Reporting Structural Allograft Procedures (20932-20934)

CPT® Assistant.

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A new series of add-on codes (20932, 20933, 20934) were established in the Current Procedural Terminology (CPT®) 2019 code set to more accurately describe structural bone allograft procedures. This new family of add-on codes is unique because the parent code (20932) is also an add-on code like the child codes (20933, 20934). These three add-on codes should not be reported in conjunction with each other. To further clarify the appropriate use of these codes, several exclusionary parenthetical notes were added to restrict reporting of codes 20932-20934 with other procedures. Note that the exclusionary parenthetical notes in the 2019 CPT code set inadvertently left out several codes that also should not be reported with the new add-on codes. The corrected parenthetical notes are provided in the AMA's official Errata and Technical Corrections□CPT® 2019 document online, which is available at https://www.ama-assn.org/system/files/2019-01/cpt-corrections-errata-2019.pdf. The corrections are also shown below. Per CPT style, underlined text indicates new content (ie, missing codes) and crossed-out (strikethrough) text indicates deleted content.

Grafts (or Implants)

20932

Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)

(Do not report 20932 in conjunction with 20933, 20934, 23200, 24152, 27078, 27090, 27091, 27448, 27646, 27647, 27648)

20933

hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)

(Do not report 20933 in conjunction with 20932, 20934, 20955, 20956, 20957, 20962, 23146, 23156, 23200, 24116, 24126, 24152, 25126, 25136, 27078, 27090, 27091, 27130, 27132, 27134, 27138, 27236, 27244, 27356, 27448, 27638, 27646, 27647, 27648, 28103, 28107)

20934

intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)

(Do not report 20934 in conjunction with 20932, 20933, 20955, 20956, 20957, 20962, 23146, 23156, 23200, 24116, 24126, 24152, 25126, 25136, 27078, 27090, 27091, 27130, 27132, 27134, 27138, 27236, 27244, 27356, 27448, 27638, 27646, 27647, 27648, 28103, 28107)

(Insertion of joint prosthesis may be separately reported)

(Use 20932, 20933, 20934 in conjunction with 23210, 23220, 24150, 25170, 27075, 27076, 27077, 27365, 27645, 27704)

Prior to 2019, the CPT code set did not include specific codes to describe the work of preparing and placing a structural bone allograft for other than spine surgery (eg, 20930, 20931). In addition, codes for removal of bone tumors and musculoskeletal reconstruction codes did not include the work of structural bone allograft procedures. This new family of add-on codes (20932, 20933, 20934) addresses the fashioning and fixation of structural bone allograft performed in conjunction with a primary procedure, such as a radical resection of a bone tumor. These procedures are typically performed on patients who are experiencing large bone loss/articular deterioration, and who will require internal fixation and stabilization. Code 20933 should not be reported during primary or revision hip or knee arthroplasty because cortical strut allografts are included in these procedures. Cylindrical allograft (20934) is not included in the primary or revision hip or knee arthroplasty and may be reported separately. (See Figures 1-3 for examples of the different types of osteoarticular allografts.)

Coding Tip

Add-on codes 20932-20934, include only the additional work related to fashioning and fixation of the allograft.

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which codes 20932-20934 would be appropriate to report.

Clinical Example (20932)

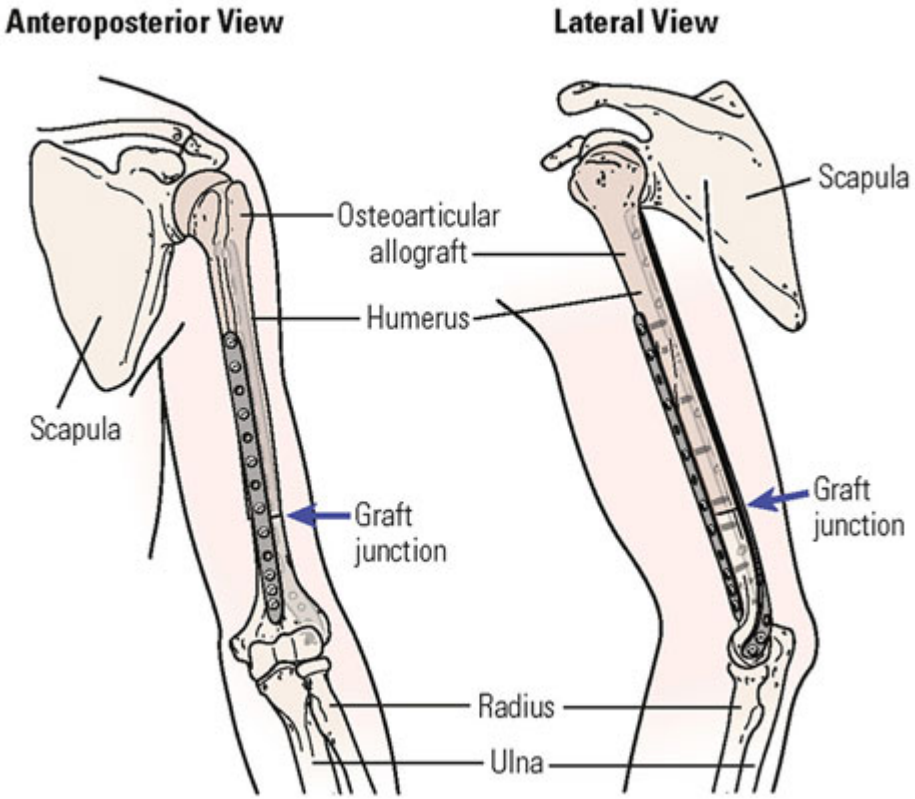
During a radical resection of the humerus, a 9-year-old male with a proximal humeral osteosarcoma has an osteoarticular allograft procedure performed. The tumor is resected and a complete proximal humerus osteoarticular allograft is templated, cut, and inserted to fill the defect.

