Outpatient Facility Coding Alert

Spinal Coding: Remember This Tip When Coding Bone Biopsies With Vertebroplasty

Your code choice depends on one location detail.

If your surgeon performed a bone biopsy with vertebroplasty, you'll need to know how to report it and what to do if the vertebroplasty and biopsy are at the same level. Follow the examples below to strengthen your vertebroplasty reporting this year.

Remember the Code Descriptor Change

Prior to 2012, you could include bone biopsy code 20225 (Biopsy, bone, trocar, or needle; deep [eg, vertebral body, femur]) if your surgeon completed the biopsy at the same spinal level as the vertebroplasty. That's no longer the case.

Vertebroplasty codes were updated in 2012, with a revision in the code descriptors that clearly specifies that bone biopsy is included with the procedure. The code descriptors are:

- 22520 (Percutaneous vertebroplasty [bone biopsy included when performed], 1 vertebral body, unilateral or bilateral injection; thoracic)
- 22521 (Percutaneous vertebroplasty [bone biopsy included when performed], 1 vertebral body, unilateral or bilateral injection; lumbar)
- +22522 (Percutaneous vertebroplasty [bone biopsy included when performed], 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body [List separately in addition to code for primary procedure]).

"This language (bone biopsy included when performed) was added to further clarify that the biopsy is not to be reported separately if performed at the same spinal segment," says **Kristi Stumpf, MCS-P, CPC, COSC, ACS-OR,** owner of Precision Auditing and Coding and senior orthopedic coder and auditor for The Coding Network in Washington. "Although biopsy at the same location as a definitive surgical procedure is considered to be included in the global service package per NCCI and AAOS GSDG, and despite the fact that a CCI edit existed prior to 2012 disallowing reporting for the same level, there was continued confusion regarding separate reporting that has been clarified for 2012."

Another point: "While the bone biopsy has always been explicitly included in kyphoplasty, the long descriptor for vertebroplasty did not make it clear that bone biopsy is an incidental procedure in the performance of vertebral augmentation with either technique," says **Gregory Przybylski, MD**, director of neurosurgery at New Jersey Neuroscience Institute, JFK Medical Center, in Edison. Now the similar procedures follow the same reporting guidelines.

Code Biopsy Separately at Other Levels

You can still report 20225 or 20220 (Biopsy, bone, trocar, or needle; superficial [eg, ilium, sternum, spinous process, ribs]) if your surgeon does the biopsy and vertebroplasty at different levels.

"If your surgeon performs a T12 vertebroplasty and a needle biopsy of the L1 vertebral body, you can report 22520 for the vertebroplasty and 20225-59 for the biopsy because the procedures were performed on different segments," says **Heidi Stout, BA, CPC, COSC, PCS, CCS-P,** with Coder on Call, Inc., in Milltown, N.J., and orthopedic coding division

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director for The Coding Network, LLC, in Beverly Hills, Ca.

Tip: When your surgeon does the vertebroplasty and bone biopsy at different levels, you append modifier 59 (Distinct procedural service) to the biopsy code. Verify that your surgeon documents the unrelated nature and separate locations of the two procedures.

"Separate level bone biopsy would be reported per level using either CPT® code 20220 or 20225, as appropriate per location of the biopsy procedure (vertebral body versus spinous process) and as supported by documentation," explains Stumpf.

Example: The surgeon performs a vertebroplasty at L2 and L3, with bone biopsy at L5. You should report 22521 and +22522 for vertebroplasty, plus 20225-59 for the deep bone biopsy.

Check Location for Final Code Choice

The vertebroplasty codes are site-specific, based on whether the surgeon treats lumbar or thoracic vertebrae. Select the code that describes the primary level where your surgeon performed the procedure. You report code 22520 for vertebroplasty at levels T1-T12 or 22521 for levels L1-L5.

When the procedure includes to another level in the same spinal location, also report +22522 in addition to 22520 or 22521.

Note: You always report a single unit of 22520 or a single unit of 22521 as the primary level treated during the operative session.

"If treatments are performed at both thoracic and lumbar locations, only choose one as the primary site (typically thoracic which is valued higher) and the remaining levels as add-on code +22522 for the additional thoracic and/or lumbar levels treated," advises Przybylski.

"The initial level is coded as 22520 (thoracic) or 22521 (lumbar). Each additional level is reported using the add-on procedural code +22522," Stumpf adds. "The add-on code applies to both the thoracic and lumbar spine. Only one primary level is reported, regardless of whether the fractures are in different spinal regions.

Final tip: "If your surgeon performs vertebroplasty at T12 and L1, you report codes 22520 and +22522," says Stout. "And do not add the 51 (Multiple procedures) modifier to this add-on code."

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