

Spinal Surgery coding Pain Coding



CASE STUDIES, DISCUSSION

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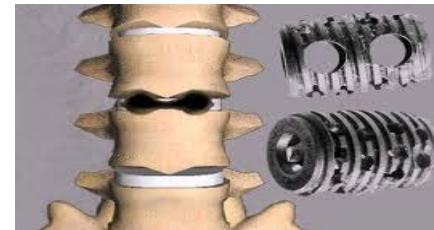
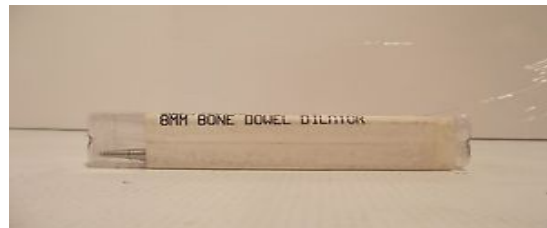
Agenda

- ▶ Discuss spinal procedures
- ▶ CPT
- ▶ PCS
- ▶ And more

Spinal Fusions- PCS coding

Some of the most complex surgeries to code in ICD-10

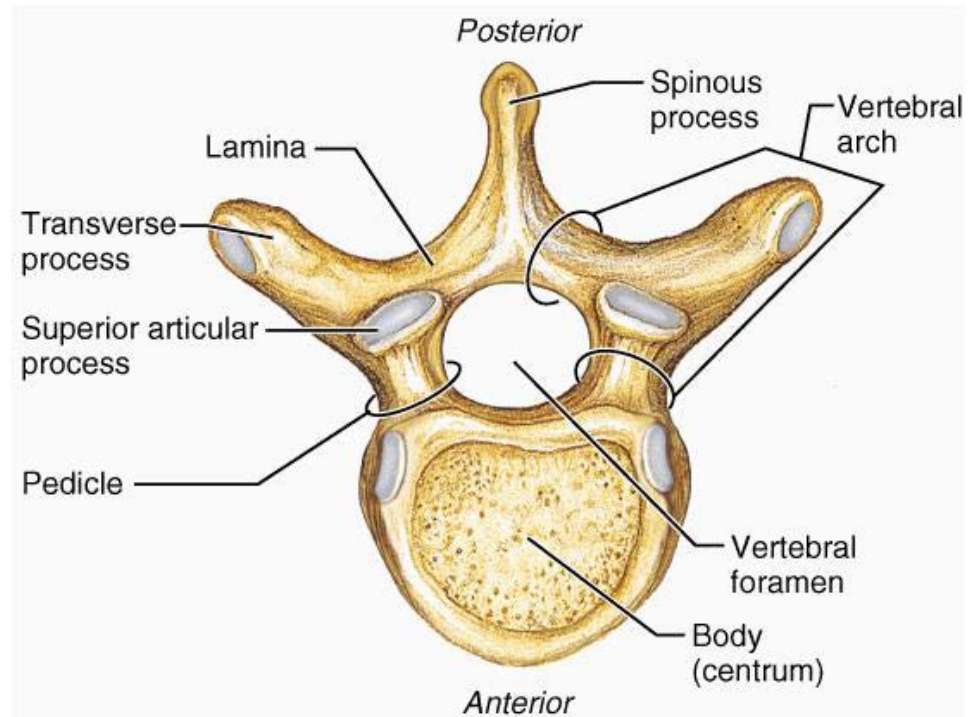
Spinal fusion is classified by the anatomic portion (column) fused and the technique (approach) used to perform the fusion. The fusion can include a discectomy, bone grafting, and spinal instrumentation.



Spinal Fusions

- ▶ **Anterior Column:** The body (corpus) of adjacent vertebrae (**interbody fusion**). The anterior column can be fused using an anterior, lateral, or posterior technique.
- ▶ **Posterior Column:** Posterior structures of adjacent vertebrae (pedicle, lamina, facet, transverse process, or “gutter” fusion). A posterior column fusion can be performed using a posterior, posterolateral, or lateral transverse technique.
- ▶ **Approaches:** Posterior or from the back (most common); anterior through a laparotomy

Spinal Anatomy



Devices

- ▶ **Interbody fusion devices** —e.g. BAK cages, PEEK cages, bone dowels
- ▶ **Autologous Tissue Substitute** —bone graft obtained from the patient during the procedure. Bone grafts may be harvested locally using the same incision, or from another part of the body requiring a separate incision. Harvesting requires a separate procedure code ONLY when it is performed through a separate incision.
- ▶ **Nonautologous Tissue Substitute** —bone bank
- ▶ **Synthetic Substitute** —examples include demineralized bone matrix, synthetic bone graft extenders, bone morphogenetic proteins (BMP)

Interbody Fusion Devices

The interbody fusion device immobilizes the intervertebral joint to stabilize the segment for fusion. It restores disc space height and requires removal of all or part of the disc so that the device can be inserted into the disc space. More than one device can be used at the same time.

Device Materials:

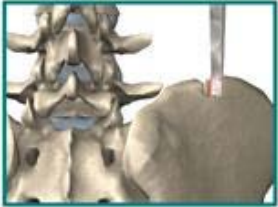
- Carbon
- Ceramic
- Metal
- Plastic
- Titanium

Terms used:

- BAK cages
- Interbody Fusion Cage
- Ray-Threaded Fusion Cage
- PEEK Device/cage
- Interbody Spacer

Fixation Instrumentation (do not code)
Rods, plates, screws, etc.

