# The Business of Spine

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# THE SPINAL COLUMN

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## "ALL DECOMPRESSION CODES ARE NOT CREATED EQUAL; JUST ASK CODES 63030 AND 63047"


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Decompressions pose possibly the hardest coding applications in spine coding. With over 80 different decompression codes to choose from it's no wonder that there are many instances of coding errors and misunderstandings regarding the application of each and every code. This article is written to better assist you in understanding the different nuances of these codes and to help with the code selection and dictation when performing posterior lumbar decompressions involving codes 63030 and 63047.

It is necessary to identify the appropriate decompression code for services rendered. Since there are many different decompression codes that may be utilized, it is necessary to correlate the descriptor of the decompression alongside the operative note. Identifying the appropriate diagnosis code will also reduce the coding possibilities, providing for easier coding and collection. These are some of the samples that we will focus on in this article, but keep in mind the AMA CPT book provides additional coding possibilities in decompressions.

It is necessary for each surgeon and coder to become familiar with the coding that is available for decompression coding. The RVUs differ significantly for procedures and having appropriate documentation may increase reimbursement considerably. Specific attention should be given to revision coding and decompressions for lesions or neoplasm via laminectomy or procedures.

Please take a moment to review some types of decompression codes that are available in the CPT guidelines. In addition to the codes listed as examples, there are several others that may be applicable to the surgeries that are performed in your surgical repertoire.

There are procedures that are billable and coded for interspace decompressions. These include both virgin laminotomies and revision laminotomies. We will be focusing on the comparisons of 63030 vs 63047.

### Code 63030

Code 63030 is for a laminotomy (hemilaminectomy), with decompression of the nerve root including partial facetectomy, foraminotomy and/or excision of herniated disc lumbar spine, one interspace.

The full descriptor reads as such:
63030 - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; including open or endoscopically-assisted approaches: 1 interspace, lumbar.

These codes are to be used when there is an interspace decompression and it is considered a unilateral procedure code. This procedure may be billed as a bilateral procedure when it is performed on both sides of the spine with the –50 modifier billing at two units. Additional codes are available for additional interspaces and should be used accordingly.

### Code 63047

Code 63047 is for a laminectomy, facetectomy and foraminotomy with decompression of the spinal cord, cauda equina and/or nerve roots.

The full descriptor reads as such:
63047, Laminectomy, facetectomy and foraminotomy (unilateral or bilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s) (e.g. spinal or recess stenosis), single vertebral segment, lumbar.

This procedure code is utilized for unilateral or bilateral procedures performed at the same level; therefore, a 50 modifier does not apply and it is identified by level of decompression.

As you can see, the language in both of these examples is very similar, but they have very different coding applications. It is absolutely necessary to describe each procedure in conjunction with the services performed but also in concert with the language provided by CPT. So, if performing an interbody decompression involving the removal of the disc due to a herniation, I would look to see if the surgeon has noted the foraminotomy, the laminotomy and the medial facetectomy with a removal of the disc at the interspace L4-5 or L5-S1, as an example. If the surgeon has performed a decompression for stenosis at the level of L5, I would expect to see operative notes that state a laminectomy and foraminotomy was performed at the L5 level with a facetectomy done at L5-S1. If the surgeon has performed a decompression involving a laminectomy at the L4 and L5, I would expect to see that the lamina was removed from both L4 and L5 and foramintomies were completed with the facetectomies performed at L4-5 and L5-S1 to comply with the 63047 and 63048 code requirements.

Generally, the operative note should reflect the area that has been decompressed and this should be easily identified by a coder or reviewer; the diagnosis is as important as the discussion involving the result of the procedure.

So the lesson here is to clearly define your decompression by the type, interspace or level, and to apply the language in the code that fits the procedure performed. Be sure to be clear about the terms laminotomy and laminectomy, as well as the degree of facetectomy performed, medial or complete. This information will have an impact on the coding and, as we know, have an impact on your bottom line.

**IN THIS ISSUE...**

# Spine Reimbursement Education: Your Key to Success

How success is measured is based on a multitude of variables. But there is one constant and that is "Education is Power." This is a frequently used phrase that cannot be underestimated. From birth, we are constantly learning, being educated by a parent, a teacher, a friend, an experience - even our environment.

