

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, modern aesthetic. The text is centered on a white background within this design.

# Nerves 2024 Neurosurgery coding updates & discussions

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# Discussion Points

- ▶ New Codes
- ▶ Spinal Surgeries - Hot Topics
- ▶ Cranial Surgeries - Hot Topics

# ICD-10 Coding updates - Unknown Loss of Consciousness

- ▶ New codes created in 2023, but wasn't discussed on last years presentation
- ▶ • The current default, “with loss of consciousness of unspecified duration” implies the patient had a LOC
  - Patients present without a clear history of loss of consciousness

Concussion NOS - S06.0XAA

These are now the mostly used “Seven Digit “A”” as usually per the documentation I haven't seen most surgeons talk about the patient's level of consciousness

# ICD-10 Coding updates - Unknown Loss of Consciousness

- ▶ Other commonly used injuries
  - ▶ S06.1X - Traumatic Cerebral Edema
  - ▶ S06.2X - Diffuse traumatic brain injury
  - ▶ S06.30 - Unspecified focal traumatic brain injury
  - ▶ S06.31 - Contusion and laceration of right cerebrum
  - ▶ S06.32 - Contusion and laceration of left cerebrum
  - ▶ S06.34 - Traumatic hemorrhage of right cerebrum
  - ▶ S06.35 - Traumatic hemorrhage of left cerebrum
  - ▶ S06.36 - Traumatic hemorrhage of cerebrum, unspecified
  - ▶ S06.37 - Contusion, laceration, and hemorrhage of cerebellum
  - ▶ S06.38 - Contusion, laceration, and hemorrhage of brainstem

# ICD-10 Coding updates - Unknown Loss of Consciousness

- ▶ S06.4X - Epidural hemorrhage
  - ▶ S06.5X - Traumatic subdural hemorrhage
  - ▶ S06.6X - Traumatic subarachnoid hemorrhage
  - ▶ S06.81 - Injury of right internal carotid artery, intracranial portion, NEC
  - ▶ S06.82 - Injury of left internal carotid artery, intracranial portion, NEC
  - ▶ S06.8A - Primary blast injury of brain, NEC
  - ▶ S06.89 - Other specified intracranial injury
  - ▶ S06.9X - Unspecified intracranial injury
- ▶ Please note that if patient also has a fracture of the skull, these codes are to be classified first per ICD-10 guidelines.

# 2024 ICD-10 New Codes - Neurosurgery

- ▶ **D48.110 Desmoid tumor of head and neck**
- ▶ Desmoid tumors are rare, noncancerous growths that develop in connective tissue, and are also known as aggressive fibromatosis. They can form anywhere in the body, but they most often occur in the abdomen, shoulders, upper arms, and thighs. Desmoid tumors can grow slowly or very quickly, and the quicker they grow, the more serious they are.

# 2024 ICD-10 New Codes - Neurosurgery

- ▶ G20 Parkinson's disease Delete Parkinsonism or Parkinson's disease NOS
  - ▶ ○G20.A Parkinson's disease without dyskinesia **G20.A1 Parkinson's disease without dyskinesia, without mention of fluctuations Parkinson's disease NOS**
  - ▶ **Parkinson's disease without dyskinesia, without mention of OFF episodes**
  - ▶ **G20.A2 Parkinson's disease without dyskinesia, with fluctuations Parkinson's disease without dyskinesia, with OFF episodes**

# 2024 ICD-10 New Codes - Neurosurgery

- ▶ ○ G20.B Parkinson's disease with dyskinesia
  - ▶ Excludes1: drug induced dystonia (G24.0-) **G20.B1 Parkinson's disease with dyskinesia, without mention of fluctuations Parkinson's disease with dyskinesia, without mention of OFF episodes**
  - ▶ **G20.B2 Parkinson's disease with dyskinesia, with fluctuations Parkinson's disease with dyskinesia, with OFF episodes**

