

Arthodesis Decompression (22630, 22632-22634, 63052, 63053)

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For the Current Procedural Terminology (CPT®) 2022 code set, two new add-on codes (63052, 63053) were established to report a laminectomy performed in conjunction with fusion of lumbar vertebrae. In addition, changes were made to codes for spine fusion procedures that describe posterior interbody fusion techniques (22633, 22634), and new parenthetical notes were added throughout the Musculoskeletal System and Nervous System sections for arthodesis, posterior interbody technique with or without a combined posterolateral technique to provide instruction regarding the appropriate reporting of these procedures. New introductory guidelines for interbody fusion were added to provide specific instruction to clarify when arthodesis that includes laminectomy or laminotomy to prepare the interspace other than for decompression should be reported. New illustrations were also added for visual instruction to identify the anatomy included as part of some of the new definitions. This article provides an overview of the intent and use of these codes.

Arthrodesis

22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar

(Do not report 22630 in conjunction with 22612 for the same interspace and segment, use 22633)

 **22632** each additional interspace (List separately in addition to code for primary procedure)

ⓧ (Use 22632 in conjunction with 22612, 22630, or 22633 when performed at a different interspace. When performing a posterior interbody fusion arthrodesis at an additional interspace, use 22632. When performing a posterior or posterolateral technique for fusion/arthrodesis at an additional interspace, use 22614. When performing a combined posterior or posterolateral technique with posterior interbody arthrodesis at an additional interspace, use 22634) ⓧ

ⓧ (Do not report 22630, 22632 in conjunction with 63030, 63040, 63042, 63047, 63052, 63053, 63056, for laminectomy performed to prepare the interspace on the same spinal interspace[s]) ⓧ

ⓧ **22633** Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar

ⓧ (Do not report with 22612 or 22630 for the same interspace) ⓧ

ⓧⓧ 22634 each additional interspace and segment (List separately in addition to code for primary procedure)

(Use 22634 in conjunction with 22633)

ⓧ (Do not report 22633, 22634 in conjunction with 63030, 63040, 63042, 63047, 63052, 63053, 63056 for laminectomy performed to prepare the interspace on the same spinal interspace[s]) ⓧ

ⓧ (For decompression performed on the same interspace[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053) ⓧ

Posterior Extradural Laminotomy or Laminectomy for Exploration/Decompression of Neural Elements or Excision of Herniated Intervertebral Discs

63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve

root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical

63047 lumbar

63048 each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

(Use 63048 in conjunction with 63045-63047)

(Do not report 63047, 63048 in conjunction with 22630, 22632, 22633, 22634, for laminectomy performed to prepare the interspace for fusion on the same vertebral segment[s] and/or interspace[s])

(For decompression performed on the same vertebral segment[s] and/or interspace[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053)

63052 Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)

63053 each additional segment (List separately in addition to code for primary procedure)

(Use 63053 in conjunction with 63052)

(Use 63052, 63053 in conjunction with 22630, 22632, 22633, 22634)

Multiple orthopedic and neurological surgery societies have disagreed with the restriction for reporting lumbar decompression, such as laminectomy, in conjunction with posterior or posterolateral fusion. At the core of the disagreement is that when the amount of decompression of the neurologic structures requires removal of laminae, ligamentum flavum, facets, and pars beyond the amount of bone or ligament removal necessary for the approach to the interbody fusion, the work performed to remove the bone to access the disc space is limited and is inadequate to decompress the neural elements.

Therefore, to address the symptoms of neurogenic claudication caused by lumbar stenosis adequately, additional work is required. However, the additional work may not be reported with codes 22630-22633 and 63047, because the new guidelines in the CPT 2022 code set prohibits the use of these codes together when the complete procedures identified by the laminectomy codes (ie, 63045-63048) are not performed. The problem originated from language included in the descriptor of code 22630, which states “laminectomy and/or discectomy to prepare interspace [other than for decompression].” This language implies that laminectomy beyond the bone removal needed to access the interspace for disc preparation may be separately reported using these same codes.

New add-on codes 63052 and 63053 were established to report decompression of the neural elements with laminectomy performed in conjunction with interbody fusion of the lumbar vertebrae. In addition, the introductory guidelines were revised in the Posterior, Posterolateral or Lateral Transverse Process Technique subsection to provide definitions of the various terms used to identify the anatomy associated with fusion, laminectomy, and other decompression procedures. New illustrations were also included to further assist in understanding these procedures and correct reporting (Figure 1).

For 2022, several changes were made to the instructions and coding guidelines for interbody fusion procedures performed with laminectomy to identify: (1) when it is appropriate to separately report lumbar laminectomy, facetectomy, and/or foraminotomy procedure(s) performed in conjunction with lumbar spine interbody fusion procedures; and (2) the specific lumbar fusion or arthrodesis procedures with which laminectomy may be reported. The intent of these changes is to clarify that new codes 63052 and 63053 may only be reported as add-on services when a decompressive laminectomy (with any other decompressive procedure, such as foraminotomy or facetectomy) is performed in addition to fusion procedures that use an interbody technique (ie, the fusion procedures identified by codes 22630-22634). Therefore, codes 63052 and 63053 may not be reported in conjunction with other fusion procedures.

