CODER'S LIABILITY: WHAT YOU DON'T KNOW, WILL HURT YOU! STAY INFORMED.
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Coding for medical services has taken on a very important role over the past decade. Compliance and documentation standards have been developed as well. These changes have had a major impact on how coders and physicians collaborate to provide the best coding scenarios that portray the work involved in medical treatment. It is imperative that the professional coder remain up to date with the coding applications, changes and professional opinions of the specialties that are involved in their day to day operations.

In addition to the coding professional acquiring all the necessary tools and education needed for performing the duties of coding and/or billing, he or she is also responsible, under the current law, for adhering to the rules and regulations governing coding and billing reimbursement. Failure to perform these duties may result in a direct violation of contractual and professional obligation. Compliance programs and continued education will help reduce unintended violations and provide an outlet to report violations if they were to occur.

We have outlined some of the key areas of coding violations indicated below according to the Federal Government and National Coding Program:

- Participate in, agree to, or hide improper coding, knowing that it is improper coding
- Billing for items or services not actually documented
- Unbundling (occurs when a billing entity uses separate billing codes for services that have an aggregate billing code.)
- Upcoding (involves the practice of billing using code that provides a higher reimbursement rate than code that accurately reflects patient’s services.)
- Inappropriate balance billing (billing Medicare beneficiaries for the difference between the total provider charges and the Medicare part B allowable payment.)
- Inadequate resolution of overpayments (improper or excessive payment as a result of patient billing or claims processing errors for which a refund is owned by the provider.)
- Potential criminal exposure, even if you received no compensation, did not actually perform the improper coding and feared for the loss of employment.

While honest mistakes and omissions can and do occur in every business, it is important for the integrity of the spine professional, as well as that of our healthcare industry to remain mindful of all acceptable coding and billing practices. As spine professionals, we are driven to provide our very best in all areas of spine coding and reimbursement. We know the importance of being fully informed of any changes in the ever-evolving world of spine. To this end, The Business of Spine is the spine professional’s best source for providing comprehensive, up-to-date educational seminars and webinars in order to further enhance your knowledge and help you remain an important asset to your employer. We encourage the reader to visit our website: www.thebusinessofspine.com for helpful, up-to-date information on all our spine-related courses, seminars and webinars.

1 Coding Compass article - August 2011 - David M. Vaughn, JD, CPC
2 Federal Register 1998

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Vertebroplasty & Kyphoplasty Survey Results

It is important to keep up with the trends involving coding and reimbursement and they seem to change hourly! Some of our TBOS members indicated that they were having some difficulty with Vertebroplasty and Kyphoplasty reimbursement. We wanted to know if this was a National Trend so we can address this at a higher level. It turns out that results told us differently; that there are not many issues. For those that indicated that there were some issues, we were informed that they were relative to request for medical records (typical in our business), authorizations issues (happens every day), and resubmission issues (don’t need to even go there!). But for the most part, services were rendered and services were paid. Thanks so much to those that took the time to respond, we appreciate your involvement!

Vertebroplasty: Have you encountered problems obtaining preauthorization for this procedure?

- Yes: 12.5%
- No: 50%
- Sometimes: 25%
- Other: 12.5%

Vertebroplasty: Have you experienced reimbursement problems for this procedure?

- Yes: 12.5%
- No: 75%
- Sometimes: 12.5%
- Other: 12.5%

Kyphoplasty: Have you encountered problems obtaining preauthorization for this procedure?

- Yes: 12.5%
- No: 62.5%
- Sometimes: 12.5%
- Other: 12.5%

Kyphoplasty: Have you experienced reimbursement problems for this procedure?

- Yes: 12.5%
- No: 62.5%
- Sometimes: 12.5%
- Other: 12.5%

Coding Concierge

Coding for a deformity fusion requires the proper identification of the vertebral segments as the coding descriptors for all CPT coding opportunities. The CPT book further describes a vertebral segment as the following:

- A vertebral segment describes the basic constituent part into which the spine may be divided. It represents a single complete vertebral bone and its associated articular processes and laminar. Therefore, the process of counting vertebral segments for deformity fusion would begin with the superior vertebral body as one unit and all other vertebral bodies contained within the deformity fusions would be counted as one additional unit each.

The same holds true for instrumentation, as the CPT descriptors allow for coding based on vertebral segments as well. The instrumentation categories are divided into number of vertebral bodies that the instrumentation spans. Therefore, coding for a posterior deformity fusion, with segmental instrumentation, from T4- L4 would constitute 13 vertebral segments for both the fusion code and the instrumentation code, allowing for submission of codes 22804; posterior arthrodesis for deformity for 13 or more vertebral segments and 22844; posterior segmental instrumentation for 13 or more vertebral segments.

