CODING COMPANION

2019

Orthopaedics: Spine & Above

A comprehensive illustrated guide to coding and reimbursement

Sample page

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Contents

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Getting Started with Coding Companion

Coding Companion for Orthopaedics — Upper: Spine and Above is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, *Coding Companion* lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Surgery
- Radiology
- Pathology and Laboratory
- Medicine Services
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is http://www.optum360coding.com/ProductUpdates/. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Evaluation and Management

This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

24138 Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process

could be found in the index under the following main terms:

Abscess
Excision
Olecranon Process, 24138

Excision
Abscess
Olecranon Process, 24138

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

sample page

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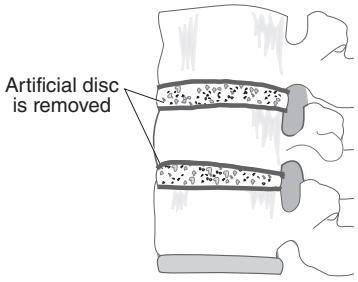
22864-22865

22864 Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical

22865 lumbar



Explanation

The physician removes an artificial disc prosthesis placed during a previous disc arthroplasty by anterior approach. The physician approaches the cervical vertebrae in 22864 by making an incision through the neck, avoiding the esophagus, trachea, and thyroid. The lumbar vertebrae (22865) are approached by making an incision through the abdomen. Retractors separate the intervertebral muscles. The implant is located and any adhesions are freed. Distraction is applied to open the intervertebral space, and the implant is removed. The area is explored and debrided. When the procedure is complete, the fascia and vertebral muscles are repaired and returned to their anatomical positions, drains are placed, and the wound is closed. Each of these codes reports a single vertebral interspace and includes fluoroscopy when performed.

Coding Tips

Do not report 22864 with 22861. Do not report 22865 with 49010. Use of an operating microscope is included in 22864. Do not report 69990 separately. Fluoroscopy, when performed, is included and should not be reported separately. For removal of cervical total disc arthroplasty, additional interspaces, see 0095T. For removal of lumbar total disc arthroplasty, additional interspaces, see 0164T.

ICD-10-CM Diagnostic Codes

M96.69 Fracture of other bone following insertion of orthopedic implant, joint prosthesis, or bone plate

T84.216A Breakdown (mechanical) of internal fixation device of vertebrae, initial encounter

T84.226A Displacement of internal fixation device of vertebrae, initial encounter

T84.296A Other mechanical complication of internal fixation device of vertebrae, initial encounter

T84.418A Breakdown (mechanical) of other internal orthopedic devices, implants and grafts, initial encounter

T84.428A Displacement of other internal orthopedic devices, implants and grafts, initial encounter

T84.498A Other mechanical complication of other internal orthopedic devices, implants and grafts, initial encounter

T84.63XA Infection and inflammatory reaction due to internal fixation device of spine, initial encounter

T84.7XXA Infection and inflammatory reaction due to other internal orthopedic prosthetic devices, implants and grafts, initial encounter

T84.81XA Embolism due to internal orthopedic prosthetic devices, implants and grafts, initial encounter

T84.82XA Fibrosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter

T84.83XA Hemorrhage due to internal orthopedic prosthetic devices, implants and grafts, initial encounter

T84.84XA Pain due to internal orthopedic prosthetic devices, implants and grafts, initial encounter

T84.85XA Stenosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter

T84.86XA Thrombosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter

T84.89XA Other specified complication of internal orthopedic prosthetic devices, implants and grafts, initial encounter

Z47.2 Encounter for removal of internal fixation device

AMA: **22865** 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
22864	29.4	19.37	12.02	60.79
22865	31.75	19.67	7.67	59.09
Facility RVU	**Work**	**PE**	**MP**	**Total**
22864	29.4	19.37	12.02	60.79
22865	31.75	19.67	7.67	59.09

	FUD	Status	MUE	Modifiers				IOM Reference
22864	90	A	1(2)	51	N/A	62	80	None
22865	90	R	1(2)	51	N/A	62	80	

* with documentation

Terms To Know

arthroplasty. Surgical reconstruction of a joint to improve function and reduce pain; may involve partial or total joint replacement.

