

THE BUSINESS OF SPINE

REIMBURSEMENT ALERT:

INSTRUMENTATION CODE APPLICATION CHANGES FOR CPT 2012 REGARDING THE USE OF INSERTION, REMOVAL AND REINSERTION OF INSTRUMENTATION

Message from Barbara Cataletto, MBA, CPC- Chief Executive Officer of Business Dynamics, LLC:

Seems as though I am always the bearer of bad news, and if I am not presenting bad news, I am reprimanding you for poor operative note documentation. I know that you are frustrated, but I am hopeful that we are in sync with the coding and documentation requirements necessary to keep you compliant and audit free!

Well today I have more bad news as it relates to the 2012 CPT changes for spine. You may have already received our announcement of the coding changes and have been able to follow up on your own. And like you, we keep researching the changes in an effort to obtain different commentaries or perspectives. So, after researching recent books and articles, I have found a major change in the applications in the use of instrumentation codes; yes instrumentation codes, even though it is not easily detected.

MAKE NOTE:

According to the changes for AMA CPT 2012, the guidelines for instrumentation coding have changed. The new instructions indicate that the insertion code is the only code that is to be considered when there is a removal or change of instrumentation during the same operative session as the insertion of the new instrumentation; even if the insertion includes new levels and/or part of the part of the previously instrumented segments.

The guidelines further specify that code 22849 representing reinsertion of instrumentation and the removal codes 22850-22855 should not be reported with the insertion codes 22840-22848.

Well with that said, how does the spine surgeon get compensated for removing old, scarred down, bone encased, broken or painful instrumentation? The RVUs for the insertion codes have not increased, and how often is there a removal without the need for further reconstruction and stability? I am not sure of what the thought process is here, but if surgeons are to be compensated based on time, risk and work, then why has this change been implemented.

To that end, I ask that you write to your local medical societies, AMA and to NASS, CMS, CNS, AANS, etc to get their response and position on this change as it will have a direct impact on your reimbursement for services that require fair and equitable compensation.

Purchase our 2012 Guide to Spine Coding Changes on-demand containing more information like this regarding 2012 updates for only \$269.00.

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