

Introduction

***Are you prepared for the
CPT code changes in 2012?***

How will they affect your practice?

This presentation is designed to review the new spine codes, the deleted codes, and the revised codes. It will show you how these changes will effect your practice or industry while maximizing reimbursement.

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2012 CPT Changes for Spine

- Several Areas have had changes
- Most significant changes will have a major impact on the revenue stream
- Surgeons and staff alike will need to understand and apply these changes
- Modifications to dictation style and preauthorization processes are required

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2012 CPT Changes for Spine

Procedures Include:

- ***Decompression***
- ***Fusion***
- ***Instrumentation***
- ***Injections***

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DECOMPRESSIONS

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Revised/ New Codes

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Revised Codes Decompressions

63020 **Laminotomy (hemilaminectomy)**, with decompression of nerve root(s), including partial facetectomy, foraminotomy **and/or excision of herniated intervertebral disc**; 1 interspace, cervical

63030 1 interspace, lumbar

63035 each additional interspace, cervical or lumbar

Must be a full open procedure with direct visualization

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Revised Codes Decompressions

62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method **utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization**, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, **single or multiple levels**, lumbar

This includes endoscopic approach with indirect visualization

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Revised Codes: Decompressions

•Do not report 62287 in conjunction with 62267, 62290, 62311, 77003, 77012, 72295, when performed at same level

•Cannot bill fluoroscopy, injections or any other imaging separately

•Cannot bill levels separately

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New Codes: Decompressions

0274T **Percutaneous laminotomy/laminectomy (interlaminar approach)** for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), **any method, under indirect image guidance** (eg, fluoroscopic, CT,) with or without the use of an endoscope, **single or multiple levels, unilateral or bilateral**; cervical or thoracic

0275T lumbar

This includes percutaneous approach with indirect visualization

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New Codes: Decompressions

•Do not report 62287 in conjunction with 62267, 62290, 62311, 77003, 77012, 72295, when performed at same level

•Cannot bill fluoroscopy, injections or any other imaging separately

•Cannot bill levels separately

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New Codes: Decompressions

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

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

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

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ARTHRODESIS/ FUSION

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Revised/New Codes

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New Codes: Spine Arthrodesis

22633 Arthrodesis, **combined posterior or posterolateral technique with posterior interbody technique** including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), **single interspace and segment**; lumbar

22634 each additional interspace and segment, lumbar

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New Codes: Spine Arthrodesis

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

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

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

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

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Application

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

- 22633: Combined Fusion, primary level
- 22634: Combined Fusion, additional level
- 22842: Segmental Instrumentation
- 22851: Biomechanical Implants
- 22851: Biomechanical Implants
- 20936: Same Site Autograft

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Revised Applications of Spine: Arthrodesis Additional Level

- *When performing a posterior or posterolateral for fusion at an **additional level following a combined fusion, use 22614, not 22612.***
- *When performing a posterior interbody fusion at an **additional level following a combined fusion, use 22632, not 22630.***

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Application

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

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

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Application

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

- **22633: Combined Fusion, primary level**
- **22614: Lateral Fusion, additional level**
- 22842: Segmental Instrumentation
- 22851: Biomechanical Implants
- 20936: Same Site Autograft

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Revised Codes

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Revised Codes Spine Arthrodesis

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

22612 Lumbar, with **lateral transverse technique**, when performed

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

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Revised Codes: Spine Arthrodesis

Facet Joint Fusion

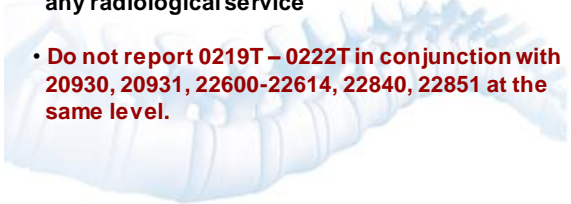
- 0219T **Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level: cervical**
- 0220T thoracic
- 0221T lumbar
- 0222T each additional vertebral segment



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Revised Codes Spine Arthrodesis

- Do not report 0219T – 0222T in conjunction with any radiological service
- Do not report 0219T – 0222T in conjunction with 20930, 20931, 22600-22614, 22840, 22851 at the same level.



