May 2, 2024

Chicago, IL

NERVES

Neurosurgery Executives' Resource Value & Education Society

SpineSearch

Nicola Hawkinson DNP, RN, CPC

CORE Medical Revenue Cycle Management

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Disclosure Slide

- CEO of SpineSearch and Core Medical RCM

No other disclosures

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SpineSearch

Nicola Hawkinson DNP, RN, CPC

CORE Medical Revenue Cycle Management

Founder SpineSearch

Nicola Hawkinson, DNP, RN, RNFA, CPC, CEO
nicola@spine-search.com

Founded 2008

H/R and Training

Healthcare Recruitment

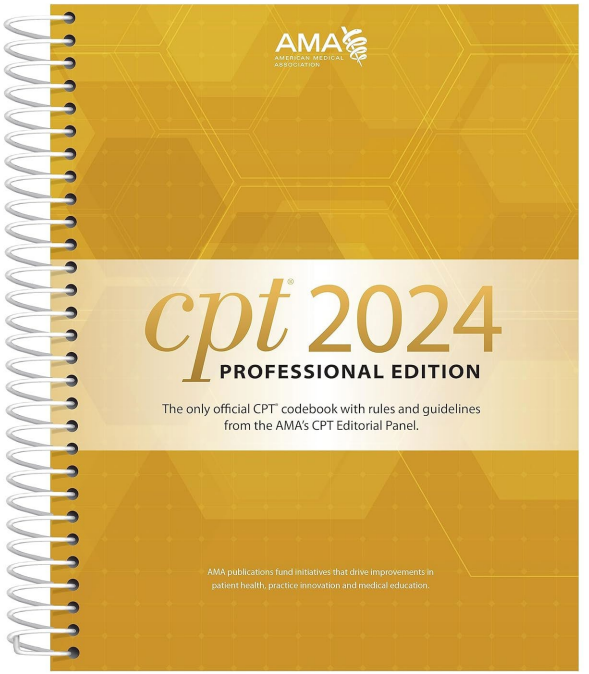
Core Medical Revenue Cycle Management

Nicola Hawkinson, DNP, RN, RNFA, CPC, CEO
nicola@spine-search.com

Founded 2018

Revenue Cycle Management
Billing
Coding
Consulting

2024 CPT CODING UPDATE FOR NEUROSURGERY



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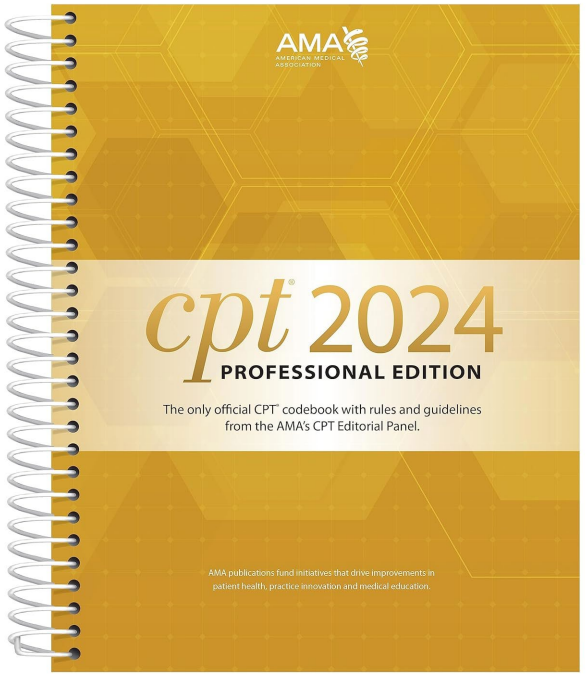
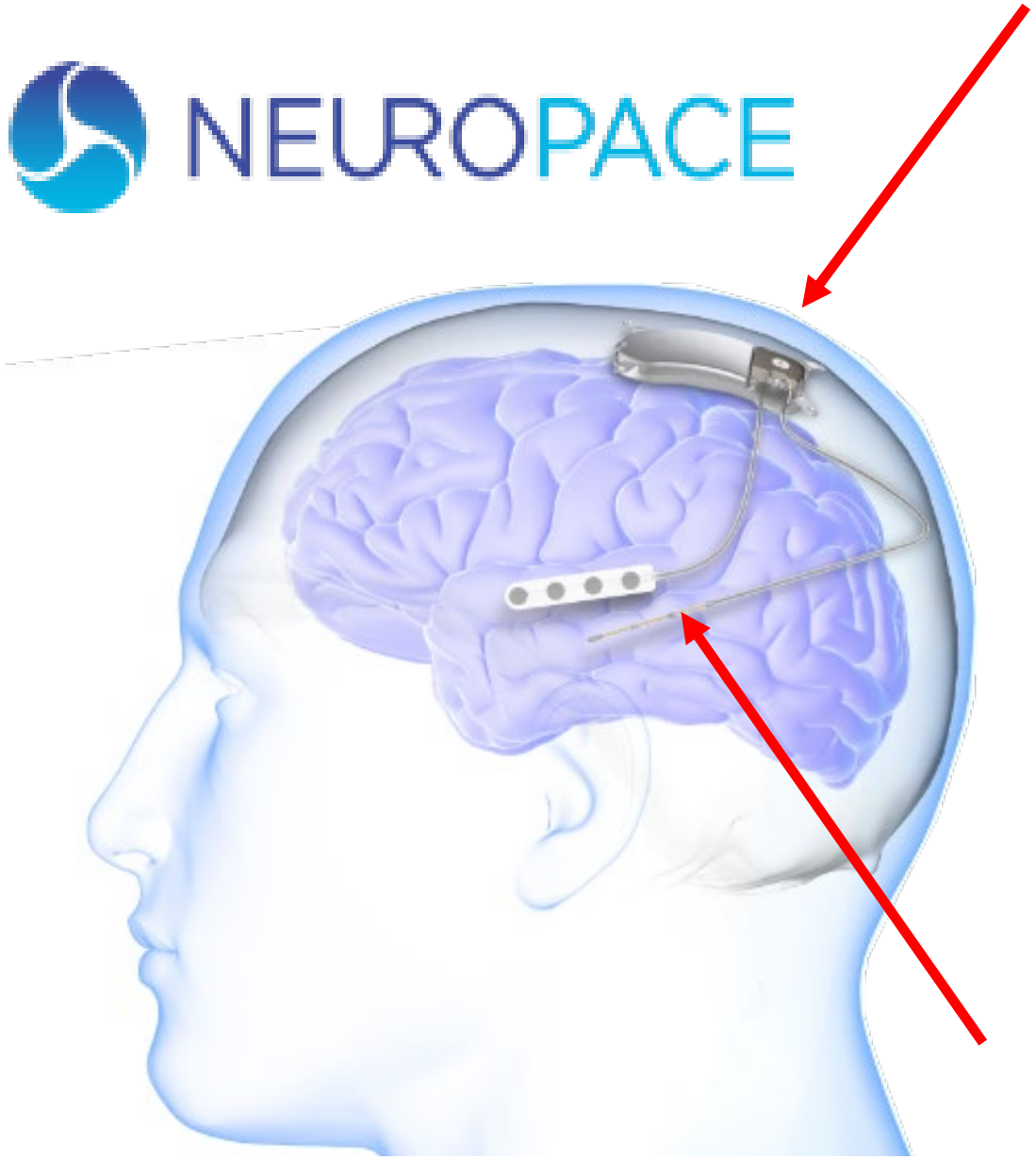
SURGICAL CPT CODES



NEUROPACE



- Responsive Neurostimulator System (RNS)®
- The RNS System recognizes and responds to each patient's unique brain patterns, providing personalized stimulation and preventing seizures before they start.
- The RNS System records intracranial EEG (iEEG) data while patients go on with their lives.
- Composed of 2 parts: intracranial electrode(s) and skull-mounted generator.

https://www.neuropace.com/wp-content/uploads/2021/03/Mask-Group-261.png

