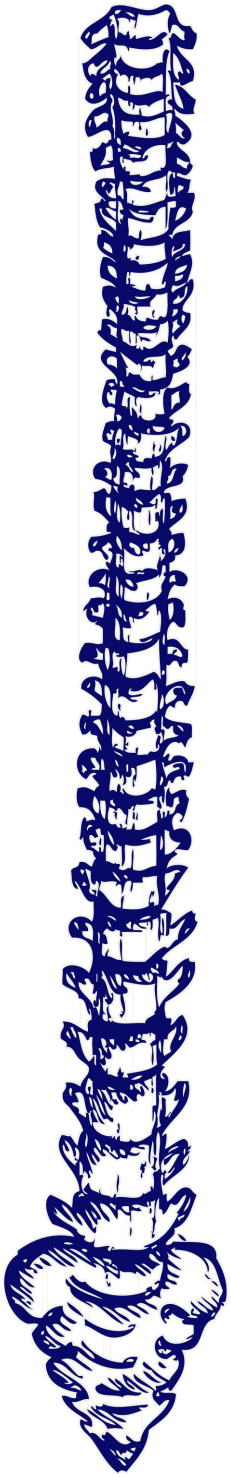
SPINE CODING, SIMPLIFIED

Removal of Hardware and Exploration of Fusion

By: John Torres, Senior Vice President at FTGU
Speaker at the 2013 North American Spine Society Meeting



When a spine surgeon performs a removal of hardware and exploration of fusion in conjunction with a redo fusion and/or an adjacent level fusion with insertion of hardware, the natural tendency is to code for the following:

1) Removal of hardware
2) Exploration of fusion
3) Redo/adjacent level fusion
4) Insertion of spine hardware

Unfortunately, there are very few scenarios where all of these codes will be paid. In general, the following rules apply to this type of procedure:

1) Removal of hardware and insertion of hardware are not payable on the same claim
2) Exploration of fusion is not payable with a redo or adjacent level fusion (there are exception to this rule which I will cover below)

First, it is important to understand when an exploration of fusion (CPT 22830) can be paid/appealed.

A) An exploration of fusion is justified as a separately payable procedure when the patient has pseudoarthrosis (ICD-9 733.82). When the spine surgeon can confirm that the patient has pseudoarthrosis, the exploration can usually be justified as necessary and separate from the subsequent fusion. Even when 22830 is billed with a 59 modifier and linked to 733.82, there is a greater than 50% chance that the code will be denied on initial processing. FTGU has written an appeal that is 90% effective in this situation.

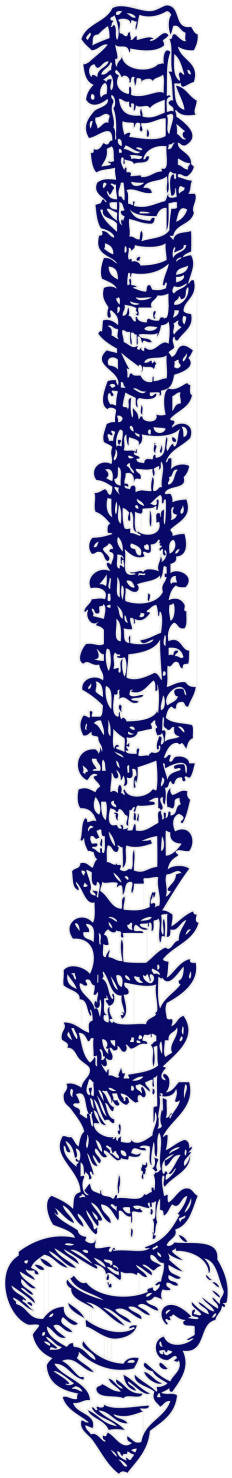
B)There is a 95% chance that 22830 will be denied and that all appeals will be denied if the code is billed to “confirm solid fusion”. Any mention of confirming solid fusion virtually guarantees that all appeals for this code will be denied. The only chance of getting 22830 paid in this scenario is if the carrier pays on initial processing (sometimes the carrier computers do strange things). HOWEVER, this code should NOT be billed to any government payors for the purpose of confirming a solid fusion. Medicare considers this “upcoding” and anyone discovered doing it on a regular basis is subject to penalties and fines.

C) Unless 22830 is linked to 733.82, there is a 95% chance that it will be denied if Removal of Hardware is also billed. The reason for this denial is that the payment for 22830 is considered “included” in the payment for all removal codes. Therefore, unless pseudoarthrosis is diagnosed, it is better to only code removal of hardware.