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INSTRUMENTATION



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Revised Coding Applications



New Instrumentation
Removal of Instrumentation
Reinsertion of Instrumentation

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Revised Codes: New Instrumentation Anterior; Posterior, Pelvic & Interbody



22845- 22847 Anterior Instrumentation

22840- 22844 Posterior Instrumentation

22848 Pelvic Instrumentation

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Revised Codes Instrumentation: Removal / Reinsertion



22849 Reinsertion of spinal fixation device

22850- 22855 Removal of anterior or posterior
instrumentation

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Revised Codes Instrumentation

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

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Revised Codes: Instrumentation

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

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Revised Codes: Instrumentation Removal/ Reinsertion

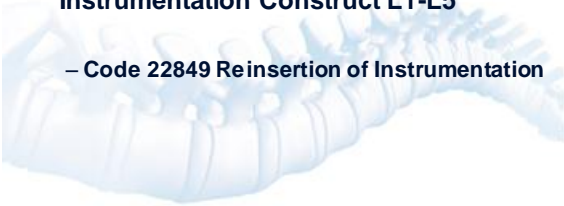
22845- 22847	Anterior Instrumentation
22840- 22844	Posterior Instrumentation
22848	Pelvic Instrumentation

Cannot bill these removal of instrumentation codes below if any new instrumentation is placed in any segment where there is a removal.
22850- 22855 Removal of anterior or posterior instrumentation

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Revised Codes: Instrumentation

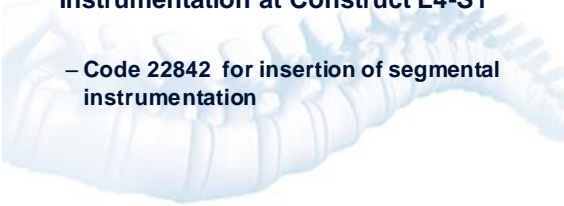
- **Removal and Insertion of New Instrumentation Construct L1-L5**
 - Code 22849 Reinsertion of Instrumentation



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Revised Codes: Instrumentation

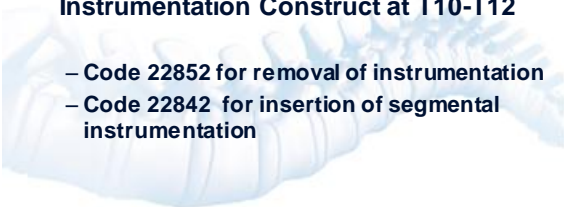
- **Removal L1-L5 and Insertion of New Instrumentation at Construct L4-S1**
 - Code 22842 for insertion of segmental instrumentation



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Revised Codes: Instrumentation

- **Removal L1-L5 and Insertion of New Instrumentation Construct at T10-T12**
 - Code 22852 for removal of instrumentation
 - Code 22842 for insertion of segmental instrumentation



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How do These Changes Effect REIMBURSEMENT

RVU DISCUSSION

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Code	Short Description	RVU 2011	RVU 2012
22600	Fusion, posterior cervical	20.64	20.64
22610	Fusion, posterior thoracic	17.28	17.28
22612	Fusion, posterior lumbar	23.53	23.53
22614	Additional level; posterior fusion	6.43	6.43
22630	Fusion, posterior interbody lumbar	22.09	22.09
22632	Additional interspace; interbody fusion	5.22	5.22
22633	Combined Fusion	-	27.75
22634	Additional Level; Combined Fusion	-	5.22
22840	Instrumentation, posterior non-segmental	12.52	12.52
22841	Spinous Process Wiring	-	-
22842	Instrumentation, posterior segmental	12.56	12.56
22843	Instrumentation, posterior segmental	13.44	13.44
22844	Instrumentation, posterior segmental	16.42	16.42
22845	Instrumentation, anterior	11.94	11.94
22846	Instrumentation, anterior	12.4	12.4
22847	Instrumentation, anterior	13.78	13.78
22848	Pelvic Fixation	5.99	5.99
22849	Reinsertion,spinal fixation device	19.17	19.17
22850	Removal, instrumentation non-segmental	9.82	9.82
22851	Intervertebral Biomechanical Device	6.7	6.7
22852	Removal, instrumentation segmental	9.37	9.37
22855	Removal, instrumentation anterior	15.86	15.86
63020	Laminotomy,cervical	16.20	16.20
63030	Laminotomy,lumbar	13.18	13.18
63035	Additional interspace; laminotomy	3.15	3.15
62287	Needle Based Lumbar Decompression	9.03	9.03

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RVUs and T Codes

RVUs have not been applied to T Codes as Each Insurance Carrier has the Right to Approve and Reimburse according to their Specific Policy Guidelines

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RVU APPLICATIONS

•For laminotomy/hemilaminectomy performed using an open and endoscopically-assisted approach, see 63020-63035

RVUs 16.20/ 13.18/ 3.15

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

RVUs 2012: 9.03

•For non-needle based technique with indirect imaging , see code 0274T or 0275T

RVUs: Not Available

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RVU APPLICATIONS

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

22633: Combined Fusion, primary level

22634: Combined Fusion, additional level

22842: Segmental Instrumentation

22851: Biomechanical Implants

22851: Biomechanical Implants

20936: Same Site Autograft

Total RVUs 2012: 57.76

Total RVUs 2011: 72.19

(multiple procedure reduction applied)

