

## **Coding Corner**

### **Basic Spine Coding**

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**Question:** Our physician recently started performing a procedure he dictated as “dynamic stabilization.” We are looking for a CPT code to describe this procedure.

**Answer:** This procedure is reported using an unlisted procedure code. It is not a “typical” fusion procedure but as its name implies, is performed for spine stabilization. One private payor has suggested use of either the unlisted nervous system code 64999, or 22899, unlisted spine procedure. Either code may be appropriate, but we may tend to lean toward 22899.

**Question:** Our surgeon is performing a cervical disc arthroplasty but the disc is not approved for sale in the United States. The surgeon states he can report this procedure using the Category III code, but I don’t think we can bill for it at all. Is this billable or not?

**Answer:** Yes, while a product, such as the artificial disc may not be approved for use in the cervical spine, the Category III code may be reported. This is the partial intent of Category III Codes, which may represent procedures still in the investigative mode. Report the procedure using the appropriate Category III code depending on the procedure he is performing. Category III Codes 0093T -0098T represent the cervical disc arthroplasty procedures (initial, revision, removal).

**Question:** The surgeons are performing PLIF procedures and placing a structural allograft as the interbody device. We are having a discussion in the office as to whether the correct code for this is 22851 or 20931.

**Answer:** CPT code 20931 describes a structural allograft and may only be reported one time per operative session regardless of the number of allografts placed, even if placed in multiple interspaces. Based on your comment, CPT code 20931 is correct for the structural allograft.

CPT code 22851 is reserved by definition for cages or threaded bone dowels. Much of the controversy between CPT code 20931 and 22851 exists because of the reimbursement differences. CPT code 22851 has a higher reimbursement than CPT code 20931 and may be reported for each interspace it is placed.

For example, if the surgeon performs a PLIF at L3-4, and L4-5, and uses cages, the surgeon reports:

22851

22851-59 for the placement of the cages

As compared to the same procedure and the placement of structural allografts at L3-4 and L4-5 where the surgeon would report:

20931—one time only for the graft, even though two allografts were placed.