- ▶ ○ **G20.C Parkinsonism, unspecified** Parkinsonism, NOS
  - ▶ Excludes1: Parkinson's disease NOS (G20.A1)
  - ▶ Parkinson's disease with dyskinesia (G20.B-)
  - ▶ Parkinson's disease without dyskinesia (G20.A-)
  - ▶ secondary parkinsonism (G21-)



# 2024 ICD-10 New Codes - Neurosurgery

- ▶ New Codes
- ▶ ○G23 Other degenerative diseases of basal ganglia **New Code: G23.3 Hypomyelination with atrophy of the basal ganglia and cerebellum H-ABC**
- ▶ ○G31.8 Other specified degenerative diseases of nervous system **New Code: G31.80 Leukodystrophy, unspecified**
- ▶ ○ *No Change* **G31.84 Mild cognitive impairment of uncertain or unknown etiology**  
**New Code: G31.86 Alexander disease** Alexander disease is a leukodystrophy. This term identifies a group of heritable diseases that predominantly affect the white matter of the CNS. It represents the only known example of a genetic disorder affecting astrocyte cells. This rare disease has multiple clinical forms spanning from newborn to adult.

# 2024 ICD-10 New Codes - Neurosurgery

- ▶ G37.8 Other specified demyelinating diseases of central nervous system ◦ **G37.81 Myelin oligodendrocyte glycoprotein antibody disease** MOG antibody disease
  - ▶ –Code also associated manifestations, if known, such as: noninfectious acute disseminated encephalomyelitis (G04.81)
  - ▶ neuromyelitis Optica (G36.0)
- ▶ ◦ **G37.89 Other specified demyelinating diseases of central nervous system**
- ▶ Myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) is an inflammatory disorder of the central nervous system characterized by attacks of immune-mediated demyelination predominantly targeting the optic nerves, brain, and spinal cord.

# 2024 ICD-10 New Codes - Neurosurgery

## ▶ New Codes

- ▶ **G40 Epilepsy and recurrent seizures** ○ **G40.C Lafora progressive myoclonus epilepsy** Lafora body disease
- ▶ **Code also**, if applicable, associated conditions such as dementia (F02.8-)
  
- ▶ ○ **G40.C0 Lafora progressive myoclonus epilepsy, not intractable** **G40.C01 Lafora progressive myoclonus epilepsy, not intractable, with status epilepticus**
  - ▶ **G40.C09 Lafora progressive myoclonus epilepsy, not intractable, without status epilepticus** Lafora progressive myoclonus epilepsy NOS
  
- ▶ ○ **G40.C1 Lafora progressive myoclonus epilepsy, intractable** **G40.C11 Lafora progressive myoclonus epilepsy, intractable, with status epilepticus**
- ▶ **G40.C19 Lafora progressive myoclonus epilepsy, intractable, without status epilepticus**

# 2024 ICD-10 New Codes - Neurosurgery

**✓ 5<sup>th</sup>** [Q75.0](#) Craniosynostosis

**✓ 6<sup>th</sup>** [Q75.00](#) Craniosynostosis unspecified

Craniosynostosis NOS

[Q75.001](#) Craniosynostosis unspecified, unilateral

[Q75.002](#) Craniosynostosis unspecified, bilateral

[Q75.009](#) Craniosynostosis unspecified

Imperfect fusion of skull

[Q75.01](#) Sagittal craniosynostosis

Non-deformational dolichocephaly

Non-deformational scaphocephaly

**EXCLUDES 1** plagiocephaly (Q67.3) ([Q67.3](#))

# 2024 ICD-10 New Codes - Neurosurgery

<b>✓6<sup>n</sup></b> <b>Q75.02</b> Coronal craniosynostosis
Non-deformational anterior plagiocephaly
<b>EXCLUDES 1</b> dolichocephaly (Q67.2) ( <b>Q67.2</b> )
<b>Q75.021</b> Coronal craniosynostosis unilateral
Non-deformational anterior plagiocephaly
<b>Q75.022</b> Coronal craniosynostosis bilateral
Non-deformational brachycephaly
<b>Q75.029</b> Coronal craniosynostosis unspecified
<b>Q75.03</b> Metopic craniosynostosis
Trigonocephaly