C-spine interbody device



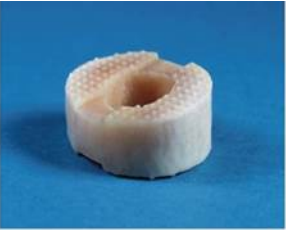
Cages packed with bone graft



©MMG 2004



A



B



C

Bone dowels

How to Choose Device Value

- ▶ If an interbody fusion device is used (alone or containing other material like bone graft), the procedure is coded with the device value Interbody Fusion Device
- ▶ If bone graft is the only device used, the procedure is coded with device value Nonautologous Tissue Substitute or Autologous Tissue Substitute depending on bone source
- ▶ If a mixture of autologous and nonautologous bone graft (with or without biological or synthetic extenders or binders) is used, the procedure is coded with device value Autologous Tissue Substitute

Spinal Fusions - 7th character

- ▶ The 7th character is the 7th character in fusions and throws off a lot of good coders. Choices are:
 - ▶ Anterior approach anterior column
 - ▶ Posterior approach posterior column
 - ▶ Posterior approach anterior column
- ▶ What position is the patient in on the OR table? Supine vs prone
- ▶ Anterior column is the **vertebral body**
- ▶ Posterior column contains the **bony protrusions**
- ▶ **Interbody fusion = anterior column** (anterior 2/3 of the vertebral body)
- ▶ Terms like articular facet joints, pedicles, lamina, spinous process- means posterior column fusion

Figure 1		
Qualifier Characters		
Anterior Approach, Anterior Column (0)	Posterior Approach, Posterior Column (1)	Posterior Approach, Anterior Column (J)
Supine (face up) positioning	Prone (back up) positioning	Prone (back up) positioning
Incision made on the front or side of the body	Incision made on the back side of the body	Incision made on the back side of the body
Vertebral body is fused	Structures on the posterior spine are fused	Vertebral body is fused
Qualifier Examples for Anterior Column Fusions		
Procedure	Approach	Qualifier
Anterior lumbar interbody fusion (ALIF)	Incision made in front of the spine through a minilaparotomy or laparoscopy	0 Anterior Approach, Anterior Column
Posterior lumbar interbody fusion (PLIF)	Incision made through a midline incision in the back	J Posterior Approach, Anterior Column
Extreme lateral interbody fusion (XLIF)	Incision made in the patient's side	0 Anterior Approach, Anterior Column
Direct lateral interbody fusion (DLIF)	Incision made in the patient's side	0 Anterior Approach, Anterior Column
Transforaminal lumbar interbody fusion (TLIF)	Incision made through a midline incision in the back	J Posterior Approach, Anterior Column



Anterior Approach, Anterior Column

(0)

- Look for supine positioning (face up)
- Incision made on anterior side of body
- Retroperitoneal, psoas muscle, lateral
- Vertebral body or disc space

Posterior Approach, Posterior Column

(1)

- Look for prone positioning (face down)
- Incision through the back of the body
- Vertebral foramen, spinal processes, facets and/or lamina

Posterior Approach, Anterior Column

(J)

- Look for prone positioning (face down)
- Incision through the back of the body
- Vertebral body or disc space

BMP with Fusion

- ▶ When a mixture of autologous and nonautologous bone graft with or without biological or synthetic extenders or binders is used to render a joint immobile, code the procedure with the device value
- ▶ “autologous tissue substitute.”
- ▶ No additional code is reported.

Integral vs Non-Integral Procedures

Some procedures are integral to the fusion and cannot be coded separately. Take this example:

Via an open posterior approach:

- ▶ Exploration of previous fusion L3-S1
- ▶ Removal of segmental instrumentation L3-S1
- ▶ L2-L3 complete bilateral laminectomy for decompression
- ▶ Right L2-L3 transforaminal lumbar interbody fusion with BMP, locally harvested morcelized autograft, morcelized allograft and Medtronic PEEK cage
- ▶ L2-S1 segmental instrumentation with Medtronic Solera 5-5 system
- ▶ L2-L3 posterolateral/posterior arthrodesis with locally harvested morcelized autograft and BMP

Procedure #1

So what would we code?

- ▶ anterior spinal fusion (right L2-L3 transforaminal lumbar interbody fusion)
- ▶ posterior spinal fusion (L2-L3 posterolateral/posterior arthrodesis)
- ▶ removal of the previously placed segmental instrumentation L3-S1(needs 2 codes)

Integral vs Nonintegral

- ▶ In the example even though 6 procedures were done, we will only use 4 PCS codes.

What is NOT separately coded?

- exploration of the old fusion site;
- Laminectomy
- L2-S1 segmental instrumentation

And the codes are

- ▶ **0SG00AJ** - anterior fusion with cage
- ▶ **0SG0071** - posterior fusion w/ autograft
- ▶ **OSP004Z** - Removal of instrumentation L3-L5
- ▶ **OSP304Z** – Removal of instrumentation L5-S1

Procedure #2-Let's Code

Operation Performed: L3-S1: Lumbar laminectomy, decompression of cauda equina, posterior spinal fusion, segmental instrumentation, and morselized local bone grafting supplemented with bone from bone bank.

- ▶ **OSG1071** Fusion 2-4 lumbar joint with autologous tissue substitute, posterior approach posterior column, open
- ▶ **OSG3071** Fusion lumbosacral joint with autologous tissue substitute, posterior approach posterior column, open

0SG

<i>Section</i>	0	Medical and Surgical
<i>Body System</i>	S	Lower Joints
<i>Operation</i>	G	Fusion: Joining together portions of an articular body part rendering the articular body part immobile

