

PHYSICIAN CODING OPTIONS FOR 2011

DSS® SYSTEM



The following CPT-4 codes may be used for DSS® System implantation. A common coding scenario is included for illustration purposes only. Care providers should validate the device use of any codes and remain responsible for ensuring coding accuracy.

CPT ¹ Code	Code Description	2011 RVUs ²
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	46.97
22614	each additional vertebral segment (list separately in addition to code for primary procedure)	11.77
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or diskectomy to prepare interspace (other than for decompression), single interspace; lumbar	45.26
22632	each additional interspace (list separately in addition to code for primary procedure)	9.56
22558	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar	45.37
22585	each additional interspace (list separately in addition to code for primary procedure)	10.11
22849	Reinsertion of spinal fixation device	38.35
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equine and/or nerve root(s), (e.g., spinal or lateral recess stenosis), single vertebral segment; lumbar	32.27
63048	each additional segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure)	6.37
63030	Laminotomy with decompression, including partial facetectomy, foraminotomy and/or excision of herniated disc	28.34
63035	each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)	5.77
22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, face screw fixation)	22.94
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks or sublaminar wires); 3-6 segments	22.98
22850	Removal of posterior non-segmental instrumentation	21.04
22852	Removal of posterior segmental instrumentation	20.11
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	5.04

ICD9 Dx ³	Common Diagnosis Description
721.42	Spondylosis with myelopathy, lumbar region
722.10	Displacement of lumbar intervertebral disc without myelopathy
722.52	Degeneration of lumbar spine or lumbosacral intervertebral disc
722.73	Intervertebral lumbar disc disorder with myelopathy, lumbar region
722.83	Post-laminectomy syndrome, lumbar region
724.02	Spinal stenosis of lumbar region
731.00	Osteitis deformans without mention of bone tumor
756.11	Spondylolysis, lumbosacral region
756.12	Spondylolisthesis

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COMMON ICD9 Dx ³	Common Diagnosis Description
805.50	Open fracture of lumbar vertebra without mention of spinal cord injury
839.20	Closed dislocation, lumbar vertebra
839.30	Open dislocation, lumbar vertebra
996.40	Unspecified mechanical complication of internal orthopedic device, implant, and graft (use additional code to identify prosthetic joint with mechanical complication)
996.67	Infection and inflammatory reaction due to other internal orthopedic device, implant, and graft (use additional code to identify specified infections)
996.78	Other complications due to other internal orthopedic device, implant, or graft (use additional code to identify complication)

SCENARIO

CPT Code	Code Description	2011 RVUs
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	46.97
22614	each additional vertebral segment (list separately in addition to code for primary procedure)	11.77
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equine and/or nerve root's), (e.g.; spinal or lateral recess stenosis), single vertebral segment; lumbar	37.27
63048	each additional segment, cervical, thoracic, or lumbar (list separately, in addition to code for primary procedure)	6.37
22840	Posterior non-segmental instrumentation (e.g.; Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, face screw fixation)	22.94
22842	Posterior segmental instrumentation (e.g.; pedicle fixation, dual rods with multiple hooks or Sublaminar wires); 3-6 segments	22.98
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	5.04

Rates and RVUs are for 2011 - Physician, ASC and Outpatient effective 1/1/11; Inpatient effective 10/1/10
 Use modifier 50 if bilateral for procedures 63047 and 63048 (Only use LT/RT if one-sided procedure)

Codes denoted above are recommendations only. Codes and values are subject to frequent change without notice. Manufacturer of device assumes no responsibility for coding. Therefore health care providers must use great care and validate coding requirements ascribed by payors with whom they work.

1) CPT 2011 Professional Edition 2010 American Medical Association;
 2) 2011 RVUs at www.cms.gov, 11/11/10
 3) 2010 ICD-9-CM, Volume 1-3, 2010

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