

2012 CPT Coding Update

*AANS/CNS Joint Section on Disorders of
the Spine and Peripheral Nerves*

Joseph S. Cheng, M.D., M.S.

*Associate Professor of Neurological Surgery, Orthopedic
Surgery, and Rehabilitation*

Director, Neurosurgery Spine Program

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VANDERBILT UNIVERSITY
Department of Neurological Surgery

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- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved or investigative use of a commercial product or device in my presentation.

Learning Objective

- Summary of the CPT 2012 coding changes and review of the 2011 coding changes that affect Neurosurgeons.
- Upon completion of this course, participants will be able to:
 - Explain and apply new and revised CPT coding concepts to key neurosurgical services
 - Reporting services with CPT codes and modifiers to effectively to protect surgical and E & M reimbursement

Modifiers

- 33 Preventive Services

- When the primary purpose of the service is the delivery of an evidence based service in accordance with a US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be identified by adding 33 to the procedure.
- For separately reported services specifically identified as preventive, the modifier should not be used.



U.S. Preventive Services Task Force A and B Recommendations

- Depression screening: adults
- Healthy diet counseling
- Obesity screening and counseling: adults
- Osteoporosis screening: women
- Tobacco use counseling and interventions: non-pregnant adults

Category I Code Changes

- Δ 22520 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
- Δ 22521 lumbar
- $+\Delta$ 22522 each additional thoracic or lumbar vertebral body
 - List separately in addition to code for primary procedure

Lumbar Fusion Bundle

- 22600 Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
- Δ 22610 thoracic (with ~~or without~~ lateral transverse technique, when performed)
- **Δ 22612 lumbar (with ~~or without~~ lateral transverse technique, when performed)**
- **+ 22614 each additional vertebral segment (List separately in addition to code for primary procedure)**
 - (Use 22614 in conjunction with 22600, 22610, 22612)



Lumbar Fusion Bundle

- **22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**
- **+ 22632 each additional interspace (List separately in addition to code for primary procedure)**
 - (Use 22632 in conjunction with 22630)

Lumbar Fusion Bundle

- ● 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;
– (Do not report with 22612 or 22630 at the same level)
- + ● 22634 each additional interspace and segment
(List separately in addition to code for primary procedure)
– (Use 22634 in conjunction with 22633)

Bundled Codes: What Happened?

- CMS Identification of Misvalued Services
 - Multiple codes frequently billed in a single service.
- Reviewed services to be bundled or subject to a multiple procedure payment reduction.
 - CMS requested CPT codes often billed together “for example, 60 to 70 percent of the time”.
 - In 2009, AMA RUC analyzed data at a much higher threshold, billed together 95% of the time.
 - In 2010, the threshold was lowered by CMS to 75%!

Confusion for Additional Levels?

+ 22614

each additional vertebral segment (List separately in addition to code for primary procedure)

➔ *CPT Assistant* Feb 96:6, Mar 96:7

▶(Use 22614 in conjunction with 22600, 22610, 22612, 22630 or 22633 when performed at a different level. When performing a posterior or posterolateral technique for fusion/arthrodesis at an additional level, use 22614. When performing a posterior interbody fusion arthrodesis at an additional level, use 22632. When performing a combined posterior or posterolateral technique with posterior interbody arthrodesis at an additional level, use 22634)◀

▶(For facet joint fusion, see 0219T-0222T)◀

(For placement of a posterior intrafacet implant, see 0219T-0222T)

Confusion for Additional Levels?

+ 22632

each additional interspace (List separately in addition to code for primary procedure)

➔ *CPT Assistant* Feb 96:6, Sep 97:8, Dec 99:2

▶ (Use 22632 in conjunction with 22612, 22630, or 22633 when performed at a different level. When performing a posterior interbody fusion arthrodesis at an additional level, use 22632. When performing a posterior or posterolateral technique for fusion/arthrodesis at an additional level, use 22614. When performing a combined posterior or posterolateral technique with posterior interbody arthrodesis at an additional level, use 22634)◀

So How Does This Affect You?

- L4-L5 TLIF w/PEEK, L4-L5 Posterior lateral fusion w/Screws, DBM/Allograft
 - 22633 (instead of 22612, 22630-59)
 - +22840, +22851, +20930
- L4-S1 TLIF w/PEEK, L4-S1 Posterior lateral fusion w/Screws, DBM/Allograft
 - 22633, +22634
 - +22840, +22851, +20930
- L4-L5 TLIF w/PEEK, L4-S1 Posterior lateral fusion w/Screws, DBM/Allograft
 - 22633, +22614
 - +22840, +22851, +20930

Watch For Denials!