RNS® PLACEMENT

Code(s) for placement of electrode(s)

CPT Code	Description
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic *implantation of neurostimulator electrode array in subcortical site* (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), *without use of intraoperative microelectrode recording; first array;*
+61864	each additional array (List separately in addition to primary procedure)

Code for placement of skull-mounted generator/receiver

CPT Code	Description
●61889	Insertion of *skull-mounted cranial neurostimulator pulse generator or receiver*, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)

RNS® PLACEMENT

●New Code 2024

90-day global period per CMS

CPT Code	Description	wRVU
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic *implantation of neurostimulator electrode array in subcortical site* (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), *without use of intraoperative microelectrode recording; first array;*	**20.71**
+61864	each additional array (List separately in addition to primary procedure)	**4.49**

CPT Code	Description	wRVU
●61889	Insertion of *skull-mounted cranial neurostimulator pulse generator or receiver*, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	**25.75**

RNS® PLACEMENT

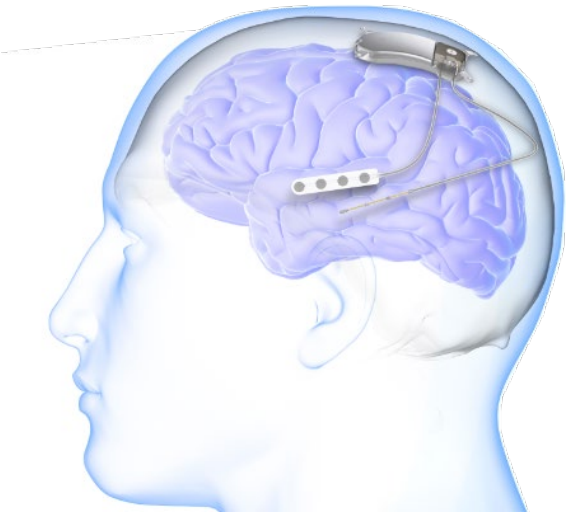
One Day Procedure

●New Code 2024

Example 1: One electrode connected to one generator

61863 Electrode

●61889 Skull-mounted generator (may need modifier 51)



