

## Part B Insider (Multispecialty) Coding Alert

### New Codes: Open Door Laminoplasty Code Still Leaves Open Questions

CPT Codes 2005 includes two new spinal surgery codes, but an important new technique is still unrepresented, say experts.

Providers are rejoicing that they no longer have to use unlisted code 22899 for open-door laminoplasty. New code 63051 covers cervical laminoplasty with decompression of the spinal cord, for two or more vertebral segments, including "reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)."

Another new code, 63050, caused some confusion among coding experts because it appears to be the same as 63051, only without the reconstruction of the posterior bony elements (see PBI, Vol. 5, no. 36). In other words, the code opens the "door" but doesn't leave anything to prop the door open.

Experts were hoping the new CPT guidebook would clarify the reason for 63050's existence. But the confusion remains, says **Eric Sandhusen**, director of compliance with **Columbia University** Dept. of Surgery. "I've never seen [the procedure] done without doing that reconstruction," says Sandhusen.

While not widespread, this is a new technique that some surgeons are practicing, says **Steve Hysell**, a neurosurgeon at **Central California Faculty Medical Group** in Fresno, CA. The surgeon sutures the spine open instead of inserting a piece of bone. Hysell worries that in these cases, the spine will close up on its own or cause the patient pain.

Meanwhile, another new spinal surgery technique still lacks a CPT code, says Hysell. There's a new procedure in which the surgeon drills both sides of the spine and creates a groove on both sides of the lamina, then passes a wire saw underneath the lamina. The surgeon then splits the lamina down the midline at its peak and inserts a bone graft to keep it open. This is a risky procedure, because sliding something under the lamina can risk damage to the spinal cord, notes Hysell. The main advantage of this new procedure is that it allows the surgeon to tilt the apex of the lamina and change the anatomy of the spine.