# 2024 ICD-10 New Codes - Neurosurgery

✓<sup>8</sup> **Q75.04** Lambdoid craniosynostosis

Non-deformational posterior plagiocephaly

**EXCLUDES 1** dolichocephaly (Q67.2) (Q67.2)

**Q75.041** Lambdoid craniosynostosis, unilateral

**Q75.042** Lambdoid craniosynostosis, bilateral

**Q75.049** Lambdoid craniosynostosis, unspecified

✓<sup>8</sup> **Q75.05** Multi-suture craniosynostosis

**Q75.051** Cloverleaf skull

Kleeblattschaedel skull

**Q75.052** Pansynostosis

**Q75.058** Other multi-suture craniosynostosis

**EXCLUDES 1** coronal craniosynostosis, bilateral (Q75.022) (Q75.022)

lambdoid craniosynostosis, bilateral (Q75.042) (Q75.042)

**Q75.08** Other single-suture craniosynostosis

# 2024 CPT Updates

- ▶ Skull-Mounted Cranial Neurostimulators - Brain Defibrillator connected to depth or cortical electrodes
- ▶ Code 61889 - Insertion
  - ▶ Includes craniectomy or craniotomy when performed; Direct or Inductive coupling; Connection to strep electrode array(s)
- ▶ Code 61891 - Revision or Replacement
  - ▶ Connection to depth and/or cortical electrode array(s)
- ▶ Code 61892 - Removal
  - ▶ Includes cranioplasty when performed

# 2024 CPT Updates





# 2024 CPT Updates

- ▶ The leads placement are reported separately, and are typically 61863 for 1st lead, and 61864 for additional leads
- ▶ **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** - 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; each additional array (List separately in addition to primary procedure)
- ▶ Medicare only allows 1 each to be billed (MUE of 1)

# 2024 Hot Topics

- ▶ Getting paid for assistants at surgery

# Surgical Assistant Guidelines

- ▶ **Modifier 80 - Assistant Surgeon (AS modifier for PA or NP assistants)**
  - ▶ Need for the exact name of the assistant on the operative report, along with credentials
  - ▶ The operative report should clearly document the assistant surgeon's role during the operative session
  - ▶ The surgeon is required to specify in the body of the report what the assistant does
  - ▶ It is not sufficient evidence of participation to list the assistant's name in the heading of the operative report
  - ▶ Carriers require operative reports in order to process the assistant's claim and will deny claims if there is no accounting by the surgeon of what was performed by the assistant.

# Surgical Assistant Guidelines

- ▶ Modifier 82 - Assistant Surgeon - when qualified resident surgeon not available.
  - ▶ Used in a teaching setting
  - ▶ Need for assistant to be documented
  - ▶ Documentation that a qualified resident wasn't available for this surgery

# Surgical Assistant Guidelines

- ▶ All procedures need to have a short statement of the medical necessity of why the assistant was necessary and/or what they performed.
- ▶ Each surgery has its own circumstances, so there is no canned statement that would be used.
- ▶ What codes allow assistants
  - ▶ <https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>
- ▶ **Status Definitions**
  - ▶ 0 = Payment restrictions for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.
  - ▶ Note: Supporting documentation must be submitted at the time of claim submission to established medical necessity and should clearly document the assistant surgeon's role during the operative session.
  - ▶ 1 = Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid.
  - ▶ 2 = Payment restrictions for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid.

# AANS Global Surgical Package - Spine

- ▶ Included per AANS
  - ▶ Positioning of patient, preparation of the surface area
  - ▶ Approach and closure of operative site
  - ▶ Wound management, such as cultures; drains and suction devices
  - ▶ Imaging (Including fluoroscopy and ultrasound guidance)
  - ▶ Neuromonitoring
  - ▶ Magnification using loupes
  - ▶ Application of dressings, braces, splints or casts, including traction where appropriate