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Recent changes to CPT® spinal codes and coding guidelines have an important impact on reimbursement, new technologies, and the advancement of patient care. In this two part series, we'll review the changes you'll need to know in order to properly document and code these surgical cases. In this edition, we will cover 63030 Not for Minimally Invasive Lumbar Decompressions and Minimally Invasive Fusions Now A Category III Procedure. In the next edition, we will cover Understand the T Code Challenge and Don’t Give Up A Reimbursement Without A Fight.

63030 Not for Minimally Invasive Lumbar Decompressions

Compared to 2011, you'll notice a discreet difference in the coding requirements for decompressions of the spine. Discectomy, hemilaminectomy, and interspace decompression now require greater detail about the surgical approach.

For example, 63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar now describes an “open” procedure only (as does 63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical). You may no longer report 63030 for minimally invasive (i.e., endoscopically assisted) lumbar procedures, as in previous years. Instead, 62287 and 0275T now cover percutaneous and endoscopic approaches:

62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

0275T Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar

Note that 62287 and 0275T bundle (include) many related procedures, such as fluoroscopy, imaging, discogram, etc. The bundled services may not be coded separately. The codes also describe procedures performed at either single or multiple levels; 0275T further describes either unilateral or bilateral procedures.

When selecting among 63030, 62287, and 0275T, you must review documentation language carefully to differentiate the approach and find the specific terminology necessary to support the chosen code. Look for terms such as “percutaneous,” “cannula,” “fluoroscopy,” “tubular,” “intralaminar,” “port incision,” and “endoscopic” to identify decompression by minimally invasive technique as described by 0275T and 62287. Further clarification is required to determine a needle-based approach (62287) versus a non-needle-based approach (0275T). The language here is very specific.

Minimally Invasive Fusion Now a Category III Procedure

Descriptors for 22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed) and 22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed) have been revised (removing “without”) in 2012 to require that fusion include a transverse technique. This is another critical change. To report a minimally invasive approach, the coder must now look to Category III codes:

0220T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic

0221T lumbar

+0222T each additional vertebral segment (List separately in addition to code for primary procedure)

As evidenced by the code descriptors, 0220T-0222T include fusion as well as instrumentation, grafting, etc. Prior to this year, these procedures have been coded separately in addition to 22610 and 22612; in 2012, the new codes cover everything.

Look for Part 2 of Spine Reimbursement Sees A Major Impact in our Summer 2013 Edition

OUR MISSION

At The Business of Spine, our mission is to provide the Spine Industry with professional development, training and customized education through spine specific consulting services, training programs and educational tools.

We aim to raise the bar in the spine industry through increased business and financial awareness for all spine professionals, while promoting national compliance within industry and Federal standards.
Since its inception in 1998, Business Dynamics has emerged as a leading spine coding and medical reimbursement firm serving spine practices, spine product manufacturers and numerous organizations throughout the United States. Based in New York and Texas, Business Dynamics continues to successfully seek new ways to develop and expand knowledge within the spine industry to ensure maximum reimbursement for the spine specialist.

In order to fill the void in training and education for the spine professional, Business Dynamics developed The Business of Spine, our spine specific education and consulting company. With over 20 years of experience in the field of spine coding and reimbursement, The Business of Spine brings the business mindset into focus by combining many years of spine coding knowledge and experience to assist clients in maximizing reimbursement and increasing office efficiency.

The Business of Spine provides a full range of spine-specialized consulting services performed by seasoned experts in Practice Management, Spine Coding & Billing, and Hospital Financial Management. This extensive list offered to spine specialists nationally includes Claims Review and Audit Services, Comprehensive Billing Office Assessment, "The Spinal Cord", a hotline service offering real time coding advice, along with onsite educational Lectures and Seminars for Physicians, Facilities, and Manufacturers.

The Business of Spine’s Revenue Cycle Dynamics for the Spine Reimbursement Specialist educational series provides the spine professionals with resources and tools needed to expand their knowledge of spine coding, collection, and appeals issues, allowing career advancements and providing stronger support to the spine business.

Our Spinal Column Newsletter and Coding and Reimbursement Advisories offer updates for our clients as changes occur in the realm of spine coding and reimbursement in response to state, federal, or insurance commission legislation.