CODING ALERT

CERVICAL ARTHROPLASTY 2015

AMA CPT has added additional coding opportunities for the cervical arthroplasty procedure.

**CPT CODE 22856**: Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical.

- Do not report code in conjunction with 22554, 22845, 22851, 63075, 0375T when performed at the same level.
- Do not report 22856 in conjunction with 69990.
- For additional interspace cervical total disc arthroplasty, see 22858, 0375T

**CPT CODE 22858 has been added to identify additional level Cervical Arthroplasty**

**CPT CODE 22858**: Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level cervical.

(List separately in addition to code for primary procedures.)

- Use code 22858 in conjunction with 22856.
- Do not use 22858 with code 0375T, when performed at the same level.

**CPT CODE 0375T has been added to identify Cervical Arthroplasty at 3 or more levels**

**CODE 0375T**: Total disc arthroplasty (artificial disc) anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels.

- Do not report 0375T in conjunction with 22851, 22856, and 22858 when performed at the same level.

**Disclaimer**: The information provided is general coding information only - it is neither legal advice nor is it advice about how to code, complete or submit any particular claim for payment. It is always the provider’s responsibility to determine and submit appropriate codes, charges, modifiers and bills for services rendered. This information is provided as of the date listed above and all coding and reimbursement information is subject to change without notice. Before filing any claims, providers should verify current requirements and policies with the payer. Thank you for your compliance.