

ARTHRODESIS WITH ADDITIONAL CODES FOR DECOMPRESSION

Policy # 69

Implementation Date: 10/1/16

Revision Dates:

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Arthrodesis (fusion) procedures in the lumbar (lower) spine are surgical procedures that join two or more lumbar vertebrae together into one solid bony structure. These procedures may be used to treat spine instability, cord compression due to severe degenerative disc disease, fractures in the lumbar spine, or destruction of the vertebrae by infection or tumor. Laminotomy/laminectomy are common procedures for spinal decompression surgery. Decompression surgery removes a small portion of the bone over the nerve root and/or disc material from under the nerve root, relieving pressure and pain. There are several methods or approaches to this surgery. These include a posterior approach (most common), anterior/anterolateral approach, anterior/posterior lumbar fusion, lateral extracavitary approach, and posterior lumbar interbody fusion (PLIF)/transforaminal lumbar Interbody fusion (TLIF).

Arthrodesis includes laminectomy and discectomy to prepare the interspace for fusion at a single level. CPT codes and guidance states that separate reporting of laminectomy/laminotomy can be reported if it is to report decompression beyond what is required to prepare the interspace for fusion. A Case Study in *CPT® Assistant 2000* helps explain why the words "other than for decompression" were added to the arthrodesis codes since an arthrodesis already includes the "laminectomy and discectomy sufficient to prepare the interspace for fusion." CPT Assistant gives the following as an example of work that goes beyond the typical laminectomy or discectomy that is included. The article indicates the following is an example of something that would be appropriate to bill separately: "... when the surgeon removes posterior osteophytes and decompresses the spinal cord or nerve root(s); opening the posterior longitudinal ligament to look for free disk fragments (decompressing the spinal cord), or removing far lateral disk fragments to decompress the nerve roots."

The National Correct Coding Initiative (CCI) Policy Manual for Medicaid and Medicare Services indicates that CMS does not allow separate payment for a laminectomy/laminotomy when done with arthrodesis except when done at a different level. A modifier should be appended to indicate a different level before payment will be made.

Commercial Plan Policy

SelectHealth commercial plans will allow additional procedures for decompression at the same level as an arthrodesis if documentation sufficiently states why the additional work is needed and fully documents the services that are above and beyond what is required for the arthrodesis. A statement just stating that the laminectomy/laminotomy were done to decompress the nerve, or a statement that says the nerve was decompressed, is not sufficient without additional documentation for payment for these separate procedures.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage follows CMS and will only allow additional payment if the Laminotomy/Laminectomy are done at a different level than the arthrodesis.

SelectHealth Community Care (Medicaid)

SelectHealth Community Care follows CMS and will only allow additional payment if the Laminotomy/Laminectomy are done at a different level than the arthrodesis.

Applicable Codes

CPT CODES

- 63042** Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
- 63047** Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

Key References

1. *Current Procedural Terminology (CPT®)*, (2017) – American Medical Association
2. *CPT® Assistant 2000*
3. National Correct Coding Initiative (NCCI) Version 22.3 Chapter IV. (Revised 2016, January 1). Chapter IV - Surgery: Musculoskeletal System (CPT Codes 20000 - 29999)

Disclaimer

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member ID card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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