<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
0 Lumbar Vertebral Joint 1 Lumbar Vertebral Joints, 2 or more 3 Lumbosacral Joint	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	0 Anterior Approach, Anterior Column 1 Posterior Approach, Posterior Column J Posterior Approach, Anterior Column
0 Lumbar Vertebral Joint 1 Lumbar Vertebral Joints, 2 or more 3 Lumbosacral Joint	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	A Interbody Fusion Device	0 Anterior Approach, Anterior Column J Posterior Approach, Anterior Column
5 Sacrococcygeal Joint 6 Coccygeal Joint 7 Sacroiliac Joint, Right 8 Sacroiliac Joint, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	4 Internal Fixation Device 7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	Z No Qualifier
9 Hip Joint, Right B Hip Joint, Left C Knee Joint, Right D Knee Joint, Left F Ankle Joint, Right G Ankle Joint, Left H Tarsal Joint, Right J Tarsal Joint, Left K Tarsometatarsal Joint, Right L Tarsometatarsal Joint, Left M Metatarsal-Phalangeal Joint, Right N Metatarsal-Phalangeal Joint, Left P Toe Phalangeal Joint, Right Q Toe Phalangeal Joint, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	4 Internal Fixation Device 5 External Fixation Device 7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	Z No Qualifier

Procedure # 3

- ▶ L2-L5 posterior lumbar interbody fusion using autologous bone graft
- ▶ L2-L5 discectomy
- ▶ L2-L5 pedicle screw instrumentation
- ▶ Harvesting bone graft from right iliac crest through separate incision

- ▶ Open posterior approach

Not coded

NOT CODED: Pedicle screw instrumentation at L2-L5

Need to code:

Posterior lumbar interbody (i.e. ant. column) fusion

Discectomy

Bone graft harvest

And the codes are

- ▶ **0SG107J** posterior lumbar interbody fusion
- ▶ **0SB20ZZ** discectomies
- ▶ **0QB20ZZ** harvesting bone from iliac crest

- *Coding Clinic 2nd qtr 2014 specifies that a discectomy is almost always performed at the same time as spinal fusion surgery. An additional code should be assigned. Typically, a fusion involves partial removal of the disc and should be coded as excision of disc. If, however, the provider documents “total discectomy,” it should be coded as a disc resection.*

Procedure Example #4

- ▶ Lumbar decompression L4-L5 and L5-S1 bilateral foraminotomies
- ▶ L3 decompression laminectomy
- ▶ L4-L5 and L5-S1 discectomy
- ▶ L4-L5 and L5-S1 transforaminal lumbar interbody fusion with autogenous iliac crest graft and BAK cage
- ▶ L4-L5 and L5-S1 posterolateral fusion with autogenous iliac crest graft
- ▶ Right posterior iliac crest bone graft harvest through separate incision
- ▶ L4-S1 segmental instrumentation
- ▶ Open posterior approach

What do we code?

- ▶ transforaminal lumbar interbody fusion (i.e. anterior column fusion)
- ▶ posterior spinal fusion
- ▶ discectomy
- ▶ harvesting of bone graft

And the codes are

- ▶ **0SG00AJ** (L4-L5) and **0SG30AJ** (L5-S1) for the transforaminal lumbar interbody fusion
- ▶ **0SG0071** (L4-L5) and **0SG3071** (L5-S1) posterior
- ▶ spinal fusion
- ▶ **0SB20ZZ** and **0SB40ZZ** discectomy at 2 levels
- ▶ **0QB20ZZ** for harvesting of bone graft

#5 Posterior Cervical Fusion and Instrumentation, C5-T1

Via an open posterior approach, facet screws were placed at C5 and T1. Bone grafts using a combination of locally harvested morselized bone and bone bank allograft material were tamped in to place. A Harrington rod was affixed to the spine with the facet screws for completion of the construct.

ORG2071- fusion 2 or more cervical vertebral joints with autologous tissue, posterior approach, posterior column

ORG4071- fusion cervicothoracic vertebral joint with autologous tissue, posterior approach, posterior column

Acronym	Procedure	Operative Approach	Approach	Column	Qualifier
ALIF	Anterior lumbar interbody fusion	incision is made on through the abdomen and the abdominal muscles are retracted to the side	Anterior	Anterior	0
AxialLiF	Axial Lumbar Interbody Fusion	Incision made in the lower back next to the tailbone	Posterior	Anterior	J
PLIF	Posterior lumbar interbody fusion	Incision made through the posterior (back) part of the spine	Posterior	Anterior	J
XLIF	Extreme lateral interbody fusion	Incision made in the patient's side	Anterior	Anterior	0
DLIF	Direct lateral interbody fusion	Incision made in the patient's side	Anterior	Anterior	0
TLIF	Transforaminal lumbar interbody fusion	Incision made through the posterior (back) part of the spine	Posterior	Anterior	J

360 degree Fusion and Documentation Frustration

360 degree fusions involve both anterior and posterior columns.

Sometimes like hunting for a needle in a haystack to find the documentation for posterior portion of the surgery

Did you ever see an op note stating “posterolateral gutter was packed with bone graft”? This is a posterior column fusion!