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RVU APPLICATIONS

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

22633: Combined Fusion, primary level

22632: Interbody Fusion, additional level

22842: Segmental Instrumentation

22851: Biomechanical Implants

22851: Biomechanical Implants

20936: Same Site Autograft

Total RVUs 2012: 58.93

Total RVUs 2011: 65.76

(multiple procedure reduction applied)

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RVU APPLICATIONS

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

22633: Combined Fusion, primary level

22614: Lateral Fusion, additional level

22842: Segmental Instrumentation

22851: Biomechanical Implants

20936: Same Site Autograft

Total RVUs 2012: 53.44

Total RVUs 2011: 60.27

- (multiple procedure reduction applied)

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RVU APPLICATIONS

- Removal and Insertion of New Instrumentation Construct L1-L5

- Code 22849 Reinsertion of Instrumentation

- RVUs 2012: 19.17

- RVUs 2011: 19.17

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RVU APPLICATIONS

- Removal of Instrumentation at L1-L5 and Insertion of New Instrumentation Construct L1-S1

- Code 22842 Reinsertion of Instrumentation

- Cannot bill for the reinsertion at L1-L5 and insertion of new instrumentation at L5-S1

- RVUs 2012: 12.52

- RVUs 2011: 22.05

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RVU APPLICATIONS

- Removal L1-L5 and Insertion of New Instrumentation at Construct L4-S1

– Code 22842 for insertion of segmental instrumentation

Cannot bill for the removal separately

– RVUs 2012: 12.56

– RVUs 2011: 17.25

– (multiple procedure reduction applied)

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RVU APPLICATIONS

- Removal L1-L5 and Insertion of New Instrumentation Construct at T10-T12

– Code 22852 for removal of instrumentation

– Code 22842 for insertion of segmental instrumentation

RVUs 2012: 17.25

RVUs 2011: 17.25

– (multiple procedure reduction applied)

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INJECTIONS

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Deleted/Resequenced/Revised Injection Codes



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Deleted Codes - Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical or Radio Frequency)

64622 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level

64623 each additional level

64626 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level

64627 each additional level

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Resequenced Codes - Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical or Radio Frequency)

64633 Destruction by neurolytic agent, paravertebral facet joint nerve(s) **with imaging guidance** (fluoroscopy or CT); cervical or thoracic, single facet joint

64634 each additional facet joint

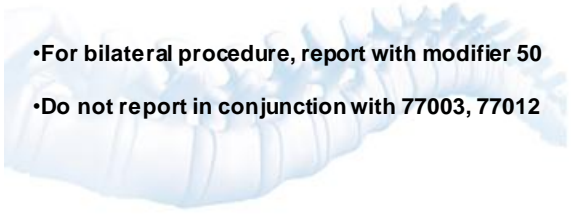
64635 lumbar or sacral, single facet joint

64636 lumbar or sacral, each additional facet joint

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Resequenced Codes - Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical or Radio Frequency)

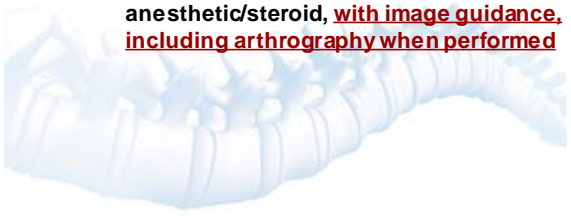
- For bilateral procedure, report with modifier 50
- Do not report in conjunction with 77003, 77012



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Revised Codes: Pelvis and Hip Joint

27096 Injection procedure for sacroiliac joint, anesthetic/steroid, **with image guidance, including arthrography when performed**



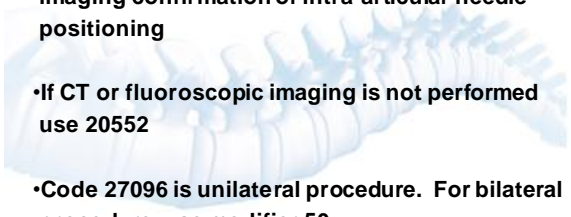
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Revised Codes: Pelvis and Hip Joint

•27096 is to be used only with CT or Fluroscopic imaging confirmation of intra-articular needle positioning

•If CT or fluoroscopic imaging is not performed use 20552

•Code 27096 is unilateral procedure. For bilateral procedure, use modifier 50



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Additional Considerations

- Make sure that all systems are up to date and include the new CPT codes and descriptors, as well as the new bundling edits
- Be sure to set a proper fee schedule for the new codes that has a combination of procedures involved.

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