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Outpatient Facility Coding Alert

CPT® Coding: Nail Down the Concept of Corpectomy Thresholds with this Guide

Rely on percentage of vertebral removal to reach the most accurate code.

If your ambulatory surgery center (ASC) performs vertebral corpectomy procedures, you may be in need of a proper coding resource to stay profitable and compliant. As you'll see, the most important piece of the puzzle is pinning down the underlying reason for the corpectomy. However, whether the surgeon performs the service as a means of relieving spinal canal decompression or for the removal of a lesion/neoplasm, there's one additional factor you need to take into account: thresholds.

Consider the following two cervical corpectomy CPT® codes:

- 63081, Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
- 63300, … for excision of intraspinal lesion, single segment; extradural, cervical.

Stay tuned for a full breakdown of all the most integral components of the corpectomy coding process.

I.D. Threshold Percentage for Cervical, Lumbar/Thoracic Corpectomies

To code for a corpectomy in either of the two listed diagnostic scenarios, you've got to be aware of the threshold of vertebral body removal that needs to be met. In order to count as partial removal of the vertebral body, the surgeon needs to remove a certain percentage of the vertebrae. This percentage varies depending on the anatomical location of the portion of the spine that the surgeon is removing.

For the cervical spine, the surgeon needs to remove at least 50 percent of the vertebral body to report 63081 or 63300. For the thoracic and lumbar spine, at least 33 percent of the vertebral body must be removed in order to reach codes 63085-+63088 and 63301-+63308.

Refresher: "The corpectomy codes are intended to represent partial or complete vertebral body removal from one interspace to the next, thereby allowing access and decompression of the central spinal canal," says **Barry Rosenberg, MD**, chief of radiology at United Memorial Medical Center in Batavia, New York. This is the reason the adjacent discectomy procedures are included in the corpectomy codes and are not separately reportable.

Threshold Percentages Do Not Accrue

"The corpectomy codes are not intended to represent cumulative bony removal over multiple spinal segments, but rather the threshold must be reached at a single segment in order to report the corpectomy code," explains **Gregory Przybylski, MD**, past chairman of neurosurgery and neurology at the New Jersey Neuroscience Institute, JFK Medical Center in Edison, New Jersey.

"In clinical practice, a surgeon will not commonly perform a complete corpectomy for several reasons. Firstly, the spinal cord is only located behind the central portion of the vertebral body and therefore decompression of the spinal cord is achieved by removing the central portion of the vertebral body from disc space to disc space, leaving the lateral margins of the vertebral body in place. Secondly, there are vulnerable structures adjacent to the lateral portions of the vertebral bodies (e.g., the vertebral artery in the cervical spine). Preservation of the lateral vertebral body margins provides added protection, reducing risk of injury to such structures," Przybylski details.

The clinical indications for a partial corpectomy without bony removal from disc space to disc space that meets the thresholds for reporting corpectomy are uncommon. One example of this would be for debridement of an osteomyelitis that involves part but not all of the vertebral body. You should not report the corpectomy codes for interspace decompressions in which the surgeon drills or removes part of the adjacent inferior and superior vertebral bodies in order to improve access and visualization in the interspace.

Consider this Corpectomy Coding Example

The surgeon performs a partial C4 corpectomy (30-40 percent) and a partial C5 corpectomy (50-60 percent) in order to safely retrieve disk fragments that migrated inferiorly behind the C4 and C5 bodies.

The example in question documents the surgeon performing a corpectomy as a means of relieving decompression on the spine; therefore, you will opt for code 63081 rather than 63300. However, the documentation in this scenario does not meet the criteria to code for 63081 for the corpectomy on the C4 vertebral body. Since the surgeon did not remove at least 50 percent of the vertebral body, you would be unable to apply code 63081 to this portion of the surgery. Since the surgeon did resect 50 percent or more of the C5 vertebral body, you may code for this portion of the surgery with CPT® code 63081.

Hypothetical: What if the surgeon documents the removal of 40 to 50 percent of a cervical vertebral body?

In an example such as this, specificity is extremely important. If the surgeon is ambiguous as to exactly what portion of the vertebral body the resection entails, then you should not make the assumption that the surgeon reached the 50 percent threshold. Instead, you should ask the surgeon for clarification to determine the full extent of the surgeon's work. The same rule applies to thoracic and lumbar corpectomy coding. The surgeon needs to be as detailed as possible in documenting the percentage of resected vertebral body.

Corpectomy Includes Discectomy and Fracture Care

Remember not to include any discectomy codes at the same level (or below) the site that the surgeon performs the corpectomy. The corpectomy code includes the work of a discectomy, when performed by the surgeon.

Similarly, as in the example above, you are not to report fracture care treatment in addition to the work of a corpectomy. You may, however, report arthrodesis, spinal reconstruction procedures (including bone grafts), and/or the insertion of spinal instrumentation devices.