

Orthopedic Coding Alert

CPT® 2018: Add-On Code Highlights New Manual Additions

CPT® includes new marrow aspiration code, revises observation codes.

The CPT® 2018 manual's list of additions, deletions, and revisions is now complete. Orthopedic coders won't have too many new codes to get used to.

Each new CPT® manual brings at least a few changes, however, and 2018 will be no different.

Check out this list of the new info you'll need to properly report CPT® codes for your orthopedic practice when CPT® 2018 takes effect on January 1.

Use Aspiration Add-On Instead of 38220

The featured new code for orthopedic practices is 20939 (Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)), confirms **Heidi Stout, BA, CPC, COSC, PCS, CCS-P**, with Coder on Call, Inc., in Milltown, New Jersey.

You'll report 20939 "when a surgeon harvests bone marrow for the purposes of bone grafting via separate skin or fascial incision. This code will be used in conjunction with the spinal arthrodesis codes," reports Stout.

Old way: Prior to 20939 taking effect on January 1, 2018, you'll continue to code this service with 38220 (Bone marrow, aspiration only), Stout says.

Remember, 20939 is an add-on code and you cannot report it as a standalone code. The spinal arthrodesis codes you might append 20939 to include:

- 22532, Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
- 22533, ... lumbar
- 22548, Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
- 22551, Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2
- 22554, Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
- 22556, ... thoracic
- 22558, ... lumbar

Note: As with all new codes, be careful when reporting 20939. If you get a claim for 20939 early in the year, be sure that your payers and providers know about the new code. That way, everybody will be on the same page when you report this new bone marrow aspiration code.

Keep Current with Observation Revisions

Also beginning in January, you will find a subtle but important revision to some observation care codes. For the observation E/M codes 99217 (Observation care dischargeday management...), and 99218-99220 (Initial observation care, per day, for the evaluation and management of a patient...), you will see the inclusion of the term "outpatient hospital" to describe the patient's observation status. For example, a portion of the description for code 99217 will change to "this code is to be utilized to report all services provided to a patient on discharge from outpatient

hospital'observation status' if the discharge is on other than the initial date of "observation status."

"These changes appear to be clearing up the confusion that often arises with observation patient status," says **Barbara J. Cobuzzi, MBA, CPC, CENTC, COC, CPC-P, CPC-I, CPCO**, AAPC Fellow, vice president at Stark Coding & Consulting LLC, in Shrewsbury, New Jersey. "Essentially, CPT® is clarifying that patients that are in observation are always in an outpatient status," Cobuzzi explains.