2019

Spine Coding Basics

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Directory of Coding and Audit Services
Spine Surgery Terminology & Anatomy
## Spine Surgery Terminology & Anatomy

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Arthrodesis</td>
<td>Fusion, or permanent joining, of a joint, or point of union of two musculoskeletal structures, such as two bones</td>
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<tr>
<td>Bone grafting</td>
<td>Surgical procedure that replaces missing bone with material from the patient's own body, or from an artificial, synthetic, or natural substitute</td>
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<td>Corpectomy</td>
<td>Surgical excision of the main body of a vertebra, one of the interlocking bones of the back.</td>
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<td>Cerebrospinal fluid or CSF</td>
<td>The protective body fluid present in the dura, the membrane covering the brain and spinal cord</td>
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<td>Decompression</td>
<td>A procedure to remove pressure on a structure.</td>
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<tr>
<td>Diskectomy, discectomy</td>
<td>Surgical removal of all or a part of an intervertebral disc.</td>
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<tr>
<td>Dura</td>
<td>Outermost of the three layers that surround the brain and spinal cord</td>
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<tr>
<td>Electrode array</td>
<td>Device that contains multiple plates or electrodes.</td>
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<tr>
<td>Electronic pulse generator or neurostimulator</td>
<td>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</td>
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<tr>
<td>Epidural space</td>
<td>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.</td>
</tr>
<tr>
<td>Extradural</td>
<td>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.</td>
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<tr>
<td>Facet</td>
<td>Smooth area on a bone</td>
</tr>
<tr>
<td>Intervertebral disc</td>
<td>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</td>
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<tr>
<td>Intramedullary</td>
<td>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.</td>
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<tr>
<td>Lamina</td>
<td>A part of a vertebral arch that covers the back surface of the spinal canal, forming a protective roof over the spinal cord.</td>
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<tr>
<td>Lateral extracavitary approach</td>
<td>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.</td>
</tr>
<tr>
<td>Lesion</td>
<td>Area of damaged or diseased tissue, particularly an area that is well–defined.</td>
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<td>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.</td>
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<tr>
<td>Osteotomy</td>
<td>The cutting of bone for treatment purposes.</td>
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<tr>
<td>Paraspinal muscles</td>
<td>The band of muscles that run next to the spine that support and move the spine.</td>
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<tr>
<td>Pedicle</td>
<td>A paired part of the vertebral arch, the posterior part of a vertebra, that connects a lamina to the vertebral body.</td>
</tr>
<tr>
<td>Spinal cord</td>
<td>Group of nerve fibers encased in the vertebral column that connects the brain to the rest of the body.</td>
</tr>
<tr>
<td>Stereotactic radiosurgery</td>
<td>A noninvasive neurosurgical discipline that uses ionized radiation to destroy target areas.</td>
</tr>
<tr>
<td>Subarachnoid space</td>
<td>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.</td>
</tr>
<tr>
<td>Vertebrae</td>
<td>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).</td>
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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 (i.e., 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

Cervical
Thoracic
Lumbar
Sacral
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

Anterior  Posterior  Extracavitary Lateral
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
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.
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
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.
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
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
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.
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)
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.
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.

- Grafting
- 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.
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
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
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.
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 may have different ones
- CPT now also states this since 2016
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.

- 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.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description 1</th>
<th>Description 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>63081</td>
<td>+22585-59</td>
<td>+20936</td>
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<tr>
<td>22551-59</td>
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<td>+22552-59 x 2</td>
<td>+22854</td>
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<td>22554-59</td>
<td>+22846-59</td>
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Diagnosis Codes
<table>
<thead>
<tr>
<th>Code range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M54.2</td>
<td>Cervicalgia</td>
</tr>
<tr>
<td>M50.11 - M50.13</td>
<td>Cervical disc disorder with radiculopathy</td>
</tr>
<tr>
<td>M50.31 - M50.33</td>
<td>Other cervical disc degeneration</td>
</tr>
<tr>
<td>M50.020 - M50.123</td>
<td>Cervical disc disorder with myelopathy</td>
</tr>
<tr>
<td>M50.220 - M50.223</td>
<td>Other cervical disc displacement</td>
</tr>
<tr>
<td>M50.321 - M50.323</td>
<td>Other cervical disc degeneration</td>
</tr>
<tr>
<td>M50.821 - M50.823</td>
<td>Other cervical disc disorders</td>
</tr>
<tr>
<td>M48.01 - M48.03</td>
<td>Cervical Spinal stenosis</td>
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# Diagnosis Codes

