

SPINAL SURGICAL PROCEDURES

PREAMBLE

[Commentary:

The structure of this section uses "N" prefix codes to describe the basic elements of spine surgery: decompression and arthrodesis (fusion), both anterior and posterior. Specific "E" prefix codes can be added where indicated to determine the amount payable for a particular operation. In accordance with the surgical preamble, the full fee applies to the major procedure and additional "N" prefix procedures are payable in addition to the major procedure at 85% of the fee unless otherwise stated.]

OTHER TERMS AND DEFINITIONS

1. The preamble to the Musculoskeletal System Surgical Procedures section also applies to this section as applicable (e.g. fractures).
2. Fusion of one disc level (one motion segment) includes two levels of instrumentation.
3. Obtaining bone for grafting is included as a component of all fusion procedures and is not eligible for payment when performed with any fusion procedure.
4. Thoracotomy performed in conjunction with spinal procedures by a surgeon not performing the spinal surgery constitutes M137 (P11).
5. Laparotomy performed in conjunction with spinal procedures by a surgeon not performing the spinal surgery constitutes S312 (S25).
6. Three-dimensional (3D) computer-assisted stereotactic navigation (E378) must include the pre-operative or intra-operative generation of axial, sagittal and coronal reformatted images that are processed and virtually represented in 3D by a surgical navigational system. In addition, the surgical navigational system must be used to reflect the position of an image-guided (tracked) surgical tool(s) relative to the patient's anatomy. This may be performed by either frame or frameless technique and applies to any spinal level.
7. Two-dimensional (2D) computer-assisted stereotactic navigation (E379) must include the intra-operative generation of antero-posterior, lateral or multiple oblique 2D views that are processed and virtually represented in 2D by a surgical navigational system. In addition, the surgical navigational system must be used to reflect the position of an image-guided (tracked) surgical tool(s) relative to the patient's anatomy. This may be performed by either frame or frameless technique and applies to any spinal level.

Note:

The use of an intra-operative imaging tool such as a portable x-ray, fluoroscope (2D or 3D), CT, MRI or ultrasound for "live" localization without a surgical navigational system as defined above does not constitute E378 or E379 and is not eligible for payment.

8. Intra-operative, diagnostic or physiological neuro monitoring (E381) is not eligible for payment when rendered with lumbar decompressions (N506, N507, N508, N511, N512, N524, N571, N579) when these are either sole spinal procedures or when these procedures are only combined with lumbar arthrodeses.
9. Intra-operative, diagnostic or physiological neuro monitoring (E381) is not eligible for payment when rendered with lumbar arthrodeses (N533, N559, N580, N581, N582) when these are either sole spinal procedures or these procedures are only combined with lumbar decompressions.

SPINAL SURGICAL PROCEDURES

PREAMBLE

10. Acute spinal cord injury premium (E383) is only eligible for payment when rendered to patients who are described under ASIA impairment scale ratings A to C and have acute conditions which have been present for 6 weeks or less.

ASIA IMPAIRMENT SCALE

- A. Complete - No motor or sensory function is preserved in the sacral segments S4-S5.
 - B. Incomplete - Sensory but not motor function is preserved below the neurological level and extends though the sacral segments S4-S5.
 - C. Incomplete - Motor function is preserved below the neurological level, and the majority of key muscles below the neurological level have a muscle grade less than 3.
11. Use of the operating microscope, both intra and extradural, when required, is included as a component of all spinal fee schedule codes and is not eligible for payment when rendered with any procedure in this section.

SPINAL SURGICAL PROCEDURES

ANTERIOR SPINAL DECOMPRESSION

Asst	Surg	Anae
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All levels

# E383	- acute spinal cord injury premium. add		255.00
# E382	- spinal duroplasty using autologous/allogenic/ synthetic tissue add		244.80

Cervical/Thoracic

# E381	- intra-operative, diagnostic or physiological neuro monitoring add		179.30
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Cervical

# N500	Disc excision (one level)	9	918.00	10
# N501	Vertebrectomy (removal of vertebral body and excision of adjacent discs)	9	1020.00	11
# E360	- each additional level decompression, to N500 or N501 add		306.00	
# N569	Anterior cervical decompression by intra-oral approach	15	1442.95	15

Note:

No other anterior cervical decompression codes (i.e. N500, N501, E360) are eligible for payment when rendered with anterior cervical decompression by intra-oral approach (N569).