In addition, new codes 63052 and 63053 may not be reported if a laminectomy is performed to prepare the interspace for arthrodesis or fusion, such as allowing better access to complete the fusion procedure (ie, specifically, if decompression of the neural anatomy is performed and if the fusion procedure is an interbody technique). For example, language in the coding guidelines states that “[d]ecompression performed on the same vertebral segment(s) and/or interspace(s) as posterior lumbar interbody fusion that includes laminectomy, facetectomy, and/or foraminotomy may be separately reported using 63052, 63053. Decompression solely to prepare the interspace for fusion is not separately reported.”

With the new guidelines, it is important to understand the appropriate use of add-on codes when multiple decompressions and fusions are performed at

various interspaces. For example, if a surgeon performs a fusion at the L3-L4 interspace and performs decompressive work at the same site, then code 63052 would be reported in conjunction with the primary procedure code (22630 or 22633). If the surgeon performs additional decompressive work at the L1-L2 interspace without fusion, the additional work would be reported with code 63047 with modifier 51 appended.

It would not be appropriate to report code 63048 for the L1-L2 procedure, as reporting code 63048 as an add-on code requires reporting a code from the 63045-63047 code family. Reporting code 63048 with the primary procedure code from the 63045-63047 code series implies that work was performed on two vertebral segments. Because the fusion and decompression work performed on the L3-L4 segment was reported with code 63052 and code 22630 or 22633 in this example, the only work remaining to be reported is within one segment (L1-L2). Reporting code 63048 along with parent code 63047 to represent work performed on only one segment (L1-L2) would constitute an overstatement of the work performed.

The descriptors for codes 63052 and 63053 also note lumbar vertebrae as the segments of focus, as this interbody technique is only performed on lumbar vertebrae. These are add-on codes that may only be reported in conjunction with lumbar interbody fusion procedures. The intent is that if decompressive laminectomy is performed by itself, then the existing laminectomy codes may be reported. Parenthetical notes were added throughout the Musculoskeletal System and Nervous System sections of the CPT 2022 code set following codes 63035, 63044, 63048, and 63057 to provide instruction on the appropriate use of codes 63052 and 63053.

Illustrations were added to provide examples of posterior interbody fusion (Figure 2) and examples of posterior interbody fusion and laminectomy at the same interspace (Figure 3). Other new illustrations also provide users with visual representations of the terms within the Musculoskeletal System and Nervous System sections.

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which these new codes would be appropriately reported.

Clinical Example (63052)

A 63-year-old female, through advanced imaging demonstrated central canal and bilateral lateral recess and foraminal stenosis at the L4-L5 level that

requires bilateral laminectomy with extensive decompression of the cauda equina and/or nerve root(s), during posterior lumbar interbody arthrodesis (separately reported) for L4-L5 spondylolisthesis with axial mechanical back pain and worsening neurogenic claudication and/or radiculopathy (extremity symptoms) refractory to nonoperative treatment. This more extensive decompression is beyond the typical dissection needed to complete the interbody arthrodesis approach and intervention. [Note: This is an add-on service. Only consider the additional work related to bilateral laminectomy with decompression of the cauda equina and/or nerve root(s)].

Description of Procedure (63052)

Following bony and soft tissue resection and exposure of the L4-L5 disc space for the interbody access and preparation for interbody arthrodesis, turn attention to the additional bone and nervous system work required for decompression, beyond what is required to access the disc space for the interbody arthrodesis. Remove additional portions of the laminae at the L4 and L5 vertebral segments with a drill or bone-biting instruments and resect the inferior and superior facets. Expand the neural foramina with bone-biting instruments. Dissect and completely remove the ligamentum flavum off the dura and completely removed to allow for decompression and mobilization of the neural elements. Confirm the neural elements are mobilized and decompressed. Document additional work in the patient's medical record.

Clinical Example (63053)

A 68-year-old male, through advanced imaging demonstrated central canal and bilateral lateral recess and foraminal stenosis at the L4-L5 and L5-S1 levels that require bilateral laminectomy with extensive decompression of the cauda equina and/or nerve root(s), during posterior lumbar interbody arthrodesis (separately reported) for L4-L5 and L5-S1 spondylolisthesis with axial mechanical back pain and worsening neurogenic claudication and/or radiculopathy (extremity symptoms) refractory to nonoperative treatment. This more extensive decompression is beyond the typical dissection needed to complete the interbody arthrodesis approach and intervention at each level. [Note: This is an add-on service. Only consider the additional work related to bilateral laminectomy with decompression of the cauda equina and/or nerve root(s)].

Description of Procedure (63053)

After bony and soft tissue resection and exposure of the L4-L5 and L5-S1 disc spaces for the interbody access and preparation for arthrodesis is completed (separately reported), along with the decompression of neural elements at the L4-L5 interspace (separately reported), turn attention to the additional bone and nervous system work required for decompression of the L5-S1 interspace, beyond what is required to access the disc space for the interbody arthrodesis. Remove additional portions of the laminae at the L5 and S1 vertebral segments with the drill or bone-biting instruments and resect the inferior and superior facets. Expand the neural foramina with bone-biting instruments. Dissect and completely remove the ligamentum flavum off the dura to allow for decompression and mobilization of the neural elements. Confirm the neural elements are mobilized and decompressed. Document the additional work in the patient's medical record.