Example 2: Two electrodes connected to one generator

61863 First electrode

+61864 Second electrode

●61889 Skull-mounted generator (may need modifier 51)

RNS® PLACEMENT

●New Code 2024

Staged Procedure

Procedure 1: Electrode placed

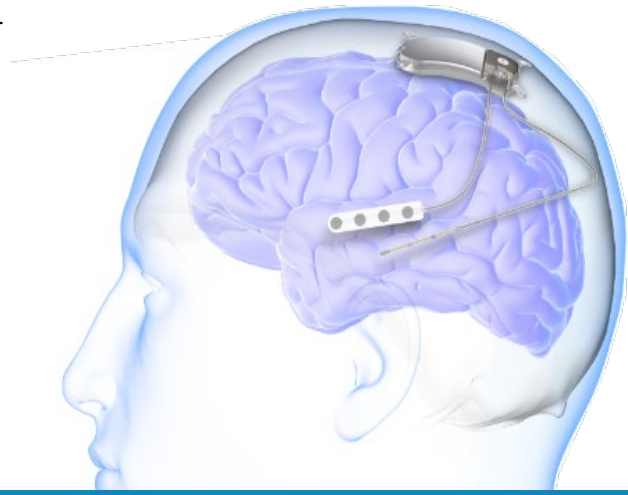
61863 Electrode placement

Use +61864 if second electrode placed

Procedure 2 Different Day: Skull-mounted generator placed and connected to electrode(s)

●61889-58 Skull-mounted generator

(modifier 58 for staged procedure)



RNS® REVISION/REPLACEMENT

CPT Code	Description
●61891	*Revision or replacement* of *skull-mounted* cranial neurostimulator pulse *generator or receiver* with connection to depth and/or cortical strip electrode array(s)

- Use when the skull-mounted generator/receiver is revised – the same equipment used
- May also use when the skull-mounted generator/receiver is replaced – the old one is removed, and the new one is placed (do not separately code for the removal)

RNS® REMOVAL

CPT Code	Description
●61892	*Removal* of *skull-mounted cranial neurostimulator pulse generator or receiver* with cranioplasty, when performed

CPT Code	Description
61880	*Revision or removal* of intracranial neurostimulator *electrodes*

RNS® ANALYSIS

CPT Code	Description
95970	*Electronic analysis* of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, *without programming*

- Do not report for service performed in the operating room.
- May report with postop visit (99024, no charge) when checking impedence. Append modifier 58 (staged/anticipated procedure) even if performed in the office.
- Document results in a Procedure paragraph.

RNS® PROGRAMMING

CPT Code	Description
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; *with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time* with physician or other qualified health care professional
+95984	with *brain* neurostimulator pulse generator/transmitter programming, *each additional 15 minutes face-to-face time* with physician or other qualified health care professional (List separately in addition to code for primary procedure)

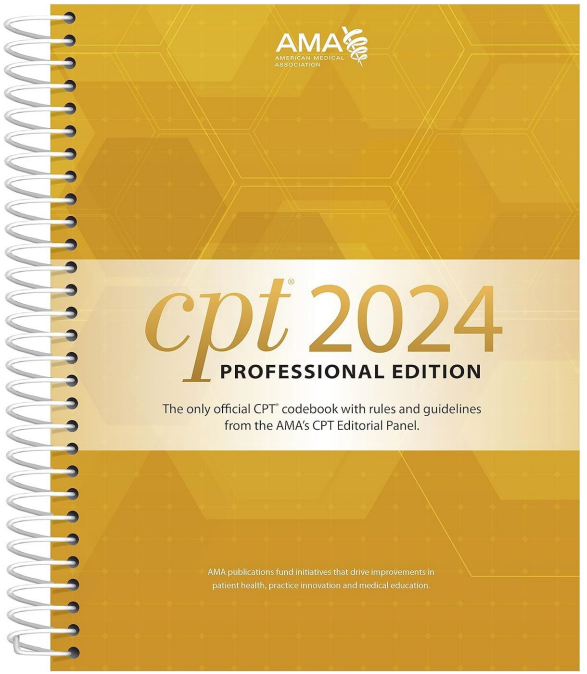
- May report with postop visit (99024, no charge) when actually programming the neurostimulator. Append modifier 58 (staged/anticipated procedure) even if performed in the office.
- Document actual parameters programmed in a Procedure paragraph.
- Oftentimes done by the neurologist.

