

Spinal Surgery

Schedule of Benefits
for Professional Fees

ASPIRATION/ BIOPSY

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
3566	Neural arch biopsy	No		
5760	Lumbar puncture (I.P.)	No	Independent Procedure, Side Room, Diagnostic	
227072	Needle aspiration of intervertebral disc	No		

DECOMPRESSION/ DISCECTOMY

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
3525	Anterolateral decompression	No		
3526	Anterolateral decompression involving two or more levels	No		
3527	Posterior cervical foraminotomy	No		
3560	Intervertebral disc, removal of	No		
3563	Excision of thoracic intervertebral disc	No		
3603	Spinal stenosis decompression, one level	No		
3604	Spinal stenosis decompression, two levels	No		
5937	Discectomy, anterior, with decompression of spinal cord and/ or nerve root(s), including osteophytectomy; cervical	No		
227001	Spinal decompression and/ or discectomy, single level unilateral, any region, posterior approach	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227002	Spinal decompression and/ or discectomy, single level bilateral or more than one level, any region, posterior approach	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227003	Revision spinal decompression and/ or discectomy, any region, posterior approach	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227004	Far lateral/ extraforaminal decompression and/ or discectomy, lumbar	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227005	Costovertebral approach with decompression of the spinal cord and/ or nerve roots, thoracic	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227006	Anterior thoracic discectomy or partial discectomy, single level, this includes decompression of the spinal cord and/ or nerve root(s)	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227007	Anterior thoracic discectomy or partial discectomy, more than one level, this includes decompression of the spinal cord and/ or nerve root(s)	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.

DECOMPRESSION/ DISCECTOMY

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227008	Anterior cervical discectomy or partial discectomy, single level, this includes decompression of the spinal cord and/ or nerve root(s)	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227009	Anterior cervical discectomy or partial discectomy, more than one level, this includes decompression of the spinal cord and/ or nerve root(s)	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227010	Spinal decompression and/ or discectomy, single level unilateral with interspinous dynamic stabilization implant	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227011	Spinal decompression and/ or discectomy, single level bilateral or at more than one level with interspinous dynamic stabilization implant	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227012	Revision spinal decompression and/ or discectomy, single level unilateral, bilateral or at more than one level with interspinous dynamic stabilization implant	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.
227016	Vertebral corpectomy, including decompression of spinal cord and or nerve roots, single level	No		This code can be combined with fusion codes and fusion modifiers.
227017	Vertebral corpectomy, including decompression of spinal cord and or nerve roots, more than one level	No		This code can be combined with fusion codes and fusion modifiers.
227074	Lumbar endoscopic discectomy	No		

DISC REPLACEMENT

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227035	Total disc replacement, lumbar, single level	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227036	Total disc replacement, cervical, single level	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed.
227037	Total disc replacement, any location, each additional level	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed.

INTERSPINOUS STABILISATION

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227013	Dynamic interspinous stabilisation without direct decompression, single level (I.P.)	No	Independent Procedure	Codes 227001 - 227015 cannot be used in combination with fusion codes.
227014	Dynamic interspinous stabilisation without direct decompression, more than one level	No		Codes 227001 - 227015 cannot be used in combination with fusion codes.

LAMINECTOMY

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
3565	Laminectomy and exploration with or without rhizotomy	No		
5979	Laminectomy for implantation of neurostimulator electrodes, plate/ paddle, epidural	No		
227065	Laminectomy with drainage of intramedullary cyst/ syring	No		
227066	Laminectomy with release of tethered spinal cord	No		
227067	Laminectomy for excision/ occlusion of arteriovenous malformation of spinal cord	No		

MODIFIER CODE

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227038	Iliac crest autograft harvest	No		Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.
227039	Revision surgery – includes re-exploration of spinal canal and or revision fusion	No		Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.
227040	Spinal instrumentation (includes all fixation devices apart from interspinous implants) (one or two levels)	No		Not claimable with codes 227041 or 227042. Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital - for professional fee only.
227041	Spinal instrumentation (includes all fixation devices apart from interspinous implants) (three to six levels)	No		Not claimable with codes 227040 or 227042. Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital - for professional fee only.
227042	Spinal instrumentation (includes all fixation devices apart from interspinous implants) (more than seven levels)	No		Not claimable with codes 227041 or 227042. Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital - for professional fee only.
227043	Insertion of interbody fusion cage, one or more levels	No		Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.

