

September 2018

New Edits Impact Spinal Surgery Procedures

We are updating edits for several spinal surgery procedures when billed in conjunction with lumbar spinal fusion codes, effective September 2018. This includes spinal cord decompression and laminectomy, facetectomy and foraminotomy procedures.

These changes are in accordance with the Centers for Medicare and Medicaid Services' National Correct Coding Initiative billing guidelines, which indicate that modifier 59 and its subsets should not allow additional payment when appended to CPT codes 63047, 63048, 63056 and/or 63057 when performed in conjunction with 22630, 22632, 22633 and/or 22634.

Based on the most common clinical scenario, it is expected that when these services are billed with a lumbar arthrodesis, posterior interbody technique, the procedures are being performed on the same level. In the unusual clinical circumstance when the procedures are performed at different vertebral levels, this can be reviewed upon appeal with submission of clinical information.

The following are the code combinations impacted by these edits. When these code combinations are billed to Florida Blue, the spinal cord decompression, laminectomy, facetectomy and/or foraminotomy procedure will be denied.

Spinal Cord Decompression Procedures

63056/22630	63057/22630
63056/22632	63057/22632
63056/22633	63057/22633
63056/22634	63057/22634

Laminectomy, Facetectomy and Foraminotomy Procedures

63047/22633	63048/22633
63047/22634	63048/22634

These changes apply to all Florida Blue health plans except BlueCard® Home and Medicare Supplement plans.

If you have questions, please call the Provider Contact Center at 800-727-2227.