Spinal Cord Neurostimulator

CPT Code	Description
▲63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, **requiring pocket creation and connection between electrode array and pulse generator or receiver** ~~direct or inductive coupling~~
▲63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver**, with detachable connection to electrode array**

- Code language revised for clarity

EVALUATION AND MANAGEMENT CPT CODES



E/M Code Time for New/Established Patients

	CPT Code	2024 Time (Minutes)	Prior to 2024 Time (Minutes)
New Patient Visit Codes	99202	15	15 - 29
	99203	30	30 - 44
	99204	45	45 - 59
	99205	60	60 – 74
Established Patient Visit Codes	99211	N/A	N/A
	99212	10	10 – 19
	99213	20	20 – 29
	99214	30	30 – 39
	99215	40	40 - 54

The times for 9920x and 9921x codes were changed to a *minimum amount of time*, rather than a range of time, that must be met or exceeded. The actuals times did not change. This is consistent with CMS times.

The Real World

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CORE Medical Revenue Cycle Management

Operative Note Dissection

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Op Notes

Your Opponent

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CORE Medical Revenue Cycle Management

Purpose of the Operative Report

- Clinical Documentation of the Procedure or Surgery Performed
- Billing and Reimbursement
- Risk Management

Effective Documentation – Why Do I Care?

- Minimizes Questions from Coders
- Eliminates (Minimizes) Requests for Addendums
- Allows Timely Billing to Insurance or Other Payer
- Provides Adequate Documentation for Appeals
- Optimizes Payment – Amount and Timing

Parts of a Template

1. Patient Demographics
2. Date of Service
3. Co-surgeon/Assistant
4. Pre-/Post-op Diagnoses
5. Summary of Procedure
6. Indications Paragraph
7. Findings Paragraph
8. Main Body of Report
9. Medical Necessity of Assistant
10. Teaching Physician Attestation

Parts of a Template

1. Patient Demographics

Begin At The Beginning

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Success Basics

- Patient Demographics
- Insurance Information
- Imaging
- Medical Coverage Policies

Parts of a Template

1. Patient Demographics
2. Date of Service

Components of an Effective Operative Report

The Patient
Who? Where? When?

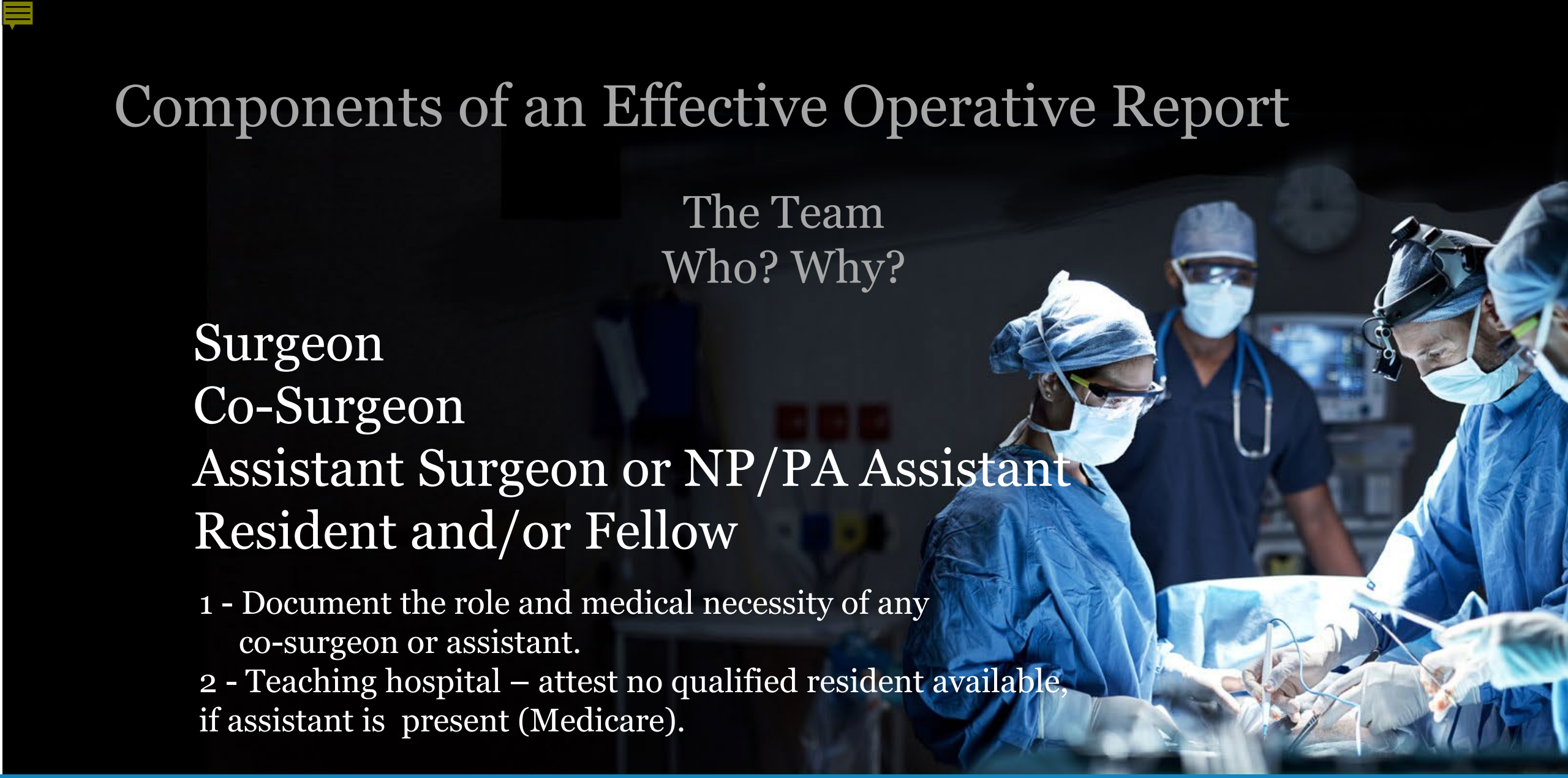
- Patient Name
- DOB
- MRN
- Facility
- Date of Service