Thoracic - includes thoracotomy

# N502	Disc excision (one level)	11	1530.00	15
# N503	Vertebrectomy (removal of vertebral body and excision of adjacent discs)	12	1836.00	17
# E360	- each additional level decompressed, to N502 or N503 add		306.00	
# E362	- combined thoracotomy/laparotomy, to N502 or N503 add		153.00	

Thoracic - thoracotomy by separate surgeon

# N504	Disc excision (one level)	11	1122.00	15
# N505	Vertebrectomy (removal of vertebral body and excision of adjacent discs)	12	1428.00	17
# E360	- each additional decompressed, to N504 or N505 add		306.00	

SPINAL SURGICAL PROCEDURES

ANTERIOR SPINAL DECOMPRESSION

		Asst	Surg	Anae
Lumbar - includes laparotomy/retroperitoneal approach				
# N506 Disc excision (one level)	9	1224.00		13
# N507 Vertebrectomy (removal of vertebral body and excision of adjacent discs)	10	1734.00		15
# E360 - each additional level decompressed, to N506 or N507 add		306.00		
# E362 - combined thoracotomy/laparotomy, to N506 or N507 add		153.00		
 Lumbar - laparotomy/retroperitoneal approach by separate surgeon				
# N508 Disc excision (one level)	9	918.00		13
# N579 Vertebrectomy (removal of vertebral body and excision of adjacent discs)	10	1428.00		15
# E360 - each additional level decompressed, to N508 or N579 add		306.00		

SPINAL SURGICAL PROCEDURES

ANTERIOR SPINAL ARTHRODESIS FOLLOWING DECOMPRESSION

Asst | **Surg** | **Anae**

Cervical - without instrumentation

# E363	- one disc level, to N500 or N501	add	357.00
# E364	- each additional disc level fused, to E363	add	102.00

Cervical - with instrumentation including cages

# E365	- one disc level, to N500, N501, N572, N560 or N561	add	765.00
# E366	- each additional disc level fused, to E365	add	153.00

Thoracic/Lumbar - without instrumentation

# E367	- one disc level, to N502, N503, N504, N505, N506, N507, N508 or N579	add	255.00
# E364	- each additional disc level fused, to E367	add	102.00

Thoracic/Lumbar - with instrumentation including cages

# E365	- one disc level, to N502, N503, N504, N505, N506, N507, N508, N579, N560 or N561	add	765.00
# E366	- each additional disc level fused, to E365	add	153.00

Artificial Disc Insertion

# N526	Artificial disc insertion (includes approach)	11	2040.00	17
# N525	Artificial disc insertion (approach by separate surgeon).	10	1734.00	15
# E394	- each additional level replaced, to N526 or N525		765.00	
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N526 or N525		179.30	

Note:

No other services in the Spinal Surgical Procedures section are eligible for payment when rendered with insertion of an artificial disc (N525, N526) except E394 or E381.

SPINAL SURGICAL PROCEDURES

ANTERIOR SPINAL ARTHRODESIS WITH INSTRUMENTATION WITHOUT DECOMPRESSION

		Asst	Surg	Anae
Cervical				
# N516	One disc level	7	510.00	10
# E366	- each additional disc level fused, to N516		153.00	
Thoracic - includes thoracotomy				
# N517	One disc level	9	1224.00	13
# E366	- each additional disc level fused, to N517		153.00	
Thoracic - thoracotomy by separate surgeon				
# N518	One disc level	9	765.00	13
# E366	- each additional disc level fused, to N518		153.00	
Lumbar - includes laparotomy/retroperitoneal approach				
# N559	One disc level	7	1122.00	10
# E366	- each additional disc level fused, to N559		153.00	
# E362	- combined thoracotomy/laparotomy, to N559		153.00	
Lumbar - laparotomy/retroperitoneal approach by separate surgeon				
# N580	One disc level	7	765.00	10
# E366	- each additional disc level fused, to N580		153.00	

SPINAL SURGICAL PROCEDURES

POSTERIOR SPINAL DECOMPRESSION

Asst Surg Anae

Note:

Includes hemi and total laminectomy, foraminotomy and facetectomy.

All levels

# E383	- acute spinal cord injury premium.	add	255.00		
# E382	- spinal duroplasty using autologous/allogenic/synthetic tissue.	add	244.80		
# N521	Re-opening of laminectomy for post-op haematoma/infection. .		7	357.00	8
# N522	Re-opening of laminectomy for repair of CSF leak		7	535.50	8

Note:

1. N521 and N522 are not eligible for payment when rendered with any service in the Spinal Surgical Procedures section except duroplasty (E382) if required.
2. N521 is not eligible for payment if rendered with N522.

