

Stereotactic Computer-Assisted (Navigational) Procedures

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Prior to 2011, CPT code 61795 was reported as an add-on code when medically necessary for all stereotactic computer-assisted volumetric (navigational) procedures whether intracranial, extracranial, or spinal. Stereotactic computer-assisted (navigational) technology has been used for over a decade in these applications. However, because no other codes existed to report these services, code 61795 was used to report all computer-assisted volumetric (navigational) procedures. Many of the services were performed in different anatomic areas, with physician work required for each application. The techniques involved in using stereotaxis intraoperatively varied depending the primary procedure performed. To allow more accurate reporting, in 2011, code 61795 was deleted and three new codes were added.

New Codes

Effective January 1, 2011, three separate codes that distinguish stereotactic computer-assisted (navigational) services for the various anatomic regions (intracranial, extracranial, or spinal) were established in the Stereotaxis subsection of the Surgery/Nervous System section of the CPT 2011 codebook (61781-61783). As add-on technology, these codes can be used for a broad range of procedures. The cranial, intradural code might be reported with procedures performed for intracranial processes (including brain tumors, hematomas, vascular malformations, ventricular access and seizure disorders). The extradural cranial codes may used for endoscopic sinus surgery, and for open and endoscopic skull base procedures. The spinal code would be used with procedures performed for conditions such as instability, trauma, infections, tumors, and spinal stenosis. It is imperative to note that these new codes are add-on codes for services that are not included in the primary CPT code.



61781

Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)



(Do not report 61781 in conjunction with 61720-61791, 61796-61799, 61863-61868, 62201, 77371-77373, 77432)



61782

cranial, extradural (List separately in addition to code for primary procedure)

(Do not report 61781, 61782 by the same provider during the same surgical session)



61783

spinal (List separately in addition to code for primary procedure)



All three of these codes are add-on codes that require a primary procedure. Code 61781 is reported for stereotactic computer-assisted (navigational) procedures for the cranial, intradural region. This code should not be reported in conjunction with codes 61720-61791, 61796-61799, 61863-61868, 62201, 77371-77373, or 77432. It may be reported along with the microdissection code when performed (64999).

Code 61782 is reported for stereotactic computer-assisted (navigational) procedures for the cranial, extradural region. It is reported in addition to the primary procedure code, either open or endoscopic. A parenthetical note indicates that codes 61781 and 61782 should not be reported by the same provider during the same surgical session.

Code 61783 is reported for stereotactic computer-assisted (navigational) procedures for the spinal region. A parenthetical note indicates that code 61783 should not be reported in conjunction with codes 63620 and 63621.

Coding Tip

Do not report add-on code 20985, Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure), in conjunction with codes 61781-61783.

Commonly Asked Questions

Question: Why use a stereotactic computer-assisted (navigational) procedure?

Answer: Severe degenerative disease, tumor, trauma, or spinal other deformity, inflammatory or neoplastic disorders can alter the normal anatomic landmarks, thereby increasing the difficulty or risk of surgical procedures. This technique enables the physician to better identify anatomy for precise treatments and reduce the likelihood of injury to vital structures.

Question: What documentation should be recorded in the medical record when add-on codes 61781, 61782, and 61783 are reported?

Answer: Codes 61781, 61782, and 61783 describe the target selection of a computerized device utilizing computed tomography (CT) or magnetic resonance imaging (MRI) intraoperative localization during brain, craniofacial, skull base, and spinal procedures. The documentation for the use of one of these codes should include the physician work of image-based planning, description of the image acquisition, attachment of a reference frame, registration and review of the image data sets, and verification of the accuracy. The physician work of image-based planning must also be included when reporting these codes. These add-on codes describing the physician work of stereotactic navigation in the extradural, intradural, and spinal regions are separately identifiable and reportable in addition to the primary procedure code and are not considered as bundled into the primary procedure code.

Question: What is involved in performing a stereotactic computer-assisted (navigational) procedure?

Answer: Codes 61781, 61782, and 61783 describe computer-assisted planning for stereotactic surgery. This planning may take a significant amount of physician time and work which includes target selection, planning of surgical trajectory, appraisal of critical structures within the surgical field, and correlation with relevant surgical anatomy inherent to the procedure at hand. Using a computer, various trajectories are determined to assist the physician in choosing the specific trajectory and calculating the entry point. Because these new codes are add-on codes, the stereotactic planning and three-dimensional navigational imaging services they describe are always performed as an adjunct to a primary cranial or spinal procedure, and they are used in an effort to enhance the safety and efficacy of existing techniques.

Question: What are the advantages of a stereotactic computer-assisted (navigational) procedure?

Answer: A stereotactic computer-assisted (navigational) procedure enables better visualization and allows the surgeon to plan and review the path of a surgical procedure prior to the procedure. The surgeon is able to create a virtual surgical plan and visualize the important structures at risk in the operative field in an effort to improve the accuracy of the procedure. The surgeon can often predict the surgical difficulties and risks that might be encountered and plan accordingly to decrease the likelihood of morbidity or complications. During the operation, this image-guidance can often decrease the risk of operative complications and reduce the operating time.

Question: When are codes 61781, 61782, and 61783 reported?

Answer: Code 61781 is reported when stereotactic computer-assisted navigation is used with primary procedures that are performed in the cranial, intradural region. Code 61782 is reported when performed in conjunction with otolaryngologic/head, and neck (craniofacial) procedures, including functional endoscopic sinus surgeries (FESS) and skull base resection codes. Examples include the procedures described by codes 31254-31256, 31267, 31276, 31287, 31288, 31290-31294, and 61548. Code 61783 is reported with primary

procedures performed in the spinal region such as the placement of fixation devices requiring precision (eg, C1-C2 screws) or a complex tumor resection.

Question: Who reports stereotactic computer-assisted (navigational) procedures?

Answer:Neurosurgeons, otolaryngologists, orthopedists, and spine surgeons report codes 61781, 61782, and 61783 when this type of navigation is needed for the procedure and the patient.

Question: How many units of code 61782 may be reported during a single operative session involving multiple endoscopic sinus procedures?

Answer:CPT code 61782 is reported once per surgical session, regardless of the number of sinuses involved. The code includes planning, setup of the instrument, and its intraoperative use. CPT codes 61783 and 61784 are also reported only once per surgical session.

Question: Is it appropriate to report add-on code 61783 for navigation using an image-guided method (eg, Stealth Station™ navigation) with any of the spinal decompression codes (eg, 63030, 63042, or 63047)?

Answer:No. Code 61783 is not applicable for the spinal decompression codes (63030, 63042, and 63047) as it is not intended for decompression of degenerative spine disease or disc displacement. Code 61783 describes navigation in the spinal region using an image-guided method (including Stealth Station™) to identify anatomy for precise treatments and avoidance of vital structures. Examples of its use in the spine include the placement of fixation devices requiring precision (eg, C1-C2 screws) or a complex tumor resection. To further clarify, the application of the procedure described by code 61783 to the spine is to help identify anatomy and, more specifically, to aid with instrumentation placement or other complex procedures. Code 61783 is not to be reported with simple decompression codes (63001-63051). 

References

1. American Medical Association. CPT Changes 2011. 2010; Chicago, IL; 2011; pp. 98-101.
2. American Medical Association. RBRVS 2011 Data Manager. 2010; Chicago: IL.