Parts of a Template

1. Patient Demographics
2. Date of Service
3. Co-surgeon/Assistant

Components of an Effective Operative Report

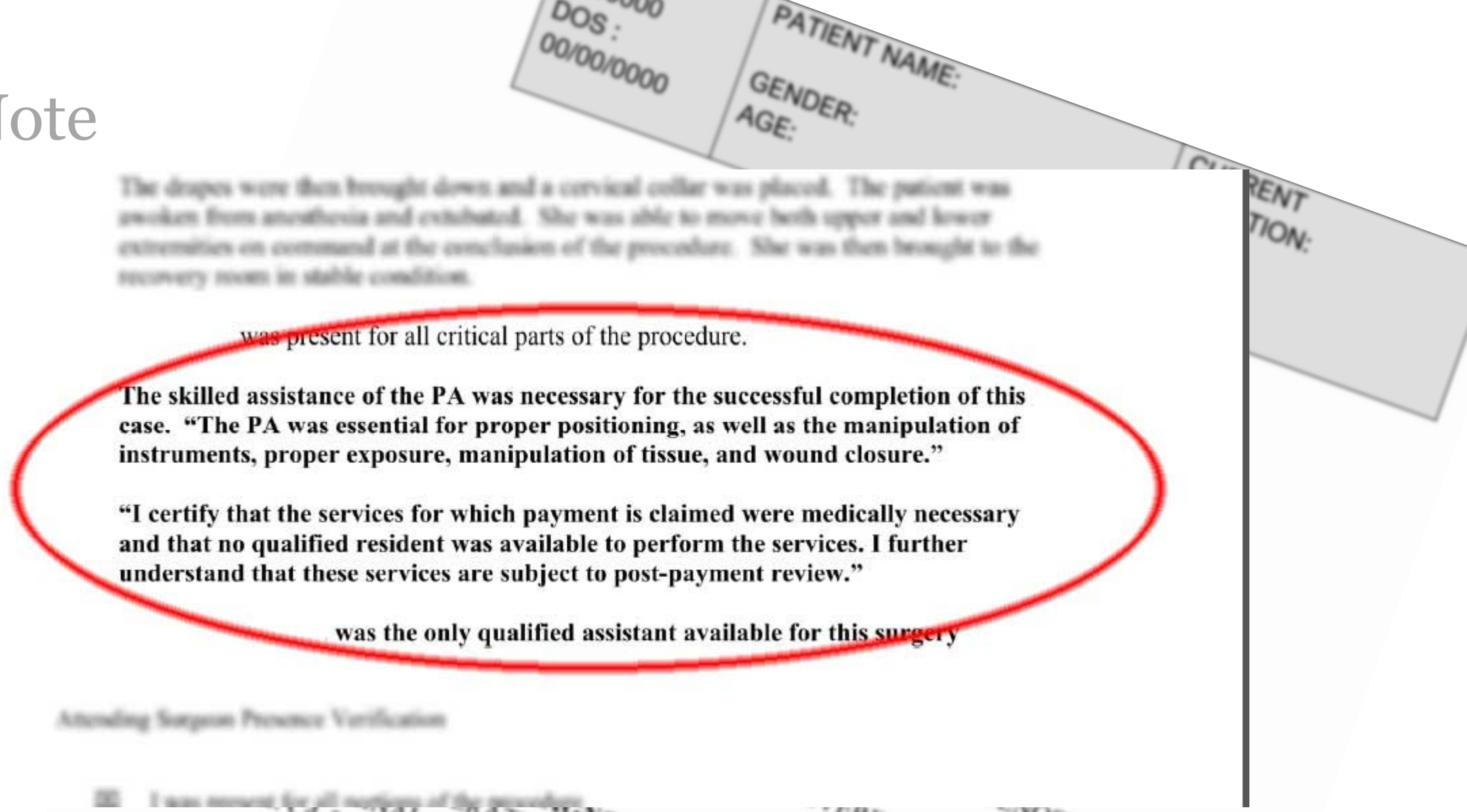
The Team
Who? Why?