Cervical / Thoracic

# E381	- intra-operative, diagnostic or physiological neuro monitoring.	add	179.30		
# N509	One level - unilateral		9	1004.70	12
# N510	One level - bilateral		9	1208.70	12
# E374	- foramen magnum decompression < 3cm as part of cervical decompression, to N510	add	357.00		
# E361	- each additional level decompressed including disc excision - unilateral or bilateral, to N509 or N510 . . .	add	255.00		
# N520	One level - laminoplasty (includes fixation of lamina).		9	1514.70	14
# E380	- each additional level - laminoplasty (includes fixation of lamina), to N520	add	357.00		
# E368	- first disc excision, to N509, N510 or N520	add	306.00		

Lumbar

# N511	One level - unilateral		8	800.70	9
# N512	One level - bilateral		8	1004.70	10
# E368	- first disc excision, to N511 or N512	add	306.00		
# N524	One level - bilateral canal enlargement - unilateral approach . .		9	1208.70	12
# E361	- each additional level decompressed including disc excision - unilateral or bilateral, to N511, N512 or N524	add	255.00		
# N571	Percutaneous discotomy		6	255.00	8
# E385	- each additional level of percutaneous discotomy, to N571	add	71.40		

Removal of Vertebral Body including Pedicles for Osteotomy

# N574	Above cord and conus (includes partial rib resection) - each level		9	1020.00	13
# N575	Below conus - each level.		9	765.00	9
# N576	Smith Peterson Osteotomy - each level.		9	255.00	9
# E381	Intra-operative, diagnostic or physiological neuro monitoring, to N574, N575, or N576	add	179.30		

SPINAL SURGICAL PROCEDURES

POSTERIOR SPINAL ARTHRODESIS FOLLOWING DECOMPRESSION OR OSTEOTOMY

Asst Surg Anae

All levels

# E378	- 3D stereotactic spinal procedure add	1020.00
# E379	- 2D stereotactic spinal procedure add	510.00

Cervical, Thoracic & Lumbar ... without instrumentation

# E369	- one disc level, to N509, N510, N520, N511 or N512 add	255.00
# E364	- each additional disc level fused, to E369 add	102.00

Cervical ... with instrumentation - by same surgeon

# E384	- C1/C2 screw fixation (transarticular, pedicle, lateral mass), to N509, N510, N560 or N561 add	1020.00
# E370	- one disc level - below C2, to N509, N510, N572, N574, N575, N576, N560 or N561 add	867.00
# E371	- fusion to occiput, to E384 add	816.00
# E366	- each additional disc level fused except fusion to occiput or fusion of cervico-thoracic junction, to E384 or E370 add	153.00
# E377	- cervico-thoracic junction, to N509, N510, E370, N572, N574, N560 or N561 add	255.00

Note:

Submit claims for levels fused in addition to E384 or E370 using one of E366, E371 or E377 as appropriate.

[Commentary:

E370 will be reduced to E366 if claimed with E384.]

Cervical ... with instrumentation - by separate surgeon

# N528	C1/C2 screw fixation (transarticular, pedicle, lateral mass)	1020.00
# E371	- fusion to occiput, to N528 add	816.00
# N513	One disc level - below C2	867.00
# E366	- each additional disc level fused except fusion to occiput or fusion of cervico-thoracic junction, to N528 or N513 add	153.00
# E377	- cervico-thoracic junction, to N513, N572, N574, N560 or N561 add	255.00

Note:

Submit claims for levels fused in addition to N528 or N513 using one of E366, E371, or E377 as appropriate.

[Commentary:

N513 will be reduced to E366 if claimed with N528.]

SPINAL SURGICAL PROCEDURES

POSTERIOR SPINAL ARTHRODESIS FOLLOWING DECOMPRESSION OR OSTEOTOMY

Asst Surg Anae

Thoracic & Lumbar ... with instrumentation - by same surgeon

# E370	- one disc level, to N509, N510, N511, N512, N572, N574, N575, N576, N560 or N561 add	867.00
# E366	- each additional disc level fused, to E370 add	153.00
# E387	- fusion to sacrum, to N511, N512, N575, N576, N560 or N561 add	153.00

Thoracic & Lumbar ... with instrumentation - by separate surgeon

# N513	One disc level	867.00
# E366	- each additional disc level fused, to N513 add	153.00
# E387	- fusion to sacrum, to N513 add	153.00