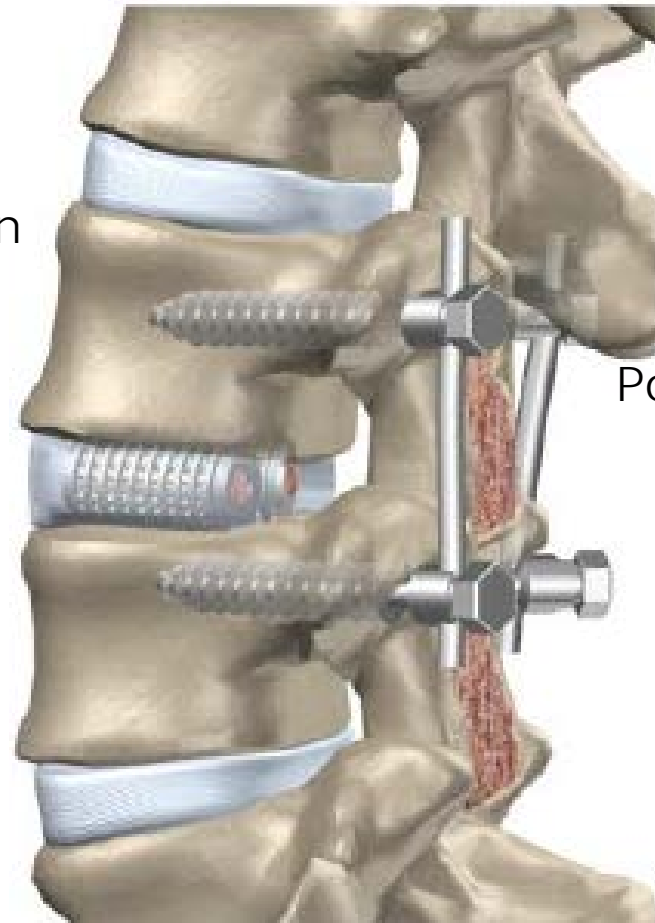
360 degree Fusion

- ▶ Impacts DRG (453- 455)
- ▶ A fusion of both the anterior and posterior columns of the spine performed with **two incisions**
- ▶ Anterior incision for the anterior column fusion
- ▶ Posterior incision for the posterior column fusion

- ▶ Does not impact DRG (459-460)
- ▶ A fusion of both the anterior and posterior columns of the spine through a **single incision**.

What the 360 fusion looks like

Anterior column fusion



Posterior column fusion

Intraoperative monitoring using sentio MMG®

Coding Clinic, **First Quarter ICD-10 2015** Page: 26 Effective with discharges: March 16, 2015

Question:

A patient was admitted for partial vertebrectomy with anterior lumbar interbody fusion and placement of anterior prosthetic device. The Sentio MMG® surgical access tool was used during the procedure to ensure protection of the nerve roots. What is the code assignment for the intraoperative use of Sentio MMG®?

Answer:

Facilities may choose to report or not report this procedure. The Sentio MMG® is similar to an EMG with the sensors being placed on the skin. There is variability where the probe is placed and the measuring device is external. In this case, monitoring is the procedure performed (monitoring is simply a series of measurements repeated over time) and the external approach should be used, since sensors are placed on the skin. If the facility has chosen to report this procedure, assign the following ICD-10-PCS code:

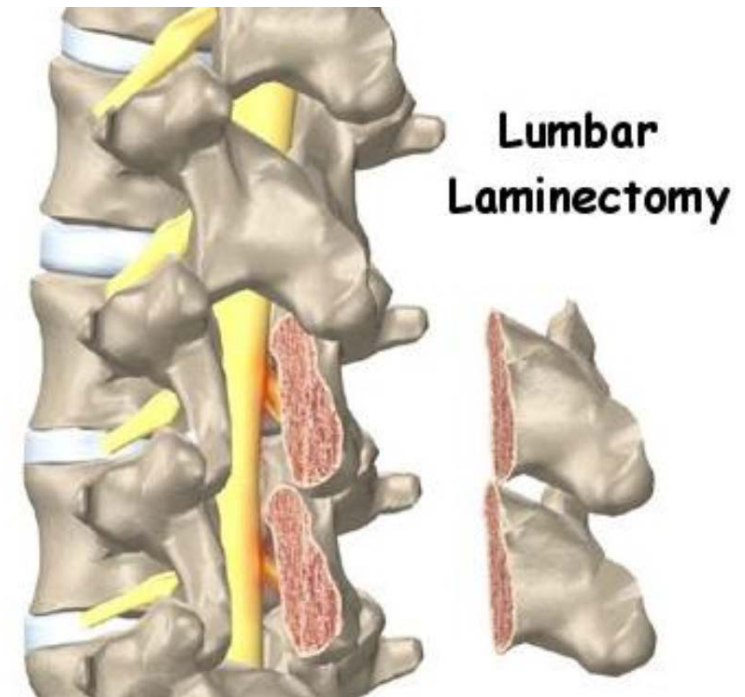
4A11X4G Monitoring of peripheral nervous electrical activity,
intraoperative, external approach

Decompressive Laminectomy /Facetectomy

Done to relieve pressure on either the spinal cord or the spinal nerves.

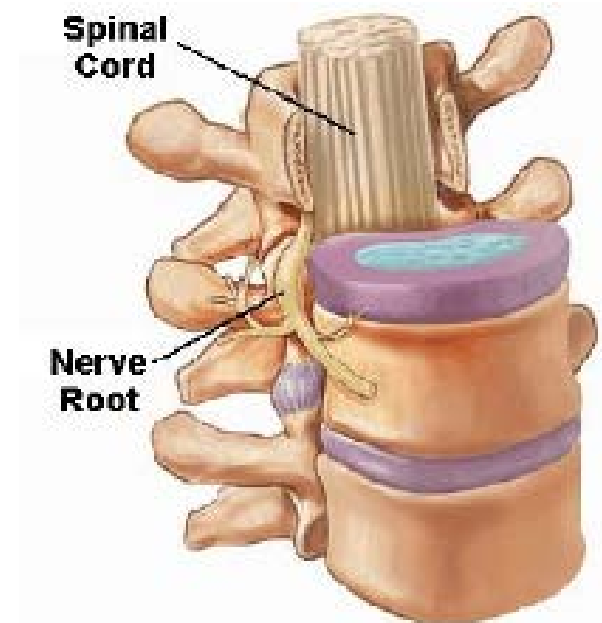
Root operation= RELEASE

This image shows the parts of the spine that are excised when laminectomy is done.



Spinal cord vs Peripheral Spinal Nerve

- ▶ Myelopathy= Spinal cord involvement
- ▶ Radiculopathy- Nerve root involvement



#6 Let's Code:

Laminectomy for nerve root decompression at L2-L5 and posterior interbody spinal fusion using PEEK cage performed at L3-L5.