Description of Procedure (20932)

Thaw the allograft in sterile fashion in antibiotic solution in the operating room (OR) and inspect. After a radical resection of the osteosarcoma (reported separately), bring the allograft up to the wound and make initial cuts to approximate the defect in the proximal humerus. Temporarily place the allograft in the defect and make additional cuts on the

allograft for fit, using a burr and saw to achieve optimal bone apposition. Then rotate the allograft to accommodate the retroversion of the patient's humerus. When it is determined that the position and length of the allograft are optimal, turn attention to fixation, which is typically accomplished with two plates. Extend the wound, as necessary, to accommodate the length of the plates. Once fixation is complete and the allograft is stable, put the joint through a series of maneuvers to assess joint and allograft stability. Use imaging to confirm final allograft alignment and bone contact.

Figure 1. Post-operative Osteoarticular Allograft Left Humerus Fixed with Plates 20932



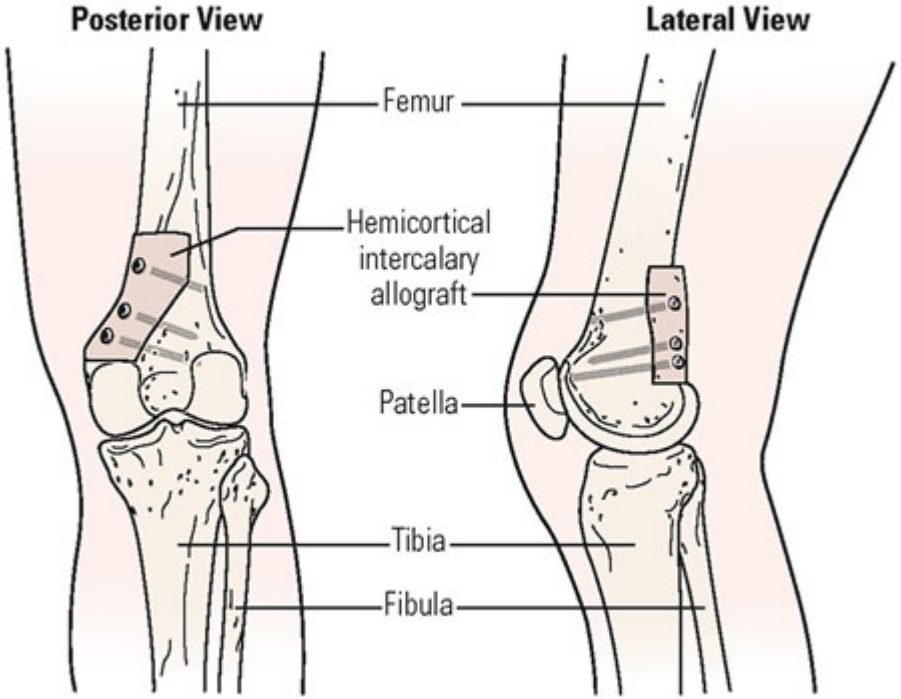
Clinical Example (20933)

During a radical resection of femur operation, a 30-year-old male with painful parosteal osteosarcoma of the posterior distal femur has a hemicortical intercalary allograft procedure performed. A resection is performed. A hemicortical intercalary allograft is templated, cut, and inserted to fill the bone defect.

Description of Procedure (20933)

Thaw the allograft in sterile fashion in antibiotic solution in the OR and inspect. After a radical resection of the osteosarcoma (reported separately), bring the allograft up to the wound and make initial cuts to approximate the length of the femur and to adjust the fit into the distal femoral condyles. Temporarily place the allograft in the defect and make additional cuts on the allograft for fit, using a burr and saw to achieve optimal bone contact. When it is determined that the position and length of the allograft are optimal, turn attention to fixation, which is typically accomplished with two plates. Extend the wound, as necessary, to accommodate the length of the plates. Once fixation is complete and the allograft is stable, put the joint through a series of maneuvers to assess joint and allograft stability. Use imaging to confirm final allograft alignment and bone contact.

Figure 2. Parosteal Osteosarcoma Replaced with Hemicortical Intercalary Allograft 20933



Clinical E (xample20934)

During a radical resection of femur operation, a 21-year-old female with a diaphyseal Ewing sarcoma of the femur has a resection performed leaving a 14-cm defect. She has an intercalary allograft procedure performed. A full circumference allograft is templated, cut, and inserted to fill the bone defect.

Description of Procedure (20934)

Thaw the allograft in sterile fashion in antibiotic solution in the OR and inspect. After a radical resection of the osteosarcoma (reported separately), bring up the allograft to the wound and make initial cuts to approximate the defect in the femur. Temporarily place the allograft in the defect and make additional cuts on the allograft for fit, using a burr and saw to achieve optimal bone apposition on the proximal and distal bone surfaces. Then rotate the allograft so that it is fixed relative to the proximal and distal host bone. When it is determined that the position and length of the allograft are optimal, turn attention to fixation, which is typically accomplished with intramedullary nail and unicortical plates. The intramedullary nail is typically placed at the proximal end of the femur through a separate incision. Additional incisions are also made for distal screw fixation of the intramedullary nail. Once fixation is complete, irrigate all wounds and achieve hemostasis. Close the proximal wound created for insertion of the intramedullary nail in a layered fashion (closure of the wound for the resection is included in the work of that procedure). Use imaging to confirm final allograft alignment and bone contact, as well as to check the position of the plates and intramedullary nail.

Figure 3. Osteosarcoma Femur with Complete Intercalary Allograft with Plate Fixation 20934