Posterior Interbody Implant/Graft/Nuclear Replacement

# E372	- one disc level, to N511, N512 or N513 add	510.00
# E376	- each additional disc level stabilized, to E372 add	255.00

SPINAL SURGICAL PROCEDURES

POSTERIOR SPINAL ARTHRODESIS AS SOLE PROCEDURE

Asst | **Surg** | **Anae**

All levels

# E378	- 3D stereotactic spinal procedure. add	1020.00	
# E379	- 2D stereotactic spinal procedure. add	510.00	

Cervical & Thoracic ... without instrumentation

# N519	C1/C2 fusion using graft/posterior wires	8	612.00	10
# N514	One disc level - below C2	7	408.00	10
# E364	- each additional disc level fused, to N514 or N519 . . add		102.00	
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N519 or N514 add		179.30	

Note:

1. N519 is not eligible for payment when rendered with any other fusion procedure at the same level.
2. Submit claims for levels fused in addition to N519 using E364.

[Commentary:

N514 will be reduced to E364 if claimed with N519.]

Lumbar ... without instrumentation

# N581	One disc level	7	408.00	10
# E364	- each additional disc level fused, to N581 add		102.00	

Cervical & Thoracic ... with instrumentation

# N532	C1/C2 screw fixation (transarticular, pedicle, lateral mass)	9	1224.00	11
# N515	One disc level - below C2	9	1020.00	11
# E366	- each additional level fused except fusion to occiput or fusion of cervico-thoracic junction, to N532 or N515 add		153.00	
# E371	- fusion to occiput, to N532 add		816.00	
# E377	- cervico-thoracic junction, to N515 or N572 add		255.00	
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N515 or N532 add		179.30	

Note:

Submit claims for levels fused in addition to N532 or N515 using one of E366, E371, or E377 as appropriate.

[Commentary:

N515 will be reduced to E366 if claimed with N532.]

Lumbar ... with instrumentation

# N582	One disc level	9	1020.00	11
# E366	- each additional disc level fused, to N582 add		153.00	
# E387	- fusion to sacrum, to N582 add		153.00	
# N533	Pars reconstruction for spondylolysis.	9	1020.00	11

Note:

No other services in the Spinal Surgical Procedures section are eligible for payment when rendered with N533.

SPINAL SURGICAL PROCEDURES

FRACTURES OF THE SPINE

		Asst	Surg	Anae
# F200	No reduction, brace (includes Halo orthosis), total care by operating surgeon.		178.50	
# F201	Closed reduction, fracture/dislocation (Halo or caliper traction)	6	280.50	6
# E383	- acute spinal cord injury premium, to F201. add		255.00	
# N572	Open reduction, any single level, spine fracture/dislocation, anterior/posterior	8	1020.00	11
# E395	- open reduction, additional level, spine fracture/dislocation, anterior/posterior, to N572 add		306.00	
# E383	- acute spinal cord injury premium, to N572 add		255.00	
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N572 add		179.30	
# E362	- combined thoracotomy/laparotomy, to N572 add		153.00	
# E378	- 3D stereotactic spinal procedure, to N572 add		1020.00	
# E379	- 2D stereotactic spinal procedure, to N572 add		510.00	
# N573	Anterior odontoid screw fixation.	8	1020.00	11
# E378	- 3D stereotactic spinal procedure, to N573 add		1020.00	
# E379	- 2D stereotactic spinal procedure, to N573 add		510.00	
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N573. add		179.30	
# N570	Vertebroplasty (injection of bone cement) as sole procedure, first level	7	459.00	9
# E388	- vertebroplasty combined with any other procedure, first level, to other procedure. add		204.00	
# E391	- vertebroplasty, each additional level, to N570 or E388 add		204.00	
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N570 or E388 add		179.30	
# N583	Kyphoplasty (balloon tamp and injection of bone cement) as sole procedure, first level.	8	969.00	11
# E392	- kyphoplasty combined with any other procedure, first level, to other procedure. add		510.00	
# E393	- kyphoplasty, each additional level, to N583 or E392. add		510.00	
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N583 or E392 add		179.30	

Note:

1. Decompressive services at the level of the fracture are not eligible for payment when rendered with N572 as they are included in the open reduction.
2. No other services in the Spinal Surgical Procedures section are eligible for payment when rendered with N573 except E378, E379 or E381.
3. No other services in the Spinal Surgical Procedures section are eligible for payment when rendered with N570 except E391 or E381.
4. No other services in the Spinal Surgical Procedures section are eligible for payment when rendered with N583 except E393 or E381.

