

## Part B Insider (Multispecialty) Coding Alert

### ORTHOPEDIC: Avoid Allograft Coding Conundrums With This Advice

**Tip: Only report CPT Codes 20931 once per surgery**

If you're still scratching your head over how to correctly code for allograft procedures, you're not alone. Here's the lowdown on how to differentiate between 22851 and 20931.

**The challenge:** Although some coders believe that you should report 22851 (Application of intervertebral biomechanical device[s]...) for a Cornerstone fibular allograft bone plug or bone spacer, other coding consultants believe that you should not report 22851 for the Cornerstone graft. Which advice is accurate?

**The facts:** You should use code 20931 (Allograft for spine surgery only; structural) for the Cornerstone SR allograft series, says **Judy Larson, CPC**, coder at **Rockford Orthopedic Associates LTD** in Rockford, IL.

You should report 22851 if your surgeon applies a prosthetic device, such as Verte-Stack Cornerstone spacers made of metal or PEEK.

The other difference between reporting 20931 and 22851 is how many times you can report the code. Medicare guidelines state that you should report 20931 only once per surgery.

You can report 22851 once for each level, however. But even if the surgeon places more than one threaded bone dowel at a particular level, you should still report the code just once for that interspace. For instance, if the surgeon places two cages or three bone dowels at interspace T11/T12, you should report a single unit of 22851.

You may report additional units of 22851 for additional interspaces the surgeon treats. For example, if the surgeon places two cages at T11/T12 and a third cage at T12/L1, you should report 22851 x 2.

**Tip:** For some payors, you may have to append modifier 59 (Distinct procedural service) to the second unit of 22851 to indicate that it represents instrumentation placed at a separate anatomic location.