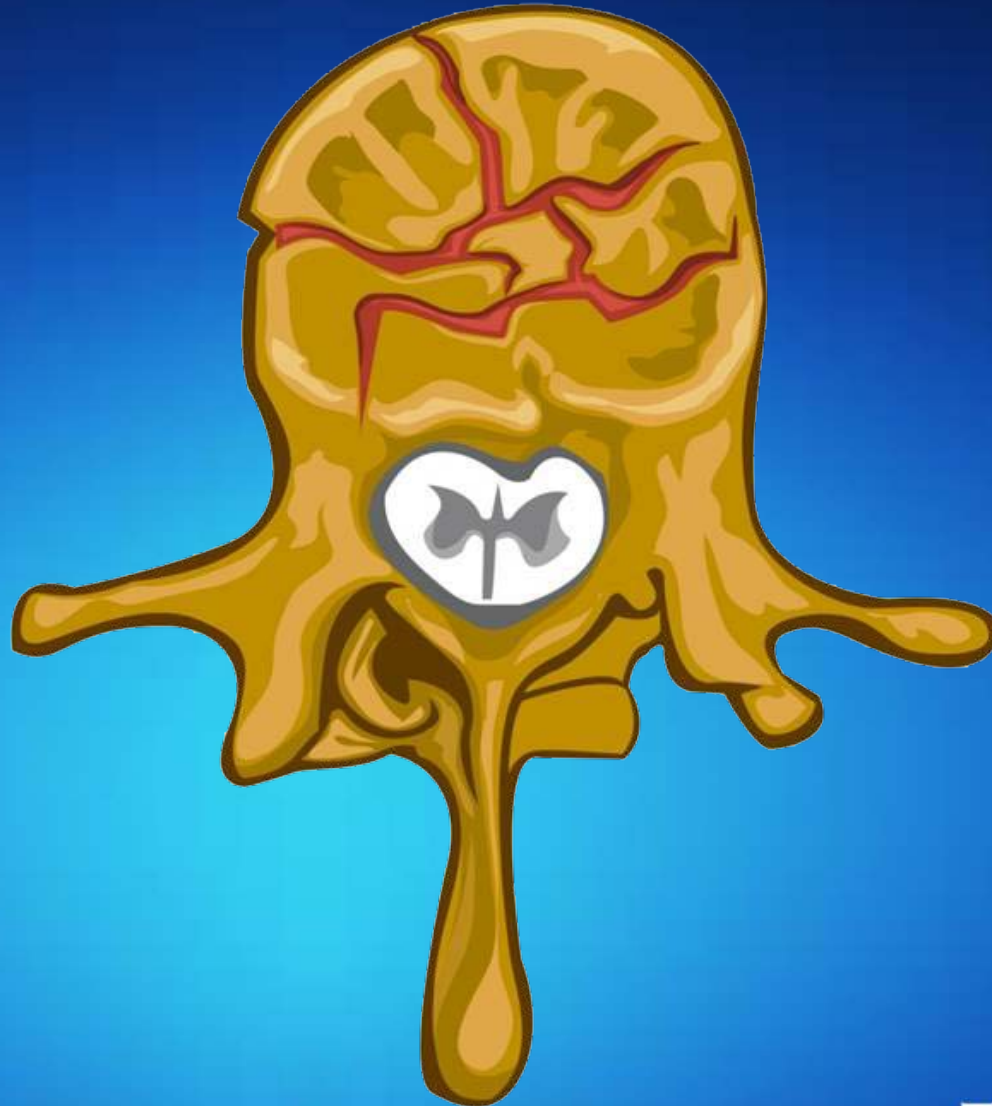
22220-22226

Similar to the previous category of codes but using an anterior approach and including a discectomy.

MAIN PROCEDURES

Fracture Treatment

TYPES OF FRACTURE TREATMENTS



FRACTURE TREATMENTS

Open and closed fracture coding opportunities.

Document and dictate both when applicable and account for all levels.

Do not bill decompression with fracture codes.

