Select Health

CODING/REIMBURSEMENT POLICY

AUTOGRAFT & ALLOGRAFT FOR SPINE SURGERY

Policy # 57
Implementation Date: 7/1/08
Review Dates:
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Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Allograft is the obtaining of a bone graft from a cadaver donor that is either frozen or freeze-dried until used. The physician prepares this graft using cancellous chips (morselized), and then inserts it in the spine, as a separately reportable spinal procedure. Codes 20930 and 20931 are used to identify this procedure.

An autograft is a bone graft that is obtained from the patient. The physician may choose to use bone fragments taken from the spinous process or laminar fragments adjacent to or near the anatomic site of the surgical procedure. Some bone used for grafts may be removed during the surgery as part of the surgical approach. These local grafts can be obtained (or harvested) using the same incision as the surgical procedure. Bone obtained from the patient for grafts may also be morselized, carved into pegs, or shaped as bars. Codes 20936, 20937, and are used to identify this procedure.

Bone marrow aspiration is a minimally invasive procedure that involves taking a sample from the soft tissue in inside your bones through a separate incision. The bone marrow aspirate is mixed with bone grafts which can enhance bone regeneration. Code 20939 is the appropriate code to report this service.

These codes are for different sources of bone and material used for grafts making them separate and identifiable procedures. All these codes are add-on codes so they must be billed in addition to a primary procedure. **Medicare considers codes 20930 and 20936 'B' Status codes and has not assigned any RVUs. 'B' status indicates that these codes are considered bundled and not payable when billed with other procedures.**

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health **will not reimburse** codes 20930 and 20936 as they are considered 'B' status codes. Select Health may reimburse codes 20931, 20937, 20938, and/or 20939, however, only one unit of each code can be allowed per operative session, regardless of the number of vertebral levels fused.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage **will follow the commercial plan policy**.

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy.**

Applicable Codes:

Code	Description
20930	Allograft, morselized, or placement of osteopromotive matieral, for spine surgery only; (List separately in addition to code for primary procedure)
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937	Autograft for spine surgery only (includes harvesting the graft): morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938	Autograft for spine surgery only (includes harvesting the graft): structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)

Sources

1. *Current Procedural Terminology (CPT®),* (20148– American Medical Association.
2. The Centers for Medicare and Medicaid Services (CMS).
3. *CMS National Correct Coding Initiative* (NCCI), (24.1.- 2018).
4. CMS National Physician Fee Schedule (NPFS) Relative Value File Status Indicator.
5. Encoder Pro – (2018).

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.