

CODING EDUCATION CORNER (2016/April)

Neurosurgery/Spinal Orthopedics

Hello, this month's Newsletter we will focus on documentation improvement and driving indicator. Are focuses will be specifically to spinal neurostimulator analysis (95970-95972) and discectomy vs decompression (63020-63035, 63045-63048).

Neurostimulators, Analysis Programing:

According to AMA CPT Guidelines when reporting 95970 – 95975 testing the integrity of the system do not constitute use of these programming codes; parameters must me documented in order to support use of the analysis program.

Parameters to report:

- **95970,95971**-A *simple* neurostimulator pulse generator/transmitter is one capable of affecting three or fewer of the following: **pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, phase angles, alternating electrode polarities, configuration of wave form (stimulation parameters changing in time periods of minutes including dose lockout times), or more than one clinical feature (eg, rigidity, dyskinesia, tremor).**
- **95972**- A *complex* neurostimulator pulse generator/transmitter is one capable of affecting three or more of the following: **pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, phase angles, alternating electrodes polarities, configuration of wave form (stimulation parameters changing in time periods of minutes including dose lockout times), or more than one clinical feature (eg, rigidity, dyskinesia, tremor)**
- **As of 2016 there is “No Time” for Spinal 95972**/Electronic Analysis of Neurostimulator Pulse Generator System
 - In prior years, electronic analysis of implanted neurostimulator pulse generator system was a time-based service. For 2016, that's no longer the case. Code **95972** *Electronic analysis of implanted neurostimulator pulse generator system, neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming* has been revised to eliminate the time element **“up to one hour,”**



Carol Tomala, CPC
Medical Coding Specialist
919-862-5058
carol.tomala@dm.duke.edu

Charmaine Lee, CPC
Medical Coding Specialist
919-385-0411
charmaine.lee@dm.duke.edu

Sheila Kopic
Medical Coder II
919-620-5083
Sheila.kopic@dm.duke.edu

while **95973** (previously used to report each additional 30 minutes beyond the first hour) has been *deleted*.

Coding Example: 63685 - The leads were then secured to the fascia using the Boston Scientific Klik Lock anchors, again using frequent visualization under fluoroscopy to ensure no lead movement. The skin over the implanted generator was then anesthetized with 10 mL of the same solution as before as well as an area on the right of midline in the lumbar spine that was also anesthetized to allow for an extension to be placed. The old generator was then explanted and the new generator was hooked up. We reconfirmed appropriate impedances from the lumbar leads. Once this was confirmed, we tunneled from the mid-thoracic incision site to the lumbar incision site. **We then connected extensions, tested impedances, and completed tunneling all the way down to the IPG location. Once the system was completely hooked up, it was tested for proper impedances, and after that was confirmed,** the new IPG was placed into the existing pocket.

All incision sites were then copiously irrigated and suctioned and dried. They were then closed with a 2-0 Vicryl deep stitch. Again, hemostasis was ensured and then the skin was closed with staples. The dressing was a bacitracin ointment covered by 4 x 4s and a Tegaderm.

In order additionally report 95972 this op-note improvement would be required.(The pulse generator device was then interrogated and all the electrode impedances were within normal limits. This testing including different parameters including pulse width, duration, amplitude, and configuration)

Note: This verbiage is acceptable, however we recommend that the testing values be added as well.

Dissectomy vs Decompression (63030 vs 63047):

Note: These laminectomy codes are diagnosis driven!

Herniated Disc:

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

63030 1 interspace, lumbar

63035 add on code each additional level

- 1. Repair of the annulus is included in the discectomy codes and are not separately reported with and unlisted code such as 022899 or 64999**
- 2. May report with modifier 50 for bilateral procedure**

Carol Tomala, CPC
Medical Coding Specialist
919-862-5058
carol.tomala@dm.duke.edu

Charmaine Lee, CPC
Medical Coding Specialist
919-385-0411
charmaine.lee@dm.duke.edu

Sheila Kopic
Medical Coder II
919-620-5083
Sheila.kopic@dm.duke.edu



3. **Endoscopically assisted laminotomy (hemilaminectomy) requires open and direct visualization. When visualization is only endoscopic and/or image guidance, the procedure is percutaneous and reported using O274T, O275T. so be sure to document direct visualization**

Coding example #1: Left L4-L5 hemilaminectomies, foraminotomies and discectomy for **herniated disc (63030 LT)**

Coding example #2: Excision of RT L4-L5 and RT L5-S1 disc via tow small “minimally invasive” incisions for **herniated disc (63030 and 63035)*****Not – 63030 and 63030**

Stenosis:

63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral) with decompression of spinal cord, cauda equine and/or nerve roots, (*spinal or lateral recess stenosis*) cervical

63046 thoracic

63047 lumbar

63048 each additional level

1. **Report only one code per interspace/level of foraminotomy (per motion segment)**
2. **Codes are unilateral or bilateral (no 50 modifier needed)**
3. **Use codes for revision (re-do) laminectomy, with foraminotomy when performed due to stenosis- do not report 63040 or 63042 (these codes are for re-do discectomy procedures**

Coding example #1: L4-L5 partial laminectomies, foraminotomies, and partial facetectomies **for stenosis** for decompression of the exiting nerve root (**63047**)

Coding example #2: Diagnosis: L5-S1 herniated disc, causing severe L4-L5 spinal stenosis

Procedure: Partial L5-S1 hemilaminectomy, facetectomy and discectomy Decompressive laminectomy with foraminotomies at L4-L5 (**63030 LT, 63035 LT**)

References:

AMA/CPT -2016

AAOS/ KZA: Managing Coding and Reimbursement Challenges for Orthopedics’

AANS/KZA: Managing Coding and Reimbursement Challenges for Neurosurgery

Carol Tomala, CPC
Medical Coding Specialist
919-862-5058
carol.tomala@dm.duke.edu

Charmaine Lee, CPC
Medical Coding Specialist
919-385-0411
charmaine.lee@dm.duke.edu

Sheila Kopic
Medical Coder II
919-620-5083
Sheila.kopic@dm.duke.edu