# AANS Global Surgical Package - Spine

- ▶ Not Included per AANS
  - ▶ Placement of additional and/or special devices (lumbar drain during craniotomy)
  - ▶ Application of halo or other complex fixation device
  - ▶ Microdissection by use of an operating microscope (except codes included listed under CPT 69990 in CPT book).
    - ▶ Also, Medicare bundles the microscope in many procedures, so check the NCCI edits
  - ▶ Stereotactic guidance

# Stereotactic Guidance - 61783

- ▶ Intraoperative imaging such as fluoroscopy or the newer advanced imaging techniques such as intraoperative CT scans; MRI scans, and 3D fluoroscopy (O-Arm, Iso-C, FluoroNav) should not be reported separately or with 61783
- ▶ Use of 61783 requires a stereotactic navigation system such as Brainlab, or Medtronic stealth station. **Please name this system in your report.**
- ▶ Documentation should state that the images taken were “pushed” or “transferred” to the station and discussed of how these images were used to place instrumentation or guidance in difficult spinal anatomy
- ▶ This code does edit with CPT 69990 per Medicare edits, but this can be bypassed if the use of the microscope was for another procedure, and not part of the stereotactic guidance portion.
- ▶ 34. CPT code 61783 (Stereotactic computer-assisted (navigational) procedure; spinal...) shall not be reported for a simple spinal decompression (e.g., CPT codes 63001-63053). Stereotactic navigational procedures are usually performed to identify anatomy for precise treatments and avoid vital structures which are not necessary for a simple spinal decompression procedure. - NCCI Manual



# Dural Repair

- ▶ 63707 - Repair of dural/CSF leak, not requiring laminectomy
- ▶ 63709 - Repair of dural/CSF leak or pseudomeningocele, with laminectomy
- ▶ 63710 - Dural graft, spinal
  - ▶ Do not report these codes to repair small intraoperative dural laceration or leak
  - ▶ Do not report these codes for inherently intradural procedures
  - ▶ **May report these codes when dural tears are due to fractures**

# Common questions - Anterior instrumentation with cages

- ▶ Anterior instrumentation (22845 - 22847) bundles with the cages (22853 - 22859)
- ▶ This edit can be bypassed if a separate plating was performed that overlaps the interspace, and can provide independent stabilization.
- ▶ If the cages are stand alone cages with integrated plating/blades, then only the cage can be reported (e.g. Stalif-C; Durango) - **Document the exact name of cages and plates in your report!**
- ▶ Placement of cement around screws to reinforce the instrumentation is not separately reported, and considered part of the instrumentation, this is not a separately reportable vertebroplasty.
- ▶ 22853 - Interspace Cage
- ▶ 22854 - Corpectomy Cage
- ▶ 22859 - Other, such as Open Kyphoplasty into vertebral body to fill a defect during open surgery

# Decompression with Lumbar interbody fusion - Much easier to report now

- ▶ 63052 & 63053 has made it much easier to report these now:
  - ▶ 63052 - Decompression performed at same level as a posterior interbody fusion (add on code to 22630 or 22633)
  - ▶ 63053 - Decompression performed at same level as a posterior interbody fusion, each additional level (add on code to 22632 or 22634)
- ▶ These codes include any type of decompression required, 63052/63053 include laminectomy, foraminotomy OR facetectomy. Including removal of synovial cyst at this same level (63267). Do not use a regular decompression code along with interbody fusion at the same interspace, and use these codes instead.
- ▶ Clearly document that decompression was performed over and above needed to just prepare the interspace for interbody fusion.
- ▶ If decompression is performed at the same surgical session, at a different level than interbody fusion, please use regular decompression codes, and get prepared to sent in proof of this, as they are performing audits to confirm this.

