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Coding & Reimbursement Alert

Question: What revision code should be used in conjunction with CPT code 22853 if we have to go back in and reinsert a cage?

Answer: CPT code 22899 may be considered for replacement of an implant if you reinsert a cage. Note that some carriers will only accept the implant code 22853 or 22854 (depending on the case type). This is a tricky carrier specific guideline to say the least. Be prepared for an appeal.

Question: What code would I use a decompression for lesion of the lumbar spine?

Answer: For a decompression for lesion, you would utilize CPT code 63267 for laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar. This is assumed that the case did not involve a neoplasm.

Question: Does the charge for the use of a PEEK cage increase if used at a facility?

Answer: The PEEK cages should be a line item charge for each cage used and recorded as Revenue Code 278. The cost for a PEEK cage is usually reimbursed as part of the all-inclusive rate, unless there is an additional reimbursement arrangement that allows for separate payment for implants or hardware. Most non-inpatient facilities have made appropriate reimbursement arrangements to accommodate a positive return on case types that cover the costs for instrumentation and implants, while inpatient facilities expect bundled payments. These arrangements are facility-specific with the exception of Medicare, which have all bundled payments for spine.

Question: I have a client that is using allografts for ACDF's however, I think a PEEK would be more appropriate. What would the coding be for a structural allograft compared to a PEEK implant for ACDF's when using an independent plate?

Answer: The coding for these procedures would be as follows:

ACDF with Allograft	ACDF with PEEK
22551	22551
20931	22853
22845-59	22845-59

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Question: Are surgeons compensated more for putting two implants in the same disc space or in the same level?

Answer: The surgeon is paid for the work per interspace regardless of the number of implants. The fusion codes are based on the interbody access, depending on the approach; anterior, extracavitary lateral or posterior.

Question: What is the difference in reimbursement between an interbody fixation system that incorporates the implant and the hardware, and an intervertebral body fusion device?

Answer: There is no difference in reimbursement between that type of interbody fixation system and an intervertebral body fusion device due to the fact that you would be using the same code. Integrated systems that include both the implant and the fixation are bundled into code 22853 for 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.

Question: If I perform a revision lumbar laminectomy from L4-S1, would I use CPT codes 63042 and 63044?

Answer: You would only use CPT codes 63042 and 63044 for recurrent disc removals. For a revision lumbar laminectomy procedure, you would use CPT code 63047 for laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve roots[s], [eg, spinal or lateral recess stenosis]) single vertebral segment; lumbar, and CPT code 63048 for each additional segment.