# 2017 Spine CPT Code Changes

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Spine surgeons face a multitude of Current Procedural Terminology® (CPT) code changes, effective Jan. 1, 2017. This article provides a summary of these changes so practices can get a head start on understanding their implications. A complete listing of changes can be found in the 2017 CPT manual.

## Approach and visualization definitions

The Spine and Spinal Cord section of the Nervous System codes in CPT 2017 provides new definitions of key terms and surgical approaches to further clarify these CPT code descriptors, as shown in Table 1.

http://www.aaos.org/uploadedFiles/Periodical\_Content/AAOSNow/2016/Nov/managing/article\_images/managing02\_t1.pdf

CPT Code	2016 Descriptor	2017 Descriptor	Summary of Change
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal,	Ilium and trochanter of femur were deleted as examples.
		metacarpal, phalanx)	Patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal and phalanx were added as examples.
20245	Biopsy, bone, open; deep (eg, humerus, is- chium, femur)	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	Locations (shafts of the humerus and femur) were added.

Surgical CPT codes are presumed to be open unless the code descriptor states otherwise.

#### Intervertebral device

One of the key coding changes for spine surgeons is the deletion of CPT code +22851, previously defined as "application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methyl methacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)."

Data from the Centers for Medicare & Medicaid Services (CMS) identified +22851 as a "fastest growing procedure" in 2008 and then as a "high expenditure procedure" in 2011, reflecting the increased use of these devices. More importantly, survey data showed that +22851 was not always accurately used, which likely contributed to the utilization increase.

Three new CPT codes have been created for 2017 to replace the deleted code. Table 2

http://www.aaos.org/uploadedFiles/Periodical Content/AAOSNow/2016/Nov/managing/articleimages/managing02 t2.pdf

shows each of the three new codes with its corresponding descriptor and comments about how each code is to be used.

Code	2017 Descriptor	Comments
+22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg,	Code per each treated intervertebral disk space
	screws, flanges), when performed, to intervertebral disk space in con-	Example: PEEK device, low-profile or integrated de-
	junction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	vice placed in an interspace for arthrodesis
+22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage,	Code per each contiguous corpectomy defect when
	mesh, methylmethacrylate) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral	there is also an arthrodesis
	corpectomy(ies) (vertebral body resection, partial or complete) defect,	Example: PEEK device, expandable cage, low-profile
	in conjunction with interbody arthrodesis, each contiguous defect (List	t or integrated device placed into a corpectomy defec
	separately in addition to code for primary procedure)	for arthrodesis
	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage,	Code for each contiguous disk space or corpectomy
	mesh, methylmethacrylate) to intervertebral disk space or vertebral	defect when there is no arthrodesis
	body defect without interbody arthrodesis, each contiguous defect	
	(List separately in addition to code for primary procedure)	Example: Spinal reconstruction with prosthetic re- placement of resected vertebral body without place ment of bone graft

Like +22851, the new codes are add-on codes and are never appended with modifier 51 (multiple procedures). Several instructional and add-on code parenthetical notes have been added to the CPT manual to clarify the deletion of +22851 and the addition of these new codes.

## Closed treatment of vertebral process fracture

CPT 22305 (Closed treatment of vertebral process fracture[s]) will be deleted due to low utilization. Providers are instructed to use an evaluation and management (E/M) code instead.

### Posterior spinous process device

Table 3

http://www.aaos.org/uploadedFiles/Periodical\_Content/AAOSNow/2016/Nov/managing/article\_images/managing02\_t3.pdf

shows the four new codes established to describe the insertion of an interlaminar/interspinous process stabilization/distraction device. The codes are differentiated based on whether or not decompression was also performed. These codes will replace the Category III codes 0171T (Insertion of posterior spinous process distraction device [including necessary removal of bone or ligament for insertion and imaging guidance], lumbar; single level) and +0172T, the associated add-on code for each additional level.

TABLE 3 DEVICE	: NEW CODES FOR INSERTION OF AN INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION
Code	2017 Descriptor
Insertion	of the device with open decompression
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
+22868	Second level (List separately in addition to code for primary procedure)
Insertion	of the device without open decompression
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
+22870	Second level (List separately in addition to code for primary procedure)

All four new codes include any imaging guidance (such as fluoroscopy) required to insert the device. Additionally, none of these codes may be reported with other spine procedures codes, including specific arthrodesis, instrumentation, and decompression codes.