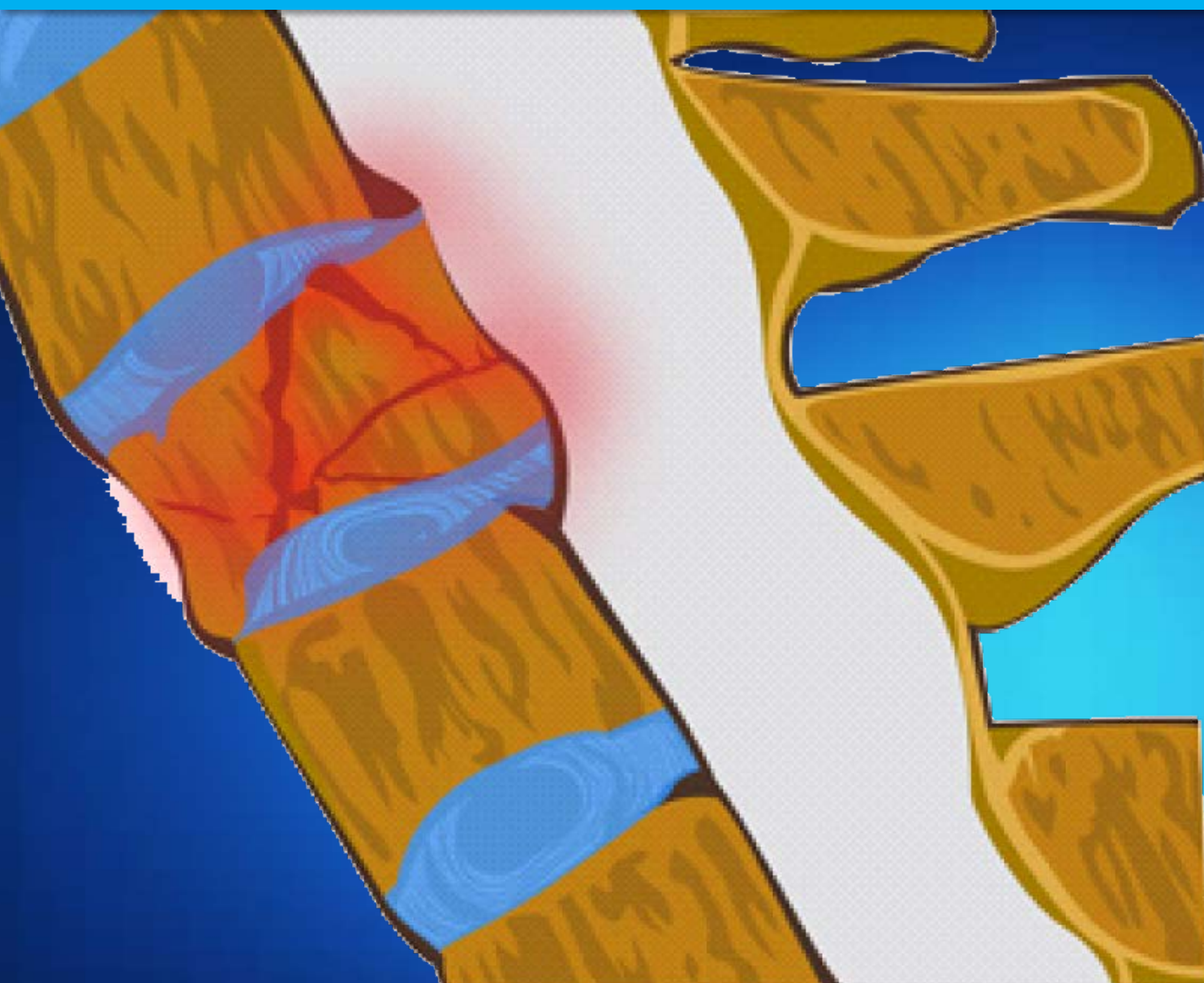
FRACTURE CODES

Closed Treatment - Codes depend on location and severity.

Open Treatment - Odontoid fracture, anterior approach.
Code depends on the use of grafting.

Open Treatment - Vertebral fracture, posterior approach.
Codes depend on anatomical location.

