Reporting endoscopic decompression of spinal cord nerve roots

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Reporting Endoscopic Decompression of Spinal Cord Nerve Roots

Effective January 1, 2017, definitions were added in the Current Procedural Terminology (CPT®) code set, which were adopted by the CPT Editorial Panel, to differentiate percutaneous, endoscopic, and open spine procedures. These definitions were based on approach and visualization, whether or not another method is incidentally applied, and surgical services are presumed open unless otherwise specified.

- Percutaneous: Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without use of any device that allows visualization through a surgical incision.
- Endoscopic: Spinal procedures performed with continuous direct visualization of the spine through an endoscope.
- Open: Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.
- Indirect visualization: Image-guided (eg, CT or fluoroscopy), not light-based visualization.
- Direct visualization: Light-based visualization; can be performed by eye, or with surgical loupes, microscope, or endoscope.

Based on the definitions adopted by the CPT Editorial Panel, a new endoscopic code (62380) for endoscopic lumbar decompression and discectomy, was developed. Currently, evidence-based literature was adequate to support a single-level lumbar endoscopic decompression code, but not sufficient for code development for the same procedure in the cervical spine, at multiple levels, or reoperation procedures. In addition, based on the new definitions, existing codes for needle-based percutaneous removal of disc material and percutaneous decompression with a laminotomy/laminectomy using an interlaminar approach were revised.

62380
Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar

(For open procedures, see 63030 or 63056)

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(For bilateral procedure, report 62380 with modifier 50)

62287
Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

(Do not report 62287 in conjunction with 62267, 62290, 62322, 77003, 77012, 72295, when performed at same level)

(For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see 0274T, 0275T)

0274T
Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic

0275T
lumbar

(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle based technique, use 62287)

Code 62380 is reported when spinal decompression is performed at a single interspace in the lumbar spine using an endoscope. Examples include using an endoscope via a cannula to perform a lumbar discectomy for a herniated disc, or a laminotomy and foraminotomy for foraminal stenosis and radiculopathy. As with other discectomy codes, if the procedure is performed bilaterally, report code 62380 with modifier 50, Bilateral Procedure, appended.
If a needle-based percutaneous lumbar discectomy is performed with or without image-guided indirect visualization (eg, CT or fluoroscopy), report code 62287. If the lumbar decompression was performed via an open approach or with a tubular retractor system to allow light-based visualization (ie, the surgeon could perform the procedure by eye, with surgical loupes, or use of the microscope), either code 63030 or 63047 should be reported, as appropriate.
Codes 62287, 0274T, and 0275T for needle-based percutaneous removal of disc material and percutaneous decompression with a laminotomy/laminectomy using an interlaminar approach, respectively, were revised to remove 'use of an endoscope' from the code descriptors. The previous descriptors were confusing after the adoption of the new definitions, which states that 'the primary approach and visualization defines the service, whether or not another method is incidentally applied.' Therefore, references to incidental approaches in these percutaneous codes were deleted.

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Clinical Example (62380)

A 42-year-old male has had severe low-back pain with
sciatica and weakened foot dorsiflexion. He has not responded to restricted activities, analgesics, and physiotherapy over 6 weeks. An MRI confirms clinical signs, as it shows a herniated disc at L4-L5 as well as erosion of the cartilage and possible bone spurs in the facet joint at the same level. The disc herniation and bone spurs are compressing the nerve L5 exiting nerve root.

Description of Procedure (62380)

A needle is inserted through the skin into the disc space via a transforaminal or interlaminar approach. The stiletto of the needle is removed, and a guidewire is put through the needle in place. A skin incision is made, and soft tissue is sequentially dilated over the wire under fluoroscopic control. Special bone burrs or reamers are used to carefully enlarge the foramen under fluoroscopic and guidewire control as much as necessary, in order to insert a beveled working tube through which a working-channel endoscope to provide a simultaneous suction and irrigation, as well as to provide bright and clear visualization. Adequate placement of the working tube within the so-called Kambin triangle for transforaminal or lamina for interlaminar (ligamentum flavum) is managed by fluoroscope in two planes. All surgical steps are performed under full, direct visual endoscopic control. All neural structures at L4-L5 are decompressed through removal of herniated intervertebral disc and partial facetectomy. Osteophytes or hypertrophied ligaments are excised as needed with endoscopic shaver blades or drills. The nerve root is always protected by turning the beveled cannula opening away from it. The L4-L5 segment of the spinal canal is visually inspected. All nucleus material from within the canal as well as loose fragments from within the disc space are removed with forceps. Using electrosurgical instrumentation, epidural fat, torn annulus, and/or adhesion tissue are reduced in size. Hemostasis is obtained. Nerve roots are endoscopically inspected to confirm that they are free of any impingement. Instruments are removed, and wounds are closed

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