Surgeon
Co-Surgeon
Assistant Surgeon or NP/PA Assistant
Resident and/or Fellow

1 - Document the role and medical necessity of any co-surgeon or assistant.
2 - Teaching hospital – attest no qualified resident available, if assistant is present (Medicare).

Op Note


DOS :
00/00/0000
PATIENT NAME:
GENDER:
AGE:
was present for all critical parts of the procedure.
The skilled assistance of the PA was necessary for the successful completion of this case. "The PA was essential for proper positioning, as well as the manipulation of instruments, proper exposure, manipulation of tissue, and wound closure."
"I certify that the services for which payment is claimed were medically necessary and that no qualified resident was available to perform the services. I further understand that these services are subject to post-payment review."
was the only qualified assistant available for this surgery

Parts of a Template

1. Patient Demographics
2. Date of Service
3. Co-surgeon/Assistant
4. Pre-/Post-op Diagnoses

Components of an Effective Operative Report

Diagnosis – Why?

Pre-op Diagnosis
Post-op Diagnosis

Often the same but should be updated for any findings during surgery (e.g. frozen pathology, synovial cyst)

Provide sufficient detail to allow correct selection of ICD-10 code(s). Include co-morbidities if they impact surgery.

Op Note

ASSISTANT:

Physician Assistant services utilized for this procedure.

PRELIMINARY DIAGNOSIS:
1. C5-6 DEGENERATIVE DISK DISEASE WITH SPINAL STENOSIS AND SEVERE FORAMINAL STENOSIS.
2. C4-5 CERVICAL SPONDYLOSIS WITH SEVERE LEFT FACET ARTHROSIS.
3. CERVICAL RADICULOPATHY.

POSTOPERATIVE DIAGNOSIS:
1. C5-6 DEGENERATIVE DISK DISEASE WITH SPINAL STENOSIS AND SEVERE FORAMINAL STENOSIS.
2. C4-5 CERVICAL SPONDYLOSIS WITH SEVERE LEFT FACET ARTHROSIS.
3. CERVICAL RADICULOPATHY.

NAME OF OPERATION:
1. ANTERIOR CERVICAL DECOMPRESSION AND FUSION WITH ALLOGRAFT, CAGE AND PLATE NUVASIVE C4-5, C5-6.