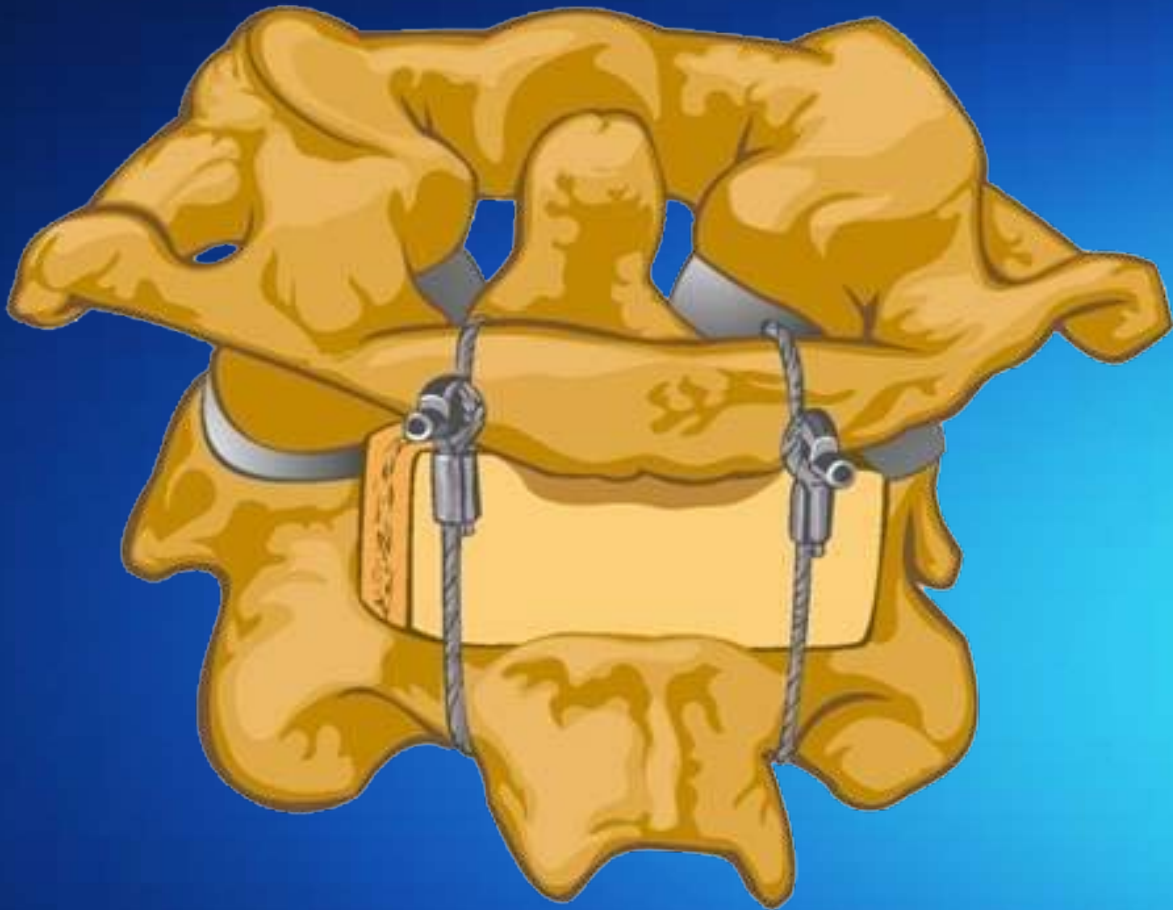
FRACTURE TREATMENTS



Corpectomy codes
for anterior fractures:
63081 - 63091

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

FRACTURE TREATMENTS



Fracture codes for open posterior procedures:

22325 - 22328

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

MAIN PROCEDURES

Miscellaneous Coding

MISC. PROCEDURES

Arthroplasty

Identify procedure by

Insertion**

Removal

Revision

Code for both anterior and posterior

Codes: **22856** - **22865** and additional T-codes

**Includes the discectomy



MISC. 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**

EXCISION

22100-22103

Partial excision of a vertebral component (such as lamina or processes) to remove a bony lesion. Codes are divided by anatomical region and measured by single segments. The final code is for each additional segment, regardless of location.

22110-22116

Used for partial excision of the main vertebral body, not a component. Do not include decompression of the spinal cord or nerve root; that procedure would require a 63000 code.

MISC. PROCEDURES

Infections



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

NEW OPPORTUNITIES ABOUND...

New technologies have brought about opportunities that are continuously opening doors that will enhance your spine business.

Take advantage of the ability to present options to patients and engage them in understanding the dramatic treatment option changes over the years

Engage in dialogues with Facilities that can accommodate your surgical treatment protocols, involve your Spine Implant Representative and explore the Out-Patient and ASC relationships.

Be Involved

Don't "shortcut" the process by detailing only in the top part of the operative report in the "Procedure Performed" section.

Detail all aspects of the procedure; following CPT descriptors as a guide!

Know your coding.

Remember to be involved in the denial and appeal process as needed.

Questions?

Contact Us!

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