OSTEOTOMY

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227044	Chevron osteotomy, any region, single level	No		Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.
227045	Chevron osteotomy, any region, more than one level	No		Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.
227046	Pedicle subtraction osteotomy, any region, single level	No		Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.
227047	Pedicle subtraction osteotomy, any region, more than one level	No		Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.

OTHER SPINAL PROCEDURES

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
3520	Anterior drainage of paravertebral abscess with bone graft	No		
3592	External fixture of the spine	No		
4271	Costotransversectomy	No		
5964	Each additional interspace, cervical	No		
5981	Neuroplasty and/ or transposition ulnar nerve	No	Day Care	
227015	Cervical spine laminoplasty with segmental plate fixation (I.P.)	No	Independent Procedure	Codes 227001 - 227015 cannot be used in combination with fusion codes.
227048	Vertebral column resection	No		Fusion modifiers are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.
227064	CSF leak repair (I.P.)	No	Independent Procedure	
227069	Coccygectomy	No		
227070	Vertebral body biopsy	No	Diagnostic	
227071	Spinal manipulation, under general anaesthetic	No		
227073	Drainage/ debridement of spinal abscess	No		

REMOVAL OF INSTRUMENTATION

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227062	Removal of spinal instrumentation via an anterior approach, all levels and locations	No		
227063	Removal of spinal instrumentation via a posterior approach, all levels and locations	No		

SPINA BIFIDA

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
3580	Spina bifida, closure of	No		
3585	Spina bifida, lumbar spinal osteotomy (may include spinal chevron osteotomy up to 5 levels)	No		Codes for Spina Bifida cannot be charged together in any one specific case.
35851	Spina bifida, lumbar spinal osteotomy (may include spinal chevron osteotomy more than 5 levels)	No		Codes for Spina Bifida cannot be charged together in any one specific case.

SPINA BIFIDA

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227068	Repair of meningocele/ myelomeningocele	No		

SPINAL FRACTURE

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227049	Fractured spine, open or percutaneous reduction or, including spinal canal clearance of bony and/ or disc material, one or two levels	No		Fusion modifier codes can be added where appropriate and are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.
227050	Fractured spine, open or percutaneous reduction or, including spinal canal clearance of bony and/ or disc material, more than two levels	No		Fusion modifier codes can be added where appropriate and are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.
227051	Anterior retropharyngeal approach and open reduction of odontoid fracture	No		Fusion modifier codes can be added where appropriate and are payable at 100% each. Fusion modifiers are not claimable by the hospital -for professional fee only.
227052	Closed reduction of spinal fracture and application of halo jacket or equivalent (I.P.)	No	Independent Procedure	
227053	Closed reduction of spinal fracture and application of skull traction (I.P.)	No	Independent Procedure	

SPINAL FUSION

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
3521	Anterior release and fusion for scoliosis/ kyphosis	No		
3571	Posterior spinal fusion with instrumentation for scoliosis (up to 8 levels)	No		Codes for scoliosis cannot be charged together in any one specific case.
3586	Spinal fusion, simultaneous combined anterior and posterior fusion, one level, with instrumentation (insertion of rods, plates and/ or screws and/ or the insertion of an artificial disc, and not simply the insertion of a stand-alone spacer)	No		
3587	Spinal fusion, simultaneous combined anterior and posterior fusion, multiple level, with instrumentation (insertion of rods, plates and/ or screws and/ or the insertion of an artificial disc, and not simply the insertion of a stand-alone spacer) up to 3 levels	No		Codes 3587, 35871 and 35872 cannot be charged together in any one specific case.
3588	Spinal fusion, simultaneous combined anterior and posterior fusion, one level, without instrumentation	No		
3589	Spinal fusion, simultaneous combined anterior and posterior fusion, multiple level, without instrumentation	No		
3595	Spinal fusion	No		
3596	Spinal fusion, in scoliosis spine, anterior and posterior	No		