Depending on the size of the company or the type of industry involved, job requirements can vary and the level of education one needs to perform a certain job is also speculative. Several criteria has to be determined: what is needed to be able to do a job, what is needed to succeed at the specific job and how will you and your management team agree on how that success is measured.

In the field of spine coding, research has indicated that the need for education exists for both the surgeon and the coder. This has been evidenced by a nationwide attendance of spine coders to the AAPC Conference in Nashville held in September 2011. Many voiced their opinions at an educational session led by subject matter expert, Barbara Cataletto, MBA, CPC, Business Dynamics, LLC. : "They were hungry for education that would help them in their everyday performance at their job." In addition, the most recent graduating class of Spine Reimbursement Specialists (SRS) at the Accreditation Series echoed those same sentiments: "While coding education is available, there is nothing available today that is spine specific."

We have had numerous dialogues with spine surgeons who will be the first to admit that their medical school education did not prepare them for the business aspect of the job. Only after starting their practice had they realized what it takes to be successful in making their business financially sound. This is where the need for spine reimbursement education first presents itself.

Receiving proper reimbursement for the work the spine surgeon performs is always a good starting point. The surgeon must educate themselves as to what will make them financially sound. To that end, their practice must file claims correctly for maximum reimbursement. The process is simple – apply the accurate application of codes for all spine procedures as described in a detailed surgical OP note report and it will help to ensure proper coding and reimbursement.

As simple as this sounds, there is one area where surgeons can lose money, which is when the same type of surgery is routinely performed. The coder may overlook a code when a surgery requires an extra step and codes become repetitive. This seemingly small omission can have a huge impact on the financial reimbursement they receive. We know that a spine surgeon loses 30% of his/her expected revenue to miscoded and denied claims. Obviously, the goal is to recapture this lost revenue, but some practices are uncertain as to the steps needed to obtain maximum reimbursement.

Surgeons rely heavily on their coder. Coders seek to be adequately compensated for the work they do. A professional spine coder is faced with the tedious task and complexity of coding spinal surgeries. Continued exposure to avenues of education in order for them to remain current in their field is also appreciated. Spine Coders are a "code" above for sure because they have chosen the most challenging and rewarding specialty. Surgeons partnering with their coders provide the coder with every opportunity to take advantage of educational programs, whether participating at a conference, taking spine reimbursement seminars such as the SRS or taking online courses. One of the students that attended a recent SRS Accreditation Series concurred: "The Business of Spine seminar was EXCELLENT! The topics were right on key and touched on all the issues we come across in our practice. I was able to bring back some great tools that will make our practice more efficient. I highly recommend this seminar to experienced coders as well as the new coder." This is further confirmation that a knowledgeable spine coder ensures your "business" remains financially sound!

***The Business of Spine*** *was created to support the spine professional and provide them with the educational tools they need to meet the challenges they face on a daily basis. From the surgeon to the coder to the Spinal Implant Rep, our training and educational tools were designed to ensure success.*

For information about any of our products
or to receive our product portfolio
**please call 516-294-4118, option 7**
or visit our website at **www.thebusinessofspine.com**

## Medicare Advisory — October 2011

### CMS REVALIDATION

Medicare will be re-evaluating all new and existing Medicare providers and suppliers in accordance with the new screening guidelines as defined in the Patient Protection and Affordable Care Act. This applies to those who enrolled prior to March 25, 2011.

CMS contractors have already started mailing revalidation requests to specific surgeons, providers, and suppliers. Please note that the provider/supplier has 60 days from the date of the initial letter to complete the enrollment information. Providers and suppliers must wait until they receive a written request before submitting any revalidation.

Please review and comply with any request from CMS to revalidate as instructed. Failure to complete the enrollment and provide the necessary supporting documentation in the required time frame may result in your Medicare billing privileges being deactivated.

