

POCKET GUIDE TO SPINE SURGERY DOCUMENTATION

General Principles of Spine Surgery Documentation

The principles of documentation listed below are applicable to spinal surgery documentation for both the physician and hospital setting.

1. Patient's name, medical record number, date of operation
2. Co-surgeons and/or assistants at surgery involved in the case
3. Pre- and post-operative diagnoses supporting medical necessity of the procedure
4. Planned procedures
5. Summary of the procedures performed
6. Clinical findings during the procedure to include any intraoperative complications (e.g., dural tears, acute blood loss)
7. Clinical findings during the procedure that may have prolonged the length of surgery or increased the level of difficulty of the surgery
8. Patient's condition at the end of surgery
9. Estimated blood loss
10. The ICD-9-CM and CPT codes reported on the billing statement should be supported by the documentation in the medical record

Documentation Components for Common Spinal Surgeries

Fusion

- Operative approach used (e.g., anterior, posterior, transforaminal)
- Area of spine addressed during surgery (cervical, lumbar, thoracic)
- Number of spine levels involved in surgery (e.g., L1-L5)
- Type of fusion (interbody or posterolateral)
- Type of bone graft used, if applicable (e.g., autogenous, allograft, morselized, structural)
- Insertion of interbody construct, if applicable (e.g., PEEK, titanium cage)
- Location and approach of spinal instrumentation (e.g., anterior, posterior)
- Type of spinal instrumentation used (e.g., rod, screws, plates)
- Number of levels instrumented/points of fixation (segmental, non-segmental)
- Hardware removal and reinsertion, if applicable
- Exploration of previous spinal fusion, if applicable
- Discectomy performed to prepare the interspace for fusion or for decompression of nerve root, if applicable
- Additional fusion performed during operative session

Discectomy

- Condition of disc
- Area of spine surgery (e.g., cervical, lumbar)
- Number of interspaces affected (e.g., L1-L5)
- Approach (anterior, posterior)

Laminectomy

- Unilateral or bilateral
- Area of spine surgery (e.g., cervical, lumbar)
- Re-exploration, if applicable
- Additional procedures performed (e.g., facetectomy, foraminotomy)

Arthroplasty

- Operative approach used (e.g., anterior)
- Area of spine addressed during surgery (e.g., cervical)
- Number of interspaces affected (e.g., C5-C6)
- Discectomy performed to prepare interspace or for decompression of the nerve root, if applicable
- Placement of arthroplasty device

Complications and Comorbidities

Effective October 1, 2007, the Centers for Medicare & Medicaid Services (CMS) revised the complication and comorbidity structure and developed two categories of codes, Major Complications and Comorbidities (MCC) and Complications and Comorbidities (CC). The tiers are based on the severity of the condition and the impact it would have on resource consumption. The assignment of a secondary diagnosis from the CC or MCC list will affect the MS-DRG assignment in most cases.

Documentation is very important and any condition that the patient has should be clearly identified in the medical record. Below is a sample of CC and MCC diagnoses.

Major Complications/Comorbidities (MCC)

- Intraspinous Abscess
- Diabetes with Ketoacidosis
- Diabetes with Hyperosmolarity
- Diabetes with Other Coma
- Open Fracture of Vertebral Column with Spinal Cord Injury
- Closed Fracture of Vertebral Column with Spinal Cord Injury
- Tuberculoma of Spinal Cord
- Tuberculous Abscess of Spinal Cord
- Iatrogenic Pulmonary Embolism
- Pulmonary Insufficiency Following Surgery or Trauma
- End Stage Renal Disease
- Pneumonia

Complications/Comorbidities (CC)

- Acute Blood Loss Anemia
- Spondylosis with Myelopathy
- Respiratory Acidosis
- Pathologic Fracture
- Pseudoarthrosis, Malunion or Nonunion of Fracture
- Intervertebral Disc Disorder with Myelopathy
- Acute Osteomyelitis
- Bacteremia
- Cauda Equina Syndrome
- Hyponatremia
- Malnutrition
- Postoperative Ileus
- Malignant or Other Ascites
- Alkalosis
- Traumatic Spondylopathy

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