SPINAL FUSION

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
3597	Spinal fusion involving two or more levels	No		
3598	Spinal fusion, multiple level, with internal fixation (insertion of rods, plates and/ or screws and/ or the insertion of an artificial disc, and not simply the insertion of a stand-alone spacer) – up to 3 levels	No		Codes 3598, 35981 and 35982 cannot be charged together in any one specific case.
3601	Spinal fusion, one level with instrumentation (insertion of rods, plates and/ or screws and/ or the insertion of an artificial disc, and not simply the insertion of a stand-alone spacer)	No		
5799	Arthrodesis, anterior interbody fusion (ALIF)	No		
5929	Arthrodesis, posterior interbody fusion (PLIF) including the insertion of interbody cage	No		
35711	Posterior spinal fusion with instrumentation for scoliosis (over 8 levels)	No		Codes for scoliosis cannot be charged together in any one specific case.
35871	Spinal fusion, simultaneous combined anterior and posterior fusion, multiple level, with instrumentation (insertion of rods, plates and/ or screws and/ or the insertion of an artificial disc, and not simply the insertion of a stand-alone spacer) up to 4 to 8 levels (I.P.)	No	Independent Procedure	Codes 3587, 35871 and 35872 cannot be charged together in any one specific case.
35872	Spinal fusion, simultaneous combined anterior and posterior fusion, multiple level, with instrumentation (insertion of rods, plates and/ or screws and/ or the insertion of an artificial disc, and not simply the insertion of a stand-alone spacer) over 8 levels (I.P.)	No	Independent Procedure	Codes 3587, 35871 and 35872 cannot be charged together in any one specific case.
35981	Spinal fusion, multiple level, with internal fixation (insertion of rods, plates and/ or screws and/ or the insertion of an artificial disc, and not simply the insertion of a stand-alone spacer) – 4 to 8 levels (I.P.)	No	Independent Procedure	Codes 3598, 35981 and 35982 cannot be charged together in any one specific case.
35982	Spinal fusion, multiple level, with internal fixation (insertion of rods, plates and/ or screws and/ or the insertion of an artificial disc, and not simply the insertion of a stand-alone spacer) – over 8 levels (I.P.)	No	Independent Procedure	Codes 3598, 35981 and 35982 cannot be charged together in any one specific case.
227018	Thoracic or lumbar spinal fusion (180 degree), single level - all posterior approaches with posterior and/ or posterolateral and/ or facet fusion or interbody fusion (PLIF/ TLIF)	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227019	Thoracic or lumbar spinal fusion (180 degree), two levels - all posterior approaches with posterior and/ or posterolateral and/ or facet fusion or interbody fusion (PLIF/ TLIF)	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227020	Thoracic or lumbar spinal fusion (180 degree), three or more levels - all posterior approaches with posterior and/ or posterolateral and/ or facet fusion or interbody fusion (PLIF/ TLIF)	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227021	Thoracic or lumbar spinal fusion (360 degree), single level - all posterior approaches with posterior and/ or posterolateral and/ or facet fusion or interbody fusion (PLIF/ TLIF)	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227022	Thoracic or lumbar spinal fusion (360 degree), two levels - all posterior approaches with posterior and/or posterolateral and/or facet fusion or interbody fusion (PLIF/TLIF)	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227023	Thoracic or lumbar spinal fusion (360 degree), three or more levels - all posterior approaches with posterior and/ or posterolateral and/ or facet fusion or interbody fusion (PLIF/ TLIF)	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227024	Anterior cervical spinal fusion, single level	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227025	Anterior/ anterolateral/ lateral thoracic spinal fusion, single level	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.