# Case Practice with these codes

- ▶ Combined Fusion at L3-L4 and L4-L5 with Decompression at both levels, Segmental instrumentation from L3-L5, Titan cages placed at both interspaces, with morselized autograft and morselized allograft

22633

22842

22634

63052

22853 X 2

63053

20936

20930

# Osteotomy - Hot topic of auditors

- ▶ Must have a very specific deformity DX documented (Kyphosis; Scoliosis; Flat Back deformity). Spondylolisthesis alone isn't an appropriate DX, and is captured using a regular decompression code instead.
- ▶ All decompression at the same level is always bundled into an osteotomy.
- ▶ Must document the details of the deformity correction, such as PI-LL (pelvic incidence-lumbar lordosis) mismatch, positive balance, Cobb-angle, and degree correction, etc. for all deformity corrections. “Not just stating “Smith-Peterson Osteotomy” is sufficient”
- ▶ High on the list of OIG audits, so make sure all your Dr.'s are aware that it will be scrutinized

# Cranial Surgeries

- ▶ Similar rules for spinal surgery for inclusions/exclusions
  - ▶ Includes all guidance
  - ▶ Code for Microscope/Stereotactic guidance when performed
- ▶ Twist Drill/Burr Hole for implanting ventricular catheters
  - ▶ 61107 -Twist Drill
  - ▶ 61210 - Burr Hole(s)
  - ▶ Can only be reported along with a craniotomy exposure if performed through a completely different burr or twist drill hole
- ▶ Code 62272 is lumbar drain is necessary

# Craniotomy coding principles

- ▶ Primary craniotomy CPT code typically chosen based on pathology/diagnosis
  - ▶ Tumor Removal (Supra and Infratentorial)
  - ▶ Acoustic Neuroma - 61520 or 61526
  - ▶ Aneurysm treatments (61697 - 61702)
  - ▶ Removal of subdural hematoma (61312 or 61314)
- ▶ Operating Microscope usage (except codes bundled per CPT/CCI)
- ▶ Stereotactic Guidance
  - ▶ 61781 - Intradural
  - ▶ 61782 - Extradural
- ▶ Fat graft taken from separate incision (15769 - New code for 2020!)

# Skull Based Procedures

- ▶ Codes are designed for Approach and Definitive procedures.
  - ▶ Can both be performed by same surgeon, or can have one surgeon perform approach, and another excision. Many co-surgeon scenarios
- ▶ Broken out between the three fossa's
  - ▶ Anterior Fossa
    - ▶ Approach (61580 - 61586)
    - ▶ Definitive Procedure (61600 - 61601)
  - ▶ Middle Fossa
    - ▶ Approach (61590 - 61592)
    - ▶ Definitive Procedure (61605 - 61613)
  - ▶ Posterior Fossa
    - ▶ Approach (61595 - 61598)
    - ▶ Definitive Procedure (61615 - 61616)



# Skull Based Procedures

- ▶ Can only be reported if an official skull-based approach is used to perform the surgery. Just because a lesion is skull based, it can be approached through a regular craniotomy to excise, then you'd use the regular craniotomy codes
- ▶ Must be treating/aspirating/excising a "Lesion". Other conditions are captured using other codes
- ▶ To prove medical necessity and less denials for these, make it very clear in your documentation exactly what approach you're using. The verbiage in all of these code descriptions should match your documentation to clearly select the correct codes
  - ▶ Example - I performed an Orbitocranialzygomatic approach to the middle cranial fossa to excision a petrous apex lesion (61592 for approach and 61606 for excision)

# Skull Based Procedures

- ▶ Repair of dura during initial surgery is included in approach/definitive surgery
- ▶ If a complication requires a return to the OR, there are two choices
  - ▶ 61618 - Secondary repair by free tissue graft (Pericranium; fascia; adipose; synthetic grafts)
  - ▶ 61619 - Secondary repair by Local or Regional vascularized pedicle or muscle flap
- ▶ Not to be used for endoscopic repair of CSF leaks - See 31290/31291 or Regular craniotomy repair of CSF Leak (62100)

# Endoscopic Skull Based Surgery

- ▶ Unlisted code 64999 for Neurosurgery & 31299 for ENT
- ▶ Use the open codes as the pricing comparison codes, and match them to the appropriate fossa that the lesion was taken from
- ▶ If you assisted the ENT on the approach, then add the assistant charge on the approach to your unlisted fee (e.g. 61601 & 61583-80 added together).
- ▶ If stealth is also used, this is an add-on code, so also add this as part of the fee.

# Thanks for Attending

- ▶ Questions??
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