0SG10AJ - Fusion 2 or more lumbar vertebral joints with interbody fusion device, posterior approach, anterior column, open approach

01NB0ZZ - Release of lumbar nerve, open approach

We assign a code for the laminectomy at L2 **only** because:

- ▶ If laminectomy is done at the same level as the spinal fusion it is included and not coded separately.

01N table - use to build our PCS laminectomy codes for nerve root decompression

Clear All 0 1 N B 0 Z Z   CC

Section **0** Medical and Surgical
Body System **1** Peripheral Nervous System
Operation **N** **Release** - Freeing a body part from an abnormal physical constraint by cutting or by the use of force

? <i>Body Part</i>	? <i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
<input type="radio"/> 0 Cervical Plexus	<input checked="" type="radio"/> 0 Open	<input checked="" type="radio"/> Z No Device	<input checked="" type="radio"/> Z No Qualifier
<input type="radio"/> 1 Cervical Nerve	<input type="radio"/> 3 Percutaneous		
<input type="radio"/> 2 Phrenic Nerve	<input type="radio"/> 4 Percutaneous Endoscopic		
<input type="radio"/> 3 Brachial Plexus			
<input type="radio"/> 4 Ulnar Nerve			
<input type="radio"/> 5 Median Nerve			
<input type="radio"/> 6 Radial Nerve			
<input type="radio"/> 8 Thoracic Nerve			
<input type="radio"/> 9 Lumbar Plexus			
<input type="radio"/> A Lumbosacral Plexus			
<input checked="" type="radio"/> B Lumbar Nerve			

#7- Decompressive Cervical Laminectomies

A patient with cervical myelopathy undergoes an open total decompressive laminectomy at C3, C4, C5 and a partial decompression at C6.

00NWOZZ – release of cervical spinal cord, open approach

The spinal cord, a single body part, is the focus of this procedure. Release always codes the body part being decompressed, not the part being operated on. So we need only one PCS code for this procedure.

We need the **00N** table because we are decompressing (releasing) the spinal cord, not the nerve roots. The spinal cord is body part “central nervous system and cranial nerves.”

00N table - use to build our PCS laminectomy codes for spinal cord decompression

00N

<i>Section</i>	0	Medical and Surgical		
<i>Body System</i>	0	Central Nervous System and Cranial Nerves		
<i>Operation</i>	N	Release: Freeing a body part from an abnormal physical constraint by cutting or by the use of force		
<i>Body Part</i>		<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
0 Brain 1 Cerebral Meninges 2 Dura Mater 6 Cerebral Ventricle 7 Cerebral Hemisphere 8 Basal Ganglia 9 Thalamus A Hypothalamus B Pons C Cerebellum D Medulla Oblongata F Olfactory Nerve G Optic Nerve H Oculomotor Nerve J Trochlear Nerve K Trigeminal Nerve L Abducens Nerve M Facial Nerve N Acoustic Nerve P Glossopharyngeal Nerve Q Vagus Nerve R Accessory Nerve S Hypoglossal Nerve T Spinal Meninges W Cervical Spinal Cord X Thoracic Spinal Cord Y Lumbar Spinal Cord		0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier

CPT Coding for Spinal Fusions

Procedure #1

- ▶ Operation Performed: L3-S1: Lumbar laminectomy, decompression of cauda equina, posterior spinal fusion, segmental instrumentation, and morselized local bone grafting supplemented with bone from bone bank.

And the CPT codes are

- ▶ 22612 Posterior Arthrodesis, lumbar 1st level
- ▶ 22614 each additional level
- ▶ 22614 each additional level
- ▶ 22842 post. segmental instrumentation 3-6 vertebral segments
- ▶ 20930- morselized allograft spine surgery only
- ▶ 20936 autograft, spine only, local same incision
- Do not code the laminectomy because it was performed on the same interspace as the fusion

Procedure example 2

- ▶ L2-L5 posterior lumbar interbody fusion using autologous bone graft
- ▶ L2-L5 discectomy
- ▶ L2-L5 pedicle screw instrumentation
- ▶ Harvesting bone graft from right iliac crest through separate incision

- ▶ Open posterior approach

And the codes are

22630- Arthrodesis, posterior interbody technique including laminectomy and/or discectomy to prepare interspace; lumbar

22632 – Each additional interspace

22632 - Each additional interspace

20937 – autograft for spine surgery only, morselized

22842- Posterior segmental instrumentation 3-6 vertebral segments

Procedure Example #3

- ▶ Lumbar decompression L4-L5 and L5-S1 bilateral foraminotomies
- ▶ L3 decompression laminectomy
- ▶ L4-L5 and L5-S1 discectomy
- ▶ L4-L5 and L5-S1 transforaminal lumbar interbody fusion with autogenous iliac crest graft and BAK cage
- ▶ L4-L5 and L5-S1 posterolateral fusion with autogenous iliac crest graft
- ▶ Right posterior iliac crest bone graft harvest through separate incision
- ▶ L4-S1 segmental instrumentation
- ▶ Open posterior approach

And the codes are

63030 – L3 laminectomy

22633 – comb post. w/ post. Interbody technique including laminectomy and/or discectomy, single interspace and segment; lumbar

22634 – each additional interspace

22853- insertion interbody device w/ anterior instrumentation in conjunction w/ interbody arthrodesis, each interspace (L4-5)

22853- (L5-S1)

20937- autograft for spine surgery only

22842- posterior segmental instrumentation 3-6 vertebral segments

#4 Posterior Cervical Fusion and Instrumentation, C5-T1

Via an open posterior approach, facet screws were placed at C5 and T1.

Bone grafts using a combination of locally harvested morselized bone and bone bank allograft material were tamped in to place.

A Harrington rod was affixed to the spine with the facet screws for completion of the construct.