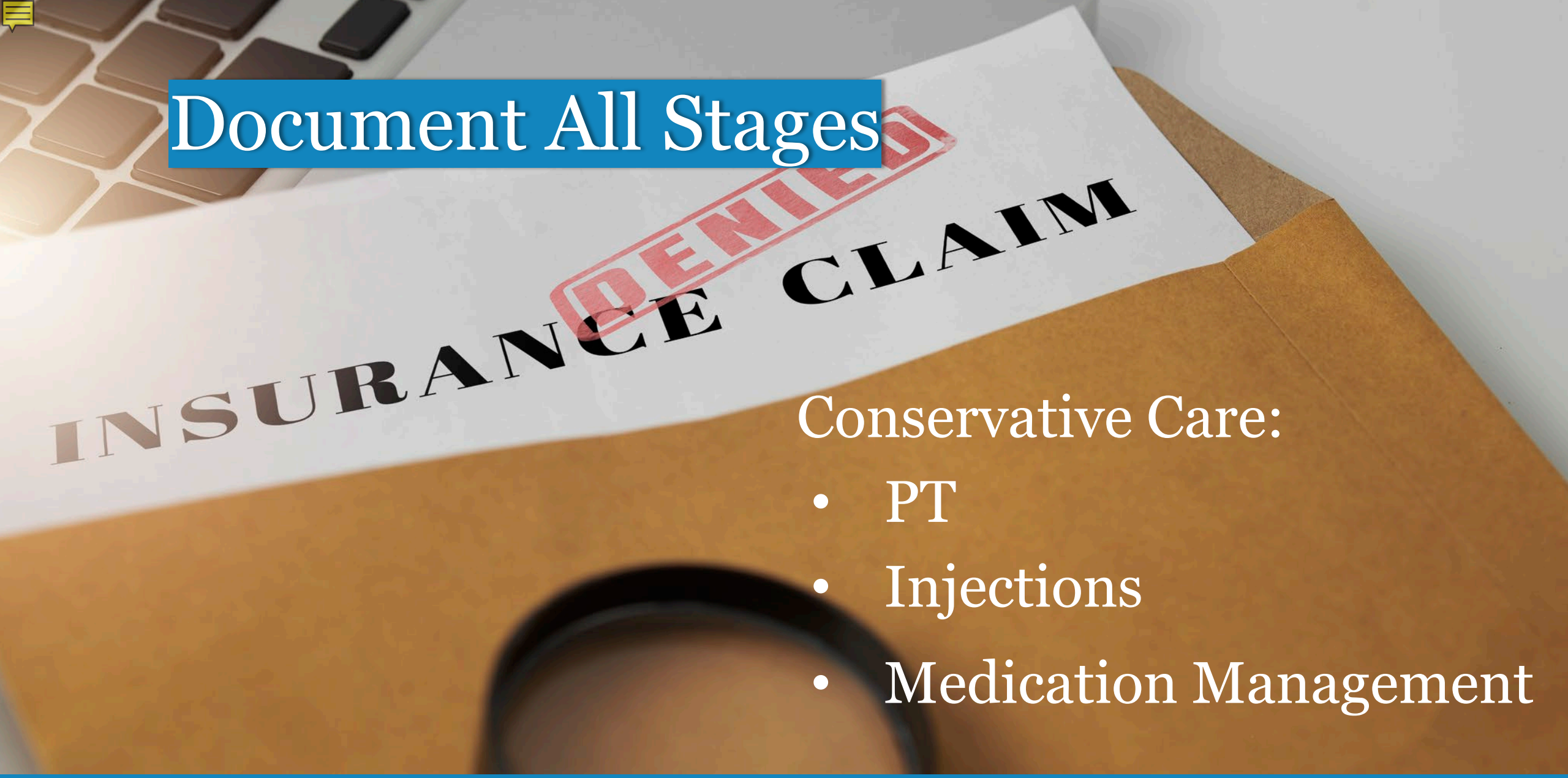
Parts of a Template

1. Patient Demographics
2. Date of Service
3. Co-surgeon/Assistant
4. Pre-/Post-op Diagnoses
5. Summary of Procedure

Parts of a Template

1. Patient Demographics
2. Date of Service
3. Co-surgeon/Assistant
4. Pre-/Post-op Diagnoses
5. Summary of Procedure
6. Indications Paragraph

Document All Stages



Conservative Care:

- PT
- Injections
- Medication Management

Components of an Effective Operative Report

Indications? Why?

Brief Background on Patient
Conservative Care
Consent
Work Injury?
Auto Accident?
Staged Surgery or Return to OR for Complication

* Support medical necessity of the surgery or procedure.

Op Note

INDICATIONS:
Please see the office notes for further details. The patient is a 55 year old female with progressively worsening cervical complaints which radiate from the posterior neck down to the shoulder blades and occasionally radiating into her jaw. She experiences pain down her right arm with weakness of her right biceps and a sense of bilateral hand weakness with grasping objects. She received a cortisone injection which had provided no relief and performed physical therapy and aquatherapy with little benefit. MRI, x-ray and CT of the cervical spine were performed which demonstrated significant spondylosis seen on x-ray at C5-6 and foraminal stenosis and central canal stenosis seen on MRI with the CT demonstrating at the C4-5 level spondylosis with severe facet joint arthrosis. The patient wished to have surgery as definitive treatment.

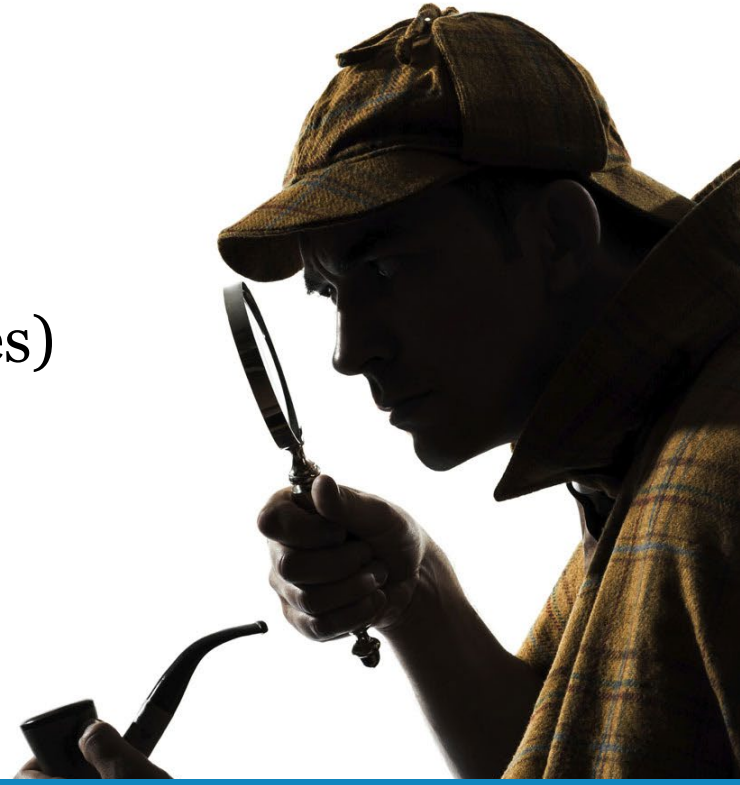
Parts of a Template

1. Patient Demographics
2. Date of Service
3. Co-surgeon/Assistant
4. Pre-/Post-op Diagnoses
5. Summary of Procedure
6. Indications Paragraph
7. Findings Paragraph