[Commentary:

Fusion procedures are eligible for payment when performed in addition to N572.]

SPINAL SURGICAL PROCEDURES

TUMOURS/INFECTIONS OF THE SPINE

Asst | Surg | Anae

E386 - extradural decompression - spinal cord or cauda equina - tumour or infection add 40%

Note:
E386 only applies to the major decompressive procedure.

# N553	Simple soft tissue tumour excision under 5cm.	6	204.00	8
# N554	Radical soft tissue tumour excision 5cm and greater.	9	484.50	13

Spinal osteomyelitis

# N549	- incision and drainage including sequestrectomy, anterior approach.	7	632.40	10
# N548	- incision and drainage only, posterior approach.	6	102.00	6
# N550	- sequestrectomy, posterior approach.	6	357.00	6

Note:
N548 is not eligible for payment when rendered with N550 as it is included in the N550 service.

# N560	Intradural extramedullary spinal tumour - partial or total removal.	8	1530.00	10
# N561	Intradural intramedullary spinal tumour - partial or total removal.	9	1734.00	12
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N560 or N561 add		179.30	
# E382	- spinal duroplasty using autologous/allogenic/synthetic tissue, to N560 or N561 add		244.80	
# E383	- acute spinal cord injury premium, to N560 or N561 . . add		255.00	

Note:

1. No other decompressive codes are eligible for payment when rendered with N560 or N561.
2. N560 is not eligible for payment when rendered with N561.

SPINAL SURGICAL PROCEDURES

DEFORMITIES OF THE SPINE

		Asst	Surg	Anae
# N539	Anterior scoliosis correction - any number of levels (includes approach, disc excision and instrumentation)	12	3060.00	18
# N540	Posterior scoliosis correction - up to six levels (includes approach, disc excision and instrumentation).	11	2805.00	17
# E389	- each additional level of scoliosis correction over six levels, to N540 add		102.00	
# E390	- halo fixation/traction - pre- or peri-operative, to N539 or N540. add		255.00	
# E387	- fusion to sacrum, to N539 or N540 add		153.00	
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N539 or N540 add		179.30	
# E378	- 3D stereotactic spinal procedure, to N539 or N540 add		1020.00	
# E379	- 2D stereotactic spinal procedure, to N539 or N540 add		510.00	
# E383	- acute spinal cord injury premium, to N539 or N540 add		255.00	

SPINAL SURGICAL PROCEDURES

REVISION PROCEDURES FOR SPINAL SURGERY

	Asst	Surg	Anae
# N568 Removal of anterior instrumentation	8	306.00	8
# N541 Removal of posterior instrumentation	8	255.00	8
# E373 - for repeat decompression		add 30%	
# E375 - for repeat fusion		add 30%	

Note:

1. The repeat decompression premium (E373) only applies to the major "N" prefix decompressive procedure (N500, N501, N502, N503, N504, N505, N506, N507, N508, N579, N509, N510, N511, N512).
2. The repeat fusion premium (E375) only applies to the major fusion "E" or "N" prefix codes (E363, E365, E367, N516, N517, N518, N559, N580, E369, E384, E370, N528, N513, N519, N514, N581, N532, N515, N582).

SPINAL SURGICAL PROCEDURES

PROCEDURES ON MUSCULOSKELETAL ELEMENTS

		Asst	Surg	Anae
# Z940	Vertebral needle biopsy	6	142.80	
Open vertebral biopsy				
# N546	- posterior approach - sole procedure	6	244.80	7
# N547	- anterior approach - sole procedure	6	306.00	8
# N551	Excision spinous process - sole procedure	6	229.50	6
# N552	Excision transverse process - sole procedure	6	382.50	8

Note:

N546, N547, N551 or N552 are not eligible for payment when rendered with any other service in the Spinal Surgical Procedures section.