And the codes are

- ▶ **22600** – C5-6 Fusion
- ▶ **22614** – C6-7 Fusion
- ▶ **22614** – C7-T1 Fusion
- ▶ **22840** - Posterior nonsegmental instrumentation
- ▶ **20930** – Morselized allograft
- ▶ **20936** – Autograft locally harvested

Multiple Decompressive Cervical Laminectomies

A patient with cervical myelopathy undergoes an open total decompressive laminectomy at C3, C4, C5 and a partial decompression at C6.

63015 – laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina without facetectomy, foraminotomy or discectomy, more than 2 vertebral segments, cervical

Laminectomy with Fusion

- ▶ Laminectomy for decompression at L2-L5 and posterior interbody spinal fusion using PEEK cage performed at L3-L5
- ▶ **63030**- laminectomy at L2
- ▶ **22630** – fusion L3-4
- ▶ **22632** – fusion L4-5
- ▶ **22853** cage application, each interspace
- ▶ **22853** cage application, each interspace
- *Do not code laminectomies performed at the same levels as the fusion*

Vertebroplasty & Kyphoplasty- CPT

Percutaneous vertebroplasty is a minimally invasive procedure during which the surgeon injects “bone cement” (methyl methacrylate) into a vertebra(e) to fill vertebral fractures and restore spinal integrity.

Percutaneous vertebral augmentation (a.k.a., kyphoplasty or balloon-assisted percutaneous vertebroplasty) is a similar procedure adding the use of an inflatable balloon to jack up the damaged vertebra(e) prior to methyl methacrylate injection.

No CPT® Category I or Category III codes describe cervical kyphoplasty. To report cervical kyphoplasty, use 22899 *Unlisted procedure, spine*.

What's the difference

- ▶ To distinguish kyphoplasty from standard vertebroplasty, look for documentation of a mechanical device to augment vertebral height prior to injection of bone cement, such as:
 - ▶ Balloon
 - ▶ Balloon-assisted
 - ▶ Bone tamp
 - ▶ IBT
 - ▶ KyphX® (a common brand name for the bone tamp)

What's Bundled

Vertebroplasty 22511-22512 and Kyphoplasty 22513-22515 code ranges include:

- ▶ imaging guidance
- ▶ bone biopsy at the same level
- ▶ Fracture reduction 22310, 22315, 22325, 22327 when performed at the same level
- ▶ moderate sedation

Note vertebroplasty and kyphoplasty are unilateral or bilateral; modifier -50 is not appropriate

SHOULDER REPLACEMENT

Assign PCS and CPT codes:

Patient undergoes right reverse total shoulder arthroplasty with repair of a torn supraspinatus and biceps tenodesis. To ensure additional external rotation strength, the latissimus muscle was harvested and transferred around the humerus, then secured to the greater tuberosity.

ORRJ00Z

23472-RT

HIP PROCEDURES

Assign both PCS and CPT codes for this case:

Patient with right total hip replacement presents with a fractured femoral stem. Through an open incision, the broken component was removed, a new femoral component was cemented in place. The acetabular liner was also replaced.

OSRROJ9 replace rt hip femoral surface, synthetic substitute, cemented, open approach

OSUA09Z Supplement rt hip, acetabular surface, with liner, open approach

OSPROJZ Removal synthetic substitute rt hip, femoral surface open approach

OSP909Z Removal liner rt hip, open approach

27134-52, RT

Pain Management Injections



You need to know:

Approach:

- Epidural
- Transforaminal
- Facet

Type of Injection

- Anesthetic
- Steroid
- Neurolytic agent

Spinal level treated

of spinal levels treated

Unilateral or bilateral

Is fluoro/ultrasound
guidance allowed

Epidural injections – 62320-62323

Done to relieve back, neck, extremity pain due to compression of spinal nerve roots caused by HNP or spinal stenosis due to osteoarthritis.

Codes changed in 2017 to distinguish with and without imaging guidance.

62320-cervical or thoracic injection without imaging guidance.

62321 – cervical or thoracic with fluoro or CT guidance

62322 lumbar or lumbosacral injection without imaging guidance

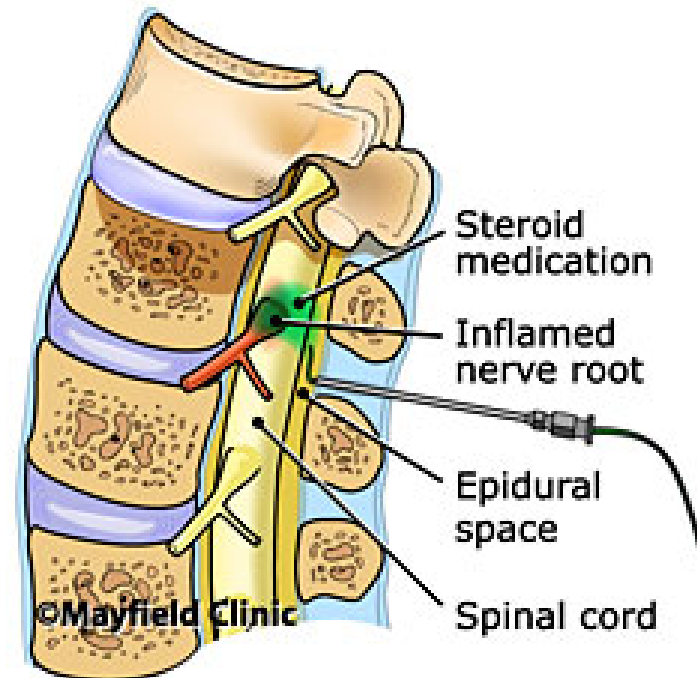
62323 – lumbar or lumbosacral injection with imaging guidance (fluoro or CT)

Epidural Steroid injections

The approach is through the midline directly into the epidural space between vertebrae. This is the most common type of ESI. Anesthetic may be mixed with the steroid.