Components of an Effective Operative Report

Findings

Optional
Complications
Obesity
Extreme Blood Loss
Support for Modifier 22 (Increased Procedural Services)



Parts of a Template

1. Patient Demographics
2. Date of Service
3. Co-surgeon/Assistant
4. Pre-/Post-op Diagnoses
5. Summary of Procedure
6. Indications Paragraph
7. Findings Paragraph
8. Main Body of Report

Components of an Effective Operative Report

Describe Procedure Performed? What?

1. Decompression
2. Fusion
3. Instrumentation
4. Microdissection
5. Stereotactic Navigation
6. Grafts
7. Bone Marrow Aspirate
8. Moderate Sedation

Spine ICD-10 Coding Pearls

ICD10	Cervical
M50.21	Disc Displacement, C2-C3, C3-C4
M50.221	Disc Displacement, C4-C5
M50.222	Disc Displacement, C5-C6
M50.223	Disc Displacement, C6-C7
M50.23	Disc Displacement, C7-T1
M50.11	Disc Disorder w/Radic, C2-C3, C3-C4
M50.121	Disc Disorder w/Radic, C4-C5
M50.122	Disc Disorder w/Radic, C5-C6
M50.123	Disc Disorder w/Radic, C6-C7
M50.13	Disc Disorder w/Radic, C7-T1
M50.01	Disc Disorder w/Myelo, C2-C3, C3-C4
M50.021	Disc Disorder w/Myelo, C4-C5
M50.022	Disc Disorder w/Myelo, C5-C6
M50.023	Disc Disorder w/Myelo, C6-C7
M50.03	Disc Disorder w/Myelo, C7-T1

- Levels
- Laterality
- Radiculopathy or Myelopathy
- Stenosis – Neurogenic Claudication Present
- Fractures – Type, Open or Closed, Cord Injury
- Pathologic Fracture – Osteoporosis or Other Cause

Op Note

2. C4-5 CERVICAL SPONDYLOSIS WITH SEVERE LEFT FACET ARTHROSIS.
3. CERVICAL RADICULOPATHY.

NAME OF OPERATION:
1. ANTERIOR CERVICAL DECOMPRESSION AND FUSION WITH ALLOGRAFT, CAGE AND PLATE NUVASIVE C4-5, C5-6.
2. PLACEMENT AND REMOVAL OF GARDNER WELLS TONGS.
3. MOTOR EVOKED POTENTIALS.
4. RADIOGRAPHIC EXAMINATION.

ANESTHESIA: GENERAL

INDICATIONS:
Please see the office notes for further details. The patient is a 55 year old female with

Parts of a Template

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2. Date of Service
3. Co-surgeon/Assistant
4. Pre-/Post-op Diagnoses
5. Summary of Procedure
6. Indications Paragraph
7. Findings Paragraph
8. Main Body of Report
9. Medical Necessity of Assistant

Parts of a Template

1. Patient Demographics
2. Date of Service
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9. Medical Necessity of Assistant
10. Teaching Physician Attestation

Parts of a Template

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Components of an Effective Operative Report

Details of Procedure

If it doesn't appear here, it didn't happen.
Get it right the FIRST time!
Corrections after the fact cause doubt.

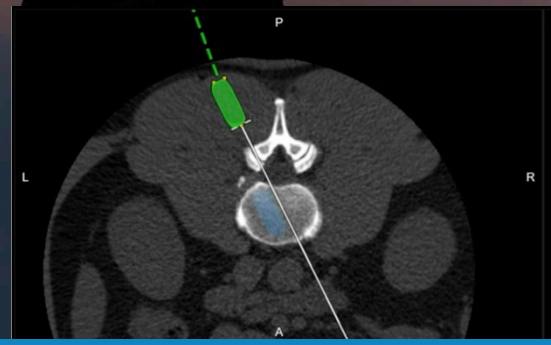
Document the reasons if the procedure performed differs from prior authorized procedure.

Other Considerations

- Complete Operative Report Within 24 Hours
- Respond to Questions from Coders Quickly
- Complete Addendums in a Timely Manner
- Include the Brand Name of Implants in the Operative Report
- Do NOT Include CPT Codes in the Operative Report
- Involve Coders in Template Creation

This Is a Fight

Strategy
Tactics
Not Just an op note
It's a Military op
Provide troops (staff) with ammo they need



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Questions?

SpineSearch and Core were Founded by a Medical Professional

THANK YOU!

NERVES
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Value & Education Society

(516) 333-5050

Nicola Hawkinson, DNP, RN, RNFA, CPC, CEO
nicola@spine-search.com

Asia Flood, Executive Assistant
asia.flood@spine-search.com