

## Part B Insider (Multispecialty) Coding Alert

### Musculoskeletal Surgery: You'll Need Fancy Footwork To Bill Anything With New Spinal Surgery Codes

CPT 2007 introduces a number of new codes into the musculoskeletal section, so it's not surprising that many of the Correct Coding Initiative edits for January also target this section. CCI singles out:

- **New percutaneous intradiscal electrothermal annuloplasty codes 22526-22527** (69 new Component codes). Naso/oro gastric tube placement code 43752 is a component of these, and so are spinal surgery codes 62270, 62287, 62290-62291, 62310-62319 and discography codes 72285 and 72295.

- **New total disc arthroplasty codes 22857-22865** (46-53 Component codes). Among the codes included in these codes are other arthrodesis codes, spinal instrumentation codes, laparotomy codes, needle electromyography codes, nerve conduction studies codes, an intraoperative neurophysiology code (95920), evoked potentials and reflex tests (95925-95937) codes, and each other.

- **New tendon excision code 25109** (26 Component codes, 24 Comprehensive codes). You can't bill debridement codes 11010-11012, elbow manipulation code 24300, tendon surgery codes 25000-25001 and 25110, or wrist manipulation code 25259, unless you can justify a modifier.

- **New radial fracture fixation codes 25606-25609** (48-56 Component codes). Several wound repair codes, fracture care codes, casting/splinting codes, neuroplasty and other surgical add-ons become components of these codes, but you can override almost all of those edits with a modifier.

- **Tendon repair codes 26170-26180** (10-13 Component codes, 26-29 Comprehensive codes) just had the words - separate procedure- deleted from their descriptors. Now you can't bill several other tendon repair codes with them without a modifier.

- **New neurectomy codes 27325-27326** (22 Component codes) and **28055** (28 Component codes). The basic surgical components are included in these new codes.