AKA:

- Interlaminar
- Interlaminar epidural
- ESI
- Translaminar Epidural



Key Coding Points

- ▶ When imaging guidance is used, contrast injection is not separately reportable.
- ▶ These codes are used to report administration of various non-neurolytic, diagnostic or therapeutic substances. Codes are reported only once even if multiple substances are administered during a single injection.
- ▶ Code choice is based on the region where the needle/catheter enters the body. Codes are reported only once even if the substance spreads or the catheter tip moves into another spinal region.

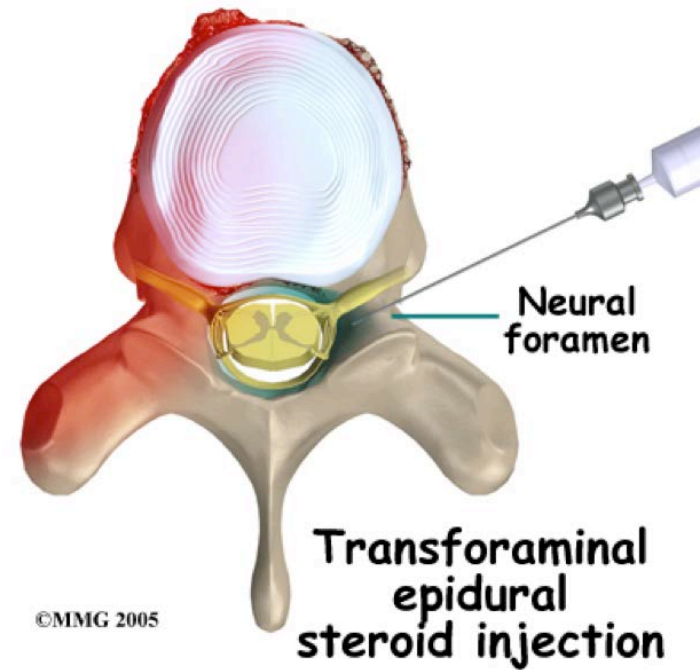
Transforaminal injections 64479-64484

This ESI approach that may be needed if patient has scar tissue from old injuries or prior surgery that doesn't allow effective spread of the steroid into the epidural area with the interlaminar method.

Also known as a "nerve block," in a TFSI the needle is placed alongside the nerve as it exits the spine and medication is injected into the nerve, allowing it to travel up into epidural space from the side.

A visual...

You can see in this picture where the needle is inserted into the foramen (opening) At the side of the joint.



Code Descriptions

64479

- ▶ Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, with imaging guidance, single level

+64480

- ▶ Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, with imaging guidance, each additional level (List separately in addition to code for primary procedure)

64483

- ▶ Injection, anesthetic agent and/or steroid, transforaminal epidural; with imaging guidance, lumbar or sacral, single level

+64484

- ▶ Injection, anesthetic agent and/or steroid, transforaminal epidural; with imaging guidance, lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

TFSI Guidelines

- ▶ Code PER LEVEL, not per injection.
- ▶ Do NOT code fluoro guidance separately as it is included in the code description for the injection.
- ▶ Multiple injections at the same level on the same side are only reported once.

Bilateral injections

64479-+64484 are unilateral procedures; and because there are separate nerves on each side of the spine, these procedures may be performed bilaterally at the same spinal level(s).

Per CPT Assistant Sept. 2005:

“When a transforaminal injection is performed on the opposite side, the work may involve redraping and positioning of the patient. Therefore, when performing bilateral transforaminal epidural injections at a single spinal level, modifier 50 [Bilateral procedure] is appended to the appropriate code(s).” As an example, the physician provides one right side injection and one left side injection at L1/L2. In this case, the appropriate coding is 64483-50.

Let's Code

Under fluoroscopic guidance, the patient underwent 2 transforaminal ESI's on the left side of C3-C4 and 2 transforaminal injections on the left at C4-C5.

64479-LT for C3-C4 injection

64480-LT for C4-C5 injection

Even though 4 injections were done, we assign 2 codes because only 2 levels were injected.

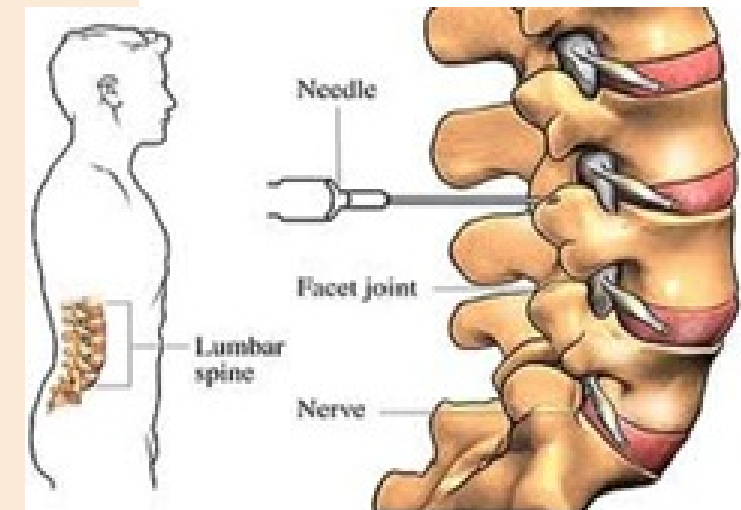
Facet joint injections 64490-64495

Each vertebra is linked to the ones above and below it by a pair of facet joints.

Report 64490-64495 once per level per side, regardless of the number of needle placements needed.

These are unilateral codes,
So append -50 if the same
Level is injected on both
sides.

Code descriptions include
Fluoro and CT guidance.



Let's code

Under fluoroscopic guidance, a physician performs bilateral facet joint injections at L3-4 and L4-5.

