

Improper Billing for Primary Arthrodesis Codes

Florida Blue has implemented changes that allow payment for only one primary arthrodesis code when the additional arthrodesis procedure is occurring at an additional level. The appropriate add-on code should be billed in these situations and payment for the additional primary code should not be allowed due to a 59 modifier, for example.

Effective January 18, 2018, these changes are in accordance with the American Medical Association Current Procedural Terminology (CPT) Book guidelines and are being automatically applied as claims are processed. Here are the billing guidelines:

Use 22614 in conjunction with 22600, 22610, 22612, 22630 or 22633 when performed at a different level.

When performing a posterior or posterolateral technique for fusion/arthrodesis at an additional level, use 22614.

When performing a posterior interbody fusion arthrodesis at an additional level, use 22632.

When performing a combined posterior or posterolateral technique with posterior interbody arthrodesis at an additional level, use 22634.

Use 22632 in conjunction with 22612, 22630, or 22633 when performed at a different level.

When performing a posterior interbody fusion arthrodesis at an additional level, use 22632.

When performing a posterior or posterolateral technique for fusion/arthrodesis at an additional level, use 22614.

When performing a combined posterior or posterolateral technique with posterior interbody arthrodesis at an additional level, use 22634.

The following are the code combinations that will be impacted by the new edit. When these code combinations are billed, one of the procedures will be denied:

- 22610/22612
- 22630/22612
- 22633/22612
- 22600/22610
- 22610/22630
- 22610/22633
- 22630/22633

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

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