24361-24362

24361 Arthroplasty, elbow; with distal humeral prosthetic replacement

24362 Arthroplasty, elbow; with implant and fascia lata ligament reconstruction

AMA Coding Guideline

Surgical Procedures on the Humerus (Upper Arm) and Elbow

The elbow area includes the head and neck of the radius and olecranon process.

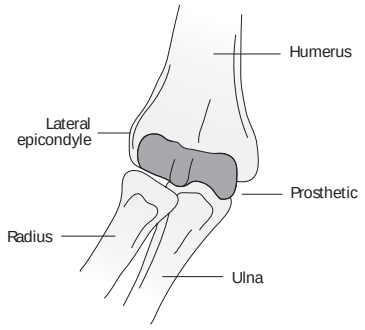
Please see the Surgery Guidelines section for the following guidelines:

- *Surgical Procedures on the Musculoskeletal System*

Plain English Description

A skin incision is made over the elbow joint medial or lateral to the olecranon process to perform arthroplasty using a distal humeral prosthesis. Soft tissues are dissected and the ulnar nerve is identified and protected. The lateral epicondyle of the humerus is exposed. The interval between the anconeus and flexor carpi ulnaris is incised and the triceps mobilized. The anconeus is elevated off the lateral aspect of the proximal ulna. The radial aspect of the elbow joint is addressed next and tissue is dissected off the lateral epicondyle. The elbow is externally rotated and flexed. The posterior joint capsule is removed. The roof of the olecranon is exposed. The medial collateral ligament is released from the epicondyle. Tissue is dissected off the humerus and the roof of the olecranon fossa is removed down to the level of cancellous bone. The humeral canal is reamed. A cutting guide is placed and the distal aspect of the humerus is removed along the plane of the medial and lateral supracondylar columns. A trial implant is placed to check width and alignment. The articular surfaces of the ulna and radius are smoothed. The permanent humeral implant is placed and bone cement is injected in a retrograde fashion to secure it. Ligaments and tendons are reattached. A fascia lata graft may be harvested and elbow ligament reconstruction also performed before reattachment. The triceps is medialized. A subcutaneous pocket is created for the ulnar nerve and the nerve is placed between subcutaneous fat and fascia near the medial epicondyle. Fascia and skin are closed in layers. The arm is fully extended and placed in a splint. Use 24361 for humeral prosthetic replacement without fascia lata graft. Use 24362 when fascia lata graft ligament reconstruction is also performed.

Arthroplasty, elbow, with distal humeral prosthetic replacement



The joint is reconstructed by placing bone at the bottom of the humerus with artificial material.

ICD-10-CM Diagnostic Codes

⇄	M05.021	Felty's syndrome, right elbow
⇄	M05.022	Felty's syndrome, left elbow
⇄	M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems
⇄	M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
⇄	M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
⇄	M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow
⇄	M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow
⇄	M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow
⇄	M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow
⇄	M06.821	Other specified rheumatoid arthritis, right elbow
⇄	M06.822	Other specified rheumatoid arthritis, left elbow
⇄	M12.221	Villonodular synovitis (pigmented), right elbow
⇄	M12.222	Villonodular synovitis (pigmented), left elbow
⇄	M13.121	Monoarthritis, not elsewhere classified, right elbow
⇄	M13.122	Monoarthritis, not elsewhere classified, left elbow
⇄	M19.021	Primary osteoarthritis, right elbow
⇄	M19.022	Primary osteoarthritis, left elbow
⇄	M19.121	Post-traumatic osteoarthritis, right elbow
⇄	M19.122	Post-traumatic osteoarthritis, left elbow
⇄	M19.221	Secondary osteoarthritis, right elbow
⇄	M19.222	Secondary osteoarthritis, left elbow
⇄	M24.221	Disorder of ligament, right elbow
⇄	M24.222	Disorder of ligament, left elbow
7⇄	M84.421	Pathological fracture, right humerus
7⇄	M84.422	Pathological fracture, left humerus
7⇄	M84.521	Pathological fracture in neoplastic disease, right humerus
7⇄	M84.522	Pathological fracture in neoplastic disease, left humerus
7⇄	M84.621	Pathological fracture in other disease, right humerus
7⇄	M84.622	Pathological fracture in other disease, left humerus
⇄	M87.021	Idiopathic aseptic necrosis of right humerus
⇄	M87.022	Idiopathic aseptic necrosis of left humerus
⇄	M87.121	Osteonecrosis due to drugs, right humerus
⇄	M87.122	Osteonecrosis due to drugs, left humerus
⇄	M87.221	Osteonecrosis due to previous trauma, right humerus
⇄	M87.222	Osteonecrosis due to previous trauma, left humerus
⇄	M87.321	Other secondary osteonecrosis, right humerus
⇄	M87.322	Other secondary osteonecrosis, left humerus
7⇄	S42.411	Displaced simple supracondylar fracture without intercondylar fracture of right humerus
7⇄	S42.412	Displaced simple supracondylar fracture without intercondylar fracture of left humerus
7⇄	S42.422	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus
7⇄	S42.471	Displaced transcondylar fracture of right humerus
7⇄	S42.472	Displaced transcondylar fracture of left humerus
7⇄	S42.491	Other displaced fracture of lower end of right humerus
7⇄	S42.492	Other displaced fracture of lower end of left humerus

ICD-10-CM Coding Notes

For codes requiring a 7th character extension, refer to your ICD-10-CM book. Review the character descriptions and coding guidelines for proper selection. For some procedures, only certain characters will apply.

CCI Edits

Refer to Appendix A for CCI edits.