The codes are:

64493-50 bilateral injection at L3-L4

64494-50 Bilateral injection at L4-L5

Medial Nerve Branch Block

Some patients need a targeted medial branch nerve block rather than a regular facet joint injection. Each facet joint is innervated by the medial branches of 2 different spinal nerves. The physician has to block both nerves to completely block a single facet joint.

For coding purposes, the two injections are coded as a single injection service.

Same code range as facet joint injections:

64490-64495

Medial Branch Blocks

Same guidelines as facet joint injections:

Code PER JOINT injected not per nerve.

OIG recognizes these procedures as grossly over-reported (read overpaid!) because they are often reported incorrectly per nerve instead of per joint.

Let's Code

Under fluoroscopic guidance, the patient underwent medial branch nerve blocks at L3, 4, and 5 on the right.

And the codes are:

64493-RT for facet joint at L3-4

64494-RT for facet joint at L4-5

Radiofrequency Nerve Ablation, Paravertebral facet joint 64633-064636

This procedure destroys the nerves at the treatment site.

Although 2 nerves innervate each facet joint, the number of nerves treated does not affect code selection.

Code based on the number of facet joints treated, not the number of nerves denervated.

If both right and left sides are treated at the same level, report a bilateral procedure with

-50 (or RT, LT depending on payer requirements).

Let's Code

- ▶ Patient with chronic neck pain due to injuries sustained in an MVA undergoes right C3-4 and C4-5 radiofrequency ablation of the facet joints under fluoroscopic guidance.

- ▶ The codes are:

64633-RT

64634-RT

Tendon sheath injections 20550-20551

A tendon is the fibrous collagen cord that attaches the muscle to bones or other structures. A synovial sheath protects and lubricates the tendon. Inflammation within the sheath causes pain or a decrease in joint mobility.

A ligament connects bone to bone.

20550-20551 Codes are per single tendon sheath or ligament, so use multiple codes if multiple tendons or ligaments are injected.

20551 specifies tendon origin or insertion. Rely on your provider's documentation to specify the correct injection site.

Tendon sheath origin/insertion injections

A tendon origin is where the muscle attaches proximally, and a tendon insertion is where the muscle attaches distally.

Example: the gastrocnemius muscle's origin is the femur's distal end, and its insertion is the proximal end of the ankle's calcaneus bone.

Provider's documentation must specify origin or insertion site in order to code to 20551.

Let's code

Steroid injection into the medial collateral ligament of the right knee.

The code is

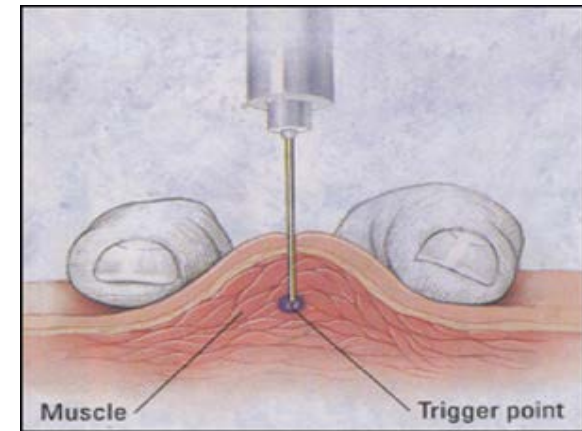
20550 – injection into a single ligament

Trigger Point injections

A trigger point is a painful area of soft tissue surrounding muscle. Treatment may include multiple injections into the same area.

20552- injection into 1-2 muscles

20553 – injection into 3 or more muscles



Use one code per session based on the number of muscles injected
NOT the number of injections.

Ganglion cyst injections

Just one code applies to ganglion cyst injection at any site.

20612

Add modifier -59 or -XS if multiples cysts are injected on the same day.

Carpal Tunnel injections

20526 includes both anesthetics and steroids if injected.

Use modifier 50 if done bilaterally.



Joint injections



In 2015 new codes were created to differentiate injections with and without ultrasound guidance.

The ultrasound image must be permanently recorded and reported in order to use the codes designated as “:with ultrasound guidance.”

If other imaging guidance is used, it may be reported separately.

20600, 20604 – small joints

Select one of these codes for injections of small joints or bursa, e.g. fingers and toes

20600 – without ultrasound guidance

20604 With guidance

Intermediate joints

Use to report injections into the AC joint, TMJ, wrist, elbow, ankle and olecranon bursa

20605- Without ultrasound guidance

20606 – with guidance

Large Joints

- ▶ 20610 – shoulder, hip, knee, subacromial bursa, without guidance
- ▶ 20611- shoulder, hip, knee, subacromial bursa, with guidance

SI Joint Injection



27096 – injection
with imaging guidance, fluoro or CT

Medicare – requires level II codes for ASC and hospital outpt services:

G0260 – injection of anesthetic, steroid, and/or other therapeutic agent with or without arthrography.

For diagnostic arthrography, assign **G0259** with **73542**.

Let's Code

- ▶ Using US guidance for precise needle placement, the provider injects bupivacaine into the left knee joint for pain management.

The code is

20611 this code captures both the injection and the ultrasound guidance. We would not use a RT LT modifier as the code description includes multiple joint sites.

Baker's Cyst/Popliteal Cyst injection

A baker's cyst/popliteal cyst of the knee is not a subcu. cyst or a ganglion cyst. It's a swelling in the deep subfascial area behind the knee. The fluid filling the cyst comes from within the knee joint.

So, aspiration of the cyst is treatment of the knee joint and would code to 20610 or 20611 depending upon whether or not ultrasound was used for guidance.

Injection of Morton's Neuroma

A Morton's neuroma is an inflamed nerve in the ball of the foot and other specific sites on the foot, usually at one of the intermetatarsal spaces. Use these codes to report:

64455- injection of anesthetic/steroid agent, plantar common digital nerve/s eg Morton's neuroma

64632 Destruction by neurolytic agent, plantar common digital nerve

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