THE BUSINESS OF SPINE

CPT Changes in Spine 2012

Are you prepared?

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CPT 2012 Professional Edition

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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.

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

2012 CPT Changes for Spine

Procedures Include:

• Decompression

• Fusion

• Instrumentation

• Injections
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*
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

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

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
Revised/New Codes

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

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.
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

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.

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
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

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.*
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

INSTRUMENTATION
Revised Coding Applications

New Instrumentation
Removal of Instrumentation
Reinsertion of Instrumentation

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

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

Revised Codes
Instrumentation: Removal / Reinsertion

22849 Reinsertion of spinal fixation device
22850-22855 Removal of anterior or posterior instrumentation
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.

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.

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
Revised Codes: Instrumentation

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

Revised Codes: Instrumentation

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

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
How do These Changes Effect REIMBURSEMENT

RVU DISCUSSION

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
<th>RVU 2011</th>
<th>RVU 2012</th>
</tr>
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<tbody>
<tr>
<td>22600</td>
<td>Fusion, posterior cervical</td>
<td>20.64</td>
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<td>22610</td>
<td>Fusion, posterior thoracic</td>
<td>17.59</td>
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<td>22612</td>
<td>Fusion, posterior lumbar</td>
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<td>22614</td>
<td>Additional level; posterior fusion</td>
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<td>Fusion, posterior interbody lumbar</td>
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<td>22632</td>
<td>Additional Interspace; interbody fusion</td>
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<td>5.22</td>
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<td>22633</td>
<td>Combined Fusion</td>
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<td>27.75</td>
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<td>22634</td>
<td>Additional Level; Combined Fusion</td>
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<td>22840</td>
<td>Instrumentation, posterior non-segmental</td>
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<td>12.52</td>
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<td>22841</td>
<td>Spinal Process Wiring</td>
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<td>22842</td>
<td>Instrumentation, posterior segmental</td>
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<td>22843</td>
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<td>22845</td>
<td>Instrumentation, anterior</td>
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<td>22847</td>
<td>Instrumentation, anterior</td>
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<td>22848</td>
<td>Percutaneous fixation device</td>
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<tr>
<td>22849</td>
<td>Instrumentation, posterior non-segmental</td>
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<td>22850</td>
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<td>22851</td>
<td>Intersegmental Biomechanical device</td>
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<td>22852</td>
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<td>22855</td>
<td>Removal, instrumentation anterior</td>
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<td>Laminotomy, cervical</td>
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<td>Laminotomy, lumbar</td>
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<td>Additional interspace; laminotomy</td>
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<td>62287</td>
<td>Needle Based Lumbar Decompression</td>
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</table>

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
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)
**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

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

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
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

Revised Codes: Pelvis and Hip Joint

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

- 27096 is to be used only with CT or fluoroscopic 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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RVU APPLICATIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>RVU 2012</th>
<th>RVU 2011</th>
</tr>
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<tbody>
<tr>
<td>64633</td>
<td>3.84</td>
<td>3.05</td>
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<td>64634</td>
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<tr>
<td>27096</td>
<td>1.48</td>
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</tbody>
</table>

Additional Considerations

• Any Case that has been pre-authorized in 2011 for services that you will be performing in 2012 that are involved in these code sets will need to be updated and pre-authorized again with the correct code sets.

• Make sure that your billing and collections staff are prepared to handle denials for the use of the new codes and to perform the proper appeal.
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.

Contact Us!

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