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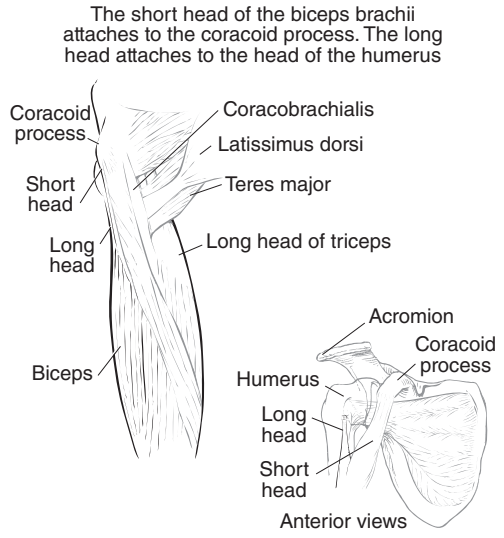
23430

23430 Tenodesis of long tendon of biceps



Explanation

Open tenodesis is performed on the long tendon of the biceps. The long head of the biceps tendon may become frayed and ruptured in chronic impingement syndrome, bicipital tenosynovitis, or degenerative conditions of the shoulder. Complete ruptures may leave a frayed proximal segment attached to the supraglenoid tubercle, which may become trapped between the humeral head and glenoid. In this case, the remaining stump of the tendon can be removed by a motorized shaver. The tendon end is cleaned of frayed fragments. Sutures are placed within the tendon and pulled into a humeral socket that has been drilled at the top of the bicipital groove. The end of the tendon is fixed into the bicipital groove using a bioabsorbable interference anchor or screw. A simultaneous subacromial decompression may be performed.

Coding Tips

Subacromial decompression and debridement of the tendon are included in 23430 and should not be reported separately. According to CPT guidelines, cast application or strapping (including removal) is only reported as a replacement procedure or when the cast application or strapping is an initial service performed without a restorative treatment or procedure. See "Application of Casts and Strapping" in the CPT book in the Surgery Section, under the Musculoskeletal system. For resection or transplantation of the long tendon of biceps, see 23440. For tenodesis of the biceps tendon at the elbow, see 24340.

ICD-10-CM Diagnostic Codes

M19.011 Primary osteoarthritis, right shoulder
M19.012 Primary osteoarthritis, left shoulder
M19.111 Post-traumatic osteoarthritis, right shoulder
M19.112 Post-traumatic osteoarthritis, left shoulder
M19.211 Secondary osteoarthritis, right shoulder
M19.212 Secondary osteoarthritis, left shoulder
M66.821 Spontaneous rupture of other tendons, right upper arm
M66.822 Spontaneous rupture of other tendons, left upper arm
M75.21 Bicipital tendinitis, right shoulder
M75.22 Bicipital tendinitis, left shoulder
S46.111A Strain of muscle, fascia and tendon of long head of biceps, right arm, initial encounter
S46.112A Strain of muscle, fascia and tendon of long head of biceps, left arm, initial encounter
S46.121A Laceration of muscle, fascia and tendon of long head of biceps, right arm, initial encounter
S46.122A Laceration of muscle, fascia and tendon of long head of biceps, left arm, initial encounter
S46.211A Strain of muscle, fascia and tendon of other parts of biceps, right arm, initial encounter
S46.212A Strain of muscle, fascia and tendon of other parts of biceps, left arm, initial encounter
S46.221A Laceration of muscle, fascia and tendon of other parts of biceps, right arm, initial encounter
S46.222A Laceration of muscle, fascia and tendon of other parts of biceps, left arm, initial encounter

AMA: **23430** 2002,Apr,13

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
23430	10.17	9.31	1.92	21.4
Facility RVU	**Work**	**PE**	**MP**	**Total**
23430	10.17	9.31	1.92	21.4

	FUD	Status	MUE	Modifiers				IOM Reference
23430	90	A	1(2)	51	50	62*	80	None

* with documentation

Terms To Know

bicipital tenosynovitis. Inflammatory condition affecting the bicipital tendon.

debridement. Removal of dead or contaminated tissue and foreign matter from a wound.

decompression. Release of pressure.

open wound. Opening or break of the skin.

sprain and strain. Injuries to a joint, in which the fibers of supporting ligaments or muscles are overstretched or slightly ruptured, with the ligaments and muscles maintaining continuity.

tendon. Fibrous tissue that connects muscle to bone, consisting primarily of collagen and containing little vasculature.

tenodesis. Stabilization of a joint by anchoring tendons.

tenosynovitis. Inflammation of a tendon sheath due to infection or disease.

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