

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: CPT® 2015 Includes Several Important Orthopedic Surgery Changes

Don't miss the new terminology for cervical disc replacement.

Orthopedic surgeons may not see pages and pages of new codes in 2015, but there are several additions, deletions and revisions that they should be sure to catch. To avoid denials, start learning these new changes before January first hits.

Specify Whether Joint Aspiration Included U/S Guidance

You'll find new and revised codes for arthrocentesis specifying whether the physician used or did not use ultrasound guidance. They are (emphasis added):

- 20600 □ Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); small joint or bursa (eg, fingers, toes)without ultrasound guidance
- (new) 20604 □ ... with ultrasound guidance, with permanent recording and reporting
- 20605 □ Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)without ultrasound guidance
- (new) 20606 □ ... with ultrasound guidance, with permanent recording and reporting
- 20610 □ Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)without ultrasound guidance
- (new) 20611 □ ... with ultrasound guidance, with permanent recording and reporting

Note: These six codes will represent the services based on the number of vertebral bodies treated and the spinal area. Each code will continue to represent both unilateral and bilateral injections.

What happens: Arthrocentesis, also known as joint aspiration, is the clinical procedure in which the fluid from within the joint is removed using a needle and syringe. The skin over the aspiration site is cleaned with an antiseptic liquid. The physician then pushes a needle through the skin and into the joint and then removes the fluid with the help of a syringe attached to the needle. After the aspiration, the fluid sample may be sent to the laboratory for further examination.

Watch out: Sometimes you'll see your orthopedic physician performing these procedures with fluoroscopic guidance, which the new codes do not address. Stay tuned to the Orthopedic Coding Alert for more information.

Imagine Vertebroplasty/Kyphoplasty Specifying Imaging

If you're regularly reporting vertebroplasty and kyphoplasty procedures, then you should take note of CPT® 2015's dramatic changes. The existing codes have been deleted, and now you'll find new codes □ specifying imaging guidance.

What happens: Both percutaneous vertebroplasty and kyphoplasty involve percutaneous injection of methylmethacrylate under imaging guidance (either fluoroscopy or CT) into a cervical, thoracic, or lumbar vertebral body lesion. Kyphoplasty also involves placement of a balloon catheter to reduce the fracture and then inject biomaterial into the cavity.

The new codes are:

- 22510 □ Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic

- 22511 □ ... lumbosacral
- 22512 □ ... each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
- 22513 □ Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
- 22514 □ ... lumbar
- 22515 □ ... each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

"It's important to see that the new vertebroplasty code, 22510, also includes the cervical spine region," says **Marvel J. Hammer, RN, CPC, CCS-P, PCS, ACS-PM, CHCO**, of MJH Consulting in Denver, Co. "If a provider performs a cervical vertebroplasty in 2014, you can only report it with 22899 (Unlisted procedure, spine). It will be good that pain management providers will be able to report the cervical procedure with the new 22510 code."

Each of the codes also includes the "bulls-eye" symbol designation, which means the associated RVUs and service include moderate sedation. This is new for kyphoplasty in 2015. The 2014 codes (22523-22525) did not include moderate sedation, so you could bill it separately.

The deleted codes are:

- 22520 □ Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
- 22521 □ ... lumbar
- 22522 □ ... each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
- 22523 □ Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic
- 22524 □ ... lumbar
- 22525 □ ... each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

Heads up: Because of the updated descriptors, the associated radiology codes for guidance will be deleted. You'll no longer be able to report the following codes as part of your vertebroplasty or kyphoplasty claim:

- 72291 □ Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance
- 72292 □ ... under CT guidance.

Sacroplasty: If your orthopedic surgeon does a sacral vertebroplasty then you will have two Category III codes to report that includes imaging guidance:

- 0200T □ Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
- 0201T □ Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed.

Don't Overlook These Other Ortho Changes

Arthroplasty: Your total disc arthroplasty codes now include a second level cervical placement. The revised and new codes are as follows (emphasis added):

- 22856 □ Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate

preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical; single interspace, cervical

- 22858 □ ... second level, cervical (List separately in addition to code for primary procedure).

You'll also have two Category III codes for arthroplasty procedures:

- 0375T □ Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels
- 0376T □ ... each additional device insertion (List separately in addition to code for primary procedure)

Arthrodesis: If you report arthrodesis procedures, you should also take note of this new minimally invasive sacroiliac joint procedure. The new code is:

- 27279 □ Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device

You'll also find a revised sacroiliac joint arthrodesis code, which is (emphasis added):

- 27280 □ Arthrodesis, open, sacroiliac joint (, including obtaining bone graft), including instrumentation, when performed

Contrast injection: When your orthopedist injects contrast for knee arthrography, you can now see the full description reflected in the following descriptor (emphasis added):

- 27370 □ Injection procedure of contrast for kneearthrography.