SPINAL SURGICAL PROCEDURES

PROCEDURES INVOLVING NEURAL ELEMENTS

	Asst	Surg	Anae
# Z941 Percutaneous diagnostic stimulation of spinal cord, trigeminal nerve root and / or ganglion	6	331.50	8
Note: E381 is not eligible for payment with Z941.			
# Z942 Implantation or revision of stimulation pack or leads	6	306.00	8
# Z943 Programming infusion pump or dorsal column stimulator		102.00	
# Z944 Lumbar sub-arachnoid drainage of CSF (chronic).		81.60	
# N527 Percutaneous cordotomy or tractotomy	6	469.20	8
# N529 Medullary spinal trigeminal tractotomy.	10	1020.00	15
# E383 - acute spinal cord injury premium, to N529 add		255.00	
# N564 Open myelotomy for lesion - unilateral or bilateral.	8	1020.00	10
# E381 - intra-operative, diagnostic or physiological neuro monitoring, to N527, N529 or N564. add		179.30	
Note: No decompressive codes are eligible for payment when rendered with N529 or N564.			
# N523 AV malformation of cord - excision/obliteration	10	1530.00	13
# E383 - acute spinal cord injury premium, to N523 add		255.00	
# E381 - intra-operative, diagnostic or physiological neuro monitoring, to N523 add		179.30	
Note: No other decompressive codes are eligible for payment when rendered with N523.			
# N555 Insertion / revision of implantable infusion pump		510.00	8
# N530 Implantation of spinal cord stimulating electrode by laminectomy	8	816.00	10
Note: N530 is not eligible for payment when rendered with any decompressive codes.			
# N563 Implantation of permanent subcutaneous reservoir including laminectomy	11	510.00	11
Note: N563 is not eligible for payment when rendered with any decompressive codes.			
# N531 Removal of any stimulation pack or electrode	6	306.00	6
Note: N531 is not eligible for payment when rendered with any other services in the Spinal Surgical Procedures section.			
Percutaneous vertebral facet denervation			
# N556 - one level (uni/bilateral).		142.80	6
# E396 - each additional level (uni/bilateral), to N556 add		71.40	
# N534 Percutaneous radio frequency posterior rhizotomy - any number of levels		306.00	8

SPINAL SURGICAL PROCEDURES

PROCEDURES INVOLVING NEURAL ELEMENTS

		Asst	Surg	Anae
Sympathectomy - unilateral				
# N542	- cervical	6	357.00	6
# N543	- cervico-dorsal	10	586.50	10
# N544	- thoracic approach	9	433.50	13
# N545	- lumbar	6	295.80	6
# N557	Syringo-subarachnoid shunt	8	1224.00	12
# N558	Syringopleural/syringoperitoneal shunt	9	1428.00	13
# E383	- acute spinal cord injury premium, to N557 or N558 add		255.00	

Note:

N557, N558 are not eligible for payment when rendered with any decompressive service.

# N562	Intradural neurolysis of unusual lesions e.g. diastematomyelia, tethered conus, intramedullary haematoma, etc. including laminectomy	8	1224.00	12
# E361	- each additional level decompressed including disc excision - unilateral or bilateral, to N562 add		255.00	
# E381	- intra-operative, diagnostic or physiological neuro monitoring, to N562 add		179.30	
# E383	- acute spinal cord injury premium, to N562 add		255.00	
# E382	- spinal duroplasty using autologous/allogenic/ synthetic tissue, to N562 add		244.80	

Note:

N562 is not eligible for payment when rendered with any other decompressive codes except additional levels (E361).

# N577	Intradural rhizotomy anterior/posterior (uni/bilateral) - any number of roots	8	714.00	10
# N578	Dorsal root entry zone lesions for pain relief – any number of levels	8	1020.00	10

Note:

N577, N578 are not eligible for payment when rendered with any service in the Spinal Surgical Procedures section.

SPINAL SURGICAL PROCEDURES

MENINGOCOELE AND MYELOMENINGOCOELE

		Asst	Surg	Anae
# E382 - spinal duroplasty using autologous/allogenic/synthetic tissue, add			244.80	
# E381 - intra-operative, diagnostic or physiological neuro monitoring, add			179.30	
# N535 Repair of meningocele	7	510.00		9
# N536 Repair of myelomeningocele (one surgeon)	7	765.00		9
Repair of myelomeningocele (two surgeons)				
# N537 - neurosurgeon			510.00	9
# N538 - reconstructive surgeon			510.00	
# N565 Repair of lipomeningocele including release of tethered cord	8	1020.00		10
# N566 Repair of anterior sacral meningocele including release of tethered cord	8	1020.00		10
# N567 Repair of intraspinal meningocele	8	1020.00		10

Note:

No decompressive codes are eligible for payment rendered with N535, N536, N537, N538, N565, N566 or N567.

[Commentary:

Fusion procedures are eligible for payment with these procedures when performed.]