Facility RVUs

Code	Work	PE Facility	MP	Total Facility
24361	14.41	12.37	3.04	29.82
24362	15.32	12.83	3.24	31.39

Non-facility RVUs

Code	Work	PE Non-Facility	MP	Total Non-Facility
24361	14.41	12.37	3.04	29.82
24362	15.32	12.83	3.24	31.39

Modifiers (PAR)

Code	Mod 50	Mod 51	Mod 62	Mod 66	Mod 80
24361	1	2	1	0	2
24362	1	2	0	0	2

Global Period

Code	Days
24361	090
24362	090

63301-63302

63301 **Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach**

63302 **Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach**

AMA Coding Guideline

Excision, Anterior or Anterolateral Approach, Intraspinal Lesion Procedures on the Spine and Spinal Cord

For the following codes, when two surgeons work together as primary surgeons performing distinct part(s) of an anterior approach for an intraspinal excision, each surgeon should report his/her distinct operative work by appending modifier 62 to the single definitive procedure code. In this situation, modifier 62 may be appended to the definitive procedure code(s) 63300-63307 and, as appropriate, to the associated additional segment add-on code 63308 as long as both surgeons continue to work together as primary surgeons.

For vertebral corpectomy, the term partial is used to describe removal of a substantial portion of the body of the vertebra. In the cervical spine, the amount of bone removed is defined as at least one-half of the vertebral body. In the thoracic and lumbar spine, the amount of bone removed is defined as at least one-third of the vertebral body.

AMA Coding Notes

Excision, Anterior or Anterolateral Approach, Intraspinal Lesion Procedures on the Spine and Spinal Cord

(For arthrodesis, see 22548-22585)

(For reconstruction of spine, see 20930-20938)

Surgical Procedures on the Spine and Spinal Cord

(For application of caliper or tongs, use 20660)

(For treatment of fracture or dislocation of spine, see 22310-22327)

AMA *CPT® Assistant*

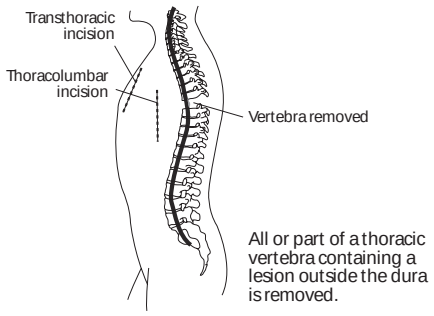
63301: Feb 02: 4, Jul 13: 3

63302: Feb 02: 4, Jul 13: 3

Plain English Description

Vertebral corpectomy involves removal of the vertebral body as well as the vertebral discs above and below the vertebra. In this procedure, vertebral corpectomy is performed to excise a lesion or tumor that is located within the spinal canal (intraspinal) but outside the dura mater (extradural). Resection is performed on only one vertebral segment in the thoracic spine. The thoracic spine is exposed using either a transthoracic approach (63301) or a thoracolumbar approach (63302), both of which require a thoracotomy. Typically, a co-surgeon or team approach is used, with the exposure being performed by a thoracic surgeon and the corpectomy performed by a spine surgeon. The skin over the thorax is incised to allow access to the appropriate levels of the thoracic spine. Overlying muscles are dissected. In 63301, one or more of the upper ribs are resected. Rib spreaders are used to allow adequate exposure of the spine. The pleura are incised and the affected portion of the thoracic spine is exposed. In 63302, the incision is made at the 10th rib and extended across the abdomen. The rib is cut at the costochondral junction and resected. The pleural cavity is opened along the bed of the 10th rib and the appropriate level of the thoracic spine exposed. The intervertebral discs above and below the vertebral body are removed first with the aid of the surgical microscope. The discs are carefully dissected from surrounding tissue and removed. The vertebral body is excised and the lesion or tumor in the spinal canal identified and explored. It is determined that the lesion or tumor lies outside the dura. The lesion or tumor is carefully dissected free of surrounding tissues with the aid of an operating microscope. Once the lesion or tumor has been completely excised, separately reportable bone grafting and fusion procedures are performed. The bone graft is placed in the surgical defect to support the anterior aspect of the spine where the discs and vertebral body have been removed. Surrounding bone is contoured for placement of the graft and to ensure fusion of the graft and adjacent bone. Separately reportable spine instrumentation may also be used to stabilize the spine. Upon completion of the procedure, bleeding is controlled and soft tissues and skin are closed in layers.

Vertebral corpectomy for excision of intraspinal lesion, extradural



ICD-10-CM Diagnostic Codes

C41.2	Malignant neoplasm of vertebral column
C70.1	Malignant neoplasm of spinal meninges
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
D16.6	Benign neoplasm of vertebral column
D32.1	Benign neoplasm of spinal meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
G06.1	Intraspinal abscess and granuloma
G06.2	Extradural and subdural abscess, unspecified
G07	Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere

CCI Edits

Refer to Appendix A for CCI edits.

Pub 100

63301: Pub 100-04, 12, 20.4.5

63302: Pub 100-04, 12, 20.4.5

Facility RVUs

Code	Work	PE Facility	MP	Total Facility
63301	31.57	21.56	12.45	65.58
63302	31.15	21.37	12.27	64.79

Non-facility RVUs

Code	Work	PE Non-Facility	MP	Total Non-Facility
63301	31.57	21.56	12.45	65.58
63302	31.15	21.37	12.27	64.79

Modifiers (PAR)

Code	Mod 50	Mod 51	Mod 62	Mod 66	Mod 80
63301	0	2	1	0	2
63302	0	2	1	0	2

Global Period

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