- Unlinked billing

+ 20930 Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)

➔ *CPT Assistant* Feb 96:6, Mar 96:4, Sep 97:8, Nov 99:10, Feb 02:6, Jan 04:27, Dec 07:1, Feb 08:8; *CPT Changes: An Insider's View* 2008, 2011

(Use 20930 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, 22800-22812, 0195T, 0196T)

+ 22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)

➔ *CPT Assistant* Feb 96:6, Jul 96:10, Sep 97:8, Nov 99:12, Feb 02:6; *CPT Changes: An Insider's View* 2000, 2008

(Use 22840 in conjunction with 22100-22102, 22110-22114, 22206, 22207, 22210-22214, 22220-22224, 22305-22327, 22532, 22533, 22548-22558, 22590-22612, 22630, 22800-22812, 63001-63030, 63040-63042, 63045-63047, 63050-63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170-63290, 63300-63307)

(For insertion of posterior spinous process distraction devices, see 0171T, 0172T)

Category I Code Changes

- Δ 62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single utilizing needle based technique to remove disc material under fluoroscopic imaging or multiple levels other form of indirect visualization, lumbar (eg with the use of an endoscope, manual with discography and/or automated percutaneous discectomy epidural injection(s) at the treated level(s), when performed, percutaneous laser discectomy) single or multiple levels, lumbar;
 - (This includes endoscopic approach)
 - (Do not report 62287 in conjunction with 62267, 62290, 62311, 77003, 77012, 72295, when performed at same level)
 - (For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see codes 0276T, 0277T)



Category I Code Changes

▲ 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

➔ *CPT Assistant* Nov 99:34, Mar 02:11; *CPT Changes: An Insider's View* 2000, 2009, 2012

▶(This includes endoscopic approach)◀

▶(Do not report 62287 in conjunction with 62267, 62290, 62311, 77003, 77012, 72295, when performed at same level)◀

▶(For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see codes ~~0276T, 0277T~~)◀

Errata

● **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
Sunset January 2017
➔ *CPT Changes: An Insider's View 2012*

● **0275T** lumbar
Sunset January 2017
➔ *CPT Changes: An Insider's View 2012*

▶(For laminotomy/hemilaminectomy performed using an open and endoscopically-assisted approach, see 63020-63035)◀

▶(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle based technique, use 62287)◀

⊙● **0276T** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
Sunset January 2017
➔ *CPT Changes: An Insider's View 2012*

⊙● **0277T** with bronchial thermoplasty, 2 or more lobes
Sunset January 2017
➔ *CPT Changes: An Insider's View 2012*



Category I Code Changes

- Δ 62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill
- ● 62369 with reprogramming and refill
- ● 62370 with reprogramming and refill (requiring physician's skill)

Category I Code Changes

- Δ 63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, ~~including open and endoscopically-assisted approaches~~; 1 interspace, cervical
- Δ 63030 interspace, lumbar
- $+\Delta$ 63035 each additional interspace, cervical or lumbar
 - (List separately in addition to code for primary procedure)

Neurostimulator Code Changes

- Codes 64553-64595 apply to both simple and complex neurostimulators.
- **64550** Application of surface (transcutaneous) neurostimulator
- **▲ 64553** Percutaneous implantation of neurostimulator ~~electrodes~~ electrode array; cranial nerve
 - For open placement of cranial nerve (eg, vagal, trigeminal) neurostimulator pulse generator or receiver, see 61885, 61886, as appropriate
- **▲ 64555** peripheral nerve (excludes sacral nerve)
 - Do not report 64555 in conjunction with 64566

Neurostimulator Code Changes

- 64560 has been deleted (autonomic nerve)
- ▲ **64561** sacral nerve (transforaminal placement)
- ▲ **64565** neuromuscular
- ▲ **64575** Incision for implantation of neurostimulator ~~electrodes~~ electrode array; peripheral nerve (excludes sacral nerve)
- 64577 has been deleted (autonomic nerve)
- ▲ **64580** neuromuscular
- ▲ **64581** sacral nerve (transforaminal placement)
- ▲ **64585** Revision or removal of peripheral neurostimulator ~~electrodes~~ electrode array



Percutaneous Laminectomies

- **0274T** Percutaneous laminotomy/laminectomy (intralaminar 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**
- Released Jan 1, 2011
- Implemented July 1, 2011

Percutaneous Laminectomies

- For laminotomy/hemilaminectomy performed using an open and endoscopically-assisted approach, see 63020-63035
- For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle-based technique, use 62287

SQ Field Stimulation

- ●0282T Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period
- ●0283T permanent, with implantation of a pulse generator
- ●0284T Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed
- ●0285T Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed
- (Do not report 0282T-0285T in conjunction with 64550-64595, 77002, 77003, 95970-95973)

The background features a dark blue field with intricate, light blue line art. On the left, a series of overlapping, curved lines form a large, abstract shape. On the right, a vertical column of lines depicts a human spine. The overall aesthetic is clean and professional.

Thanks!

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