For further information, please refer to the MLN Matters article found at the link below:
**http://www.cms.gov/MLNMattersArticles/downloads/SE1126.pdf**

# Introduction to Fair Health

The creation of FAIR Health is no accident. In February 2008, then, New York State Attorney General Andrew M. Cuomo publicized an investigation into a scheme by health insurance companies to delude consumers by manipulating the data relative to charge submission and claim reimbursements. A law suit was filed by Cuomo against Ingenix, Inc., its parent UnitedHealth Group, and three subsidiaries. This group along with other major insurance carriers were fined millions of dollars in a settlement. Another part of that settlement involved the creation of FAIR Health.

FAIR Health, the not-for-profit company, was created in October, 2009, in a settlement to own and control the database that is maintained relative to the submission of healthcare claims and the fees charged in the industry based on location and service. FAIR Health, Inc. was established in October 2009 with the mission to help ensure fairness and transparency in out-of-network reimbursement. FAIR Health has since received an abundance of de-identified healthcare claims that healthcare providers nationally had sent to the health insurance provider. The data is a division of a large database that FAIR Health owns and oversees.

The new database of charge information lists healthcare procedures and services. This helps insurance providers in determining the reimbursements for out-of-network charges. Patients are also provided with an explanation of the reimbursement process. This information helps to identify reasonable charges and reimbursements for services for patients that wish to utilize their out-of-network options in their health insurance.

FAIR Health continuously refines data and works with independent auditors such as Emdeon (Revenue & Payment Cycle) and IPRO, (not-for-profit in healthcare assessment) by using the following five processes:

1. Claims Submission Review;
2. On-Site Auditing Program;
3. Quality Assurance for Claims;
4. Quality Assurance for Data, and
5. Assessment of Data Coverage.

The Upstate Health Research Network (UHRN) consists of research universities and advises the best methods for analyzing its claims data for FAIR Health. This research network includes a variety of experts within healthcare policy, medicine, economics, and statistics from around New York State and across the country.

FAIR Health hopes to assist patients with clear explanations in the process of reimbursement so that healthcare choices can be made confidently. Consumers are invited to reach out to FAIR Health which is available on the web, and provide several support to educational tools on the internet at www.fairhealthconsumer.org

The FH Consumer Cost Lookup is an additional tool that can produce a billing estimate that the consumer might receive from his/her health or dental provider. It also provides a cost estimate consisting of what the insurer might reimburse for out-of-network services. It serves to enlighten the consumer in the decision making process of whether to stay or go out-of-network for a medical or dental procedure or service.

This service can be a valuable tool for both the physician practice and patient alike. It identifies the level of expected charges for the CPT codes submitted for services in the practice location by zip code and at the same time allows the patient to see first hand the level of charges for that same service in their community.

FAIR Health has a glossary of healthcare definitions that the consumer might want to know more about before making healthcare decisions. It is a helpful tool and is used as a guide to assist in understanding healthcare terms regarding out-of-network benefits, such as:

- Terms in your EOB (explanation of benefits);
- The difference between an HMO, PPO, POS and an EPO;
- In and out-of-network care.
- Co-pays, co-insurance, deductibles, non covered services and much more.

FAIR Health encourages consumers to visit "FH 101 Reimbursement" located on their website for informational tools to educate those who wish to learn more about the healthcare system.

FAIR Health continues to expand its services and is interested in your feedback. There is a link at the bottom of their website. Click on "contact us" to send your message. You may also call them at 212-970-0704 with any questions or comments that you may have.

## 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.***

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# CODING UPDATE INSIDE

## Reverse the Decline in the Spine Industry

The medical industry has always been thought of as the "Recession Proof" industry. Medical treatment is a necessity, and people will not go without it… **Right?**

There are many effects that this economic recession has had on the medical industry. Many hospitals and practices are experiencing declines in many areas, from patient volume to profits. The rise in the unemployed means a rise in the uninsured. A rise in the uninsured means a decrease in the number of admissions in hospitals and visits in the doctor's office. Patients are delaying elective procedures and any other procedures that may include higher out-of-pocket fees. These are just a few of the immediate effects of the recession. We foresee many more declines to follow.

Our goal at Business Dynamics and The Business of Spine is to help you compete with the recession and **Reverse the Decline** in the spine industry. It is our priority to assist you in retaining and strengthening the financial health of your practice.

## About Us

*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** Accreditation Series for the Spine Reimbursement Specialist is AAPC-approved and 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.*