SPINE CODING, SIMPLIFIED

Removal of Hardware and Exploration of Fusion Continued

D) EXCEPTION: If the 22830 is performed because the surgeon “suspects” pseudoarthrosis, the denial can be appealed. This is the hardest case to win. In order to justify the time and expense of a 2-level appeal, the documentation must contain a reference to radiographic evidence that suggests to the surgeon that the patient's pain
symptoms are related to a failed fusion. If, during the exploration, it turns out that the fusion is solid or “mostly” solid, then there is still a basis for an appeal. Without the radiographic evidence to support the suspected pseudoarthrosis, all appeals will be denied.



Which brings up the next important point. REMOVAL AND INSERTION CODES should not be billed on the same claim unless the levels at which these procedures are performed are discontiguous.

This is the rule that most spine surgeon's vehemently disagree with (please don't shoot the messenger). There is significant guidance from all authoritative orthopedic bodies that removal and insertion cannot be unbundled at the same or adjacent levels. Moreover, the guidance from the AMA and CMS is as follows: *When removal and insertion of spine hardware is performed at the same or adjacent levels, only the appropriate insertion code should be billed.*

This is where FTGU takes a different stance. We believe that a removal and insertion at the same or adjacent levels should be billed with the spine re-insertion code 22849. Of all the insertion and removal codes, 22849 has the highest RVU value.

22840 22.51 RVU
22842 22.53 RVU
22843 23.96 RVU
22845 21.75 RVU
22846 22.56 RVU
22850 21.56 RVU
22852 20.64 RVU
22855 33.32 RVU
22849 38.61 RVU

As you can see from these values, 22849 is a “reasonable” code to bill for a removal and insertion of hardware (this is especially true since you will only be paid for one of the insertion or removal codes on a single claim). For this reason, FTGU strongly encourages all spine surgeons to correctly code 22849 when a removal and insertion of hardware is performed at the same or adjacent levels. FTGU will rigorously appeal all denials of this code and defend any recoups based on the logic that the *intent* of this code is *exactly* the scenario for which we use it. **I am confident that we can win in almost all cases**.

SPINE CODING, SIMPLIFIED

Removal of Hardware and Exploration of Fusion Continued

It is also important to note that 22855 (removal of anterior hardware) is NOT intended for use to report the removal of an interbody cage. If an interbody cage is removed via an anterior approach, the best code to use for reimbursement is 22830 (if a redo fusion is not going to be performed) or the appropriate anterior fusion code for the redo. Again, I realize that this does not sit well with most spine surgeons, but this is the rule. If 22855 is used for this purpose, it cannot be appealed if it is denied. In most cases, as long as you do not also bill for an insertion of anterior hardware, the code will be paid. In this scenario, however, we cannot convert the removal and insertion codes to a re-insertion code because it is an inappropriate use of the codes.

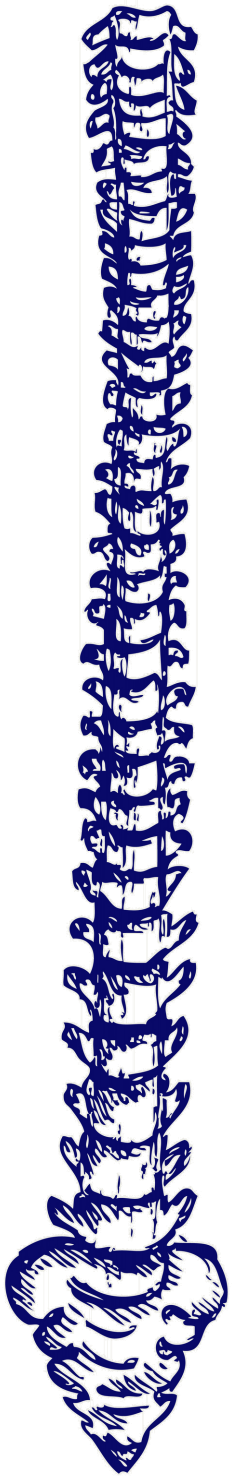
Of course, with the exception of Medicare and government payors, there is nothing that prevents a surgeon from coding what he or she wishes. If you are adamant that 22830 should be billed to confirm a solid fusion and if you feel it necessary to code 22855 for the removal of an interbody cage, that is certainly your prerogative. We will only correct his coding for Medicare and government payors in order to keep you in compliance.

With respect to removal and insertion codes, we will convert these codes to a reinsertion code unless you specifically instruct us not to (with the exception of the interbody cage removal). However, I recommend against that because it inevitably leads to delayed and, in some instances, reduced payment.

Please let me know if you have any questions or concerns.

Regards,

John Torres
Senior VP - FTGU Medical Consulting
john.torres@ftgumedical.com
Cell - (817) 680-5790



At FTGU, we focus on orthopaedic doctors getting paid thru our revenue cycle management and OON services. Please contact us at (877) 331-9161 for more information and to schedule your free analysis.