

Jupiter Medical Center

INPATIENT ONLY GUIDE 2024

FOR SPINE PROCEDURE

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| CPT Code | Description | PT-Type | Short description |
| **CERVICAL** | | | |
| **22600** | **Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment** | Inpatient only | Arthrodesis, posterior or posterolateral technique, single level |
| **63081** | **Vertebral corpectomy (vertebral body resection),partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s), cervical, single segment** | Inpatient only | Remove vert body dcmprn crvl, Partial: At least one-half of the cervical vertebral body |
| **+63082** | **Cervical, each additional segment (list separately in addition to code for primary procedure)** | Inpatient only | Remove vertebral body add-on |
| **THORACIC** | | | |
| **22610** | **Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)** | Inpatient only | Posterior, Posterolateral or Lateral Transverse Process Technique Arthrodesis Procedures on the Spine (Vertebral Column) |
| **LUMBAR** | | | |
| **22558** | **Arthrodesis, anterior/anterior lateral interbody, lumbar** | Inpatient only | Anterior or Anterolateral Approach Technique Arthrodesis Procedures on the Spine (Vertebral Column) |
| **SPINAL INSTRUMENTATION** | | | |
| **+22843** | **7 to 12 Vertebral segments (list separately in addition to primary procedure)** | Inpatient only | Insert spine fixation device |
| **+22844** | **13 or more Vertebral segments (list separately to primary procedure)** | Inpatient only | Insert spine fixation device |
| **+22846** | **4 to 7 Vertebral segments (list separately in addition to primary procedure)** | Inpatient only | Insert spine fixation device. |
| **+22847** | **8 or more Vertebral segments (list separately in addition to primary procedure)** | Inpatient only | Insert spine fixation device. |
| **22849** | **Reinsertion of spinal fixation device** | Inpatient only | Spinal Instrumentation Procedures |
| **22850** | **Removal of posterior nonsegmental instrumentation (e.g., Harrington rod)** | Inpatient only |  |
| **22852** | **Removal of posterior segmental instrumentation** | Inpatient only |  |