

# SPINAL FUSION CODING TIP



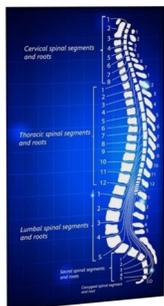
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**Question:** “I’m a CCS coder working at a surgical hospital in Arizona. I’ve been struggling to understand how to code the correct level of the joints and the approach when coding a spinal fusion.”



**Answer:** Spinal Fusions are one of the most difficult procedures for coders to master. Inpatient and Outpatient coders find some areas of this type of procedure difficult to tackle. Below are some tips I hope you find helpful in your coding.

To best understand the correct code assignment for a spinal surgery procedure you must first understand the related anatomy, surgical terminology and procedure descriptions.

## Anatomy and Body Part Values

Body Parts Values for fusion procedures are classified as joints— not individual vertebrae

- If the fusion was performed at L2-L3 then the body part value assigned is 0-Lumbar vertebral joint meaning one joint.
- If the fusion was performed at L2-L4 then the body part value assigned is 1-Lumbar vertebral joint, 2 or more, meaning two joints.

### Position of Patients

- Posterior Approach— If the patient is positioned face down. In most cases it means the physician will be working on the posterior column (transpedicular, Posterolateral, Costovertebral)
- BE MINDFUL ... The approach is not always going to tell you which column the physician is operating on ... READ Operative report carefully.
- Anterior Approach— approach is through the abdomen (Transoral, Extraoral, thoracolumbar, transperitoneal, retroperitoneal)
- Posterior and Anterior Approach— The procedure has a front-back component at the same operative session.

## Bone Grafts and Interbody Fusion devices

Spinal Fusion may use a variety of different devices to form the bridge between the two vertebral segments. Bone grafts, autologous tissue substitute, interbody fusion device, internal fixation device, non-autologous tissue substitute and external fixation device.

Some fusion procedures involve the insertion of a spinal stabilization device that is performed in conjunction with the placement of a interbody fusion device.

- The dynamic stabilization system and others are not synonymous with internal fixation device and are coded separately.
- Rods, plates and screws used in the fusion are not coded separately.
- When bone marrow and bone are harvested for a spinal fusion from a different anatomical site then procedure is coded separately.

## Excision or Resection for Discectomy

When coding a discectomy and choosing the correct Root Operation you have to determine the amount of disc removes. Is it Partial— Excision or Complete-Resection?

## 8 Questions to ask before you code:

1. What surgical approach was used?
2. Where in the spine was the surgery performed? (cervical, thoracic, lumbar, or sacral)
3. How many levels of the spine were treated?
4. Was there a decompression performed?
5. Was an arthrodesis/ fusion performed? (Was the decompression and fusion performed at same time)
6. Was instrumentation or fixation devices placed?
7. Were bone grafts harvested?
8. Were there other billable procedures performed? (microscope, fluoroscopy, Neuromonitoring)