

Part B Insider (Multispecialty) Coding Alert

Spine Surgery: Look For Corpectomy In Addition To Arthrodesis With New Approach

You can bill 63101-63103 for more than "minimal disectomy"

If your surgeon is performing spine surgeries by the lateral extracavitary approach, you no longer need to use an unlisted code.

CPT Codes 2004 includes three codes specifically to describe arthrodesis by lateral extracavitary technique: 22532 (Arthrodesis, lateral extracavitary technique, including minimal disectomy to prepare interspace [other than for decompression]; thoracic), 22533 (... lumbar) and 22534 (... thoracic or lumbar, each additional vertebral segment [list separately in addition to code for primary procedure]).

You can use these codes to distinguish extracavitary from other approaches, such as anterolateral (22548-22556) or posterior (22590-22614).

But CPT 2004 also included three new codes for vertebral corpectomy by lateral extracavitary approach: 63101 (Vertebral corpectomy [vertebral body resection], partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root[s] [e.g., for tumor or retropulsed bone fragments]; thoracic, single segment), 63102 (... lumbar, single segment) and 63103 (... thoracic or lumbar, each additional segment [list separately in addition to code for primary procedure]).

There are three main reasons for a surgeon to perform a vertebral corpectomy in addition to an arthrodesis by lateral extracavitary approaches, says **Jason Lifshutz**, a surgeon and spine surgery fellow at **Medical College of Wisconsin** in Milwaukee.

- 1) The surgeon must remove part of the vertebral body to remove pressure on the spinal cord.
- 2) The patient has a tumor or neoplasm that has infiltrated the vertebral body, and a portion must be removed.
- 3) The patient has some sort of kyphotic deformity, such as abnormal curvature of the spine due to degenerative disease or idiopathic scoliosis, and the surgeon must remove part of the vertebral body to establish the normal curvature.

Generally, any time the surgeon performs a corpectomy, he'll have to perform a spinal arthrodesis as well, notes **Eric Sandham**, compliance educator with **Central California Faculty Medical Group**, a group practice associated with **University of California at San Francisco** in Fresno. "Generally speaking, when they remove a part of the vertebrae, they have to fill it in with something to retain stability and strength."