

## Part B Insider (Multispecialty) Coding Alert

### NEUROSURGERY: Spine Surgery Practices--Gather Documentation Now For October Refunds

#### CCI edit revocation is retroactive to April

Spine surgeons showed some backbone--and the results will add about \$1,500 per surgery to your bottom line.

In response to complaints, the Correct Coding Initiative has agreed to remove a controversial edit that bundled two spine surgery codes together. Effective last April, the edit made 22630 (Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace [other than for decompression], single interspace; lumbar) a component of 22612 (Arthrodesis, posterior or posterolateral technique, single level; lumbar [with or without lateral transverse technique]) (See PBI, Vol. 7, No. 22).

Not only will CCI delete the edit starting October 1, but the change will be retroactive--so you can resubmit any claims that were denied since April 1.

**Get your denials ready for the Oct. resubmission date:** Because the edit deletion will be retroactive to April 1, you can resubmit your claims after Oct. 1 if your carrier denied any claims based on the edit. Include a letter explaining why you're resubmitting the claim seeking reimbursement for the interbody fusion.

This is very big news for spine surgery practices, says **Annette Grady**, a coding consultant and an officer on the **AAPC National Advisory Board**. Spine surgeons and their associations mounted a campaign against the edit, saying the procedures were totally separate. A posterior lumbar interbody fusion (22630) fuses the anterior and middle columns of the spine, while 22612 covers the posterior lateral region.

-It's important for offices to gather documentation prior to the October 1 change so as to secure retroactive reimbursement,- urges **Matthew Twetten**, senior manager of Reimbursement and Health Policy at the **North American Spine Society**.

**St. John's Health System** in Tulsa, OK is already reviewing claims to see if there are any previous denials that need to be appealed, reports coder **Katherine Phelan**. Changes to CCI edits -always cause me to dig deeper and check for accuracy and documentation to substantiate anything we are billing.-

**Note:** If your surgeon performed both procedures together and you only billed 22612 because you knew the payer would deny 22630, you can still resubmit your claim--even though you don't have a denial letter. You should send the payer a copy of the surgeon's operative report, along with a letter stating that you collected for 22612 but that you're now requesting payment for the interbody fusion, which you originally didn't bill due to the previous edit.

**Looking ahead:** Once the CCI formalizes the edit deletion on Oct. 1, you will not need to append any modifiers to your claim if you bill 22630 and 22612 together--unless your payor requires you to attach modifier 51 (Multiple procedures) to subsequent line items. If that is the case, you will report 22612 followed by 22630-51, because 22612 is the higher-paying service.