



Coding CORNERSM



In This Issue

- Ophthalmological Services: Intermediate vs. Comprehensive
- Intermediate and Comprehensive Examples
- Elements of Ophthalmologic Examination

Quick Links

[Maxim Health Information Services](#)

[Career Opportunities for Coders](#)

[Submit Your HIM/Revenue Cycle Need](#)

About Maxim Health Information Services

Maxim Health Information Services is a division of Maxim Healthcare Services, the largest privately held healthcare staffing company in the nation. As part of a large business enterprise and a [leader in the industry](#), MHIS can help take your career to the next level. Now more than ever, hospitals and medical facilities understand the importance of hiring HIM staff to increase their bottom line. This has opened the door to many new [career opportunities](#) in the health information industry. MHIS staffs positions for on-site coders, remote coders, auditors, and more.

Welcome to the February issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with updates on coding-related topics that matter to you. This month, we are focusing on coding for spinal surgeries. Read on below to learn more.

Coding a Spinal Surgery

Coding a spinal surgery is a difficult task at best. However, there are some ways you can assist yourself in reaching the best code(s). While coding, ask yourself the following questions:

1. What approach is being done?

What you want to look for is where the physician is making the incision.

- Posterior Approach is when the incision is made from the back side of the patient.
- Anterior Approach is when the incision is made in the front.
- Lateral Extracavitary Approach is when the incision is made on the side (not done very often).

2. What area of the spine is being worked on?

You have four options. Each area has their own set of codes.

- Lumbar
- Thoracic
- Cervical
- Sacral vertebra

3. Why are they operating?

The codes are split up based on what condition you are treating.

- Fractures
- Scoliosis/Kyphosis
- Tumor
- Arthrodesis

4. Was instrumentation used?

The term "instrumentation" refers to rods, screws, and cages.

- Segmental: fixation at each end of the process and at least one additional interposed bony attachment.
- Non-segmental: fixation at each end of the construct and may span several vertebral segments without attachment to the intervening segments.

5. Was a bone graft used?

If a bone graft was used, you will use one of the spinal bone graft codes:

- Allograft (not from the patient)
- Autograft (harvested from the patient)

6. What was done?

- Fusion (arthodesis)

- Laminotomy
- Laminectomy
- Corpectomy
- Discectomy
- Vertebral body embolization or injection

Once you have answered these questions, you will know which code(s) are most appropriate when coding spinal surgeries!

To learn more about Maxim Health Information Services, visit us [online](#) or call 866-265-0589.