#### Interlaminar epidural or subarachnoid injections

Codes 62310 and 62311 will be deleted and each will be replaced with two new codes to describe the procedures being performed (<u>Table 4</u>).

http://www.aaos.org/uploadedFiles/Periodical\_Content/AAOSNow/2016/Nov/managing/article\_images/managing02\_t4.pdf

The new codes are assigned based on whether imaging guidance is used. CMS identified the deleted codes as "potential misvalued," citing data showing that the services were typically performed with imaging guidance.

(including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic  62321 With imaging guidance (ie, fluoroscopy or CT)  Lumbar or sacral (caudal)  62322 Injection(s), of diagnostic or therapeutic substance(s) anesthetic, antispasmodic, opioid, steroid, other solut including neurolytic substances, including needle or or placement, interlaminar epidural or subarachnoid, cere thoracic; without imaging guidance  62321 With imaging guidance (ie, fluoroscopy or CT)  Injection(s), of diagnostic or therapeutic substance(s) anesthetic, antispasmodic, opioid, steroid, other solutincluding neurolytic substances, including needle or or placement, interlaminar epidural or subarachnoid, lur sacral (caudal); without imaging guidance	2016 Code	Descriptor	2017 Code	Descriptor
62311 Lumbar or sacral (caudal)  62322 Injection(s), of diagnostic or therapeutic substance(s) anesthetic, antispasmodic, opioid, steroid, other solut including neurolytic substances, including needle or oplacement, interlaminar epidural or subarachnoid, lur sacral (caudal); without imaging guidance	62310	(including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid;	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), no including neurolytic substances, including needle or cathete placement, interlaminar epidural or subarachnoid, cervical o thoracic; without imaging guidance
anesthetic, antispasmodic, opioid, steroid, other solut including neurolytic substances, including needle or o placement, interlaminar epidural or subarachnoid, lur sacral (caudal); without imaging guidance			62321	With imaging guidance (ie, fluoroscopy or CT)
62223 With imaging guidance (in fluorescent or CT)	62311	Lumbar or sacral (caudal)	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), no including neurolytic substances, including needle or cathete placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
with maging guidance (ie, hudroscopy of CT)			62323	sacral (caudal); without imaging guidance With imaging guidance (ie, fluoroscopy or CT)

A similar change applies to codes 62318 (cervical or thoracic) and 62319 (lumbar or sacral), which described the injection as including indwelling catheter placement with continuous infusion or intermittent bolus codes. Both 62318 and 62319 will be deleted. New codes for cervical or thoracic injections—62324 (without imaging guidance) and 62325 (with imaging guidance—as well as for lumbar or sacral injections—62326 (without imaging guidance) and 62327 (with imaging guidance)—are being introduced.

#### Other changes

A new lumbar endoscopic decompression code—62380 (Endoscopic decompression of spinal

cord, nerve root[s], including laminotomy, partial facetectomy, foraminotomy, diskectomy and/or excision of herniated intervertebral disk, 1 interspace, lumbar)—is being added. This code may be reported with modifier 50 when a bilateral procedure is performed.

As a result of this new code addition, code 62287, the percutaneous intervertebral disk decompression code, is being revised to remove the words "with the use of an endoscope."

The Category III codes 0274T and 0275T, for a percutaneous decompressive laminotomy/laminectomy (interlaminar approach), are also being revised to remove the words "with or without the use of an endoscope," in accordance with the new definitions of surgical approaches previously discussed.

## Fluoroscopy with muscle biopsy

The guideline for code 20206 (Biopsy, muscle, percutaneous needle) now says that code 77002 (Fluoroscopic guidance for needle placement [eg, biopsy, aspiration, injection, localization device]) may be separately reported, beginning in 2017.

## **Open bone biopsy codes**

Although not solely used by spine surgeons, the open bone biopsy codes 20240 and 20245 are being revised to provide further differentiation between the two codes. This should be helpful in reporting more accurate coding. <u>Table 5</u>

http://www.aaos.org/uploadedFiles/Periodical\_Content/AAOSNow/2016/Nov/managing/article\_images/managing02\_t5.pd

shows the codes, the 2016 and 2017 descriptors, as well as a brief summary of the code changes.

sternum, spinous process, ribs, trochanter spinous process, rib, patella, olecranon pro- as examples. cess, calcaneus, tarsal, metatarsal, carpal,	anter of femur were delete
metacarpal, phalanx) Patella, olecrar	
	on process, calcaneus,
	al, carpal, metacarpal and
phalanx were a	dded as examples.

Within the musculoskeletal section of CPT, additional changes will affect foot and ankle codes; these will be addressed in a future edition of *AAOS Now*.

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