SPINAL FUSION

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227026	Anterior/ anterolateral/ lateral lumbar spinal fusion, single level - Includes ALIF/ OLIF/ XLIF	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227027	Anterior/ anterolateral/ lateral spinal fusion, single additional level	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used. Payable in full in addition to single level code and fusion modifier codes.
227028	Anterior/ anterolateral/ lateral spinal fusion, two additional levels	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used. Payable in full in addition to single level code and fusion modifier codes.
227029	Anterior/ anterolateral/ lateral spinal fusion, three or more additional levels	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used. Payable in full in addition to single level code and fusion modifier codes.
227030	Posterior cervical fusion, single level	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227031	Posterior cervical fusion, two levels	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227032	Posterior cervical fusion, three or more levels level	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227033	Occipitocervical fusion or atlantoaxial fusion	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
227034	Sacroiliac joint fusion	No		This is inclusive of spinal canal/ nerve root decompression/ discectomy if performed. Fusion modifier codes can be added where appropriate and are payable at 100% for each and every code used.
647012	Co-surgery benefit for vascular surgeon who assists in ALIF spinal surgery (I.P.)	Yes	Independent procedure	Claimable by vascular surgeon assisting in ALIF spinal surgery procedure.

TUMOURS

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
5934	Removal of spinal bone tumours	No		
5976	Laminectomy for removal/ biopsy extramedullary tumour	No		
5977	Laminectomy for removal/ biopsy intramedullary tumour	No		
227056	Excision, partial or total, of extradural spinal tumour, any location	No		In cases where spinal fusion and instrumentation are required in addition to tumour removal then the appropriate fusion code can be used along with appropriate fusion modifiers. The fusion code or the tumour excision code may be used as the primary code depending on which is of greatest value, the other code is then payable at 50%, however the modifier codes are payable at 100%. Fusion modifiers are not claimable by the hospital -for professional fee only.

TUMOURS

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227057	Excision, partial or total, of intradural but extramedullary spinal tumour, any location	No		In cases where spinal fusion and instrumentation are required in addition to tumour removal then the appropriate fusion code can be used along with appropriate fusion modifiers. The fusion code or the tumour excision code may be used as the primary code depending on which is of greatest value, the other code is then payable at 50%, however the modifier codes are payable at 100%. Fusion modifiers are not claimable by the hospital -for professional fee only.
227058	Excision, partial or total, of intramedullary spinal tumour, any location	No		In cases where spinal fusion and instrumentation are required in addition to tumour removal then the appropriate fusion code can be used along with appropriate fusion modifiers. The fusion code or the tumour excision code may be used as the primary code depending on which is of greatest value, the other code is then payable at 50%, however the modifier codes are payable at 100%. Fusion modifiers are not claimable by the hospital -for professional fee only.
227059	Excision, partial or total, of combined intradural and extradural spinal tumour, any location	No		In cases where spinal fusion and instrumentation are required in addition to tumour removal then the appropriate fusion code can be used along with appropriate fusion modifiers. The fusion code or the tumour excision code may be used as the primary code depending on which is of greatest value, the other code is then payable at 50%, however the modifier codes are payable at 100%. Fusion modifiers are not claimable by the hospital -for professional fee only.
227060	Sacrectomy, partial of total, for spinal tumour	No		In cases where spinal fusion and instrumentation are required in addition to tumour removal then the appropriate fusion code can be used along with appropriate fusion modifiers. The fusion code or the tumour excision code may be used as the primary code depending on which is of greatest value, the other code is then payable at 50%, however the modifier codes are payable at 100%. Fusion modifiers are not claimable by the hospital -for professional fee only.
227061	Laminectomy and biopsy of intradural tumour	No		In cases where spinal fusion and instrumentation are required in addition to tumour removal then the appropriate fusion code can be used along with appropriate fusion modifiers. The fusion code or the tumour excision code may be used as the primary code depending on which is of greatest value, the other code is then payable at 50%, however the modifier codes are payable at 100%. Fusion modifiers are not claimable by the hospital -for professional fee only.

VERTEBRAL AUGMENTATION

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
227054	Percutaneous vertebral augmentation with or without use of mechanical device, single level, lumbar	No		
227055	Percutaneous vertebral augmentation with or without use of mechanical device, single level, thoracic	No		

VERTEBROPLASTY

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
3606	Percutaneous vertebroplasty, single thoracic vertebra (may include balloon kyphoplasty)	No		
3607	Percutaneous vertebroplasty, single lumbar vertebra (may include balloon kyphoplasty)	No		