## COMMON SPINE ICD-10 CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>M43.6</td>
<td>Torticollis</td>
</tr>
<tr>
<td>M47.811 - M47.813</td>
<td>Spondylosis without myelopathy or radiculopathy</td>
</tr>
<tr>
<td>M41.122 - M41.123</td>
<td>Adolescent idiopathic scoliosis</td>
</tr>
<tr>
<td>M41.41 - M41.43</td>
<td>Neuromuscular scoliosis,</td>
</tr>
<tr>
<td>M53.81 - M53.83</td>
<td>Other specified dorsopathies</td>
</tr>
<tr>
<td>M54.11 - M54.12</td>
<td>Radiculopathy</td>
</tr>
<tr>
<td>M54.13</td>
<td>Cervicobrachial syndrome</td>
</tr>
<tr>
<td>G54.0</td>
<td>Brachial plexus disorders</td>
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# Diagnosis Codes

## COMMON SPINE ICD-10 CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>M54.14</td>
<td>Radiculopathy, thoracic region</td>
</tr>
<tr>
<td>M94.0</td>
<td>Chondrocostal junction syndrome [Tietze]</td>
</tr>
<tr>
<td>M51.34</td>
<td>Other intervertebral disc degeneration, thoracic region</td>
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<tr>
<td>M51.24</td>
<td>Other intervertebral disc displacement, thoracic region</td>
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<tr>
<td>M51.04</td>
<td>Intervertebral disc disorders with myelopathy, thoracic region</td>
</tr>
<tr>
<td>M51.84</td>
<td>Other intervertebral disc disorders thoracic region</td>
</tr>
<tr>
<td>M48.9</td>
<td>Spondylopathy, unspecified</td>
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</tbody>
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## Diagnosis Codes

### COMMON SPINE ICD-10 CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M54.6</td>
<td>Pain in thoracic spine</td>
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<tr>
<td>M99.02</td>
<td>Segmental and somatic dysfunction of thoracic region</td>
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<tr>
<td>M53.84</td>
<td>Other specified dorsopathies</td>
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<tr>
<td>M41.124</td>
<td>Adolescent idiopathic scoliosis</td>
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<tr>
<td>M47.814</td>
<td>Spondylosis without myelopathy or radiculopathy, thoracic region</td>
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<tr>
<td>M47.14</td>
<td>Other spondylosis with myelopathy, thoracic region</td>
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<tr>
<td>M48.04</td>
<td>Spinal stenosis, thoracic region</td>
</tr>
<tr>
<td>M96.1</td>
<td>Post laminectomy syndrome, not elsewhere classified</td>
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</table>
# Diagnosis Codes

## COMMON SPINE ICD-10 CODES

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
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<tbody>
<tr>
<td>M54.5</td>
<td>Low back pain</td>
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<tr>
<td>M51.15 - M51.17</td>
<td>Intervertebral disc disorders with radiculopathy</td>
</tr>
<tr>
<td>M51.36 - M51.37</td>
<td>Other intervertebral disc degeneration, lumbar region/lumbosacral region</td>
</tr>
<tr>
<td>M47.816 - M47.817</td>
<td>Spondylosis without myelopathy or radiculopathy, lumbar region/lumbosacral region</td>
</tr>
<tr>
<td>M54.31 - M54.32</td>
<td>Sciatica, right side / left side</td>
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<tr>
<td>M54.41 - M54.42</td>
<td>Lumbago with sciatica, right side / left side</td>
</tr>
<tr>
<td>M54.16 - M54.17</td>
<td>Radiculopathy, lumbar region / lumbosacral region</td>
</tr>
<tr>
<td>M53.86</td>
<td>Other specified dorsopathies, lumbar region</td>
</tr>
</tbody>
</table>
## Diagnosis Codes

<table>
<thead>
<tr>
<th>Lumbar</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>M53.3</td>
<td>Sacrococcygeal disorders, not elsewhere classified</td>
</tr>
<tr>
<td>M47.16</td>
<td>Other spondylosis with myelopathy, lumbar region</td>
</tr>
<tr>
<td>M41.116</td>
<td>Juvenile idiopathic scoliosis, lumbar region</td>
</tr>
<tr>
<td>M41.126</td>
<td>Adolescent idiopathic scoliosis, lumbar region</td>
</tr>
<tr>
<td>M41.46</td>
<td>Neuromuscular scoliosis, lumbar region</td>
</tr>
</tbody>
</table>
Q & A